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LIAISON COMMITTEE ON
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Joseph Shapiro, MD
Dean
Marshall University Joan C. Edwards School of Medicine
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Dear Dean Shapiro:

This letter describes the material that should be prepared as a briefing book prior to the Liaison Committee on Medical Education (LCME) limited (focused) survey to the Marshall University Joan C. Edwards School of Medicine. The visit will include the areas of noncompliance and those that are in compliance with a need for monitoring as listed in the June 22, 2012 letter to you from the LCME Secretariat.

The briefing book, both in hard copy and electronic formats, should be sent to each member of the survey team and to each LCME Secretariat Office about six weeks before the visit. Please refer to the following web page for current LCME submission requirements: www.lcme.org/submission_requirements.htm. You will be sent the names of and contact information for survey team members about three months before the visit.

The briefing book should contain the information described below. Please feel free to include additional information that you believe to be relevant. The cited standards are from the May 2011 edition of *Functions and Structure of a Medical School*.

Areas of Noncompliance

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.

1. Provide a copy of all current institutional (medical school and/or university) policies that are related to assuring a diverse student body, faculty, and staff and note the dates that they were adopted. Describe the process by which these policies were developed, approved, and implemented at the institution.
2. Describe how the institution defines or characterizes diversity for its students, faculty, and staff. If different definitions apply to any of these groups, provide each relevant

definition. What dimensions of diversity are included in the definition of diversity for students, faculty, and staff?

3. In the context of the definition of diversity, describe the programs that are in place to support diversity initiatives in the following areas:
 - i. Student recruitment, selection, and retention
 - ii. Faculty/staff recruitment, employment, and retention
 Describe the resources that are available to support programs for student and faculty recruitment and retention, including personnel and financial support.

4. Based on the institution’s definition of diversity, report in the table below information regarding the number and percentage of enrolled students and employed faculty and staff in each of the categories included in the institution’s specific definition of diversity for the 2012-2013 academic year.

Category	Number (%) First-Year Students	Number (%) All Students	Employed/ Full-time) Faculty		Staff* (define)
			Basic Science	Clinical	

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

Summarize changes in the number (percentage) of individuals in any of the diversity categories from the time of the 2011 full survey visit.

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.

1. Complete the attached table with the instructional formats used in years one and two of the curriculum during the 2012-2013 academic year. Note any changes from the time of the 2011 full survey visit.
2. Provide the average number of scheduled hours per week in the first and second years of the curriculum during the 2012-2013 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 visit.
3. Provide a list of the types of instructional formats that the medical school characterizes as active learning.
4. Provide examples that illustrate the opportunities that exist in years one and two of the curriculum for students to do each of the following:
 - i. Assess their learning needs, individually or in groups
 - ii. Identify, analyze, and synthesize information relevant to their learning needs
 - iii. Assess the credibility of information sources
 - iv. Share the information with their peers and supervisors
 - v. Receive feedback on their information retrieval and synthesis skills

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.

1. Describe the steps taken by the medical school leadership and the curriculum committee to support horizontal and vertical integration of the curriculum, including ensuring the content is coordinated within and across academic periods. Provide copies of documents or curriculum committee minutes illustrating the attention given to content coordination and integration.
2. Describe the methods used to monitor curriculum content and to identify gaps and unplanned redundancies. Provide examples, if available, of gaps or redundancies that were identified and describe how these were addressed.

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.

1. Describe the system of career advising as it exists in the 2012-2013 academic year, including the following:
 - i. The number and titles of staff available to provide career advice, along with their reporting relationship(s).
 - ii. The informational sessions (required and optional) available to students in each year of the curriculum. For each type of session, note if it is initiated/managed by staff/administrators, by faculty, or by students.
 - iii. The availability of faculty to serve as career advisors or mentors.
 - iv. Any other resources that are available.
2. From the 2012 AAMC Medical School Graduation Questionnaire and from an internal survey of medical students in all classes, provide data on student satisfaction with the process of and resources for career advising.

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

1. Describe the number and position(s) of staff in the financial aid office who are available to provide financial aid and debt management counseling to medical students.
2. Describe the required and optional financial aid and debt management counseling sessions available to students in each year of the curriculum. Note the sessions that were offered to students during the 2012-2013 academic year,
3. List other resources, such as online programs, available to help students understand and manage their debt.
4. From the 2012 AAMC Medical School Graduation Questionnaire and from an internal survey of medical students in all classes, provide data on student satisfaction with the process of and resources for financial aid and debt management counseling.

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

1. Provide a copy of the most recent LCME Part 1-B Financial Aid Questionnaire.

2. Please complete the following table for the indicated academic years.

	2010-2011	2011-2012	2012-2013
First-year tuition and fees			
In-state students			
Out-of-state students			
Average medical school debt of graduating students with debt			
Percent of students with medical school debt over \$200,000			
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 2012-2013 academic year with that available at the time of the 2011 full survey visit. Describe steps currently being taken to increase scholarship funding.

4. Summarize other steps being taken to limit medical student debt.

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.

1. Describe the programs and resources available to medical students during the 2012-2013 academic year to promote their well-being and adjustment to medical school.
2. Describe the current activities of the Student Wellness Committee and include any evidence for the committee's effectiveness. Note which faculty member/administrator serves as the advisor to this committee.
3. From an internal survey of medical students in all classes, provide data on student satisfaction with the availability of programs to promote student wellness.

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.

1. Complete the attached table on faculty scholarly productivity.

2. Describe the means by which faculty scholarship is fostered in the medical school. For example, is there a formal mentorship program across departments to assist faculty in their development as scholars? Note any informal opportunities for mentorship or other types of support for faculty scholarly activities.

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.

1. Provide a copy of the affiliation agreement with the Riverside Psychiatric Hospital.

Areas in Compliance with a Need for Monitoring

IS-11. The administration of an institution that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s).

1. List any current department chair vacancies and vacancies anticipated to occur in the near future. Describe any succession planning underway to replace departmental leadership who may be retiring.

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.

1. List the courses and clerkships in which 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 2012 AAMC Medical School Graduation Questionnaire and 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.

Joseph Shapiro, MD
November 12, 2012
Page 7

MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.

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

1. Describe the locations of study space for medical students. Provide data from an internal survey of medical students in all classes on their satisfaction with study space.
2. Provide the number of students rotating at the VA Medical Center in each discipline during the 2012-2013 academic year, as compared with the 2010-2011 academic year. Note also if the maximum number of students at the medical center in any given rotation has increased.
3. Describe how the school of medicine is monitoring the adequacy of patient numbers and types at the VA Medical Center to assure that each student has access to the required clinical encounters specified in each clerkship's objectives.

Please feel free to contact me with any questions.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary

cc. Dan Hunt, MD, MBA, LCME Co-Secretary

Attachments (2)

ATTACHMENT 1
METHODS OF INSTRUCTION IN 2012-2013

YEAR ONE/ACADEMIC PERIOD ONE

Formal instructional hours

Course	Lecture	Lab	Small groups *	Patient contact	Other†	Total
TOTAL						

* Includes case-based or problem-solving sessions

† Describe

YEAR TWO/ACADEMIC PERIOD TWO

Formal instructional hours

Course	Lecture	Lab	Small groups *	Patient contact	Other†	Total
TOTAL						

* Includes case-based or problem-solving sessions

† Describe

