

OFFICE OF PROGRAM RESEARCH, ASSESSMENT & EVALUATION (OPRAE)

Howard University College of Medicine

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The program leading to the degree, Doctor of Medicine (MD), at Howard University was last evaluated for re-accreditation in 2002. Approval was granted for a maximum period of seven years. However, citations for non-compliance with LCME standards were noted in the report of the site visit team. Those citations are very likely to be revisited in March of 2009. For this reason, compliance must be demonstrated. In this OPRAE newsletter, we shall review those previous concerns.

The 2002 LCME review of the HUCOM program reported non-compliance in the status of the educational program (ED), in the assessment process for evaluating the effectiveness of the curriculum (IS), and in student services (MS). At that time, revision of the curriculum had begun, but only the first two years had been planned in detail and the second year program had not materialized. Recognizing that a commitment had been made for the transition, concerns were noted by the survey team about the integration and the management of the new curriculum. There were no plans in place to evaluate the effectiveness of that curriculum. Also, several required clerkships were on probation. Affiliation documents were considered out of date. Student counseling

on personal matters was deemed inadequate. An interim report on these issues was required for accreditation to be extended.

According to the 2002 report from the LCME, the College of Medicine was criticized for not having provisions in place to assure appropriate management and

support for the new curriculum. The Curriculum Committee, re-organized in 1997, appeared to be focused upon the establishment of the first two years of the curriculum, without a responsible system for management thereafter. It appeared from the database that monitoring of curriculum effectiveness and management still emanated from departmental sources. The LCME reviewers noted the lack of faculty expertise in curricular design, pedagogy and evaluation. Concern was expressed that change was being conducted without input from professional educators and without an administrative infrastructure considered essential for construction of effective programs.

The survey team also reported that discordance existed among members of the faculty regarding their perceptions about curricular change. The suggestion appeared that changes in the curriculum underway might be merely cosmetic. The report criticized the use of old learning objectives from 1991 to plan the new curriculum. Those learning objectives required revision to support the integrated presentation of material in the curriculum. So a programmatic evaluation of the revised curriculum was recommended.

The evaluation of student progress in the new curriculum was also required. A mechanism to assure that students have acquired and are able to demonstrate core clinical skills, behaviors and attitudes was not documented, but was considered essential for satisfying LCME standards. There was insufficient evidence to link program objectives to the public or

communities served. An outcome-based format had not been presented.

Several deficiencies in the HUCOM Database were also cited in the LCME report. The student analysis only addressed the first two years of the curriculum. Departmental responses to the database were deemed incomplete and sketchy.

While there were no concerns raised about governance of the medical school, the College of Medicine's administration was viewed to be directing curricular change and reorganizing the private practice plan for the clinical faculty without the engagement expected from both Departmental Chairmen and faculty.

From the Database submitted to the LCME, it appeared that the academic program was still heavily didactic. Concern was raised over the lack of active learning experiences for the students. With the exception of elective opportunities, no PBL components had been established in the curriculum. Although integrated on paper, courses still appeared to be departmentally based.

All of these 2002 review results will be addressed by the 2009 LCME survey team to satisfy that concerns raised then have been corrected and have been sustained. It is not sufficient merely to state that measures were introduced. Documentation of all corrective actions and activities must be provided.

The LCME Survey Team is certain to be attentive to all areas of prior incomplete or insufficient documentation in the 2002 accreditation review. Those issues certain to be scrutinized closely in the HUCOM Database due on November 1, 2008 and during the survey visit set for March 1-4, 2009 are the following:

1. Assessment of the adequacy of institutional resources for core clinical instruction (e.g., total number of patients,

inpatient/outpatient numbers, patient complaints, number of students/rotation and number of rotations/yr., number of patients available/rotation, number of supervising clinical faculty, and the integrity of all affiliation agreements);

2. Documentation of efforts by the Curriculum Committee to exercise oversight in the design, management and evaluation of the medical curriculum; and assurance of direct faculty involvement in decision-making for the educational program;

3. Description of medical student counseling systems: academic, personal, career, financial and health (including mental health); and

4. Review of assessment outcomes and evaluation of student performance and student satisfaction (Graduation Questionnaire, USMLE performance, residency performance, retention and graduation rates, etc.).

Particular attention must be paid to those previously cited areas as we assemble our Database and prepare for the next visit by the LCME survey team.

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