

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

LCME Self-Study Newsletter, No. 1, March 7, 2008

To Faculty, Staff and Students of the College of Medicine:

As you are no doubt aware, the Howard University College of Medicine is scheduled to be reviewed for accreditation in March 2009, exactly one year from now. From this moment on, it is appropriate to alert the Faculty about the criteria for re-accreditation and about the process of self-study that is expected of us. Several committees of faculty, staff and administrators in the Health Sciences complex have been appointed to scrutinize and evaluate various aspects of our medical program, as mandated by the Liaison Committee on Medical Education (LCME). This organization is equally constituted by representatives from the American Association of Medical Schools (AAMC) and the American Medical Association (AMA) to provide accreditation reviews of medical schools every seven years. Our last review was conducted in 2002-2003, when we were successful in gaining full accreditation. Such has been the case since our first formal accreditation by the LCME during the 1920s. We anticipate another success in 2009, since our program is fundamentally sound and in accord with LCME standards.

This is not to suggest that there may be no areas of concern. On average during last year's reviews, six citations were issued by the LCME per program. Corrective measures are then required to demonstrate progress toward correcting any deficiencies that may emerge from this programmatic evaluation.

The accreditation process begins with an internal self-study conducted by the school. Several self-study committees are appointed to examine aspects of the program and to recommend corrective action prior to the site visitation by LCME officials.

The committees that are mandated by the LCME are as follows: (1) the Institutional Setting Committee, (2) the Educational Resources, (3) the Educational Program Committee, (4) the Medical Faculty Committee and (5) the Medical Student Committee.

At Howard, a Chairman has been appointed for each committee and committee membership has been identified. The self-study committees have been working on their respective tasks since September of 2007. Two additional committees have also been appointed in support of the self-study. The first is a Mission-specific Committee to examine our adherence to our stated vision, goals and mission at both the University and the College of Medicine. The second is an Executive Committee to convene frequently to track issues, provide resources, and facilitate other committee activities. A more comprehensive LCME Accreditation Task Force includes representatives from the Office of the Provost, the Stokes Health Sciences Library, the Office of the Vice-President for Health Affairs, and support staff in the College of Medicine. The Chairmen of our LCME Self-study Committees for 2007-2009 are listed below.

- **Institutional Setting Committee:**
Carolyn Broome, Ph.D., Department of Biochemistry
- **Educational Resources Committee:**
Shelly McDonald-Pinkett, M.D., Department of Medicine
- **Educational Program Committee:**
Deborah Ford, M.D., Department of Surgery
- **Faculty Committee,** James Baker, Ph.D., Department of Anatomy
- **Student Committee:** Wayne Frederick, M.D., Department of Surgery
- **Mission-specific Committee:** Charles Mouton, M.D., M.P.H., Department of Community and Family Medicine
- **Executive Committee:** Robert Taylor, M.D., Ph.D., Dean, College of Medicine

These committees have been functional since last September and are working toward completion of standard LCME forms requiring numerical data, survey information, analyses and evaluation. Information submitted on these forms allows the LCME to determine a program's compliance with a set of standards developed to assess the accreditation status of the medical school. These standards correspond to the required committee designations. There are over 150 of these standards that basically define the required criteria for full accreditation by the LCME.

By the end of this month, the self-study committees will be submitting their final reports to the Executive Committee and the Self-study Task Force. Beginning in April, we shall begin to address recommendations emerging from the committees, refer them to various standing faculty committees, identify resources for correcting problems, and begin to implement corrections. Many of the issues uncovered during the self-study will hopefully be corrected by November when our database and summary report to the LCME are due.

It is our plan to share with you through this electronic LCME Self-study Newsletter

various aspects of the accreditation process and details of the reports from the committees and the Task Force. We will begin by reviewing each of the LCME standards by which American and Canadian medical schools are measured. We will not attempt to detail the standards, but additional information pertaining to each may be obtained from the LCME website. I encourage you to visit that website at www.LCME.org to learn more about the documentation and interpretation of those accreditation standards. This information will prepare you in the event that you are selected to meet with the site visit team when they arrive on campus in March, 2009.

The first set of LCME standards relates to the Institutional Setting for the program leading to the MD degree. They are as follows:

INSTITUTIONAL SETTING (IS)

IS-1 Each medical school must engage in a planning process that sets the direction for the institution and results in measurable outcomes.

A. Governance and Administration

IS-2 A medical school should be, or be part of, a not-for-profit institution legally authorized under applicable law to provide medical education leading to the M.D. degree.

IS-3 If not a component of a regionally accredited institution, a U.S. medical school must achieve institutional accreditation from the appropriate regional accrediting body.

IS-4 The manner in which the medical school is organized, including the responsibilities and Privileges of administrative officers, faculty, students and committees must be promulgated in medical school or university bylaws.

IS-5 The governing board responsible for oversight of the medical school must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the school, its associated hospitals, or any related enterprises.

IS-6 Terms of governing board members should be overlapping and sufficiently long to permit them to gain an understanding of the programs of the medical school.

IS-7 Administrative officers and members of a medical school faculty must be appointed by, or on the authority of, the governing board of the medical school or its parent university.

IS-8 The chief official of the medical school, who usually holds the title “dean,” must have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean’s office.

IS-9 There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university.

IS-10 The dean must be qualified by education and experience to provide leadership in medical education, scholarly activity, and care of patients.

IS-11 The medical school administration should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school.

B. Academic Environment

IS-12 A medical school should be a component of a university offering other graduate and professional degree programs that contribute to the academic environment of the medical school.

IS-12-A Medical students should learn in clinical environments where graduate and continuing medical education programs are present.

IS-13 The program of medical education leading to the M.D. degree must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

IS-14 Medical schools should make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty, and encourage and support student participation.

IS-14-A Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.

IS-15 All medical school faculty members should work closely together in teaching, research, and health care delivery.

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