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October 29, 2019

Jerome Gilbert, PhD
President
Marshall University
Old Main 216
One John Marshall Drive
Huntington, WV 25755

RE: Major Curricular Modification Notification Form dated June 25, 2019 and Survey visit for full accreditation on March 31-April 3, 2019

Dear President Gilbert:

The purpose of this letter is to inform you of the decisions made by the Liaison Committee on Medical Education (LCME) at its October 15-17, 2019 meeting regarding the accreditation status of the medical education program leading to the MD degree at the Marshall University Joan C. Edwards School of Medicine. To make this determination, the LCME reviewed the Major Curricular Modification Notification Form dated June 25, 2019. The LCME also reviewed the report of the LCME survey team that conducted a survey visit for full accreditation on March 31-April 3, 2019. This letter serves to transmit to you the determinations regarding compliance with accreditation standards and performance in accreditation elements based on this review. Enclosed[†] with this letter is the report of the March 31-April 3, 2019 survey visit.

Major Curricular Modification Notification Form

The curriculum change notification includes a plan for a major reorganization of the four-year curriculum to go into effect during the 2020-21 academic year. The revised curriculum will focus on a core set of foundational principles with emphasis on a set of defined skills, such as critical thinking and problem-solving. The content in the foundational sciences is being reorganized with enhanced content integration, emphasis on active learning, and a change to student assessment.

The LCME does not decide whether a medical school should go forward with a major curricular modification. Instead, based on the information provided in the change notification, the LCME determines whether there appear to be adequate resources currently available to support the proposed changes. The LCME may request additional information about the plans for the change to determine if the program's performance in the relevant accreditation elements and/or standards is warranted. Changes in accreditation elements and/or standards could result in

changes to the program's accreditation status or term and may result in additional follow-up. It is the medical school's responsibility to decide whether and when to proceed.

Based on the information provided, the LCME voted as follows:

LCME Determination	Resources appear adequate to support the proposed changes
Required Follow-Up for the School	No further information on this item is requested at this time

Survey Visit for Full Accreditation

After reviewing the survey report and survey team findings, the LCME voted as follows:

LCME Determination	Continue full accreditation of the medical education program for an eight-year term
Required Follow-Up for the School	Status report due by December 1, 2020
Next Full Survey Visit	2026-27 academic year

The Medical School Directory on the LCME website, lcme.org/directory, will be updated to reflect this change in the next full survey date.

Section I of this letter summarizes the medical education program's compliance with each of the 12 LCME standards based on the program's performance in the elements that collectively constitute each standard. Sections II and III of this letter summarize the LCME's determinations for the medical education program's performance in accreditation elements requiring follow-up. Section IV of this letter summarizes the required follow-up. Section V of this letter contains additional information important for the medical education program. **Note especially information related to the new LCME policy regarding timing for a program to achieve satisfactory performance in accreditation elements and to achieve compliance with standards.**

I. LCME DETERMINATIONS OF COMPLIANCE WITH ACCREDITATION STANDARDS

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	C
Standard 2: Leadership and Administration	CM
Standard 3: Academic and Learning Environments	C
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	CM
Standard 6: Competencies, Curricular Objectives, and Curricular Design	C
Standard 7: Curricular Content	C
Standard 8: Curricular Management, Evaluation, and Enhancement	C
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	NC
Standard 10: Medical Student Selection, Assignment, and Progress	CM
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	CM
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	CM

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

II. ACCREDITATION ELEMENTS IN WHICH THE PROGRAM'S PERFORMANCE IS SATISFACTORY WITH A NEED FOR MONITORING

Element	LCME Finding
Element 2.4 (sufficiency of administrative staff)	There was considerable student dissatisfaction expressed by respondents to the 2018 AAMC Medical School Graduation Questionnaire (AAMC GQ) with areas overseen by the Office of Student Affairs, including responsiveness to student concerns and with the adequacy of career advising, as well as other activities housed in that office. This raised concerns about the sufficiency of administrative staff in the Office of Student Affairs. In response, the medical school has reconfigured the staffing of that office and enhanced staff expertise in career advising. It is not yet clear whether these changes have resolved the issues.
Element 5.11 (study/lounge/storage space/call rooms)	Both AAMC GQ data and ISA data indicate significant student concerns regarding the adequacy of study space. There are renovation and reacquisition plans in place to add additional study space in the near future. Monitoring will be required to ensure that the completion of these activities results in significant improvement in medical student study space.
Element 7.1 (biomedical, behavioral, social sciences)	2018 AAMC GQ data indicated that respondents were dissatisfied with the instruction provided in biostatistics/epidemiology and immunology. Several attempts have been made to improve biostatistics/epidemiology instruction, including altering its placement in the preclinical curriculum. The immunology course has been reorganized, but it is too early to determine if this will result in improved student satisfaction.
Element 12.3 (personal counseling/well-being programs)	AAMC GQ data from 2015-18 indicate significant year-to-year variability with respondent satisfaction with personal counseling, mental health services, and well-being. The school has taken several actions to enhance personal counseling and well-being services, including establishing contracts with the Cabell Huntington Counseling Center, the building of a new Student Wellness Center, and the establishment of a medical student wellness committee. It is not yet clear whether these efforts will lead to consistent improvement in student satisfaction with these services.

III. ACCREDITATION ELEMENTS IN WHICH THE PROGRAM'S PERFORMANCE IS UNSATISFACTORY

Element	LCME Finding
Element 1.4 (affiliation agreements)	Some of the affiliation agreements provided for clinical affiliates that are used regularly for required clinical experience do not meet the requirements of this element for the appointment and assignment of faculty members for medical student teaching, and one is contradictory on the primacy of the medical school over the educational program.
Element 5.8 (library resources/staff)	During the survey visit, it was indicated that there were plans to downsize the medical library staff. Considering the low levels of satisfaction with library services among current students, the school of medicine will need to ensure that the school's library services continue to support medical student needs.
Element 9.5 (narrative assessment)	While the school collects and provides written and oral narrative assessment of students' performance including non-cognitive achievement in some small-group activities and individual clinical skills performance in

	the preclinical curriculum, this information is not collected in all courses where teacher-student interaction allows this form of assessment.
Element 9.8 (fair and timely summative assessment)	The school's data for AY 2015-16 and AY 2017-18 indicate that there were multiple instances where clerkship grades had not been submitted within six weeks of the completion of the clerkship. The school has developed and implemented procedures for improving timely assessment of student performance on clerkships; however, partial data for AY 2018-19 indicate continuing delays in submission of clerkship grades in multiple clerkships.
Element 10.6 (content of informational materials)	The school does not have a catalog and admission brochures include only broad information about the medical education program. Some of the information required by this element is not accessible to potential applicants.
Element 11.2 (career advising)*	AAMC GQ data from 2016-18 indicated that respondent satisfaction with career planning services and information about specialties was significantly below the national means. Staffing in both the offices of student affairs and academic affairs has been rearranged to address these concerns. However, no information was provided by the school that these actions have resulted in increased student satisfaction with career counseling.
Element 12.7 (immunization requirements and monitoring)	The confidentiality of students' medical records is not ensured with respect to immunizations. The director of student and occupational health sends the associate dean of student affairs detailed information regarding each student's status with respect to individual vaccinations rather than only indicating whether or not the student is in compliance.
Element 12.8 (student exposure policies/procedures)	The school does not have a policy that specifically addresses the effects of infectious and environmental disease or disability on medical students' learning activities. The Post-Exposure Policy provided by the school only addresses education about methods of prevention and procedures for care and treatment post-exposure, including financial responsibility.

* The LCME noted that career advising, then standard MS-19, was cited as noncompliance at the time of the 2011 full survey visit.

IV. REQUIRED FOLLOW-UP FOR THE SCHOOL

The LCME requests a status report by **December 1, 2020**, containing the information listed below. Include a dated and signed cover letter addressed to both LCME Co-Secretaries. The dean should email the status report and cover letter to lcmesubmissions@aamc.org as a single PDF file. Do not submit a scanned PDF file. Do not mail a paper copy of the status report nor include hyperlinks in the submitted document(s). If there is a need to reference a website, create an appendix with a table of contents and include (non-scanned) PDF files of the relevant webpages and/or screenshots; appendix documents should be placed at the end of a report, not embedded in each response. The dean should contact the LCME Co-Secretaries for clarification on a specific request. Email lcmesubmissions@aamc.org for questions regarding the submission or formatting of materials.

Satisfaction with the Office of Student Affairs Responsiveness to Student Problems								
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the responsiveness to student problems of staff on the Office of Student Affairs.								
Medical School Class	Number of Total Responses/ Response rate to this item		Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied responses		Number and % of combined Satisfied and Very Satisfied responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

3. Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students.

Office of the Associate Dean of/for Students				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

Element 5.8 (library resources/staff) – Unsatisfactory

1. Complete the following table with information about library staffing during the 2020-21 academic year.

Medical School Library Staffing		
Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.		
Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)

2. Compare library staffing in the 2021 academic year with staffing at the time of the 2019 full survey visit.

Satisfaction with Immunology Teaching								
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with teaching of immunology.								
Medical School Class	Number of Total Responses/ Response rate to this item		Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied responses		Number and % of combined Satisfied and Very Satisfied responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Element 9.5 (narrative assessment) – Unsatisfactory

1. Summarize and provide a copy of the policy/guideline describing the circumstances in which narrative descriptions of a medical student’s performance will be provided (e.g., length of teacher-student interaction).
2. List the courses in the pre-clerkship phase of the curriculum that would permit a student to receive individual narrative assessment.
3. Describe the availability of narrative descriptions of student performance in the courses where this form of assessment is possible. Note any changes in the availability of narrative assessment from the time of the 2019 full survey visit.

Element 9.8 (fair and timely summative assessment) – Unsatisfactory

1. For each required clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks.

Availability of Clerkship Grades								
Required clerkship	AY 2018-19				AY 2019-20			
	Avg.	Min.	Max.	%	Avg.	Min.	Max.	%

2. Describe the processes in place for the 2020-21 academic year to ensure that clerkship grades will be available to medical students in a timely manner. Note any changes in the methods to ensure timeliness of grades since the time of the 2019 full survey visit.

Satisfaction with Information About Specialties								
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with information about specialties.								
Medical School Class	Number of Total Responses/ Response rate to this item		Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied responses		Number and % of combined Satisfied and Very Satisfied responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

- Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.

Career Planning Services						
	AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %	School %	National %
Career planning services						
Information about specialties						

Element 12.3 (personal counseling/well-being programs) – Satisfactory with a Need for Monitoring

- Describe the system for providing mental health services for medical students, including how, by whom (i.e., roles and titles), and where services are provided. Note any changes made during the 2019-20 academic year or planned for the 2020-21 academic year. Describe how students are informed about the availability of mental health services.
- Summarize medical school programs or other programs designed to support students' well-being and facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Note any changes made in the 2019-20 academic year or the 2020-21 academic year. Describe how students are informed about the availability of these programs/activities.

3. Provide data from a survey of students in all classes on satisfaction with the following:
 - a. Availability of mental health services
 - b. Availability of programs/activities to support student well-being
 [Use the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, NA/no opportunity to observe]

Provide the data by class using the following:

Satisfaction with the Availability of Mental Health Services								
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with mental health services.								
Medical School Class	Number of Total Responses/ Response rate to this item		Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied responses		Number and % of combined Satisfied and Very Satisfied responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Satisfaction with Programs/Activities to Support Student Well-Being								
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with programs/activities to support student well-being.								
Medical School Class	Number of Total Responses/ Response rate to this item		Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied responses		Number and % of combined Satisfied and Very Satisfied responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Element 12.7 (immunization requirements and monitoring) – Unsatisfactory

1. Describe the steps taken to ensure the confidentiality of student immunization records.
2. What individuals have access to detailed information regarding each student’s immunization status (e.g., titers)? How is this detailed information stored?

Element 12.8 (student exposure policies/procedures) – Unsatisfactory

1. Provide a copy of the current school of medicine policy related to the effects of infectious and/or environmental disease or disability on medical student learning activities.
2. Summarize how and by whom this policy was developed and approved. How is the policy disseminated to students and other relevant individuals?

V. IMPORTANT INFORMATION FOR THE MEDICAL EDUCATION PROGRAM

NOTIFICATION TO THE U.S. DEPARTMENT OF EDUCATION OF ACCREDITATION STATUS

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all of its final accreditation determinations, including determinations of “accredited,” “accredited, with warning,” and “accredited, on probation.” The LCME is also required by the U.S. Department of Education to make available to the public all final determinations of “accredited” and “accredited, on probation.”

TIMING FOR A PROGRAM TO ACHIEVE SATISFACTORY PERFORMANCE IN ELEMENTS AND COMPLIANCE WITH STANDARDS

If the LCME determines a program to be in noncompliance with a standard at the same time that the program’s performance in an associated element is found to be unsatisfactory, the total time for correction of the deficiencies in compliance and performance will be two years, in accordance with requirements of the U.S. Department of Education. If the LCME determines a program to be in compliance or compliance with a need for monitoring with a standard but if the performance in an element within that standard is unsatisfactory, the program must achieve a status of satisfactory or satisfactory with a need for monitoring in that element within a maximum of two years; if that does not occur, the LCME will find the program to be in noncompliance with the relevant standard. U.S. Department of Education regulations require that the LCME document compliance with all LCME accreditation standards within two years of the LCME meeting at which the noncompliance determination was made. For more details, refer to the most recent version of the LCME *Rules of Procedure*, available on the LCME website, lcme.org/publications.

ALIGNING FOLLOW-UP WITH THE APPROPRIATE ACCREDITATION ELEMENTS

Programs that have status reports due to the LCME are responsible for aligning the follow-up items in the reports with the *Functions and Structure of a Medical School* document whose effective academic year corresponds with the academic year in which each status report is due. To review the current list of LCME accreditation standards and elements, refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME website, lcme.org/publications.

CHANGES THAT REQUIRE NOTIFICATION TO THE LCME

The LCME awards accreditation to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in either student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME requires advance notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. All schools are responsible for keeping up to date on current LCME notification requirements detailed on the LCME website, lcme.org/about/accreditation-process-overview/#maintaining-accreditation.

A copy of this letter and of the team report is being sent to Dean Joseph I. Shapiro via postal mail. The survey report is for the use of the Marshall University Joan C. Edwards School of Medicine and the university. Any public sharing of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Veronica M. Catanese, MD, MBA
LCME Co-Secretary

Enclosure[‡] (1): Team report of the full survey of the medical education program leading to the MD degree at the Marshall University Joan C. Edwards School of Medicine, March 31-April 3, 2019

[‡] The team report is enclosed only with the printed version of this letter that you will receive by postal mail.

CC: Joseph I. Shapiro, MD
Dean, Marshall University Joan C. Edwards School of Medicine