



Geisinger
Commonwealth
School of Medicine

Self-Study Design

Submitted to the Middle States Commission on Higher Education

via

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I. Institutional Overview

The Commonwealth Medical College (TCMC) was founded in 2008 by a small group of concerned citizens who recognized an ever-growing physician shortage in northeastern and central Pennsylvania coupled with a troubled economic outlook in the region. The mission of the college stated:

The Commonwealth Medical College (now Geisinger Commonwealth School of Medicine) educates aspiring physicians and scientists to serve society using a community-based, patient-centered, interprofessional and evidence-based model of education that is committed to inclusion, promotes discovery and utilizes innovative techniques.

In January of 2017, TCMC integrated into Geisinger Health (hereafter cited as Geisinger), which changed the institution's name to Geisinger Commonwealth School of Medicine (hereafter cited as Geisinger Commonwealth) and established perpetual financial support, as well as increasing clinical education and potential employment opportunities for graduates. Still a young institution of higher education, Geisinger Commonwealth was created specifically to help replenish the physician population in the communities it serves, while also contributing to the health and well-being of its communities. With the integration into Geisinger and the establishment of our new School of Graduate Studies, within Geisinger Commonwealth, we have expanded our work to include development of the healthcare teams of the future including a portfolio of graduate programs that leverage Geisinger clinical, research and service excellence.

The circumstances of our birth and history – namely, occupying a central, convening role in the community -- have made Geisinger Commonwealth distinct in educational and healthcare markets. Rather than the traditional competition common in these spaces, the school has enjoyed great support and cooperation throughout communities in its footprint – northeastern and central Pennsylvania.

The inclusion of Geisinger's support and resources positions the school to achieve its goal of becoming a university for the health sciences and reaffirms our commitment to creating the healthcare teams of the future by better defining the student experience through program outcomes.

The school's distributed campus model – with regional clinical learning campuses in Danville, Sayre, Scranton and Wilkes-Barre and a Doylestown campus where we deliver our master's degree program – provides several advantages to our students and the communities we serve. Most notably, the regional campus model means that Geisinger Commonwealth is visible and engaged in every community in its footprint. Moreover, students are exposed to a variety of communities, from urban to rural.

Geisinger Commonwealth has a current enrollment of 518 medical and graduate degree-seeking students. Geisinger Commonwealth's Master of Biomedical Sciences (MBS) degree, originally established within the School of Medicine, serves as the cornerstone for a new School of Graduate Studies.

The School of Graduate Studies is at the heart of the plan to achieve our goals as we begin to expand programming that, when coupled with medical education, will create a health sciences university serving learners across the continuum of health-related careers. Leadership believes that the core strengths of both the school and the health system provide an optimum platform upon which to build unique and innovative programs in areas like genomics, informatics and population health, as well as more traditional degree and certificate offerings.

Externally, we have relationships with academic, corporate and community partners that can be leveraged to offer students the opportunity to develop real-world solutions to specific problems within

the region we inhabit – knowledge students can take wherever they go. An example of Geisinger Commonwealth’s community “learning labs” includes the school’s well developed and highly successful out-of-school program for grades 8 through 12 students, Regional Education Academy for Careers in Health – Higher Education Initiative (REACH-HEI). It provides academic enrichment opportunities and enables low-income and first-generation students in northeastern Pennsylvania to succeed in college and, ultimately, in health-related professions. Another example is the new Institute for Healthy Communities (IHC) dedicated to population health initiatives. The school also has a groundbreaking Behavioral Health Initiative (BHI) tasked with convening community partners to address longstanding problems the region has with access to mental health services and chronic shortages in the local mental health workforce.

A benefit of being a young school is that Geisinger Commonwealth is unafraid of embracing fundamental change and unencumbered by the legacy systems and procedures that significantly impede older institutions’ ability to effect the total transformation of curriculum needed to educate the healthcare teams of the future.

U.S. healthcare is undergoing seismic changes. Interprofessional teams, rather than disconnected individual providers now deliver care. Technologies like electronic health records and gene sequencing are necessary tools rather than novelties, and there is a growing recognition that people do not stay well or get sick in a vacuum. Neighborhood, income and education – these all play a vital role in health. Geisinger Commonwealth’s mission and vision is to educate medical, graduate and health professions students effortlessly to inhabit this healthcare environment. Our [mission statement](#) reflects these realities.

The next decade will be one of substantial growth for Geisinger Commonwealth – one that will see a wide array of learning opportunities for every member of the interprofessional healthcare team of the future.

II. Intended Outcomes from the Self-Study

The Middle States Commission on Higher Education (MSCHE) self-study process will provide an opportunity for reflection and assessment regarding the school's present programs and practices and how we meet Middle State Standards and Requirements of Affiliation. We believe it will also propel conversations and an action plan regarding the goals of becoming a health science university and defining the student experience. In these conversations, we will review opportunities to develop new degree and certificate programming while remaining committed to our promise to replenish the physician population in the communities we serve and develop the healthcare teams of the future. We will also assess our performance in serving our students. We are committed to reducing student debt of our graduates and developing career paths for student success that include but are not limited to medicine or healthcare professions as we grow our portfolio of degree offerings. We also intend to form closer relationships with corporations in healthcare, such as pharmaceuticals, life sciences, biotechnology, medical device and other emergent industries.

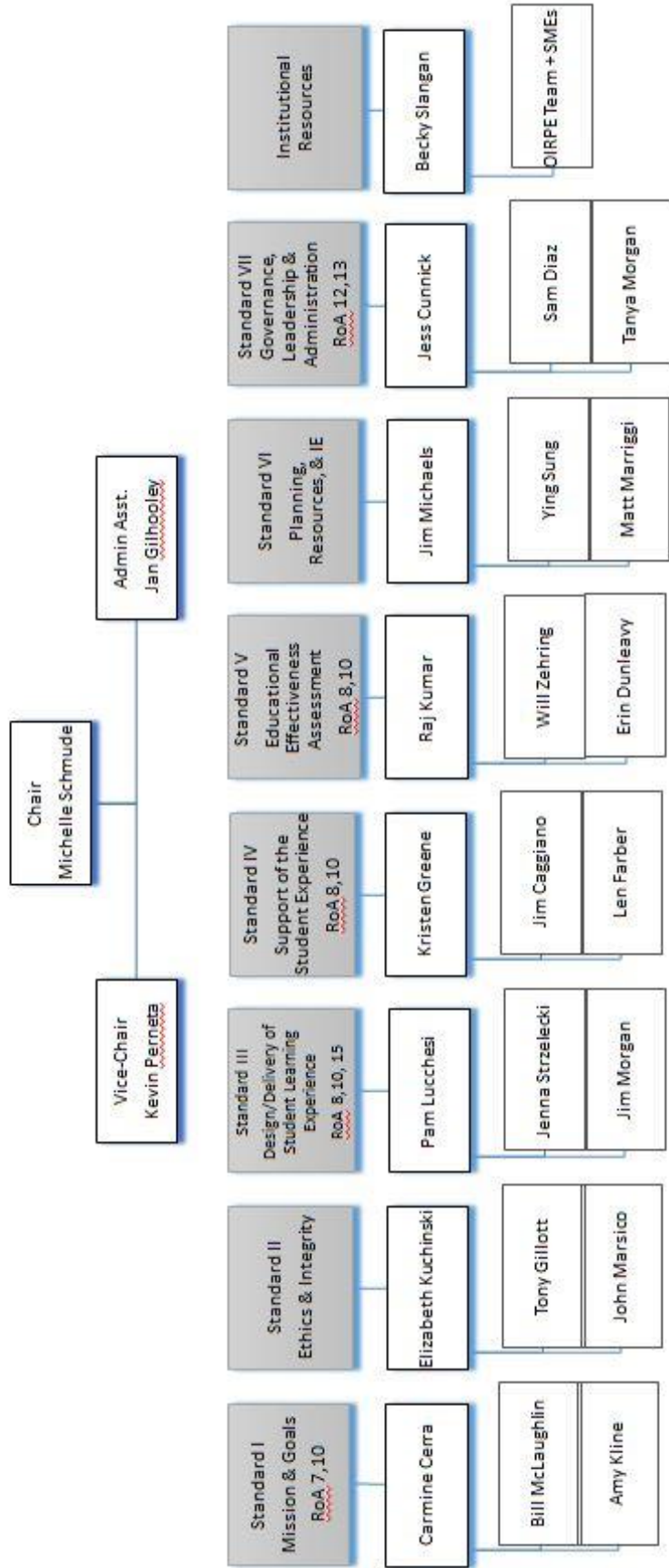
The self-study process also serves as the transition point for Geisinger Commonwealth to establish a Committee for the Maintenance of Accreditation (CMA). In January and February of 2017, this Committee was established with the intended outcome of having a formally appointed, term-based committee that will steward the transition from sporadic and episodic accreditation and assessment activities (to achieve accreditation) to an annual planned series of activities geared toward developing a culture of continuous assessment and improvement. These activities will include data collection and assessment, policy and procedure reviews, improvement of performance indicators, and the development of improvement, action and follow up plans. The Committee will integrate these activities into the school's annual planning process and utilize the information as it completes the next strategic plan for the school. Therefore, the ultimate goal of the Committee will be to ensure continuous compliance with MSCHE requirements and to utilize the soon-to-be completed self-study as a living, breathing document that would be referenced and adjusted during the normal course of business.

III. Organizational Structure of the Steering Committee and Self-Study Teams

In June of 2015, Geisinger Commonwealth began preparing for the next round of MSCHE self-study work. With the establishment of an Office of Institutional Research, Planning and Effectiveness (OIRPE), we committed ourselves to begin the alignment of institutional planning processes, annual performance reviews (both for the school and employees) and key performance measures.

The CMA will oversee eight, three-person teams whose members serve terms of one to three years for each of the seven MSCHE standards and an eighth team of subject-matter experts located throughout the school and led by the President's Office executive office manager. Meetings of the CMA began in March 2017 and are led by the OIRPE director, the chair of the self-study process, and the vice president for strategy and planning. A PowerPoint document highlighting this structure is included in the appendix.

In the first quarter of 2017, we began the communication campaign via bimonthly meetings to seek community input and individual communications with leaders around the school. The individuals assigned to lead assessment standard teams were appointed in February and background documentation was distributed for educational purposes. Team leaders, along with the OIRPE director, the chair of the self-study process and the vice president for strategy and planning serve as the steering committee. Standard teams began meeting, at least monthly, for further education and to begin to gather evidence at the end of March 2017 and continue in the research and discovery process.



IV. Self-Study Team Members

Working groups

Standard I: Mission and Goals

Carmine Cerra, MD	Associate Professor, Pathology	Chair
Bill McLaughlin, PhD	Associate Professor, Computational Biology	Member
Amy Kline, MA	Associate Director, Center for Learning Excellence	Member

Standard II: Ethics and Integrity

Elizabeth Kuchinski, MA	Instructor, Family Medicine	Chair
Anthony Gillott, MD	Assistant Chair, Special Education, Surgery	Member
John Marsico, MBA	Financial Manager	Member

Standard III: Design and Delivery of the Student Learning Experience

Pamela Lucchesi, PhD	Professor of Physiology	Chair
Jenna Strzelecki, MBA	Director, Curriculum Development, Assessment and Business	Member
Jim Morgan, MA	Clinical Associate Director of Surgery	Member

Standard IV: Support of the Student Experience

Kristen Greene, MS	Director of Admissions, MD Program	Chair
Jim Caggiano, MD	Clinical Educator, Pediatrics	Member
Len Farber, MA	Student Affairs, Graduate Program Coordinator	Member

Standard V: Educational Effectiveness Assessment

Raj Kumar, PhD	Assistant Professor of Medicine	Chair
Will Zehring, PhD	Professor, Biochemistry	Member
Erin Dunleavy, PhD	Assistant Director of Assessment	Member

Standard VI: Planning, Resources, and Institutional Improvement

Jim Michaels, MBA	Chief Information Officer	Chair
Ying Sung, PhD	Professor, Anatomy	Member
Matt Marriggi, MA	Curriculum Coordinator, Graduate Programs	Member

Standard VII: Governance, Leadership and Administration

Jess Cunnick, PhD	Assistant Professor, Cell Biology	Chair
Sam Diaz, MBA	Director, Budget and Financial Services	Member
Tanya Morgan, MA	Student Support Coordinator	Member

Team VIII – Institutional Resources

Becky Slangan, MBA	Executive Office Manager
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MSCHE Self Study Leadership

Michelle Schmude, EdD, MBA	Associate Dean for Admissions, Enrollment Mgt. and Financial Aid	Chair
Kevin Pernetta, MBA	OIRPE Director	Co-Chair
Scott Koerwer, EdD, MA	Vice President for Strategy & Planning	Executive Sponsor

V. Charges to the Standards Teams and Guidelines for Reporting

Working Groups have been charged with identifying any institutional recommendations that result from the assessment of their applicable Standard and should present them within the content of their report. The Steering Committee will then review the recommendations and determine the appropriate next steps. Types of recommendations should not be of any concern; however, the number should be kept within a reasonable limit (based on the group's best discretion).

Groups have also been provided with guiding questions specific to their standard. Each team is also charged with reporting:

- the extent to which Geisinger Commonwealth meets or exceeds the standard;
- existing evidence regarding routine assessment of the standard;
- whether information regarding the standard is communicated effectively, in the right forums and at an appropriate cadence; and
- recommendations for the school to improve student success and institutional effectiveness.

Working Group reports and documentation will be uploaded to a SharePoint drive as instructed in the training that was provided. Formatting of the documents will follow the example provided to each Group to use as a guide. Additional support, if needed will be provided by OIRPE.

The Steering Committee, following review, discussion and any needed follow up with the Working Groups, will make final decisions regarding what information will be included in the self-study document to best document the school's position in demonstrating compliance in meeting each Standard.

Copies of the Working Group specific guiding questions and guidance include:

Standard I

Mission and Goals:

The institution's mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals are clearly linked to its mission and specify how the institution fulfills its mission.

1. What is the mission of Geisinger Commonwealth?
2. Dr. Scheinman has identified the current goals of Geisinger Commonwealth as 1) becoming a university and 2) defining the student experience.
3. Explain how these goals were developed through an appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement.
4. How do our mission and goals address external as well as internal contexts and constituencies?
5. Explain how the mission and goals are approved and then supported by our school's Board and Cabinet.
6. Explain how our mission and goals guide our faculty, staff and leadership in making decisions related to planning, resource allocation, program and curricular development, and how we define our institutional and educational outcomes.
7. How does our mission and goals support scholarly inquiry and creative activity?
8. How are our mission and goals publicized and made widely known to our school's internal stakeholders?
9. Explain how our mission and goals are periodically evaluated.
10. Identify how our goals are realistic, appropriate to higher education, and consistent with our mission.
11. Identify how our goals focus on student learning and related outcomes.
12. Explain how our identified goals focus on institutional improvement.
13. Explain how our goals are supported by administrative, educational and student support programs and services.
14. Explain how our goals are consistent with our school's mission.
15. Lastly, how do we periodically ensure that our mission and goals are still relevant and achievable?

Reminder: As we review the Standards, each team should keep in mind that we are to be looking to see how and where we are working toward addressing our two goals (Namely: 1: becoming a university and 2: defining the student experience) and how these fit into your team's respective Standard. Also, as a part of its work, the team should conduct an analysis of our strengths, challenges and opportunities for improvement (recommendations) as they relate to this Standard. As part of the team's report, you should be able to celebrate and acknowledge what is being done very well in terms of meeting the Standard/Criteria, but also point out and address the challenges or areas where improvement are needed based upon your review. Additionally, keep in mind that as the team identifies that we are doing something that is required by the Standard, you should be able to document that we are doing so as well (i.e. a policy/procedure, written evidence that it's been done, etc.).

Standard II

Ethics and Integrity:

Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.

1. How does Geisinger Commonwealth demonstrate a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights?
2. Identify how Geisinger Commonwealth operates under a climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas and perspectives.
3. Describe our school's grievance policy, how it is documented, how it is disseminated, and how it addresses complaints or grievances raised by students, faculty, or staff.
4. How are the policies and procedures regarding this fair and impartial, and assure that grievances are addressed promptly, appropriately and equitably?
5. Identify how our school avoids conflict of interest or the appearance of such conflict in all activities and among all constituents.
6. Explain how our school demonstrates fair and impartial practices in the hiring, evaluation, promotion, discipline and separation of employees.
7. Describe how Geisinger Commonwealth ensures that it demonstrates honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications.
8. As appropriate to our mission, services or programs we have in place, how do we promote affordability and accessibility? And how do we enable students to understand funding sources and options, value received for cost, and methods to make informed decisions about incurring debt?
9. Describe how our school monitors and ensures that we operate in continuous compliance with federal, state, and MSCHE reporting policies, regulations and requirements? These include the full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates?
10. Describe how we monitor and ensure that our school remains in compliance with MSCHE *Requirements of Affiliation*.
11. Explain how we ensure that substantive changes affecting our school's mission, goals, programs, operations, sites and other material issues are disclosed in a timely and accurate fashion to MSCHE?
12. Describe how we monitor and ensure ongoing compliance with MSCHE policies.
13. Lastly, explain how Geisinger Commonwealth periodically assesses our institutional policies, processes, practices, and the manner in which they are implemented to ensure that ethics and integrity remain central, indispensable and defining hallmarks of our school?

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Standard III

Design and Delivery of the Student Learning Experience:

An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.

1. Identify what programs are offered by Geisinger Commonwealth, how the length of each is appropriate to the objectives of the degree, and how they are designed to foster a coherent student learning experience and promote synthesis of learning.
2. Explain how our school ensures that all student learning experiences are designed, delivered, and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are:
 - Rigorous and effective in teaching, assessment of student learning, scholarly inquiry and service, as appropriate to our school's mission, goals and policies;
 - Qualified for the positions they hold and the work they do;
 - Sufficient in number;
 - Provided with the utilize sufficient opportunities, resources, and support for professional growth and innovation;
 - Reviewed regularly and equitably based on written, disseminated, clear, and fair criteria, expectations, policies and procedures.
3. Identify how our programs of study are clearly and accurately described in official publications of our school in a way that students are able to understand and follow degree and program requirements and expected time to completion.
4. Describe how we have sufficient learning opportunities and resources to support both our school's programs of student and student's academic progress.
5. Identify how our school possesses opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with credentials appropriate to graduate-level curricula.
6. Do we have any student learning opportunities that are designed, delivered, or assessed by a third-party provider? If so, how to we perform adequate and appropriate institutional review and approval?
7. Lastly, describe how we periodically assess the effectiveness of programs providing student learning opportunities?

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Standard IV

Support of the Student Experience:

Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.

1. Identify and demonstrate that our school has clearly stated, ethical policies and processes to admit, retain, and facilitate the success of students whose interests, abilities, experiences, and goals provide a reasonable expectation for success and are compatible with our school mission.
2. Describe and demonstrate how our school provides accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment and refunds.
3. Describe our school's process by which students who are not adequately prepared for student at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals.
4. Describe our school's orientation, advisement and counseling programs and how we ensure that they are designed to enhance retention and guide students throughout their educational experience.
5. Identify what processes we have that are designed to enhance the successful achievement of student's educational goals including degree completion, transfer to other institutions, and post-completion placement.
6. Explain our policies and procedures regarding the evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches.
7. Describe our school's policies and procedures for the safe and secure maintenance and appropriate release of student information and records.
8. How do we ensure that student life and other extracurricular activities are regulated by the same academic, fiscal and administrative principles and procedures that govern all other programs?
9. Do we have any student support services that are designed, delivered, or assessed by a third party? If so, how do we ensure adequate and appropriate institutional review and approval?
10. Lastly, explain our school's process for periodically assessing the effectiveness of our school programs and services that support the student experience.

Reminder: As we review the Standards, each team should keep in mind that we are to be looking to see how and where we are working towards addressing our two goals (Namely: 1: becoming a university and 2: defining the student experience) and how these fit into your team's respective Standard. Also, as a part of its work, the team should conduct an analysis of our strengths, challenges and opportunities for improvement (recommendations) as they relate to this Standard. As part of the team's report, you should be able to celebrate and acknowledge what is being done very well in terms of meeting the Standard/Criteria, but also point out and address the challenges or areas where improvement are needed based upon your review. Additionally, keep in mind that as the team identifies that we are doing something that is required by the Standard, you should be able to document that we are doing so as well (i.e. a policy/procedure, written evidence that it's been done, etc.).

Standard V

Educational Effectiveness Assessment:

Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.

1. What are the overall educational goals of Geisinger Commonwealth School of Medicine?
2. What are the goals of the MD program?
3. What are the goals of the MBS program?
4. How are the goals of these programs interrelated with the overall educational goals and mission of Geisinger Commonwealth and with relevant educational experiences?
5. Explain how faculty (or appropriate professionals) conducts organized and systematic assessments that evaluate the extent of student achievement of institutional (Geisinger Commonwealth) and program (MD and MBS) goals.
6. Identify meaningful curricular goals for both the MD and MBS programs. Include defensible standards that are used for evaluating whether students are achieving those goals.
7. Explain how students are prepared in a manner consistent with the Geisinger Commonwealth mission for successful careers, meaningful lives, and where appropriate, further education. Collect and provide data on the extent to which we are meeting these goals.
8. Explain how we support and sustain the assessment of student achievement and how we communicate the results of the assessment to stakeholders.
9. Explain how assessment results are considered and used for the improvement of educational effectiveness. Moreover, how is the assessment of student achievement used in:
 - assisting students in improving their learning;
 - improving pedagogy and curriculum;
 - reviewing and revising academic programs and support services;
 - planning, conducting, and supporting a range of professional development activities;
 - informing appropriate constituents about the institution and its programs;
 - improving key indicators of student success, such as retention, graduation, transfer, and placement rates; and
 - implementing other processes and procedures designed to improve educational programs and services.
10. Lastly, how do we periodically assess the effectiveness of our assessment processes used for the improvement of educational effectiveness?

Reminder: As we review the Standards, each team should keep in mind that we are to be looking to see how and where we are working towards addressing our two goals (Namely: 1: becoming a university and 2: defining the student experience) and how these fit into your team's respective Standard. Also, as a part of its work, the team should conduct an analysis of our strengths, challenges and opportunities for improvement (recommendations) as they relate to this Standard. As part of the team's report, you should be able to celebrate and acknowledge what is being done very well in terms of meeting the Standard/Criteria, but also point out and address the challenges or areas where improvement are needed based upon your review. Additionally, keep in mind that as the team identifies that we are doing something that is required by the Standard, you should be able to document that we are doing so as well (i.e. a policy/procedure, written evidence that it's been done, etc.).

Standard VI

Planning, Resources, and Institutional Improvement:

The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.

1. Explain how we possess and demonstrate institutional objectives, both school-wide and for individual units (MD/MBS), that are clearly stated, assessed appropriately, linked to our school's mission and goal achievement, reflect conclusions drawn from assessment results, and are used for planning and resource allocation.
2. Describe our planning and improvement processes, how they are clearly documented and communicated, how they provide for constituent participation, and how they incorporate the use of assessment results.
3. Describe our school's financial planning and budgeting process.
4. How do we ensure that our school's financial planning and budgeting process is aligned with our school's mission and goals, is evidence based, and clearly linked to our school's strategic plan/objectives?
5. Explain how our school provides for the fiscal, human resource, physical and technical infrastructures that are necessary to adequately support our operations, wherever and however those programs are delivered.
6. Describe how our school demonstrates well-defined decision-making processes and clear assignment of responsibility and accountability.
7. Explain how our school conducts and possesses comprehensive planning for facilities, infrastructure and technology that includes consideration of sustainability and deferred maintenance and how it is linked to our school's strategic and financial planning processes.
8. Document that our school obtains an annual independent audit confirming financial viability including evidence of follow-up on any concerns cited in the audit's accompanying management letter.
9. Lastly, explain the process by which we periodically assess the effectiveness of our planning, resource allocation, institutional renewal processes, and the availability of resources.

Reminder: As we review the Standards, each team should keep in mind that we are to be looking to see how and where we are working towards addressing our two goals (Namely: 1: becoming a university and 2: defining the student experience) and how these fit into your team's respective Standard. Also, as a part of its work, the team should conduct an analysis of our strengths, challenges and opportunities for improvement (recommendations) as they relate to this Standard. As part of the team's report, you should be able to celebrate and acknowledge what is being done very well in terms of meeting the Standard/Criteria, but also point out and address the challenges or areas where improvement are needed based upon your review. Additionally, keep in mind that as the team identifies that we are doing something that is required by the Standard, you should be able to document that we are doing so as well (i.e. a policy/procedure, written evidence that it's been done, etc.).

Standard VII

Governance, Leadership, and Administration:

The institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with governmental, corporate, religious, educational system, or other unaccredited organizations, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.

1. MSCHE requires that Geisinger Commonwealth have “a clearly articulated and transparent governance structure that outlines roles, responsibilities and accountability for decision making by each constituency, including the governing body, administration, faculty, staff and students. Identify how we demonstrate and document that we possess such a structure and how it is clearly articulated and made transparent.
2. MSCHE requires that our school have “a legally constituted governing body”. Confirm and document that we have such a body (which would be our Board of Directors).
3. Explain how our “legally constituted governing body” demonstrates the following:
 - a. That it serves the public interest;
 - b. That it ensures that our school clearly states and fulfills its mission and goals;
 - c. That it has fiduciary responsibility for Geisinger Commonwealth; and
 - d. That it is ultimately accountable for the academic quality, planning and fiscal well-being of Geisinger Commonwealth.
4. Demonstrate that our “legally constituted governing body” has sufficient independence and expertise to ensure the integrity of our school.
5. How do we ensure that members of this body demonstrate primary responsibility to “the accredited institution” (Geisinger Commonwealth) and not allow political, financial, or other influences to interfere with their governing responsibilities?
6. How do we ensure that this body (nor or its individual members) does not interfere in the day-to-day operations of the institution?
7. Demonstrate that this body oversees the following at a policy level:
 - a. The quality of teaching and learning;
 - b. The approval of degree programs and the awarding of degrees;
 - c. The establishment of personnel policies and procedures;
 - d. The approval of policies and by-laws; and
 - e. The assurance of strong fiscal management.
8. Demonstrate that this body plays a basic policy-making role in financial affairs to ensure integrity and strong financial management. This may include a timely review of audited financial statements and/or other documents related to the fiscal viability of our school.
9. Confirm that this body appoints and regularly evaluates the performance of our Chief Executive Officer (CEO).
10. Explain how this body is informed in all its operations by principles of good practice in board governance.
11. Demonstrate that this body has established and complies with a written conflict of interest policy designed to ensure the impartiality of the governing body by addressing matters such as payment for services, contractual relationships, employment, and family, financial or other interests that could pose or be perceived as conflicts of interest.
12. Explain how this body supports the CEO in maintaining the autonomy of the school.
13. Demonstrate that Geisinger Commonwealth has a CEO who:

- a. Is appointed by, evaluated by, and reports to the governing body (again...our Board) and does not chair the governing body;
 - b. Has the appropriate credentials and professional experience consistent with the mission of our school;
 - c. Has the authority and autonomy required to fulfill the responsibilities of the position, which includes the following:
 - i. Developing and implementing institutional plans;
 - ii. Staffing the organization;
 - iii. Identifying and allocating resources; and
 - iv. Directing our school toward attaining the goals and objectives set forth in our mission.
 - d. Has the assistance of qualified administrators, sufficient in number, to enable the CEO to discharge his duties effectively; and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness.
14. Explain how we ensure that Geisinger Commonwealth has an administration possessing or demonstrating:
- a. An organizational structure that is clearly documented and that clearly defines reporting relationships;
 - b. An appropriate size and with relevant experience to assist the CEO in fulfilling his roles and responsibilities;
 - c. Members with credentials and professional experience consistent with the mission of the organization and their functional roles;
 - d. Skills, time, assistance, technology, and information systems expertise required to perform their duties;
 - e. Regular engagement with faculty and students in advancing the institution's goals and objectives; and
 - f. Systematic procedures for evaluating administrative units and for using assessment data to enhance operations.
15. Lastly, demonstrate that there has been periodic assessment of the effectiveness of our governance, leadership, and administration. Explain the process for doing so.

Reminder: As we review the Standards, each team should keep in mind that we are to be looking to see how and where we are working towards addressing our two goals (Namely: 1: becoming a university and 2: defining the student experience) and how these fit into your team's respective Standard. Also, as a part of its work, the team should conduct an analysis of our strengths, challenges and opportunities for improvement (recommendations) as they relate to this Standard. As part of the team's report, you should be able to celebrate and acknowledge what is being done very well in terms of meeting the Standard/Criteria, but also point out and address the challenges or areas where improvement are needed based upon your review. Additionally, keep in mind that as the team identifies that we are doing something that is required by the Standard, you should be able to document that we are doing so as well (i.e. a policy/procedure, written evidence that it's been done, etc.).

VI. Organization of the Final Self-Study

Given that each Working Group is assigned to a specific Standard, the self-study report will be organized in order of the Standards of Accreditation. It is the school's opinion that this will ensure ease of accessibility and allow the Evaluation Team to efficiently determine compliance. The format to be used within each chapter that addresses the respective Standard will be as follows:

Chapter 1: Executive Summary, Compliance Certification, and Requirements of Affiliation

Chapter 2: Geisinger Commonwealth Introduction and History

Chapter 3: Documentation of the Self-Study Process

Chapter 4: Standard I – Mission and Goals

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 5: Standard II – Ethics and Integrity

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 6: Standard III – Design and Delivery of the Student Learning Experience

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 7: Standard IV – Support of the Student Experience

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 8: Standard V – Educational Effectiveness Assessment

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 9: Standard VI – Planning Resources, and Institutional Improvement

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 10: Standard VII – Governance, Leadership, and Administration

- Introduction
- Evidence and Analysis
- Conclusion
- Recommendations

Chapter 11: Conclusion

VII. Timetable and Communication Plan for the Self-Study

Timetable:

2016

October	Attend MSCHE Town Hall Meeting
November	Attend Self-Study Institute
December	Attend the annual MSCHE conference

2017

January-March	Identify and assemble Steering Committee and Working Groups
March	Write first draft of Self-Study Design
April-May	Review first draft, feedback to working groups, create second draft
June-August	Identify Working Group chairs /gather documents including documentation for compliance report
July-August	Finalize second draft of Self-Study Design Submit Self-Study Design to MSCHE liaison(s), Dr. Idna Corbett and Dr. Bob Schneider (former liaison)
September 7-8	MSCHE VP liaison visits to provide feedback on Self-Study Design
September	Working Groups review data, conduct interviews, meet with Steering Committee
September-December	Prepare, conduct, and analyze campus-wide faculty and staff climate survey
October 3-6	Submission of final draft of Self-Study Design
December	Progress updates due from co-chairs

2018

January-March	First draft of chapters from Working Groups; feedback obtained
January-May	Team Chair selected and confirmed
April	Second drafts from Working Groups submitted to Self-Study co-chairs
May-June	Co-chairs draft complete Self-Study based on drafts by Working Groups
August-September	Review and community-wide discussion of Self-Study; revisions made as necessary Begin preparation of verification of compliance report

October	Second draft of Self-Study generated and distributed. Final draft sent to President and Board for review and approval.
November	Self-Study draft to Team Chair in advance of preliminary visit
November	Preliminary visit by Team Chair; feedback on Self-Study Draft
December	Verification of compliance report due
December-January	Edits/revisions to Self-Study based upon feedback from Team Chair
2019	
February	Final version of Self-Study produced and sent to Visiting Team (six weeks prior)
March-May	Visiting Team on campus – we are working to coordinate visits with both MSCHE and the Liaison Committee on Medical Education (LCME) accreditation teams
June	Commission meets to determine accreditation action

Communication Plan:

Objectives	Audiences	Methods	Timing
To update Geisinger Commonwealth audiences about the Self-Study process	Administration/Staff	Regular updates at Staff Council and Cabinet meetings; Community meetings; representatives from staff council on team 8 for the Committee for the Maintenance of Accreditation; college-wide broadcast	Regular updates: each academic term; Community meetings: six monthly meeting updates; college-wide broadcast: continuous
	Alumni		
	Board of Directors	Regular updates; formal presentation	Regular updates: Board meeting; formal presentation: by Vice President for Strategy and Planning at June 2017 meeting
	Faculty	Updates to Faculty Council meetings; Community meetings; faculty representatives on the Committee for the Maintenance of	Regular updates: each academic term; Community meetings: six times a year; faculty representatives to Faculty Council: college-

		Accreditation; college-wide broadcast	wide broadcast: continuous
	Students	Meetings with Medical and Graduate Student Councils (MSC and GSC); college-wide broadcast	Reports to MSC and GSC every academic term; college-wide broadcast: continuous
To gather feedback from Geisinger Commonwealth audiences regarding Standards Teams reports	Administration/Staff	Feedback from Administration and Staff Council members regarding Standards Teams reports	2018, Spring/Summer
	Alumni	Feedback from alumni regarding Standards Teams reports	2018, Spring/Summer
	Board of Directors	Feedback from Board of Directors regarding Standards Teams reports	2018, Spring/Summer
	Faculty	Feedback from faculty serving on the Committee for the Maintenance of Accreditation regarding Standards Teams reports	2018, Spring/Summer
	Students	Feedback from MSC members regarding Standards Teams reports	2018, Spring/Summer
To gather feedback from Geisinger Commonwealth audiences regarding the draft of the Self-Study	Administration/Staff	Forums held by staff and administration members of the Committee for the Maintenance of Accreditation	2018, Fall
	Alumni	Confidential feedback received from the alumni self-study, feedback received by Alumni Board	2018, Fall

	Board of Directors	Feedback gathered by Chair of the Strategic Planning Committee of the Board	2018, Fall
	Faculty	Forums led by faculty serving on the Committee for the Maintenance of Accreditation	2018, Fall
	Students	Forums held by MSC; confidential feedback received from the student self-study, feedback received by MSC	2018, Fall
Site Visit Team Prep	All constituents	Convene a series of open forums and working group session as part of final preparation	2019, Spring

VIII. List of Peers and Peer Aspirants

Appreciative of the fact that we are not a traditional institution of higher education, we have provided a list of peer and aspirant institutions below and have also considered the characteristics of the chairperson who might best inform our work. The following characteristics, attributes or experiences would serve us well with a chair and supporting committee:

- Entrepreneurial
- Experience with new schools, programs or initiatives
- Experience with merger, acquisition or integration of higher education institutions or higher education institutions into healthcare
- Experience with growth of the academic enterprise
- Understanding of the challenges facing health sciences education generally in addition to deep knowledge of the higher education industry in general
- Experience with small, community-based, rural higher education
- Appreciation for translational research for application and community benefit
- A deep understanding of the financial and operational tradeoffs of a small school preparing for rapid growth
- Appreciation for a regional institution preparing for national relevance in programming, recruitment and placement of graduates

Peer and aspirant institutions include:

- Albany Medical School
- Eastern Virginia Medical School
- Hofstra Northwell School of Medicine
- The Mayo Clinic
- Medical University of South Carolina College of Medicine
- Oakland University William Beaumont School of Medicine
- Thomas Jefferson University
- Western Michigan Homer Stryker School of Medicine

IX. Documentation Roadmap (as provided by MSCHE template)

The following document roadmap has been drafted to help our standards teams begin to work on the formal Self-Study submission. This roadmap is a draft and reflects the work to date.

Standard I: Mission and Goals

Criteria	Evidence
1. Clearly defined mission and goals that:	Articles of Incorporation (AOI) Bylaws Strategic plan
a. are developed through appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement;	Analyses: strengths, weaknesses, opportunities and threats (SWOTs) Vice president institutional effectiveness rubrics Dean goals Vice president goals Key Performance Indicators (KPI) contained within the dashboard State of the College 2014, 2015, 2016, 2017 Community meeting agendas and PowerPoint presentations Annual goals of dean Annual goals of vice presidents
b. address external as well as internal contexts and constituencies;	
c. are approved and supported by the governing body;	
d. guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curriculum development, and the definition of institutional and educational outcomes;	
e. include support of scholarly inquiry and creative activity, at all levels and of the type appropriate to the institution;	
f. are publicized and widely known	

by the institution's internal stakeholders;

g. are periodically evaluated.

Standard II: Ethics and Integrity

Criteria	Evidence
1. Commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights.	Research compliance policies Office of Sponsored Programs (OSP) Standard Operating Procedures (SOPs) Intellectual property policy Disclosure of conflicts of interest (COI) Faculty handbook & council bylaws
2. A climate that fosters respect among students, faculty, staff and administration from a range of diverse backgrounds, ideas and perspectives.	Non-discrimination policy Statement on diversity & inclusion Committee for Diversity & Inclusion charter Subgroups for student (admissions and current students), staff, faculty Learning environment survey Faculty survey from the AAMC Harassment prohibition policy Anti-bullying policy REACH-HEI program Can include in the narrative: Number of diversity events, highlights include the multicultural fashion show
3. A grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff. The institution's policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably.	Confidential ethics hotline Human Resources (HR) training Harassment policy Student mistreatment policy Student grievance regarding grades – Title IX policy Transgender Awareness Conference and “It’s On Us”

4. The avoidance of conflict of interest or the appearance of such conflict in all activities and among all constituents.

5. Fair and impartial practices in the hiring, evaluation, promotion, discipline and separation of employees.

6. Honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications.

7. As appropriate to mission, services or programs area in place:

- a. to promote affordability and accessibility, and;
- b. to enable students to understand funding

pledge, \$30K grant from Pennsylvania governor

Admissions Committee and Graduate Advisory Committee (GAC) Conflict of Interest statements

Refer to No. 1

Appointments, promotion and tenure committee

Non-discrimination

Title IX

Employee evaluations

HR policies in regard to remediation of employees in response to complaints

Employee assistance program

Anti-retaliation policy

Admissions policies, holistic recruitment & process, timelines, United States Medical Licensing Examination (USMLE) Step scores, residency placements, graduation and retention rates, all public

Financial aid (FA) website, FA curriculum across all four years, mandatory FA meetings, incoming and outgoing financial counseling, presentations at interview days and accepted student day, FA appeals committee

Scholarships: Listed on website, Scholarships Committee

Recruitment: Outreach to current and prospective students, personalized information sent to students

Diversity & inclusion statement on all materials

Regular community meetings, State of College address

Accessibility of meeting minutes from faculty council, staff council, leadership committee

MD profile, holistic admissions process

Diversity & inclusion

Targeted recruitment efforts to under-represented minority (URM) students

sources and options, value received for cost, and methods to make informed decisions about incurring debt.

Scholarship information blasted to students

Refund policy

To enable students to understand funding sources and options, value received for cost, and methods to make informed decisions about incurring debt.

8. Compliance with all applicable federal, state and Commission reporting policies, regulations, and requirements to include reporting regarding:

The full disclosure of information on institution wide compliance

Assessments, graduation, retention, certification and licensure or licensing pass rates

a. The full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates;

Statistics available on external website

b. The institution's compliance with the Commission's Requirements of Affiliation;

The institution's compliance with the Commission's Requirements of Affiliation (ROA)

See evidence

c. Substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion;

Substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion

d. The institution's compliance with the Commission's policies.

Approval for new campuses, biopark affiliation, and the Geisinger integration by the Department of Education, Pennsylvania Department of Education, LCME, Middle States is documented – this info lives in OIRPE

The institution's compliance with the Commission's policies

See evidence

9. Periodic assessment of ethics and integrity as evidenced in institutional policies, processes, practices, and the manner in which these are implemented.

VP for strategy recently accepted as site visitor for Middle States

Documentation of accreditation-specific training received by Michelle and Scott (workshops, conferences)

Policy review process

Learning environment survey is iterative

Student evaluations

Report of VP for Community Engagement

Inclusive membership on many committees, involvement and providing input for admissions policies and processes

Standard III: Design and Delivery of the Student Learning Experience

Criteria	Evidence
1. Certificate, undergraduate, graduate and/or professional programs leading to a degree or other recognized higher education credential, designed to foster a coherent student learning experience and to promote synthesis of learning.	Website Student bulletin MD and MBS Syllabi
2. Student learning experiences that are:	CVs of faculty
a. designed, delivered and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are rigorous and effective in teaching, assessment of student learning, scholarly inquiry and service, as appropriate to the institution's mission, goals and policies;	Organizational charts Class schedule with faculty assignments Faculty Workload Professional development opportunities
b. designed, delivered and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are qualified for the positions they hold and the work they do;	Faculty evaluations
c. designed, delivered and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are sufficient in number;	Student evaluations
d. designed, delivered and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are provided with and utilize sufficient opportunities, resources and support for professional growth and innovation;	
e. designed, delivered and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are reviewed regularly and equitably based on written, disseminated, clear and fair criteria, expectations, policies and procedures.	

3. Academic programs of study that are clearly and accurately described in official publications of the institution in a way that students are able to understand and to follow degree and program requirements and to understand expected time to completion.

Website

Student bulletin

MD and MBS Syllabi

MD and MBS Advisor training

MD and MBS Advisor training manuals

MD and MBS marketing graduation requirements

Orientation programs

CAC meeting minutes

4. Sufficient learning opportunities and resources to support both the institution's programs of study and students' academic progress.

Mentoring Program

CLE program descriptions

Remediation policy

Tutoring

Learning Environment Survey

5. At institutions that offer undergraduate education: A general education program, free standing or integrated into academic disciplines, that:

N/A

- a. offers a sufficient scope to draw students into new areas of intellectual experience, expanding their cultural and global awareness and cultural sensitivity, and preparing them to make well-reasoned judgments outside as well as within their academic field;
- b. offers a curriculum designed so that students acquire and demonstrate essential skills including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy. Consistent with mission, the general education program also includes the study of values, ethics, and diverse perspectives;
- c. In non-U.S. institutions that do not include general education, provides evidence that students can demonstrate general education skills.

6. In institutions that offer graduate and professional education, opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with credentials appropriate to graduate-level curricula.

CVs of faculty
Current research
Website with research interests
Summer research program

7. Adequate and appropriate institutional review and approval on any student learning opportunities designed, delivered, or assessed by third party providers.

N/A

8. Periodic assessment of the programs providing student learning opportunities.

Course evaluations
Yearly course reports
Four-year course reports
MBS redesign

Standard IV: Support of the Student Experience

Criteria	Evidence
<p>1. Clearly stated, ethical policies and processes to admit, retain and facilitate the success of students whose interests, abilities, experiences and goals provide a reasonable expectation for success and are compatible with institutional mission, including:</p> <ul style="list-style-type: none">a. accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment and refunds;b. a process by which students who are not adequately prepared for the study at the level for which they have been admitted are identified, placed and supported in attaining appropriate educational goals;c. orientation, advisement and counseling programs to enhance retention and guide students throughout their educational experience;d. processes designed to enhance the successful achievement of students' educational goals including certificate and degree completion, transfer to other institutions, and post-completion placement.	<p>1. Admissions web pages: holistic review policy; AAMC training for Admissions Committee members; formal training for faculty and student interviewers; formal training for faculty screeners; (MLS's conference presentations)</p> <ul style="list-style-type: none">a. Cost of Attendance (COA) for each year (MD 1-4 and MBS) listed on website; financial aid curriculum presented to students at key junctures; financial aid handbook; refund policy stated on website; student policy on satisfactory academic progress for graduate programs (financial aid policy); student policy on satisfactory academic progress for the MD degree (financial aid policy);b. Committee of Academic and Professional Standards (CAPS) committee and policy; remediation procedures and policy; satisfactory academic process policy/procedures; summer research program for disadvantaged students; remediation during course offering approved and executed by course faculty; curriculum, remediation policies and grading policies communicated via syllabi; assessment delivered periodically from faculty to student (see student handbook); progress report narratives (sent to the Center for Learning Excellence (CLE) and program directors for review with student); exam review after testingc. USMLE Step prep through CLE and Step prep individual subjects; Meyers-Briggs pre-matriculation test; Learning and Study Strategies Inventory (LASSI) pre-matriculation (owned by CLE); Careers in Medicine; advising program; progress reporting; the orientation schedule for each class (MBS- M4); MBS-D orientation programming; Objective Structured Clinical Examination (OSCE) experience, SCE ("baby OSCE" experience includes faculty feedback and develop improvement plans; about achieving goalsd. Match preparations; MBS -- Professional development syllabus/rubrics for coursework; AAMC 'Careers in Medicine' survey to help

students self-identify program interests; advising program in regard to specialty choice; M3 community week curriculum; M3 Friday curriculum; Match procedures and application process; student handbooks for each class year; MBS advising program;

2. Policies and procedures regarding evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches.

Competency-based assessment (meeting benchmarks); using competencies/entrustables and rubric for clinical skills assessment; narratives written by course directors (pre-clinical); narratives written by clinical preceptors; class portfolio (MBS students); Longitudinal Integrated Clerkship (LIC)/Block—students must accumulate specific experiences (i.e. the physical exam of an infant); e-Portfolio Harvard Macy grant.

3. Policies and procedures for the safe and secure maintenance and appropriate release of student information and records.

Family Educational Rights and Privacy Act (FERPA) policy; student policy on collection, maintenance and dissemination of student records; student policy on access, review and challenge of academic record; student policy on MD Admissions records;

4. If offered, athletic, student life, and other extracurricular activities that are regulated by the same academic, fiscal, and administrative principles and procedures that govern all other programs.

Event approval policy; clubs policy; budgeting process for clubs; policy for creating new club; building usage policy;

5. If applicable, adequate and appropriate institutional review and approval of student support services, designed, delivered, or assessed by third-party providers.

LCME accreditation documentation; technical standards; accommodations policies; The Wright Center—mental health and health;

6. Periodic assessment of the effectiveness of programs supporting the student experience.

Of those who consult with the Center for Learning Excellence (CLE), how many successfully complete degree within five years/desired time for the MBS program? What is the five-year graduation rate?; What is the dropout rate?; Leave of Absence exit and re-entry process; Clinical “boot camp” for those who stop out between years two and three; what is rate of those who remediate Step 1 and pass on second try?

Standard V: Educational Effectiveness Assessment

Criteria	Evidence
<p>1. Clearly stated student learning outcomes, at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution's mission.</p>	<p>List of educational programs – MD and MBS</p> <ul style="list-style-type: none"> • Website • Syllabi • Handbooks <p>MD and MBS Viewbooks</p>
<p>2. Organized and systematic assessments, conducted by faculty and/or appropriate professionals, evaluating the extent of student achievement of institutional and degree/program goals. Institutions should:</p>	<p>MD exam schedule</p> <p>MBS exam schedule</p> <p>MD and MBS syllabi</p> <p>Grading Policy</p> <p>Remediation Policy</p> <p>CAPS and CGAPP charter and policies</p> <p>Narratives</p> <p>MD Academic and Professional Standards Policy</p> <p>Career Advisement Program – CLE and Grad Studies</p> <p>Advisor meeting schedule</p> <p>Residency Placement Statistics</p> <p>OSCE scores</p> <p>STEP scores</p> <p>MCAT scores</p> <p>MBS placement statistics</p> <p>PD Survey results</p> <p>GQ Survey results</p> <p>Resident Survey Results</p> <p>MBS Exit Survey</p> <p>Report of statistics at Community meetings, Board meetings, Leadership Council, Faculty Council, CAC and CAPs meetings</p>
<p>a. define meaningful curricular goals with defensible standards for evaluating whether students are achieving those goals;</p>	
<p>b. articulate how they prepare students in a manner consistent with their missions for successful careers, meaningful lives, and, where appropriate, further education. They should collect and provide data on the extent to which they are meeting these goals; and,</p>	
<p>c. support and sustain assessment of student achievement and communicate the results of this assessment to stakeholders.</p>	

- Agendas and meeting minutes that support this

3. Consideration and use of assessment results for the improvement of educational effectiveness. Consistent with the institution's mission, such uses include some combination of the following:

- assisting students in improving their learning;
- improving pedagogy and curriculum;
- reviewing and revising academic programs and support services;
- planning, conducting, and supporting a range of professional development activities;
- planning and budgeting for the provision of academic programs and services;
- informing appropriate constituents about the institution and its programs;
- improving key indicators of student success, such as retention, graduation, transfer, and placement rates; and,
- implementing other processes and procedures designed to improve educational programs and services.

MBS and MD Student course evaluations

- MBS and MD Faculty course reports
- MBS and MD years one and four course evaluations
- Process for evaluating course reports and student evaluations
- CLE, faculty, advisors etc.
- Faculty development programs
- ExamSoft reports
- Shelf exam results
- NBME consulting for OSCEs

Process for the Redesign of year three MD curriculum

Process for the Redesign of MBS program

Menu of faculty affairs programs

Attendance at conferences

Budget process

Website, catalogs, community meetings

CAPS, Faculty and staff retreats

4. If applicable, adequate and appropriate institutional review and approval of assessment services designed, delivered, or assessed by third party providers.

AAMC – Kevin Grigsby

PricewaterhouseCoopers risk assessment

Liaison Committee for Medical Education - feedback

In 2016 school leadership developed key performance indicators (KPI's) in preparation for both internal and external review processes. The KPI's and the processes continue to be refined and socialized throughout the school.

5. Periodic evaluation of the assessment processes utilized by the institution for the improvement of educational effectiveness.

The school has just begun discussion of educational and institutional effectiveness. This process is guided by the Institutional Effectiveness Committee, which began meeting quarterly in August of 2015. The charge of the committee and meeting minutes will be included in the self-study.

Standard VI: Planning, Resources, and Institutional Improvement

Criteria	Evidence
1. Institutional objectives, both institution-wide and for individual units, that are clearly stated, assessed appropriately, linked to mission and goal achievement, reflect conclusions drawn from assessment results, and are used for planning and resource allocation.	Dean goals VP goals Budget process Minutes from budget meetings Strategic plan
2. Clearly documented and communicated planning and improvement processes that provide for constituent participation and incorporate the use of assessment results.	IEC meetings and minutes OIRPE meetings and minutes VP evaluations of goals Dean evaluation of goals
3. A financial planning and budgeting process that is aligned with the institution's mission and goals, evidence-based, and clearly linked to the institution's and units' strategic plans/objectives.	Chief financial officer information Annual budget process Five-year financial plan
4. Fiscal and human resources as well as the physical and technical infrastructure are adequate to support the institution's operations wherever and however programs are delivered.	Staffing plan Faculty recruitment plan Right-sizing process
5. Clear assignment of responsibility and accountability.	Organizational chart Organizational chart for divisions
6. Comprehensive planning for facilities, infrastructure, and technology that includes consideration of sustainability and deferred maintenance and is linked to the institution's strategic and financial planning processes.	Master space/facility plan
7. An annual independent audit confirming financial viability with evidence of follow-up on any concerns cited in the audit's accompanying management letter.	Geisinger audits KPMG audit Past audits
8. Strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution's mission and goals.	AAMC faculty information from Kevin Grigsby

9. Periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

Campus climate surveys completed in 2016 for faculty and 2017 for staff.

Standard VII: Governance, Leadership and Administration

Criteria	Evidence
<p>1. A clearly articulated and transparent governance structure that outlines its roles, responsibilities and accountability for decision making by each constituency, including governing body, administration, faculty, staff, and students.</p>	<p>Organizational chart Board of Trustees charter Faculty Council Staff Council Leadership Council EVP level to Geisinger</p>
<p>2. A legally constituted governing body that:</p>	<p>Articles of incorporation merger document</p>
<p>a. serves the public interest, ensures that the institution clearly states and fulfills its mission and goals, has fiduciary responsibility for the institution, and is ultimately accountable for the academic quality, planning, and fiscal well-being of the institution;</p>	<p>Articles of incorporation medical school.</p>
<p>b. has sufficient independence and expertise to ensure the integrity of the institution. Members must have primary responsibility to the accredited institution and not allow political, financial, or other influences to interfere with their governing responsibilities;</p>	<p>Corporate charter</p>
<p>c. ensures that neither the governing body nor individual members interferes in the day-to-day operations of the institution;</p>	<p>LCME, Middle States, U.S. Department of Education (DOE)</p>
<p>d. oversees at the policy level the quality of teaching and learning, the approval of degree programs and the awarding of degrees, the establishment of personnel policies and procedures, the approval of policies and by laws, and the assurance of strong fiscal management;</p>	<p>Cabinet, Baker Tilly, Geisinger Auditing Department</p>

- e. plays a basic policy-making role in financial affairs to ensure integrity and strong financial management. This may include a timely review of audited financial statements and/or other documents related to the fiscal viability of the institution;
- f. Appoints and regularly evaluates the performance of the Chief Executive Officer;
- g. is informed in all its operations by principles of good practice in board governance;
- h. establishes and complies with a written conflict of interest policy designed to ensure that impartiality of the governing body by addressing matters such as payment for services, contractual relationships, employment, and family, financial or other interests that could pose or be perceived as conflicts of interest; and,
- i. supports the Chief Executive Officer in maintaining the autonomy of the institution.

Information obtained from deans

Dean’s goals

Conflict of interest

3. A Chief Executive Officer who:

- a. is appointed by, evaluated by, and reports to the governing body and shall not chair the governing body;
- b. has appropriate credentials and professional experience consistent with the mission of the organization;
- c. has the authority and autonomy required to fulfill the responsibilities of the position, including developing and implementing institutional plans, staffing the organization, identifying and allocating resources, and directing the institution toward attaining the goals and objectives set forth in its mission;
- d. has the assistance of qualified

Yes – Merger

Dean curriculum vitae (CV)

<p>administrators, sufficient in number, to enable the Chief Executive Officer to discharge his/her duties effectively; and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness.</p>	<p>State of the College</p>
<p>e. Has the assistance of qualified administrators, sufficient in number, to enable the Chief Executive Officer to discharge his/her duties effectively; and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness.</p>	<p>CVs, organizational chart, Institutional Research, Planning & Effectiveness (IRPE) chart, meeting minutes</p>
<p>4. An administration possessing or demonstrating:</p>	<p>Organizational chart</p>
<p>a. an organizational structure that is clearly defined and that clearly defines reporting relationships;</p>	<p>CVs of vice presidents, assistant vice presidents and directors</p>
<p>b. an appropriate size and with relevant experience to assist the Chief Executive Officer in fulfilling his/her roles and responsibilities;</p>	<p>Distribution of systems, client topology</p>
<p>c. members with credentials and professional experience consistent with the mission of the organization and their functional roles;</p>	<p>State of the College breakfast</p>
<p>d. skills, time, assistance, technology, and information systems expertise required to perform their duties;</p>	<p>Leadership Council Department meetings Evaluation of goals</p>
<p>e. regular engagement with faculty and student in advancing the institution's goals and objectives;</p>	
<p>f. systematic procedures for evaluating administrative units and for using assessment data to enhance operations.</p>	
<p>5. Periodic assessment of the effectiveness of governance, leadership, and administration.</p>	<p>Office of Institutional Research, Planning & Effectiveness (OIRPE)</p>

SWOT analysis

Goals

Key Performance Indicators

PricewaterhouseCoopers risk assessment

Kevin Grigsby (Senior director, American Association
of Medical Colleges (AAMC))