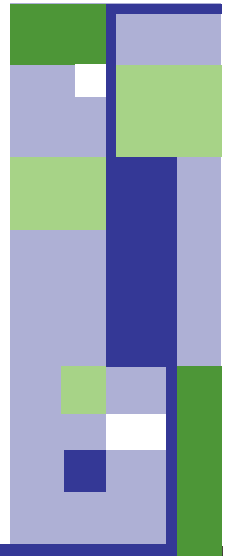


# THE COMMONWEALTH MEDICAL COLLEGE

## A History of the First Ten Years

2004 - 2014

Gerald P. Tracy, MD  
July 2015



*The Founding Seven: (left to right) Michael Costello, Mark Perry, Esq., Robert Wright, MD, Robert Naismith, PhD, Charles J. Bannon, MD, Gerald Tracy, MD, and Gerald Joyce*





## TABLE OF CONTENTS

Section	Page
EARLY DEVELOPMENT	1
NEED	2
FEASIBILITY	3
THE MEDICAL EDUCATION DEVELOPMENT CONSORTIUM	4
INFRASTRUCTURE	5
FINANCES	7
GOVERNANCE AND LEADERSHIP	8
RECRUITMENT	10
ACADEMICS	15
RESEARCH	20
STUDENT AFFAIRS	21
COMMUNITY SERVICE	23
ACCREDITATION	25
CONCLUSION	27

## EARLY DEVELOPMENT

How did northeastern Pennsylvania (NEPA) progress from having no area medical school in 2004 to establishing a fully-accredited, autonomous allopathic school by 2014? The school's name is The Commonwealth Medical College and uses a distributed model across three locations: North Campus centered in Scranton, South Campus located in Wilkes-Barre, and West Campus in Williamsport. (The Guthrie Campus in Sayre would be added later). It is a complex story involving many interrelated parts. Robert Wright, MD, founding chairman of the TCMC Board of Trustees and third dean, succinctly summarized it, "This undertaking neither happens overnight nor without tremendous broad-based effort. It takes the commitment of an entire community."



There were already several attempts made to enhance medical research and education in the Scranton area by 2004. A successful residency program known as the Scranton Temple Residency Program (STRP) was started in 1976 under Dr. Wright's leadership, and later renamed The Wright Center. Earlier, one of the STRP board members, Robert Naismith, PhD, organized a core group of area medical and civic leaders to develop a biological research institute. This group was known as the Great Valley Technology Alliance. While an attempt was made, the support was not yet there. Similarly, these same leaders, with the assistance of State Senator Robert Mellow, unsuccessfully explored the possibility of a satellite Scranton campus of Philadelphia's Temple University School of Medicine. In addition, a new medical school in NEPA under the direction of The University of Scranton was proposed, but the idea was not pursued.

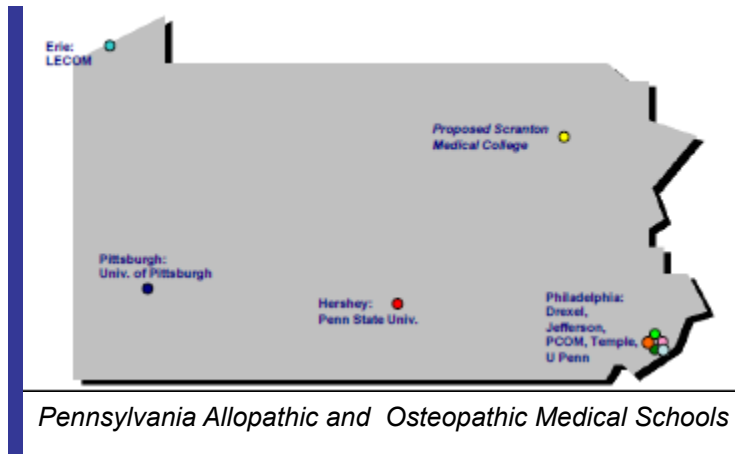
The present school resulted from the above inquiries plus a special effort from a group of STRP board members who began to meet in October 2004. This group became the "founding seven" and included three area physicians: Charles Bannon, MD, Gerald Tracy, MD, and Robert Wright, MD. There were two prominent businessmen and community leaders, Robert Naismith, PhD, and Gerald Joyce, and two well-known area attorneys, Mark Perry and Michael Costello. Their efforts secured the aid of a number of area medical, business, financial, media, academic and, most importantly, political leaders headed by Senator Robert Mellow. The work of this group was significantly advanced by the assistance of Marlene Karam of the STRP administration.

***This undertaking  
neither happens  
overnight nor without  
tremendous broad-based  
effort. It takes the  
commitment of an entire  
community.***

-- Robert Wright, MD

## NEED

By 2004, the American Association of Medical Colleges, the American Medical Association, plus many medical educators were calling for either expansion of present medical school enrollment or the addition of new medical schools to prevent a significant national physician shortage. Robert Wright, MD, wrote "The country as a whole will be nearly 200,000 physicians short and the problem will be even greater in NEPA." The newest Pennsylvania allopathic medical school was established as the Milton Hershey Medical School back in 1967.



In addition, the Pennsylvania Medical Society was concerned that this expected national shortage would especially impact Pennsylvania. There was recognition of an increased need to replace older physicians and those who were transitioning from full-time to part-time status. The replacement of these physicians was further impacted by a tremendous exodus of state residency program graduates who were the main source of new practicing physicians. Thus the Pennsylvania Medical Society sponsored an exhaustive study to examine the state's physician manpower needs.

The subsequent report confirmed the impression that Pennsylvania was moving toward a critical shortage, particularly in certain fields: orthopaedics, neurosurgery, anesthesiology and general surgery. In addition, the needs were assessed by county, showing that Luzerne and Lackawanna counties were at particular risk for failing to sustain acceptable physician numbers.

Karen Murphy, R.N., Ph.D., and Hospital Administrator at Moses Taylor Hospital, Scranton, studied the manpower situation in Lackawanna County as part of her doctoral thesis at Temple University. Her conclusion: without a dramatic intervention, from 2006 to 2011, the County would experience a 29 percent deficit in available practitioners.

The above situation was of great concern to the founders, particularly the three physicians: How could we ensure a continuous supply of dedicated and well-trained physicians? In addition, it was felt that a medical school alone could have a widespread economic and biotechnological benefit on the region. This was summarized by Dr. Naismith, "A school could lead the transition of jobs based on what people know, not what they know how to manufacture."

As stressed by Michael Costello, who was a hospital administrator at Moses Taylor, there was a significant outsourcing of medical care for our population which was going to other areas, causing an inconvenience to these patients and an area economic loss.

The above considerations stimulated the establishment of bi-weekly early planning meetings by the founders. In canvassing the original participants, there was a great deal of skepticism even among some of this group regarding the possibility of a new medical school, however, the consensus was that the idea was worth pursuing. A few were convinced that it was very attainable. There was agreement that the next major step was a feasibility study.



## FEASIBILITY

The founding group, spearheaded by Robert Wright, MD, and Robert Naismith, Ph.D., set about funding the study. STRP made a major contribution of \$200,000, and an additional \$200,000 was contributed by four area hospitals: Mercy Hospital (now Regional Hospital of Scranton), Moses Taylor Hospital, Community Medical Center (now Geisinger-Community Medical Center) and Wilkes-Barre General Hospital. This initial support was augmented by a Pennsylvania state government subsidy of over \$700,000 procured largely through the efforts of Senator Mellow. Senator Mellow's possible interest in participation had been suggested by Scranton Mayor Christopher Doherty. It was known by certain members that the Senator had helped with the earlier Temple Medical School attempt and it was felt that he might be persuaded to lend his considerable assistance to the project.



The group also sought to enlist the aid of an advisory group with experience in developing medical schools and the firm of Tripp Umbach was retained. Located in Pittsburgh, the firm had experience with similar projects in Florida and Arizona. Paul Umbach represented the company and his valuable contacts provided important advice early in the project.

Results of the feasibility study were encapsulated in a 2006 executive report titled, "A Roadmap for Medical Renewal and Economic Development." A cogent summary appeared in the local newspaper which simplified the aims as follows:

- 123 faculty members
- 550 full-time jobs by 2015
- 360 students
- \$11 million in federal research grants
- \$35 million annual budget by 2015
- \$46 million annual local economic impact
- \$71 million startup cost

The proposed school's goals highlighted in the report were:

- Improve healthcare in NEPA
- Provide positive economic growth
- Increase educational opportunities for area residents

At the time of the study's release, it was recognized that an experienced project manager would be required. On Senator Mellow's advice, the firm S.R. Wojdak and Associates was commissioned. Mr. Wojdak is a Scranton native and his group became significant supporters, as well as managers. While the Umbach report outlined the feasibility and predicted economic impact of the project, the Wojdak firm aided in the needed strategies and exhibited admirable expertise in project management.

Thus the stage was set to attempt the ambitious undertaking. One of the school's earliest outside consultants was Richard Cooper, MD, from the University of Pennsylvania who served as co-chair of the Council on Physician and Nurse Supply. He succinctly described the project as "the right thing to do, at the right time, in the right place."

## THE MEDICAL EDUCATION DEVELOPMENT CONSORTIUM

By 2005, the need to formalize and expand the planning group resulted in the formation of the Medical Education Development Consortium (MEDC), which continued through 2007 when the first Board of Trustees was established. The chairman was Robert Wright, MD, and the president, Robert Naismith, PhD. The initial membership included Harold Anderson, president of Moses Taylor Hospital; Charles Bannon, MD, Chairman of the Department of Surgery at Mercy Hospital; Denise Cesare, CEO of Blue Cross of Northeastern Pennsylvania; Richard English, MD, Wilkes-Barre General Hospital; Christopher Haran, CEO of Northeast Pennsylvania Technology Institute; Richard Hartman, MD, president and CEO, Community Medical Center; William Host, MD, president of Wyoming Valley Health; Michael Costello, Moses Taylor Hospital; Gerald Joyce, president and CEO of Normandy Holdings, LLC; James May, CEO of Mercy Hospital; Senator Robert Mellow; attorney Mark Perry; Shubhra Shetty, MD, STRP; Linda Thomas, MD, STRP; and Gerald Tracy, MD, former head of the division of cardiology of Mercy Hospital.

The multiple tasks for the MEDC were identified and prioritized. They included formation of a financial plan; a decision on the type of medical school, i.e., allopathic or osteopathic; instructional sites; governance and leadership; recruitment; accreditation and overall strategic planning.

A comprehensive mission statement was developed and emphasized community- and evidence-based education, inclusiveness and community service: "The Commonwealth Medical College will educate aspiring physicians and scientists to serve society using a community-based model of education that is committed to inclusion, promotes discovery and utilizes innovative techniques."

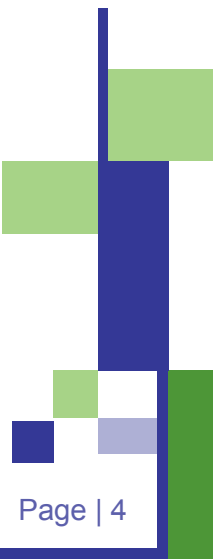
The decision of osteopathic versus allopathic was a major issue and the Umbach feasibility report was a major reference. The osteopathic model offered multiple advantages with a smaller financial investment and seemingly simpler regulatory requirements. The allopathic traditional model was nevertheless adopted basically as a better fit for the area practice community, and it was felt to offer more potential opportunities for graduates.

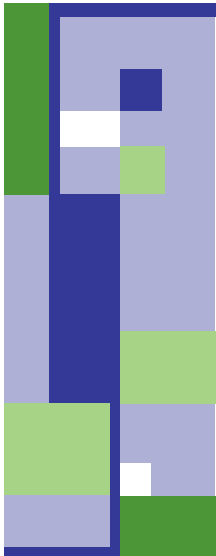
The designation of instructional sites presented another issue. NEPA was defined as the 16 counties in northeastern and north central Pennsylvania. This area was divided into three campuses with the likely addition of other sites in the future. The three were North (Scranton), South (Wilkes-Barre), and West (Williamsport). Scranton was designated as the site for the future medical sciences building.

The issues of governance and leadership required the development of a set of bylaws and a national search for senior leadership.

Finances were and are a continuing challenge. The MEDC formed a finance committee, supervised primarily by Drs. Wright and Naismith, along with Thomas Karam, a financial and community leader who had been added to the original MEDC board.

Preparation for accreditation began, particularly with reference to the first approval needed by the Pennsylvania Department of Education. As planning proceeded, the MEDC board expanded to include others: Natalie Gelb, David Lohin, DO, David Williams, and Marlene Karam.





## INFRASTRUCTURE

The first administrative offices were in the Penn Security Bank building in downtown Scranton. Lackawanna College's Tobin Hall was later used in conjunction with the bank offices. Once the 2009 classes of MD and MBS students arrived, Lackawanna College served as the teaching site for the next two years. The president of the college, Ray Angeli, made every possible accommodation at the rent of one dollar a year and the 24,000 square feet served TCMC's initial needs. Lackawanna College and The University of Scranton provided research space prior to the opening of the medical sciences building in 2011.



*The mines below the building didn't allow the complete structure to be four stories tall. Here the east side is built on a mat slab, which required a 22-hour continuous pour of cement.*



*The west side of the building is built on pylons.*



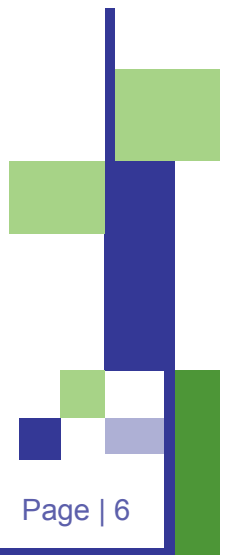
Deciding where to place the main medical sciences building proved to be time consuming, difficult and somewhat controversial. Some 14 sites in Lackawanna County were proposed and studied. The local architectural firm of Highland Associates provided substantial help. This firm became our onsite architects with the international firm of Hallmuth, Obata and Kassabaum given overall responsibility. After months of investigation, the three-acre site at 525 Pine Street was selected and Quandel Construction Group was given overall building responsibility. The estimated cost was \$90-110 million and Quandel adopted a rather tight timetable for the two-year building project.

In Wilkes-Barre, the Rosenn Jenkins and Greenwald building allowed for an initial location. As the clinical need developed, the site was transferred to Wilkes-Barre General Hospital. Susquehanna Health in Williamsport devoted a gradually increasing amount of space to enable the West campus to expand. Through a sophisticated digital technology network, all three sites are interconnected.

The cost and time estimates on the building project were met.



*TCMC's Medical Sciences Building, completed in 2011, is located at 525 Pine Street.  
-- Photo by Guy Cali.*





## FINANCES

From the beginning, financial stability was one of the highest priorities associated with the project. TCMC was extremely fortunate to attract financial support and expertise from many sources including the business and banking communities of the area. As pointed out earlier, Penn Security helped with office space, but it was a true consortium of virtually all the local banks, led by PNC and Fidelity Deposit & Discount Bank, that came together to provide further financial support.

The initial construction costs of an estimated \$70 million had to be generated. STRP, four area hospitals and state government came up with the initial \$1 million to fund the feasibility study.

The original budgetary projection for the school's startup cost was \$90-100 million. A \$35 million grant was approved by the Commonwealth of Pennsylvania in October 2006. The grant was to be used for construction expenses. In addition, TCMC was able to access approximately \$2 million in state funding for operational needs. This was supplemented by a matching federal grant with the ratio of 1.3 to 1. An anonymous donor also contributed \$20 million to the project. Blue Cross of Northeastern Pennsylvania provided additional substantial and continuous support, including a total pledge of \$70 million. Of this, \$45 million was earmarked for construction costs and the other \$25 million was designated for operational expenses. In fact, only \$20 million was needed for construction with the remainder re-allocated for operations.

In 2012, to solidify TCMC's future and assist the college's removal from probationary status imposed by the Liaison Committee for Medical Education (LCME), Blue Cross pledged an additional \$54 million to be used as a cushion over the next four-year period. The banking consortium secured a \$40 million line of credit that supported a \$40 million bond issue.

To provide initial scholarship support for our charter class, Dr. Robert D'Alessandri, the newly appointed President and Dean, set up a Founders Society. The purpose was to underwrite one-half of the projected total tuition costs for these students, so that all 65 students of the MD charter class would receive \$20,000 a year in scholarship aid. The fundraising effort was successful and the members of the Founders Society provided all the needed funds.

Other initial income sources included various charitable contributions by individuals and institutions from throughout the area. Once the school began, faculty members procured research grants. It is expected that there will be a continuous increase in private philanthropy and TCMC continues to receive an annual state subsidy.



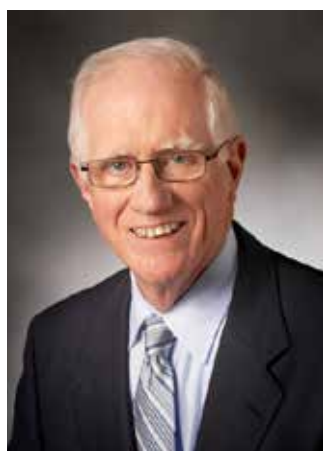
## GOVERNANCE AND LEADERSHIP



*Robert D'Alessandri, MD*



*Lois Nora, MD, JD*

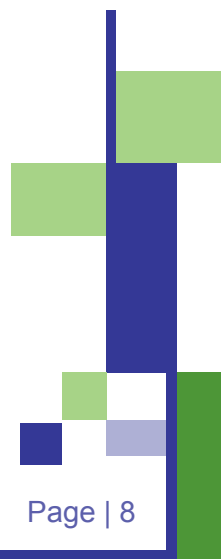


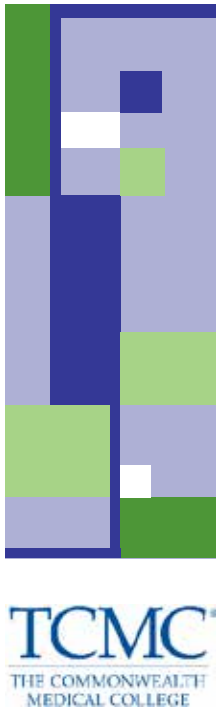
*Robert Wright, MD*

The MEDC continued into early 2005 to provide supervision and expansion of the TCMC concept. In spring 2005, they undertook the task of identifying and recruiting an individual to serve as founding president and dean. The firm of Witt Kieffer was commissioned to organize the search. After an extensive search and interview series, Robert D'Alessandri, MD, accepted the position on April 5, 2007. He had trained in New York and Florida in internal medicine and infectious diseases. Prior to coming to TCMC, he had served as vice president of the West Virginia University Health Sciences Division. He proceeded to assemble an administrative team from West Virginia that had familiarity with the newest teaching pedagogies, as well as the new clinical approach known as Longitudinal Integrated Curriculum (LIC). As vice dean, Paul Katz, MD, also transferred to TCMC, after filling extensive high-level administrative positions at Georgetown University School of Medicine and University of Miami Miller School of Medicine. The third key leadership role was filled by Gerald Litwack, PhD, from Sidney Kimmel Medical College, Thomas Jefferson University, and as chair of the basic science department, he proceeded to recruit the first faculty members for that department.

Dr. D'Alessandri energetically began a host of needed activities. He reorganized the governance structure by the summer of 2007 and formed the initial Board of Trustees, replacing the MEDC. This new board consisted of Robert Wright, MD, chairman, Robert Naismith, PhD, vice chairman, Linda Thomas, MD, Thomas Karam, attorneys John Moses and Murray Ufberg, Denise Cesare and Dr. D'Alessandri. Dr. D'Alessandri served as president and dean until April 11, 2011, and was succeeded by two interim deans, Lois Nora, MD, JD, and Robert Wright, MD.

Since its inception, the Board has expanded and elected new members. The chair of the Faculty Council serves as a member during the one-year term as chair of that group. These faculty representatives have been John Arnott, PhD, Mark White, MD, and the present representative, Jess Cunnick, PhD. The additional members serving variable terms include Louis DeNaples, John Graham, John Menapace, Edith P. Mitchell, MD, and Gregory A. Threatte, MD. In 2015, Louis DeNaples serves as board chair, joined by Thomas Karam, Robert Naismith, PhD, attorney John Moses, attorney Murray Ufberg, Robert Wright, MD, and Steven Scheinman, MD (ex officio).





The founding principles of the college were finalized by 2007, as follows:

- Distributive model of medical education utilizing three regional campuses.
- Clinical education to begin during the first year of the curriculum.
- Clinical experience providing students with training in an interprofessional setting.
- Particular emphasis on selecting students with a propensity for community service.
- A research program that is focused on the healthcare issues of the region. A faculty retreat in 2007 defined the research areas relevant to the region as: diabetes, diseases of the frail elderly, environmental pollutants, drug and vaccine resistance, obesity, cancer, and addictions.

Responsibilities of the newly-formed Board of Trustees included formulation of basic institutional mission and policy; selection, support and evaluation of the president and maintenance of a constructive relationship between the president and senior staff; stewardship of institutional resources, including development, care, and preservation of physical facilities, endowment and other assets; approval and oversight of operational budgets; oversight of academic officers; arbitration of internal disputes; establishment of ongoing institutional goals; evaluation of institutional programs; and assessment of institutional progress.

Based on the mission and founding principles, the Board developed an action plan to help fulfill the mission, with the main points outlined in the Institutional Self-Study for the LCME, submitted in April 2008:

- Provide an affordable, accessible college of medicine focused on the needs of Pennsylvania and the nation.
- Create workable partnerships with regional healthcare providers, insurers, businesses, universities and colleges for medical education and research.
- Maximize a public/private funding model.
- Enhance access to care and quality of care regionally by increasing the number of physicians who practice regionally.
- Contribute to the economic development of the area.
- Provide scholarships to students to reduce student indebtedness and to keep medical education accessible to a wide variety of students from diverse backgrounds.
- Advance biomedical and scholarly research.
- Initially, graduate 60 Doctor of Medicine (MD) and 30 Master of Biomedical Sciences (MBS) students annually.
- Assist in the development of additional regional graduate medical education programs.

## RECRUITMENT

In addition to securing senior leadership, much work needed to be done in terms of faculty recruitment. The accrediting bodies were focused on infrastructure, as well as both full-time and part-time faculty, additional leadership, hospital providers and, most importantly, student recruitment.

The clinical faculty was divided into two departments. These were chaired by Janet Townsend, MD, for Family, Community and Rural Health, and Valerie Weber, MD, for Clinical Sciences.

Each of the three clinical sites formed a regional education support team, consisting of regional associate dean, assistant dean, manager, educational specialist, and student affairs representative. The founding regional deans were appointed: Gerald Tracy, MD, North; Richard English, MD, South; Keith Shenberger, MD, West.

An important initiative that deserves notice is the enormous and successful efforts made to identify, train, and retain all types of faculty, and a critical portion of this group is our extensive volunteer faculty cadre. The design of the TCMC curriculum necessitated the development of a large volunteer provider group who serve without financial remuneration, yet have dedicated incalculable hours to the school and its students.

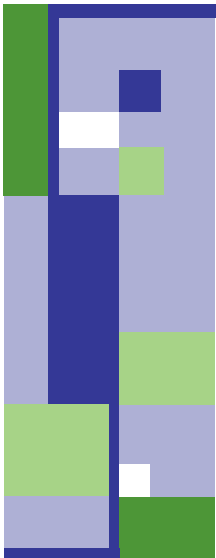


*A few of TCMC's 1,000 plus volunteer clinical faculty.*

One of our early LCME examiners commented that this massive provider commitment would be almost impossible in most medical communities. Most of the basic science courses, virtually all clinical aspects of MD Year 1 and MD Year 2, as well as implementing the LIC in MD Year 3 and subinternships and electives in MD Year 4, had to be supported or delivered by 275 physician volunteers, a number that has grown to over 1,000.

An initial survey sent out to our first group of volunteer faculty analyzed motivation for physician volunteerism. The replies placed "the right thing to do" and "payback for their own training from volunteers" as the major motivations. The other striking finding of this survey was that this spirit permeated all three regions.

The roles for volunteer faculty include MD1 and MD2 primary care mentors as well as advisors, and MD3 specialty preceptors. Members of the volunteer faculty also serve in the following capacities: small group moderators, career panelists, student evaluators, case presenters particularly in MD2, admissions interviewers and Admissions Committee members, pivotal supporters during the accreditation efforts, financial



contributors, and members of the Academy of Clinical Educators (ACE). They also serve as members of many standing committees, e.g., Eric Blomain, MD, has headed the Curriculum Action Committee, Joseph H. Bannon, MD, has chaired the Admissions Committee, and Harmar Brereton, MD, has served as head of the ACE, served on several search committees and the development committee.

Assisting in this prodigious educational effort is the fact that the area already had several separate residency programs and arrangements with a variety of medical schools to provide electives. Therefore, the concept of teaching residents and students was already in place in the region.

However, the development of a new medical school with its innovative curriculum demanded a great deal more volunteer time and enthusiasm. Physician-mentor commitments were not only critical to TCMC initially, but will be part of TCMC's success ongoing.

Volunteers either asked to be on faculty or were actively recruited, mainly by the three regional associate Deans and their respective offices. Appointments were made and academic rank was assigned. A four-hour introductory session followed by yearly two-hour meetings were required. By 2014, there were over 1,000 certified physician volunteers, most of them actively participating in teaching or research with an attrition rate of less than 5% in each region.

From the beginning every effort has been made to enlist, educate, retain and academically reward these volunteers. An organization to coordinate this initiative was formed and known as the Academy of Clinical Educators (ACE).

The Office for Faculty Affairs and Faculty Development keeps careful track of volunteer involvement. This office sets up the quarterly faculty development meetings in each region where pertinent articles, books and materials are shared. Valuable break-out sessions by specialty with information gathered from the participants have resulted in significant improvements. The vice dean/vice president for academic and clinical affairs, William Iobst, MD, requires two meetings per month with the regional associate deans to help ensure quality and comparability.

The school's experience with volunteer faculty is significant and unusual. The huge initial enthusiasm has generated momentum with virtually no attrition in volunteer numbers. A careful analysis is done on all evaluations and assessments, showing student and physician satisfaction ratings that continue to exceed 90 percent. Where deficiencies or improvements are suggested they are carefully considered, and if appropriate, implemented.

***Physician-mentor commitments were not only critical to TCMC initially, but will be part of TCMC's success ongoing.***

-- Gerald Tracy, MD

The perceived potential liability of depending so extensively on volunteers has truly turned out to be a strength. This fact has been attested to by every accrediting group and body that has studied the school.

Gerald Litwak, PhD, recruited and organized the basic science faculty. He sought qualities such as expertise and interest in teaching, research and service. The eventual employment agreements outlined the time commitment suggested for each activity. The group directed the development of the first two years of MD curriculum, as well as the Master of Biomedical Sciences one-year curriculum. A faculty council was formed at this time. Eventually the president of this council would occupy a seat on the Board of Trustees. The basic science faculty also participated in virtually all school committees and the group provided invaluable assistance to the admissions process and advising activities. The faculty vigorously pursued research grants and as of 2014, published 240 papers and presentations. At the end of each first year, approximately twenty research slots were made available to TCMC students, mostly in the summer. The basic scientists were also integral to providing faculty to facilitate the multiple small group case study presentations. They acted as sponsors for many of the first-year Community Health Research Projects (CHRP). An award for teacher of the year was established, and the first Basic Science Teacher of the Year Award went to William Zehring, PhD.

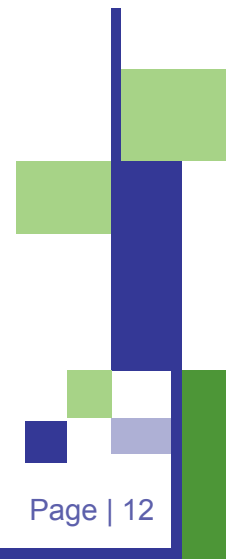
After two years of service, Dr. Litwak was succeeded by Maureen McLeod, PhD, already a full professor of molecular biology. She served for two years and was succeeded by Diana Callender, MBBS, DM.

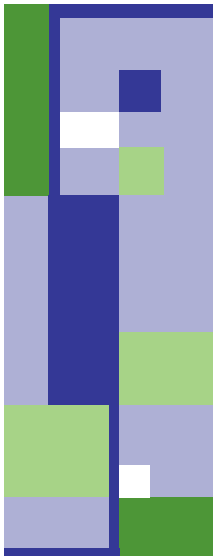
The next recruitment effort involved the area hospitals. Four of these (Mercy, Moses Taylor, Community Medical Center and Wilkes-Barre General) had already contributed financial support and representatives to the MEDC in 2005. Similar to the outpouring of volunteers from the physician community, virtually all area hospitals and institutional caregivers, twenty-six in number, agreed to participate, as follows:

North: Regional Hospital of Scranton (formerly Mercy Hospital), Moses Taylor Hospital, Geisinger-Community Medical Center; Wayne Memorial Hospital, Pocono Medical Center, Allied Services/Heinz Institute and Endless Mountains Health System.

South: Wilkes-Barre General Hospital, Wilkes-Barre Veterans Affairs Medical Center, Lehigh Valley Hospital-Hazleton, Geisinger Wyoming Valley Medical Center, Berwick Clinic Company, Schuylkill Health System, Children's Service Center of Wyoming Valley, Allied Services/John Heinz Institute, Geisinger Bloomsburg Hospital, Northeast Counseling Services, Riverview Ambulatory Surgical Center, Gnadon Huetten Memorial Hospital and Palmerton Hospital.

West: Susquehanna Health, Evangelical Community Hospital, Susquehanna Community Health and Dental Clinic, Jersey Shore Hospital, Muncy Valley Hospital and Lock Haven Hospital.





These participants provided the necessary clinical sites. They also were vital during our accreditation efforts, particularly cycles two and three of the LCME. The hospitals and Janet Townsend's staff worked closely to develop Quality Improvement Projects for MD2 and Community Health Research Projects for MD1 and MBS students. These students had to undergo certification and orientation at each of these hospitals. They were invited to attend and participate in hospital conferences and in hospital-based research projects. TCMC was allowed to actively recruit physician support from their individual staffs at hospital conferences.

Special credit should also be given to the various area agencies which have helped with CHRP, Quality Improvement and the Interprofessional Education Consortium (IPEC). The Pennsylvania Medical Society, as well as its county organizations, has provided major assistance. There is a TCMC student on both the Luzerne and Lackawanna County Medical Societies' Boards of Directors. On three occasions over the past five years, the Pennsylvania Medical Society Board of Trustees student representative has come from TCMC.

Last and certainly not least, student recruitment and admissions activities were of paramount importance. The official beginning of a vigorous recruitment process had to wait for both Pennsylvania Department of Education (PDE) and initial Liaison Committee for Medical Education (LCME) approval. The request for PDE approval was submitted in December 2007 and this was granted in early fall of 2008. The LCME requires at least three different approval cycles: the first cycle to sanction beginning the school, the second, towards the end of MD2 and the third, at the end of MD4. The LCME regulations had over 135 standards and all had to be fulfilled.

TCMC's first official meeting regarding the possibility of eventual full accreditation occurred in LCME headquarters in Washington, DC, on April 4, 2007. The two LCME secretaries were present along with Drs. D'Alessandri, Wright and Tracy. It was a frank but encouraging interview. The first LCME database was submitted in May 2008 and approval was granted in early October 2008.

At this point, the school had the authority to actively recruit its first MD and MBS classes to begin in 2009. It should be noted that this initial effort started rather late in the application cycle, which for MD candidates, begins in August for the upcoming academic year.

The October effort was spearheaded by Dr. D'Alessandri and Virginia Hunt, MUA. A daunting schedule called for numerous day trips by various administrative and faculty volunteers. These groups visited fifty-six colleges and universities in six states. They made a special effort to engender support from the individual pre-medical advisors, and hoped that this would both inform the relevant parties about the new medical school and encourage interest in subsequent years, as well.



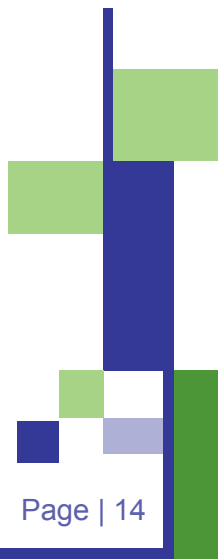
The end result was 1,300 applications for the MD charter class which formed in fall 2009. The charter class resulted in 57 graduates on May 11, 2013, while the first group of 13 MBS students completed their degrees in May 2010. The MD application numbers exceeded 6,000 for the Class of 2018. There are 100 MD slots available and 65 MBS openings. It is expected that the school will have over 350 MBS applicants in 2014. (Refer to the *Student Affairs* section for a more detailed explanation on admissions data.)



*TCMC representatives on one of their many bus trips to recruit students from campuses around the northeast.*

The MD admission process requires several steps. The applicant submits a preliminary application and if appropriate, a more specific secondary application is required. The decision to grant an interview is then made, with a mandatory two-person interview for each candidate. Results are compiled by the admissions staff and submitted to the admissions committee. Factors of particular interest are overall academic record including Medical College Admission Test results, Pennsylvania residence and interest in practicing in the state, communication skills, diversity (underrepresented minorities and first generation college graduates), demonstrated teamwork ability, research experience, documented service, and interview performance including professional exit interview. The entire approach is geared to ensure that the student is a good fit in accordance with the mission and goals of TCMC. The combination of these criteria has resulted in a very competitive graduate who is imbued with a humanistic spirit to help others. The final decision on admission is the responsibility of the president and dean of the institution.

Of course the success of an admissions process is judged by the end product – a successful student. TCMC students have had an initial 98 percent pass rate on the United States Medical Licensing Examination – exceeding the national average. Student quality has also been attested to by the first two residency matches, which were hugely successful.



## ACADEMICS



*Abraham Flexner, whose 1910 report prompted the reform of medical education in the US and Canada.*

TCMC's development of its academic program began at a fortuitous time. Undergraduate medical education was patterned after the 1910 Flexner Report recommendations. Abraham Flexner's work had emphasized the close relationship between clinical training and the science of medicine. It stressed the importance of scientific research, and a four-year curriculum divided into two years of basic science followed by two years of hospital-based clinical training. As a result, academic standards were heightened for medical students and faculty and hospital experiences were enhanced. Research became more important, and the proprietary two-year schools either changed or ceased to exist.

By the time TCMC began in 2008, virtually all medical education entities were examining the pedagogies being employed. In commemoration of the hundred years since the Flexner Report, major studies were undertaken by the Carnegie Foundation, the Macy Foundation and the American Medical Association.

Dr. D'Alessandri had extensive experience with most of the newer pedagogies and brought an experienced team to TCMC to initiate a truly cutting-edge curriculum, incorporating the principal features outlined and emphasized in the most influential new reports. The new emphasis was on integration of the basic sciences with each other, interwoven with clinical training.

The previous method of presenting voluminous facts in a strict lecture environment, fostering greater memorization and passive learning as opposed to analytical thinking, was considered inadequate. Active learning and analytical skills were recognized as most valuable. The Accreditation Council on Graduate Medical Education had initially developed six basic competencies for residency training. These same competencies were adopted to guide the development of the curriculum in undergraduate education, as well. The competencies are:

- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Practice-based learning and improvement
- Systems-based practice
- Professionalism

Dr D'Alessandri appointed a curriculum committee charged with creating the curriculum for the charter class. Specific modalities identified by the committee were:

**Group interactive learning.** Groups of eight students with one or two facilitators would regularly meet to review and analyze medical problems or cases using assigned supplementary reading and electronic podcasts to come to analyses, conclusions and recommendations.



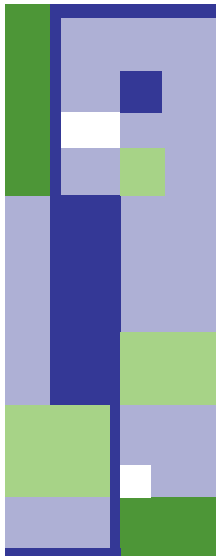
*An instructor remotely observes simulated patient care in TCMC's state-of-the-art Simulation Center. She can watch and listen into each room and control the mannequins from her computer.*

**A well-equipped simulation center.** A 10,000-square-foot center would provide students the opportunity to learn patient history and physical diagnostic skills. In addition to mannequins for physical diagnosis, a series of simulation patients would be engaged. They would play out various clinical scenarios for the student examiners.

**Lecture time.** This activity had constituted as much as 80 percent of the traditional didactic approach but would be reduced to fewer than 20 percent at TCMC. The lecture format would be tailored to encourage demonstration of pathologic diagnoses using actual patients with volunteer clinical faculty, and to provide time for extensive student, patient and presenter interaction.

**A systems approach in MD2.** This would involve the presentation of real patients. The physician presenters would encourage student participation while trying to incorporate basic science principles and integrate the various body systems, as opposed to approaching each system and discipline as distinct entities. The concept of an integrated approach would foster a more analytical thought process.





**Early exposure to clinical practice.** This would involve three community week experiences in the first two years, providing tutelage by a primary physician for each student during the six weeks. These weeks would also be used to send the students to their assigned clinical campuses and introduce them to their subsequent third-year clinical environment. This approach allowed each first year student under the supervision of the primary care mentor to perform and record a complete history and physical examination. In the second year the student would be exposed to a variety of clinical fields other than primary care. The assessment of these experiences would be gathered and examined each week from both students and mentors. (A remarkably high satisfaction rate has been attained from both students and mentors involved in this program.)

**A family experience.** This would pair one or two students with a family and they would follow the entire medical experience of these volunteer families.

**Community health research projects.** Defined projects would be assigned to groups of six to eight students under the guidance of a mentor in MD1. The next year during these community weeks the groups would be focused on quality assurance projects, most often developed by mentors from the hospital providers or area agencies. The results of both types of projects would be presented during a research day at the end of the academic year.

**Information technology.** This would be an essential component in the overall TCMC educational effort. Each student would be provided with a computer with 24/7 technological support and the three campuses would be connected by a sophisticated video technology set up.

**The Longitudinal Integrated Curriculum (LIC).** This would be utilized as the centerpiece of the clinical educational experience. The traditional block third-year rotations would be eliminated. Currently an interest in chronic disease, continuous care, outpatient settings for procedures and diagnostic initiatives, shorter in-patient stays and economic efficiency have changed the clinical focus to more out-patient activity to diagnose, treat and follow patients, thereby shifting the patient focus from inpatient to outpatient care delivery.

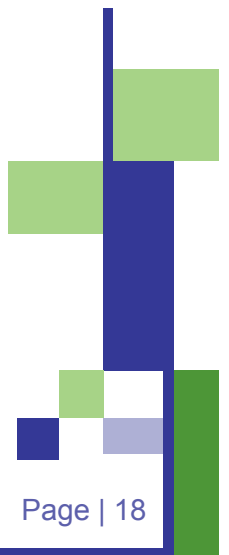
Dr. D'Alessandri emphasized the need to employ this new methodology, both on its own merits and because of TCMC's situation, being the lack of a single inpatient facility in the area large enough to satisfy the need. The eventual leader of the LIC was Valerie Weber, MD. She went to Harvard University in Cambridge, MA, along with a few other faculty members. Harvard had 10 percent of each class on this system, using a single large hospital in Boston, MA. Dr. Barry Linger who came with Dr. D'Alessandri from West Virginia had run an affiliate LIC campus there, and the three regional associate deans accompanied him to study the system. The result was the adoption of the LIC model for year three.

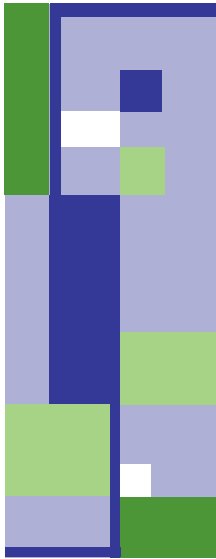
TCMC became the first school in the United States to successfully enroll all students under this new modality. The students go to their designated campus for MD3. They spend one-half day per week under a volunteer faculty member in each of the six major specialties, i.e., family practice, surgery, psychiatry, pediatrics, internal medicine and obstetrics/gynecology. These clinical sessions are overseen ultimately by an educational director, an expert in the field who stays in close contact with the central TCMC oversight committee, the Curriculum Action Committee (CAC). In addition to participating on the third and fourth year subcommittee, each region has an educational support team that meets monthly. There is a regional associate dean who is responsible for carrying out the curriculum developed by the CAC. Other responsibilities include volunteer faculty recruitment and training. An assistant dean interacts directly with assigned students as well as each region's educational coordinators. The coordinators are specialists in the six required clinical disciplines, and these physicians supervise the volunteer faculty, assist the students, recruit new faculty and assist in grading.

In addition to the assigned office experiences, each region's students meet on Friday afternoons over a 36-week period. Each session is planned by the discipline's educational coordinator, and each specialty has six sessions. At these sessions a variety of teaching methods are used. Some are student presentations of interesting clinical cases, while others involve more formal didactic programs. There are relevant presentations by student affairs representatives. Any additional student time is devoted to "white space" when students pursue individual interests to supplement their clinical experience. Three weeks are designated as "core weeks" held at the main medical sciences building in Scranton. These sessions address preparing for fourth year, advanced physical diagnosis, specialty exposure and various other topics. A major effort is made in all these activities to assure quality and comparable clinical opportunities for all students. There are also ten weeks of inpatient experience provided in separate internal medicine, surgery and obstetrics/gynecology subinternships. The fourth year consists of various subinternships, electives, research and ample free time for residency preparation. There are over 54 clinical electives, each having a sponsor, stated aims and assessment requirement.

In the beginning, an education curriculum committee was established. TCMC then progressed through a first-year committee followed by a separate second-year committee. Similarly a separate third-year committee was needed. A reorganization process created the Curriculum Action Committee (CAC) which incorporates subcommittees responsible for each of the four years, and the CAC is supervised by the vice dean/vice president for academic and clinical affairs, William Iobst, MD.

During the entire educational process the importance of constant assessment of effectiveness is a primary goal. The assessment involves all four years of the medical degree curriculum. Susan Perlis, EdD, served as associate dean for curriculum, followed later by David Averill, PhD, as interim associate dean for curriculum.





In addition to curriculum and assessment, the Office of Curriculum Development is engaged in all planning, data gathering and analysis efforts. Ultimate educational outcomes, including tracking of National Board of Medical Examiners (NBME) shelf scores and performance on Observed Student Clinical Examinations, with comparison of these data across regions, is obtained as students matriculate through MD3 and MD4 curricula.

The MBS program has its own associate dean, Gregory Shanower, PhD, as well as a graduate advisory board. The original MBS program has been joined by two other graduate tracts. There are two combined MD/graduate programs: the first is sponsored by TCMC and East Stroudsburg University with an MD/Master of Public Health. The second is partnered with The University of Scranton resulting in an MD/Master of Health Administration.



*Steven J. Scheinman, MD*

The leadership team also evolved following the resignation of Dr. D'Alessandri in April 2011. A member of the site visit committee of the LCME, Lois Nora, JD, MD, MBA, volunteered to serve as a one-year interim dean and she prepared TCMC for the next site visit. Robert Wright, MD, agreed to act as the next interim dean and he added extensive graduate education experience to the school. During his tenure he implemented a lean six sigma system emphasizing quality and efficiency. Individual projects would be identified, analyzed as to current methods used, and improved upon. Virtually all full-time employees attended institutional retreats regarding the process. Workgroups were formed

to analyze the various departments, and from these groups important and extensive data was collected, serving as the basis for the LCME database submission. Meanwhile the Board of Trustees selected Steven Scheinman, MD, as the president and dean in 2012. Dr. Scheinman was the previous senior vice president and dean of the State University of New York Upstate Medical University College of Medicine. He has a background in internal medicine and nephrology and is recognized as a nationally-renowned educator and medical researcher.

All of these efforts were nationally-recognized and highlighted in a New England Journal of Medicine article authored by Michael Whitcomb, MD. The school was cited for cutting edge curriculum in a new school. A second major article outlined the school's beginnings and dealt with future challenges.

## RESEARCH

The research effort at TCMC has been at the forefront since the school's founding. The founding principles of the school enunciated in 2007 included "a research program that is focused on the healthcare issues of the region." This was studied closely in a 2007 faculty retreat that outlined initial major directions. The importance of the research element was reflected in the early recruitment of the first chair of basic science, Gerald Litwack, PhD.



*Dr. Sonia Planey at work in her lab.*

There have been some redefinitions and prioritizations in this mission. The focus of the 2012 LCME database states the research program "will focus on community needs, support educational excellence, and provide research opportunities." The above has been recently reviewed by Sonia Planey, PhD, associate professor of biochemistry and interim dean for research. She points out that as of 2014, we have thirteen faculty members with active biomedical research programs.

The faculty has generated over \$13 million in grant support, producing over 260 scholarly reports in peer-reviewed science journals. The specific diseases or clinical situations being studied include colorectal, prostate, lung and bladder cancers, leukemia and lymphomas, and certain age-related diseases.

Student research with the basic scientists has been encouraged. The charter Class of 2013 had 29 percent participation in research activities, and the second class had 34 percent participation.

The designated research area of the building covers 26,766 square feet, with an operative 6,000 square-foot vivarium. The entire area has state-of-the-art technology to allow the strengthening and accelerating of the researcher's ability to translate basic science research findings into opportunities for novel therapeutic intervention, drug target discovery and characterization, as well as biomarker discovery and development of companion diagnostics.

In Dean Scheinman's State of the College paper, delivered September 30, 2014, he highlighted the four main goals facing TCMC and reinforced the tradition of developing the research mission.



## STUDENT AFFAIRS

Another major resource has been the Office of Student Affairs. The leadership began with Louis Binder, MD, followed by David Axler, PhD. Tanya Adonizio, MD, and William Zehring, PhD, then served as co-chiefs, and as of 2013 the office has been headed by Linda Berardi-Demo, EdD.

Prior to the actual matriculation of the first MD and MBS students in 2009, the major activities of this office involved recruiting and planning for the necessary student support. The following table illustrates the progress made in this area.

There has been great flexibility in adapting the admissions process to keep pace with the increased MD and MBS applicant numbers. The admission methodology is outlined in the chapter on recruitment, however, two additional features deserve mention. During the interview days the president and dean has addressed virtually every potential student. This has made a profound impression on these prospective students. The second feature involves the actual student interview. At first, two administrators, two faculty members or a combination of the two conducted the interviews. They are not "stress interviews" but rather a relaxed, almost informal exchange of pertinent information. Dr. Berardi-Demo added an interesting variation on the format by including as one interviewer a current second-year student. This innovation has been extremely effective. The potential students seem to be extremely frank with the student interviewer and this has substantially improved the process.

In addition to coordinating the interview process, the Office of Student Affairs and Admissions stays in constant communication with accepted students, providing a variety of resources on such issues as student aid and housing.

Class Year	Qty Applications	Qty Admitted	Average GPA	Average MCAT	PA Residents	Underrepresented Minorities	Disadvantaged
2013	1291	65	3.52	30	47	3	7
2014	2977	65	3.60	30	46	5	1
2015	4423	65	3.52	28	40	9	6
2016	4594	65	3.54	29	44	10	13
2017	5002	101	3.50	29	74	16	13
2018	5971	100	3.53	30	78	11	11
2019	7285	105	3.45	30	81	16	13

In the spring of each year, all accepted students and families are invited to a Revisit Day. This is the time when detailed information, particularly regarding the student's campus selection, housing, financial support and contact with matriculated students is provided.

After matriculation, Student Affairs continues to play an extremely important role. Any student experiencing academic difficulty is identified as early as possible. The Center for Learning Excellence has a very experienced staff that helps in a variety of ways, such as providing advice



on time management and test taking. The director, Jacquelyn Ghormoz, also oversees an extensive academic advising program. Each incoming MD student and MBS student has an assigned, trained academic advisor. For the MD students this advisor is in addition to the clinical mentor. These academic advisors meet with the students at least four times yearly and work closely with the Center. In years MD3 and MD4, assistant regional deans develop a close relationship with each student, and there is a very successful “early warning” system to support students with academic challenges. Ultimately, assistant deans, educational directors and other members of the regional development support teams will aid the vice dean, student affairs personnel and the registrar in guiding the students toward a successful residency application. This includes producing the necessary Student Performance Evaluation form.

The Office of Student Affairs and Admissions is also instrumental in setting up numerous information panels. These include an annual symposium aimed at premedical students. There are many other panels that target students with career choice and residency information.

The office also supervises the 60 active student clubs and organizations. In 2014 this activity resulted in TCMC’s establishment of its own Alpha Omega Alpha Honor Medical Society chapter. In addition, Student Affairs oversees the Gold Humanism Awards given annually in recognition of outstanding academic achievement and service contributions.

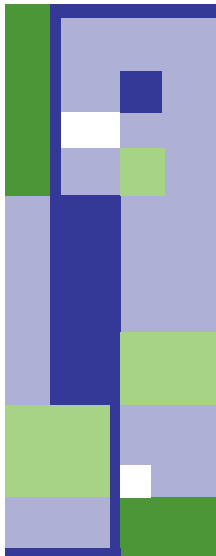
There are three other major activities under Student Affairs. The White Coat Ceremony at the beginning of the first year experience involves the presentation a TCMC extern white coat to each student as a symbol of initiation into the medical



*Members of the Class of 2014 excitedly open their envelopes on Match Day.*

community. The second activity is the previously mentioned Match Day which marks the fourth-year students’ official notifications of acceptance into their chosen residency. The third activity is organizing and supervising the Commencement activities, with both MD and MBS graduations held jointly.





## COMMUNITY SERVICE

Community service has been a cornerstone in the initial startup and continued evolution of the school. This strong commitment was echoed by Steven Scheinman, MD, in his 2014 State of the College address. He concluded by stating that TCMC would serve as “an example to the nation of the bond between community and its medical school.”



*A student delivers food collected by TCMC students and employees to St. Francis of Assisi's soup kitchen.*

In October 2007, under the leadership of Barry Linger, EdD, a seventeen member Interprofessional Education Committee was established. It included representatives of medical school leaders, as well as educators from eleven area colleges and universities. This group coalesced into the Northeastern/Central Pennsylvania Interprofessional Education Coalition (NECPA IPEC). The organization is the first such cooperative effort in the United States, uniting the interests of a community medical school with its educational partners. The curricula of many area schools, as well as TCMC, have embraced the interprofessional medical concept. Scattered through the first two years are group sessions revolving around ethical questions and cases demanding interprofessional cooperation to benefit patients. In MD3 an area-wide summit is hosted at TCMC, with discussions at the three regional campuses involving a complex interdisciplinary medical case. A mandatory two-week IPE elective is part of the MD4 curriculum. As of 2014, this initiative has resulted in five peer-reviewed publications and an additional six clinical presentations at various medical conferences.

Another program called REACH-HEI (Regional Education Academy for Careers in Health-Higher Education Initiative) has made enormous area contributions. Sarah Wright, a young bilingual intern with a background in both psychology and Spanish, initiated the process by visiting local school districts and participating in an on-site tutorial in a similar West Virginia program. The initiative then became a major contribution spearheaded by Ida Castro, JD, vice president for community and government relations. Under her direction in 2012, an initial \$2.4 million grant was secured from the Department of Health and Human Services, Division of Health Resources and Services Administration, Office of Health Careers Opportunity Programs, and by 2014 this supported 500 secondary school students. The expressed goal of this program was to “provide a seamless pathway from high school through two-year and four-year colleges for economically disadvantaged students in northeastern Pennsylvania who are interested in careers in health or health-related professions.” Although the funding ended in 2014, the Hazleton School

District and the Scranton Area Foundation are supporting an additional 50 students over the next three years. Further funding is being sought. The college graduation rate of participants of this program has been 100 percent and five such students are now enrolled at TCMC. Community service has also been an integral part in both TCMC's curriculum and research priorities. TCMC medical students are required to individually volunteer over 100 hours of community service during their four years. The total estimated time given to the community was over 20,000 hours,

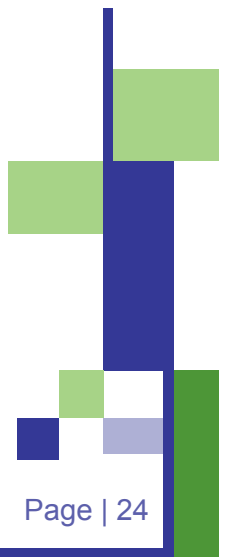
as of 2014. As an integral part of the first two years' Community Week experience, Community Health Research Projects (CHRP) are identified and later presented in MD1 and MBS programs. In addition, Quality Improvement Community Collaborative Projects (QuICCs) are undertaken in MD2. As of 2014, 56 CHRP and 24 QuICC projects have been completed.

The community research emphasis is outlined in the research chapter. The scope has been expanded and three particularly exciting aspects were highlighted in Dr. Scheinman's 2014 State of the College address. He first discussed TCMC's cooperation in a massive genome research project sponsored by Geisinger's Precision Health Center in Forty Fort, PA. The New York Times described this as "the largest clinical sequencing undertaking in the country so far." Next, the college has been attempting to augment mental health services that have been identified as a major area need. In addition, plans are being developed for a psychiatry residency program. The third initiative involves a healthcare quality and safety program. A framework has been developed to study the prevalent diagnoses of heart failure and end-of-life care. As Dr. Scheinman stated, "The structure we propose would gradually build a staff and a platform through which we would expand efforts to other diagnoses and a broader set of providers."

The progression and addition of further graduate medical education programs will eventuate in significant regional health and education improvement, as well as an increasing supply of clinical faculty and, most importantly, future area physicians. This was the major purpose of the establishment of TCMC.



*TCMC signs an agreement with Hazleton Area School District to continue REACH-HEI programming in October 2014. L to R: Ida Castro, JD, Vice President of Government and Community Relations and Chief Diversity Officer at TCMC, Dr. Francis Antonelli, Hazleton Area School District Superintendent, Steven J. Scheinman, MD, President and Dean of TCMC, and Marie Ernst, Principal of the Hazleton Area Academy of Sciences. In back are several REACH-HEI participants.*





## ACCREDITATION

The accreditation process was projected to be arduous and long. It was initiated as far back as 2006 and there were three different accrediting agencies to be considered.

The first was the Pennsylvania Department of Education. This is a necessary start to achieve permission by an institution to award graduate degrees. This body required at least two viable degree programs, and TCMC was proposing to offer MD and MBS programs. The application was submitted in December 2007 and after a site visit, the degree granting status was awarded in October 2008.

The second agency, the Liaison Committee on Medical Education (LCME), was the most complex and demanding. This entity is headquartered in Washington, DC, and is composed of representatives from the American Association of Medical Colleges and the American Medical Association. The LCME must verify that the medical school meets national standards of educational quality. Accreditation is closely linked to federal financial aid programs, licensure requirements for medical practice and access to later medical education. The LCME has over 135 standards to be addressed. The first cycle is necessary to for initial student recruiting and opening of the school for its charter class. The LCME database was submitted in May 2008 and the initial site visit occurred that summer. Preliminary accreditation was received in October 2008 and the charter MD and MBS students entered in the fall 2009.

Toward the end of the students' second academic year, the LCME requires another inspection and approval visit. The three-person site team was led by a future TCMC dean, Dr. Lois Nora. This visit found the academic program to be in compliance but concern was raised over the financial stability of the school. The school was placed on temporary probation pending resolution of this issue. The LCME recommended forming an academic affiliation to achieve greater financial security. The LCME also questioned the feasibility of accepting 100 students at this time.

Dr. Nora successfully responded to these challenges. An extensive study was made to identify a potential academic partner, either locally or out of the area. The most likely area partner was The University of Scranton. This and other possible affiliations were exhaustively studied for over a year but an affiliation was made unnecessary when Blue Cross of Northeastern Pennsylvania again came to TCMC's financial aid as it had at the beginning of the process. Blue Cross helped develop a financial five-year plan whereby it would supply backup for any shortfall which might occur during this time period. The LCME returned for a third time

**Blue Cross helped develop a financial five-year plan whereby it would supply backup for any shortfall which might occur during this time period. In response, the LCME probationary status was removed on June 14, 2012, and class expansion to 100 students was approved.**



specifically to revisit the probationary status. After a detailed inspection and subsequent meeting, the probationary status was removed on June 14, 2012, and the school began preparing for the final cycle in 2014. The LCME also approved class expansion to 100 students.

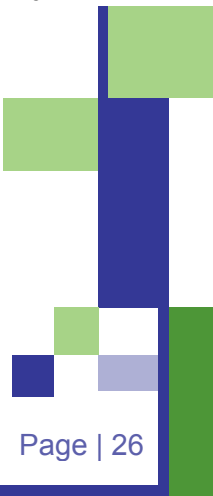
The third and final approval portion of the LCME occurred after the first class graduated in 2013 and the preparation for this visit was truly a major undertaking. TCMC, at that point, had a much enlarged master's program, four medical school classes and one class that had just received their MD degrees. The visiting team consisted of six people rather than three, which had been the case during the previous two visits. The team made its recommendations in June 2014, and after a vote of the full committee TCMC achieved full accreditation.

The third approval agency is the Mid-Atlantic States Regional Commission on Higher Education, which monitors all institutions of higher learning in the Middle States area. In 2009, it had given preliminary approval. The school presented periodic reports, but the main inspection occurred in summer of 2014. The Middle States process primarily assesses the school's adherence to its stated mission and a detailed examination of the processes in place to effectively educate the students. There are thirteen standards that have to be fully met and TCMC was awarded unqualified approval in July 2014. The final accreditation allowed Dr. Scheinman to make this appropriate and meaningful comment, "We are certain full accreditation will solidify the confidence of the community and our supporters."

These accreditation efforts represented a total contribution by not only the TCMC community, from the Board of Trustees to the students, but also to many living in northeastern Pennsylvania. This sentiment was sagely put by Lackawanna College President Ray Angeli, "I think it (TCMC) could be the largest thing to hit the city of Scranton since coal left."



*Students and administrators at the West Regional Campus celebrate TCMC's accreditation in July 2014. Back row, middle to right: Steven J. Scheinman, MD, President and Dean of TCMC, Steven P. Johnson, President and CEO, Susquehanna Health, John Moses, Esq., TCMC's Board of Trustees, and Keith Shenberger, MD, Regional Dean for West Campus.*



## CONCLUSION

It has truly been a remarkable story. The eleven-year span has been filled with enormous energy and dedication on the part of so many different people. Prominently displayed in the main building lobby is a quotation from the writings of noted anthropologist Margaret Meade. This observation was part of Robert Wright's remarks at the ground-breaking ceremony on August 17, 2008, where he quoted Margaret Mead, "Never doubt that a small group of thoughtful committed citizens can change the world; indeed it is the only thing that ever has."



*TCMC graduates taking their oath at Commencement. Each class writes its own.*

***Never doubt that a small group of thoughtful committed citizens can change the world; indeed it is the only thing that ever has.***

-- Margaret Mead



*Original painting of The Commonwealth Medical College by Austin Burke.*



525 Pine Street, Scranton, PA 18509

[tcmc.edu](http://tcmc.edu)

*The Commonwealth Medical College is committed to non-discrimination in all employment and educational opportunities.*

