

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

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Several new or recently revised LCME standards deserve our close attention prior to the review of Howard University College of Medicine in March, 2009. These are standards that have been approved by the LCME for activation in 2007 or 2008. These are unique because all medical schools are being evaluated in relation to these standards for the first time. The new standards are MS-31-A about the learning environment, IS-14-A regarding service learning, and ED-17-A concerning clinical and transitional research. The full text for each is as follows:

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.

IS-14-A Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.

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.

The standards that were recently revised are ED-1 on educational objectives, ED-2 calling for central oversight of patient types and clinical conditions, ED-24 re: teaching and evaluation skill training, ER-1 about plans for increasing enrollment, and MS-24 recommending financial aid counseling. The wording of these standards is as follows:

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-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-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.

ER-1 The LCME **must** be notified of any substantial change in the number of students enrolled or in the resources of the institution, including the faculty, physical facilities or the budget.

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

It is of interest that citations have already been issued to schools for failure to comply with these new standards. In fact, as discussed in our *LCME Newsletter #6*, two of the revised standards are on the most frequently cited list. They are MS-24 and ED-2. Needless to say, we would be wise to make certain that we are in compliance with these new and revised standards.

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