

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

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The LCME conducted a session at the fall 2007 meeting of the American Association of Medical Colleges (AAMC) to familiarize representatives from those schools as they prepare for re-accreditation. Included in that program was a presentation by Dr. Dan Hunt, LCME Secretary from the AAMC. He summarized the non-compliance findings for medical schools reviewed since 2003-2004. Fifty-four percent of citations were in the Educational Program category. Another twenty-five percent were from the Medical Student category. Twelve percent were from Educational Resources, six percent from the Faculty category, and three percent from the Institutional Setting group of standards. The average number of non-compliance findings per school from 2003 through 2007 was 5.9, with a range of 4.8-6.8.

However, of greatest interest to the audience, including several representatives from the Howard University College of Medicine, was information about problematic standards. Dr. Hunt itemized the most frequently cited standards during LCME reviews during 2006-2007. They were ED-2, 30, 31, 32, 33; ER-4, 9; and MS-24. The Educational Program standards address central oversight of the curriculum and clinical objectives (ED-2), timely feedback (ED-30), narrative feedback (ED-32), and integrated institutional responsibility

(ED-33). Those that concern Educational Resources address buildings (ER-4) and affiliation agreements (ER-9). The Medical Student standard frequently cited was that pertaining to medical student indebtedness (MS-24).

These frequently cited standards are listed below. They should be examined carefully during our self-study. Corrective measures, if necessary, should be planned or initiated as soon as possible. The first of these, ED-2, is a newly revised standard, made effective by the LCME in February, 2007. ED-33 is probably the most important standard for all medical schools because of its core significance for medical education. For the Howard University College of Medicine, ED-33 was an area of concern during the LCME review in 2002. Hence, this will receive primary attention during our next review in 2009.

In each of the LCME standards, the operative verb carries significance. For some, the verb is **should**, implying that serious consideration be given to this standard. However, for many other standards, the verb used is **must**, indicating mandatory adherence for full accreditation. The most commonly cited standards during LCME reviews in 2006-2007 are:

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.

ER-4 A medical school **must** have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.

ER-9 There **must** be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the

responsibilities of each party related to the educational program for medical students.

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

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