

MEMORANDUM

To: Board of Regents
From: Board Office
Subject: Re-accreditation of the College of Medicine, University of Iowa
Date: June 10, 2002

Recommended Action: Receive the report.

Executive Summary: At its meeting on February 6, 2002, the Liaison Committee on Medical Education (LCME) voted to continue the full accreditation of the University of Iowa College of Medicine. The full accreditation period is for seven years. The next accreditation visit should be in 2009.

The LCME also requested that the dean provide a report to LCME by January 1, 2004 on seven items, listed on page 2.

Self Study Summary The College of Medicine prepared a self study in 1997 that addressed the following topics:

- I. Objectives
- II. Governance
- III. Administration
- IV. Educational Program for the M.D. Degree
- V. Medical Students
- VI. Resources for the Educational Program
- VII. Graduate Education in the Basic Sciences
- VIII. Graduate Medical Education
- IX. Continuing Medical Education
- X. Research
- XI. Medical School Departments
Strengths and Challenges

Visiting Team Report The visiting team noted seven strengths and six areas of partial noncompliance with accreditation standards. The six areas of concern were: student independent learning, patient volume in obstetrics/gynecology and variety in psychiatry, mid-clerkship feedback, student health services, and library resources. The LCME has requested a report by January 1, 2004. Dean Robert Kelch will be prepared to discuss initial steps taken by the College of Medicine to meet these areas of concern.

Link to Strategic Plan:

This report addresses the following Key Result Area (KRA) in the Board's Strategic Plan:

KRA 1.0.0.0	Become the best public education enterprise in the United States.
Action Step 1.1.3.2	Report data in the relevant governance reports and presentations to the Board.
KRA 4.0.0.0	Meet the objectives of the Board and institutional strategic plans and provide effective stewardship of the institutions' state, federal, and private resources.

Background:

Value of Accreditation

The accreditation of colleges is of major importance. It signifies that an appropriate professional organization, recognized by the U.S. Department of Education, has judged programs of the college to have met its standards.

Previous Re-accreditation and Interim Reports

The University of Iowa College of Medicine last received re-accreditation in 1995, for a seven-year period.

- Prior to that re-accreditation, the College had a site visit on October 10-13, 1994.
- The College submitted a progress report (May 1995) that addressed the issue of health and disability insurance.
- A limited survey (site visit) was conducted on October 26-29, 1997, to determine if some concerns identified in 1994 had been addressed: strategic planning, six vacant chairs among basic science and clinical departments, curriculum changes, evaluations of students' clinical experiences, and some deficiencies in several student support services. At a 1998 meeting, LCME accepted the team's report.
- The College of Medicine provided another progress report in December 1999.

Re-Accreditation Process

In order to meet the requirements for continued accreditation, the College of Medicine was required to prepare and submit a comprehensive self-study that provided extensive information about the faculty, curriculum, students, facilities, and other factors that addressed the standards established by the LCME.

Self Study

Other features of the 2000-2001 self study were:

- Inclusion of interviews with a representative sample of 81 College of Medicine faculty, staff, and other related personnel.
- A student analysis section (including student opinion surveys describing pre-clerkships and clinical programs).
- Databases (finances, enrollment, library resources, etc.).

On-site Visit A team of six external evaluators conducted a three-day site visit at the campus on October 7-10, 2001. While on campus, the team had access to a wide variety of documents, including personnel records, course syllabi, and deans' and departmental reports.

In conducting the on-site evaluation, the team members consulted extensively with College and University officials, faculty, and students.

Team Report The visiting team issued a 36-page summary report of its comprehensive visit. Supplemental materials resulted in a final report of 186 pages. Contained in the report were:

- seven strengths
- notation that two areas were in transition: (1) a performance-based system to evaluate students' clinical skills during the clerkship phase of training; and (2) funding to implement plans to enhance research space in the new Medical Education and Biomedical Research Facility
- seven areas of partial or substantial noncompliance with accreditation standards.

Analysis:

College of Medicine Data: (from 2000- 2001 survey)

- | | |
|------------------------------------|-----|
| • Entering class | 150 |
| • Total enrollment | 632 |
| • Residents & fellows | 570 |
| • Full-time basic science faculty* | 91 |
| • Full-time clinical faculty* | 641 |

*Pathology considered as a clinical department

Team Comments The award letter of February 11, 2002, contained these comments: "The database was well organized and thorough, with little updating or amplification needed prior to the site visit. The self-study summary report was comprehensive, candid, and lucid."

Strengths

The visiting team identified a number of strengths, in the College of Medicine, encouraging the continuation of these good practices.

1. The dean has been successful in articulating and implementing a clear vision and plan for accomplishing the College's mission. Collegial working relationships exist among the leadership of the College of Medicine, its associated clinical and research partners, and the University.
2. The dean has committed substantial resources to ensure educational program quality.

3. The College of Medicine has made creative use of information technology for education.
4. The students are enthusiastic and thoughtful. Student opinion is highly valued and sought by faculty members and administrators.
5. The College has implemented policies and strategies to reduce the level of student mistreatment and to educate the academic community about this issue.
6. The new Medical Education and Biomedical Research Facility helps to mitigate previous concerns about educational and research space.
7. There is a commitment to excellence in research.

Challenges

Challenges are intended to indicate those areas that need attention.

Since the LCME deemed a report not necessary until January 1, 2004, formal responses to these challenges have not been prepared, although they are being addressed. The dean of the College of Medicine is prepared to discuss the following challenges that were cited by the visiting team.

No. 1 Standard

The faculty should foster in students the ability to learn through self-directed, independent study throughout their professional lives.

The evaluation of student achievement must employ a variety of measures of knowledge, competence, and performance, systematically and sequentially applied throughout medical school.

Finding

Some pre-clinical courses rely heavily or exclusively on the lecture format. There is pervasive use of multiple-choice examinations.

No. 2 Standard

A system for monitoring the achievement of clinical education goals must be developed [based on criteria . . .] and students must be evaluated in this framework.

Finding

Adequacy of patient resources was a concern at the time of the previous survey visit. At the time of this survey visit, patient volume was noted to be marginal in normal obstetrics and the hospitalized patients used for student learning for the psychiatry clerkship were not representative of the spectrum of psychiatric conditions.

No. 3 Standard

Each student should be evaluated early enough during a unit of study to allow time for remediation.

Finding

The availability of mid-clerkship feedback is variable and appears to be student initiated, rather than a standardized faculty responsibility.

No. 4 Standard There must be a system for preventive and therapeutic health services to students, to make health insurance available to all students and their dependents, and to make disability insurance available to students.

Finding *Although student services are being provided, students express dissatisfaction with their quality.*

No. 5 Standard If the library serving the medical school is part of a medical center or university library system, the professional library staff must be responsive to the needs of the medical school, its teaching hospitals, the faculty, resident staff, and students who may require extended access to the journal and reference book collections.

Finding *There is student concern about access outside of regular library hours. Problems with ambient noise and inadequate quiet space for study also have been noted.*

No. 6 Standard Residents must be fully informed about the educational objectives of the clerkships and be prepared for their roles as teachers and evaluators of medical students.

Finding *Only three departments provide formal training for resident physicians and there is no centralized system to ensure that all residents are prepared as teachers and evaluators of medical students.*

Interim Report The College of Medicine is to prepare a report to be submitted to LCME by January 1, 2004, that supplies solutions to the described concerns. The seven topics to be addressed are:

1. A description of the methods of instruction and of student evaluation used in each of the courses in the pre-clinical years, along with an explanation of how the curriculum promotes self-directed, independent learning.
2. An assessment of the adequacy of the numbers and breadth of patients available for medical student education in obstetrics-gynecology and psychiatry.
3. A description of the availability of mid-clerkship feedback, and the mechanisms in place to ensure that such feedback occurs.
4. Data on student satisfaction with health services, along with any steps that have been taken to alleviate student concerns (such as accessibility and quality of service).
5. The accessibility of the library and its utility for student study.
6. A description of the program(s) available to prepare residents for their roles as teachers and evaluators of medical students.
7. The status of performance assessment to evaluate medical students' clinical skills.

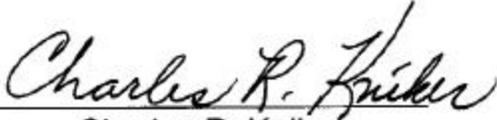
Other Qualities and Concerns Noted in Team Report	There were other qualities and several concerns noted throughout the visiting team's report, including the following:
Student Outcomes	<ul style="list-style-type: none">• Iowa medical students and graduates perform at levels that match or exceed national norms for commonly cited outcomes measures such as licensing exam performance, success in gaining admission to preferred residency programs, and program director ratings.• The student body exhibits a collective record of superior academic achievement.
College Ranking	<ul style="list-style-type: none">• Research funding has grown by 80% since the last survey, and the College now ranks tenth in National Institutes of Health (NIH) funding among all public medical schools.
Leadership	<ul style="list-style-type: none">• The cohesive and collegial working relationship among the leadership of the College, its associated clinical and research enterprises, resulting in enhancing the academic excellence of the institution.
Curriculum	<ul style="list-style-type: none">• The curriculum is well designed to facilitate student achievement of the educational objectives established by the College.• A notable success is the level of content integration in the first two years of the program.
Faculty	<ul style="list-style-type: none">• Faculty is of sufficient size to maintain the College's missions of education, research, and clinical excellence. Under-represented minority members of the faculty are few. Salaries are slightly below the national mean.• The major faculty concern is the short supply of research space. The new Medical Education and Biomedical Research Facility begins to address this concern.
Tuition and Scholarships	<ul style="list-style-type: none">• Tuition for in-state medical students was approximately \$3,000 below national average, and approximately \$7,000 above the national average for out-of-state medical students. To help offset rising educational costs, the College nearly doubled the amount of grants and scholarships from endowed funds for 2000-01.
Student Concern	<ul style="list-style-type: none">• The most prominent source of dissatisfaction with the program, according to the student analysis, is access to health services.

Institutional
Response to
Report

The University was given an opportunity to respond to the on-site visit report, object to any factual errors in the report, and submit additional materials to document its compliance with accreditation standards. As noted above, the report due January 1, 2004, will address the relevant concerns.

Copy of Materials

A complete copy of the materials on this accreditation action, including the self-study, on-site visiting team report, institutional response, and letter of formal notification of accreditation, is on file in the Board Office.


Charles R. Kniker

Approved: 
Gregory S. Nichols