

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

Howard University College of Medicine

## **LCME Self-Study Newsletter, No. 2, March 14, 2008**

The second self-study committee required by the LCME is the Educational Program Committee. Standards related to that committee's activities are as follows:

### **EDUCATIONAL PROGRAM FOR THE M.D. DEGREE**

#### **A. Educational Objectives**

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.

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-3 The objectives of the educational program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education.

#### **B. Structure**

##### **1. General Design**

ED-4 The program of medical education leading to the M.D. degree must include at least 130 weeks of instruction.

ED-5 The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education.

ED-5-A The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

ED-6 The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease.

ED-7 It must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.

ED-8 There must be comparable educational experiences and equivalent methods of

evaluation across all alternative instructional sites within a given discipline.

ED-9 The LCME must be notified of plans for major modification of the curriculum.

## 2. Content

ED-10 The curriculum must include behavioral and socioeconomic subjects, in addition to basic science and clinical disciplines.

ED-11 It must include the contemporary content of those disciplines that have been traditionally titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine.

ED-12 Instruction within the basic sciences should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analyses of data.

ED-13 Clinical instruction must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

ED-14 Clinical experience in primary care must be included as part of the curriculum.

ED-15 The curriculum should include clinical experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery.

ED-16 Students' clinical experiences must utilize both outpatient and inpatient settings.

ED-17 Educational opportunities must be available in multidisciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

ED-17-A The curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.

ED-18 The curriculum must include elective courses to supplement required courses. While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.

ED-19 There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.

ED-20 The curriculum must prepare students for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse.

ED-21 The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

ED-22 Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.

ED-23 A medical school must teach medical ethics and human values, and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients' families and to others involved in patient care.

## **A. Teaching & Evaluation**

ED-24 Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.

ED-25 Supervision of student learning experiences must be provided throughout required clerkships by members of the medical school's faculty.

ED-26 The medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes.

ED-27 There must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's educational objectives.

ED-28 There must be evaluation of problem solving, clinical reasoning, and communication skills.

ED-29 The faculty of each discipline should set the standards of achievement in that discipline.

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.

## **D. Curriculum Management**

### **1. Roles & Responsibilities**

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

ED-34 The program's faculty must be responsible for the detailed design and implementation of the components of the curriculum.

ED-35 The objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.

ED-36 The chief academic officer must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum.

ED-37 The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.

ED-38 The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.

### **2. Geographically Separated Programs**

ED-39 The medical school's chief academic officer must be responsible for the conduct and quality of the educational program and

for assuring the adequacy of faculty at all educational sites.

ED-40 The principal academic officer of each geographically remote site must be administratively responsible to the chief academic officer of the medical school conducting the educational program.

ED-41 The faculty in each discipline at all sites must be functionally integrated by appropriate administrative mechanisms.

ED-42 There must be a single standard for promotion and graduation of students across geographically separate campuses.

ED-43 The parent school must assume ultimate responsibility for the selection and assignment of all medical students to component campuses or tracks. There must be a process that permits a student with an appropriate rationale to request an alternative assignment when circumstances allow for it.

ED-44 Students assigned to all campuses should receive the same rights and support services.

## **E. Evaluation of Program Effectiveness**

ED-46 A medical school must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational program objectives are being met.

ED-47 In assessing program quality, schools must consider student evaluations of their courses and teachers, as well as a variety of other measures.

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