

IDAHO STATE UNIVERSITY'S (ISU) REVIEW OF THE ASSESSMENT BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION SECRETARIAT OF THE MEDICAL EDUCATION PROPOSAL BY ISU

Following is the text of the comments sent by the LCME in response to a request for an informal assessment of the ISU Medical Education materials. Idaho State University's responses to individual items are noted in bold italics.

RESPONSE OF THE LIAISON COMMITTEE ON MEDICAL EDUCATION SECRETARIAT TO THE MATERIALS SENT BY IDAHO STATE UNIVERSITY

This is a response to documents submitted by Idaho State University (ISU) that addressed resources and budgetary issues related to the creation of a new medical school in Idaho. Our comments are, of necessity, general. We will begin with a some general expectations of the LCME related to resources, and link these to questions raised by the submission. Please note that many of these areas are interrelated. We understand that the ISU submission is preliminary, and not linked to LCME expectations and standards. However, we raise these issues as ones that will need to be addressed before any application to the LCME is made.

The LCME has the following expectations for developing, as well as existing, medical schools:

1) Faculty Availability (General)

LCME Expectation:

Faculty should have explicit time commitments to the medical education program. If not full time at the medical school, they should have a contractual relationship with a defined time commitment to participate in medical education responsibilities (courses, clerkships, advisory roles). If the faculty have primary appointments at another school/college within the university, the time commitment to the primary unit should not be so heavy as to interfere with the time devoted to medical student teaching. While they are engaged in their duties for the medical education program, faculty must be explicitly accountable to the medical school dean.

ISU Proposal:

While there are a number of ISU faculty named in the proposal who are linked to other schools/colleges, it is not clear what their commitments to the primary unit are or how much time they will have to devote to medical student teaching. The number of new FTE faculty to be hired into the medical program appears to be relatively low, especially for an eventual enrollment of 120 (in the first two years of the curriculum). The process for ensuring that faculty from other schools/colleges are accountable to the medical school dean for their medical education responsibilities is not identified. While it was noted that some existing faculty have familiarity with medical schools and their educational programs, there was little

specificity about their areas of expertise or their familiarity with modern methods of teaching medical students.

ISU Comment:

Philosophically, ISU wishes to integrate current on-campus faculty with appropriate expertise for a medical education program with the body of faculty that will deliver the educational program for the proposed medical education program. ISU leaders of academic units potentially involved in this process are also philosophically supportive of this objective. This cross-fertilization would be academically beneficial for all participating individuals and the programs to which they are currently assigned, including the proposed medical education program.

Although this feature would be a more significant use of dual appointments than is currently in practice on the ISU campus, the university does have ongoing experience with this arrangement as it pertains to tenure, promotion, and academic assignments. The details of this process would be outlined and identified as the full business plan is developed.

Also to be developed further in the business plan would be ISU's expected ability to provide faculty development in teaching methodologies. ISU has the Center for Teaching and Learning (CTL) which has that as its mission. We expect the creation of a medical education program on campus would lead the CTL to devote specific resources to support faculty in that specific area of instruction, but details will be developed as a part of the business plan.

2) Clinical Faculty Availability in the First Two Years of the Curriculum

LCME Expectation:

A robust clinical presence is expected in the first two years to complement the traditionally heavy basic science content. On-site clinical faculty are needed to both plan and deliver the curriculum and to ensure that students acquire the information and develop the clinical skills needed as a basis for the third and fourth years of the curriculum. In addition, clinical correlations and integrated basic science/clinical teaching is expected. Often clinicians are course directors in the second year curriculum, as curricular content typically focuses on pathology and the application of basic diagnostic and therapeutic information and skills, including the use of medications. The ability to utilize physicians in this way typically requires that they receive funding from the medical school, so that they are easily and frequently available to medical students. Faculty development is considered key to preparing clinicians, as well as basic scientists, for their educational roles.

ISU Proposal:

While a number of clinicians are listed, only a total of 4 FTE new hires are indicated for the Introduction to Clinical Medicine courses in years 1 and 2. It is not clear if any of the other new hires will be physicians with experience in medical education. It also is not clear what resources will be available to prepare faculty to use new methods of teaching.

ISU Comment:

We anticipate that the 4 FTE mentioned above would be the directors and organizers, as well as core faculty, for the Introduction to Clinical Medicine courses. We anticipate that the remainder of the new hires for the second year curriculum which are shown as being assigned to medical education (9.4 FTE) would all be physicians. Although the actual curriculum will not be designed until extensive work on the full business plan is undertaken, we anticipate the content associated with the organ system courses noted on the generic curriculum in our proposal as it now exists would be a part of the second year program and the clinical medicine expertise indicated would be expected from that group of new faculty hires.

Note our response to Item 1 as it pertains to preparation of faculty for new and innovative teaching methods.

3) Faculty Resources in the Context of Curriculum Structure

LCME Expectation:

The LCME expects that the medical education program will develop learning objectives that guide curriculum planning and delivery. The objectives should be focused on the competencies that a physician should develop. The LCME also expects that the curriculum be structured to support active learning throughout the four year. In consequence, a predominantly lecture-based curriculum is not acceptable. Instructional formats should include opportunities for small group work.

ISU Proposal:

There was mention of creating courses to be shared between the medical school and one or more other health professions programs. If this model is to be followed, the program must teach to the objectives of the medical education program and there must be sufficient resources to accommodate all learners. It was not clear from the data provided if there will be sufficient faculty to staff small groups sessions (typically 8-10 students per group) as well as other interactive, active learning formats during the first and second years.

ISU Comment:

We recognize that the sharing of courses will require great care in design of such courses and a careful analysis of the learning objectives of each potential group of students. ISU does feel that there can be benefits to each group of students by their interactions with each other as they proceed through their respective programs, again, provided the vehicle for that interaction also effectively meets the respective learning objectives. Such analysis will occur as the appropriate groups are brought together to create the medical education curriculum and specific courses are designed as a part of development of the full business plan. We do not at this point know how many or if any courses can be so designed, but we anticipate that discovery by approaching curriculum development with that as a possibility. ISU has experience with shared courses (such as biochemistry, histology, and gross anatomy) with several health

professions programs. We recognize that requirements of a medical education program curriculum will add complexity to any such shared arrangement.

Our College of Pharmacy implemented a new curriculum in 2002. That curriculum has made successful extensive use of small group case studies, so we anticipate significant on-campus experience and expertise to help us integrate small group sessions into the curriculum. We also, of course, expect to utilize the expertise of consultants, as well as experience from our other health professional programs, during the development of the full business plan where this methodology will be integrated into the resulting medical education curriculum. Out of those planning sessions will come plans for the use of faculty time in small group sessions. If necessary, adjunct faculty are available for this purpose.

4) Educational Program Space Resources

LCME Expectation:

The availability of educational facilities must not present a barrier to the delivery of an appropriate educational program. Facilities should include classrooms (large and small), laboratory space (as needed), and other relevant space.

ISU Proposal:

While the proposal listed a number of classrooms (existing and under construction), the extent to which they are used by other educational programs was not described. In addition, the current anatomy laboratory seems small for a medical school class size of 60 students, especially in light of its use by students in other educational programs. Planning for acquisition of dedicated small group teaching space to support the medical education program and study space for medical students was not addressed.

ISU Comment:

The current Anatomy and Physiology program has three laboratories with space for 24 students each per class session. The Facilities model presented to LCME included a provision to construct another dissection laboratory for medical programs.

Small group teaching space is available in various locations throughout the ISU campus. The Rendezvous Center, which recently opened in 2007, has multiple spaces available, as does the Oboler Library and other academic buildings. Study spaces are also available in these same locations. There are seven private study rooms in the Library, along with three classrooms, and six study rooms in the Rendezvous Center. They can be reserved or dedicated on an as-needed basis. Open study areas exist in many other classroom buildings.

5) Support Staff

LCME Expectation:

The LCME expects that medical students have access to appropriate student support services (health services, personal counseling, academic advising, career counseling, financial aid services). This access must be available regardless of where the students are located. Career and academic counseling should be provided by individuals who are knowledgeable about medical education and have the time to devote to interactions with medical students.

ISU Proposal:

Locating the medical education program on the ISU campus for the first two years likely will allow access to health and personal counseling services. The proposal notes that a financial aid counselor will be added. Career counseling and academic advising may draw heavily on basic science faculty, as well as clinical faculty and it is not clear if sufficient faculty who are knowledgeable about medical student teaching will be available (see Clinical Faculty Availability in the First Two Years of the Curriculum). Staffing of admissions, student affairs, career counseling, personal and academic counseling, and other student-related functions was not addressed in sufficient detail to determine their adequacy in the context of the heavy demands placed on medical students and the support systems needed to assist them. In addition, a distributed model of medical education requires a significant infrastructure investment to permit coordination and comparability across sites.

ISU Comment:

In regard to providing medical students access to student services wherever they are located, we currently have infrastructure that will accomplish this effort. We are now providing students support services in our various locations across Idaho. We will utilize these resources to provide medical education students outside of Pocatello with support services and will supplement this effort with web resources and electronic communications.

Student service area staffing concerns, in regard to the additional enrollment of medical education students, are being addressed in the ISU Strategic Plan. We estimate that we will need to add four full-time equivalent staff.

6) Medical Student Interaction with Resident Physicians

LCME Expectations:

The LCME expects that all students have the opportunity to interact with residents during at least some core clinical clerkships, so that they become familiar with the requirements of the next stage of training.

ISU Proposal:

It appears that residents in family medicine are located in the Pocatello area. It was not clear if residents will be present at any of the other distributed sites to be used for clinical education.

ISU Comment:

In addition to the ISU residency in Family Medicine in Southeast Idaho mentioned in the ISU proposal, the Boise area (Southwest Idaho, referred to as the Treasure Valley in the ISU proposal) has a somewhat larger family medicine residency. In addition, also in the Treasure Valley, the University of Washington School of Medicine has one and two year components respectively of residencies in Internal Medicine and in Psychiatry. The internal medicine residency one year component has been in place for many years, while the two year Idaho component of the psychiatry residency is ongoing, but in its infancy. Both Southeast Idaho and Southwest Idaho are regional clinical rotation sites in the ISU proposal.

The ISU proposal has also planned a rotation site for Northern Idaho. Our understanding is that conversations are taking place among several entities in Northern Idaho to consider developing a family medicine residency program in that region. Development of the ISU proposed clinical rotation site in the North may need to wait on developments on the residency front in that region.

In the meantime, however, we anticipate that sufficient rotations will be available in the two southern regions of the State of Idaho to permit implementation of a medical education program.

7. Medical School Finances

LCME Expectations:

The LCME expects that there are multiple sources of funding to support the educational program. The LCME also expects that the medical school develop resources for scholarship support to decrease the cost of medical education to students.

ISU Proposal:

One option presented in the proposal was that all costs would be covered through student tuition. Regardless of the plan for tuition finally adopted, the LCME would expect at least one other stable revenue source at time the school was initially accredited, with plans for phasing in additional revenue sources as the school matures. There was no mention of plans to generate revenue, except for tuition and, perhaps, state funding.

ISU Comment:

The plan presented to LCME is a preliminary model that did not include all of the details that will be worked out for a formal proposal. Within the plan presented, ISU

identified selected funding options, one of which included funding the entire cost through student tuition. Other options presented were setting student tuition at the same rate WWAMI students currently pay, leaving the balance to be funded by the state. A third option showed students paying half of the cost, again leaving the balance to be funded by the state. However, the funding scenarios presented are only three of a variety of possible options.

Details of the ISU model call for funding from several resources, including:

- Student tuition at a rate to be determined***
- State appropriated funding as a permanent funding source***
- Philanthropy to develop scholarships for students***
- Charitable giving campaigns to defray operating costs***
- Federal and other dollars for sponsored research***
- Eventually, funding from spin-off activities that would develop based on research results.***