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LIAISON COMMITTEE ON MEDICAL EDUCATION

www.lcme.org

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February 23, 2015

Joseph Shapiro, MD Dean Marshall University Joan C. Edwards School of Medicine 1600 Medical Center Drive, Ste. 3400 Huntington, WV 25701-3655

RE: Status Reports, November 26, 2014 and January 12, 2015

Dear Dean Shapiro:

At its February 10-11, 2015 meeting, the LCME reviewed and voted to acknowledge receipt of the status reports submitted on November 26, 2014 and January 12, 2015 on behalf of the medical education program leading to the MD degree at the Marshall University Joan C. Edwards School of Medicine.

The November 26, 2014 report addressed the following standards: *IS-16 (diversity), ED-5-A (active learning and independent study), ED-21 (cultural competence), ED-33 (curriculum management), MS-19 (career counseling), MS-24 (student educational debt), FA-5 (scholarly productivity), and ER-6 (resources for clinical instruction).*

The January 12, 2015 report addressed the proposed collaboration with St. George's University London, which addressed the following standards: *MS-12 (resources for elective and transfer students)* and *MS-17 (visiting students' qualifications)*. The LCME determined that resources, as described, appear to be adequate to accommodate the visiting students from the St. George's collaboration. However, the LCME requested follow-up on this program, as described below.

The program's next full survey will take place during the 2018-2019 academic year.

I. COMPLIANCE

The LCME determined that the program is currently in compliance with the following accreditation standards and that no additional information regarding these items is required:

- A. *ED-5-A* (active learning and independent study)
- B. ED-21 (cultural competence)
- C. ED-33 (curriculum management)

- D. MS-17 (visiting students' qualifications)
- E. MS-19 (career counseling)

II. COMPLIANCE WITH A NEED FOR MONITORING

NOTE: As a result of the fact that the revised accreditation standards and elements, approved by the LCME at its February 2014 meeting, are due to go into effect beginning on July 1, 2015, both the current standard and the related element are listed below.

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required to ensure continued compliance:

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

Element 3.3. Diversity/Pipeline Programs and Partnerships. A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

B. *MS-12.* The resources used by an institution that offers a medical education program to accommodate the requirements of any visiting and transfer medical students must not significantly diminish the resources available to already enrolled medical students.

Element 5.10. Resources Used by Transfer/Visiting Students. The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

C. MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.

Element 12.1. Financial Aid/Debt Management Counseling/Student Educational Debt. A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

D. FA-5. A faculty member in a medical education program should have a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Element 4.2. Scholarly Productivity. The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

E. *ER-6.* A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.

Element 5.5. Resources for Clinical Instruction. A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

REQUIRED FOLLOW-UP

In order to address the compliance issues listed above, the LCME requests that the dean submit a status report by August 17, 2016 containing the information listed below. Please refer to http://www.lcme.org/survey-connect-followup-reports.htm for current LCME submission requirements.

STATUS REPORT DUE AUGUST 17, 2016

I. COMPLIANCE WITH A NEED FOR MONITORING

- A. IS-16 (diversity)/Element 3.3 (diversity/pipeline programs and partnerships)
 - 1. Complete the following tables with the requested data for the indicated academic years, adding rows as needed.

	No. (%) of First- Year Students) of All	No. (%) of		of Faculty	
School identified diversity categories			Students		Basic Science		Clinical Science	
	2015-	2016-	2015-	2016-	2015-	2016-	2015-	2016-
	2016	2017	2016	2017	2016	2017	2016	2017

Offers of Admission Made to Students							
	For 2015 Entering Class			For 2016 Entering Class			
School identified diversity	# of Offers		Total	# of Offers		Total	
categories	Declined	# Enrolled	Offers	Declined	Enrolled	Offers	

Offers Made to Applicants for Faculty Positions						
	AY 2014-15			AY 2015-16		
School identified diversity categories	Declined	Hired	Total Offers	Declined	Hired	Total Offers

B. MS-12 (resources for visiting/transfer students)/Element 5.10 (resources used by visiting/transfer students)
ER-6 (resources for clinical instruction)/Element 5.5 (resources for clinical instruction)

- 1. Provide data from an internal survey of students completing required clinical clerkships during the 2015-2016 academic year (class of 2017) on satisfaction with the following in each required third-year clerkship. Provide the data by clerkship and clinical site.
 - a. Adequacy of the number of available patients
 - b. Adequacy of patient mix
 - c. Overall quality of the clerkship
 - d. Quality of faculty supervision
 - e. Quality of resident supervision
 - f. Timeliness of clerkship grades
 - g. Quality of mid-clerkship feedback

Include the response rate to the survey.

2. Note the steps taken to address any areas of concern based on the above student survey, including concerns raised by the increased total number of students in clerkships. Describe the steps taken by the school of medicine to ensure the adequacy of resources for enrolled students in the context of the visiting students from St. George's University.

- C. *MS-24 (student educational debt)/Element 12.1 (financial aid/debt management counseling/student educational debt)*
 - 1. Provide data from the 2015 and 2016 AAMC Medical School Graduation Questionnaire on satisfaction with financial aid and debt management counseling services. Include national comparison data.
 - 2. Provide a copy of the most recent LCME Part I-B Financial Aid Questionnaire.

	AY 2014-2015	AY 2015-2016	AY 2016-2017
Average Medical School Debt of			
Indebted Medical School			
Graduates			
% of Indebted Medical School			
Graduates with Debt over			
\$250,000			
Average Total Educational Debt			
of Indebted Medical School			
Graduates			
Tuition and Fees for Entering			
Medical Students			
Total Available Scholarship			
Funds			
Average Scholarship Award per			
Medical Student			

3. Complete the table below for the indicated academic years:

4. Describe the status and recent outcomes of efforts to enhance scholarship support for medical students.

D. FA-5 (scholarly productivity)/Element 4.2 (scholarly productivity)

1. Provide the total number of each type of scholarly work, by department (basic science and clinical), from the 2015-2016 academic year or the 2015 calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts. Provide the year used for these data.

Department	Articles in peer-review journals	Published books/ book chapters	Faculty co-investigators or PI's on extramural grants	Other peer- reviewed scholarship*		
*Provide a definition of "other peer-reviewed scholarship", if this category is used:						
Provide the year used for these data:						

2. Describe current efforts to support the scholarly activity of the faculty.

NOTIFICATION POLICY

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 required by United States Department of Education to make available to the public all final determinations of "Accredited" and "Accredited, on Probation." The determination "Accredited, on Probation" is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME Web site at http://www.lcme.org/publications.htm#standards-section. 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 that is current at the time the status reports are due.

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 expects to receive advance notice of the proposed change. Substantial changes may lead

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the LCME to re-evaluate a program's accreditation status. More specific information about notification requirements is available on the LCME Web site at <u>http://www.lcme.org/change-notification.htm</u>.

Sincerely,

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Barbara Barzansky, PhD, MHPE LCME Co-Secretary

Dan Hunt, MD, MBA LCME Co-Secretary