



### **Background and Purpose**

In 2018, Drexel University College of Medicine entered into 20-year agreement with Tower Health to develop a new regional four-year campus in Reading PA. The campus was to be the first four-year campus outside of Drexel's home campus in Philadelphia PA. The partnership provided for construction of a new education building and an agreement delineating the relationship with Reading Hospital. This agreement outlined student rotation slots, the governance of the campus and partnership, as well as the financial structure for the partnership and the campus. The goal of the campus was to bring Drexel's mission of community service to the Reading area, to provide a state-ofthe-art training facility for Drexel students, to solidify a relationship with one of Drexel's key affiliates, Reading Hospital, and incentivize Drexel students to match with local residency programs, ultimately leading to practice in the surrounding communities.



College of Medicine AT TOWER HEALTH



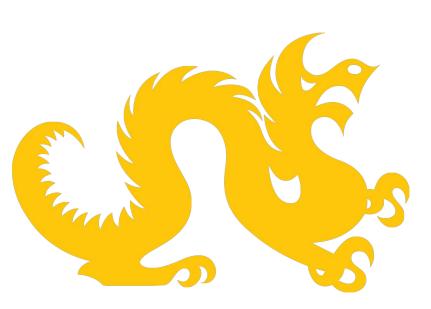
## A New Four-Year Regional Campus of Drexel University College of Medicine **Lessons Learned and Issues to Consider**

Name and Institution: Karen Restifo MD, JD, Drexel University College of Medicine Collaborators and Mentors- Charles Cairns, MD, Daniel Schidlow, MD, Donna Russo PhD.

# Objectives

1. To provide key discussion points for establishing a regional campus. 2.To share lessons learned in establishing a new four-year regional campus at a historic private medical school. 3.To highlight challenges and opportunities encountered. 4. To share a new model of future medical education which relies on multiple geographically distributed regional campuses.





## **Key Issues to Consider**

Mission - How will this new campus benefit the university, the medical school, the community, partners, and students. **<u>Agreement-</u>** Need a clear governance structure which is sustainable.

**Curriculum/ LCME-** Will curriculum be centralized and how will comparability be assured. Assurance of adequate resources and oversight will be required.

**Facilities**- Clear delineation of each institution's responsibilities is essential. Will construction or renovation be necessary and what is the role of main university support systems. **Recruitment-** Who will employ faculty and staff. Decide on the reporting structure and plan for integration into departments, including the role of department chairs.

**<u>Community Integration-</u>** What local resources are necessary to support the campus. Create a plan for community engagement.

**Admissions**- Need to decide if admissions are handled centrally or locally as well as how students express a campus preference.

Implementation. Training and programs need to be set up before and after student arrival.



## Lessons Learned

•Medicine is an everchanging environment. Need adaptability, flexibility, backup plans and overcommunication. •A surprisingly large amount of support such as faculty expertise, medical school and main university services (such as registrar) may be required. Many of these services are hard to qualify and difficult to reimburse unless delineated clearly and early on in initial agreements. •Community engagement and commitment from the healthcare partner, community members, community programs and individual healthcare providers is crucial to success.







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### Key Discussion Points

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