

Dr. Nora's letter on provisional accreditation

June 14, 2012

Dear TCMC Community,

Over the past year, on several occasions, I have communicated decisions of the Liaison Committee on Medical Education (LCME) regarding The Commonwealth Medical College's (TCMC) accreditation status to you. I am pleased to do so again today.

TCMC was reviewed by the LCME at its June meeting. The LCME review included consideration of various materials and the findings of a site visit team that reviewed TCMC earlier this year. The site visit team's findings were based on their analysis of an extensive database, our institutional self-study, the TCMC student survey, and three days of on-the-ground inspection at TCMC. I reported the findings of the survey team to you earlier this year; they can be found in two letters from January 2012 and July 2011.

I am absolutely thrilled to inform you that the LCME has taken TCMC off probation and has advanced us to provisional accreditation status. Further, the LCME has determined that resources appear adequate to permit us to expand our class size to 100 students as scheduled in fall 2013.

Moving forward, the LCME will require a status report relating to permanent leadership across the institution (LCME Standard IS-11) and resource stability and sustainability (LCME Standard ER-2) to be submitted for review at its February 2013 meeting. After review of that status report, the LCME will schedule the full survey site visit necessary for TCMC's advancement to full accreditation status. The scheduling will likely result in TCMC achieving full accreditation status sometime during the 2013-14 academic year. Provisional accreditation status will not impact our graduating charter class in any way.

In recent months, we have taken important steps to address the issue of permanent leadership across the institution. We have outstanding institutional leaders in positions that were previously vacant or were held by interim leaders. These leaders include: Dr. Maureen McLeod as Chair of Basic Sciences; Linda Berardi-Demo, MPA, as Associate Dean for Student Affairs and Admissions; Andrea DiMattia, MEd, as Associate Dean for Faculty Affairs and Faculty Development; Dr. Valerie Weber as Associate Dean for Clinical Affairs; and Dr. Christian Adonizio as Assistant Dean for Clinical Education. We are moving forward with hiring additional faculty members. The search for the permanent CEO/Dean is well underway.

We are also working to bring additional resources to the College to ensure the long term financial health of the school. I expect that the positive decisions of the LCME will reassure local and national donors and supporters of the quality, value, and permanence of our College. If you have not made your gift to the school for this year, I encourage you to join me in doing so.

The decisions of the LCME are great for TCMC – and even better for the people of the 16 counties that we serve. I congratulate the many faculty, staff, and students in the TCMC community who were instrumental in doing the work and achieving the outcomes that have led to our coming off of probation and achieving provisional accreditation status. I thank – from the bottom of my heart – the students, parents, faculty, staff, donors, friends and volunteers who have remained stalwart supporters of the school during this challenging probation year. You recognized the importance of, and you have helped create and sustain, this amazing school. I hope that you take particular pleasure and pride in this excellent result.

Congratulations, TCMC!! Well done. Thank you.

Sincerely,
Lois Margaret Nora, MD, JD
Interim President and Dean
The Commonwealth Medical College

LCME post visit letter January 2012

January 25, 2012

Dear TCMC Community,

Last July, I wrote you to discuss the decision by the Liaison Committee on Medical Education (LCME) to place the medical education program at The Commonwealth Medical College (TCMC) on probation. That letter remains online for your review. Last week, TCMC was visited by an ad hoc survey team from the LCME for a combined post-probation/provisional accreditation review. The purpose of my message today is to share the findings of the survey team as presented to Dr. Maurice Clifton and me at the exit conference of the survey team's visit. *It is important to emphasize that the LCME may come to different conclusions than the ad hoc survey team when the LCME reviews the team's report and related information.*

In this letter, I first share the findings that Dr. Clifton and I heard during the exit conference. To the degree that is practical, I have used the wording that we heard. Then, I comment on the findings. Finally, I offer some summary comments and discuss next steps.

The ad hoc survey team's findings are organized according to the five sections of the Functions and Structures of a Medical School document. (That document includes the full set of accreditation standards and is available at www.lcme.org.) In general, findings are reported in three situations: 1) an area of strength; 2) an area of non-compliance with the standards; or 3) an area that is in compliance with the standard but requires monitoring. While the final findings of the LCME will be presented in this way and each finding will be linked to specific standards, the exit conference does not report findings in these ways.

In the section of standards related to **Institutional Setting**, there were four findings. In addition to complimenting leadership, the ad hoc survey team noted the following.

- Faculty, community leaders, hospital CEOs and staff are universally proud of TCMC's presence in their community and see it as transformative for the local business and medical community.
- There have been multiple changes in key leadership positions of the institution. There are currently interim leaders at multiple key levels throughout the institution.
- Although there is a non-thesis Master's Program whose stated purpose is to prepare students to apply to medical school and for other professional degrees, opportunities to interact with graduate students in the traditional areas of biomedical science do not yet exist.

In the section of standards related to **Educational Program for the MD Degree**, there were two findings.

- The College has developed and implemented a strong system for the management and evaluation of a coherent and coordinated curriculum, with centralized oversight by the Curriculum Action Committee and its various subcommittees.
- There is a strong system for evaluation of program effectiveness; assessment of faculty teaching and student learning is robust and multifaceted and will assure that the institution's educational objectives are being met.

In the section of the standards related to **Medical Students**, there were two findings.

- There are strong student support programs, including student services, academic and career advising and counseling. The deans and staff who support these programs are accessible, skilled, and responsive to student needs.
- Beyond the extensive financial aid provided to the charter class, the school has very few resources to minimize the impact of direct educational expenses on medical student indebtedness.

In the section of the standards related to **Faculty**, there were three findings.

- TCMC's small and committed faculty and leadership have made remarkable progress in the initial development and startup for this new medical school. All are deeply committed to the unique mission of the school and its success.
- The commitment and enthusiasm of the volunteer clinical faculty in the distributed learning environment is exemplary. Community physicians have openly embraced the school in all three regions and are providing dedicated enthusiastic precepting for the students.
- While the medical school faculty members have worked tirelessly to implement the early stages of the medical school, the degree of scholarly activity to date is modest.

In the section of the standards related to **Educational Resources**, there were three findings. In addition to stating the importance of expanded relationships for TCMC's future growth and stability, the team noted the following.

- The College moved into a state-of-the-art, 185,000 square foot Medical Sciences Building in May 2011 that provides exceptional space and resources for the educational program.

- The current leadership of TCMC has moved quickly to address the financial concerns expressed by the LCME. New financial and management reporting systems, a three-component financial recovery plan, and the commitment of BCNEPA have created financial stability for the college until FY2016. Ongoing monitoring of this issue is merited.

From my perspective, this report is both very good and fair. It highlights the extraordinary efforts of TCMC faculty and staff, including our amazing volunteer clinical faculty, in achieving the mission of the school. It is extremely positive in the areas of our educational program (a coherent and coordinated curriculum, curricular management, assessment of faculty teaching, assessment of student learning) and our medical student support activities (student support, academic advising, personal counseling, career advising). It speaks to the exceptional teaching facilities in the new Medical Sciences Building and highlights that excellent clinical precepting is occurring throughout our regional system. It recognizes that the school is financially stable for some years to come and also recognizes the need to build new relationships. It states a need for on-going monitoring of the financial situation.

The findings report that there are many interim leaders within the college. This is true. I expect that the chair of basic science will be identified in the next few months; the search for the permanent dean has begun; and other searches are in process. I am confident that TCMC will have permanent leadership in place when the LCME returns (likely, in my opinion, in about twelve months) for its next evaluation.

The findings report that there are limited scholarship dollars to support students after the charter class. This is true and of real concern given our mission of reaching NEPA students and others with limited financial means, and also given our commitment to graduate students who choose their areas of practice based on passions and talents and not based on debt burden. Expect increased attention to fundraising for scholarships in the coming months and years.

The findings point out that our medical students have limited opportunities to interact with traditional basic science graduate students. This is true. That being said, I do want to take this opportunity to note with pride our terrific MBS students and all they bring to the school. In case you do not know, 50% of our 2011 MBS graduates are in (or accepted to) medical, dental, and other professional programs; these excellent statistics speak to the quality of our MBS admissions process, the MBS students and the MBS educational program. Both our medical students and MBS students have offered recent critique that there is not enough opportunity for the groups of students to interact; we are working to find ways to improve this situation.

If I was going to be testy about one of the ad hoc team's findings, it would be the statement that our faculty's scholarly productivity has been modest to date. It is true that ten years from now, our annual production of funded grants, abstracts, and scholarly papers should be – and will be - substantially more than it has been in any

of the past several years. Still, I point with pride to the grants, papers, and other scholarly products of a young and small group of faculty members who have also built a medical school from the ground up. In fact, the MAJOR scholarly product of our faculty and staff for the first ten years of the school is – and should be – our medical school. The fact that TCMC will have seven presentations at the upcoming Association of American Medical Colleges' Northeastern Group on Educational Affairs (NGEA) meeting gives evidence that we are not only building a medical school but we are also building our school in a scholarly way.

So, what is ahead? The LCME will be considering TCMC at their June 2012 meeting; no decisions about the final findings, our probation status, or provisional accreditation will happen until then. When I learn those decisions, I will certainly let you know. In the meantime, much remains to be accomplished.

We are preparing to admit the fourth medical school class as well as the MBS class of 2013. This fall, we will welcome our first class of the Professional Science Masters Program. In less than eighteen months, our charter class will have graduated and will be in residency programs. There are many things right with TCMC, and we will build upon those strengths.

During the self-study process, we discovered a number of things that – while they work and absolutely meet the accreditation standards – we want to do better. We will be working in partnership with our students to accomplish this work. Our hospital partners and our region need our continued efforts to develop graduate medical education, to expand the pool of future physicians, to build programs that improve opportunities for young people to vision and pursue medicine and other health professions careers, and to improve the economic development opportunities of our region. In the coming six weeks, we will be solidifying our six-month and one-year goals as we create the national model for community based medical education.

In closing, I want to thank all the members of our community for coming together for the medical school over the past challenging year. Our medical students are outstanding, and it is clear that they recognize that this school is an important part of their legacy; I am grateful for their engagement and commitment. Many of our staff and faculty members have worked days, nights, weekends, and holidays to prepare for this most recent LCME visit while continuing to deliver our excellent programs; they are amazing and we all owe them our thanks. I can never say enough in praise of our clinical faculty who donate their time to educate the next generation of physicians. For all of these people, for our students' parents, for the hospital leaders and staff members, for donors, volunteers, foundations, community agencies, concerned citizens, friends, and TCMC board members who work passionately for this school, I am grateful. Thank you; we are truly changing our world.

If you have any questions or comments, please let me know.

Sincerely,
Lois Margaret Nora, MD, JD, MBA
Interim President and Dean
The Commonwealth Medical College

Dr. Nora's letter on probation

July 1, 2011

Updated: July 13, 2011 for USMLE Step 1 results

Dear TCMC Community,

I want to follow up with all of you about the LCME decision to place The Commonwealth Medical College (TCMC) on probation. In this note, I summarize and comment on the five areas of “insufficient progress toward compliance” with accreditation standards. I then report and comment on the five areas that the LCME considered transition areas; a transition area is one in which the school is in compliance and on-going activity merits follow-up. Following this, I highlight TCMC strengths that were included in the LCME Report. Finally, I provide a bit of summary and detail next steps.

The LCME found that TCMC has made insufficient progress toward compliance with five standards. In this section, I note the specific standard, share the LCME finding, and comment.

Standard IS-16: An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

The LCME was not satisfied that TCMC has policies and procedures to address diversity, and does not engage in systematic and focused efforts to attract faculty from diverse backgrounds. They noted that the student comments specifically noted a lack of gender diversity among the clinical faculty.

Comment: TCMC has policies and practices that support our commitment to diversity in our education programs and among our faculty, staff, and students. We need to make sure that these policies are articulated clearly and we demonstrate how those policies guide our actions. We will make sure the LCME is aware of our pipeline programs and other actions taken to ensure that we recruit a diverse group of students from northeastern Pennsylvania and elsewhere who will become competent and compassionate physicians for our region, our state, and our nation. We will work to increase students' exposure to women physicians.

Standard ED-43: A medical education program must assume ultimate responsibility for the selection and assignment of all medical students to all instructional sites or educational tracks. There must be a process whereby a medical student with an

appropriate rationale can request an alternative assignment when circumstances allow for it.

The LCME noted that the TCMC policy did not include a process whereby a student could request transfer to another regional campus for personal hardship or extenuating circumstances.

Comment: We did not have this policy in January 2011, but one was put in place soon thereafter. We will be sharing this policy with the LCME.

Standard MS-23: A medical education program must provide its medical students with effective financial aid and debt management counseling.

The LCME felt that the Medical Student Independent Analysis identified that debt management counseling was not adequate. They noted that TCMC had hired a new director of financial aid who was implementing activities for first and second year students to improve these services, but student satisfaction with the activities “has yet to be determined”.

Comment: The Medical Student Independent Analysis noted that the student satisfied/very satisfied rates for debt management counseling (39.6% and 41.5% respectively with 15.1% of students checking no opinion) were lower than the student satisfaction with other areas and was an area to be examined. Although a new financial aid director had been hired, at the time of the January 2011 site visit, there had been inadequate time to implement the full array of debt management counseling activities and to assess student satisfaction. As of today, many activities have been implemented and there is an on-going program of financial counseling planned. We look forward to sharing the list of activities with the LCME and will be assessing student satisfaction with these activities.

Standard MS-31A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).

The LCME noted that TCMC and the clinical affiliates shared responsibility for creating a positive learning environment and it was not adequately documented in either the affiliation agreements or other institutional/departmental agreements.

Comment: We did not have this shared responsibility adequately documented, although we believe there is a common understanding of this responsibility and shared commitment by TCMC and our partners to ensure a positive learning environment. We have changed our affiliation agreements to incorporate this language.

Standard ER-2: The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

The LCME determined that the medical school has not adequately demonstrated that it will have sufficient financial resources to sustain a sound program of medical education and to accomplish other programmatic and institutional goals for subsequent years. They noted that the financial health of the medical school was heavily dependent on tuition revenues. Further, the LCME felt that assumptions related to other revenue sources that underlie the projected future balance between revenues and expenditures were not sufficiently definite to support a conclusion that resources will be adequate.

Comment: Financial sustainability clearly is the primary concern of the LCME in their decision to place us on probation. We are in the process of finalizing our short/medium/long term plans for financial sustainability for the school. The short-term strategy has incorporated a variety of elements that have reduced expenses while maintaining the primacy of the education mission. We are currently working on restoring state funding and finalizing other agreements to provide financial stabilization over a multi-year period of time. Our long-term strategy includes the development of additional revenue sources, consideration of affiliation arrangements and partnerships, and a comprehensive Institutional Advancement Plan. I believe that our comprehensive, conservative, and detailed plans will reassure the LCME of the adequacy of the financial resources.

The LCME also noted five areas of “Transition.”

These are all areas in which the LCME determined TCMC is in compliance and were areas of on-going activity in January 2011.

1. The LCME noted that our chair of Basic Sciences had retired and the position is filled by two interim co-chairs.

Comment: Our two interim co-chairs, Drs. Szarek and Flynn, continue to lead the department as of now. I expect that a formal search for a permanent chair will begin before summer’s end.

2. The LCME noted that residency programs in the region that are affiliated with TCMC are limited in number and small. The residents will need to be prepared for their roles in teaching and assessment of students. The amount of medical student exposure to residents during the longitudinal integrated clerkship currently is unclear.

Comment: The lack of Graduate Medical Education (GME) programs in our region is a key reason why TCMC’s existence is important. We are delighted that one of our area’s key GME programs, The Wright Center, has been awarded one of

eleven national Teaching Health Center grants and is expanding their residency program size dramatically. Over the past year, TCMC has worked closely with Pocono Medical Center to develop new residency programs. Formal programs have been implemented to prepare residents for teaching during the medical students' Burst Experiences in the M3 Longitudinal Integrated Clerkship and other hospital encounters.

3. The LCME noted that, in January 2011, we had not yet demonstrated our ability to implement an Objective Structured Clinical Examination (OSCE) for the assessment of students in the Longitudinal Integrated Clerkship (LIC). Further, they noted that an OSCE or similar valid and reliable assessment was important for the assessment of this innovative approach to clinical training.

Comment: As our students are only now beginning the Longitudinal Integrated Clerkship, we had not implemented an OSCE for the LIC last January. Our plan for formative and summative LIC OSCE experiences, utilizing our state-of-the-art Standardized Patient and Simulation Center, has been completed and will be implemented this year.

4. The LCME noted that, in January 2011, additional clinical faculty members were necessary in pediatrics, psychiatry, and obstetrics-gynecology to provide the full M3 curriculum.

Comment: We were still recruiting clinical faculty members in January 2011. The recruitment and faculty development activities were completed before our charter class students began their M3 Longitudinal Integrated Clerkship this week (6/25/11). Our M3 students have complete schedules with physician faculty members assigned for their experiences. In addition, there are back-up physicians, if needed. We also take great pride that our TCMC clinical training utilizes an inter-professional approach and includes nurses, midwives, psychologists, pharmacists, and others, as well as our outstanding volunteer community-based physician faculty members.

5. The LCME noted that, in January 2011, TCMC still needed to complete affiliation agreements with several instructional sites that were planned for use in the upcoming longitudinal integrated clerkship.

Comment: These affiliation agreements are now in place.

Multiple areas of strength were noted by the LCME

For example, our innovative pre-clerkship educational program – including our Continuity Mentor Program and our Community Health Research Project - was mentioned as an area of strength. The report noted that the accessibility and quality of personal and academic counseling are highly regarded by our students. Another area of strength stated: “the faculty are regarded by students as extraordinarily

engaged and responsive to feedback and the needs of individual students”. Also mentioned as a strength is the strategically planned and regionally delivered faculty development activities [which] appear highly effective and are greatly valued by the faculty. The Report also noted that TCMC has engaged the hearts, minds, and hands of the entire community. The commitment to this new medical school, the recognition of the school’s potential impact on the health of the citizens of northeast Pennsylvania, and the ownership that all constituent groups feel for TCMC is impressive.

Summary and Next Steps

We take this LCME action extremely seriously and are committed to resolving all of the issues. It is important to note that none of the reasons given for this probation decision are related to problems with the educational program; quality of our students, faculty or staff; or difficulties in our learning environment - *as evidenced by our 2013 Charter Class 98% pass rate on the USMLE Step 1 exam.*

The probationary status does not negatively impact our students’ ability to apply for student loans, national exams, elective clerkships and residency programs.

We note with pride that LCME identified aspects of our educational program; our faculty engagement and responsiveness to students; and several areas of work by our staff as particular strengths. I believe that the LCME recognizes the importance that TCMC already has for our region and extraordinary role the school can play in the future of our region – including our community’s health, economic development, and quality of life. However, it is also clear that the LCME will hold our feet to the fire to make sure that we have a financially sustainable model going forward.

If one of my children were considering medical school, I would be very pleased for her to consider TCMC. The LCME decision does not change that. In fact, many elements of the Report heighten my confidence in our educational program, our learning environment, and our amazing students, faculty, and staff. I am sobered by the fact that this amazing institution with so much already accomplished and so much promise for the future has financial challenges - as do many new enterprises begun before the economic crisis of 2008. I recognize my personal responsibility to advocate with our Commonwealth representatives, use our resources responsibly, petition our local community to step up and support TCMC, and to make my own financial contribution. I hope that you will do the same.

Thank you very much for taking time to read this letter. If you have any questions or comments, please write or call.

Sincerely,

Lois

Lois Margaret Nora, MD, JD, MBA
Interim President and Dean
The Commonwealth Medical College