

Contact: Diana Gonzalez

CARVER COLLEGE OF MEDICINE ACCREDITATION REPORT
AT THE UNIVERSITY OF IOWA

Action Requested: Receive the accreditation report from the Carver College of Medicine at the University of Iowa.

Executive Summary: The M.D. Program in the Carver College of Medicine (1) underwent a self-study that addressed the criteria defined by the accrediting body; and (2) had an on-site visit by peer evaluators. In October 2011, the Carver College of Medicine was informed that it was accredited for the maximum period of eight years with a status report due by August 15, 2013 addressing Standard ED 35 which was found to be in compliance but required monitoring – “The objectives, content, and pedagogy of each segment of a medical education program’s curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program’s faculty.”

This report addresses the Board’s Strategic Plan priority to provide “educational excellence and impact.”

Background:

◇ **Description.** The mission of the Carver College of Medicine is to enable students to become accomplished clinicians, researchers, and educators. The program emphasizes problem-solving skills, early exposure to patients, and enhanced community-based experiences.

⇒ The **M.D. Program** provides students with the appropriate training to become competent in patient care, medical knowledge, interpersonal skills, and professionalism. During the four-year curriculum, students rotate through didactic courses, labs, and clinical clerkships organized to allow students to become competent in all core areas.

Core didactic courses include Gross Anatomy, Biochemistry, Cell Biology, Healthcare Ethics, Law and Policy, Histology and Physiology of Human Organ Systems Immunology, Medical Genetics, Medical Pathology, Neuroscience, Pharmacology for Health Sciences, Principles of Infectious Diseases, and Foundations of Clinical Practice (I-IV). All students rotate through 81 weeks of required core clerkships in the 3rd and 4th years to obtain clinical experiences in Anesthesia, Dermatology, Emergency Medicine, Family Practice, OB/Gyn, Pediatrics, Psychiatry, and Surgery. Ten additional weeks of elective clerkships at the student’s discretion are also required.

◇ **Purpose of Accreditation.** An accredited educational program is recognized by its peers as having met national standards for its development and evaluation. To employers, graduate schools, and licensure, certification, and registration boards, graduation from an accredited program signifies adequate preparation for entry into the profession. In fact, many of these groups require graduation from an accredited program as a minimum qualification.

◇ **Accrediting Agency.** The accrediting body is the Liaison Committee on Medical Education (LCME).

- ◇ Review Process. The self-study prepared by the Carver College of Medicine contained the responses to the criteria required by the accrediting body – Institutional Setting (Governance and Administration; Academic Environment); Educational Program for the M.D. Degree (Educational Objectives; Structure; Teaching and Evaluation; Curriculum Management; Evaluation of Program Effectiveness); Medical Students (Admissions; Student Services; Learning Environment); Faculty (Number, Qualification, and Functions; Personnel Policies; Governance); and Educational Resources (Finances; General Facilities; Clinical Teaching Facilities; Information Resources and Library Services). There were 133 standards that had to be met to achieve accreditation.

- ◇ On-Site Team Report. In October 2009, the visiting team identified strengths and weaknesses. The team also indicated that 123 (92.5%) of the standards were in compliance. Eight (6.0%) standards were in partial or substantial noncompliance and two (1.5%) standards were “in transition;” their outcome could affect the school’s ongoing compliance with accreditation standards.

After submitting several reports to address the noncompliance and transition issues identified by the accrediting agency, the Carver College of Medicine was notified on October 17, 2011, that the areas formerly in noncompliance (format of objectives; required clinical experiences and monitoring; mid-clerkship feedback; curriculum management; monitoring curriculum content; clinical instructional facilities; and affiliation agreements) were now in compliance. The areas formerly labeled as “in transition” (medical school finances and student mistreatment) were appropriately resolved. The LCME determined that one standard (systematic review of the curriculum) was in compliance but required ongoing monitoring.

- ◇ Strengths Identified by the Visiting Team.

- ⇒ “The opportunities for medical students to enhance their educational experience through global health opportunities, courses in humanities, research opportunities, and service learning projects are commendable.
- ⇒ The Medical Student Counseling Center provides readily accessible academic/personal counseling and is a valuable and confidential resource for the students.
- ⇒ The Office of Consultation and Research in Medical Education serves the faculty, students, and residents well and also reaches out to help preceptors throughout the state of Iowa.
- ⇒ The school has implemented an exemplary system that collects clinical faculty feedback information and returns the end-of-clerkship evaluations in a timely fashion.
- ⇒ There is a strong and commendable culture of mentorship that supports the development of medical students and junior faculty.”

- ◇ Changes Implemented or Planned by the College. (Identified in italics.)

- ⇒ Format of educational program objectives. *All existing collegiate educational objectives were reviewed to assure accuracy and to assure they were written in an outcome-based format and associated with outcome-based measures for tracking achievement. The Medical Education Council (MEC) approved the learning objectives and has the responsibility to track the objectives and outcome measures. A new centralized computer-based data management system was implemented to facilitate tracking.*

- ⇒ Definition of required clinical experiences. *The associate dean and MEC reviewed the clinical education experiences in all required clinical clerkships, sites, and teams. Clinical experiences were defined to ensure that the appropriate mix of clinical experiences are available at all instructional sites to all patient care teams to meet students' educational needs. The number of required 4th year clerkships was reduced. The required medical student clinical experiences in each clerkship are outlined in the clerkship-specific syllabus that is provided to each student. The student data is tracked and reviewed both at the clerkship level and at the collegiate level in reports to MEC.*

The list of required medical student experiences was distributed to the clerkship directors for incorporation into the learning objectives of the clerkship and distributed to the faculty and residents. The E-Value PxDx system, a commercially available recording and tracking system, was implemented. This system replaces the previous paper tracking system and provides clinical directors and MEC with the ability to centrally monitor in real time individual or aggregate student programs and is also available to students to track their own progress.

- ⇒ Formative feedback. *Meetings occurred with each course and clerkship director to ensure that a system of mandatory formative feedback was in place. All required clerkships at the College must provide mid-clerkship feedback. Students are asked to complete a standard clerkship evaluation form and data is collected from that form based on the student's evaluation of the quality of formative feedback. The associate dean established and implemented a process for formative student feedback in the two areas specifically cited by the LCME – Healthcare Policy, Law and Ethics and Neurology.*

Recognizing that mid-rotation feedback is a significant mechanism to assist students in measuring their progress in learning, the College completed a systematic review of the formative feedback that students receive in all clinical clerkships and rotations. As part of that review, several previously required two-week courses became selective courses and one became a completely elective course. Only two required two-week clerkships remained; mechanisms were adopted to provide formative feedback on a one-week timeframe for each.

- ⇒ Central management of the curriculum. *In January 2011, the MEC was approved as the central authority for curriculum development, implementation, and evaluation and took the following actions:*
- ♦ *MEC approved changing the required anesthesia clerkship to an elective; and changed six required courses to selectives. Ophthalmology became a four-week selective clerkship instead of a required two-week clerkship. Students choose to complete eight weeks of the selective courses and an additional four weeks of clinical elective time.*
 - ♦ *Two-week electives for 4th year students were approved and implemented in June 2011. All two-week course proposals must be reviewed and approved by the MEC. The following courses have been approved – Psychiatry Elective in Substance Abuse; Interdisciplinary Elective in Intellectual Disabilities; Teaching Skills for Medical Students; Introduction to Physical Medicine and Rehabilitation; and Non-Interventional Birth Elective Course.*

- ♦ *MEC approved and implemented a new requirement that students in all required clinical clerkships must write a minimum of an average of one patient note per week of clerkship. The clerkship must also evaluate the student's ability to write appropriate clinical notes.*
 - ♦ *MEC approved an elective Humanities Distinction Track and a Global Health Distinction Track. Distinction tracks must submit an annual report on enrollment and outcomes.*
 - ♦ *The E-value PxDx tracking database was approved and implemented in June 2011 as a central electronic data collection system to help monitor clinical experiences; a new computerized monitoring system of the educational objective was approved and implemented in June 2011.*
 - ♦ *Three one-week intersessions for the 2012-2013 academic year were approved for all 3^d year students.*
- ⇒ Review of the curriculum as a whole. *The curriculum renewal is ongoing. It began in November 2009 when the Curriculum Renewal Steering Committee was charged to review the current state of medical education and project anticipated changes. The Committee was also charged to develop a process for curriculum change and implementation beginning with the matriculation of the Class of 2015. The case for renewal and the process for implementation were shared at meetings with collegiate leadership, MEC, departmental faculty, and the student body.*

A website was developed and publicized to increase faculty, staff, and student awareness of curriculum renewal. Four design/modeling committees were charged in April 2010 to develop four new structural models for curriculum delivery. The models were presented at a retreat in September 2010 as well as department and medical student class meetings. By April 2011, the Committee began focusing on improved Integration, Individualization of the Curriculum, and Innovation (3 "Is") for curricular delivery. Changes include the development of two-week electives for 4th year students that count toward their mandatory elective time; the new note writing requirement for all required clerkships; and a new option in the electronic medical record for faculty to add a teaching statement to a student note. Other renewal efforts include the development of selectives from previously required courses; elective distinction tracks; and development of inter-sessions (as noted above).

A number of curricular changes are anticipated in the near future: development of a required longitudinal personal wellness curriculum for 1st year medical students (Fall 2011); a completely integrated Radiology clerkship (Fall 2012); earlier 3^d year clinical experiences (Summer 2012); increased focus on patient safety and quality in a longitudinal fashion in the medical curriculum; and new context to deliver integrated basic sciences during the first semester of medical school for 1st year students (Fall 2012).

- ⇒ Monitoring curriculum. *Three data management programs are being used to improve monitoring of curriculum content, identify gaps and redundancies, and assist in planning a fuller horizontal and vertical integration of the curriculum. One of the programs is an existing curriculum database that was migrated to a new server to implement a better search engine that supports searching within courses as well as across the curriculum. The MEC oversees the ongoing monitoring and integration of the curriculum; the new governance structure has provided improved integration, coordination, and central management of the curriculum.*
- ⇒ Secure storage space for student belongings. *Additional three-tiered lockers were installed to provide a total of 918 lockers (an increase of 780), which exceeds the total number of students, thus allowing multiple locker choices at any given time.*
- ⇒ Affiliation agreements. *The VA Medical Center and UIHC agreements have been altered to ensure that trainees with occupational injuries will be assessed and, in emergency cases, treated initially at the VA. The UIHC has agreed to comply with College policies on student exposure to infectious or other environmental hazards. The affiliation agreement was updated to reflect College policy on student exposure and the UIHC procedure for medical students exposed to blood or body fluids.*
- ⇒ Medical school finances. *The College has increased its annual net revenue through moderate growth in revenue (clinical revenue and grant awards) and aggressive control of expenses. Control of expenses has been achieved by prioritizing expenses to the core research, teaching, and patient care missions of the medical school, and controlling central administrative expenses.*
- ⇒ Student mistreatment policies. *Standard questions regarding mistreatment were approved and added to the standardized clerkship evaluations that are completed anonymously by all students; the data from these evaluations are reviewed monthly. The College also developed a new Medical Student Mistreatment Policy to make the process of reporting and investigating mistreatment easier, more transparent, and protective of the complainant, including required central reporting by course and clerkship directors. Students can access the policy in the online student handbook.*
- ◇ Accreditation Status. *In October 2011, the Liaison Committee on Medical Education awarded accreditation to the Carver College of Medicine M.D. Program at the University of Iowa for the maximum period of eight years to 2017-2018.*

A status report is due in August 2013 addressing Standard 35 – systematic review of the curriculum. The College will be required to describe the status of implementation of the plans for curriculum revision. It must also note the changes that were made for the 2011-2012 and 2012-2013 academic years and any additional changes that are anticipated. In particular, the College must note the decision that was made about the delivery of integrated basic science content during the first semesters of the curriculum.