Office of Academic Affairs

Debra Holly Ford, MD, FACS, FASCRS
Sr. Associate Dean, Academic Affairs
Associate Professor, Surgery
SPEAKER DISCLOSURE

I have had no financial interests or relationships with a commercial product, service, technology interests or programs in the past 12 months.

I have no conflicts of interest to disclose.
Academic Affairs

- Office of Academic Affairs
- Office of Medical Education
- Office of Curriculum
- Support from the Data Analysis Center

- Partnership with all other Dean’s offices
- Dean of the College of Medicine
Our Job

• Assure successful student progress by providing excellent academic support (administrative and educational)
• Culture of teamwork
• Deans, Faculty, Staff and Students
Academic Affairs

• Administrative support
• Curriculum support
• Educational support
• Faculty support
• COM support
Academic Affairs

- Course/Unit and Clerkship coordinators/directors
- Academic Support Group
  - Data Analysis Center (DAC)
  - Office of Medical Education
  - Curriculum Office
  - Academic Affairs Office
  - IT Manager
  - HUHS Academic Information Resources
Academic Affairs

- Academic monitoring and counseling
- Store student files
- Records grades
- Registration and Course enrollment
- Schedules
- Verifications
- Policy and Procedures
- Support for Curriculum
HUCM PROGRAMS

• MD
• BS/MD
• MD/MBA
• MD/MPH

• HUCM Faculty support the education of ~ 80 graduate students in the HU Graduate School
COM Registrants

• Class of 2022 122 students
• Class of 2021 116 students
• Class of 2020 104 students
• Class of 2019 122 students

• Other students on LOA: MD/PhD; MD/MBA; Research; MPH; Academic, Medical/Personal, etc. (~30 students)
The Curriculum
THE CURRICULUM

• Mission
• HUCM Educational Objectives (13)
• Entrustable Professional Activities (EPAs)
• USMLE content – usmle.org
• LCME questionnaire – lcme.org
• Public Expectations of a physician
THE CURRICULUM: General Competencies

- Cognitive skills (Medical Knowledge)
- Technical skills (Clinical Skills)
- Non-cognitive skills
  - Interpersonal Communication
  - Systems-based practice
  - Practice-based learning and improvement
  - Professionalism
Entrustable Professional Activities

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility
9. Collaborate as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician: IV, venipuncture, airway, foley, NG tube
13. Identify system failures and contribute to a culture of safety and improvement
THE CURRICULUM

• Independent life-long learners
• Didactics – decreased over the years
• Simulation
• Real and standardized patients
• Active learning
  • Small groups
  • Team-based learning
  • Flipped Classroom
  • Self-Directed learning
  • Mentoring
  • Modeling
  • Laboratory sessions
YEAR 1

• Molecules and Cells – 2 units
  • Metabolism, cell biology, histology, microbiology

• Structure and Function – 3 units
  • Anatomy and Physiology

• Medicine and Society – 2 units
  • Clinical skills/ Doctoring 101
YEAR 2

• Organ Systems – 6 units
  • Systems-based

• Introduction to Clinical Medicine 1 and 2
  • Physical Diagnosis

• Medicine and Society – 1 unit
  • Epidemiology, alternative medicine, etc.
YEAR 3

- Surgery (8 wks)
- Internal Medicine (12 wks)
  - Neurology
  - PM&R
- Family Medicine (4 wks)
- Pediatrics (8 wks)
- Ob/Gyn (8 wks)
- Psychiatry (6 wks)
- Emergency medicine (2 wks)
- Family Medicine (4 wks)
- Ethics/Jurisprudence
YEAR 4

- Acting internships - required
  - Sr. Internal Medicine – 4 weeks
  - Sr. Surgery – 4 weeks
  - Intern Readiness Course - 4 weeks
- 5 or 6 electives (5 required) – 4 weeks each
  - Primary care – required
  - Research
  - Intra-mural
  - Extra-mural / International
OPPORTUNITIES

• International electives
• Research
• Extra-curricular
• Service learning
• Honors and Awards
• Honors and Oath
• Alpha Omega Alpha
• Gold Humanism Honor Society
LCME : Full Accreditation

The Liaison Committee on Medical Education (LCME®) accredits complete and independent medical education programs leading to the M.D. degree in which medical students are geographically located in the United States or Canada.

To achieve and maintain accreditation, a medical education program leading to the M.D. degree in the U.S. must meet the standards contained in the LCME document. The accreditation process requires a medical education program to provide assurances that its graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care.
**LCME Standards**

- 12 accreditation standards
- Each with an accompanying set of elements
- Each element identifies variables with which a program must comply
- The standards flow from institutional level to the student
- COM continually monitors these standards through a robust quality improvement process
LCME Standards

1: Mission, planning, organization and integrity
2: Leadership and Administration
3: Academic and Learning environment
4: Faculty preparation, productivity, participation
5: Educational resources and infrastructure
6: Competencies, Curricular objectives, and curricular design
7: Curricular content
8: Curricular management, evaluation and enhancement
9: Teaching, supervision, assessment, and student and patient safety
10: Medical student selection, assignment and progress
11: Medical student academic support, career advising, and educational records
12: Medical student health services, personal counseling, and financial aid services
1.3 Mechanisms for Faculty Participation

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.
3.1 Resident Participation in Medical Student Education

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.
3.6 Student Mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior.

Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.
4.4 Feedback to Faculty

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.
4.5 Faculty Professional Development

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research to enhance his or her skills and leadership abilities in these areas.
6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students, faculty, residents, and others with responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.
6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.
6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.
7.6 Cultural Competence and Health Care Disparities

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.
7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.
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.
9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment 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 achieve the same medical education program objectives.
9.7 Formative Assessment and Feedback

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs 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.
9.8 Fair and Timely Summative Assessment

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

- Formative
- Narrative
- Summative – H, S, U

- Honors: 85 and above
- HP (Jr. Clerkships only)
- Satisfactory: 70-85
- Unsatisfactory: <70
EVALUATIONS

- Courses
- Curriculum
- Student
- Faculty
Narrative Evaluation

- Clinical skills, professionalism, knowledge
- What were the learning goals
- How well is the student achieving
- Review student’s progress over time
- Provide suggestions for improvement
- Be specific
- Knowledge, Skills, Attitudes
11.1 Academic Advising

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.
12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.
I have not been involved in this student's care, nor have I viewed the student's medical record  

**Selection** | **Option**
---|---
X | True

If you have been involved in the care of this student or viewed their medical record please suspend the evaluation.

**IF YOU'VE NEVER ENCOUNTERED THIS STUDENT, PLEASE SUSPEND THIS EVALUATION.**

In evaluating the student's performance, use as your standard the level of knowledge, skills and attitudes expected from the clearly satisfactory student at this stage of training. For any component that needs attention or is rated 1 or less, please provide specific comments and recommendations in the comment section. Be as specific as possible, including reports or critical incidents and/or outstanding performance. Global adjectives or remarks, such as "good student," do not provide meaningful feedback to the student.

**Scale to Grade Legend:**

1 = 55  
2 = 60  
3 = 65 Unsatisfactory

4 = 70  
5 = 75  
6 = 80 Satisfactory

7 = 85  
8 = 93  
9 = 100 Superior

**Patient Care**  

Incomplete, inaccurate medical interviews, physical examinations, and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions  

Superb, accurate, comprehensive medical interviews, physical examinations, review of other data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences

<table>
<thead>
<tr>
<th>Insufficient Contact to Judge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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12.8 Student Exposure Policies/Procedures

The education of medical students about methods of prevention
The procedures for care and treatment after exposure, including a definition of financial responsibility
The effects of infectious and environmental disease or disability on medical student learning activities
Documents

• Howard University College of Medicine Policies and Procedures Manual
• H Book
• Schedules Booklet
• Faculty should know the policies and procedures
Policies Affecting Students

• Evaluations
• Professionalism
• Examinations
• Criteria for promotions
• Duty hours
• Absences
• Appeals
Appeals

• Grade, evaluation or administrative decision
• Course/clerkship director
• Associate Dean for Academic Affairs
• Dean of the College of Medicine
  • Student Grievance Committee
• University grievance committee
Students With Disabilities

• Office of Special Student Services
• Notification from the Associate Dean for Student Affairs
• Do not engage student in discussion of diagnoses
• Follow accommodations as specified
• Do not discuss with other students
New Faculty Expectations

• Get involved
• Teach
• Evaluate
• Provide feedback
• Mentor
SUPPORT PROGRAMS

- Faculty advisors: Clinical and Basic Science
- Office of Medical Education (OME)
- MedSTAR (tutoring)
- Sr. Associate Dean for Academic Affairs
- Associate Dean for Student Affairs & Admissions
- Re-examinations
- Summer Directed Study Program
- Our GOAL: Successful matriculation through all years of the curriculum
ACADEMIC AFFAIRS Office

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Angela Cummings– Administrative Coordinator
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Office of Medical Education (OME)

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• Kelda Lea, MPH, Program Manager
• Alicia Anderson, PhD, Program Manager/Education Specialist
• Alyene English, Administrative Assistant III
Office of Curriculum

• Stafford Battle
• Crystal Lynch

Data Analysis Center

• Monique Frazier
QUESTIONS ??