

#1



COMPLETE

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PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: ITS

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Provide technical support and innovation for TCMC users to fulfill the organization's mission and objectives

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

I believe the use of technology at TCMC occurs because of the people and services supported through ITS

Q5: What data do you review to assess effectiveness of your areas operations?

Service Request Tickets

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes

Q7: What was the process you used in your analysis and what data?

Reports/Charts created to observe the overall number of tickets and response rates and satisfaction for performance.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

A higher level of committment from staff and greater satisfaction from users. This also helps us pinpoint areas of weakness.

Q9: How are you measuring the success of any processes you have improved or changed? *Respondent skipped this question*

Q10: What are your areas (or Committee) goals for 2013/2014?

Goals have been set within the division with measureable objects.

Q11: How will you measure goal acheivment?

Each goal has a measureable objective. If the objective was completed and within the scope/definition of the goal.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Undecided as filling out this survey

Q13: What data will you use to evaluate this project? *Respondent skipped this question*

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Yes

Q15: What is the one key measure of success for your area/committee?

Customer Satisfaction and system functionality

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Automate timesheets

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#2



COMPLETE

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PAGE 1

Q1: I am

a Committee Chair

Q2: Department, Committee or Area name:

Staff Coucil

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Staff Council provides a voice for the TCMC staff intended to create improved working environment, work/life balance, and morale. This impact enables staff to be more focused, and motivated in providing the infrastructure necessary to educate aspiring physicians and scientists.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

As the Staff Council has just recently been created, we are currently in the discussion and planning process of how to asses and improve the effectiveness of the committee.

Q5: What data do you review to assess effectiveness of your areas operations?

It is anticipated we will utilize the following data to assess the effectiveness of Staff Council

Timeliness of responses/recommendations

Number of issues addressed

Number of quality improvement projects

Satisfaction survey

Q6: In 2012/2013 did you use this data to change/improve any operations?

No how ever the Staff Council has only been formed for approximately two months at this time.

Q7: What was the process you used in your analysis and what data?

N/A

Q8: What were the outcomes expected from your process improvements in 2012/2013?

N/A

Q9: How are you measuring the success of any processes you have improved or changed?

N/A

Q10: What are your areas (or Committee) goals for 2013/2014?

Tentative Goals

Maintain open lines of communication between the staff and its council members

Complete at least two community building activities or events each year.

Propose at least five recommendations per month to the Dean on behalf of the Staff

Respond to any staff member who brings forth a concern within one month

Establish a trusting relationship between Staff and Staff Council

Q11: How will you measure goal achievement?

This has not yet been discussed by the committee. It is anticipated we will use data collected from the meeting records and minutes to evaluate the quantity of recommendations made and timeliness of responses.

Q12: What process improvement project will you undertake in your area in 2013/2014?

This has not yet been discussed by the committee.

Q13: What data will you use to evaluate this project?

N/A

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

N/A

Q15: What is the one key measure of success for your area/committee?

Staff Morale

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Communication

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#3

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 21, 2013 11:15:07 AM**Last Modified:** Friday, June 21, 2013 11:37:56 AM**Time Spent:** 00:22:49**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Chair

Q2: Department, Committee or Area name:

Clinical Sciences

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

We provide direct teaching in all four years of TCMC's curriculum. We provide leadership and direct teaching for the curriculum in years 3 and 4. We participate in scholarship and dissemination of our work at TCMC in national and regional forums. We support all areas of the college through service on multiple committees, and provide service to the community. We support our volunteer community faculty (400+ in Clinical Science disciplines) and support our students as they apply to residency programs in Medicine, Surgery, Psychiatry, Radiology, Dermatology, Emergency Medicine, etc. We provide clinical care and generate clinical revenue as well as grant revenue.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Student evaluations of teaching, both FT, PT and volunteer faculty (quality of teaching). Number of publications and presentations (scholarly output). Revenue brought in in clinical services and grants. Number of committee chairpersons, number of committee memberships.

Q5: What data do you review to assess effectiveness of your areas operations?

Teaching evaluations, Student logging, monthly departmental profit and loss statements, minutes from committee meetings, student performance on standardized exams ("shelf", NBME Step 1 and 2, OSCEs), match data to various specialties.

Q6: In 2012/2013 did you use this data to change/improve any operations?

We use student academic performance reports to improve various areas of the curriculum. For example, lack of performance in the area of HIV medicine will lead us to develop stronger curricular elements in this area. Student preceptor evaluations guide us in choosing preceptors. Student course evaluations led to major changes in two courses this year in MD 4 - IPE and Senior Seminar.

Q7: What was the process you used in your analysis and what data?

The data (student course evaluations of Senior Seminar, MD 999) was reviewed by the Chair and the Associate Dean for Curriculum. A meeting was held with the course director to discuss ways to reconfigure the course. A plan was agreed upon and presented first to the year 3,4 subcommittee of CAC for approval, and then to CAC for final approval. The new course will again be evaluated this coming year to see if further changes will be needed.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Improved student performance and satisfaction in MD 999.

Q9: How are you measuring the success of any processes you have improved or changed?

Student evaluations.

Q10: What are your areas (or Committee) goals for 2013/2014?

1. Increase number of scholarly publications and presentations by 25%. 2. Increase clinical revenue generated by the department by 50%. 3. Fill all faculty position openings including Assistant Dean for Clinical Education.

Q11: How will you measure goal achievement?

Track numbers of publications and presentations.
Profit and Loss statements.
Recruitment/tracking.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Improved process for tracking MD 4 student requirements for electives "Clinical Science Readings" and "Clinical Sciences Research."

Q13: What data will you use to evaluate this project?

The process by which a student participates in this course, from registration to completion of course assignments and posting of grade, will be flow mapped. The process will be analyzed according to lean six sigma principles and areas where gaps are occurring will be targeted for improvements.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Flow mapping, PSDA cycles, lean six sigma.

Q15: What is the one key measure of success for your area/committee?

100% of students completing requirements for the course on time.

Q16: Which organizational processes would you suggest be examined for process improvement this year? *Respondent skipped this question*

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Board Chair, "Meals on Wheels" Lackawanna County; Physician service, Care and Concern Clinic, State of Pennsylvania Department of Public Welfare, Pharmacy and Therapeutics Committee, State of Pennsylvania Department of Health, Tuberculosis Clinic staff physicians, District 4 delegate to Pennsylvania Osteopathic Medical Association House of Delegates, AAMC/CAS Representative for Society of General Internal Medicine (national role), Co-Chair PA Chapter of Lung Cancer Alliance, Marywood University Nutrition and Dietetics Advisory Board, Marywood University Gerontology Advisory Board, LIFE Geisinger Advisory Board, LIFE Geisinger Ethics Committee.

#4



COMPLETE

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PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: Registrar

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The office is extremely responsive to student needs. Service to students is top priority.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

I am an office of one so the service is directly rrelated to me.

Q5: What data do you review to assess effectiveness of your areas operations?

Student surveys and Graduate Questionnaire

Q6: In 2012/2013 did you use this data to change/improve any operations?

yes

Q7: What was the process you used in your analysis and what data?

student input

Q8: What were the outcomes expected from your process improvements in 2012/2013?

More efficiency and effectiveness in service to stuentns.

Q9: How are you measuring the success of any processes you have improved or changed?

Survey

Q10: What are your areas (or Committee) goals for 2013/2014?

more efficient collection of M4 grades from electives.

Q11: How will you measure goal acheivment?

Be the receipt time of grade collection

Q12: What process improvement project will you undertake in your area in 2013/2014?

Service to students w hen applyng to aw ay electives

Q13: What data will you use to evaluate this project?

survey

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Respondent skipped this question

Q15: What is the one key measure of success for your area/committee?

Quality Service

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Consistency with decision making accross the campus

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Youth sport Boards and volunteer

#5



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PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Curriculum Development and Assessment

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Provide educational services for students and faculty.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

We send annual evaluations to faculty and students regarding services for the Library, Clinical Skills and Simulation Center, and Office of Curriculum Development and Assessment.

Q5: What data do you review to assess effectiveness of your areas operations?

The reports mentioned in question 4.

Q6: In 2012/2013 did you use this data to change/improve any operations?

no - students and faculty are satisfied with services we provide. Internally we meet in department areas to improve services. The library has their own strategic plan based upon their professional society guidelines for services.

Q7: What was the process you used in your analysis and what data?

Survey Monkey surveys, analysis of results by specific departments involved.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

We maintain services at the current level.

Q9: How are you measuring the success of any processes you have improved or changed?

we do annual surveys so if see anything is amiss we can quickly correct our service offerings to improve things requested by students or faculty.

Q10: What are your areas (or Committee) goals for 2013/2014?

Increase paid service by outside parties in the Clinical Skills Center, Library or GAL by 25%.
Support accreditation services.
these are the two main service areas we will concentrate on.

Q11: How will you measure goal achievement?

If we increase paid service offerings to increase revenue for TCMC.
If we complete our tasks on time for LCME and Middle States accreditation.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Restructure the department for greater efficiency.

Q13: What data will you use to evaluate this project?

Satisfaction of faculty and students.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

no

Q15: What is the one key measure of success for your area/committee?

faculty and students are satisfied or Very satisfied with our services (80% or greater of respondents)

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Take a look at the amount of meetings people attend that greatly diminish time on task at work.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

To be honest, because of the hours I work I have stopped everything I was doing outside of TCMC.

#6

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PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Facilities and Public Safety

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Provides infrastructure support to all activities at TCMC

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Linking a satisfaction survey to facilities request and constant feedback through focus groups and meetings

Q5: What data do you review to assess effectiveness of your areas operations?

Results of surveys and instant feedback from constituents

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes

Q7: What was the process you used in your analysis and what data?

Review results, and examine room utilization activity including room reservations and card access activity

Q8: What were the outcomes expected from your process improvements in 2012/2013?

More efficient and responsive service

Q9: How are you measuring the success of any processes you have improved or changed?

Surveys and feedback

Q10: What are your areas (or Committee) goals for 2013/2014?

Excellent service delivery
 Ensure compliance with State, Federal regulatory agencies
 Create a positive, supportive work environment
 Accreditation assistance

Q11: How will you measure goal achievement?

Combination of quantitative and qualitative measures

Q12: What process improvement project will you undertake in your area in 2013/2014?

Streamlining the work order request system

Q13: What data will you use to evaluate this project?

Surveys

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

6 Sigma/Lean

Q15: What is the one key measure of success for your area/committee?

Customer satisfaction

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Policy approval

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Turkey Trot

Connell Park Board of Directors

PIAA Executive Board of SBOA

Pa American Legion Baseball

Appeals Board

#7

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Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Office of Sponsored Programs (OSP)

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

OSP helps TCMC meet its mission by identifying and managing funding to support faculty/staff research and programs throughout the institution. Research provides opportunities for scholarship while program funding helps provide for community-based learning and outcomes for Northeastern Pennsylvania.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

OSP creates an annual strategic plan to align department activities with TCMC mission and strategic goals. As the beginning of that process, accomplishments are reviewed against the same bar in strategic goals and mission.

Q5: What data do you review to assess effectiveness of your areas operations?

Grant applications submitted and awarded; funds being managed under OSP auspices, training presentations made; policy review/compliance and adoption of the National Council for University Research Administrator standards.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes - first OSP strategic plan created with milestones and deliverables. Goal to be compliant with National Council for University Research Administrator standards by the end of 2013.

Q7: What was the process you used in your analysis and what data?

Newly published NCURA standards, baseline determination of status in complying with those standards, projects/initiatives completed as proposed, and grant submission data.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Select and implement grant management software package, publish bimonthly Journal of Sponsored Programs to keep faculty/staff informed about grants at TCMC, weekly funding opportunity email to faculty, compliance with 100% of the NCURA standards, and creation of a leadership dashboard for determining grant status quickly.

Q9: How are you measuring the success of any processes you have improved or changed?

Quarterly review of all standards and strategic plan.

Q10: What are your areas (or Committee) goals for 2013/2014?

Complete by December 2013 compliance with NCURA standards and full implementation of the ITWorks Grant Management and Effort Administrator software.

Q11: How will you measure goal achievement?

Are all milestones and deliverables complete, year-end survey to measure success of Journal and Funding Opportunities publication.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Address all shortcomings in meeting NCURA standards. Improve flow of information between OSP, Finance and Faculty/Staff principal investigators.

Q13: What data will you use to evaluate this project?

Survey of faculty/staff PI needs. Report on gap between PI proposal and submission dates.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Lean/6 Sigma process to streamline efforts.

Q15: What is the one key measure of success for your area/committee?

Compliance with NCURA standards as a well-functioning Office of Sponsored Programs.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

PAF process, purchase requisition process, requesting trial balances for budget verification and interdepartmental communication as many do not realize the impact of their decisions on grant operations.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Monsignor McGowan Cornerstone Award Committee, Elm Park United Methodist Church (several committees)

#8



COMPLETE

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PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: Human Resources

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Human Resources Department strives to recruit and nurture a workforce dedicated to performance excellence, mutual respect, diversity and the well being of all members of our community, by establishing and supporting policies and practices that are competitive, fair, consistent and clearly communicated.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Feedback from employees and leadership through staff and faculty councils, Leadership Council, climate surveys and focus groups, etc.

Q5: What data do you review to assess effectiveness of your areas operations?

Climate survey and focus group results, the Butler report. Exit interviews and turnover reports, benchmarking surveys and professional listserve data and performance review data.

Q6: In 2012/2013 did you use this data to change/improve any operations?

A quality improvement analysis was completed on the recruitment process with an ad hoc committee of leadership and a revised process was developed. A group was convened to review the faculty hire and promotion salaries and made recommendations to the Compensation Committee of the board to modify the policy on faculty compensation. Exit interview data was used to address supervisory issues identified. climate survey data was used to identify issues and develop training and policy decisions to address.

Q7: What was the process you used in your analysis and what data?

Typically problem is defined, key stakeholders identified and their input sought to develop a strategy to address the issue.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

More efficient hiring process. Market appropriate and competitive salaries. Improved organizational climate. More comprehensive Organizational Development Plan.

Q9: How are you measuring the success of any processes you have improved or changed?

Exit interviews and termination reports and rates, training program assessments, compa ratios and market surveys for salaries, benefit surveys, feedback from customers.

Q10: What are your areas (or Committee) goals for 2013/2014?

- *Develop and implement a comprehensive Organizational Development Plan
- *Recruit and on-board key positions
- *continue to address employee relations issues identified in climate surveys
- *Complete strategic planning/LCME/Middle States process for Finance and Educational Resources team

Q11: How will you measure goal achievement?

Benchmark data, employee feedback through formal and informal channels, turnover rates, success recruiting for open positions,

Q12: What process improvement project will you undertake in your area in 2013/2014?

- *Increase Performance Evaluation return rate
- *Liquid office for processing requisitions and PAF's

Q13: What data will you use to evaluate this project?

Establish baseline on return rate of performance evaluations, develop strategy to increase return and compare to baseline to results after implementing.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Lean/6 Sigma principles

Q15: What is the one key measure of success for your area/committee?

Ability to fill vacant positions efficiently and with quality candidates.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Time sheet approval and submission process

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Tri-county Personnel Association, Red Cross Board (Sedon), United Way Drive and Day of Caring, American Cancer Society.

#9

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PAGE 1

Q1: I am

Other (please specify) Associate Dean

Q2: Department, Committee or Area name:

Admissions and Student Affairs

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

My area recruits, selects and enrolls students who are "mission fit" - students who show the greatest potential to positively affect change in NEPA and are likely to practice medicine here. My area also ensures that once students enroll in the College they are provided with opportunities to engage in community based projects and activities positively impact NEPA.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

By the number of students who enroll from the area and from disadvantaged backgrounds, student informal and formal feedback and the diversity of projects and activities in which our students participate in the NEPA area.

Q5: What data do you review to assess effectiveness of your areas operations?

Budget data, student surveys, admissions reports, informal and formal feedback from students, faculty and other department staff, feedback from pre-health advisors.

Q6: In 2012/2013 did you use this data to change/improve any operations?

yes. We used and are using student feedback and survey data to enhance student services and modify existing programs.

Q7: What was the process you used in your analysis and what data?

Survey results and feedback were reviewed by the my management team. Gap areas were identified. These gaps will be addressed in this year's programming and planning. One example is student health hours. Students told us they needed more hours and time without residents. We worked with student health to arrange additional hours and a policy where students are not seen by residents.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Greater student satisfaction.

Q9: How are you measuring the success of any processes you have improved or changed?

We will ask same questions this upcoming year to see if areas identified as gaps last year are still present.

Q10: What are your areas (or Committee) goals for 2013/2014?

1. Assure the financial sustainability of the College
2. Recruit and enroll mission-focused medical students with outstanding academic credentials and a commitment to community service.
3. Create a supportive, student-centered environment where students are able to engage and grow intellectually, professional and personally.
5. Prepare and equip our students for their future work.

Q11: How will you measure goal achievement?

Control departmental expenses according to budgeted expectations.
Increase the number PA students that complete their application and interview
Increase the number of NEPA students that complete their application and interview
Increase the percentage of matriculants from PA and NEPA
Increase the average MCAT score of the students who are interviewed
Increase the yield of matriculants with multiple acceptances
Increase student and community participation in school-wide activities
Increase the number of MBS students who gain admission to other medical schools
Empower the regional teams to take a more active role in the advising and residency match process
Continue to enhance the residency preparation support we provide to MD students

Explore the creation of an honors council or student-run prevention/intervention group
Develop clearer information channels and supports for students struggling with professionalism issues

Q12: What process improvement project will you undertake in your area in 2013/2014?

Review of the MD admissions process

Q13: What data will you use to evaluate this project?

admissions committee feedback, rate at which applications are moved through admissions process, feedback from faculty and student interviewers, feedback from applicants, amount of time staff spend on processing applications

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

process mapping and some elements of Lean/6 Sigma

Q15: What is the one key measure of success for your area/committee?

Student satisfaction

Q16: Which organizational processes would you suggest be examined for process improvement this year?

position classification and reclassification process

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

I am a board member on the University of Pittsburgh School of Library and Information Sciences iSchool Inclusion Institute of Information i3 board member and a committee board member on the A+ Schools Equity Committee

#10

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PAGE 1

Q1: I am

Vice President

Q2: Department, Committee or Area name:

Institutional Advancement

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The mission of the Institutional Advancement Division is to generate greater awareness of TCMC as a regional, state wide and national medical college, secure financial support from individuals, corporations, foundations, and government agencies, and provide meaningful opportunities to engage alumni, friends, and employees in the life of the College.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

We have developed a tactical plan that is driven by the needs of TCMC and is aligned with its mission and core values.

Q5: What data do you review to assess effectiveness of your areas operations?

Gifts from donors are entered in the database. We analyze results of previous years against current results. We set targets for attendance at development events and analyze actual attendance. We capture number of media placements in regional and local media outlets including newspapers, journals, and television.

Q6: In 2012/2013 did you use this data to change/improve any operations?

I joined TCMC in January 2013. Planned improvements for this current year and moving forward are rooted in past results.

Q7: What was the process you used in your analysis and what data?

Analyzed data in development database. Interviewed current Institutional Advancement staff; interviewed leadership and Board Members to learn expectations for fundraising. Kept informed on regional and national fundraising results.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Expected outcomes are to create a performance-based culture in Institutional Advancement leading to growth in philanthropic support, more meaningful engagement from volunteers, development of an alumni association, and wider marketing/public relations coverage.

Q9: How are you measuring the success of any processes you have improved or changed?

Most development goals are quantifiable and measurement will be based on number of gifts received and total dollars. Success in Marketing area will be measured by the increases in the following: number of times TCMC is mentioned in the media, open rates on electronic communications, unique visitors to our website, posts to Facebook and other social media.

Q10: What are your areas (or Committee) goals for 2013/2014?

Goals have been developed and our tactical plan is pending Board approval. Suggested goals include growth in event fundraising, growth in major and planned gifts from individuals, corporations and foundations, development of an alumni board, increased exposure of TCMC to the media.

Q11: How will you measure goal achievement?

Fundraising results will be measured by number of gifts, donors and total dollars received against goal.

Q12: What process improvement project will you undertake in your area in 2013/2014?

A more robust annual giving program, including an employee campaign. Implementation of a major gift and planned gift program. Implementation of a strategy to increase Board participation.

Q13: What data will you use to evaluate this project?

Actual results against goals. We will also use benchmarking from other institutions, and best practices as suggested by professional associations.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

We will use best practices by the Association of Fundraising Professionals and Council for the Advancement and Support of Education.

Q15: What is the one key measure of success for your area/committee?

Financial Strength.

Q16: Which organizational processes would you suggest be examined for process improvement this year? *Respondent skipped this question*

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Marley's Mission, Scranton Tomorrow, Elm Park United Methodist Church, League of Women Voters Lackawanna County, Mayor's Prayers Breakfast, Ready-to-Run, Maternal and Family Health Services Luzerne County, Big Brothers Big Sisters of the Bridge, Freeland Rotary Club, MMI Young Alumni Board, Victims Resource Center Luzerne, Wyoming & Carbon counties, MMI tennis team, First Friday of Scranton, Leadership Lackawanna, Dress for Success Lackawanna, Theresa's Angels, Scholastic Arts & Writing, United Way, Scranton Jazz Festival, Tripp Park Miss E League Softball.

#11



COMPLETE

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PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: Corporate and Foundation Relations

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

I am responsible for raising money from corporate and foundation donors to support our programs, students and operations.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Assessment is based on cash in, new commitments and number of proposals submitted.

Q5: What data do you review to assess effectiveness of your areas operations?

Donor records in Talisma.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Since I joined the TCMC staff in April, 2013, I've used the data to evaluate the donor base.

Q7: What was the process you used in your analysis and what data?

Review ed donor profiles, coding and gift records. Extracted raw data to compile and then compared results to standard reports in Talisma to ensure the data was complete and accurate.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

I'm new to the staff, so this was a preliminary evaluation for my onboarding, not a process improvement.

Q9: How are you measuring the success of any processes you have improved or changed?

I'm new to the staff, so no processes were improved or changed.

Q10: What are your areas (or Committee) goals for 2013/2014?

Departmental goals for 2013/2014 are not finalized.

Q11: How will you measure goal achievement?

Cash contributed, new commitments, number of proposals submitted.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Careful evaluation of the prospects in the database and identification of new prospects to build a strong base for corporate and foundation support.

Q13: What data will you use to evaluate this project?

Cash contributed, new commitments, number of proposals submitted and growth over the previous year.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

We will use assessment tools endorsed by CASE and other professional associations.

Q15: What is the one key measure of success for your area/committee?

Dollars raised.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

I'm too new to the staff to answer this question effectively at this time.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Scranton Tomorrow , 1st VP
Elm Park United Methodist Church, Trustee
League of Women Voters of Lackawanna County, Board Member
Mayor's Prayer Breakfast, Board Member
Ready to Run, Board Member

#12



COMPLETE

Collector: Web Link (Web Link)
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PAGE 1

Q1: I am

Other (please specify) Department Manager

Q2: Department, Committee or Area name:

Clinical Sciences and Family, Community & Rural Health

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Sponsoring the Spring Research Symposium

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Department retreats and pre-post event evaluations

Q5: What data do you review to assess effectiveness of your areas operations?

Financial data in JasperSoft

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes

Q7: What was the process you used in your analysis and what data?

Various expense account analyses were performed and journal entries made to correct the data were made when necessary. Data was also instrumental in providing first cut of FY14 budget and subsequent second and final cut.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Streamlining various workflows within departments. Improvements to departmental websites. Increased grant management. Increased effectiveness in budget management.

Q9: How are you measuring the success of any processes you have improved or changed?

Weekly/bi-weekly temperature checks with admin staff and department chairs. Bi-weekly departmental meetings. Periodic review of budget vs. actual expenses with department chairs.

Q10: What are your areas (or Committee) goals for 2013/2014?

Improvements to departmental websites. Hiring of Assistant Dean. Progress towards development of Mental Health Initiative. Increasing faculty. Positioning to accommodate increase to 100 students.

Q11: How will you measure goal achievement?

Periodic review of departmental websites. Number of Position Requisitions completed. Awarding of Mental Health Initiative grant(s) to Luzerne Foundation.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Streamline PAF process. Improvements to Spring Research Symposium. Improve grant administration in conjunction with OSP.

Q13: What data will you use to evaluate this project?

Number of PAF's processed through Liquid Office. Number of Spring Research Symposium projects. Budget vs. Actual comparison of grant expenditures.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Yes, where it makes sense.

Q15: What is the one key measure of success for your area/committee?

Student performance.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

- 1) Staff Performance Evaluations
 - 2) Faculty and Staff compensation.
 - 3) On-boarding of faculty and staff.
-

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#13

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Wednesday, June 26, 2013 7:55:11 AM**Last Modified:** Wednesday, June 26, 2013 8:41:34 AM**Time Spent:** 00:46:22**IP Address:** 71.58.201.201

PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: Student Affairs

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Office of Student Affairs supports TCMC's institutional mission and values by fostering student's academic, professional, and personal growth. TCMC admits committed, talented students who work together to represent the collective student voice in the creation of TCMC's culture.

Student Affairs promotes student engagement and participation in the social, cultural and intellectual life at TCMC. The office is the principal advisor to student councils, clubs, and organizations. The office also works with students for career advising and planning. Through individual and group activities, the office aims to help students achieve all of their professional career goals

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

GSQ
Learning Environment Survey
Program Evaluations
LCME Student Self Study
Student Focus Groups
Monthly Meetings with the Graduate and Medical Student Councils

Q5: What data do you review to assess effectiveness of your areas operations?

MATCH Results
GSQ
Program Evaluations
Learning Environment Survey

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes related to the following areas:
Admitted student communication plan
Revisit Day
Credentialing System
Website Enhancements
Admissions Operating System
Student Health Services
Career Development Curriculum
MBS Career Development
Princeton Review

Q7: What was the process you used in your analysis and what data?

LCME Self Study documents, LCME Student Self Study Reports, Learning Environment Survey Reports, a series of focus groups conducted by staff and formal and informal program evaluations that were solicited through various departmental activities

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Student Affairs has conducted several process improvements processes that were the result of information gleaned from LCME Self Study documents, LCME Student Self Study Reports, Learning Environment Survey Reports, a series of focus groups conducted by staff and formal and informal program evaluations that were solicited through various departmental activities. The list of those process improvement activities appear below.

Admitted student communication plan – developed as the result of feedback from students that they received little information from TCMC from the time of their acceptance until Revisit Day. The new student communication plan includes regular ongoing contact in the form of new sletters, emails, phone contacts from the time of acceptance to the time of matriculation. The value of this plan will be measured by student survey.

Revisit Day – during the 2012-2013 recruiting year, Revisit Day was revisioned to include greater collaboration between student affairs and academic affairs in an effort to enhance students' ability to make an informed decision regarding their matriculation at TCMC. In addition to the curriculum overview, faculty participate in the day and meet with students to discuss courses, research opportunities, and mentoring opportunities. In addition, the TCMC mission was highlighted through a session on the Family Centered Experinec, a hallmark of our Patient Centered Medicine course and first year experience. In addition, a more in-depth overview of the regional campuses structure was provided by students and regional administration. The success of this program will be measured by student survey, matriculated status of those in attendance, student success and retention rates.

Clarification of Policy on Academic and Professional Standards Governing the MD Program – a reevaluation of the CAPS policy was undertaken during the 2012-2013 year in an effort to ascertain whether the Policy adequately met the needs of our lived experience as a new school striving to support our students in meeting their academic and professional potentials. As a result of this reevaluation, the Policy was clarified and strengthened with legal support and with input solicited from the faculty, staff and students of the institution. Assessment of the current policy is being conducted through the Learning Environment Survey and through a close monitoring of Committee referrals and outcomes to make sure that the standards of conduct are fairly and consistently enforced.

Credentialing System- Based on feedback and input from our clinical affiliates the Office of Admissions and Student Affairs collaborated with the IT Department to create an electronic system to allow students to complete required hospital specific paperwork, provide clearance and student health information to our various affiliates. The process is no longer paper-based and is automated and sent directly to our clinical affiliates for all our students prior to them working in a clinical setting.

Website Enhancements- In 2011, the Marketing and Development Department did an assessment of the effectiveness of the layout and content of the TCMC Website. They conducted several focus groups with various stakeholders and tracked the number of hits on key pages and developed and implemented a 2 step plan to better communicate our mission, values, curriculum and student services available to our prospective students. Since the launch there has been an Admissions/Student Affairs staff member dedicated to collaborating with the webmaster to ensure the information made available is student centered.

Admissions Operating System- Since TCMC's first enrollment cycle, the Admissions system has transitioned three times and has eventually led to the purchase of a system used by over 40 other medical schools. This new System will allow the staff to track, and provide data in an efficient and seamless manner and will eventually be beneficial to our end users which are our applicants in the upcoming MD and MBS Admissions cycle.

Student Health Services has evolved since its creation in 2009. Since its inception, its location has moved to a more confidential and larger space allowing for greater access in terms of hours and staff. Annual data has been collected on Student Health Services via the learning environment and the LCME Student Self Study process.

Career Development Curriculum – Based on student feedback in focus groups and informal meetings as well as through student comments reflected in the Learning Environment Survey in 2012, the career curriculum was revised for the 2012-2013 year. The curriculum, based on the AAMC's Careers in Medicine Program, was integrated into the pre-clinical years through regular presentations in the Patient Centered Medicine and Art and Practice of Medicine courses. In addition to in-class presentations workshop sessions were conducted at Orientation and through Student Affairs workshop offerings. Evaluation of the efficacy of this curriculum in assisting students in choosing specialties is currently in process and will be monitored through student satisfaction surveys and residency placement rates.

MBS Career Development – as the result of course evaluations in the 2010 and 2011 years, the career component of the Professional Development class was revised to incorporate inter-professional panels and a greater emphasis on allied health career fields. Student interest and application to allied health programs, including podiatry, physician assistant have increased as a result of this effort. In addition, student course evaluations have shown a greater understanding and appreciation for inter-professionalism as a result of this change.

Princeton Review – as a result of feedback from the Charter MBS class, TCMC incorporated the Princeton Review as part of the curriculum. First, incorporated as a mandatory part of the curriculum for those students entering with specific MCAT credentials, the Princeton Review has since become an optional part of the curriculum for students seeking to enhance their MCAT credentials. Student performance rates as well as student satisfaction rates are used to evaluate this process and influence continue program development.

Q9: How are you measuring the success of any processes you have improved or changed?

The same measurements that were used to determine process improvements will be used again to measure the success

Q10: What are your areas (or Committee) goals for 2013/2014?

Work collaboratively with Student Health Services to improve Student Satisfaction.
Create and develop the content for Career Curriculum with collaboration from the Education Directors and Regional Clerkship Directors.
6. Develop a coordinated communication plan for students from matriculation through graduation in each regional campus.

Q11: How will you measure goal achievement?

Learning Environment Survey Results
Focus Groups

Q12: What process improvement project will you undertake in your area in 2013/2014?

Deliver a quality four year career curriculum

Q13: What data will you use to evaluate this project?

Respondent skipped this question

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Yes

Q15: What is the one key measure of success for your area/committee?

MATCH Results
GSQ
Program Evaluations
Learning Environment Survey

Q16: Which organizational processes would you suggest be examined for process improvement this year?

7. Develop consistent and timely decision making processes involving policies and processes that are clearly and promptly communicated to students.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#14

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PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Medical Library

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

In support of the College's mission and shared values, the Library advances education, research, clinical care and community service by critically appraising, selecting and organizing health sciences information and by facilitating access to these resources for faculty, staff, students and community partners. The Library supports learners who are able to discover, access, evaluate and use information effectively for academic success, research, and life-long learning.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The Library collects usage statistics related to the circulation or online hits or downloads, of our resources, document delivery, interlibrary loan, literature searching, library orientation and information literacy sessions, current awareness and more. We also conduct an annual library satisfaction survey, and participate in college-wide surveys and assessments.

Q5: What data do you review to assess effectiveness of your areas operations?

With regard to Collection Development, we review usage statistics and calculate a cost per use, for our electronic resources. New or renewal pricing for electronic resources, as well as cost per use, unique characteristics and ways in which the resource supports our mission is also considered by the CAC Library Subcommittee, prior to voting for or against a particular resource. Finally, following a review of the voting, the library director makes a final recommendation for or against the resource.

We also review visits, or hits, to the Library Website, as well as use within the library facilities.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes, in 2012 / 2013, we added several new electronic resources based on faculty and/or student recommendations. We also cancelled a number of resources that received low use or no longer contributed to our mission.

We also began to integrate information literacy online sessions within the MD 1 course: Physician and Society, following feedback from faculty and students who identified the value of the content and a preference for an online, more flexible format.

Q7: What was the process you used in your analysis and what data?

With regard to the addition and cancellation of electronic resources, we contacted course directors, faculty and discussed the analysis with member of the CAC Library Subcommittee, prior to voting for, or against a particular resource.

With regard to our Information Literacy online sessions, we reviewed feedback from student evaluation forms. While many students appreciated the "live", curriculum-integrated library training sessions that we have provided in the past, students stated that online sessions would allow for the students who were more knowledgeable about information literacy, to move more quickly through the materials, and for those students who had less experience with information literacy, to spend more time reviewing the online training, and to contact the librarian instructors to request further information.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

At the end of our Information Literacy online sessions, we discovered that the assignment completion rate was 100% for four of the modules, and 97% for the fifth module. As well, a number of students provided comments, both verbal and written, stating that having the Information Literacy content would benefit them for the rest of their lives, and that the sessions were very helpful and useful. Students told us that without these sessions, they would not have known about, and how to use, many of our excellent library resources.

Q9: How are you measuring the success of any processes you have improved or changed?

We would like to see an increase in the use of our electronic resources, so we are keeping track of use, by counting the online sessions, searches and articles downloaded. We are also keeping track of the use of other library services, such as document delivery, interlibrary loan, reference and research assistance, current awareness and education / instruction sessions. We measure our success by determining increased use of our resources and services, and by receiving positive feedback on our Library Satisfaction Surveys and other College-wide assessment tools.

Q10: What are your areas (or Committee) goals for 2013/2014?

A. Discovery

Goal I: Ensure that faculty and students have the skills, abilities and resources necessary to find the best information possible.

Goal II: Expand user awareness of library resources, services and staff expertise through marketing, outreach and technology.

Goal III: Improve discoverability of physical and electronic resources in order to empower users to be self-sufficient.

B. Access

Goal I: Develop resources that are aligned with areas of research, curricula and TCMC strengths.

Goal II: Ensure that the necessary and desired resources are available, and in the preferred format, at the time and point of need.

C. Use

Goal I: Monitor and adapt physical and virtual spaces to ensure that they respond to and are informed by new technologies, user expectations, and patterns in learning, social interactions, and research collaboration.

Goal II: Provide space, resources, and assistance for our users, enabling them to study, conduct research and further the pursuit of knowledge.

D. Infrastructure

Goal I: Ensure availability of excellent and diverse staff to effectively support users.

Goal II: Increase external funding for libraries.

Goal III: Collect and use data for decision-making, continuous improvement, and demonstration of effectiveness and efficiency.

Goal IV: Establish sustainable, environmentally friendly, practices within the College Library.

Q11: How will you measure goal achievement?

We will continue to collect usage statistics and library user feedback, both verbal & written. The TCMC Library is a member of the Association of Academic Health Sciences Libraries and we participate in the annual AAHSL Statistics Survey, as well as several less regular surveys. AAHSL has a new statistics tool that allows us to create peer groups, amongst the 125+ medical school libraries throughout the United States and Canada, and this comparison could be very useful for measuring our goal achievements in particular areas in relation to our peers. If possible, it would be interesting to look at the USMLE test scores and MATCH success of our students, and how it relates to information literacy competencies. It would also be interesting to look at faculty success in obtaining grant funding and if, having access to library resources and services made a difference in the successful outcome.

Q12: What process improvement project will you undertake in your area in 2013/2014?

We will work with a new schedule for the renewal of our electronic resources, in order to provide us with sufficient time for the review process. We will also identify specific criteria for the purchase or licensing of resources, as well as an acceptable cost - per - use.

Q13: What data will you use to evaluate this project?

We will use the usage data provided by the publishers, aggregators and vendors. We will review feedback from our annual Library Satisfaction Survey to evaluate this project.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Yes, we will use the Lean/6 Sigma process in our project evaluation.

Q15: What is the one key measure of success for your area/committee?

A key measure of success would be to graduate students who are able to discover, access, evaluate and use information effectively for academic success, research, and life-long learning.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Perhaps a process related to the enhancement of communications.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

My family volunteers at the Jewish Community Center, and at Temple Israel. Library staff volunteer at the Lackawanna County Historical Society, and for various local theatre groups.

#15

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Thursday, June 27, 2013 4:49:17 AM**Last Modified:** Thursday, June 27, 2013 4:59:35 AM**Time Spent:** 00:10:18**IP Address:** 72.55.42.68

PAGE 1

Q1: I am

Other (please specify) Associate Dean Regional

Q2: Department, Committee or Area name:

West Region

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

We deliver the clinical curriculum to approximately 1/4 of the class in the regional campus and promote the local health system and community

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The success of our students in their academic and personal growth is our barometer - their success in residency match is the starting point

Q5: What data do you review to assess effectiveness of your areas operations?

Logs of patient encounters, procedures by the students - Step and Shelf scores

Q6: In 2012/2013 did you use this data to change/improve any operations?

We are in a constant mode of CQI - we change preceptors, tweak our didactic sessions all at the suggestion of our students

Q7: What was the process you used in your analysis and what data?

Our process in the region is qualitative, continuously assessing week by week the demeanor and comportment and progress of our students as we directly observe them

Q8: What were the outcomes expected from your process improvements in 2012/2013?

A satisfying residency match and continual engagement of our clinical faculty

Q9: How are you measuring the success of any processes you have improved or changed?

As above

Q10: What are your areas (or Committee) goals for 2013/2014?

To recruit more clinical faculty, expand the 4th year course offerings in our region, retain all our present volunteers

Q11: How will you measure goal achievement?

It will be immediately obvious as we do scheduling and observe our students' performance

Q12: What process improvement project will you undertake in your area in 2013/2014?

Our financial, expenditure and budget process has been recently streamlined. A new reposting structure more consonant with present reality will occur

Q13: What data will you use to evaluate this project?

By qualitatively assessing the satisfaction and performance of our educational leadership team in the region

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

I am not adequately trained in this process to use this, although I have the lowest "belt"

Q15: What is the one key measure of success for your area/committee?

The accumulation of medical knowledge and skills by our students

Q16: Which organizational processes would you suggest be examined for process improvement this year?

I think as the year progresses, we may discern such an issue, but I think that for this presently starting academic year we have made the proper minor alterations to make it run more smoothly

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#16

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Thursday, June 27, 2013 4:29:05 AM**Last Modified:** Thursday, June 27, 2013 5:41:54 AM**Time Spent:** 01:12:48**IP Address:** 204.139.52.100

PAGE 1

Q1: I am a Department Director

Q2: Department, Committee or Area name: Financial Aid

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Financial aid assists students in achieving their degree by helping them to finance their cost

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Student satisfaction surveys and learning environment surveys

Q5: What data do you review to assess effectiveness of your areas operations?

feedback from student surveys, comments, etc.

Q6: In 2012/2013 did you use this data to change/improve any operations?

a process that was improved was the addition of a 10-15 presentation at each of the admission interview days to discuss the financial aid process and programs. Students also received a copy of the powerpoint presentation in the packets.

The debt management curriculum was implemented and completed with exit counseling conducted by AAMC for the graduating MD4 students.

An additional person was hired to support financial aid functions by conducting presentations and processing financial aid

Q7: What was the process you used in your analysis and what data?

LCME Data, Learning Environment surveys

Q8: What were the outcomes expected from your process improvements in 2012/2013?

students would be better informed about financial planning, debt management, and loan repayment

Q9: How are you measuring the success of any processes you have improved or changed?

Graduating Student survey, Learning Environment survey, student self studies and focus groups

Q10: What are your areas (or Committee) goals for 2013/2014?

improvement to financial aid website and communications

Q11: How will you measure goal achievement?

student surveys

Q12: What process improvement project will you undertake in your area in 2013/2014?

website improvement

Q13: What data will you use to evaluate this project?

focus groups, surveys

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Respondent skipped this question

Q15: What is the one key measure of success for your area/committee?

student satisfaction with services

Q16: Which organizational processes would you suggest be examined for process improvement this year? *Respondent skipped this question*

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

none

#17

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PAGE 1

Q1: I am

a Committee Chair

Q2: Department, Committee or Area name:

Admissions Committee

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Responsible for admissions applicant selection and decisions to ensure that TCMC admits and matriculates students who fit our mission and who have promise and potential to be physicians who further our mission.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Assessment includes metrics (numbers, percentages, rates) of:

1. PA residents
2. Regional (16-17 PA counties in NEPA)
3. URM students
4. First generation to college, disadvantaged
5. Women
6. Step 1 Boards
7. Step 2 Boards
8. Residency match

Q5: What data do you review to assess effectiveness of your areas operations?

Please see answer to #4 above:

Assessment includes metrics (numbers, percentages, rates) of:

1. PA residents
2. Regional (16-17 PA counties in NEPA)
3. URM students
4. First generation to college, disadvantaged
5. Women
6. Step 1 Boards
7. Step 2 Boards
8. Residency match

Q6: In 2012/2013 did you use this data to change/improve any operations?

Every admissions cycle/year, we utilize past year's data and current year's partial data to ensure that we continue to meet levels of success of mission for selection of applicants.

Q7: What was the process you used in your analysis and what data?

Our process utilizes holistic review of applicants to fill each incoming MD class so that there is a positive learning environment as defined as sufficient heterogeneity of:

1. PA residents
2. Regional (16-17 PA counties in NEPA)
3. URM students
4. First generation to college, disadvantaged
5. Women

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Expected outcomes were maintained or improved holistic review process to maintain or improve balance and metrics of heterogeneity to provide a positive learning environment and success for students, academically and professionally.

Q9: How are you measuring the success of any processes you have improved or changed?

Success of process is measured by achievement of outcomes. Please see #8 above.

Q10: What are your areas (or Committee) goals for 2013/2014?

Please refer to answers #4 and #8 above.

Q11: How will you measure goal achievement?

Please refer to answers #4 and #8 above.

Q12: What process improvement project will you undertake in your area in 2013/2014?

There are currently no plans, to my knowledge, to undertake any additional process improvement projects in 2013-14 other than continued maintenance and improvement as we conducted last year.

Q13: What data will you use to evaluate this project?

N/A. No plans to undertake 'new' project in 2013-14. However, please refer to answers #4 and #8 above for evaluation aspects from last year and prior years.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

There are currently no plans, to my knowledge, to utilize 6 Sigma processes in an evaluation.

Q15: What is the one key measure of success for your area/committee?

Maintain or improve holistic review process to maintain or improve balance and metrics of heterogeneity (per answers #4 and #8 above) to provide a positive learning environment and success for students, academically and professionally.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

For Admissions Committee, we have discussed (but not necessarily made plans for) the possibility of having and presenting more discrete data regarding our metrics (per #4 and #8 above) as applicants progress through the admissions cycle/year. For instance, we would like to know if our accepted candidates are going elsewhere or accepting offers from other schools, and when in the process, so that we might be able to utilize such data and information to help guide our future efforts, recruitment strategies, etc.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

N/A

#18



COMPLETE

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PAGE 1

Q1: I am Other (please specify) Regional dean southern campus

Q2: Department, Committee or Area name: Southern campus

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

I am responsible for all aspects of student clinical education and the functioning operations of the southern campus

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The southern campus has satisfied all the student's educational needs while maintaining the highest academic standards

Q5: What data do you review to assess effectiveness of your areas operations?

Student comments, formal student evaluations, preceptor interviews on teaching, staff/student/preceptor interactions, student standardized and course scoring

Q6: In 2012/2013 did you use this data to change/improve any operations?

The south campus had an expanding new preceptor count, so credentialing and orienting them was top priority. Yes. Tweaking student exposure to various clinical educational experiences required all collection of the above data and in addition, constant review of their log books, and discussion with their preceptors to fulfill their needs

Q7: What was the process you used in your analysis and what data?

Student and preceptor interviews, log book monitoring, physician evaluations all played a role. If a problem was identified, a solution was derived to adequately allow the student a proper educational experience

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Seamless student clinical education at all four years of their education

Q9: How are you measuring the success of any processes you have improved or changed?

Student and physician satisfaction, test scores

Q10: What are your areas (or Committee) goals for 2013/2014?

Expand the quality physician numbers to accommodate the 100 student census

Q11: How will you measure goal achievement?

Student and preceptor satisfaction and student standardized test scoring

Q12: What process improvement project will you undertake in your area in 2013/2014?

Expansion of preceptor numbers through rig scores certification acceptance standards

Q13: What data will you use to evaluate this project?

All the data previously mentioned while maintaining a close watch on quality issues of our existing preceptor pool

TCMC Institutional Effectiveness Survey 2012/2013

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Ask and listen, process and evaluate, modify and formulate through consensus, implement, monitor, recycle.....

Q15: What is the one key measure of success for your area/committee?

Student standardized and course test scoring and adequate student clinical exposure

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Allowing better communication between the regional deans and all the various administrative departments at the central level... The trickle down principle

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#19



COMPLETE

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PAGE 1

Q1: I am

Vice President

Q2: Department, Committee or Area name:

Finance and Administration

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Provide Financial Information to assist with decision making; provide facilities that contribute to the ability of students to learn; provide for a secure environment; assure the latest technologies are available for the learning environment and assist departments with finding and onboarding the employees needed to carry out the mission

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Financial - Yearly audits provide insight and results of the financial operations
IT and Facilities have on line tickets system for accepting and surveying the results of their services and Human Resources

Q5: What data do you review to assess effectiveness of your areas operations?

Financial Audits; on line surveys and employee training programs and number of completed performance appraisals, use of electronic processes. The environment survey data provided information regarding human resources information

Q6: In 2012/2013 did you use this data to change/improve any operations?

as a result of audit recommendations changes in certain areas of IT administration of software was adjusted. in addition additional suggestions were made to IT processes as a result of survey input. In the two Kizens provided for information to reevaluate the purchasing process and policy development and the PAF process has been made into an electronic process

Q7: What was the process you used in your analysis and what data?

Kaisen reviewed purchasing processes, audit reports received at year end analyze internal controls and IT set up and processes

Q8: What were the outcomes expected from your process improvements in 2012/2013?

strengthening of internal controls and security; more electronic and better understood process for purchasing as well as an easier way to procure goods and services and less time is processing a PAF

Q9: How are you measuring the success of any processes you have improved or changed?

Annual audit will verify changes to IT security set up; finalization of electronic process and the increasing use of the electronic process; reduction in time to get an approved PAF to HR for processing

Q10: What are your areas (or Committee) goals for 2013/2014?

1. Collaborate with TCMC constituents to identify opportunities that will build a foundation for the financial sustainability of the College
 - a. Develop a long-range plan that supports the financial stability of TCMC. Identify and assist with business plans for revenue opportunities while controlling and consolidating expenses and including resources for capital replacements and renewals.
 - b. Support opportunities for affiliation and collaborating to increase revenues and streamline expenses.
 - c. Develop training programs and informational documents for financial managers on Finance Policies and Procedures
 - d. Complete an organization risk assessment in conjunction with a review of an internal audit function to assess financial risks, compliance risks and operational risks at TCMC
 - e. Implement and enhance Finance, HR, Facilities and IT processes and increase the number of electronic processes, forms and training programs.
2. Participate actively in the accreditation self-study processes for LCME and Middle States and the strategic planning process so that time lines are met and deliverables achieved. Work towards the success of both accreditation site visits in 2014.
 - a. Facilitate the Finance and Educational Resources LCME group, Middle States and the Strategic Planning Work Group. Work with other groups and leadership to assure completeness and timely submission of all related documents and data.
 - b. Support the strategic planning process and assure the long range plan identifies the resources necessary to achieve the strategic plan goals and objectives.
3. Oversight of Facilities
 - a. Complete Space Study to show how facilities are being used and opportunities for improvement and develop a Facilities Master Plan that incorporates the upgrading, renewal and replacement of facilities and related equipment (including regional offices review and development)
 - b. Provide a positive and supportive physical work environment and maintain programs and services to keep TCMC in compliance with State and Federal regulations
4. Oversight of Information Technology
 - a. Update the Multi Year ITS Strategic plan which incorporates plans for new technologies, accessibility, upgrading (replacement and renewal) TCMC systems, network, and applications necessary to promote and achieve goals.
 - b. Develop an IT Disaster Recovery Plan
 - c. Training of staff / faculty on in-house software packages and other IT literacy topics with a monthly / quarterly training schedule with a focus on productivity.
5. Contribute to a positive, productive, and accountable work environment at TCMC. Embrace and exemplify the responsibilities represented in the TCMC Leadership Compact.
 - a. Provide a positive and supportive work environment for employees through communication, clarity of duties and responsibilities, personal professional development and cross training.
 - b. Through oversight of Human Resources:
 1. Develop and implement a comprehensive Organizational Development and Training Plan
 2. Recruit or assist other departments in recruiting and on-boarding key positions
 3. Develop Plan to address key employee relations issues identified in various climate surveys/focus groups

Q11: How will you measure goal achievement?

Goals in italics at the end of each goal

- . Collaborate with TCMC constituents to identify opportunities that will build a foundation for the financial sustainability of the College
- a. Develop a long-range plan that supports the financial stability of TCMC. Completion of the LRP Identify and assist with business plans for revenue opportunities while controlling and consolidating expenses and including resources for capital replacements and renewals. Completion of the business plans
- b. Support opportunities for affiliation and collaborating to increase revenues and streamline expenses. Number of revenue opportunities analyzed and successful affiliation
- c. Develop training programs and informational documents for financial managers on Finance Policies and Procedures development of training manual and holding 3 sessions
- d. Complete an organization risk assessment in conjunction with a review of an internal audit function to assess financial risks, compliance risks and operational risks at TCMC Presentation of the assessment to the audit committee for action
- e. Implement and enhance Finance, HR, Facilities and IT processes and increase the number of electronic processes, forms and training programs. Developing at least one electronic process in each area and provide training program
- 2. Participate actively in the accreditation self-study processes for LCME and Middle States and the strategic planning process so that time lines are met and deliverables achieved. Work towards the success of both accreditation site visits in 2014.
- a. Facilitate the Finance and Educational Resources LCME group, Middle States and the Strategic Planning Work Group. Work with other groups and leadership to assure completeness and timely submission of all related documents and data. Completion of database and information necessary for accreditation submissions
- b. Support the strategic planning process and assure the long range plan identifies the resources necessary to achieve the strategic plan goals and objectives. Completion of the long range plan
- 3. Oversight of Facilities
 - a. Complete Space Study to show how facilities are being used and opportunities for improvement and develop a Facilities Master Plan that incorporates the upgrading, renewal and replacement of facilities and related equipment (including regional offices review and development) Completion and begin implementation of the space study consensus; development of a comprehensive Facilities Master Plan
 - b. Provide a positive and supportive physical work environment and maintain programs and services to keep TCMC in compliance with State and Federal regulations Timely submission of all relevant compliance requests; completion and implementation of a facilities/grounds maintenance and cleaning schedules
- 4. Oversight of Information Technology
 - a. Update the Multi Year ITS Strategic plan which incorporates plans for new technologies, accessibility, upgrading (replacement and renewal) TCMC systems, network, and applications necessary to promote and achieve goals. Completion of the ITS Strategic Plan including schedules for technology upgrades and replacements
 - b. Develop an IT Disaster Recovery Plan Completion and implementation of IT Disaster Recovery Plan
 - c. Training of staff / faculty on in-house software packages and other IT literacy topics with a monthly / quarterly training schedule with a focus on productivity. Number of training sessions held and result of surveys on the sessions
- 5. Contribute to a positive, productive, and accountable work environment at TCMC. Embrace and exemplify the responsibilities represented in the TCMC Leadership Compact.
 - a. Provide a positive and supportive work environment for employees through communication, clarity of duties and responsibilities, personal professional development and cross training. Reviewed job descriptions; number of training sessions attended by staff; attendance at departmental meetings; number of performance appraisals completed
 - b. Through oversight of Human Resources:
 - 1. Develop and implement a comprehensive Organizational Development and Training Plan completion and implementation of training plan (number of programs offered and number of employees that attended)
 - 2. Recruit or assist other departments in recruiting and on-boarding key positions number of employees hired
 - 3. Develop Plan to address key employee relations issues identified in various climate surveys/focus groups will be based on the issues identified as priorities to address..

Q12: What process improvement project will you undertake in your area in 2013/2014?

what processes are best to be converted to electronic

Q13: What data will you use to evaluate this project?

reviewing processes and determining what takes the most time or effects the most employees

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Will discuss with group but probably Lean/6 Sigma

Q15: What is the one key measure of success for your area/committee?

for this upcoming year accreditation successes... otherwise number of processes that can be done electronically

Q16: Which organizational processes would you suggest be examined for process improvement this year?

i think this depends on what processes the "customers" think we need to do... our team will review the list from the last review and see which ones make sense to be able to accomplish with everything else going on

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

i am not sure why only dept chair or dept directors would answer this,, i do serve on a board and do volunteer in other community activities

#20



COMPLETE

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PAGE 1

Q1: I am

a Department Chair

Q2: Department, Committee or Area name:

Center for Learning Excellence

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The CLE provides academic and personal support services to students. The CLE supports the retention efforts of the College and success rates of our students.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The CLE efforts are assessed through student satisfaction surveys, retention and attrition data, service statistics and student outcomes.

Q5: What data do you review to assess effectiveness of your areas operations?

Progress Monitoring forms - student service statistics - student outcomes
 Service requests statistics - student service statistics - student outcomes
 Student referrals - student service statistics - student outcomes
 Student satisfaction surveys
 Student usage and return rates
 Workshop attendance and evaluation results

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes, we are currently reviewing student usage rates and outcomes related to Step 1 preparation and are using this information to prepare for next year's programming.
 2012-2013 was the first year we offered a structured paid tutoring program. Student evaluations of the tutoring program as well as tutor feedback are being used to strengthen the tutoring program for 2013-2014.
 Student evaluations are being used to plan and schedule workshop offerings for the 2013-14 year.
 During the 2012-2013 academic year the CLE offered study skills workshops for the Foundations and Neuroscience class in conjunction with the course directors for these courses. The study skills sessions were embedded into class time and were scheduled early in each block. We are reviewing student outcomes from this year and comparing them to student outcomes in prior years to determine if the embedded format is contributing to positive student outcomes. We are working with course directors and the Office of Curriculum Development and Assessment to make these determinations.
 Usage rates and student feedback were used to expand the yoga program throughout the summer and into the next academic year.

Q7: What was the process you used in your analysis and what data?

See above.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Greater levels of student satisfaction.
 Increased success rates of student success manifested through lower levels of remediation.

Q9: How are you measuring the success of any processes you have improved or changed?

Monitoring student satisfaction and success rates.

Q10: What are your areas (or Committee) goals for 2013/2014?

Maintain same levels of student success and satisfaction with increased class size and same level of staff support.
 Increase participation in Step 1 preparation services.
 Expand wellness programming.
 Solidify and refine tutoring program.

Q11: How will you measure goal achievement?

Student usage rates, student referrals, student outcomes, student satisfaction.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Remediation process

Q13: What data will you use to evaluate this project?

Student remediation rates, process of remediation, remediation notification and communication plan, student satisfaction, student outcomes.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Process flow chart
Value added flow chart

Q15: What is the one key measure of success for your area/committee?

Student satisfaction.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Monitoring of student mistreatment reports
CAPS process

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Misericordia University Act 101 Advisory Board

#21

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 5:09:47 AM**Last Modified:** Friday, June 28, 2013 5:36:09 AM**Time Spent:** 00:26:21**IP Address:** 207.238.159.4

PAGE 1

Q1: I am

Other (please specify) Associate Dean

Q2: Department, Committee or Area name:

Faculty Affairs and Faculty Development

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

My department is committed to the success and continuing education for TCMC faculty. The faculty of TCMC must have opportunities for professional growth and development to ensure that they are providing an excellent educational program for the students of TCMC

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

There have been a few environmental scans of faculty satisfaction with services Dr. Hull and Dr. Butler. We evaluate the services provided to faculty. A few factors like faculty progressing through the promotion and tenure process, communicating and sharing faculty accomplishments, providing quality programs that assist faculty in doing their jobs and faculty satisfaction are a few ways...parts to an entire picture.

Q5: What data do you review to assess effectiveness of your areas operations?

We do surveys and evaluations of all programs and we conduct unofficial faculty focus groups to keep a pulse on faculty needs

Q6: In 2012/2013 did you use this data to change/improve any operations?

The department has only been in existence in the current configuration for a year, during this time, we did make some changes based on feedback from previous years. Prior to the department being restructured projects that were housed in various areas were being worked on and those projects have continued to be worked on as they were moved under one area

Q7: What was the process you used in your analysis and what data?

specifically focused on one area is the promotion and tenure policy. the faculty had several meetings regarding the promotion and tenure policy and concerns regarding this, the concerns were categorized the 4 main concerns brought to the attention of the Dean two of the 4 were considered and implemented immediately via a resolution by the Board, the remaining concerns are being addressed via a new p and t policy that is currently under revision and then to be brought from College P & T to the Faculty Council then on to leadership, then to the Academic affairs committee of the Board and then to the Board. Anticipated completion December 2013.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

New P & T policy, the implementation of a revised faculty orientation program, the implementation of a faculty advisory group on faculty development

Q9: How are you measuring the success of any processes you have improved or changed?

We plan to compare old feedback from the former faculty orientation process against feedback we receive on the new process.

Q10: What are your areas (or Committee) goals for 2013/2014?

There are several goals in each area in the department

Q11: How will you measure goal achievement?

each goal has an outcome and a measurement for that outcome

Q12: What process improvement project will you undertake in your area in 2013/2014?

We are currently looking at the effectiveness of the New Faculty Orientation Program

Q13: What data will you use to evaluate this project?

old data on the original process against the feedback on the new process

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

the new process was created using lean/6 sigma

Q15: What is the one key measure of success for your area/committee?

Faculty satisfaction with services provided with a look at faculty participation in tcmc governance and success of promotion/tenure processes and quality of services provided

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Respondent skipped this question

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#22

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 5:27:48 AM**Last Modified:** Friday, June 28, 2013 5:44:32 AM**Time Spent:** 00:16:44**IP Address:** 204.139.52.102

PAGE 1

Q1: I am

Vice President

Q2: Department, Committee or Area name:

Government/Community Relations and Chief Diversity Officer

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

My area supports the development of funding streams, friendly policy/regulatory and legislative relations/support and informs leadership of potential challenges or benefits resulting from legislative actions. Liaison to AAMC in government and Diversity matters. My area also develops relationships with Community to support Development, Academic and service objectives for the students and the institution. Working with HR, Academic and Student Affairs, my area promotes diversity and inclusion and fosters an inclusive work and academic environment. In addition, my area provides support to minority and disadvantaged students in both MD and MBS classes and seeks funds for and administers pipeline programs. I lead the cultural competence thread and work with faculty and appropriate committees to embed competencies in curriculum.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The assessment of my area is done primarily by President/Dean as I am the only person in the area. I work collaboratively with key aspects of TCMC and look to improve key drivers such as State grant funding, success of pipeline programs as measured by oversight agencies, diversity of students, and learning environment surveys conducted by student Affairs.

Q5: What data do you review to assess effectiveness of your areas operations?

Federal Reports, TCMC Budget, Learning Environment Surveys, EEO reports, Screening reports, Admissions reports, Leadership Council reports and information, AAMC reports, legislative reports, regulatory and judicial determinations.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes

Q7: What was the process you used in your analysis and what data?

This is really designed for folks with staff, it seems to me.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

I work with processes designed by others. I offer input from time to time when requested and appropriate.

Q9: How are you measuring the success of any processes you have improved or changed?

I measure success using the performance contract signed with Dean and the leadership compact.

Q10: What are your areas (or Committee) goals for 2013/2014?

They are outlined in Dean's agreement and were disseminated to leadership council

Q11: How will you measure goal achievement?

See 10

Q12: What process improvement project will you undertake in your area in 2013/2014?

See 4-8

Q13: What data will you use to evaluate this project?

See 5

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Not trained.

Q15: What is the one key measure of success for your area/committee?

I have three distinct functions. The measure of success includes diversity representation in MD incoming class, State grant funding, REACH-HEI accomplishments, successful collaborations with community organizations.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

n/a

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Respondent skipped this question

#23

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 7:01:24 AM**Last Modified:** Friday, June 28, 2013 7:27:01 AM**Time Spent:** 00:25:37**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Alumni Relations and Annual Giving

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Annual Giving aspect focuses on fundraising to assist in providing TCMC with the resources to enable it to carry out its mission as well as providing TCMC students with scholarships to assist them in their studies.

The Alumni Relations portion helps to keep our graduates close to their alma mater so that they feel connected to the school after commencement and are inspired to support the school not only financially, but also as mentors to current students and to serve as proud 'products' of the incredible curriculum and standing values of TCMC.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

In the Annual Giving portion- through assessing growth in dollars and participation percentages to the Annual Fund on an annual basis.

From the Alumni Relations perspective- (although it is too early to evaluate this) Effectiveness will be based on the amount of alumni involvement and communication with their alma mater as well as financial contributions.

Q5: What data do you review to assess effectiveness of your areas operations?

Participation to annual appeals, attendance at alumni events, and response rates to communication outreach (emails, alumni portal, Facebook, etc.)

Q6: In 2012/2013 did you use this data to change/improve any operations?

From the alumni perspective, it is still a little too early to be able to collect and assess such data.

From the Annual Giving point of view, past giving/participation rates were assessed to help determine the best method to approach TCMC's donors and prospects.

Q7: What was the process you used in your analysis and what data?

Analyzing gift amounts, participation rates to solicitation appeals, etc.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Excitement for our graduating classes, improved outreach to MBS classes of 2010-2012 and growth in the Annual Campaign.

Q9: How are you measuring the success of any processes you have improved or changed?

Mainly participation rates

Q10: What are your areas (or Committee) goals for 2013/2014?

Increase financial support to TCMC through fundraising and alumni involvement

Q11: How will you measure goal achievement?

Success of establishing the Alumni Association

Increased participation in the Annual Campaign

Participation in the Employee Campaign

Q12: What process improvement project will you undertake in your area in 2013/2014?

Develop an Alumni Association
Increase the Annual Giving from one solicitation in FY2014 to three
Begin an Employee Campaign

Q13: What data will you use to evaluate this project?

Mainly participation rates

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

I really enjoy the 6 Sigma methodology, although most of our evaluations are based on financial growth, participation rates and donor/alumni satisfaction

Q15: What is the one key measure of success for your area/committee?

Increased participation in TCMC events and solicitations

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Appropriate duties and means of communication of supervisors and communication among internal departments

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

I currently serve as the President of the Freeland Rotary Club- the first and only female president in the history of the Club (93 years)
President of the MMI Young Alumni Board- assist with event planning, fundraising, keeping alums close to the school etc.
I serve as a volunteer for Victims Resource Center, Luzerne, Wyoming & Carbon counties
Volunteer assistant coach for MMI tennis team

#24

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 7:52:30 AM**Last Modified:** Friday, June 28, 2013 9:04:27 AM**Time Spent:** 01:11:57**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Academic Services

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Academic Services assists TCMC in meeting its mission by providing and maintaining state-of-the-art A/V technology in conference rooms, classrooms, lecture halls, and presentation spaces. We also train students, faculty and staff on the A/V technology, as well as other systems maintained by ITS, including Blackboard, Digital Signage, TurningPoint audience response, and Tegrity. Additionally, the Director sits on the Curriculum Committee's technology subcommittee, and works closely with faculty and members of the Office of Curriculum, Development and Assessment to ensure technology issues affecting the curriculum are addressed.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

The effectiveness of Academic Services is assessed by response time to service tickets, type and quantity of classroom emergency tickets, number of training courses offered and attendance in those courses, and surveys in response to closed tickets. Effectiveness is also reflected in satisfaction levels of faculty with the services provided by the Department that is shared by word of mouth.

Q5: What data do you review to assess effectiveness of your areas operations?

Service Ticket reports and surveys. Training course statistics.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes. In 2012/13 we improved operations in the Lecture Halls and Dean's Board Room based on collected data.

Q7: What was the process you used in your analysis and what data?

In 2012 we experienced an obvious uptick in classroom emergencies surrounding the use of video conferencing systems. We reviewed data in our service ticket system and identified key College staff who were having recurring problems. We designed a training course for those users and implemented it in 2012.

Since the building opened, we had had issues with Histology images not displaying with sufficient detail in the lecture halls. This was documented in discussions with faculty and complaints from students. We polled faculty on their needs, investigated and demonstrated solutions, and replaced four projectors.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Outcomes are expected to be more technological competence of staff, improved histology lectures (for both teachers and learners).

Q9: How are you measuring the success of any processes you have improved or changed?

We are measuring success of the processes by tracking classroom emergency tickets for the Dean's Board Room and tickets in the lecture halls pertaining to image quality. Additionally, we routinely collect informal data on environment satisfaction and ease of use through discussions with faculty and staff.

Q10: What are your areas (or Committee) goals for 2013/2014?

Goals for 2013/2014 include increasing the number of training opportunities for faculty and staff, improving digital signage, and increasing faculty awareness of technology-based teaching tools.

Q11: How will you measure goal achievement?

Achievement will be measured by number and type of training courses offered and attendance in those courses, and surveys in response to closed tickets. We are also planning to survey faculty in 2013/2014 to identify technology needs, and will create training to address those needs.

Q12: What process improvement project will you undertake in your area in 2013/2014?

We have not yet planned any process improvement processes for the upcoming year.

Q13: What data will you use to evaluate this project?

N/A

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

When planning a process improvement project we will use problem solving techniques outlined in the Lean Six Sigma methodology.

Q15: What is the one key measure of success for your area/committee?

Faculty satisfaction.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

I think the process by which students move from the Admissions system to ITS-supported systems could be better documented. I also believe we need to examine the processes around students as they become alumni.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

None.

#25

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 9:47:23 AM**Last Modified:** Friday, June 28, 2013 10:39:53 AM**Time Spent:** 00:52:30**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Marketing Communications

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Develops and maintains a positive image of TCMC to internal and external audiences including: the community, stakeholders, donors/prospective donors, and students throughout the 16 county region and nationally.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

of media stories, social media hits and web traffic.

Q5: What data do you review to assess effectiveness of your areas operations?

New spaper, tv and radio media placements, Google analytics, # of speaking engagements, 3 of student applications,

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes.

Q7: What was the process you used in your analysis and what data?

Data was used to strategically place press releases, features, and social media posts for maximum exposure. Review of google analytics for total page visits, unique visitors and page views of the website and top content reviews were used to improve the website with better navigation, photos, and content.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Increased local and regional TCMC brand recognition.

Q9: How are you measuring the success of any processes you have improved or changed?

Comparing results every quarter and continually analyzing data to maximize awareness.

Q10: What are your areas (or Committee) goals for 2013/2014?

Improve internal and external communications; build strong TCMC brand; enhance awareness in regional campuses; generate national recognition and build a user friendly website.

Q11: How will you measure goal achievement?

Analyze metrics

Q12: What process improvement project will you undertake in your area in 2013/2014?

Improve internal/external communications through a marketing communications plan.

Q13: What data will you use to evaluate this project?

Metrics in

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

yes

Q15: What is the one key measure of success for your area/committee?

Enhanced, streamlined communications

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Finance - billing, procurement and A/P process.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Boards of Maternal and Family Health Services and Big Brothers, Big Sisters. Marketing and Finance committees of boards.

#26

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Friday, June 28, 2013 12:29:44 PM**Last Modified:** Friday, June 28, 2013 12:44:48 PM**Time Spent:** 00:15:03**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Chair

Q2: Department, Committee or Area name:

Family, Community and Rural Health

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Department of Family, Community and Rural Health aims to support TCMC in meeting its mission through all our endeavors. At the core of what the Department does is education. We have responsibility for leadership of three core courses in Years 1 and 2 (PCM, PAS, and APM) as well as the community weeks and family centered experience. In addition, we collaborate closely with colleagues in clinical science in leadership of the third and fourth year curricula, especially the LIC. Through all these courses, we incorporate learning activities that support students' ability to provide care that is patient centered and community base. By working with many diverse partners in the community, we make a special contribution to discovery, inclusion and interprofessional education and practice. Through all of these efforts, we attempt to inspire a culture of service to patients, the region and the nation.

At a spring retreat this year, the faculty endorsed the following departmental mission and vision:

Mission: To cultivate health and well-being through education, research, advocacy, service and lasting community relationships

Vision: Building an innovative model of community based medical education that is interprofessional and responsive to biopsychosocial determinants of health within our region and beyond

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

We use a variety of methods to assess our effectiveness in meeting the mission. These include student course reviews, faculty and community partner feedback, the number of research projects conducted with community and clinical partners through the CHRPs, Summer Research Program, ongoing research and fourth year electives. We review various measures of student performance including national exams, grades, OSCEs, match results and faculty feedback about students. We use twice monthly departmental meetings and periodic retreats to consider together the relevance and meaning of these processes.

Q5: What data do you review to assess effectiveness of your areas operations?

In addition to reviewing specific data from the sources listed above, we review ongoing expenses and expenditures (Budget vs actual) and solicit observations about our processes to identify "logjams" or areas of inefficiency.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes.

Q7: What was the process you used in your analysis and what data?

7. What process and what data?

a. Faculty and Staff Scheduling- We reviewed current practices and problems (delays in scheduling meetings, department members unaware of whereabouts, schedules of colleagues) and identified strategic opportunities to share calendars as well as use a formal process of approval for time off and notification of out of office activities, reflected in a departmental calendar available to all.

b. Departmental Meetings and Workload- Though departmental meetings were enjoyable to most members, feedback suggested that we could prioritize better and accomplish more by a soliciting agenda input more systematically and by devoting every other meeting to targeted work and task planning. We also developed a plan to share leadership.

c. Spring Research Symposium: After receiving input that some faculty members and staff would like to see a more inclusive focus for the spring research symposium, we developed an evaluation survey that was distributed with the symposium programs and by Survey Monkey to solicit feedback.

d. Control of Expenses/Savings: We reviewed expenditures from previous years, especially for "big ticket items" such as expenses for the research symposium, CHRPS and summer research programs. We compared faculty teaching and research support needs and possible resources.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

- a. Improved efficiency of scheduling meetings (accomplished)
- b. More satisfaction by faculty and staff regarding workload, engagement and progress in meeting goals- based on feedback from retreat, this has been accomplished. Reallocation of responsibilities resulting in a very effective department retreat planned and implemented by a staff/faculty committee. Up to date FCRH section of TCMC website (in progress).
- c. Enhanced sense of involvement by all departments while maintaining focus on student accomplishments- in progress, through planning meetings involving faculty and staff from all three academic departments. Expect better use of space and more participation by basic science.
- d. Decreased cost for similar or better value- for instance, better quality poster display boards were purchased rather than renting inferior quality and incurring annual expense. Staff engaged members of other departments, actually viewed the product and promoted a plan that was approved to purchase such boards for the college. We expected we could find valuable gifts for research mentors at lower cost- this was accomplished by reviewing additional options and vendors, using input from various staff members. Developed faculty staffing plan that maximized resources for teaching needs by creating several positions for other professionals as faculty, broadening our expertise while limited salary cost- made several key hires that have contributed a great deal to faculty effort this year.

Q9: How are you measuring the success of any processes you have improved or changed?

input at department meetings
ongoing expense review and planning
success in launching completed webpage, # hits
Chair meetings with faculty re workload
faculty productivity (course evals, publications)

Q10: What are your areas (or Committee) goals for 2013/2014?

At the department retreat, the FCRH faculty and staff endorse the following vision statements:

Through Responsive Leadership the DFCRH will:

- Collaborate with individuals and health professionals and communities to promote health
- Advocate improved healthcare access and enhanced quality of life
- Facilitate and participate in the health empowerment process with individuals, families and communities
- Be a model that inspires others to promote diversity and social justice
- Encourage primary care and public health
- Implement models of participatory research both community and practice-based
- Share our work with local and academic communities

Specific goals for 2013-14 include:

- 1) Increased faculty and staff publications
- 2) Increased student interest in primary care, especially family medicine
- 3) Produce and maintain an outstanding departmental webpage or pages that reflect the department's values, activities and accomplishments as well as the TCMC mission
- 4) Increase fiscal and operational support of department research activities
- 5) Fill all outstanding faculty vacancies

Q11: How will you measure goal achievement?

We are creating a benchmark flow sheet with our major goals and objectives with timelines and will review these at department meetings. In some cases, success will be measured by the completion of a planned activity (launching of department webpage), in other cases by changes in data previously measured, such as number of students entering family medicine. We will also have periodic discussions and likely, a spring retreat, to see if our progress in all areas related to key goals matches the expectations of our vision statements.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Staff support for faculty and student research
Enhancement of physical assessment training

Q13: What data will you use to evaluate this project?

- 1) analysis of current workload and daily time usage, numbers of publications, faculty and student feedback, community partner feedback re impact of CHRPS and other projects.
- 2) student and faculty feedback, national recommendations and benchmarks

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Lean/six sigma for # 1, ad hoc committee for #2, process to be determined

Q15: What is the one key measure of success for your area/committee?

Effectiveness in sharing our work with local and national communities through presentations and Numbers of academic presentations and peer-reviewed publications in journals and on-line digital libraries

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Appointment process for volunteer clinical faculty, including verification of board certification
Retention strategies for faculty and staff

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

M Cornacchione: Regional Advisory Board, Alzheimer's Association
M Dunda, Notary Public for TCMC and other Community
M Godwin, Assistant Coach, Bear Creek Bobcats Soccer Team, Red Cross First Aid/CPR/AED training
J Joyce Board member, Telespond
Board member, Northeastern Pennsylvania Diversity Education Consortium (NEPDEC)
J Marsico United Way of Luzerne and Wayne County Community Impact Committee, PIAA Basketball Official
T Martin Board member, Central Pennsylvania Clinic for Special Children
B Mead Red Cross Instructor for PA Emergency Preparedness, Early preschool teacher, Grace Bible Church
J Narins Volunteer Medical Director, Pregnancy Resource Center of the Poconos
O Simoyan Medical Coverage, children's summer camp, Dental Advisory Committee, Northeast PA AHEC, Child abuse and neglect recognition training for church members
M Tarafder, Research Advisory Committee, Northeast Regional Cancer Institute
J Townsend Member, Steering Committee (statewide), Pennsylvania Chronic Care Initiative,
Member, Board of Directors, Healthy Northeast PA Initiative, Member, Board of Directors, Northeast Pennsylvania AHEC, Member, Board of Directors, Jewish Family Service of Lackawanna County, Member, Graduate Medical Education Committee, WCGME, Member, Schuylkill County Working Group for Community Health, Chair, Board of Directors, Commonwealth Community Health and Education, non-profit corporation formed to establish community health center in Schuylkill County
Member, Steering Committee, Live Well Luzerne Healthy Communities Initiative
M Triano CME Committee, Regional Hospital of Scranton
M White Board Member, TCMC Board of Directors (representing faculty)
Member, PADEP Pennsylvania Environmental Justice Advisory Board
MPH Advisory Council and CEPH Accreditation Workgroup, East Stroudsburg Univ.
Medical Alumni Council, University of Scranton

#27



COMPLETE

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PAGE 1

Q1: I am

Vice President

Q2: Department, Committee or Area name:

Planning

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

This office coordinates strategic planning-- how we will meet our mission going forward, and the accreditation processes which allow TCMC to remain accredited and operational.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Successful accreditation
Completion & Implementation of strategic plans

Q5: What data do you review to assess effectiveness of your areas operations?

feedback from survey teams
feedback from participants in planning

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes, the strategic planning process & accreditation preparation process was revised as a result of faculty and staff feedback and comments

Q7: What was the process you used in your analysis and what data?

discussions with faculty and staff

Q8: What were the outcomes expected from your process improvements in 2012/2013?

greater engagement and buy in to the process
ultimately a better work product

Q9: How are you measuring the success of any processes you have improved or changed?

surveying participants in process in August 2013
Accreditation results in June 2014
Site visit reports spring 2014

Q10: What are your areas (or Committee) goals for 2013/2014?

full LCME accreditation
Full Middle States accreditation

Q11: How will you measure goal achievement?

see above

Q12: What process improvement project will you undertake in your area in 2013/2014?

Respondent skipped this question

Q13: What data will you use to evaluate this project?

Respondent skipped this question

TCMC Institutional Effectiveness Survey 2012/2013

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Respondent skipped this question

Q15: What is the one key measure of success for your area/committee?

full accreditation

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Respondent skipped this question

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

WVIA

#28

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Tuesday, July 09, 2013 4:24:21 AM**Last Modified:** Tuesday, July 09, 2013 9:02:33 AM**Time Spent:** 04:38:12**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Budget & Financial Services

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Completes and monitors the annual operating budget for TCMC. In addition the Long Range Plan for the institution is assembled within the Department. Through these processes the department ensures that TCMC allocates human resources, operation & capital funds and facility requirements to meet its commitment to academic goals.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

By making sure that all departments are operating within their approved/established budgets. This effort is balanced with assuring that students, administration, faculty and staff have the funding necessary (should an unexpected event occur) to meet the primary goals and mission of TCMC.

Q5: What data do you review to assess effectiveness of your areas operations?

This effectiveness is measured by having the annual operating budget prepared in time for Finance Committee review and Board of Trustee approval prior to the start of the new Fiscal Year (7/1). Effective/Timely budget monitoring is measured by timeliness as well. The goal here is to have monthly actual to budget variance reports distributed to the responsible Financial Managers within ten (10) days of the financial closing of the month.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes

Q7: What was the process you used in your analysis and what data?

Budget preparation packages were prepared and distributed approximately five (5) weeks earlier than they were on 2011/12. In addition the packages contained more comprehensive/extensive historic data than in prior years in order to allow Financial Managers to make more informed projections. These packages also contained worksheets that requested detailed data on proposed expenses related to contracts, professional services and purchases of equipment < \$5,000. This made review of these expense categories, which are traditionally high, easier for all parties. Detailed Capital Request worksheets and new Position Request (i.e. unplanned adds) forms were part of the package as well.

A new Monthly Variance report was developed during the year. This document is now generated on the day the financial close occurs and requires less formatting than the previous version. This allows for quicker dissemination of monthly and year-to-date data.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

A balanced operating budget that would be prepared well in advance of the due date and better informed, more satisfied, Financial Managers.

Q9: How are you measuring the success of any processes you have improved or changed?

The success of the budgeting process changes were measured by our having a balanced FY14 Operating Budget prepared well in advance of the due date. This allowed to "fine tune" the budget to make sure there was adequate funding available in those areas we believed would be most impacted by the increase in class size from 65 to 100.

Q10: What are your areas (or Committee) goals for 2013/2014?

1. Develop a procedure that aligns the annual Budgeting and Strategic Planning Processes. The combined outcome should then become the basis/starting point for the development of the Long Range Plan.
2. Develop a plan/schedule for the completion of "cross training" on the various Cash Management functions/duties and document each of the processes. These process encompass the G5 System (Federal Financial Aid draw downs), the Federal Payment Management System (Grant draw downs) and the completion of the weekly Cash Flow Analysis.
3. Complete assigned Accreditation work/responsibilities.

Q11: How will you measure goal achievement?

The budget goals (outside of preparation and meeting budgeted expectations) are and will continue to be difficult to measure. However the "cross training" goals will be measured against an, as yet un-established, time line. The accreditation related work will be measured against the time line established by Planning for the filing of the required documents with both Middle States and LCME.

Q12: What process improvement project will you undertake in your area in 2013/2014?

The process improvement project that will be undertaken for 2013/2014 is the establishment of a goal for processing G5 draws (Federal Student Financial Aid) and the Federal Payment Management System draws (Grant reimbursements) within two (2) business days of the receipt of the supporting documentation in the Budget Office. This will improve TCMC's cash flow and make funds available for our use in a more timely fashion.

Q13: What data will you use to evaluate this project?

Track the date the required data/information is received in the Budget Office, the day the draw request is completed in the System and the day the funds are received from the respective agency(s). The time from receipt of the required data/information until the funds are deposited in TCMC's account(s) should not exceed four (4) days.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

No

Q15: What is the one key measure of success for your area/committee?

Maintaining total expenses (Total of Wages & Benefits and Other Expenses) within budgeted parameters. This is a key measure because of TCMC's limited funding.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

There needs to be an improved process for the handling of Position Requisitions and PAFs. The PAF issue is particularly acute at the end/beginning of the fiscal year.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

None

#29

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Tuesday, July 09, 2013 9:09:47 AM**Last Modified:** Tuesday, July 09, 2013 12:02:26 PM**Time Spent:** 02:52:39**IP Address:** 204.139.52.100

PAGE 1

Q1: I am

a Department Director

Q2: Department, Committee or Area name:

Controller's Office

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Finance area monitors the resources through various policies and procedures. This assists TCMC in meeting its strategic plan goals and objectives.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

This is assessed by our clean audits which have proven that we adhere to policies and procedures being set forth by Leadership and the Board of Directors.

Q5: What data do you review to assess effectiveness of your areas operations?

The Audit is reviewed to see if we are effectively meeting our objectives of monitoring finances.

In addition, we are open to various feedback from departments, faculty, staff and employees on how we can assist them more efficiently and effectively.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes. We reviewed the new vendor request after attending yellow belt training. We came to the conclusion that this document is more useful being utilized as an internal departmental document. We no longer require departments to submit the form. It has eased the paperwork burden on departments and has cut down on processing time.

Hourly time sheet was reviewed after feedback that the document was not computer friendly. We updated it to excel format that can quickly be converted to PDF for signatures. In the future, we hope to make the process even more efficient by processing the forms electronically

Q7: What was the process you used in your analysis and what data?

We used Six Sigma knowledge from yellow belt training to review the forms above and did an analysis.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Outcome expected was decrease in turnaround time in processing Procurement and AP items without a new vendor form.

Ease of completion was the expected outcome for hourly time sheets.

Q9: How are you measuring the success of any processes you have improved or changed?

We measured this success by feedback from various departments noting the changes were helpful.

Q10: What are your areas (or Committee) goals for 2013/2014?

- Facilitate Finance and Educational Resources LCME group, Middle States and Strategic Planning Work Group as well as work with other groups and leadership to assure completeness and timely submission of all related documents and data.
- Implement/enhance Finance/ HR/ Facilities IT Processes and increase the number of electronic processes, forms and training programs.
- Provide a positive and supportive work environment for employees through communication, clarity of duties and responsibilities, personal professional development and cross training.

Q11: How will you measure goal achievement?

By the yearly audit process to assure that financial policies and procedures are being met. Also, Various feedback from department managers, faculty, staff and employees.

Q12: What process improvement project will you undertake in your area in 2013/2014?

1. Electronic Processes and Forms
2. Training and Guidance for Faculty and Staff on Various Finance Policies and Procedures
3. Audit Handbook and Internal Audit Schedule

Q13: What data will you use to evaluate this project?

1. electronic processes and forms - direct deposits for student refund checks, employee reimbursements and vendor payments. Also, reviewing 3 department forms to analyze ease of efficiency.
2. Training and Guidance - will use data from various finance policies and procedures.
3. Audit Handbook and internal audit will use data obtained from previous audits.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

Lean/Six Sigma

Q15: What is the one key measure of success for your area/committee?

Audits to insure TCMC financial policies and regulations from various outside agencies are being followed.

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Security. Even though they are making positive improvements such as now having to swipe your badge to get in the back door of the building, there is still a need for improvement.

We are located in a lab area and are not aware of visitors on our floor at times. Visitors (including maintenance contractors) should have Visitor badges).

Professional Development Plan - A plan for the professional Development of all TCMC employees. As a director, it would be very helpful to have guidelines. Things to consider would be development money per grade of employee, Part time vs full time employee etc.

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Rita King - Visitation of Blessed Virgin Mary Church Dickson City PA (Finance Council and liaison to Parish Council) - Liaison Mid Valley Boys Soccer Parents Club for last two years after serving 4 years as Treasurer.

Cheri Colan
- PTO Secretary from 2012- to 2014 school year at ASA in Scranton, PA

Various employees took part in United Way Clean up day, Thanksgiving events at Friends of the Poor, and volunteered at TCMC graduation.

#30



COMPLETE

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PAGE 1

Q1: I am

a Committee Chair

Q2: Department, Committee or Area name:

Leadership, Governance, and Administration improvement

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

Our group analyzed whether or not the mission of the college was being represented in the goals and objectives of current and projected operations.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Our group analyzed a number of governance and leadership issues at the college and developed Kaizen improvement projects to address these problems. Two problems were addressed using the Kaizen improvement process: 1) Improving time management and developing focused agenda items at college meetings. 2) Develop an organizational chart that best represents the current hierarchy of TCMC employees.

Q5: What data do you review to assess effectiveness of your areas operations?

Employee dissatisfaction with time and agenda related issues at College meetings propelled the development of the first Kaizen. The second Kaizen utilized data taken from the Human Resource department when an employee is hired by the school. This data was placed into a computer program that generated a user friendly visual representation of the current employee hierarchy at TCMC.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Yes.

Q7: What was the process you used in your analysis and what data?

The group researched best practices for meetings and developed an etiquette guide that will focus meeting agendas and prevent unnecessary time expenditure at meetings.

For the organizational chart we examined the original data from all full time hires at the school to determine what Department these individuals belonged too. Numerous discrepancies were encountered in this process. We took this data and placed it into a program utilizing a graphical user interface. Here we were able to generate a dynamic org-chart that captures the current hierarchy at TCMC.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

- 1) Development of a meeting etiquette guide to be used for all TCMC sponsored meetings.
- 2) Develop a dynamic organizational chart that captures the current TCMC employee structure.

Q9: How are you measuring the success of any processes you have improved or changed?

Implementation of the meeting etiquette recommendations are beginning to occur. Satisfaction surveys will be collected at meetings. This data can be analyzed to determine if the TCMC meeting etiquette guide is performing as anticipated.

The organizational chart provides a glimpse at how things are currently organized at the institution. We hope that the senior leadership will use this chart to develop a more effective college organization structure, eliminating redundancy of tasks and streamlining the overall operation of the school.

Q10: What are your areas (or Committee) goals for 2013/2014?

NA

Q11: How will you measure goal achievement?

NA

Q12: What process improvement project will you undertake in your area in 2013/2014?

NA

Q13: What data will you use to evaluate this project?

NA

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

NA

Q15: What is the one key measure of success for your area/committee?

NA

Q16: Which organizational processes would you suggest be examined for process improvement this year?

NA

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis? *Respondent skipped this question*

#31

**COMPLETE****Collector:** Web Link (Web Link)**Started:** Monday, July 15, 2013 3:10:09 AM**Last Modified:** Monday, July 15, 2013 4:13:08 AM**Time Spent:** 01:02:58**IP Address:** 72.79.152.52

PAGE 1

Q1: I am

a Department Chair

Q2: Department, Committee or Area name:

Basic Sciences

Q3: Describe how your area (or Committee) assists TCMC in meeting its mission

The Department's efforts are in teaching, research and service. We provide teaching to MD students in all four years of the curriculum, although most intensively in years 1 and 2. We develop and monitor curriculum through the curriculum action committee (CAC), which are faculty contribute to heavily in service. Basic Sciences Faculty also teach in the MBS graduate program and develop and monitor program curriculum. We serve on MD and MBS admissions committees and the committee on academic and professional standards, which are service committees indirectly related to our education mission. We have an active, grant funded research enterprise. We publish regularly in peer-reviewed publications and attend national and international meetings. We host research seminar speakers from other institutions. We also participate in all institution wide committees as well as department focused committees.

Q4: How do you assess your areas (or Committee's) effectiveness in contributing to TCMC's mission?

Student evaluation of teaching and peer evaluation of teaching. Peer review of manuscripts and of grant applications. We also monitor publication rate, grant support dollars and grant application rate. Other measures include peer reviewed abstracts, presentations at national/international meetings and invitations to speak at or to organize national/international meetings.

Q5: What data do you review to assess effectiveness of your areas operations?

Student evaluations are obtained at the close of each course from academic affairs. Grant applications and funding activities are tracked by the Office of Sponsored Programs. Data on publication rate are monitored by the Research Office.

Q6: In 2012/2013 did you use this data to change/improve any operations?

Student evaluations are used regularly to improve curriculum. As an example, during 2012/2013, changes were made to one year one course, case-based learning (CBL) which led to the formation of a committee to write and review our clinical/basic sciences small group cases. Research data were used to improve faculty access to grant opportunities and to improve department policies on resource allocations.

Q7: What was the process you used in your analysis and what data?

For curriculum changes to CBL, data were reviewed by faculty and administration and the need for improvement was agreed upon. A faculty group was empowered by the CAC to suggest revisions. Following several working meetings, the group presented a plan to the CAC for approval. The chair and the Director of the Office of Sponsored Programs reviewed grant applications and identified likely funding opportunities. These are provided monthly to faculty in a newsletter. A department committee led by the chair was formed to discuss and monitor research resources.

Q8: What were the outcomes expected from your process improvements in 2012/2013?

Improved student evaluations and more robust student participation in the CBL course. Improved productivity (papers and grants) for research improvements.

Q9: How are you measuring the success of any processes you have improved or changed?

Student evaluations (curriculum); grant funding and publication rate (research).

Q10: What are your areas (or Committee) goals for 2013/2014?

- I. Recruit an anatomy educator or reconfigure the anatomy curriculum to accommodate a class of 100 students.
- II. Conduct a search for educators who are able to teach broadly within the curriculum or who have a focus in neuroscience and /or pathology
- III. Collaborate with the Curriculum Office and Department Chairs to identify faculty to direct courses, teach and facilitate in TCMC courses
- IV. In collaboration with faculty affairs, provide faculty development opportunities for basic science faculty
- V. Explore the feasibility of developing a MS Program focused on basic science research
- VI. Explore the feasibility of developing a hybrid research/teaching post-doctoral program
- VII. Participate in LCME/Middle States and strategic planning activities
 - a. Attract and retain qualified educators for TCMC academic programs
 - b. Participate in strategic planning sessions
- VIII. Identify and hire a department manager
- IX. Hold a Basic Science Department faculty retreat designed to develop more cohesiveness within the department
- X. Mentor, evaluate and set goals with the faculty and staff in the Basic Science Department
- XI. Manage, mentor and evaluate faculty and staff in the Research Office
- XII. Identify creative approaches to foster and promote the basic science research program

Q11: How will you measure goal achievement?

Recruitment and retention of faculty; student evaluations and student satisfaction surveys; yearly faculty evaluations; addition of new programs; successful accreditation.

Q12: What process improvement project will you undertake in your area in 2013/2014?

Improved process for faculty evaluations; improved process for allocation of research resources.

Q13: What data will you use to evaluate this project?

Improvements in timely submission of faculty evaluations and in closure of the process; increase in publication rates.

Q14: Will you use a specific process in your evaluation (ie Lean/6 Sigma)?

lean six sigma

Q15: What is the one key measure of success for your area/committee?

Teaching: student evaluations; Research: publication rate/grant funding

Q16: Which organizational processes would you suggest be examined for process improvement this year?

Respondent skipped this question

Q17: (Please answer this only if you are a Department Chair or Department Director) What community boards or other community based volunteer activities do you or your employees participate in on a regular basis?

Biomedical research implementation committee; United Way Community Impact Volunteer: Member Committee A, Serving the following Agencies: Saint Joseph's Center; Women's Resource Center, Inc.; Day Nursery Association; Jewish Family Service of Lackawanna County; Voluntary Action Center of Northeastern Pennsylvania. Howard Gardner School Development Committee. Marywood University Institutional Review Board. Kiwanis club. Leukemia and lymphoma society.