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February 23, 2012

Corrected Letter

Timothy R. Lannon, SJ
Office of the President
Creighton University
2500 California Plaza
Omaha, NE 68178

Dear President Lannon:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its February 7-9, 2012 meeting regarding the accreditation status of the medical education program at the Creighton University School of Medicine and to transmit to you the enclosed report of the LCME survey team that conducted a full survey visit to the medical school on October 16-19, 2011.

After reviewing the report of the full survey team, the LCME voted to continue accreditation of the educational program leading to the MD degree at the Creighton University School of Medicine for an eight-year term. **The medical education program's next full survey will take place during the 2019-2020 academic year.**

In reviewing the LCME's determinations below, please note the October 2011 implementation of a new category of compliance, *in compliance, with monitoring*. The LCME has determined that an area found to be *in compliance, with monitoring* is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance.

An area found to be *in noncompliance* fails to meet one or more of the requirements of the cited standard. **The LCME is bound by the regulations of the United States Department of Education to document that the medical education program has brought all areas of noncompliance into compliance within two years. The two-year timeframe begins at the point that the initial decision that a standard is in noncompliance is made by the LCME.**

The LCME will require timely follow-up on areas identified as being either *in compliance, with monitoring* or *in noncompliance*. Please see the "Required Follow-up" section below for details.

Please refer to the attached memorandum for an overview of LCME compliance terminology. To review the complete list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME website at: www.lcme.org/functions2011may.pdf

**LCME DETERMINATIONS REGARDING COMPLIANCE
WITH ACCREDITATION STANDARDS**

I. STRENGTHS

In its review of the team report, the LCME determined that the following items represent institutional strengths:

- A. Dean Rowen Zetterman and his staff have been recognized by students for their accessibility and commitment to the educational program and to the student body.
- B. The Health Sciences Multicultural and Community Affairs Office has contributed to institutional diversity through a variety of successful pipeline programs and activities for enrolled students. The office is well resourced and has successfully attracted grant funding to support its initiatives.
- C. There is a strong sense of community and commitment to service among the student body. One hundred percent of students voluntarily participate in community service activities. The collaborative and supportive student culture is fostered by the faculty, who serve as very effective role models in their interactions with students and patients.
- D. There is a student-centered educational environment. Students cite support services as exemplary, including the academic success consultants, the chaplain, the Office of Student Affairs, and the financial aid coordinator. The resources for and process of career counseling also were notable
- E. There is a comprehensive wellness program that is included in the required curriculum. The wellness program is enhanced by functional facilities, including a new Student Wellness Center located close to student classrooms and a full-service gym located a short walk away.

II. AREA(S) IN NONCOMPLIANCE

The LCME determined that the medical education program is currently in noncompliance with the following accreditation standards:

- ED-2) An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.

Finding: The system to identify and monitor required clinical encounters is not complete in some clerkships. For example: a) The surgery clerkship monitors procedures, but has not begun to monitor required clinical encounters; b) The medicine and pediatrics clerkships have not specified the level of student responsibility and the appropriate clinical settings for patient encounters; and c) The methods used to record patient encounters by students inhibit central monitoring.

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: The Educational Policy Committee has not been successful in bringing about correction of certain areas of the curriculum identified in the database and by students as problems, specifically the first-year neurosciences course and the surgery clerkship.

MS-18) A medical education program must have an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services.

Finding: The associate dean for student affairs may be involved in handling certain sensitive issues, such as a student's substance abuse problem, and also supervises the dean's letter preparation. The associate dean appears to sign off on the letter "based on personal knowledge and with complete confidence" in the exemplar letter. There does not appear to be an alternate mechanism for the student to choose another letter writer.

FA-7) There must be clear policies in place at a medical education program for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean.

Finding: Final policies for the promotion of Phoenix-based affiliate faculty are under development.

III. AREAS IN COMPLIANCE, WITH MONITORING

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required:

ED-30) Formative and summative assessment

Finding: For the 2011-2012 academic year, the school of medicine has implemented a corrective policy and process requiring that clerkship grades be returned in a timely manner. This has resulted in clerkship grades for rotations being available within six weeks for the past two clerkship rotations.

ED-44) Equivalence of student services

Finding: Some staffing for student support in Phoenix is not yet in place.

MS-24) Student educational debt

Finding: The average debt of graduating Creighton students and the percent of graduates with debt over \$200,000 decreased between 2010 and 2011, the first decrease since the time of the previous survey visit. However, 55% of 2011 graduates had debt in excess of \$200,000. New scholarship support has been identified and tuition increases have been limited. The dean also has utilized discretionary funding to ensure that scholarship support per student remains constant, in the context of increases in class size. However, total enrollment will continue to increase and additional external and internal scholarship support is not, to date, guaranteed.

ER-2) Financial resources

Finding: The university has been subsidizing the negative financial margin of the medical school. Current university planning is underway to evaluate new models of medical school budgeting.

Finding: The practice plan is introducing incentive pay to the majority of the faculty based on clinical productivity. This plan should be monitored to insure that it achieves the desired goal of increasing revenue without decreasing the faculty's commitment to education.

REQUIRED FOLLOW-UP

In order to address the above-mentioned areas, the LCME requested that the dean submit two status reports containing the information listed below.

- The report related to standards MS-18 (academic advising), FA-7 (policies for appointment, advancement, renewal, tenure, dismissal), and MS-18 (academic advising) is due by **August 15, 2012**.
- The report related to standards ED-2 (required clinical experiences and monitoring), ED-33 (curriculum management), ED-44 (equivalence of student services), MS-24 (student educational debt), and ER-2 (financial resources) will be due by **August 15, 2013**.

Please refer to the following web page for current LCME submission requirements:
www.lcme.org/submission_requirements.htm

STATUS REPORT DUE ON AUGUST 15, 2012:

AREAS IN NONCOMPLIANCE

MS-18) Academic advising

Provide information on the status of the following role conflicts that were identified during the February 2010 full survey visit:

- a. The associate dean for student affairs may be involved in handling sensitive health issues with students.
- b. The associate dean for student affairs signs off on Medical Student Performance Evaluations.

FA-7) Policies for appointment, advancement, renewal, tenure, dismissal

Describe the current procedures for making appointments and re-appointments and determining promotions for school of medicine faculty on the Phoenix campus. Describe how these procedures have changed since the time of October 2011 full survey visit.

AREAS IN COMPLIANCE, WITH MONITORING

ED-30) Formative and summative assessment

Please complete the following table with data from each required clerkship during the 2011-2012 academic year:

Required Clerkship	Number of Students	Average Time in Days for the Provision of Clerkship Grades	Number (%) of Students who did not Receive Their Grades in Six Weeks (42 Days)

STATUS REPORT DUE ON AUGUST 15, 2013:

AREAS IN NONCOMPLIANCE

ED-2) Required clinical experiences and monitoring

Summarize the system(s) used by faculty to monitor students' required clinical experiences. When and by whom are clerkship-specific clinical experiences reviewed and monitored/verified?

Comment specifically on the progress of the surgery clerkship in monitoring both procedures and patient encounters. Comment specifically on the progress of the medicine and pediatrics clerkships in specifying and monitoring the appropriate clinical settings for patient encounters.

Describe how the central monitoring of these activities is carried out.

ED-33) Curriculum management

Describe the roles of the curriculum committee and any subcommittees, the chief academic officer or associate dean for educational programs, interdisciplinary course committees (if relevant), and the departments in ensuring that curricular content is coordinated and integrated within and across academic periods of study.

Describe the steps taken and the changes made since the 2011 full survey to address the areas of the curriculum identified in the database by students as problematic, specifically the first-year neuroscience course and the surgery clerkship.

AREAS IN COMPLIANCE, WITH MONITORING

ED-44) Equivalence of student services

Describe the changes in staffing support at the Phoenix campus compared to that available at the time of the October 2011 survey visit.

MS-24) Student educational debt

Complete the table below for the indicated academic years:

	AY 2010-2011	AY 2011-2012	AY 2012-2013
Average Debt of Indebted Medical Students			(if available)
% of Indebted Graduates with Debt over \$200,000			(if available)
Tuition and Fees for Entering Medical Students			
Total Available Scholarship Funds			
Average Scholarship Award per Medical Student			

Provide a copy of the most recent LCME Part I-B Financial Aid Questionnaire.

Provide data from available sources, including the AAMC Medical School Graduation Questionnaire (GQ) and internal student satisfaction surveys, regarding the adequacy of available financial aid resources and the quality and accessibility of related financial aid services (e.g., debt management counseling).

Describe any school of medicine plans for increases in tuition and fees for medical students in the 2013 and 2014 entering classes, if this information is available.

Describe accomplishments since the time of the October 2011 survey in increasing the availability of scholarship support, and report on any plans to increase scholarship funding beyond the 2012-2013 academic year.

ER-2) Financial resources

Describe the status of planning for and implementing a new model of medical school budgeting that would decrease the need for the university to subsidize the negative financial margin of the school of medicine.

Describe the impact of introduction of this model, if it has been implemented.

Report on the introduction of the practice plan incentive program. Describe how the school is monitoring the impact of the anticipated increases in clinical performance on the quality of the educational program.

Accreditation is awarded to a program of medical education based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. Please refer to the submission requirements page on the LCME website for details on submitting such notifications: www.lcme.org/submission_requirements.htm

A copy of this report is being sent to Dean Rowen Zetterman. The report is for the use of the medical school and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Principal Secretary
July 1, 2011 - June 30, 2012



Dan Hunt, MD, MBA
LCME Principal Secretary
July 1, 2012 - June 30, 2013

enc: LCME Secretariat memorandum regarding categories of compliance with accreditation standards

cc: Rowen K. Zetterman, MD, MACP, MACG, Dean, School of Medicine, Creighton University