

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

LCME Self-Study Newsletter, No. 3, March 21, 2008

Medical students are significant participants in the LCME self-study process. Not only are our students appointed to the faculty and administrative self-study committees, but they are expected to conduct their own self-study and to submit an independent report to the LCME. To that end, a committee chaired by Christina Johnson (MS II) has been appointed to coordinate the student self-study. The membership of that student committee includes Khara Simpson (MS III), who is also a member of the Executive Self-study Committee. Other members are Armin Hoes (MS I), Raolet Abdulai (MS II), Kawanta Durham (MS III) and Daniel Carnegie (MS IV). As part of their self-study, the committee plans to conduct an electronic survey of all currently enrolled students. We request that the faculty and administration cooperate fully with this committee by sharing information upon request. We anticipate that student participation will approximate 100% so that the survey results might represent the collective experience of the entire student body.

The third faculty self-study committee required by the LCME is the Medical Students Committee. Standards related to the faculty committee, as well as to the student committee, are as follows:

MEDICAL STUDENTS

A. Admissions

1. Premedical Requirements

MS-1 Students preparing to study medicine should acquire a broad education, including the humanities and social sciences.

MS-2 Premedical course requirements should be restricted to those deemed essential preparation for completing the medical school curriculum.

2. Selection

MS-8 Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

MS-9 Each school must develop and publish technical standards for admission of handicapped applicants, in accordance with legal requirements.

MS-10 The institution's catalog or equivalent informational materials must describe the requirements for the M.D. and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the school.

MS-11 The catalog or informational materials must also enumerate the school's criteria for selecting students, and describe the admissions process.

3. Visiting and Transfer Students

MS-12 Institutional resources to accommodate the requirements of any visiting and transfer students must not

significantly diminish the resources available to existing enrolled students.

MS-13 Transfer students must demonstrate achievements in premedical education and medical school comparable to those of students in the class that they join.

MS-14 Prior coursework taken by students who are accepted for transfer or admission to advanced standing must be compatible with the program to be entered.

MS-15 Transfer students should not be accepted into the final year of the program except under rare circumstances.

MS-16 The accepting school should verify the credentials of visiting students, formally register and maintain a complete roster of such students, approve their assignments, and provide evaluations to their parent schools.

MS-17 Students visiting from other schools for clinical clerkships and electives must possess qualifications equivalent to students they will join in these experiences.

B. Student Services

1. Academic and Career Counseling

MS-18 The system of academic advising for students must integrate the efforts of faculty members, course directors, and student affairs officers with the school's counseling and tutorial services.

MS-19 There must be a system to assist students in career choice and application to residency programs, and to guide students in choosing elective courses.

MS-20 If students are permitted to take electives at other institutions, there should be a system centralized in the dean's office to review students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program.

MS-21 The process of applying for residency programs should not disrupt the general medical education of the students.

MS-22 Letters of reference or other credentials should not be provided until the fall of the student's final year.

2. Financial Aid Counseling and Resources

MS-23 A medical school must provide students with effective financial aid and debt management counseling.

MS-24 Medical schools should have mechanisms in place to minimize the impact of direct educational expenses on student indebtedness.

MS-25 Institutions must have clear and equitable policies for the refund of tuition, fees, and other allowable payments.

3. Health Services and Personal Counseling

MS-26 Each school must have an effective system of personal counseling for its students that includes programs to promote the well-being of students and facilitate their adjustment to the physical and emotional demands of medical school.

MS-27 Medical students must have access to preventive and therapeutic health services.

MS-27A The health professionals who provide psychiatric and psychological counseling or other sensitive health services to medical students must have no involvement in the academic evaluation or promotion of the students receiving those services.

MS-28 Health insurance must be available to all students and their dependents, and all students must have access to disability insurance.

MS-29 Medical schools should follow accepted guidelines in determining appropriate immunizations for medical students.

MS-30 Schools must have policies addressing student exposure to infectious and environmental hazards.

C. The Learning Environment

MS-31 In the admissions process and throughout medical school, there should be no discrimination on the basis of gender, sexual orientation, age, race, creed, or national origin.

MS-31-A Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students.

MS-32 Each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for addressing violations of those standards.

MS-33 The medical school must publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action.

MS-34 There must be a fair and formal process for taking any action that adversely affects the status of a student.

MS-35 Student records must be confidential and available only to members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

MS-36 Students must be allowed to review and challenge their records.

MS-37 Schools should assure that students have adequate study space, lounge areas, and personal lockers or other secure storage facilities.

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