

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

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As previously indicated, the LCME standards most often cited are those in the Educational Program category. To an extent, this frequency can be attributed to the fact that there are 47 standards to be satisfied in this area. These relate to educational objectives, structure (general design, content), teaching and evaluation, curriculum management (roles and responsibilities, geographically separated programs), and the evaluation of program effectiveness. However, to some degree this citation record is due to the degree of difficulty posed by attempts to assess the content and efficacy of the medical curriculum.

Fifty-four percent of citations in 2006 and 2007 related to Educational Program standards. Most frequently cited were ED-2, ED-30, ED-31, ED-32 and ED-33. The first, ED-2, is a standard that was revised by the LCME in February, 2007. The last, ED-33 is probably the most important standard for all schools because of its core significance for medical education. In 2002, Howard University College of Medicine was cited because of ED-33. We list those standards again below for emphasis:

ED-2 There **must** be a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.

ED-30 The directors of all courses and clerkships **must** design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

ED-31 Each student **should** be evaluated early enough during a unit of study to allow time for remediation.

ED-32 Narrative descriptions of student performance and of non-cognitive achievement **should** be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.

ED-33 There **must** be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

According to the 2002 report from the LCME, the College of Medicine was criticized for not having provisions in place for assuring proper management and support for the new curriculum. The Curriculum committee, re-organized in 1997, appeared to focus upon establishment of the first two years of the curriculum, without management responsibility for years three and four. In fact, the database suggested that monitoring of curriculum effectiveness and management still emanated from basic science & clinical departments. The LCME reviewers noted the lack of faculty expertise in curricular design, pedagogy and evaluation. Concern was also expressed that change was being conducted without input

from professional educators and without an administrative infrastructure that would be essential for construction of effective programs. The LCME survey team perceived that discordance existed among members of the faculty regarding individual perceptions about curricular change. It appeared that the changes underway in the curriculum might merely be cosmetic.

The 2002 LCME report also addressed the use of old learning objectives from 1991 to plan the design of the “new” curriculum. Those learning objectives required revision because of the integrated presentation of material through the curriculum. In accord with revisions in objectives for the curriculum, a system of programmatic evaluation of the curriculum was recommended for adoption. Also, a plan for evaluation of student progress in the revised curriculum was deemed lacking. A mechanism to assure that students acquire and demonstrate core clinical skills, behaviors and attitudes was not documented, but was considered essential to satisfy EP standards. There was insufficient evidence to link program objectives to the public or communities served. And again, no outcome-based format was presented.

In 2006, results of the mock review conducted by DJW indicated that several of these Educational Program standards are still insufficiently addressed. In particular, these were related to the following standards:

ED-1. *The medical school faculty **must** define the objectives of its educational program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.*

ED-1-A. *The objectives of the educational program **must** be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.*

In other words, *objectives* for the medical program must guide curriculum *content* and provide the basis for *evaluation of outcome* and *assessment of student progress* toward competency. These are newly revised versions of a previous standard that were made effective as of February, 2007.

The institutional mission and goals of the College of Medicine were found by the DJW team not to relate to the medical curriculum in general or to course objectives in particular. Monitoring of measurable outcomes by faculty was not evidenced in the 2006 review. The structural linkages between institutional Mission and Goals, Curriculum Design, and Course Objectives must be clearly stated and detailed functional connections must be demonstrated. Furthermore, outcome-based assessments of individual and collective student achievement at both formative and summative levels must be described. According to the LCME standard, the Promotions Committee must assume responsibility for reviewing student progress both within each segment of the curriculum as well as at the end of each year of the program.

ED-33: *There **must** be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.*

Progressive changes in the basic medical curriculum are essential for improvements to be realized. Throughout that process, the faculty is expected to be advisory to, but not necessarily to control, the dynamics of change. This concept might require altered wording in the by-laws of the medical faculty senate. Evaluation of the curriculum at all levels must be entrusted to a faculty-led oversight committee to which standing subcommittees report their analyses on a regular basis. This function may require a re-structuring of the Curriculum Committee.

Faced with responsibility for examining this critical area is the **Educational Program Self-study Committee**, chaired by Dr. Debra Ford. However, prior to the receipt of that report and its recommendations, the **Self-study Task Force** has been encouraged to initiate discussion of ED-1, ED-1A, ED-2, ED-30, ED-31, ED-32 and ED-33 because of previous concerns raised by the LCME in 2002 and by DJW in 2006. It is anticipated that with deliberate focus upon these standards in particular, we might be better able to demonstrate compliance to the LCME.

Weekly OPRAE Newsletters will not be issued during the month of June, but will be resumed later in the summer or early fall as additional information is prepared for distribution to faculty, staff and students in the College of Medicine. During this hiatus, we shall be preparing the summary report on our self-study for the LCME. That report must be reviewed, along with our database, by DJW in another mock accreditation visit. Then, the LCME material will be submitted to the Office of the Vice President for Health Sciences and perhaps the Office of the Provost for their reviews. Once all corrections or additions are entered, the full package will be sent to the LCME on or before the due date of November 1.

Between November 1 and the date of the site visit (March 1-4, 2009), updated information will be collected and assembled. These updates are to be shared with the LCME team upon their arrival. Even then, additional documentation may be requested and will be provided in a timely fashion during the site visit.

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