

## LCME Self-Study

The self-study process commenced in fall of 2021, overseen by the Faculty Accreditation Lead (FAL). It was determined there would be six self-study subcommittees and one executive committee. The self-study subcommittees were organized by topics: medical students, faculty, educational programs #1 and #2, institutional setting and educational resources. Each subcommittee consisted of two co-chairs and approximately 12-15 members, including medical school administrators, department chairs, junior and senior faculty members, medical students, residents, University delegates, representatives from clinical affiliates, staff and a project manager. The full list of members is found in Appendix A. The charge of the sub-committees was to review the accreditation standards and elements aligned with their overall topic area, information from the DCI, data from the medical students' survey and the ISA report and make an evidence-based determination about performance in each of the accreditation elements. The *Survey Report Template for Full Survey Visit Reports* provided the framework for assisting with declaring a determination. The committees met for four months between January and April of 2022.

On April 28, 2022, the executive committee commenced, led by the Senior Associate Dean and Vice Chancellor of Medical Education and consisted of the FAL, co-chairs from each sub-committee and a member from the Board of Trustees. The co-chairs presented their committee's findings over a six-week period. The senior Associate Dean and Vice Chancellor for Medical Education and FAL drafted a preliminary report based on the discussion within the executive committee and further review of the standards where questions arose. The report that follows outlines institutional strengths, challenges/areas of concern related to performance in accreditation elements, and specific activities undertaken or planned to address each of the challenges/areas of concern. The final report was reviewed and approved by the executive committee on 10/10/2022.

COVID Impact:

☐ Curriculum:

o In March of 2020, in-person classes for first- and second-year medical students were halted in the 2nd week of March, necessitating a rapid conversion to virtual educational activities. The legacy curriculum remained largely virtual throughout the following school year with the exception of instruction that required physical presence in order to meet the learning objectives (e.g., physical diagnosis skills, communication skills, some standardized patient encounters, clinical care, etc.). All learning objectives could be met and the Committee on Medical Student Education (COMSE) reviewed and approved all changes to instructional format.

o The Legacy 3rd-year clerkships and 4th-year clinical electives were also paused in the last week of March 2020 for a total of 3 months due to uncertainty surrounding the transmission risk of COVID-19 and substantial reductions in patient census. A wide array of non-clinical electives were offered to the

clinical students during the first 2 months of the pause allowing them to accrue 4th-year credit. These included a variety of COVID-associated volunteer activities including contact tracing with the departments of public health and making PPE. During the subsequent 4 weeks, each clerkship conglomerated all non-direct-patient care activities using virtual methods, including subject exam study time and administration. Clinical experiences resumed in third week of June 2020. The overall clinical time for each clerkship was reduced, internal medicine 12 to 9 weeks, surgery 12 to 9 weeks, pediatrics 6 to 4 weeks, obstetrics and gynecology 6 to 4 weeks, neurology 4 to 3 weeks, and psychiatry 4 to 3 weeks. The grading system for these clerkships was converted to Pass/Fail. All learning objectives of the curriculum could be met with these changes. All proposed changes were reviewed and approved by the COMSE.

- o The COVID-related pause of the 2019 – 2020 core clerkships resulted in a 7-week delay

in the beginning of the subsequent clerkship year, necessitating a shortening of the clerkship lengths during the 2020 – 2021 and the 2021 – 2022 years. The reductions were internal medicine 12 to 8 weeks, surgery 12 to 8 weeks, pediatrics 6 to 5 weeks, and obstetrics and gynecology 6 to 5 weeks. The neurology and psychiatry clerkships remained 4 weeks and there were 6 weeks of selective clerkship in three 2-week segments. This resulted in a total reduction of the clerkship year from 48 weeks to 40 weeks. All learning objectives of the curriculum could be met with these changes. All proposed changes were reviewed and approved by the COMSE.

- o In order to ensure students in all years of the curriculum were able to meet learning objectives while successfully launching the Gateway Curriculum scheduled for July 2020, the COMSE decided to delay formal start of the academic year to September 2020 for the entering Gateway students. The Gateway Curriculum launched in hybrid format, with largely remote classroom-based learning with the exception of clinical skills and coaching sessions. As information regarding our ability to maintain a safe learning environment accumulated and vaccines became available, the curriculum was progressively converted to more in-person attendance for even classroom-based education.

☒ Student services:

- o Washington University School of Medicine has consistently been a place where we know our students by name and story. Students have regular school-supported social engagements with each other and with the faculty and administration. COVID affected this significantly, eliminating essentially all social activity for almost 2 years. It also affected between year support and communication, particularly as Gateway launched.

o To address the absence of these informal touchpoints, we created routine formal touchpoints with at least monthly town halls related to COVID-19 status and mitigation measures, impact on curriculum and social activities and information regarding wellness resources.

#### 📌 Finances:

o Clinical services for non-urgent and emergent care and procedures were shut down or, where possible, moved to telehealth in March of 2020. This resulted in significant loss of revenue. Priority was placed on ensuring the continuation of our tripartite mission and the overall health and wellbeing of our people. The School of Medicine (SOM), in concert with the University worked swiftly to cut costs. Senior administration took pay cuts and we discontinued University payments to retirement accounts. The University and SOM laid off non-essential employees when federal relief for them was available, making those who would be laid off whole financially. Cares Act funds helped support testing, contact tracing and emergency relief funds for students. As clinical revenue returned, the majority of employees who were laid off were returned and retirement investiture resumed. The SOM has been able to remake lost funds and has provided bonuses and pay increases at higher than market rate to help address some of the losses borne by the faculty and staff.

#### Institutional Strengths:

Despite the impact of COVID, Washington University School of Medicine continues to perform exceptionally well financially. We continue to grow clinically, exceeding expected revenues and with growing clinical demand in the region. Similarly, grant funding has increased year over year and places us consistently in the top 10 (currently 4th) in NIH funding. Research spans basic, clinical, translational and

public health with deep investments in infrastructure to support the development of junior researchers and the continued success of senior investigators including training programs, core facilities, grant administration and research support, state of the art research facilities and more. Students are actively welcome in the research labs and programs of the School of Medicine and supported by a highly rated Office of Medical Student Research as well as a new EXPLORE curriculum to support development of careers in academic medicine. Over 98% of our students participate in research and 100% participate in scholarly activity of some sort. The endowment has also performed exceedingly well, particularly in the last year. This performance, in combination with active successful fundraising, has allowed for both sustained ongoing investment and new sizable investments in the research and education missions of the School of Medicine. A few such investments include the complete renovation of multiple educational spaces for active learning and small group work, markedly updated relaxation and study spaces, expansion of research space with the new Neurosciences Building and upward expansion of the Institute of Health, and clinical expansion with a new ambulatory cancer building and state of the art

hospital tower. The student spaces for study and relaxation have been highly rated by all students and are in immediate proximity to both classrooms and the hospitals.

Dean Perlmutter, the chairs of the School of Medicine and the rest of the school leadership have consistently demonstrated exceptional qualifications for their roles, high quality leadership, and an attention to continuous quality improvement. The strategic planning process, which occurs at the unit, department, and school level through a formalized process, is thoughtful, ensures alignment with key priorities across the school, and allows for monitoring of critical outcomes. Similarly, the faculty provide outstanding clinical care, research and training and are dedicated to the tripartite mission. Finally, at the institutional level, we have a long and prosperous relationship with BJC, and in particular, with our two primary clinical training sites, Barnes-Jewish Hospital (~1300 beds) and St Louis Children's Hospital (~400 beds), both located on the School of Medicine campus. These large and highly rated hospitals provide outstanding training opportunities for our students and residents with a large volume of primary through quaternary care patients all seen by Washington University Physicians. This allows us to have very limited reliance on volunteer faculty and affiliate hospitals for our educational mission, a rare luxury currently.

Within education specifically, the dean has provided an additional \$10 million per year, which is being used to support additional scholarships funds and launch and support the Gateway Curriculum going forward. The combination of the curriculum transformation and the additional scholarships has resulted in a marked increase in applications to the School of Medicine from a steady rate of 4500 to over 6000. We have also seen an increase in students applying and choosing to attend WUSM from backgrounds traditionally under-represented (URiM), including individuals who are from first generation and low income families. In 2017, just over 16% of the incoming class self-identified as URiM, whereas in 2021, that number climbed to nearly 30% and the current entering class is on target to be comprised of over 40% students who self-identify as URiM (final 43%). While our student debt has consistently been in the bottom quartile of all medical schools, this investment is expected to further improve on this important outcome. In 2018-19, 65% of students received some scholarship, the majority partial tuition. In 2021-22, 85% of students received scholarships, close to half of which were full-tuition. In admissions surveys, students cite the new curriculum and scholarship support as critical factors in choosing WUSM.

Although the Legacy Curriculum clearly provided students with an outstanding education, the Gateway Curriculum has some unique strengths. The Health Equity and Justice curriculum provides our students with a deep understanding of social and structural determinants of health, racism and its lasting effects on health, and structural competency. Our students learn and practice trauma informed clinical care and work

closely with our federally qualified health center and other community partners to understand the resources available in our community and to serve alongside them to meet community-identified

needs. This interwoven training and experience is longitudinal and part of a broader cultural shift across the University to incorporate anti-racism principles in all we do. While the full impact of these changes that range from training of leaders, faculty and staff, to changes in recruitment, to addition of retention programs, to changes in policies and practices, have yet to be realized, the commitment to equity and the impact of inequity on health is a critical investment that this institution has made over the last 3 years.

A second curricular strength in Gateway is the coaching program. In this program, groups of 7-9 students are paired with a coach for the entirety of their medical training. The coaches teach key elements of the curriculum related to health equity, professional identity formation, ethics, and the hidden curriculum. They also have access to their students' individual performance in assessments, and meet 1:1 with students to review this performance on key assessments and at regular intervals as their assessment portfolio is released. At these 1:1 meetings, students and their coach develop individualized learning plans. When students are struggling, even in minor ways, their coach can provide support, early intervention, or connect them to more extensive resources. Finally, the coaches provide students with longitudinal narrative feedback on their performance in small group, as well as on their individual learning plans. This narrative feedback is completely formative and confidential, providing a safe, longitudinal relationship for our students. Coaches are highly trained in the curriculum, available resources, and issues of bias and anti-racism. The coaching program has exceptional evaluations (4.8-5.0/ 5.0) from students. Importantly, the combination of the longitudinal assessment system and the coaching program has allowed for early and successful intervention with at least 30 students to date.

Finally, the support we provide to our students through the Office of Student Affairs and Student Health Services is exceptional. Despite consistently very high ratings of both of these units, we have further reinforced them during COVID and beyond. Student Affairs has expanded its offerings related to Student Wellness. A comprehensive co-curricular structure built on the "wellness wheel" has been created and will launch in 2022-23. The wellness wheel supports the concept of whole human wellness and includes physical, financial, academic, emotional, social and spiritual foci. Student Affairs, in collaboration with allied offices will provide offerings in each of these areas throughout the year for all classes, with a specific focus on known at risk and stressful times. While there have been elements available in the past, this comprehensive and continuous program should provide added support as we see rising stress and mental health challenges both as a result of COVID and other factors. Similarly, Student Health Services (SHS) has continuously provided exceptional services to our students through essentially concierge medicine, including provision of medications and rapid access to clinical care. We will be expanding the physicians in SHS to help accommodate what appear to be rising needs. The school's persistent commitment to the health and wellbeing of our students has been a longstanding strength of this institution.

Institutional Challenges and Plans to Address Them:

Although SHS has continued to provide outstanding and highly rated services, student ratings of access to mental health services dropped during COVID. Initial concerns related to a lack of access to a racially and ethnically diverse pool of therapists, particularly as one provider reduced access. To address this, SHS added over 10 new external providers from a variety of diverse backgrounds. We currently offer 3 onsite psychologists and 23 offsite psychologists. We also have an onsite psychiatrist and multiple contracts with offsite psychiatrists. SHS is also posting brief biographical sketches of these providers and their

interests/ abilities to help facilitate decision-making for students. A second concern was related to evening and weekend access of providers. The addition of more providers with evening and weekend hours, as well as reminders to students about the access that they have to NexGen, 24-hour counseling services is intended to address this concern. The resurvey of M2 students completed in August 2022 showed much improvement. In the November 2021 ISA, of those who said it was applicable to them, 19/56 (34%) of M2 students were dissatisfied with access to mental health service as compared with 6/55 (11%) in the resurvey. In the November 2021 ISA, of those who said it was applicable to them, 15/49 (31%) of M2 students were dissatisfied with availability of student mental health counseling appointments as compared with 7/47 (15%) in the resurvey. Students have requested online scheduling for providers to improve accessibility, and we are actively working with Information Technology to try to meet this request.

A second challenge is the perceived accessibility, awareness, and responsiveness of the Office of the Associate Dean for Curriculum. In conversations with students, this appears to be multifactorial and related to a combination of the expected challenges of rolling out the new curriculum combined with unpopular decisions affecting the Legacy students because of the “bulge”. Specifically, the ISA was administered in November of 2021 just as our first group of Gateway students were preparing to enter the clinical environment. Because of the shortened pre-clerkship curriculum, Legacy students and Gateway students overlapped in the clinical environment for approximately 3 months. In addition to a larger number of students, the clerkships were faced with two very different schedules and assessment structures. Legacy Clerkships were of varying length from 4 weeks to 12 weeks. Students spent the majority of their time in the clinical environment but had interspersed didactics and non-clinical activities driven by the clerkship. Legacy clerkships had grades of honors/ high pass/ pass which were based on a combination of clinical evaluations and shelf exam scores. The clinical evaluations were performed using post-rotation global evaluations. A clerkship grading committee provided grades. In contrast, the Gateway clerkships are all 8 weeks in length beginning with one week of classroom-based foundational information, followed by 6 weeks of clinical time with no pull out didactics, and finishing with an “ARCC” week where students complete assessments, reflective activities, community service learning and coaching. Students are assessed longitudinally in the six ACGME competency domains using the WUSM educational program objectives (EPOs). Assessments include direct observation of clinical skills (called Just-in-Time or JIT), end of rotation global evaluations, OSCEs, oral exams, shelf

exams, and various written assessments. These assessments are compiled longitudinally. A clerkship-specific competency committee reviews assessment items related to the patient care competency domain and makes a judgment of competent or not competent in those specific EPOs in their specialty. All assessment items related to patient care are also reviewed by the Competency Attainment Committee (CAC) longitudinally across clerkships, which renders a final recommendation on competency, as well as a potential recommendation of distinction at the end of the year. The other competency domains and program objectives are also reviewed longitudinally by the CAC. This information is provided iteratively to the students in a portfolio, which is reviewed by the CAC and then further reviewed, by the coach and student iteratively throughout the year.

These differences in systems meant that having students from both cohorts of students on the same teams, or in some cases, the same clinical service was untenable for the faculty and residents. While most clerkships had sufficient numbers of teams and services to separate the cohorts of students but maintain the same sites, this was not true for OBGYN because of its unique structure in Legacy. To address this, in OBGYN, Legacy students were sent to an affiliate site, Mercy Hospital. The decision to do this was made without discussion with the students and was poorly received primarily due to the lack of communication. This occurred just as the ISA was released and this is represented in the survey results and the ISA report. Moreover, the massive change in systems was understandably stressful for all involved and likely under

communicated about to both groups of students. Moreover, for the Gateway students, in particular, the lack of more senior students who have gone through the new assessment system further exacerbated their anxiety.

To address these concerns, we have had frequent town halls with all years of students regularly to discuss their concerns and address them wherever possible. We have made appropriate iterative changes to the new assessment system to address Gateway student concerns. We made every effort to support Legacy students through the 3-month bulge with directed support and outreach by the Curriculum Office and Student Affairs. The Offices of Curriculum and Student Affairs have also started a regular short newsletter to appraise students of changes, news and information that is directly relevant to them. Resurvey data of the students demonstrates marked improvement.. In the November 2021 ISA, of those who said it was applicable to them, 13/82 (16%) of M2 students were very dissatisfied/dissatisfied (VD/D) with awareness of OMSE as compared with 2/44 (5%) in the resurvey. Similarly of M2s who said it was applicable to them in the ISA, 21/78 (27%) of students were VD/D with responsiveness of OMSE compared with 2/42 (5%) in the resurvey. We also surveyed M3 (phase 2) students about these concerns in September 2022 where we also noted much improvement. In the November 2021 ISA, of those who said it was applicable to them, 28/107 (26.1%) of M3 students were VD/D with awareness of OMSE as compared with 1/40 (2.5%) in the resurvey. Similarly of M3s who said it was applicable to them in the ISA, 45/106 (42.4%) of students were VD/D with responsiveness of OMSE compared with 2/39 (5.1%) in the resurvey.

A third area of concern lies in student satisfaction with study, relaxation and educational spaces in the hospitals. We have been tracking this metric prior to the ISA. Unfortunately, COVID and associated spacing in workrooms and lounges reduced an already limited resource. We were hopeful that the renovation of the student-dedicated space in the Farrell Teaching and Learning Center and North Building would be sufficient to address student concerns. These spaces are quite impressive and include dedicated lockers, nap pods, a kitchen, quiet and social study spaces with a variety of furniture types, televisions, gaming options, coffee, etc. All are directly connected to the hospital, accessible via an internal link, and closer than almost all faculty offices. Students do clearly value this space and some do clearly find this more than adequate, but others are hoping for more dedicated space within the hospitals themselves. To address this, we have worked with individual departments and the hospitals to identify spaces for students for relaxation, study, and to work that are close to or with their clinical teams. We have added this information to all syllabi, on the LMS and have provided dedicated tours so students can find these spaces easily. We have also opened access to students to previously resident-only lounges. Following this multipronged intervention, we resurveyed our M3 students in the middle of the clerkship year (July 2022). We noted marked improvement. In the November 2021 ISA survey, of those saying it was applicable to them, 30/116 (25.9%) were dissatisfied or very dissatisfied with education/teaching spaces at hospitals compared with 6/88 (6.8%) of students in the resurvey. We conducted a second resurvey of M3 students in September 2022 to ensure that these findings were sustained. In this resurvey only 8/89 (9.0%) of the students were dissatisfied or very dissatisfied with student study space at the hospital/clinic sites demonstrating sustained improvement.

A final area of concern is that the Office of Faculty Affairs position was unfilled for a year. In 2021, the Dean determined that he would like the office to move in a different direction to better support the faculty and the departments. Specifically, based on the strategic plan, he intends to expand clinical and educational faculty. Further, feedback from faculty and the Executive Committee of the Faculty Council (ECFC), suggests that there is a desire to revise the promotion criteria within the clinical track. Moreover, faculty and department chairs request additional faculty development offerings related to promotion and

leadership (existing programs in education and research career development are considered excellent). To achieve these goals, he has created a new office- the Office of Faculty Promotion and Career Development. Dr. Renee Shellhaas was recently hired as the new associate dean, but some elements of the planned intervention have been delayed as a result. To prepare for the new associate dean, subcommittees of the Academic Affairs Committee and ECFC have worked to identify what faculty perceive as the necessary changes in the promotion criteria; what systems and education faculty need to better support them in the promotion process: and what additional faculty development is desired. We have also investigated the purchase of Interfolio, a for purchase software system, to support the annual review and promotion process and enhance consistency across departments and divisions. Money for this program has been budgeted.

Appendix A Institutional Setting	
Legail Chandler	Vice Chancellor for Human Resources
Kathy Diemer	Assistant Dean for Career Counseling
Candice Goeggel	Senior Director in the Office of Finance
Dennis Hallahan	Chair, Department of Radiation Oncology
Brooke Higgins	Medical Student in year 3 of the Legacy Curriculum
Mark Lowe	Interim Vice Chancellor of Research
Regis O'Keefe	Chair, Department of Orthopedic Surgery
Brandon Oluyede	Executive Management Fellow
David Piston	Chair, Department of Cell Biology and Physiology
John Powers	Deputy General Counsel
Max Rosen	Associate Clerkship Director, Psychiatry
Will Ross	Associate Dean for Diversity
Justin Sacks	Chief, Division of Plastic and Reconstructive Surgery
Rick Stanton	Vice Chancellor for Medical Finance and Administration
Jacob Strelnikov	Medical Student in year 2 of the Gateway Curriculum

Beverly Wendland	Provost and Executive Vice Chancellor for Academic Affairs for Washington University
Educational Resources	