

# OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

## *LCME Self-Study Newsletter, No.12, May 23, 2008*

Recommendations submitted by the **Institutional Setting Self-study Committee**, chaired by Dr. Carolyn Broome, have also been reviewed by the Task Force. The first LCME standard reviewed by this committee calls for a strategic planning process that establishes the direction for the institution and that offers measurement of program outcomes. Strategic plans for the College of Medicine are regularly updated. The most recent plan was drafted in 2005. A mechanism must be put in place to assure at least annual evaluation of the progress realized from this process. The provisions of any strategic plan must be disseminated and outcomes measured after a sufficient period of time.

The Executive Summary of the 2005 strategic plan stipulates assurances that the College will remain faithful to its mission, vision statement and values statement; that faculty growth will be modest in the basic sciences but must be substantial in the clinical sciences; that enrollment of medical students and M.D./Ph.D. students will be stable but there will be growth in the numbers of Master of Public Health and graduate students. More scholarship aid is needed for effective student recruitment; that growth in the number of staff positions will be modest but strategic; that curriculum integration will continue to evolve. There will be greater attention

placed on student retention, development and assessment of professionalism, and clinical skills assessment; that resource and budget growth will largely be from research grants and external funding.

Research grants will increase significantly in number and size and will largely be multi-disciplinary; that the Faculty Practice Plan will stabilize and will be an important component of clinical faculty compensation, as well as support for the educational mission of the College; and that significant physical infrastructure needs must be addressed, including construction of a biomedical research center, renovation of the Cancer Center, construction of a Clinical Skills Assessment Center, and modernization of the Numa P. G. Adams Building. It is anticipated that achievement of these strategic goals will require concerted and cooperative efforts of College of Medicine faculty, staff, and students; University administration; alumni; friends and supporters; and the external community.

An updated strategic plan is currently scheduled for drafting in AY 2008-2009. This plan will be predicated on the existing plan and will take into account progress made as well as any new issues that require attention. One significant change that has occurred since 2005 is the appointment of Dr. Donald Wilson, former Dean at the University of Maryland School of Medicine, as the

Senior Vice President for Health Sciences at Howard University. With the appointment of Dr. Wilson, the Dean of the College of Medicine now reports to the Vice President, rather than to the Provost of the University.

Another recommendation from the Institutional Setting Self-study Committee addressed a standard that calls for “service-learning” by medical students. The committee recommended that money be made available to support this objective. This may be necessary in some areas, such as for foreign travel for clinical experience, but many service-learning opportunities do not require funding. For example, participation in health screening and health fairs through the Howard University Hospital, would require only a time investment on weekends or evenings. However, more needs to be done to inform and encourage students about service-learning, to reward students for such engagements, and to assure that these activities are reflected in individual student records. This service-learning standard (IS-14-A) is newly-adopted LCME standard.

We should make sure that our previous efforts toward international elective experiences for students at the College of Medicine are recognized as contributions to this service-learning opportunity. To the extent that student participation in such programs can be documented, this should be assured inclusion in our report to the LCME. Among other programs, the electives sponsored by clinical faculty should be cited. The federal education-funded international telemedicine program is another example of service-learning for medical students. However, these opportunities are only open to selected

students, not to the entire class. The spirit of this standard is to expect that all students be encouraged to engage in service-learning throughout their formal medical education at Howard University. It would be appropriate for the faculty to encourage this activity as an expression of compliance with the service mission statement for the College of Medicine.

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