Accreditation of the educational program leading to the MD degree at UMMS for a full 8 year term.
The program's next full survey will take place during the 2019-2020 academic year.

4 citations: COMPLIANCE, WITH A NEED FOR MONITORING:
- ED-1 (educational program objectives)
- ED-30 (formative and summative assessment)
- ED-35 (systematic review and revision of the curriculum)
- ED-37 (monitoring curriculum content)

4 citations: NONCOMPLIANCE WITH STANDARDS:
- IS-16 (diversity)
- ED-32 (narrative feedback)
- MS-27-A (health care providers' involvement in student assessment)
- ER-9 (affiliation agreements)

The LCME is bound by the regulations of the United States Department of Education to document compliance with all cited LCME accreditation standards **within two years of a program's initial notification of noncompliance**. Therefore, the LCME will require timely follow-up on all determinations of noncompliance. Please see the "Required Follow-up" section above for details.

COMPLIANCE, WITH A NEED FOR MONITORING: in compliance, but that ongoing monitoring required

A. ED-I. The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.

Finding: UMMS has implemented the first two years of its new integrated, competency-based curriculum. The stated competencies and educational objectives guided the establishment of curriculum content and will provide the basis for evaluating educational program effectiveness.   A full evaluation of program effectiveness will not be possible until the educational program is completely implemented.

B. ED-30. The directors of all courses and clerkship rotations in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.

Finding: During the self study year of 2010-2011 average time of the clerkship grades exceeded six weeks in six of the ten required clerkships. The data presented for the first half of the 2011-2012 academic year shows a definite improvement with all clerkships below six weeks; however, given the limited period of this follow-up survey, this should require more monitoring.

C. ED-35. 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.

Finding: Systems by which the faculty conducts periodic review of each segment of the curriculum, as well as the curriculum as a whole, are not yet developed completely for the new curriculum. Strategies by which faculty can review the objectives, content and pedagogy of individual courses and clerkships and of years of the new curriculum have been designed and implemented. Although the entire traditional curriculum was reviewed as the precursor to its redesign and renovation, the strategies for continuing, periodic review of the curriculum as a whole will not be designed until implementation of the new curriculum is completed in academic year 2013-2014. Progress in completing the design and installation of all aspects of a curriculum evaluation program should be monitored.

D. ED-37. A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.

Finding: The school has relied heretofore on a system to monitor curriculum content that is limited in its utility and flexibility. A new curriculum database system is being put into place and populated with the information necessary to conduct efficient reviews of content to determine if standards for content currency, relevance, appropriate redundancies, and gaps are being met. The efficacy of the new curriculum database in supporting appropriate content reviews should be monitored.

II. NONCOMPLIANCE WITH STANDARDS: The LCME determined that the medical education program is currently out of compliance with the following accreditation standards:

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: UMMS has implemented many of the steps necessary to achieve appropriate diversity among its students, faculty, staff, and other members of the academic community. However, the school's expectations regarding diversity among the faculty, staff, and students are stated in 10 categories so broadly defined (e.g., nationality, languages spoken) rendering focused efforts to recruit and retain members of these categories difficult to achieve. Although focused programs have been developed to recruit and retain students who represent members of some of these groups, there was no evidence that focused programs for recruitment and retention have been developed and implemented for all of members of all ten categories across students, faculty and staff.

B. ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship rotation whenever teacher-student interaction permits this form of assessment.

Finding: Fewer than half of the basic science courses provide narrative feedback, including those with small group sessions. Approximately 40% of the first year classes and 60% of the second year classes have narrative feedback.

C. MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

Finding: The educational policy committee recently approved a policy holding the director of a course or health delivery service responsible for the development of plans to ensure that health professionals who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services. The associate dean for student affairs is charged with oversight for the enforcement of this policy. Vigilance on the part of the associate dean for student affairs will be required to assure that plans are developed by all directors of courses and health delivery services, that each plan that has been developed is appropriate, and that each plan is implemented.

D. 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.

Finding: Wording contained in the majority of clinical affiliation agreements indicates that the "clerkship director" at the site is appointed by and reports solely to the president of the clinical affiliate. This wording is inconsistent with the accreditation standard regarding the primacy of the medical school over academic affairs and the education and assessment of medical students in those settings.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by August 15, 2013 that includes the information

I. COMPLIANCE, WITH A NEED FOR MONITORING

A. ED-1 (educational program objectives)

1*. Describe the status of utilizing the educational program competencies and objectives in the evaluation of the segments of the curriculum or the curriculum as a whole.*

2. Describe the steps taken to date to determine if students are achieving the desired outcomes of the new curriculum. Note how the results of such evaluations are being used in determining if any changes in educational program objectives or competencies are needed.

B. ED-30 (formative and summative assessment)

1. Provide a copy of the school's policy for the timing of clerkship grades.

2. Complete the following table for each required clinical clerkship during the

2011-2012 academic year and as much of the 2012-2013 academic year as is available.

Required clerkship	Average time (in weeks) for students to receive clerkship grades		Number (percent) of students who did not receive grades within six weeks	
	2011-12	2012-13	2011-12	2012-13

List clerkships or clerkship sites that are significant outliers.

C. ED-35 (systematic review and revision of the curriculum)

1. Describe plans for the review of segments of the curriculum and the curriculum as a whole, including when and how the plans are being developed and the timing of their implementation. Refer to information in the response to accreditation standard ED-1, if relevant.

D. ED-37 (monitoring curriculum content)

*1. Describe the status of implementation of the E*Value database system.*

2. Describe how the curriculum database system is being used to monitor curriculum content, including identifying any gaps or content redundancies in the new curriculum. Provide examples, if available.

3. Describe how the curriculum database system will be used to support horizontal and vertical content integration.

II.   NONCOMPLIANCE WITH STANDARDS

A. IS-16 (diversity)

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.

i. Describe the process by which these policies were developed, approved, and implemented at the institution.

ii. Describe how these policies are made known to current and prospective applicants, students, employees, faculty, and staff.

2. Describe how the institution defines or characterizes diversity for its students, faculty, and staff. What dimensions of diversity are included in the definition of diversity for students, faculty, and staff? If different definitions apply to any of these institutional constituencies, provide each relevant definition.

3. Provide examples of focused programs that are directed at the recruitment and retention of students and faculty from each of the categories of diversity identified above.

B. ED-32 (narrative feedback)

1. List the courses in the first and second years of the curriculum where narrative feedback is provided to students. Note any changes from the time of the March 2011 full survey visits.

2. If there are courses with small group sessions or laboratory groups where narrative feedback is not provided, explain the reasons for its absence.

C. MS-27-A (health care providers' involvement in student assessment)

1. Describe the policy and the resulting systems that currently are in place to assure that faculty who provide sensitive health services to students have no role in student assessment or decisions about student progress.

2. Describe how faculty, residents, and students are informed about the policy.

3. Describe how the college of medicine assures that the system is functioning appropriately. How and by whom is compliance with the policy monitored?

D. ER-9 (affiliation agreements)

1. For each inpatient clinical teaching site used for required clinical clerkships, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Date of Signed Affiliation Agreement	Agreement Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/ Assignment

Include a copy of the language in each agreement related to the appointment and reporting relationship of the clerkship director/site coordinator.

2. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.