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October 21, 2013

Steven J. Kopp, PhD
President, Marshall University
Old Main 216
One John Marshall Drive
Huntington, West Virginia 25755

RE: Limited survey visit, June 23-26, 2013

Dear President Kopp:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its October 1-3, 2013 meeting regarding the accreditation status of the medical education program leading to the MD degree at the Joan C. Edwards School of Medicine at Marshall University.

After reviewing the report of the LCME survey team that conducted a limited survey of the medical education program on June 23-26, 2013, the LCME voted to continue the program's accreditation for the balance of the current term. The LCME also voted to end the status of "probation" for the medical education program. The program's next full survey will take place during the 2018-2019 academic year.

The report of the limited survey team is included as an attachment to this letter.

I. COMPLIANCE

The LCME determined that the medical education program is currently in compliance with the following accreditation standards:

- A. *IS-11 (administrative structure)*
- B. *MS-23 (financial aid and debt counseling)*
- C. *MS-26 (personal counseling and well-being)*
- D. *MS-37 (study and lounge space and secure storage)*
- E. *ER-9 (affiliation agreements)*

II. COMPLIANCE, WITH A NEED FOR MONITORING

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required to ensure continued compliance:

- A. *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 school has articulated a definition of diversity, has established policies and practices aimed to achieve appropriate diversity among faculty, students, and staff, and has engaged in focused efforts. Pipeline programs have been strengthened. An assistant dean for diversity has been hired, and receives praise from students and faculty. Diversity efforts of the school and university have been aligned. The admissions process has been modified to a more holistic approach. The data for diversity of the 2013 entering class, including URM's, have shown a measureable improvement since the last full survey.

- B. *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 curriculum has been revised such that the amount of time devoted to the lecture format has been substantially decreased. There are ample required experiences for students to develop the skills associated with lifelong learning, including multiple venues where active learning is utilized.

- C. *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 faculty have identified 122 diversity elements that are integrated into the formal curriculum and have documented objectives related to those elements in required content in all four years. Cultural diversity issues are emphasized and evaluated in multiple formats including clinical skills testing, small groups, and self-reflection exercises. Students are routinely evaluated on cultural competence in the clerkships. An internal survey of all students shows early improvement, although this is not yet reflected in the AAMC Graduate Questionnaire.

- D. *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: The school has engaged in a robust effort to achieve central design, management and evaluation of the curriculum. Faculty bylaws have been revised to give clear authority to the curriculum committee, fully engaging faculty and students in curricular redesign. Substantial resources have been dedicated to the process. The discipline-based preclinical curriculum has moved to a horizontally-integrated organ systems-based curriculum. Vertical integration of the curriculum is underway and partially achieved, with 20 major themes and 115 disease states identified to guide integration across all four years. Appropriate, ongoing processes are in place for evaluation of the effectiveness of curricular redesign.

- E. *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: The school has recently established a comprehensive, systematic approach to career counseling that includes a number of required and several optional sessions across all four years of the curriculum. Internal student satisfaction data with career counseling has shown considerable improvement since full implementation.

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

Finding: Over the last three academic years, the average student indebtedness for non-repeating students has decreased from \$165,828 to \$158,698. The percentage of graduates with debt over \$200,000 (includes pre-medical debt) has declined from 31% to 20% over the same period. Total annual institutional scholarship support has risen from \$460,893 to \$1.97 million since 2010. The school has frozen tuition increases for the next four years. However, the increased number of out of state students will likely increase average educational costs per student, and the sustainability of some lines of scholarship support is uncertain.

- G. *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: Since the last full survey, the school has taken numerous actions to improve scholarly activity by the faculty. Faculty bylaws have been revised to increase requirements for scholarly activity for promotion and tenure. The search process for the new dean intentionally resulted in a dean with a successful research track record and actively funded research. A vice dean for research with a strong record of funded research was recently hired. Multiple actions - including a commitment from the faculty practice plan, seed grants from the school administration, and generous start-up packages - have been initiated to increase the amount of funded research across the faculty spectrum. Initial results show a promising increase in scholarly productivity.

- H. *ER-6. A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.*

Finding: The number of medical students rotating at the VA hospital has been decreased through reorganization of the clinical curriculum. Students rate their experience at the VA - and other clinical facilities - very highly, noting sufficient exposure to a broad range of patients and pathology and satisfaction with physical amenities and study space.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by December 1, 2014 containing the information listed below. Please refer to www.lcme.org/survey-connect-followup-reports.htm for current LCME submission requirements.

STATUS REPORT DUE DECEMBER 1, 2014

- A. *IS-16 (diversity)*

1. Based on the institution’s definition of diversity, complete the following table:

School-identified Diversity Categories	Medical Students				Faculty				Staff*	
	First-year students		All students		Basic Science		Clinical Science			
	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015

* Define staff. Note that staff can include residents and other health professionals

2. In order for the LCME to better understand the level of effort that the school is making to improve diversity, complete the following tables:

Offers Made to Medical School Applicants						
School-identified Diversity Categories	Academic year 2013-2014			Academic year 2014-2015		
	Number of Offers Declined	Number of Students Enrolled	AY 2013-14 Total Offers	Number of Offers Declined	Number of Students Enrolled	AY 2014-15 Total Offers

Offers Made to Applicants for Faculty Positions						
School-identified Diversity Categories	2013			2014 (to date)		
	Number of Offers Declined	Number of Faculty Hired	2013 Total Offers	Number of Offers Declined	Number of Faculty Hired	2014 Total Offers

B. *ED-5-A (active learning and independent study)*

1. Complete the attached table with the instructional formats used in years one and two of the curriculum during the 2014-2015 academic year. Note the changes from the time of the 2011 full survey and 2013 focused survey visits.
2. Provide the average number of scheduled hours per week in the first and second years of the curriculum during the 2014-2015 academic year. Provide sample weekly schedules that illustrate the amount of time in the first and second years of the curriculum that students spend in scheduled activities. Note any changes from the time of the 2011 full survey and 2013 focused survey visits.
3. Provide examples that illustrate the opportunities that exist in years one and two of the curriculum for students to do the following steps (a through e below) as a single process:
 - a. Assess their learning needs, individually or in groups
 - b. Identify, analyze, and synthesize information relevant to their learning needs
 - c. Assess the credibility of information sources
 - d. Share the information with their peers and supervisors
 - e. Receive feedback on their information retrieval and synthesis skills

C. *ED-21 (cultural competence)*

1. List the courses and clerkships in which all students learn about issues related to cultural competence in health care and describe the objectives related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
2. Provide examples of how students' acquisition of knowledge, skills, and behavioral objectives related to cultural competence are assessed.
3. Provide data from the 2014 AAMC Medical School Graduation Questionnaire (GQ) and data from an internal survey of medical students in all classes on their perception of the adequacy of instruction related to providing culturally appropriate care for diverse populations. For the AAMC GQ, provide national comparison data.

D. *ED-33 (curriculum management)*

1. Provide minutes and other pertinent documents from academic years 2013-2014 and 2014-2015 that provide evidence of curriculum development and follow-up on activities designed to achieve appropriate vertical and horizontal integration of curriculum content.
2. Describe the methods used to monitor curriculum content and to identify gaps and unplanned redundancies. Provide examples, as available, of gaps or redundancies that were identified and describe how these were addressed.
3. Provide student performance and satisfaction data on the effectiveness of the school's curricular redesign.

E. *MS-19 (career counseling)*

1. Provide data from the 2014 AAMC GQ on student satisfaction with career planning services. Include national comparison data.

Information from the 2014 GQ Concerning Career Planning Services					
	Very Dissatisfied (%)	Dissatisfied (%)	Neutral (%)	Satisfied (%)	Very Satisfied (%)
Career preference assessment services					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					
Information about alternative medical careers					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					
Information about specialties					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					
Overall satisfaction with career planning activities					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					

2. From an internal survey of medical students in all classes, provide data, by class, on student satisfaction with the process of and resources for career advising.

F. *MS-24 (student educational debt)*

1. Provide a copy of the most recent LCME Part 1-B Financial Aid Questionnaire.
2. Complete the following table for the indicted academic years.

	AY 2012-2013	AY 2013-2014	AY 2014-2015
First-year tuition and fees			
In-state students			
Out-of-state students			
Average medical school debt of graduating students with debt			as available
Average total educational debt of graduating students with debt			as available
Percent of students with medical school debt over \$250,000			as available
Percent of enrolled students receiving institutional scholarship support			
Average scholarship support to students receiving institutional scholarships			

3. Compare the amount of institutional scholarship support available during the 2014-2015 academic year with that available at the time of the 2011 full survey visit and the 2013 limited survey visit. Describe steps currently being taken to increase scholarship funding.
4. Provide data from the 2014 AAMC GQ on student satisfaction with financial aid and debt counseling services. Include national comparison data.

Information from the 2014 GQ Concerning Career Planning Services					
	Very Dis-Satisfied (%)	Dissatisfied (%)	Neutral (%)	Satisfied (%)	Very Satisfied (%)
Financial aid administrative services					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					
Overall educational debt management counseling					
JCESOM 2012					
JCESOM 2013					
JCESOM 2014					
All schools (2014)					

COMPLIANCE TERMINOLOGY

In reviewing the compliance determinations above, please note the October 2011 implementation of a new category of compliance called *compliance, with a need for monitoring*, which indicates that the program is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance. A determination of *noncompliance* indicates that the program does not meet one or more of the requirements of the cited standard. For complete definitions of compliance categories, please visit www.lcme.org/survey-connect-compliance-findings.htm.

NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all final accreditation actions, including determinations of “Accredited,” “Accredited, with Warning,” and “Accredited, on Probation.” The LCME will also make final determinations of “Accredited” and “Accredited, on Probation” available to the public. Note that the determination “Accredited, on Probation” is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME Website at www.lcme.org/standard.htm. Programs asked to submit future status reports will be responsible for aligning the follow-up items in the report with the *Functions and Structure of a Medical School* document that is current at the time the status report is due.

CHANGES THAT MAY IMPACT ACCREDITATION

Accreditation is awarded to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and 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 such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program’s accreditation status. More specific information about notification requirements is available on the LCME Website at www.lcme.org/change-notification.html.

A copy of this report is being sent to Joseph Shapiro, MD, Dean of the Joan C. Edwards School of Medicine at Marshall University. This report is for the use of the Joan C. Edwards School of

Medicine at Marshall University, and any public dissemination or distribution of its contents is at the discretion of institution officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary

- Enc: Team report of the limited survey of Joan C. Edwards School of Medicine at Marshall University, June 23-26, 2013
- CC: Joseph Shapiro, MD, Dean of the Joan C. Edwards School of Medicine at Marshall University

