

## **STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY**

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

### **SUPPORTING DOCUMENTATION**

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

See Appendix *1.0-1 Campus Map.docx*

## 1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

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

### NARRATIVE RESPONSE

- a. Provide the mission and vision statements of the medical school.

**Mission Statement** - The Joan C. Edwards School of Medicine at Marshall University is a community-based, Veteran Affairs affiliated medical school dedicated to providing high quality medical education and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. Building upon its medical education foundation, the school seeks to develop centers of excellence in clinical care, including primary care in rural, underserved areas, focused and responsive programs of biomedical science graduate study, biomedical and clinical science research, academic scholarship, and public service outreach. The school is committed to fulfilling its mission by creating a diverse and inclusive academic community that is sustained in a collegial and nurturing environment of life-long learning.

**Vision Statement** - To be known for excellence in teaching, patient care, and scientific contributions that enhance the health care communities in the region.

- b. Describe the process used by the medical school to develop its most recent strategic plan, including the school's mission, vision, goals, and associated outcomes. How often is the strategic plan reviewed and/or revised?

The strategic planning committee is made up of institutional leaders in the areas of education, research, citizenship, and service. The 15 members worked as subcommittees specific to their area of interest and expertise to review outcomes from the previous strategic plan. These outcomes were disseminated to all faculty and staff. A new strategic plan was developed based on the outcomes of the previous plan, the solicited feedback, the committee's vision, and the goals to be achieved over the next five years. The new plan was then disseminated to faculty and staff for review and comments. Once finalized by the committee, the new plan was presented to the JCESOM Dean for approval.

- c. Describe how, when, and by whom the outcomes of the school's strategic plan are monitored. Provide two examples of outcomes based on recent strategic goals/objectives, and a description of the actions or activities undertaken to evaluate the outcomes. Also note if the desired outcomes have been achieved.

The strategic plan is monitored by the Dean's cabinet on an annual basis and renewed every five years by an ad hoc subcommittee for strategic planning with input from faculty and staff.

From our Strategic Plan developed in 2012, we have achieved multiple goals. Two examples of such goals include:

#### 1. Strategy #3.2 – Improve and expand philanthropy in support of the medical school and its programs

The Office of Development & Alumni Affairs continues to cultivate donors and raise money for medical student scholarships such as annual fund mailings, face-to-face meetings, phone calls, and an annual major scholarship fundraiser. The 2018 event, Standing Out in Our Field 5, raised an additional \$100,000 for our scholarship endowment. From July 1, 2015 to June 30, 2018, we increased endowments by an additional \$700,000. The current market value of our scholarship endowments is somewhat complex as it resides in two substantial buckets. Those funds managed by the Marshall Foundation contain just over

\$8.5 million. Another fund, outside of Marshall University, the Edwards Charitable Foundation, has somewhat over \$33 million in assets and pays out at least \$1.2 million per annum, according to a contractual agreement. During the 2017-2018 academic year, 187 students received one or more scholarships and/or tuition waivers from the JCESOM.

**2. Priority #2 for Research** – Increase cooperative research with sister medical schools and medical centers within the State of West Virginia and the Tri-State Area.

Recognizing pilot funding is critical to promoting scholarly activity, the Appalachian Clinical and Translational Science Institute (ACTSI) and the Department of Clinical and Translational Sciences (DCTS) provided 6 pilot grants to JCESOM Faculty for a total of \$150,000. The ACTSI also provides pilot grants to Marshall University Faculty, 1-2 grants for \$25-50,000. Finally, the ACTS/DCTS administers the Medical Student Research Program at JCESOM for \$80,000 per year for medical students to conduct research with a faculty mentor. This has resulted in a substantial increase in medical students performing research from 10 in 2012 to 74 this year.

In August 2015, Marshall University and West Virginia University each pledged \$250,000 annually for a three-year combined effort of \$1.5 million to support innovative clinical projects and/or translational research that we believe will ultimately help faculty members at both schools better serve West Virginians and attract future external funding. The goals of this combined effort are to stimulate collaborative clinical projects and translational research between Marshall University and West Virginia University to address health issues in West Virginia and demonstrate the ability of two of the state's medical universities to work together to develop self-sustaining programs to solve real-world problems.

In recent years, we have been fortunate to be the recipient of a West Virginia IDeA Network of Biomedical Research Excellence (WV-INBRE) grant and a Center for Biomedical Research Excellence (COBRE) grant.

The National Institutes of Health (NIH) created the Institutional Development Award (IDeA) program to assist states that receive less than \$6MM a year in NIH funds to become more competitive for biomedical research funding. The IDeA program is currently managed by the National Institute of General Medical Sciences (NIGMS) with 23 states (including West Virginia) and Puerto Rico eligible to apply for IDeA funding. Currently, the IDeA program has three primary programs: The IDeA Network of Biomedical Research Excellence (INBRE), Center of Biomedical Research Excellence (COBRE) and IDeA-Clinical and Translational Research (IDeA-CTR) programs. Eligible states are allowed one INBRE and one IDeA-CTR and up to three COBREs per research intensive institution. The Joan C. Edwards School of Medicine currently has active an INBRE and COBRE award and is a partner institution with West Virginia University in an IDeA-CTR award. The current WV-INBRE award is: Total Cost: \$17,581,101. The current COBRE award is: Total Costs: \$10,827,016. The amount JCESOM receive from the West Virginia Clinical and Translational Science Institute (WVCTSI) award is Total Costs: \$4,323,300 over the 5 years of the award.

The Marshall University Joan C. Edwards School of Medicine (MU JCESOM) Center of Biomedical Research Excellence (COBRE) named Appalachian Center for Cellular transport in Obesity Related Disorders (ACCORD) is a national center of excellence focused on molecular mechanisms of cellular transport abnormalities in obesity-associated health disparities in West Virginia and Central Appalachia (WV/CA). Many of the innumerable health disparities of West Virginia and Central Appalachia have their roots in widespread obesity prevalent in the region. Thus, the goal of ACCORD is to enhance institutional obesity related biomedical research capacity, develop new resources as future cores (e.g., Biostatistics and Study Design), provide pilot funding and promote training of not just junior investigators, but the future generation of investigators (e.g., graduate students, post-doctoral fellows) as well in obesity research. ACCORD is funded by a \$10.78 million five year grant by the NIGMS of the National Institutes of Health

While we have achieved notable success in both of these areas, we continue to strive for ongoing improvement in both of these areas as part of our strategic planning.

- d. Describe the process used and resources available for quality improvement activities related to the medical education program. For example, is there an office or dedicated staff to support quality improvement activities at the levels of the medical school or university?

The JCESOM has a 1.0 FTE dedicated to quality improvement related to the medical education program. This administrative position is responsible for organizing and maintaining all documents related to quality improvement. The LCME Accreditation Committee meets monthly, reviewing one standard per month, to ensure that all 12 standards and 93 elements are reviewed over the course of each academic year. This committee creates and develops action plans to address all quality improvement initiatives regarding medical education. Action plan must have final approval by the curriculum committee.

- e. Describe how the medical school monitors ongoing compliance with LCME accreditation elements. The response should address the following questions:

1. Which elements are monitored (e.g., all standards, a subset of standards)?
2. How often is compliance with elements reviewed (mid-cycle, yearly, at some other interval)?
3. What data sources are used to monitor compliance?
4. What individuals or groups receive the results?
5. Describe one example of an action taken resulting from CQI monitoring of LCME accreditation elements.

**1. Which elements are monitored (e.g., all standards, a subset of standards)?**

The JCESOM LCME Accreditation Committee monitors all 93 elements contained within the 12 Standards of the DCI.

**2. How often is compliance with elements reviewed (mid-cycle, yearly, at some other interval)?**

The JCESOM LCME Accreditation Committee meets monthly to ensure that the 93 elements contained within the 12 Standards of the DCI are reviewed annually.

**3. What data sources are used to monitor compliance?**

All available data sources are used to populate the DCI as each element is reviewed. Sources include the internal student surveys, the AAMC GQ, the StandPoint™ survey, course and clerkship reviews, and outcome data from medical licensing exams.

**4. What individuals or groups receive the results?**

Any gaps or updates are identified and addressed in an ongoing quality improvement process. The report is posted on the JCESOM LCME webpage and is available to any faculty member or student using their institutional username and password.

**5. Describe one example of an action taken resulting from CQI monitoring of LCME accreditation elements.**

An example of an improvement made as a result of LCME Accreditation Committee review resulted in an updated policy for selecting candidates for interviews. Previously, candidates were selected solely by Office of Admissions staff, not the Admissions Committee. The new policy states that the Interview Selection Committee, a subcommittee of the Admissions Committee, will meet weekly to review medical school candidates for an invitation to interview.

## **SUPPORTING DOCUMENTATION**

1. The strategic goals and objectives of the medical school.

*Appendix 1.1-1 Strategic Goals and Objectives.docx*

2. An executive summary of the most recent medical school strategic plan.

*Appendix 1.1-2 Strategic Plan.pdf*

## 1.2 CONFLICT OF INTEREST POLICIES

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

### NARRATIVE RESPONSE

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

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

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

There is not a subsidiary board for the medical school.

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

Not applicable.

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

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

- e. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

1. Governing board members
2. University and medical school administrators
3. Medical school faculty

#### 1. Governing board members

Concerns regarding conflicts of interest for the Marshall University Board of Governors are addressed by the West Virginia Higher Education Policy Committee (WVHEPC). Their policies are adopted in accordance with the WV Governmental Ethics Act. The WVHEPC oversees a public policy agenda for all public West Virginia universities.

## **2. University and medical school administrators**

Concerns regarding conflicts of interest for the University are covered in the Marshall University Board of Governors' Policies. Identified conflicts of interest are handled and adjudicated by the President or his designee. The policy includes the ability for individual units within the university to have more stringent policies as needed. The JCESOM has such a superseding policy.

## **3. Medical school faculty**

Concerns regarding conflicts of interest within the medical school are reviewed by the Dean and the Dean's Cabinet with input from the Risk Management Officer of Marshall Health, the practice plan affiliate, where appropriate. It is expected that the process for policy awareness and ethical self and other reporting will set the standard, but violations can be variously dealt with, as per the school policy.

## **SUPPORTING DOCUMENTATION**

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

See Appendix *1.2-1 Conflict of Interest Policy.pdf*

2. Documentation, such as minutes illustrating relevant recusals or affirmations, that conflict of interest policies are being followed.

See Appendix *1.2-2 COI Compliance.pdf*

### 1.3 MECHANISMS FOR FACULTY PARTICIPATION

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

#### SUPPORTING DATA

Table 1.3-1   Standing Committees					
List all major standing committees of the medical school and provide the requested information for each, including whether members are <i>all appointed</i> (A), <i>all elected</i> (E), or whether the committee has <i>both appointed and elected members</i> (B), and whether the committee is charged with making <i>recommendations</i> (R), <i>is empowered to take action</i> (A), or <i>both</i> (B).					
Committee	Reports to	Total Voting Members	Total Faculty Voting Members	Membership Selection (A/E/B)	Authority (R/A/B)
Admissions Committee	Dean	33	25	B	B
Curriculum Committee	Dean	14	10	E	A
Personnel Advisory Committee	Dean	13	13	E	R
Academic and Professionalism Standards Committee	Dean	11	8	A	A
Faculty Council	Dean	16	16	E	B

#### NARRATIVE RESPONSE

- a. Summarize how the selection process for faculty committees ensures that there is input from the general faculty into the governance process. Note whether committees include members elected by the faculty or members nominated or selected through a faculty-administered process (e.g., through a “committee on committees”).

**Admissions Committee** – The Chair and Co-Chair are appointed by the Dean. Recommendations for new members are taken from current members of the Admissions Committee, former Admissions Committee members, and department chairs. The Executive Committee reviews all recommendations, talks with suggested members to discern interest and availability to interview and attend meetings. The available vacancies are filled by a simple majority vote of the Executive Committee using a holistic approach to determine the best candidates for the Admissions Committee, including considerations of diversity, judgment, clinical and administrative experience, and willingness and availability to serve. In general, the committee meets an established policy of 51% faculty member participation. The final selection of new members is subject to review by the Faculty Council of the medical school. Each new members is asked to serve a three year term, although members may remain on the Admissions Committee for multiple terms at the discretion of the Chair.

**Curriculum Committee** – Each member of the curriculum committee is elected by their department. The student members are elected by their classmates.

**Academic and Professionalism Standards Committee** – Recommendations for membership are made by the department chairs and approved by the dean.

**Personnel Advisory Committee** – The Personnel Advisory Committee shall consist of one elected representative from each department. The department shall elect its representative. Faculty holding administrative positions as department chairperson or above and faculty who are not full-time employees of the Joan C. Edwards School of Medicine at Marshall University are not eligible to serve on this committee.

**Faculty Council** – The council will consist of representatives elected from the Basic Science and Clinical Departments of JCESOM, along with the Chair of the Council. The number of representatives for each department will depend on the number of full-time faculty, as shown below:



Number of full-time faculty	Number of representatives
4-15	1
16-30	2
31-45	3
46 or more	4

Departments with fewer than four full-time faculty will be combined for the purposes of electing representatives to the faculty council. In the event that the total number of full-time faculty in these combined departments is greater than 15, the number of representatives elected will be as in the table above, with no more than one representative from any of the individual departments. The representatives are to be elected from eligible faculty within the Department. No one who holds the title of Assistant-, Associate-, Vice-Dean or Chair, or who has been a member of the Council for the previous four consecutive years, is eligible for membership.

- b. Describe how faculty are made aware of policy and other types of changes that require input from faculty and how such input is obtained. Describe one recent specific opportunity for faculty to provide such input.

Faculty are made aware of changes in policies and procedures via faculty meetings and electronically via email with subsequent posting in the faculty section of the JCESOM website. One recent policy change was an update to the faculty bylaws. The structure of the basic science department had changed from three separate departments to a single Department of Biomedical Sciences. This was incongruent with the previous faculty bylaws. The Curriculum Committee had recommended updating the nature of its membership and standard operating procedures to reflect this new organizational structure. These changes were incorporated into a new set of faculty bylaws. Faculty were notified via email three weeks prior to a faculty meeting of the specific changes being recommended and the rationale for them. Comments were solicited via email, and further comments and discussion were heard at the meeting. The bylaw changes were approved by faculty vote.

- c. List the number and type of general faculty meetings held during the past academic year. Indicate whether these meetings were held “virtually” or in-person. Describe how faculty were made aware of meeting agendas and outcomes.

In the 2018 calendar year, the school of medicine held five in-person general faculty meetings.

1. State of the Medical School, April 5, 2018 – Dean
2. State of Medical Education, May 24, 2018 – Vice Dean of Medical Education
3. Risk Management Program, July 26, 2018 – Chief Medical Officer
4. State of Graduate Medical Education, September 20, 2018 – Vice Dean of Graduate Medical Education
5. State of Research, November 29, 2018 – Vice Dean of Clinical and Translational Research

Each faculty meeting includes a PowerPoint presentation with outcomes data and potential changes in policies and/or procedures followed by discussion and a faculty vote when necessary. Faculty are made aware of meeting dates via email, followed by monthly reminders.

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

All major announcements are made via email. The Office of Medical Education publishes a quarterly newsletter for both students and faculty. The Office of Public Relations publishes a monthly newsletter entitled “From the Dean’s Suite.” Social media is also used as an appropriate and complementary resource. The required default sign-on computer page for the internal JCESOM website publishes frequently updated and highlighted banners that feature current and important JCESOM news. Finally, all department chairs and administrators are expected to further duplicate and disseminate all important information in both a top-down and bottom-up fashion.

## 1.4 AFFILIATION AGREEMENTS

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

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

### SUPPORTING DATA

<b>Table 1.4-1   Affiliation Agreements</b>						
For each inpatient clinical teaching site used for the inpatient portion of required clinical clerkships, provide the page number(s) in the current affiliation agreement where passages containing the following information appear. Add rows as needed.						
1. Assurance of medical student and faculty access to appropriate resources for medical student education						
2. Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students						
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching						
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury						
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment						
Clinical teaching site	Date agreement last signed	Page Number(s) in Agreement				
		1. Access to resources	2. Primacy of program	3. Faculty appointments	4. Environmental hazard	5. Learning environment
Cabell Huntington Hospital	10/31/2018	2	1	3	2-3	2
Charleston Area Medical Center	2/15/2017	3	2	3	3	4
Huntington Internal Medicine Group	3/4/2016	2	1	2	2-3	2
Logan Regional Medical Center	2/9/2017	2	1	2	2-3	2
Mildred Mitchell Bateman Hospital	2/23/2017	2	1	2	2-3	2
Pleasant Valley Hospital	2/9/2017	2	1	2	2-3	2
River Park Hospital	2/9/2017	2	1	2	2-3	2
St. Mary’s Medical Center	2/28/2017	2	1	2	2-3	2
VA Medical Center	3/10/2016	3	3	3	3	3

## **SUPPORTING DOCUMENTATION**

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

*Note: Each affiliation agreement should be saved as a separate document and named according to the following convention: 1.4.\_AA\_ Site Name.*

See Appendix:

*1.4-1 AA CAMC.pdf*

*1.4-1 AA CHH.pdf*

*1.4-1 AA HIMG.pdf*

*1.4-1 AA LRMC.pdf*

*1.4-1 AA MMBH.pdf*

*1.4-1 AA PVH.pdf*

*1.4-1 AA River Park.pdf*

*1.4-1 AA SMMC.pdf*

*1.4-1 AA VAMC.pdf*

## 1.5 BYLAWS

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

### NARRATIVE RESPONSE

- a. List the topics that are included in the bylaws that apply to the medical school (e.g., charges to committees, definition of faculty)

Topics included in the bylaws applicable to the medical school are as follows:

- Purpose
- Powers
- Membership (definition of faculty)
- Meetings
- Officers
- Records
- Faculty Council
- Committees (composition and charges):
  - Admissions Committee
  - Curriculum Committee
  - Academic Standards and Professionalism Committee
  - Personnel Advisory Committee (Promotion and Tenure)
- Adoption and Amendment of Bylaws

- b. Describe the process for changing bylaws, including the individuals and groups that must approve changes.

Bylaws may be adopted or amended by a sixty percent majority vote of full-time faculty members present at any regularly called faculty meeting if the faculty have received notice of the proposed changes at least ten days prior to the meeting. Bylaws or changes therein become effective upon approval by the President of Marshall University.

- c. Briefly describe how the bylaws are made available to the faculty.

Faculty bylaws are available to faculty through the policy webpage of the faculty website.

### SUPPORTING DOCUMENTATION

1. The bylaws that apply to the medical school should be available in the survey team's home room during the survey visit. The survey team should have online access to the bylaws prior to the survey visit.

See Appendix *1.5-1 Faculty Bylaws.pdf*

## 1.6 ELIGIBILITY REQUIREMENTS

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

### SUPPORTING DATA

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

West Virginia

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

	Middle States Association of Colleges and Schools
	New England Association of Schools and Colleges
X	Higher Learning Commission (formerly known as the North Central Association of Colleges and Schools)
	Northwest Commission on Colleges and Universities
	Southern Association of Colleges and Schools
	Western Association of Colleges and Schools

- c. Provide the current institutional accreditation status.

Fully accredited

- d. Provide the year of the next institutional accreditation survey.

The next accreditation survey will be in the 2025-2026 academic year.