SUMMARY OF SURVEY TEAM FINDINGS

DISCLAIMER: This statement summarizes the findings of the *ad hoc* survey team that visited the University of Louisville School of Medicine from May 10-13, 2015, based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME. The LCME may come to differing conclusions when it reviews the team's report and any related information.

I. Institutional Setting

Areas In Compliance

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).

> **Finding**: The medical school's administration includes appropriate decanal staff, department chairs, and leaders of other organizational units to accomplish its missions.

IS-14-A. An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in service-learning activities and should encourage and support medical student participation.

> **Finding**: The Educational Policy Committee (EPC) has revised and approved the school's service learning policy. Beginning with students who entered medical school in 2012, all students are required to complete an EPC-approved service learning activity which includes a mandatory reflection component prior to graduation.

Areas In Compliance with a Need for Monitoring

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**: The medical school continues to take active steps to enhance and advance diversity and to promote inclusion for all faculty, staff and students. New initiatives are in place to recruit and retain a diverse academic community. For academic year 2014-15, the medical school enrolled a record number of African American students in the first year class (15 students total). In addition, since the April 2013 site visit, 91 new faculty have been hired in the school's defined diversity categories. New programs for improved retention of these faculty are in place that focus on support, mentoring and promotion of a climate and culture of inclusiveness. The effectiveness of these efforts should be monitored.

II. Educational Program Leading to the MD Degree

Areas In Compliance

ED-31. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship rotation to allow sufficient time for remediation.

Finding: In August 2014 the Educational Program Committee approved a formal policy to ensure that all courses and clerkships provide formative feedback to students early enough to allow students sufficient time for remediation. The survey team's discussion with students and data from satisfaction surveys indicate that a large majority of students are satisfied with the availability and quality of formative feedback.

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: In April 2013 the Educational Program Committee approved a policy requiring that students receive narrative feedback as an important component of assessment in all courses in which teacher-student interactions support this form of assessment. Compliance with this policy is regularly reviewed by the EPC.

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.

Finding: To create a planned, comprehensive integrated curriculum, the school has implemented a curriculum mapping system, and the Educational Program Committee has established a new curriculum subcommittee structure.

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: The school has put processes in place to utilize an electronic curriculum mapping system to achieve the goals of curriculum integration and evaluation. The curriculum has been catalogued and linked, and is reportable across all four years of required courses at the level of the individual session objective, program objective, core diagnosis/problem, topic, organ system/specialty, and AAMC competency and domain. All of these levels of indexing are reportable and contain the information to allow the Educational Program Committee, its subcommittees, and faculty members to make decisions about curricular content, integration, gaps, and redundancies.

ED-41. The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms.

Finding: Systems have been put in place to formalize and increase involvement and interaction between Trover and Louisville faculty in medical student education.

Areas In Compliance with a Need for Monitoring

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.

Finding: In academic year 2014-15, the school implemented a problem-based learning curriculum in the M1 and M2 years which includes opportunities for students to develop self-directed and lifelong learning skills. The Educational Program Committee has addressed the number of contact hours in the academic schedule to allow sufficient time for students to

complete independent study. The effectiveness of this curriculum is not yet known and requires monitoring.

ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

Finding: The Educational Program Committee has recently instituted a formal evaluation system to review outcome metrics for each clerkship. This systematic focus on outcomes has resulted in progress toward assuring comparable educational experiences and equivalent methods of assessment across all clinical sites This requires monitoring.

ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.

Finding: The Topics in Clinical Medicine (TCM) course was implemented in academic year 2013-14. Based on student evaluations of the curriculum, the school continues to modify the manner in which it delivers the topics students have identified as having insufficient coverage. This requires monitoring.

III. Medical Students

Areas In Compliance

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

Finding: The school has recently instituted efforts to minimize the impact of direct educational expenses on medical student indebtedness, including allocating new funding to enhance scholarships, allocating additional funds for need based and debt reduction scholarships, conducting a focused fundraising campaign for medical student scholarships, development of new criteria for the awarding of scholarships, and enhancement of activities to provide students with better tools to manage and lower their debt burden.

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.

Finding: Ten additional small study rooms for both group and individual use were created in the library in spring 2014. Seating capacity in the library was increased by 115. Nine study rooms were also incorporated into the Instructional Building renovation, and students are able to use the 24 new small group teaching rooms for study purposes when they are not in use. Survey data indicate high student satisfaction with the teaching facilities and student support space.

IV. Faculty

No Findings

V.   Educational Resources

ER-4. A medical education program must have, or be assured the use of, buildings and equipment appropriate to achieve its educational and other goals.

> **Finding**: The university secured $9.6 million to fund a major renovation of the existing Instructional Building. The renovation project upgraded lecture halls, added small group teaching rooms and student lounge/study areas, added small study rooms, and integrated state-of-the-art technology into the renovated spaces. A high level of satisfaction with these resources is reflected in the results of the recent student survey.

ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

> **Finding**: To ensure adequate clinical site resources for third and fourth year students, all clinical sites were included in a comprehensive review. In collaboration with representatives from the clinical affiliates, additional resources were identified and provided to the students. A high level of satisfaction with these resources is reflected in the results of the recent student survey.

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**: The medical school and KentuckyOne Health have added an addendum to the affiliation agreement effective December 12, 2013 which incorporates the LCME components on the learning environment, as well as student treatment and follow-up after exposure to infectious or occupational hazards.

ER-12. The library services at an institution that provides a medical education program must be supervised by a professional staff that is responsive to the needs of the students, faculty, and others associated with the institution.

> **Finding**: In March 2014, library hours were extended to 24 hours/day, 7 days/week. Survey data indicate high student satisfaction with library hours.

ER-13. An institution that provides a medical education program must provide access to well-maintained information technology resources sufficient in scope and expertise to support its educational and other missions.

> **Finding**: The medical school has accomplished numerous projects to update the school's technology resources in support of medical education. The school's webpage was completely redesigned and updated, the Wi-Fi infrastructure has been enhanced, and state-of-the-art technology has been added to collaborative learning spaces. A high level of satisfaction with these upgraded resources is reflected in the results of the recent student survey.

ER-14. The information technology staff serving an institution that provides a medical education program must be responsive to the needs of the medical students, faculty, and others associated with the institution.

> **Finding**: The medical school has adopted a comprehensive approach to address IT services in

support of students, faculty and staff, including the reorganization and alignment of the support personnel into an Academic Technology Office, hardware/ software upgrades to support the personnel, facilities renovations, and instructional technology training. The Academic Technology Office has focused on integrating existing personnel, identifying gaps in expertise and recruiting technology experts in those areas, and launching immediate training enhancements and process improvements in order to be more responsive to the needs of students, faculty, and other customers. A high level of satisfaction with these upgraded resources is reflected in the results of the recent student survey.