

**Survey Team Exit Report
Full Accreditation Survey Visit
Marshall University
Joan C. Edwards School of Medicine**

March 31-April 3, 2019

During this survey visit, survey team members assessed the medical education program at the Joan C. Edwards School of Medicine using the elements contained in the LCME publication, *Functions and Structure of a Medical School*. The team wishes to express its gratitude to the faculty, staff, students, residents, and leadership team. We understand that the accreditation process requires significant time and effort. Members of the medical education community have gone out of their way to assist us over the past few days as well as during the many days leading up to the visit.

In addition, the survey team wishes to acknowledge the institution for the collegiality of the medical school environment, the respect with which the dean is held, the commitment of the faculty, and the positive relationship with the clinical partners. The survey team was impressed with the enthusiasm, dedication, and commitment of everyone they met including students, faculty, staff, and administration.

The purpose of this exit report is to provide the survey team's findings to you. The LCME asks all survey teams to avoid discussion of the findings until the draft survey report is sent to the school. The survey team also will not make a statement about compliance with the standards, as that is the purview of the LCME. The findings presented to you today are organized according to the 12 LCME accreditation standards from *Functions and Structure of a Medical School* and are linked to specific elements under the relevant standard. The findings presented today will not specify whether they represent performance that is satisfactory with a need for monitoring or unsatisfactory.

After the visit, the survey team secretary will prepare a survey report and a document that include the survey team findings and the team's recommendations about the program's performance in each element. After that, the LCME Secretariat will review the draft survey report and draft team findings document. The purpose of the LCME Secretariat review is to look for congruence between the data in the report and the team's findings. As a result, the draft findings document that the school receives may include additional findings and/or may exclude others mentioned at the time of the exit report.

You will have an opportunity to review the draft survey report and associated survey team findings document prior to its submission to the LCME. The details of this process are summarized at the conclusion of the printed copy of this statement.

You will see that the printed copy of this statement contains a disclaimer to the effect that the findings in this statement represent the views of the survey team, and that the LCME may come to different conclusions after reviewing the survey report and any related information.

DISCLAIMER: This statement summarizes the findings of the ad hoc survey team that visited the Joan C. Edwards School of Medicine from March 31-April 3, 2019, based on the information provided by the school and its representatives before and during the full accreditation survey, and by the LCME. The LCME may come to differing conclusions when it reviews the survey report and any related information.

STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

Element 1.4. Affiliation Agreements

Finding: Affiliation agreements were provided for clinical affiliates that are used regularly for required clinical experiences. However, some of these agreements do not meet the requirements of this element for the appointment and assignment of faculty members for medical student teaching, and one is contradictory on the primacy of the medical school over the educational program.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

Element 2.4. Sufficiency of Administrative Staff

Finding: Respondents to the 2018 AAMC GQ indicated that they were not satisfied with the responsiveness of the Office of Student Affairs to student concerns and with the adequacy of career advising, as well as other activities housed in that office. This raised concerns about the sufficiency of administrative staff in the Office of Student Affairs. In response, the medical school has reconfigured the staffing of that office and enhanced staff expertise in career advising. It is not yet clear whether these changes have resolved the issues.

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

Element 3.6. Student Mistreatment

Finding: Policies and procedures related to student mistreatment are in place and clerkship directors regularly review these policies and procedures with students at the beginning of their individual clerkships. However, on the 2018 AAMC GQ, only 58% of respondents reported understanding the procedures for reporting student mistreatment. An anonymous online student reporting mechanism has been initiated over the past year. It is not yet clear if these changes will substantially enhance the students' understanding of these policies and procedures.

STANDARD 7: CURRICULAR CONTENT

Element 7.1. Biomedical, Behavioral, Social Sciences

Finding: 2018 AAMC GQ data indicated that respondents were dissatisfied with the instruction provided in biostatistics/epidemiology and immunology. Several attempts have been made to improve biostatistics/epidemiology instruction, including altering its placement in the preclinical curriculum. The immunology course has been reorganized, but it is too early to determine if this will result in improved student satisfaction.

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

Element 9.5. Narrative Assessment

Finding: While the school collects and provides written and oral narrative assessment of students' performance including non-cognitive achievement in some small-group activities and individual clinical skills performance in the preclinical curriculum, this information is not collected in all courses where teacher-student interaction allows this form of assessment.

Element 9.8. Fair and Timely Summative Assessment

Finding: The school's data for AY 2015-16 through AY 2017-18 indicate that there were multiple instances where clerkship grades had not been submitted within six weeks of the completion of the clerkship. The school has developed and implemented procedures for improving timely assessment of student performance on clerkships; however, partial data for AY 2018-19 indicate continuing delays in submission of clerkship grades in multiple clerkships.

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

Element 10.6. Content of Informational Materials

Finding: The school does not have a catalog and admission brochures present only broad information about the medical education program. Some of the information required by this element is not accessible to potential applicants.

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND RECORDS

Element 11.2. Career Advising

Finding: AAMC GQ data from 2016-2018 indicated that respondent satisfaction with career planning services and information about specialties was significantly below the national means. Staffing in both the offices of student affairs and academic affairs has been rearranged to address these concerns, and there has been increased satisfaction in these areas among the preclinical and clinical students. It is too early to determine if this increase will be sustained.

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

Element 12.3. Personal Counseling/Well-Being Programs

Finding: AAMC GQ data from 2015-2018 indicate significant year-to-year variability with respondent satisfaction with personal counseling, mental health services, and well-being. The school has taken several actions to enhance personal counseling and well-being services, including establishing contracts with the Cabell Huntington Counseling Center, the building of a new Student Wellness Center, and the establishment of a medical student wellness committee. It is not yet clear whether these efforts will lead to consistent improvement in student satisfaction with these services.

12.5 – Non-Involvement of Providers of Student Health Services in Student Assessment/ Location of Student Health Records

Finding: The confidentiality of students’ medical records is not ensured with respect to immunizations. The director of student and occupational health sends the associate dean of student affairs detailed information regarding each student’s status with respect to individual vaccinations rather than only indicating whether or not the student is in compliance.

Element 12.8. Student Exposure Policies/Procedures

Finding: The school does not have a policy that specifically addresses the effects of infectious and environmental disease or disability on medical students’ learning activities. The *Post-Exposure Policy* provided by the school only addresses education about methods of prevention and procedures for care and treatment post-exposure, including financial responsibility.

This concludes the survey team's formal findings. Details on what to expect after the survey visit are included in the written version of this exit report.

Next steps

A draft survey report and accompanying set of survey team findings will be developed in which the survey team’s findings for each cited element are identified as satisfactory with a need for monitoring or unsatisfactory. The survey team secretary will submit the survey report and survey team findings documents to the LCME Secretariat for review and comment. Once Secretariat comments have been incorporated, the survey team secretary will provide the draft survey report and draft survey team findings via email to the dean, who will have 10 business days to provide feedback on perceived factual errors in the report and/or concerns about the report’s tone. Editorial comments on the survey report are welcomed, but not required. Please note that the team findings are provided to you for informational purposes only; they represent the judgment of the survey team and are not subject to debate.

Significant factual errors in the survey report or concerns regarding the tone of the survey report should be detailed in a letter to the survey team secretary. The letter may only reference information contained in the data collection instrument submitted by the program or in documents provided to the survey team before or during this visit. Actions taken or information discovered after the visit will not be considered. This letter is the only opportunity the dean will have to provide feedback on the content of the survey report. This letter, along with comments and edits to the survey report, should be returned via email to the survey team secretary according to instructions provided by him/her.

The survey team secretary will notify the dean by email which, if any, of the suggested revisions were incorporated into the final survey report.

The dean may submit a letter to the LCME via lcmesubmissions@aamc.org detailing any remaining concerns about the conduct of this survey visit or the tone of the survey report. The LCME will only consider concerns surrounding visit process or report tone and not the content of the report or its findings. This letter must not contain any new information and must be received by the LCME Co-Secretaries within 10 business days of receipt of the survey team secretary's response to the dean. Letters from the dean that solely address the content of the survey report or the survey team findings will not be shared with the LCME. In addition to the letter from the dean, the LCME may also receive a copy of the survey team secretary’s response to the dean’s suggested revisions.

The survey team secretary will submit a clean copy of the final survey report, including both the narrative and the appendix, the survey team findings document, and a copy of all communications to/from the dean regarding changes to the survey report, to the Secretariat. Once the LCME has made its determinations, the dean will receive a copy of the final survey report, along with a letter of accreditation that includes the findings of the LCME related to elements and standards, the LCME's decision on accreditation status of the medical education program, and a description of any required follow-up requested by the LCME.

If you have questions regarding the timeline for the LCME review process, please contact the LCME Secretariat at lcme@aamc.org.