STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

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

SUPPORTING DATA

Table 5.0-1 | Medical School Revenue Sources[1]

Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the *percentage of total revenues* represented by each amount. Use the "total revenues" from the AFQ for this calculation.

	FY 2016		FY 2017	
	$	% of Total Revenues	$	% of Total Revenues
Total tuition and fees	7,825,199	4.2	9,130,025	4.2
Medical students	7,433,939	4.0	8,673,524	4.0
Other students Revenues from T&F assessed to grad. students in medical school programs Revenues from continuing medical education programs Other tuition and fees revenues)	0	0.0	456,501	0.2
Total government and parent support	18,031,233	9.8	18,469,650	8.5
Federal appropriations	0	0	0	0.0
Adjusted state and parent support	18,031,233	9.8	18,469,650	8.5
Local appropriations	0	0	0	0.0
Total grants and contracts	10,945,611	5.9	10,098,195	4.6
Federal direct	4,456,617	2.4	4,875,998	2.2
State and local direct	2,093,320	1.1	1,319,927	0.6
Other direct	3,685,266	2.0	3,081,930	1.4
Total facilities and administration (indirect)	710,418	0.4	820,340	0.4
Practice plans/Other medical services	83,896,059	45.4	98,244,245	45.2
Total hospital revenues	67,725,891	33.9	76,760,185	35.3
University-owned	0	0.0	0	0.0
Department of Veterans Affairs	5,161,440	2.8	6,959,261	3.2
Other affiliated hospitals	57,564,451	31.1	69,800,924	32.1
Total gifts Restricted gift funds Revenues from unrestricted gift funds	286,532	0.2	243,986 51,983	0.1 0.0
Endowment income Restricted endowment funds Income from unrestricted endowment funds	171,311	0.1	268,021 29,346	0.1 0.0
Other revenues	975,225	0.5	21,254,623	9.8
Total revenues	184,857,362	100	217,566,566	100.0
Total expenses and transfers	182,788,652	98.9	212,661,739	97.7

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[1] 11/30/17: Table 5.0-1 has been reformatted to clarify its relationship to the LCME Part I-A Annual Financial Questionnaire (AFQ).

5.1 ADEQUACY OF FINANCIAL RESOURCES

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

NARRATIVE RESPONSE

a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes to the medical school budget during the three fiscal years prior to the date of the upcoming full survey visit in the following areas:

1. Total revenues
2. Operating margin
3. Revenue mix
4. Market value of endowments
5. Medical school reserves
6. Debt service
7. Outstanding debt
8. Departmental reserves

Major Funding Sources:

Overview – The School of Medicine (JCESOM) has maintained a strong financial position for many years allowing it to absorb the growth experienced in recent years across the school's various missions. Over the past five years (FY 2013-2017), the JCESOM has grown in Total Revenues from $150M to $218M, a growth of 45%. This growth has allowed the JCESOM to record positive Gross Margins regardless of a 49% growth in Expenditures and Transfers in that same time. Following are narratives specific to a few of the material or primary funding sources for the JCESOM.

Tuition and Fees – Total Tuition and Fees for the JCESOM over the past five years have been somewhat consistent, ranging from $8.4M to as high as $9.1M. The minimal variation is related to the mix of students, resident versus non-resident, over the past few years but also reflects efforts made by the JCESOM to limit drastic increases in total tuition and fees. We were able to freeze tuition rates for a few years and have just now adjusted them 5% for the upcoming fiscal year (FY2018). With the current mix of students, we do not project a material impact on student debt. Overall, while not material in total, we believe that our Tuition and Fees Revenue will remain consistent over the next few fiscal years.

Government/State Support – While the past five years show an overall increase in State Support, we did see a slight decrease in State Appropriations in FY 2018. However, current projections for FY 2019 budgets show us recovering a good portion of this lost support. Although additional years are uncertain at this point, there are no material concerns that any change will have a serious negative impact on our overall financial strength. A 5% decrease in State Appropriations would result in less than 0.3% decrease in Total Revenues. We Plan to offset any decrease with Practice Plan support, either through direct support or through planned cost savings.

Grants and Contracts – Over the past five years, we have seen a decrease in Total Grants and Contracts at the JCESOM by $1.5M, with a decrease of $1.2M in Federal Direct Grants. This material decrease can be attributed to a decline in Federal Grants relating to our Forensic Science Department, which was recently shifted to the College of Science by the University. We have been able to offset the Federal Grants with an increase in Private Direct grants but also project that recent recruiting efforts will yield additional Federal Funding and bring us back to prior year funding levels and hopefully above.

Practice Plan Revenue – The Practice Plan has experienced consistent success and growth over recent years due to expanding services to new locations, increasing the number of providers in existing and successful practices, and adding new subspecialties to practices. In relation to Total Charges, the Practice Plan has increased from $147M in FY2013 to over $194M in FY2017, a growth of 32%. During the same period, Collections increased 30%, from $58M to just under $75M.

Hospital Revenues – Total Hospital Revenue has increased from $42M to $77M over the past five fiscal years. This tremendous growth is directly related to the steady growth of support for new providers, increased resident positions, increased services, increased medical directorships, and increased educational support that is available to the Dean to support research and educational objectives.

Trends for Areas of Interest:

1. Total Revenues – Total Revenues for the JCESOM have grown by $67M from FY2013 to FY2017, with material growth in revenue from both the Practice Plan and Hospital Sources. While the JCESOM is projecting a decrease in State Appropriations in coming years, continued growth in Practice Plan and Hospital revenues should offset the decrease.

2. Operating Margin – Recent margin has ranged from 1-3% and will likely remain in that range. Continued growth will limit projections relating to an increase in Operating Margin, with a slight chance Utilization Reserves will be temporarily required.

3. Revenue Mix – Based on previous comments and projections, it is expected that the mix will change slightly in the coming years as Practice Plan and Hospital support continue to grow while offsetting slight decreases in State Support. It is not projected that this will result in material changes in the near future.

4. Market Value of Endowments – Endowments for the JCESOM are held in the Marshall University Foundation and the Marshall University Research Corporation. The balances have remained over $30M over the past few years with earnings utilized for research expenditures. In addition to the earnings from the JCESOM endowments, the JCESOM has been a recipient of earnings from an additional endowment held by the Joan C. Edwards Charitable Trust. These earnings, ranging from $800,000 to $1M annually, have been utilized for scholarships in order to assist in decreasing student indebtedness.

5. Medical School Reserves – Total Reserves, including the Practice Plan, continue to grow and surpassed $62M at the end of FY2017. From FY2014, this is nearly a $2M annual growth. With conservative growth and continued contributions to the Reserve Balances, this will climb to just under $65M by the end of FY2018. In addition to the Invested Reserve Balances, the Practice Plan maintains an Operating Cash Balance that has ranged from $5M to $10M over the past 6 months. The current policy of the Practice Plan requires that each department maintain a reserve balance equal to 2 months average expenditures (60 days cash on-hand), with the Corporate Reserve adding an additional 2 months.

6. Debt Service – The JCESOM's Debt Service increased in FY2017. Initially, the Debt Service was limited to the Practice Plan's primary location but increased due to the acquisition and remodel of a new 51,000 square feet clinical facility. The Debt Service now covers two practice plan locations. This amount is roughly $1,500,000 per year. The debt related to the primary location runs through FY2025 while the new debt was financed over 10 years. There has been no issue funding this in the past and should not be an issue moving forward.

7. Outstanding Debt – Related to the Practice Plan's recent acquisition and remodeling of a new 51,000 square foot clinical facility, the JCESOM will have a new debt of roughly $10M that will be financed and paid over the next 10 years. This will be financed from new revenues generated from the facility and should not impact the JCESOM's financial performance in a negative way.

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

b. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the upcoming full survey visit, and explain the reasons for any anticipated changes.

1. Total revenues
2. Revenue mix
3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)
4. Reserves (amount and sources)

Anticipated Changes – As mentioned previously, the JCESOM is projecting a slight reduction in state support but is also projecting other revenues that will offset this decrease. As a result, the revenue mix may change slightly but should not change materially over the next few years. Continued growth and focus on research will include commitments to start-up funding and additional support positions within the JCESOM. While some of the commitments should be covered through additional Federal Grants/Funding, we do expect a portion of the commitments to be funded either by additional support received from the Practice Plan or through utilization of a small portion of Reserves. Regardless, we are still projecting an overall increase in Reserve Balances over the next 2-3 years.

c. Describe the medical school's annual budget process and the budgetary authority of the medical school dean.

The annual budget process begins each year in March or April and runs through early June when the final budget is adopted and approved by the respective Boards, the JCESOM is included as part of Marshall University's budget and the Practice Plan's budget is approved by their separate Board. The State portion of the budget begins with identifying the appropriate revenue/funding sources, then allocating as appropriate. Tuition revenues are based on actual projections based on the most recent acceptance information and applying projected tuition rates, net of waivers, and other non-cash assistance. State appropriations are made available by the State once approved by the Governor. Notifications are sent to each Department Chair as to what their allocation will be for the year based on current and projected staffing levels and spending needs based on the Department's changes projected for the year. The Practice Plan Budget includes Practice Plan support and Hospital support components. The Plan budget is a consolidation of the various departmental budgets that are reviewed and approved at budget hearings. The hearings are attended by the Department's Chair and Administrator and received or reviewed by members of the Plan's Executive Management Team. Budgets are presented at a detailed level projecting all revenue and expenses at a provider level when available but at a department level, at a minimum. Departments discuss any variances from current FYTD annualized but provide details as to what drives the variances. After consolidated, there is an initial review with the Dean to assure that all initiatives and objectives have been included to develop a final product to present to the Practice Plan's Board, of which the Dean is the Chairman. The Dean ultimately has complete budgetary authority for the JCESOM and Practice Plan.

d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the medical school dean and department chairs in managing departmental resources.

Effective Management of Financial Resources:

Basic Banner Reporting – Negative fund balances are identified immediately by Purchasing or the Budget Office and the responsible party is contacted. Appropriate action is requested, usually resulting in a transfer from an appropriate fund or correcting the coding on the expense.

Internal Audit Process – The JCESOM adheres to all University policies and guidelines relating to financial resources. This includes annual audits of bank accounts and cash-handling processes. The Practice Plan has a similar set of processes and employs a control process that requires the separation of duties relating to cash receipts, cash deposits, and cash disbursements. Cash disbursements, both at the JCESOM and Practice Plan have identified levels (relating to the amount of a specific expenditure) of authority relating to specific individuals (i.e. – multiple signatures are required for checks over $5,000).

Organization – The Board of Governors oversees the President of Marshall University, who in turn directly supervises the Dean of the JCESOM. The Dean oversees the Chairs of the many departments in the JCESOM and the Practice Plan and is also Chairman of the Board for the Practice Plan. Therefore, the Dean has authority for all missions and activities relating to both the JCESOM and the Practice Plan. At the Department level, the Chairs supervise all those in their Department responsible for JCESOM and Practice Plan related activities within that Department.

e. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

Funding for projected capital needs of the medical school is addressed annually in the JCESOM's budget process, or as needed, by consistently allocating a portion of revenue to Deferred Maintenance and/or Capital Equipment Reserves. While some of the allocated funds may be utilized to cover current fiscal year needs, any remaining amounts are retained in that account and are added to the Corporate Reserve balance. Any material project over a certain dollar threshold is first presented to the Board for approval. The sponsor of the project, either a Department Chair or Chief Operating Officer in the case of most maintenance items, presents the project specifics. If funded through State funds, the State purchasing guidelines are adhered to, including a formal RFP process. Marshall University's Purchasing Office manages this process to ensure all guidelines are satisfied. Current projects in the planning or operating phase include a lab renovation and completion of a new clinical facility. While the lab renovation will be funded through Cash Reserves, the cost of the new facility and renovations will be financed over a 10 year period, with very manageable monthly and annual expenses.

f. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.

Financial Reserve and Uses – Overall, the JCESOM and Practice Plan have been fortunate and able to utilize current revenues to finance capital expenditures and other material expenses. However, there have been individual departments that have had to utilize their individual departmental reserves to finance capital expenditures. A few examples of material expenditures in recent years include:

Douglass Centre – The JCESOM purchased the Douglass Centre, a former high school in the area, for roughly $800,000. The Douglass Centre currently houses a clinic for underinsured patients and business offices for the Practice Plan. Rental revenues are used to cover ongoing utility and maintenance costs.

Surgery – In FY2016, the Department of Surgery spent roughly $255,000 in Departmental Reserves to purchase a Cool Sculpting machine to place in their Plastic and Reconstructive Surgery Office. With a ROI of roughly 2 years, this was projected to provide a non-surgical alternative to their Department and increase revenue.

Eye Surgery – In FY2016, the Eye Surgeons spent $165,000 on additional office equipment and a new Electronic Medical Record system custom to their subspecialty. The equipment and software was funded through Departmental Reserves in an attempt to improve the patient experience and patient flow, both resulting in an increase in revenue

g. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.

Although the JCESOM is not audited separately from Marshall University, there have been no material/key findings in the respective audits relating to any activities involving the JCESOM.

SUPPORTING DOCUMENTATION

1. The school's responses to the most recent LCME Part I-A Annual Financial Questionnaire, consisting of the following

   a. Signature Page
   b. Current Funds Revenues, Expenditures, and Transfers - Data Entry Sheet
   c. Schedules A-E inclusive
   d. Revenues and Expenditures History

   See Appendix *5.1-1 LCME Part I-A Annual Financial Questionnaire.docx*

2. The school's responses to the web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics Survey."

   See Appendix 5.1-2 LCME Part I-A AFQ Web Survey Responses.docx

3. A revenue and expenditures summary for the fiscal year in which the full survey takes place (based on budget projections) and for each of the prior three fiscal years. Use the format and row labels from the "Revenues and Expenditures History" from the school's completed LCME Part I-A Annual Financial Questionnaire (it is the last page of the AFQ).

   See Appendix *5.1-3 Revenue & Expenditure Summary.docx*

4. A copy of the most recent audited financial statements for the medical school and/or the medical school's parent organization or company. For medical schools owned or operated by a parent organization or company, submit audited financial statements for the parent organization or company that encompass all related component units and entities controlled by the parent organization or company. Provide the most current information in the material submitted three months prior to the survey visit.

   See Appendix 5.1-4 Audited Financial Statements.docx

5.2 DEAN'S AUTHORITY/RESOURCES

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

NARRATIVE RESPONSE

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

    Joseph Shapiro, MD, Dean of the School of Medicine

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

Name	Title	% Time (if applicable)
N/A	N/A	N/A

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

    The Dean meets weekly with the Vice Dean of Medical Education to review the medical education program. All Vice Deans of the JCESOM meet as a group with the Dean on a biweekly basis to review the progress of the individual missions of the medical school. The Dean is updated monthly by the Assistant and Associate Deans at the Dean's Staff meeting.

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

    The budget for the medical education program is developed by a committee consisting of the Dean, the Vice Dean of Medical Education, the Chief Financial Officer, and the Chief Executive Officer. Once developed, the budget and its allocations are presented to the Chairs for their review, comments, and approval.

e. Briefly describe the organizational locus (e.g., an office of medical education) of administrative and/or academic support for the planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools (such as a curriculum database) to support curriculum delivery, monitoring, and management. Note the reporting relationships of the director(s) of any such office(s)/unit(s).

    Curriculum Management – The Curriculum Committee (CC) is charged with planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools to support curriculum monitoring and management. The Dean has ultimate responsibility for the implementation of the educational program, following the recommendations of the CC, which designs and manages the educational program. In general, the CC forwards policy decisions to the Office of the Dean for publication and dissemination. The Dean may question or modify a policy, but typically only for matters related to the financial implications. The Dean has oversight of the curriculum and delegates operational responsibility for curriculum management to the Vice Dean of Medical Education who serves as the senior officer in the Office of Medical Education. The Vice Dean of Medical Education provides leadership for the faculty in developing and implementing the education program. At a minimum, the Vice Dean of Medical Education, working with the

JCESOM executive leadership, is responsible for ensuring the medical education program meets or exceeds the LCME requirements for accreditation in the following areas:

- Implements curricular initiatives recommended by the CC and approved by the Dean
- Establishes institutional educational objectives and measures to document achievement and monitor those measures to ensure the institutional objectives are being met
- Promotes integration of clinical subject material into years one and two and basic science material into years three and four
- Develops teaching modalities and methods of instruction to promote integrative and interactive learning by students and facilitate their preparation for Steps 1 and 2 of the USMLE
- Promotes methods of evaluation and testing that are linked to institutional, course, and session objectives
- Facilitates development of means and systems for evaluating student professionalism across the four years of the curriculum
- Fosters the development of initiatives facilitating research and scholarly activity in the area of medical education
- Collects curricular material from block and clerkship directors and organizes the input of curricular materials into the database
- Oversees the collection, analysis, and appropriate distribution of web-based student course evaluations
- Develops job descriptions for block directors and clerkship directors and enables JCESOM flexibility for them to define their roles and amount of time necessary to meet the responsibilities of their respective positions, maintaining a minimum of 20% protected time

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

Name of staff leader	Title	% Time (if applicable)	# of staff reporting to leader
Bobby Miller, MD	Vice Dean of Medical Education	80%	7
Nitin Puri, MD, PhD	Associate Dean of Medical Education	80%	0
Mike McCarthy, MA	Chief Information Officer	50%	16 (+2 Part time)
Paul Ferguson, MD	Director of Clinical Education	20%	0
Michelle Ruppert, MA	Registrar	100%	0

5.3 PRESSURES FOR SELF-FINANCING

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

SUPPORTING DATA

Table 5.3-1 | Tuition and Fees			
Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) for the indicated years. Note: This is derived using data from the AFQ section titled "Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet". Please divide "TOTAL TUITION AND FEES REVENUES" by "TOTAL REVENUES REPORTED".			
FY 2014	FY 2015	FY 2016	FY 2017
5%	5%	4%	4%

NARRATIVE RESPONSE

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

    The medical school entering class is determined by the Dean in consultation with the department chairs and the appropriate associate and assistant deans. Before the class size can be changed the Dean must seek approval from the Marshall University President. The class size is influenced by the resources available to the school, e.g., classrooms, laboratory space and capacity, faculty, and staff. All change is initially and fully implemented over a four year period. Basic and clinical science department chairs provide the Dean information about future resource needs, if any, in preparation for a class size change.

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

    Tuition and fees are evaluated and determined by the JCESOM and the University leadership. The JCESOM recommends and justifies changes to tuition and fees annually, if any, to the President's Office. Tuition and fees are established and approved by the Board of Governors. Annually, at a designated Board of Governors' meeting, typically the December meeting, the Governors review and approve the tuition and fees for the upcoming academic year based upon the recommendations of the Marshall University President.

c. If tuition and fees or any other revenue source comprises more than 50% of the medical school's total annual revenues, describe any plans to diversify revenue sources.

    There is no single source of revenue comprising more than 50% of the medical school's total annual revenues. This is not expected to change in the foreseeable future.

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

    There is no current institutional pressure for the medical school to generate revenue from tuition, clinical care, and/or research. As stated in 5.0, the JCESOM has experienced consistent yearly increases in contractual revenue and clinical revenue to support the mission areas. Extramural research funding and expenditures have experienced a gradual increase (in most years). The JCESOM supports the recruitment of funded investigators

particularly as they align with the school's research cores, recruitment of teachers, and clinicians to ensure the ongoing quality of the medical education program.

Some faculty will raise concerns about the need to generate clinical revenue from time-to-time. Likewise, in some departments that pressure will be greater than others. The Dean provides financial resources to these departments when needed to manage this concern and ensure the ongoing quality of the medical education program. Overall, the faculty indicated in the 2017 AAMC StandPoint™ survey a high level of satisfaction with the JCESOM, leadership, and support they receive. The following StandPoint™ questions and responses demonstrate the overall level of satisfaction of the JCESOM faculty, perhaps indicating there is little broad-based pressure to generate revenue (cohort school responses are in the parenthesis):

- I am satisfied with my autonomy at work. 85% (79%)

- My role here is clear to me. 84% (77%)

- My day-to-day activities give me a sense of accomplishment. 84% (81%)

- I feel appreciated by my supervisor. 83% (74%)

- Senior leadership's transparency regarding clinical finances. 72% (39%)

- All things considered, how satisfied or dissatisfied are you with your medical school as a place to work? 74% (68%)

5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT

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

SUPPORTING DATA

Table 5.4-1 | Year 1 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year one* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.

Room Type/Purpose	# of Rooms of this size/type	Seating capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Auditorium	1	225	Marshall University Medical Center
Lecture Hall	2	75-94	Byrd Biotechnology Science Center
Gross Anatomy Lab	1	80	Coon Education Building
Histology Lab	1	48	Coon Education Building
Clinical Skills Lab	1	50	Byrd Clinical Center
Small Group Discussion Rooms	6	8-15	Byrd Clinical Center

Table 5.4-2 | Year 2 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year two* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.

Room type/Purpose	# of Rooms of this size/type	Seating capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Auditorium	1	225	Marshall University Medical Center
Lecture Hall	1	125	Byrd Clinical Center
Clinical Skills Lab	1	50	Byrd Clinical Center
Small Group Rooms	4	20	Byrd Clinical Center
Conference Rooms	6	8-20	Byrd Clinical Center

Table 5.4-3 | Faculty Offices and Research Labs

Provide the number of faculty offices and research laboratories in each academic department of the medical school. Add rows as needed.

Department name	# of Full-time faculty	# of Offices	# of Research laboratories to which departmental faculty have access*
Biomedical Sciences	26	34	56
Cardiovascular Services	11	8	0
Clinical & Translational Sciences	7	9	7
Dentistry & Oral Surgery	4	2	0
Dermatology	1	1	0
Family Medicine	23	18	0
Internal Medicine	47	48	0
Neuroscience	14	12	0
Obstetrics & Gynecology	14	3	0
Ophthalmology	6	6	0
Orthopedics	20	18	0

Pathology	9	1	1
Pediatrics	37	29	0
Psychiatry	8	18	0
Surgery	31	18	1

* Include "open" and shared laboratories (count each laboratory space only once per department for shared departmental space)

NARRATIVE RESPONSE

a. If educational spaces used for required classes in years one and two of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions. If classrooms or lecture halls are shared by students in years one and two of the curriculum, describe how and by whom the space is allocated.

The first year lecture hall is located in the Byrd Biotechnology building on the main campus. It is reserved for first year medical student activities from 7 am until 1 pm every day; then is utilized by undergraduate/graduate students from the main campus. The master schedule for this room is managed by the Director of Preclinical Education whose office is located in that building. The second year lecture hall is in the Byrd Clinical Center which is for second year lectures. There are 4 small group rooms across the hall. The second year auditorium and small group room are scheduled by the Assistant Director of Academic and Career Support Services whose office is located in the same building on the same floor.

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

Some laboratory space previously used for histology the lab was repurposed for research labs. The third floor of the Coon Education Building underwent $200,000 worth of renovation to turn it into a well-designed space for a histology lab. The lab holds 48 students at a time.

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

There are no recent or current teaching space renovations or construction. The class size has remained stable at between 75 and 83 students for at least the last five years.

d. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for patient care or research. Identify if students from other health professions programs or residents also use these facilities, and describe how scheduling conflicts are resolved.

The clinical skills lab is located in the Byrd Clinical Center. It is a dedicated area with no other secondary uses. It has 6 exam rooms that are identical to the real exam rooms used in the clinical clerkships. Each exam room is equipped with a computer and recording equipment. Along one side of the exam rooms is a lecture room for student use. The other side of the exam rooms is a small kitchen/staging area where standardized patients can wait between students.

e. Describe how research space is organized within the medical school. Are research laboratories allocated to departments and/or organized as open-plan/interdepartmental laboratories.

Research laboratories have been allocated as open plan/interdepartmental space to meet the needs of multiple investigators working on collaborative research grants and projects.

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

   The medical school, through joint venture between government and a private entity, is building a housing complex with 280 beds configured into 1, 2, or 3 bedroom units for students to rent. This building will contain a workout area and additional study space and will be physically located close to the current core of our medical school campus.

   Additionally, the School of Pharmacy is building a new building on the medical school campus. When this new building is completed, it will create vacated space at the Coon Education building that is located adjacent to the Veteran Affairs Medical Center. The JCESOM plan on re-obtaining right of use to this space and repurposing it for medical education, laboratory and research space, as needed.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

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

SUPPORTING DATA

Table 5.5-1 | Clinical-site Patient Volume

Provide the requested information for each hospital used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility name/Campus (if applicable)	# of beds in use	Average daily occupancy	# of admissions per year	# of outpatient visits per year
Cabell Huntington Hospital	303	276	27,445	723,624
St. Mary's Medical Center	393	253	15,807	255,828
VAMC	80	32.4	4639	418576
River Park Hospital	165	143	92	N/A
Mildred Mitchell Bateman	95	90	510	N/A
Logan Regional Medical Center	129	65	4897	N/A

Table 5.5-2 | Inpatient Teaching Facilities

Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility name/Campus (if applicable)	Clerkship	Average daily inpatient census	Average # of students per clerkship (range) School's medical students	Average # of students per clerkship (range) Medical students from other schools
Cabell Huntington Hospital	Family Medicine	23	1-2	1-2
	Internal Medicine	26	2-3	0
	Surgery	25	2-3	0
	Psych/Neuro	15-20	2-3	0
	Ob/Gyn	41	2-3	0
	Pediatrics	20	2-3	0
St. Mary's Medical Center	Internal Medicine	15-20	4 (2 per team)	0
	Ob/Gyn	3	1-2	0
	Surgery	25	2-3	0
VAMC	Internal Medicine	27.7	2-3	0
	Psych	NA	2 (outpatient)	0
	Surgery	4.7	2-3	0
River Park	Psych	25	2-3	0
Mildred Mitchell Bateman	Psych	20	2-3	0
Logan Regional Medical Center	Surgery	5-6	1-2	0

Table 5.5-3 | Inpatient Teaching Sites by Clerkship

List all *inpatient teaching sites* where medical students take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing an "X" in the appropriate column. List other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility name/ Campus (if applicable)	Family medicine	Internal medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)
Cabell Huntington Hospital	X	X	X	X	X	X	Neurology
St. Mary's Medical Center		X	X			X	
VAMC		X			X	X	
River Park					X		
Mildred Mitchell Bateman					X		
Logan Regional Medical Center						X	

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship

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

Facility Type	Family medicine	Internal medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)
University hospital clinic							
Community hospital clinic	X	X	X	X	X	X	Neurology
Community health center							
Private physician office	X	X	X	X	X	X	Neurology
Rural clinic/AHEC	X	X	X	X	X	X	
Other Type of Site (list)							

NARRATIVE RESPONSE

a. Describe how the medical school determines that the mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

Students are required to log their patient encounters into New Innovations. There is a list of required patients that students should see based on the recommendations of the MS3/MS4 committee that is approved by the curriculum committee. This list is reviewed and updated annually. An example of a recent change was adding a patient with drug addiction as a required experience for the students in the clinical years.

b. Describe any substantive changes anticipated by the medical school over the next three years in hospital and other clinical affiliations.

Our main teaching hospital is Cabell Huntington Hospital (CHH). St. Mary's Medical Center (SMMC) is another tertiary facility where students may have some clinical responsibilities. The Order of Pallottine Sisters that owned St. Mary's was aging and decided to sell the hospital. SMMC is the largest inpatient facility in proximity to the JCESOM. Indeed, it is one of the largest in this state. It has been a non-profit, faith based hospital; however in March 2018, after receiving approval from the appropriate state regulating agencies, the Federal Trade Commission, and the Vatican, CHH is moving forward with the acquisition of SMMC. It is anticipated that it will take several years for these changes to be fully implemented and incorporated into the community-based hospital affiliation arrangements that the JCESOM has continuously maintained. However, CHH is currently more closely aligned with the school's operation and mission. Thus, it is anticipated that many aspects of the school's educational mission may be enhanced in a variety of ways in the future because of this new, important resource.

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

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

SUPPORTING DATA

Table 5.6-1 | Inpatient Hospital Clerkship Resources			
List each hospital used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing an "X" in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.			
Facility name/ Campus (if applicable)	Lecture/ Conf. rooms	Study areas	Computers
Cabell Huntington Hospital	X	X	X
St. Mary's Medical Center	X	X	X
VAMC	X	X	X
River Park	X	X	X
Mildred Mitchell Bateman	X	X	X
Logan Regional Medical Center	X	X	X

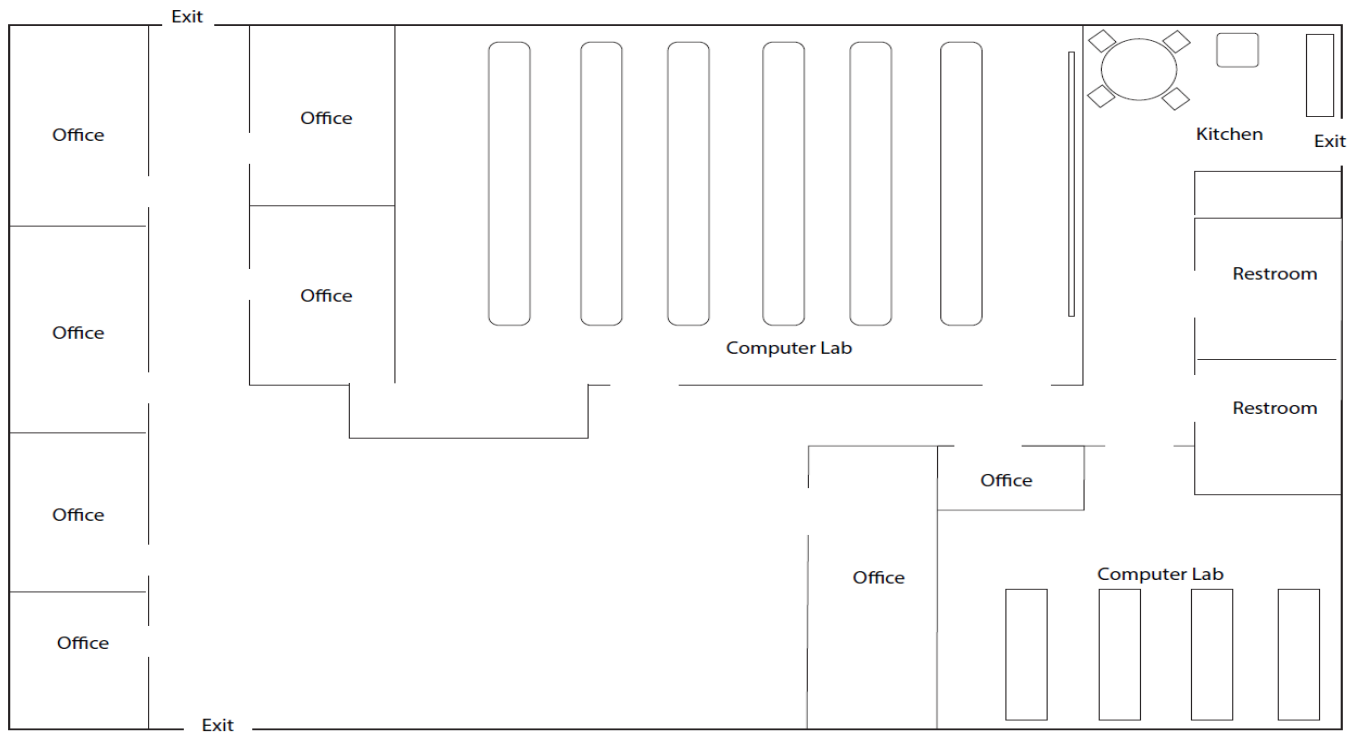| Table 5.6-2 Clerkship Resources by Curriculum Year		
As available, provide data from a single, recent academic year from either the independent student analysis, clerkship evaluations, or other source, on student satisfaction with the adequacy of educational/teaching spaces at inpatient and outpatient clinical sites used for the inpatient and outpatient portions of required clinical clerkships. Add rows for each relevant question, and indicate the year and source of these data.		
Survey question	Year 3	Year 4
Adequacy of lecture halls and large group classroom facilities (Satisfied + Very Satisfied) (92.8% response rate among MS3 & MS4)	90.9%	93.3%
Adequacy of small group teaching spaces on campus (Satisfied + Very Satisfied) (92.8% response rate among MS3 & MS4)	80.3%	82.7%
Adequacy of educational / teaching spaces at hospitals (Satisfied + Very Satisfied) (92.8% response rate among MS3 & MS4)	89.4%	82.7%
Adequacy of student study space at the medical school campus (Satisfied + Very Satisfied) (92.8% response rate among MS3 & MS4)	68.2%	68.0%
Adequacy of student study space at hospitals / clinical sites (Satisfied + Very Satisfied) (92.8% response rate among MS3 & MS4)	75.7%	66.7%
Data year and source: 2017 Independent Student Analysis		

NARRATIVE RESPONSE

a. Comment on the adequacy of resources to support medical student education at each inpatient and outpatient site used for required clinical clerkships, including space for clinical teaching(conferences/rounds, access to library resources, and information technology (computers and internet access).

All inpatient and outpatient facilities where clinical experiences are required to take place have adequate resources (clinical teaching space, library access either directly and/or via the internet, information technology, and study space) to support the medical education program.

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

There was a reduction in call and study space for students when Cabell Huntington Hospital underwent some renovations. Subsequently, secure swipe card access to a student lounge on the third floor of CHH was established. This lounge is stocked with snacks and beverages, has a charging station for electronic devices, a computer work station and a television. An additional call room designated for students has been opened as well.

Additionally, in 2019, an IT building will be converted into a student wellness and relaxation space (see rendering below). The building is centrally located between the Marshall University Medical Center and the Byrd Clinical Center for convenience to the students. The large computer lab with be converted into a recreation area with a pool table, ping pong, and a video gaming system. The smaller computer lab will remain as additional study space in addition to the offices that will be designated student study space.

Exit

Office

Office

Office

Office

Office

Office

Office

Computer Lab

Kitchen

Exit

Restroom

Restroom

Office

Office

Computer Lab

Exit

1321 Hal Greer Boulevard
Huntington, West Virginia
3500 sqft

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

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

SUPPORTING DATA

Table 5.7-1	Student Safety and Security by Curriculum Year			
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with safety and security at all instructional sites. Add rows for each relevant question on the student survey, and/or for instructional sites.				
Instructional Site/Survey Question	Year 1	Year 2	Year 3	Year 4
Adequacy of safety and security at instructional sites	95.0	98.8	92.4	96.0

NARRATIVE RESPONSE

a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the following times/situations. If the medical school has regional campuses, describe the security systems in place at each campus.

1. During regular classroom hours on campus

> Main Campus – 10 officers
> Byrd Clinical Center – 2 officers
> VAMC – 4 VA police officers

2. Outside of regular classroom hours on campus

> Main Campus – 6 officers
> Byrd Clinical Center – 1 officer
> VAMC—2 VA police officers

3. At clinical teaching sites

Security for all employees and students is the responsibility of the school leadership and the various facilities that students rotate through for their clinical experiences. Students are expected to wear the appropriate identification cards at all times. Students and residents are told during orientation that security will escort them to their vehicles after hours.

- Marshall University – The main campus at Marshall University is staffed by Marshall University Police and include 22 sworn police officers. All campus areas, including JCESOM, are patrolled 24 hours a day 7 days a week.
- Cabell Huntington Hospital has security guards on duty 24 hours a day 7 days a week.
- St. Mary's Medical Center has security guards on duty 24 hours a day 7 days a week.
- VA Medical Center has VA Police who patrol the facility 24 hours a day 7 days a week

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

The students at JCESOM do not rotate through any correctional or detention facilities or any other locations that would pose special risks to the students.

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

There is a red-highlighted link to the MUMC Emergency Response Protocol on the main JCESOM website. In addition, the main campus has an Emergency Protocol website available to our students which covers a wide variety of emergency situations (https://www.marshall.edu/emergency/emergency-management/) . However, it must be noted that during our self-study and review during this past year, it has been identified that overall disaster planning and documentation may not be as strong as it should be. In the coming year, administrators will work with the MUMC Safety Officer and core leadership to strengthen these plans, their documentation and their implementation as it relates to overall medical student safety. The Emergency Texting system, which JCESOM can utilize through Main Campus security, is currently the strongest, the quickest and most helpful tool to communicate with our medical students should there be a significant institutional threat.

SUPPORTING DOCUMENTATION

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

See Appendix *5.7-1 Disaster Preparedness.docx*
    Appendix *5.7-2 MUMC Emergency Response.pdf*

5.8 LIBRARY RESOURCES/STAFF

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

SUPPORTING DATA

Table 5.8-1 | Student Satisfaction with the Library					
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (*aggregated) with the library.					
GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %
52.7	85.9	70.5	86.3	70.4	86.3

Table 5.8-2 | Student Satisfaction with the Library by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the library and library resources. Add rows for each additional question on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Ease of access to library resources and holdings	83.9	76.1	78.8	93.3
Quality of library support and services	77.7	70.2	77.2	89.4

Table 5.8-3 | Medical School Library Resources and Space					
Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library.					
Library/Campus (as appropriate)	Total current journal subscriptions (all formats)	# of book titles (all formats)	# of databases	Total user seating	# of public workstations
Health Science Library (MU Medical Center)	4661	2700	4	50	10

Table 5.8-4 | Medical School Library Staffing		
Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.		
Professional staff	Technical and paraprofessional staff	Part-time staff (e.g., student workers)
Recent retirement	2.0 FTE	3 (1.5 FTE)

NARRATIVE RESPONSE

a. List any other schools and/or programs served by the main medical school library.

    There are no other schools or programs served by the main medical school library.

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

    Members of the library staff assist students trying to utilize electronic journals and databases that may be new to the student. Library staff are essential to the interlibrary loan process for obtaining journals we may not have in our collection. Library staff do not sit on the curriculum committee.

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

    Students and faculty do have access to electronic journals and data-bases across all sites. All of the major clinical teaching sites provide access to the library's electronic journals and databases.

    At sites separate from the medical campus, students and faculty do have access to electronic journals and databases through a link to an external portal.

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

    The library does access other informational resources via an interlibrary loan process.

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

    Regular library hours are: Monday through Thursday 7 am to 9 pm, Friday 7 am to 3:30 pm, Saturday 10 am to 5 pm, and Sunday 1 pm to 10 pm.

    Students and faculty have 24 hour/7 days per week swipe card access.

5.9 INFORMATION TECHNOLOGY RESOURCES/STAFF

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

5.9 SUPPORTING DATA

Table 5.9-1	Student Satisfaction with Computer Resource Center				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on percentage of respondents who were *satisfied/very satisfied* (aggregated) with the computer resource center.					
GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %
51.5	83.4	72.9	84.7	74.1	84.5

Table 5.9-2	Student Satisfaction with IT Resources by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with computer/IT resources. Add rows for each additional question area on the student survey. Schools with regional campuses should specify the campus in each row.					
Survey Question (Campus as applicable)		Year 1	Year 2	Year 3	Year 4
Accessibility of computer support		90.0	84.6	90.5	89.3
Adequacy of computer learning resources		87.7	77.4	83.1	90.7

Table 5.9-3 | Medical School IT Resources

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

Campus (if applicable)	How many computer classrooms are accessible to medical students?	How many computers or workstations are in each computer classroom?	Is there a wireless network on campus? (Y/N)	Is there a wireless network in classrooms and study spaces? (Y/N)	Are there sufficient electrical outlets in educational spaces to allow computer use? (Y/N)
MUMC	Lewis Tech HSL	11 10	Y	Y	Y
Byrd Clinical	Room 1009	20	Y	Y	Y
Byrd Biotechnology Science Center	Room 203 334 433	10 1 1	Y	Y	Y
Coon Education Building	Library Room 325 A Room 325 B Room 325 C Room 216 Histology Lab	5 1 1 1 1 1	Y	Y	Y

Table 5.9-4	Medical School IT Services Staffing			
Provide the number of IT staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional campus.			
Total # of IT Staff FTEs	Professional staff	Technical and support staff	Part-time staff (e.g., student workers)
17.5 FTE	8.0 FTE	8.0 FTE	2 (0.75 FTE)

NARRATIVE RESPONSE

a. If a wireless network is not available in classrooms and study spaces, describe the adequacy of internet access points in educational spaces (e.g., in large classrooms, small classrooms, student study space).

     All large classrooms, small classrooms, student study space, and clinical setting have wireless access to the internet.

b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how Information Technology (IT) services support the delivery of distributed education. Describe how medical students, residents, and faculty access educational resources (e.g., curriculum materials) from off-campus sites.

     As we have no regional or distance learning campuses there is no need to provide distributed education. Students, residents, and faculty have access to our in house learning management system that we call the 'Curriculum Map'. The Curriculum Map is password protected but can be accessed via the internet from any location with internet access. The Curriculum Map contains the PowerPoint presentation, a video of the lecture, and any additional notes or instructions provided by the instructor. We also include a 'One Minute Feedback' option that allows students to evaluate an educational session in real time. This feature is managed and distributed via the Curriculum Map.

c. List any other schools or programs served by the IT services unit(s).

     School of Pharmacy – 2 FTEs of Technical Staff and 0.2 FTEs of Professional Staff

d. How does the medical school assess the adequacy of information technology resources to support the educational program?

     The Chief Information Officer (CIO) is very engaged with faculty, residents, and students. He provides educational sessions to the students and residents. He or a designee from IT attend all curriculum committee and subcommittee meetings. We assess IT resources via feedback from faculty and students on a regular   basis. Approximately twice a year, the CIO will take the class officers to dinner in order to receive feedback directly.

e. Describe the ways that staff members in the IT services unit are involved in curriculum planning and delivery for the medical school. For example, do IT services staff assist faculty in developing instructional materials, developing or maintaining the curriculum database or other curriculum management applications, or learning to use the technology/A-V resources for on-site or distance education?

     The CIO is considered an important part of the curriculum committee and frequently provides real time data that is used to modify and enhance the curriculum. He has designed a very robust in-house curriculum management system that is password protected and can be accessed remotely when needed. He maintains several 'dashboards' that provide real time data to the administration and faculty that is password protected. We also employ a graphic artist who provides teaching resources to faculty and students on an as needed basis.

5.10 RESOURCES USED BY TRANSFER/VISITING STUDENTS

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

5.10 SUPPORTING DATA

Table 5.10-1 | Visiting/Transfer Students			
Provide the number of visiting and transfer students for each indicated academic year.			
	2016-17	2017-18	2018-19
Transfer students into the second year (or into the preclerkship phase for a three-year program)	0	0	0
Transfer students into the third year (or into the beginning of the clerkship phase for a three-year program)	0	0	0
Transfer students into the fourth year (or the third year of a three-year program)	0	0	0
Visiting students completing required core clerkships*	11	16	5
Visiting students completing clinical electives and/or other courses	49	48	65

*These student were part of a partnership with St. George's, University of London that has seen been dissolved.

NARRATIVE RESPONSE

a. Describe how and by whom the following decisions are made:

> 1. The number of transfer students accepted into each year of the curriculum
> 2. The number of visiting students accepted for electives by departments

> **1. The number of transfer students accepted each year into the curriculum**

> The Executive Committee of the Admissions Committee addresses requests for transfers. We receive very few transfer requests and have not accepted a transfer student in a number of years.

> **2. The number of visiting students accepted for electives by departments**

> The number of visiting students who are accepted for electives is determined by the departments based on volume of JCESOM students who are utilizing these electives.

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

> As described above, individual Departments may decide to offer visiting student experiences. However, the OME makes it clear that there must be clearly identified resources available within the Department above and beyond those necessary for our own students. The OME relies on student feedback regarding their own educational experiences to monitor the adequacy of this process.

SUPPORTING DOCUMENTATION:

> See Appendix 5.10-1 *Notification of dissolution of partnership with St. George's, University of London*

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS

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

SUPPORTING DATA

Table 5.11-1	Student Satisfaction with Study Space				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space.					
GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %
50.0	78.5	66.1	79.3	54.6	78.7

Table 5.11-2	Student Satisfaction with Study Space by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space. Add rows for each additional question area on the student survey.					
Survey Question		Year 1	Year 2	Year 3	Year 4
Adequacy of student study space		79.0	63.1	68.2	68.0
Adequacy of student study space at hospitals/clinical sites		54.3	52.4	75.7	66.7

Table 5.11-3	Student Satisfaction with Relaxation Space				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with relaxation space.					
GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %
47.1	67.0	67.9	67.1	72.7	66.1

Table 5.11-4	Student Satisfaction with Relaxation Space by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with available relaxation space. Add rows for each additional question on the student survey.					
Survey Question		Year 1	Year 2	Year 3	Year 4
Adequacy of student relaxation space		81.4	70.2	74.2	80.0

Table 5.11-5	Study Space				
Place an "X" under each type of study space available at the listed locations. If a type of study space is not available at all affiliated hospitals or regional campuses, describe the locations where study space is available for these students.				
	Library	Central campus classroom building(s)	Affiliated hospitals	Regional campus(es)
Small room used only for group study		X	X	
Classroom that may be used for study when free		X	X	
Individual study room	X			
Individual study carrel				
Individual open seating	X	X	X	

Table 5.11-6 | Call Room Availability

List each hospital used for a required clinical clerkship at all locations, including regional campuses. Place a "Y" under each column as appropriate.

Hospital	Call in one or more clerkships?	Call rooms available for medical students?
Cabell Huntington Hospital	Y	Y
St. Mary's Medical Center	Y	Y
Veteran's Affairs Medical Center	Y	Y
Mildred Mitchell Bateman Hospital	N	N
River Park Hospital	N	N

Table 5.11-7 Satisfaction with Secure Storage Space

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the availability of secure storage space for students' belongings. Add rows for each additional question area on the student survey.

Survey Question	Year 1	Year 2	Year 3	Year 4
Access to secure storage space for personal belongings at the medical school campus	98.8	98.9	92.4	81.4
Access to secure storage space for personal belongings at hospital/clinical sites	58.0	64.3	74.3	61.4

NARRATIVE RESPONSE

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

> In the pre-clerkship curriculum, the Byrd Biotechnology Science Center (BBSC), the Byrd Clinical Center (BCC), and the VAMC all have lockers available for storing personal belongings. First years share the space at the BBSC with undergraduate and graduate level science students. The BBC is for second year medical students only. At the VAMC, some space is shared with the pharmacy students. There is lounge and relaxation space in all three buildings. Additionally, in 2019, a separate 3,500 square foot building (detailed above) will be converted into a student wellness/relaxation center that will not be shared space.

> In the clinical portions of the curriculum, all institutions have lounge and relaxation space. At the VAMC, there is a lounge on 2nd floor with seating/couch, eating table, a refrigerator stocked with snacks/meals (along with a smaller refrigerator for personal items), microwave oven and television which is shared with the residents and fellows. The lounge also contains a computer, telephone and desk. Library space including computer access are present within the main buildings. Locker/storage is provided in the team work room located on the 4th floor.

> At CHH and SMMC, students share lounge space and secure storage with the residents of the team they are assigned to for each rotation. For example, at CHH, the pediatric service has a large resident working/conference room with a refrigerator and microwave. The space is connected to 3 call rooms, one of which is designated for students.

b. Describe the availability and accessibility of secure call rooms, if needed for overnight call, at each site used for required clinical clerkships.

> While students usually work 12-hour shifts (either day or night) similar to the residents at our institution, some call rooms remain available as follows:

CHH – two call rooms are available one on the 3rd floor and one on 5th floor. These rooms are accessed by combination keypad locks and are adjacent to bathrooms with shower facilities.

SMMC – two call rooms are available for student use. They are accessed by combination keypad locks and are also adjacent to bathrooms with shower facilities.

VAMC – There is one secure call room reserved for students if needed for overnight call which is located on a patient care floor at this time. The room has an adjoined bathroom with shower that is accessible only from within the call room which is accessed by swipe card.

5.12 REQUIRED NOTIFICATIONS TO THE LCME

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

SUPPORTING DATA

Table 5.12-1 | New Medical Student Admissions				
Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.				
AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19
79	75	83	75	83

SUPPORTING DOCUMENTATION

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

   JCESOM has not increased the class size above the threshold of 10% or 15 medical students in one year or 20% in three years.