# LCME Standard 9

## Lori DeShetler, PhD

**Assistant Professor** 

Assistant Dean for Assessment and Accreditation Faculty Accreditation Lead



**COLLEGE OF MEDICINE** AND LIFE SCIENCES

.

# Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

A medical school ensures that its medical education program includes a comprehensive, fair, and <u>uniform</u> system of formative and summative medical <u>student</u> <u>assessment</u> and protects medical students' and patients' <u>safety</u> by ensuring that all persons who <u>teach</u>, <u>supervise</u>, and/or <u>assess</u> medical students are adequately <u>prepared</u> for those responsibilities.

#### Table 9.0-1 | Methods of Assessment – Pre-clerkship Phase of the Curriculum

Required courses in the pre-clerkship phase of the curriculum. Indicate the items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions.

				Include	ed in Grad	e			
Course Name	# of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* Specify	Narrative Assessment Provided (Y/N)
Cellular Disease	4	Х		Х				Х	
Bones-Neuro- Behavior	3	Х	х	Х			х	х	Y
ECOsystems: Cardiopulmonary & Renal Systems	3	х	Х	х				Х	
Cycles and Vices	4	Х	Х	Х			х	Х	Y
Principles of Clinical Medicine (PCM)	18	х	Х	х	Х	х	х	Х	Y

# 9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides <u>central monitoring</u> of their participation in those opportunities.

#### Table 9.1-2 | Resident Preparation to Teach

Orientation program (s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. Note whether it is sponsored by the department or the institution (D/I), required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom.

	Program Name/Brief Summary	Sponsor- ship (D/I)	Required/ Optional (R/O)	Centrally Monitored (Y/N)	Monitored by Whom?
Family Medicine Internal Medicine Neurology Ob/Gynecology Pediatrics Psychiatry Surgery	<ul> <li>All residents complete</li> <li>three modules:</li> <li>1) Residents as <ul> <li>Teachers</li> </ul> </li> <li>2) Creating a Respectful <ul> <li>and Effective</li> <li>Learning</li> <li>Environment</li> </ul> </li> <li>3) A Resident's Guide <ul> <li>for Providing Learner</li> <li>Feedback (2019) or</li> <li>Unconscious Bias</li> <li>(2020)</li> </ul> </li> </ul>	Ι	R	Y	Office of Graduate Medical Education

# 9.1 Narrative Responses

Institution-level policies that require participation of residents in orientation related to teaching and/or assessing medical students

- *Resident Supervision policy 3364-86-025-00*
- Three Residents as Teachers professional development program modules: Residents as Teachers, Creating a Respectful and Effective Learning Environment, and A Resident's Guide for Providing Learner Feedback (2019) or Unconscious Bias (2020).
- Guidebook, "How to complete the Clinical Competency Evaluation (CCE)"

All residents who supervise/assess medical students in required clinical clerkships receive learning objectives, list of required clinical encounters, and necessary orientation to their roles in teaching and assessment

• Semi-Annual Evaluations policy 3364-86-045-00 states that residents receive feedback on their performance

# 9.2 Faculty Appointments

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.



How is it assured that physicians who supervise/assess medical students have a faculty appointment?



Must have active faculty appointment: Supervision and Teaching of Medical Students policy 3364-81-04-006-01



Describe how faculty appointment status is monitored.

Monitored by Office of Faculty Affairs and Development; Contracts issued on yearly basis



Where teaching is carried out by others without faculty appointments, how are activities supervised?



Teaching occurs under supervision of those with faculty appointment

# 9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

# 9.3 Clinical Supervision of Medical Students

Policies that ensure medical students are appropriately supervised

• Supervision of Medical Students policy 3364-81-21

Mechanisms for students to express concerns about adequacy of supervision

Anonymous reporting form (https://www.utoledo.edu/report)

## **ISA** Data

### ISA Question 7.14 Supervision in third-year clerkships?

Class	To Respo	onses/ ise rate	Numbe % of I Respo	N/A	Number and % of combined Dissatisfied/ Very Dissatisfied Responses		Number and % of combined Satisfied/ Very Satisfied Responses	
	Ν	%	Ν	%	Ν	%	Ν	%
M3	166	98.2	2	1.2	10	6.0	154	92.8
M4	147	97.4	0	0.0	11	7.5	136	92.5
Total	313	97.8	2	0.6	21	6.7	290	92.7

## 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a <u>centralized system in place that employs a</u> variety of measures (including direct observation) for the <u>assessment</u> of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students <u>achieve</u> the same medical education program objectives.

### Table 9.4-1 | Observation of Clinical Skills

Percentage	Percentage of respondents who indicated they were observed performing the following clerkship activities.											
		AAMC GQ 2019				AAMC GQ 2020						
	Hist	ory	Physica	al exam	Hist	ory	Physica	l exam	Histo	ory	Physic	al exam
	School %	Nation %	School %	Nation %	School %	Nation %	School %	Nation %	School %	Nation %	School %	Nation %
Family Medicine	90.0	91.0	90.6	92.7	93.0	91.6	94.9	92.9	89.8	92.7	90.4	94.1
Internal Medicine	95.0	93.9	95.7	94.8	96.8	94.3	97.4	95.0	89.1	94.7	93.2	95.6
Neurology	95.7	91.0	97.9	92.7	94.9	85.9	97.4	92.4	89.1	86.6	92.5	92.6
Ob-Gyn/ Women's Health	72.9	84.4	82.7	91.2	83.9	85.9	92.3	92.4	81.0	87.2	90.5	92.9
Pediatrics	84.4	92.8	84.3	94.1	93.6	93.2	94.3	94.6	89.9	94.1	90.4	95.3
Psychiatry	90.8	93.2	90.8	92.5	92.9	93.8	91.7	92.6	93.1	94.5	91.8	93.7
Surgery	73.8	74.9	83.6	81.0	84.6	77.6	91.7	82.8	77.6	79.5	84.2	84.1

## GQ Data

### Table 9.4-2 | Clinical Skills

Percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following way to begin a residency program.

	AAMC GQ		AAMC GQ		AAMC GQ	
	2018		2019		2020	
	School	Nation	School	Nation	School	Nation
	%	%	%	%	%	%
Acquired the clinical skills required to begin a residency program	81.4	90.7	81.0	90.6	78.9	89.8

# 9.4 Narrative Response

How does the school monitor that all students are assessed performing the essential components of a history and physical examination in each required clerkship?

- Observation of clinical skills is required by all clerkships.
- Students are assessed performing the essential components of a history and physical examination by a faculty member who provides feedback and documents these skills on the Clinical Competency Evaluation.
- Physical exam skills are assessed in the OSCE, which is required by all clerkships except Neurology.
- Required clinical experiences that have a history and physical exam component are logged in RocketMed.
- In the end-of-clerkship evaluation, students indicate whether they were observed performing required clinical skills: 98% of respondents or higher across all clerkships indicated that they were observed taking the patient history, and over 97% of respondents across clerkships reported being observed performing the physical or mental status exam (on a real, standardized, or simulated patient).

## **ISA** Data

### ISA Question 7.3 Clinical skills instruction in the pre-clerkship (first/second year)?

					Numbe	er and			
	Numbe	er of				% of		Number and %	
	Tota	al	Number and		combined		of combined		
Class	Respor	nses/	% of N/A		Dissatisfied/		Satisfied/Very		
	Respons	e rate	Responses		Very		Sat	tisfied	
	to this	item	Dissatisfied Respon		Dissatisfied		ponses		
					Respo	nses			
	Ν	%	Ν	%	Ν	%	Ν	%	
M1	165	97.6	3	1.8	10	6.1	152	92.1	
M2	147	97.4	0	0.0	23	15.6	124	84.4	
Total	312	97.5	3	1.0	33	10.6	276	88.5	

•	estion 7 I skills as		ent in th	ne thir	d/fourth	years?	)	
	Numb	orof				Number and		or and %
	Tota		Number and		% of combined		Number and % of combined	
Class	Respor	nses/	% of N/A		Dissatisfied/		Satisfied/Very	
	Respons	e rate	Respor	nses	Very		Sat	tisfied
	to this	item			Dissati	sfied	Res	ponses
					Respo	Responses		
	Ν	%	Ν	%	Ν	%	Ν	%
M3	166	98.2	6	3.6	11	6.6	149	89.7
M4	148	98.0	0	0.0	13	8.8	135	91.2
Total	314	98.1	6	1.9	24	7.6	284	90.4

## 9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.



Summarize policy in which narrative descriptions of a medical student's performance will be provided

Narrative Descriptions of Performance During the Foundational Sciences and Clinical Curriculum policy 3364-81-24



Pre-clerkship phase includes narrative descriptions

Thread 1 PCM Communications sessions, Thread 4 anatomy lab, Integrated Clinical Skills Exam

Clerkship phase includes narrative descriptions

End of each clerkship experience using summative evaluation form

# 9.6 Setting Standards of Achievement

A medical school ensures that <u>faculty</u> members with appropriate knowledge and expertise <u>set standards of</u> <u>achievement</u> in each required learning experience in the medical education program.



# 9.6 Narrative Responses

Describe the roles of the curriculum committee and course/clerkship leaders in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and clerkships and for the curriculum as a whole (i.e., progression and graduation requirements).

- 1. Executive Curriculum Committee
- Curriculum Modification; Standards that Require Curriculum Committee Involvement policy 3364-81-12
- Major changes reviewed and approved by COMLS Faculty Council
- Educational Program Objectives for the College of Medicine policy 3364-81-04-011-01
- Graduation Requirements for the MD Degree Program policy 3364-81-04-013-05
- 2. System/thread and Clerkship Directors
- Recommendations submitted to curriculum committees

# 9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical <u>student</u> is assessed and <u>provided</u> with formal <u>formative feedback</u> early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

#### Table 9.7-1 | Mid-clerkship Feedback

Percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships.

	AAMC G	Q 2019	AAMC G	Q 2020	
	School	Nation	School	Nation	
	%	%	%	%	
Family Medicine	91.1	95.6	92.6	96.2	
Internal Medicine	98.7	98.2	98.0	98.2	
Ob/Gynecology	88.4	94.2	94.6	94.8	
Pediatrics	91.7	96.8	94.6	97.2	
Psychiatry	90.3	95.0	91.8	95.5	
Surgery	92.3	92.5	89.9	92.9	
Neurology	97.4	89.8	95.3	90.2	

#### Table 9.7-2 | Mid-clerkship Feedback

Percentage of respondents who agreed/strongly agreed that they received mid-clerkship feedback.

Data source: 2019-20 End of Clerkship Evaluation

	Yes	No
Family Medicine	100.0%	0.0%
Internal Medicine	99.4%	0.6%
Ob/Gynecology	100.0%	0.0%
Pediatrics	99.3%	0.7%
Psychiatry	100.0%	0.0%
Surgery	99.3%	0.7%
Neurology	100.0%	0.0%

#### Table 9.7-3 | Pre-clerkship Formative Feedback

Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum.

Course Name	Length of course (in weeks)	Type(s) of formative feedback provided	Timing of formative feedback
Cellular Disease	18	Quizzes, study questions, team-based learning	Weekly
Bones-Neuro-Behavior	18	Quizzes, study questions, team-based learning, simulated patients	Weekly
ECOsystems (Cardiopulmonary & Renal Systems)	12	Quizzes, study questions, team-based learning, case-based learning; simulated patients	Weekly
Cycles and Vices	12	Quizzes, study questions, team-based learning, case-based learning, simulated patients	Weekly
Principles of Clinical Medicine (PCM)	18	Quizzes, team-based learning, standardized patients, simulated patients	Weekly

Table 9.7-4a | Formative Feedback – Amount in Pre-clerkship Year(s)Percentage of students who responded with the amount of formativefeedback in the pre-clerkship year(s).

Class	N	% 0	er and f N/A onses	Number and % of combined Dissatisfied and Very Dissatisfied Responses			l Satisfied Satisfied
		Ν	%	Ν	%	Ν	%
M1	173	11	6.3	16	9.2	146	84.3
M2	155	4	2.5	23	14.8	128	82.5
M3	165	6	3.6	20	12.1	139	84.2
M4	147	4 2.7		38	25.9	105	71.4
Total	640	25	3.9	97	15.2	518	80.9

Table 9.7-4b | Formative Feedback – Quality in Pre-clerkship Year(s)Percentage of students who responded with the <u>quality</u> of formativefeedback in the pre-clerkship year(s).

Class	N	Number and % of N/A Responses		Numbe of com Dissatist Very Dis Respo	fied and satisfied	Number and % of combined Satisfied and Very Satisfied Responses		
		Ν	%	Ν	%	Ν	%	
M1	172	14	8.1	13	7.5	145	84.3	
M2	156	4	2.5	28	17.9	124	79.4	
M3	165	6	3.6	22	13.3	137	83.0	
M4	146	5	3.4	33	22.6	108	74.0	
Total	639	29	4.5	96	15.0	514	80.4	

## ISA Data

## **ISA** Data

Table 9.7-4c | Formative Feedback – Amount in Third/Fourth YearsPercentage of students who responded with the <u>amount</u> of formative feedbackin the third/fourth years.

Class	N	of	er and % N/A onses	Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses		
		Ν	%	Ν	%	N	%	
M3	166	5	3.0	23	13.9	138	83.1	
M4	148	0	0.0	16	10.8	132	89.2	
Total	314	5	1.6	39	12.4	270	86.0	

#### Table 9.7-4d | Formative Feedback – Quality in Third/Fourth Years

Percentage of students who responded with the <u>quality</u> of formative feedback in the third/fourth years.

Class	N	of	er and % N/A onses	Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses		
		N	%	N	%	N	%	
M3	166	6	3.6	27	16.3	133	80.1	
M4	148	0	0.0	24	16.2	124	83.7	
Total	314	6	1.9	51	16.2	257	81.8	

# 9.7 Narrative Responses

Describe how and by whom the provision of mid-course and mid-clerkship feedback is monitored within individual departments and at the curriculum management level.

Pre-clerkship phase:

- Formative Feedback During Foundational Sciences Curriculum policy 3364-81-16
- System and thread directors
- Foundational Sciences Curriculum Committee Executive Curriculum Committee Clerkship phase:
- Student Formative Feedback During Required Clinical Clerkships policy 3364-81-04-013-00
- Clerkship directors
- *Clinical Curriculum Committee Executive Curriculum Committee*

# 9.8 Fair and Timely Summative Assessment

A medical school has in place a system of <u>fair</u> and <u>timely</u> <u>summative assessment</u> of medical student achievement in each course and clerkship of the medical education program. <u>Final grades</u> are <u>available within six weeks</u> of the end of a course or clerkship.

Describe how timing of course and clerkship grades is monitored to ensure grades are reported on schedule.

- Final Grade Submission for Threads, Courses, and Clerkships policy 3364-81-14
- Pre-clerkship phase: All students in the pre-clerkship phase received grades within six weeks for all courses in 2019-20. This is monitored in Blackboard by system and thread directors with the academic coordinators.
- Clerkship phase: Late grades in 2017-18, 2018-19, and 2019-20. Monitored in RocketMed by the associate dean for clinical undergraduate medical education and academic coordinator with the clerkship coordinators.

### Table 9.8-1 | Availability of Final Grades

Weeks it took for students to receive grades and the percentage of students who did not receive grades within 6 weeks.

Required		AY 20	17-18			AY 20	18-19			AY 20	19-20	
clerkship	Avg	Min	Max	%	Avg	Min	Max	%	Avg	Min	Max	%
Family Medicine	3.20	1.29	5.71	0.00	2.94	0.00	5.43	0.00	2.71	0.29	6.00	0.00
Internal Medicine	2.90	2.29	3.14	0.00	3.07	2.57	4.43	0.00	2.95	2.57	3.57	0.00
Neurology	3.30	2.71	19.29	0.60	3.36	0.71	6.29	0.58	3.14	2.71	5.57	0.00
Ob-Gyn	4.11	2.71	6.43	0.59	4.50	1.86	6.00	0.00	3.50	1.71	6.43	1.14
Pediatrics	3.64	2.71	6.57	0.58	4.51	3.86	6.43	1.21	4.63	2.71	6.00	0.00
Psychiatry	3.02	0.00	5.43	0.00	3.20	0.71	4.71	0.00	2.56	0.29	4.43	0.00
Surgery	3.12	0.00	3.43	0.00	3.46	3.43	3.86	0.00	3.20	0.57	4.14	0.00

Minimum/maximum number of weeks it took for students to receive grades during 2020-21, and the percentage of students who did not receive grades within 6 weeks.

Required clerkship		AY 2020-21 as	s of 01/11/21	
Required clerkship	Avg.	Min.	Max.	%
Family Medicine	3.11	1.57	5.29	0.00
Internal Medicine	2.64	2.00	3.57	0.00
Neurology	2.95	1.29	3.57	0.00
Ob-Gyn	2.60	1.71	4.57	0.00
Pediatrics	4.42	3.29	5.71	0.00
Psychiatry	2.45	0.29	5.14	0.00
Surgery	3.00	0.00	3.43	0.00

## **ISA** Data

ISA Question 8.8 Fairness of exams and grading? (New curriculum)												
	Numbe	er of			Number	and %	Number and					
	Total		Num	ber	of com	bined	% of					
Class	Respor	nses/	and %	% of	Dissatis	fied /	comb	oined				
Class	Response		N/A		Very		Satisfied/					
	rate to	this	Responses		Dissatisfied		Very Satisfied					
	item				Respo	nses	Respo	onses				
	Ν	%	Ν	%	Ν	%	Ν	%				
M1	171	97.7	0	0.0	22	12.9	149	87.1				
M2	156	98.1	3	3 1.9		26.3	112	71.8				
M3	165	97.6	10	6.0	16	10.0	139	84.2				
Total	492	97.8	13	2.6	79	16.1	400	81.3				

ISA Question 9.8 Fairness of exams and grading? (Legacy curriculum)											
	Numbe	er of			Number	and %	Numb	er and			
	Total		Num	ber	of com	bined	%	of			
Class	Respor	nses/	and % of		Dissatisfied /		combined				
Class	Respor	Response		A	Ver	гу	Satis	fied/			
	rate to	this	Responses		Dissatisfied		Very Sa	atisfied			
	item				Respo	nses	Respo	onses			
	Ν	%	Ν	%	Ν	%	Ν	%			
M4	146	96.7	3	2.1	12	8.2	131	89.7			

# 9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal <u>process</u> for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to <u>respond</u>, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

# 9.9 Narrative Responses

Describe how a single set of core standards for promotion, advancement, and graduation is applied across all sites.

- *Pre-clerkship curriculum: students subject to same standards*
- *Clinical curriculum: all sites subject to common assessment system* 
  - College of Medicine Grading Policy for Required Clinical Clerkships 3364-81-04-013-06
  - Alternative Sites of Instruction for the Required Clerkships policy 3364-81-04-009-00
- Graduation Requirements for the MD Degree Program policy 3364-81-04-013-05
- Student academic and professional progress monitored in accordance with Academic Progress Committee MD Program policy 3364-81-04-036
- Academic Progress Committee guided by Medical Student Grading, Academic Promotion, Reexamination, Remediation, Dismissal, Due Process, and Appeals policy 3364-81-04-013-02

# 9.9 Narrative Responses

Policies and procedures for disciplinary action and due process.

- College of Medicine Disciplinary Action, Due Process, and Appeals policy 3364-81-04-017-01
- Professionalism and Related Standards of Conduct for MD Students policy 3364-81-04-017-02
- Separation of Roles Among Academic Advisors to Ensure Confidentiality and Absence of Conflict of Interest in Medical Student Promotion and Evaluation Decisions policy 3364-81-04-025-00

# Questions?



# LCME STANDARD 10

## YVETTE PERRY, PH.D. Associate Dean for Admissions

& Strategic Enrollment



A medical school **establishes** and **publishes admission requirements** for potential applicants to the medical education program, and uses **effective policies and procedures** for medical student **selection**, **enrollment**, and **assignment**.

~Liaison Committee on Medical Education - Standard 10



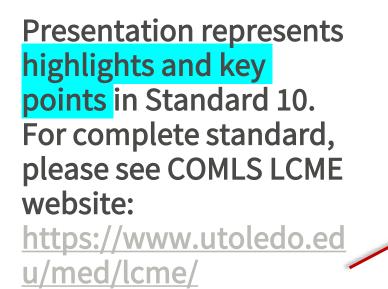
# **STANDARD 10** MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

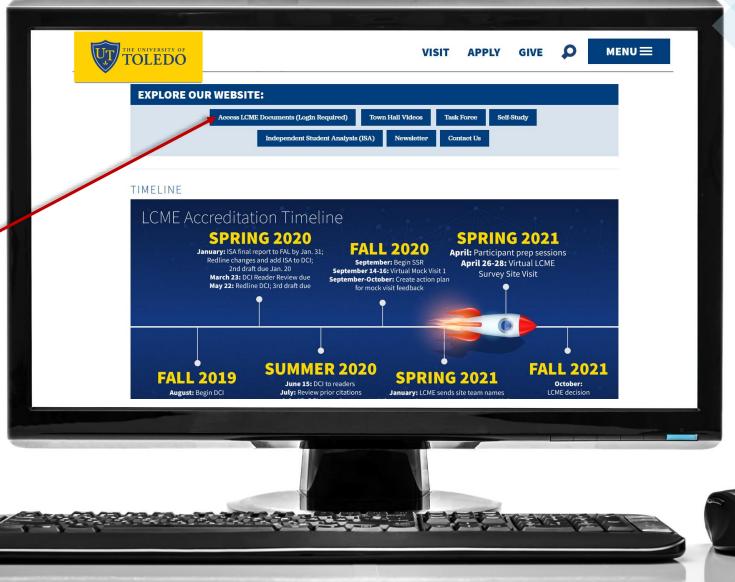
Elements:

- **10.1** Premedical Education/Required Coursework
- 10.2 Final Authority of Admission Committee
- 10.3 Policies Regarding Student Selection/Progress and Their Dissemination
- 10.4 Characteristics of Accepted Applicants
- 10.5 Technical Standards
- 10.6 Content of Informational Materials
- 10.7 Transfer Students
- 10.8 Visiting Students
- 10.9 Student Assignment



L C M E T O W N H A L L S T A N D A R D 1 0





# TABLE 10.0-1: APPLICANTS AND MATRICULANTS

	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20	AY 2020-21
Initial Applications	4216	3679	4,115	3,644	5,411	6,233
Completed Applications	2718	2003	2,477	2,324	3,415	4,467
Applicants Interviewed	506	506	572	452	397	381
Acceptances Issued	340	296	305	273	297	342
New Students Matriculated	177	174	175	175	175	176



L C M E T O W N H A L L S T A N D A R D 1 0

5

# 10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a **broad undergraduate education** that includes the study of the **humanities, natural sciences, and social sciences**, and confines its specific premedical course requirements to those deemed **essential preparation** for successful completion of its medical curriculum.



### PREMEDICAL EDUCATION/REQUIRED COURSEWORK



- Required Prerequisites
- Biochemistry
- Biological sciences
- General chemistry with labs
- Organic chemistry with labs
- Physics

• Anatomy

- Biostatistics
- English
- Genetics
- Medical terminology
- Microbiology
- Physiology
- Coursework in psychology and social sciences

Recommended

10.1

### 10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

The **final responsibility** for accepting students to a medical school rests with a **formally constituted admission committee**. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. **Faculty members constitute the majority of voting members** at all meetings. The selection of individual medical students for admission is **not influenced by any political or financial factors**.



8

#### <sup>10.2</sup> Admissions Committee Charge

The admissions committee for the MD Program at The University of Toledo...has the **final authority for accepting students to the medical school**. The admissions committee is charged with promoting **fair**, **effective**, and **efficient** practices in a manner that is **not influenced by any political or financial factors**. Admissions committee members demonstrate the highest possible levels of **integrity** and **professionalism** to conduct thorough, **holistic review** of applicants to select medical students who will best meet the **mission** of the college...

#### Admissions Committee Co-chairs: David Pearson, PhD

Assistant Dean for Admissions Associate Professor, Radiation Oncology

#### **Yvette Perry, PhD** Associate Dean for Admissions and Strategic Enrollment

Assistant Professor, Medical Education

#### **FINAL AUTHORITY OF ADMISSION** 10.2 COMMITTEE Alternate Interview List Admissions • AC members Admissions • AC members--**Office Deans** w/faculty • AC members Scores based on Committee (AC) majority of each • Add'l faculty final eval • Ad hoc subcommittee AC members subcommittees interviewers **Subcommittees** • AC co-chairs Final Ad Hoc **App Screen Evaluation** Evaluate and score Screen AAMC "Alternate list": score Seated as needed in Conduct a thorough, Centralized Application candidates using a holistic evaluation of the is basis of a ranked list order to create, revise, Service (AMCAS) standardized *complete application file* w/all applicants not review, or otherwise extended an initial applications and *Multiple Mini* and interview reports of provide feedback on UToledo secondary offer of acceptance: policies and procedures Interview (MMI) each individual in a AC co-chairs monitor related to medical applications interview protocol group of interviewed yield and make offers

candidates

#### student selection

from the alternate list

#### 10.3 POLICIES REGARDING STUDENT SELECTION/ PROGRESS & THEIR DISSEMINATION

The faculty of a medical school establish **criteria for student selection** and develop and implement effective policies and procedures regarding, and make decisions about, **medical student application**, **selection, admission, assessment, promotion, graduation**, and any **disciplinary action**. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.



#### 10.3 **POLICIES REGARDING STUDENT SELECTION/ PROGRESS & THEIR DISSEMINATION**

Describe when and by whom the policies, procedures, and criteria for medical student selection were developed and approved, and how they are disseminated...



- Standard University policy review and approval process
- Developed by admissions office leadership (asst deans, assoc dean, and staff)
- Feedback: Admissions Committee, Dept of Medical Education, COMLS senior leaders
- Periodically reviewed and approved by the Admissions Committee and Dean's Senior Cabinet
- Disseminated via MD program admissions website, printed promotional material, during recruitment fairs and informational meetings, etc.



#### 10.3 **POLICIES REGARDING STUDENT SELECTION/ PROGRESS & THEIR DISSEMINATION**

Admissions Process Step	Preliminary screening for secondary application invitation	for the	Results of the Interview	Acceptance Decision	Creation of the Wait/Alter- nate List	Offer of admission, incl. from Wait/Alter- nate list
Criteria	Citizenship requirement (U.S. citizen or permanent resident) Metrics baseline (MCAT & undergrad GPA); Mission-relevant criteria: e.g., pipeline, pathway, linked post-bacc program participant	Holistic review of AMCAS and UToledo Secondary applications; Geographic yield (Ohio/non-Ohio)	Multiple Mini Interview competencies based on "pre- professional" area of AAMC Core Competencies for Entering Medical Students; Average score of interviewers	Holistic review of AMCAS and Toledo secondary applications; Interview performance via interview scores and interviewer forms	Average score of final evaluation subcommittee	Initial acceptance: -Final evaluation subcommittee majority vote = Accept (initial acceptance) -Alt list: Alt list rank (primary) + Mission-relevant criteria

### 10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who possess the **intelligence**, **integrity**, and **personal and emotional characteristics** necessary for them to become **competent physicians**.



14

### 10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

Describe the personal attributes of applicants considered during the admission process...



- Based on the AAMC holistic review model
  - Balance of experiences, characteristics, and academic metrics
  - Potential to contribute to the mission of the medical school
- Broadest terms, applicants are considered who have
  - the academic ability to thrive in the rigorous medical school curriculum,
  - experiences that clearly demonstrate a commitment to serve members of the community, and
  - personal characteristics that evidence values of integrity and collaboration



### 10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

- Methods used during admission process to evaluate and document personal attributes of applicants are **stage-specific;** Ex:
  - Interview stage focuses on preprofessional attributes but not attributes related to academic preparation
  - Final application evaluation stage focuses on preprofessional competencies in addition to metrics and experiences

#### AAMC Pre-Professional Competencies





COMPETENCE





RESILIENCE & ADAPTABILITY



RELIABILITY &







A medical school develops and **publishes technical standards** for the **admission**, **retention**, and **graduation** of applicants or medical students in accordance with legal requirements.



17

## 10.5 **TECHNICAL STANDARDS**

- Minimal Technical Standards for Admissions, Matriculation, and Graduation policy 3364-81-04-005-00
  - Last reviewed and approved by Executive Curriculum Committee July 2020
- Policies for admission, retention, and graduation (i.e., Minimal Technical Standards for Admissions, Matriculation, and Graduation policy 3364-81-04-005-00, Graduation Requirements for the MD Degree Program policy 3364-81-04-013-05)
  - Disseminated to potential and actual applicants, enrolled medical students, faculty, etc.
  - College policy website, admissions website, medical education websites, Student Handbook



### 10.6 CONTENT OF INFORMATIONAL MATERIALS

A medical school's **academic bulletin** and other informational, advertising, and recruitment materials present a balanced and accurate representation of the **mission and objectives** of the medical education program, state the academic and other (e.g., immunization) **requirements** for the MD degree and all associated joint degree programs, provide the most recent **academic calendar** for each curricular option, and describe all **required courses and clerkships** offered by the medical education program.



### 10.6 CONTENT OF INFORMATIONAL MATERIALS

- Informational materials about the medical school program are reviewed annually and updated as needed by leadership of the appropriate office
- Recruitment materials are made available via multiple online sources including the college MD program admissions website and the AAMC Medical School Admissions Requirements portal.
- Hard copy viewbooks and other informational materials are distributed during recruitment fairs, college visits, pre-health advisor events, presentations to community groups and student organizations, and on-campus tours



## 10.7 **TRANSFER STUDENTS**

A medical school ensures that any student accepted for **transfer** or **admission with advanced standing** demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics **comparable to those of the medical students in the class that he or she would join**. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.



21

10.7

### TRANSFER STUDENTS

		Year 1		Year 2		Year 3		Year 4	
		AY							
		2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20
	LCME-accredited, MD- granting medical school	0	0	0	0	0	0	0	0
	AOA-accredited, DO-granting medical school*	NA							
	Non-LCME or AOA-accredited international medical school*	NA							
	Non-MD-granting graduate or professional degree program*	NA							

\*Transfers are not permitted for students from non-LCME accredited medical schools, non-LCME accredited international medical schools, and non-MD-granting programs.



# 10.7 TRANSFER STUDENTS

Describe procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicants' educational experiences and prior academic achievement to those of medical students in the class that they would join...



STANDARD 10

TOWN HALL

- Policy: Requests for Transfer to the College of Medicine and Life Sciences 3364-81-04-010-00
- Completed the pre-clerkship phase at their current medical school by the time they matriculate to the COMLS MD program
- Approval to apply only after determination regarding whether there is space in the clinical program and other institutional resources to support an additional student
  - Sen Assoc Dean, Student Affairs and Admissions
  - Assoc Dean, Clinical UME
  - Sen Assoc Dean, UME



## 10.8 **VISITING STUDENTS**

TOWN HALL

STANDARD 10

A medical school does all of the following:

- Verifies the **credentials** of each visiting medical student
- Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a **complete roster** of visiting medical students
- Approves each visiting medical student's assignments
- Provides a **performance assessment** for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills each of these responsibilities



### 10.8 **VISITING STUDENTS**

	2018-19	2019-20	2020-21			
Visiting students completing required clerkships						
Domestic visiting medical students	NA	NA	NA			
International visiting medical students	NA	NA	NA			
Visiting students completing clinical electives and/or other courses						
Domestic visiting medical students	11	*19	*0			
International visiting medical students	17	*10	*0			

\* Due to COVID-19, the remainder of international and domestic visiting students' 2020 rotations were cancelled and, in compliance with the Coalition for Physician Accountability's (COPA) guidelines, away rotations are not permitted until further notice.



TOWN HALL СМЕ STANDARD 10

## 10.8 **VISITING STUDENTS**

Describe the procedures and criteria...to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the medical students he or she would join in a clinical experience...



- Enrolled in an LCME-accredited allopathic medical education program or a Commission on Osteopathic College Accreditation (COCA)-accredited osteopathic medical education program in the USA or Canada or at an international allopathic medical school with an approved affiliation agreement with the college
- Good academic standing and have a passing score on Step 1 of the United States Medical Licensing Examination (USMLE) or an equivalent comprehensive examination\*
- In their fourth year of medical school w/successful completion of all third-year core clerkships\*

\*Students from U.S. and Canadian schools



## 10.9 **STUDENT ASSIGNMENT**

A medical school assumes ultimate responsibility for the **selection and assignment** of medical students to **each location and/or parallel curriculum** (i.e., track) and identifies the **administrative office** that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can **request an alternative assignment** when circumstances allow for it.



# 10.9 **STUDENT ASSIGNMENT**

Describe the timing and process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include how and by whom the final decision about assignment is made. Note the ability of students to select or rank options.



- M3 students can request specific assignments of instructional sites
- Clerkship coordinators send students a site preference form 4 to 8 wks before clerkship start date
- Students can rank preferred specialties and sites, including AHEC sites
- Clerkship coordinators schedule students to sites based on site capacity, referring to the preference forms to attempt to accommodate student requests



#### STANDARD 10 MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

#### **Key Policies and Websites**

- COMLS Program Admissions Committee Authority and Structure policy 3364-81-28
- Academic Progress Committee, College of Medicine, MD Program Policy 3364-81-04-036
- Graduation Requirement Policy 3364-81-04-013-05
- Medical Student Grading, Academic Promotion, Re-examination, Remediation, Dismissal, Due Process, and Appeals Policy 3364-81-04-013-02
- College of Medicine and Life Sciences: Disciplinary Action, Due Process, and Appeals Policy 3364-81-04-017-01
- MD Program Admissions Viewbook: <u>https://www.utoledo.edu/med/md/admissions/pdfs/UTCOMLS-MD-</u> <u>Admissions-Viewbook-Web.pdf</u>
- Academic calendar for each curricular option:
  - M1 and M2: https://www.utoledo.edu/med/md/curriculum/rocket-medicine/
  - M3: <u>https://www.utoledo.edu/med/md/curriculum/curriculum3/dates.html</u>
  - M4: https://www.utoledo.edu/med/md/curriculum/curriculum4/dates.html
- Requests for Transfer to the College of Medicine and Life Sciences Policy 3364-81-04-010-00
- Minimal Technical Standards for Admissions, Matriculation, and Graduation Policy Number: 3364-81-04-005-00
- Third Year Clerkships Scheduling Changes Policy 3364-81-04-012-07
- Supervision and Teaching of Medical Students policy #3364-81-04-006-01



## **QUESTIONS?**



