LCME

LIAISON COMMITTEE ON
MEDICAL EDUCATION

www.lcme.org

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June 15, 2011

Stephen J. Kopp, Ph.D.
President
Marshall University
Office of the President
Old Main 216
One John Marshall Drive
Huntington, WV 25755

Dear President Kopp:

The purpose of this letter of accreditation is to inform you of the action taken by the Liaison Committee on Medical Education (LCME) at its meeting on June 7-9, 2011, regarding the accreditation status of the Joan C. Edwards School of Medicine at Marshall University, and to transmit to you the report (enclosed) of the LCME survey team that conducted a full survey visit to the medical school on March 13-16, 2011.

After reviewing the report of the full survey team, the LCME voted to place the educational program leading to the M.D. degree at the Joan C. Edwards School of Medicine at Marshall University on probation.

Probation is an action reflecting the summative judgment that a medical education program is not in substantial compliance with accreditation standards (LCME *Rules of Procedure*, July 2010). The LCME took this action based on the constellation of areas of partial or substantial noncompliance with accreditation standards, as described below.

The LCME identified the following areas of partial or substantial noncompliance with accreditation standards:

1) IS-16: An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

Finding: The medical school has not explicitly defined its goals for diversity and has not engaged in systematic efforts to develop programs aimed at

broadening diversity among medical school applicants or recruiting faculty members and students from demographically diverse backgrounds.

2) ED-5-A: A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

Finding: The first two years of the curriculum are highly dependent on lecture and offer few opportunities for medical students to develop the skills necessary for lifelong learning.

3) ED-21: The faculty and medical students of a medical education program 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.

Finding: The curriculum offers limited opportunities for medical students to participate in learning activities that allow them to acquire and demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness. In the 2010 AAMC Medical School Graduation Questionnaire, more than one-third of respondents reported that their instruction related to providing culturally appropriate care for diverse populations was inadequate.

4) ED-33: There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

Finding: Both years one and two of the curriculum have been reorganized into systems-based blocks, where the subjects are coordinated temporally but have varying degrees of horizontal content integration. As yet, there has been little attention to achieving vertical integration of content across the curriculum, except in specific subject areas.

5) MS-19: A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Finding: A new staff member has been hired to shepherd the career advising and counseling program for medical students. To date, however, career advising has been limited and programs often have been informal and student-initiated. More formal advising has been directed at students in the later years of the curriculum.

6) MS-23: A medical education program must provide its medical students with effective financial aid and debt management counseling.

Finding: While a staff member has recently been hired by the school to provide financial aid and debt management counseling, a longitudinal, effective financial aid and debt management program does not yet exist.

7) MS-24: A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.

Finding: Student debt has been increasing, with 32% of the class of 2010 graduating with debt of over $200,000. Scholarship support is well below the national mean and fund-raising to support scholarships has not, to date, added significantly to the amount of financial aid that is available.

8) MS-26: A medical education program must have an effective system of personal counseling for its medical students that includes programs to promote the well-being of medical students and facilitate their adjustment to the physical and emotional demands of medical education.

Finding: There are limited programs and practices available to support student well-being and no system to promote student emotional health. There is no designated individual for students to access for emotional health issues who has no role in student evaluation.

9) FA-5: A faculty member in a medical education program should have a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Finding: Scholarly activity by the faculty is quite variable among the departments, with the departments of surgery, family medicine, and psychiatry demonstrating virtually no activity.

10) ER-9: A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Finding: There is no affiliation agreement with the Riverpark Psychiatric Hospital.

The LCME noted the following areas in transition, whose outcome could affect the school's ongoing compliance with accreditation standards:

1) The medical school leadership at the dean and department chair levels has, in general, been in place for a significant period. There is no obvious succession planning underway at the institutional level.

2) The increase in class size has placed strains on infrastructure and some resources for the educational program.

- Concerns were raised by students that the patient volume at the VA Medical Center was insufficient due to the increasing number of learners.
- Students noted that study space was inadequate or marginal in some facilities.

The LCME's decision to place the educational program leading to the M.D. degree on probation is subject to appeal. The process for appeal is described in Appendix B of the *Rules of Procedure* (July 2010 edition), which is enclosed. Please review this document carefully. If the medical education program wishes to appeal this LCME action, it must notify both LCME Secretariat offices (in Washington, D.C. and Chicago, Illinois) **within 30 calendar days** of the receipt of this letter. Please review the first page of Appendix B for the nature and requirements for a notice of intent to appeal.

If no written notice indicating the intent to appeal is received by the LCME Secretariat within 30 calendar days, the LCME action to place the medical education program on probation will be final. The LCME will hold its action confidential until such time as the decision is final.

Should the program appeal this decision, an appeal hearing likely would be held during the October, 2011 LCME meeting in Chicago. If no appeal is requested, a consultation visit will be conducted in the summer of 2011 to assist the dean and his staff in developing an action plan to address the areas of noncompliance. Should there be an appeal, the timing of the consultation will await the final action of the LCME. Prompt action to correct the areas of noncompliance is required, whether or not the decision for probation is upheld.

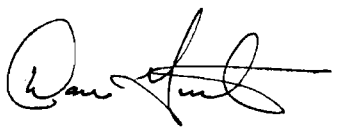
A medical school on probation remains accredited, with all attendant rights and privileges. However, should the decision to impose probation become final, the program must notify all enrolled students, all students accepted for enrollment, and those seeking enrollment of its accreditation status.

Accreditation is awarded to the program of medical education based on a judgment of appropriate balance between student enrollment and the total resources of the institution,

including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution so that the balance is distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead to re-evaluation of the program's accreditation status by the LCME. Details are available on the LCME Web site at www.lcme.org/classsizeguidelines.htm.

A copy of the full survey report is being sent to Dean Charles H. McKown. The report is for the use of the Joan C. Edwards School of Medicine at Marshall University and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,



Dan Hunt, M.D., M.B.A.
LCME Secretary, 2010-2011

enc: Report of the full survey team
Appendix B of the LCME *Rules of Procedure*

cc: Charles H. McKown, Jr., M.D., Dean, Joan C. Edwards School of Medicine at Marshall University
Barbara Barzansky, Ph.D., M.H.P.E., LCME Secretary, 2011-2012