



LIAISON COMMITTEE ON MEDICAL EDUCATION

COUNCIL ON MEDICAL EDUCATION
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June 10, 2002

Ralph Cicerone, PhD
Chancellor
University of California - Irvine
501 Administration
Irvine, California 92697-1900

Dear Dr. Cicerone:

The purpose of this Letter of Accreditation is to advise you of the action taken by the Liaison Committee on Medical Education (LCME) on June 5-6, 2002 regarding the accreditation status of the University of California-Irvine College of Medicine and to transmit to you the final report of the LCME/ad hoc survey team that visited the school on January 27-31, 2002.

After reviewing the report of the survey team, including information from the Medical Education Database, the LCME identified the following areas of institutional strength:

1. Dean Thomas C. Cesario, MD brings impressive leadership, management style and continuity to the institution.
2. The dean of the college and the director of the UCI Medical Center have a collaborative relationship that is necessary for the continued growth of the clinical enterprise and the education of medical students.
3. The senior associate dean for educational affairs, the associate dean for student affairs, and the associate dean for curricular affairs are remarkable for their responsiveness to student and curricular needs.
4. The college exhibits extraordinary commitment to medical education despite constrained , funding.
5. Ongoing curricular modification and renewal have resulted in notable innovations, such as a two-week required rotation in substance abuse.
6. The J. Edward Berk Alumni Medical Education Center supports performance-based assessment of medical students through a standardized patient program involving 600 standardized patients.
7. A revised admissions process bases final selection on personal characteristics, extracurricular activities, community service, clinical and/or research experience, breadth of life experiences, and disadvantaged status.

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8. A considerable number of junior faculty members are passionate about their educational roles, although they are neither eligible for tenure nor able to vote in the faculty senate due to their type of University of California faculty appointment.
9. Collaboration among departments markedly contributes to curriculum integration.
10. Extramural funding for research has almost doubled since the previous full site visit.

The LCME also identified the following areas of partial or substantial noncompliance with its accreditation standards:

- Standard: *Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that show the extent to which institutional and program purposes are met.*
- Finding: The College of Medicine has defined a set of clear and specific learning objectives. It does not, however, have in place outcome measures for its objectives concerning cultural awareness, scholarship, self-study, and life-long learning. The achievement of graduates is not documented, although a pilot study is underway.
- Standard: *The faculty should foster in students the ability to learn through self-directed, independent study throughout their professional lives.*
- Finding: The heavy dependence on lectures and core notes do not foster self-initiated learning.
- Standard: *The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Medical students should learn to recognize and appropriately address gender and cultural biases in health care delivery, while considering first the health of the patient.*
- Finding: The underrepresentation of certain minority populations in the student body may impede the ability to comply with these standards. Since the school is inhibited by state law in its recruitment activities, the college could look to other avenues (for example, curriculum, faculty composition) to provide an environment where the issue of cultural diversity is addressed.
- Standard: *Each medical school should develop and publish technical standards for the admission of handicapped students, in accordance with legal requirements.*
- Finding: Technical standards for admission have not been established.

The LCME also identified the following areas that were in transition at the time of the survey visit. Transitional areas have the potential to impact the educational program in the future.

1. The Patient, Doctor, and Society course offered in year one and the Patient-Doctor courses offered in years one, two, and four are being revised according to a thoughtfully-designed plan. The courses are key to the delivery of content related to the college's learning objectives and to LCME-required subjects, including as behavioral science, ethics, communication, and life-long learning.
2. Although the financial condition of most clinical departments has stabilized, the deficits in several departments have not been resolved by the University, the college, and the hospital. If continued, this situation could become detrimental to the academic program.
3. Due to impending construction of a new hospital, the UCI Medical Center may decrease the amount of funding that it provides to the college in the coming years.
4. The family medicine clerkship is changing from a longitudinal-ambulatory experience to a four-week inpatient block.

The LCME voted to continue full accreditation of the educational program leading to the MD degree at the University of California-Irvine College of Medicine. The next full survey is scheduled for the 2008-2009 academic year. The LCME also requested that the dean provide a report to both LCME Secretaries by January 1, 2004 on the following areas:

1. The development of and status of data collection on outcome measures for cultural awareness, scholarship, self-study, and life-long learning.
2. The opportunities in the preclinical curriculum for students to engage in self-directed, independent study and active learning.
3. The availability of opportunities for students to develop skills in understanding gender and cultural issues related to health and disease and in recognizing cultural biases in themselves and others.
4. The status of technical standards for admission.
5. The status of the revisions of the Patient, Doctor, and Society course and the Patient-Doctor courses, including the teaching of behavioral science, ethics, communication skills, and skills related to life-long learning.
6. The status of financial deficits in clinical departments.
7. The amount of funding provided to the College of Medicine by the UCI Medical Center, as compared to the time of the 2002 survey visit, and any projections of future revenue from that source.
8. Data on performance in and satisfaction with the Family Practice clerkship.

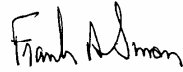
Accreditation is awarded to a program of medical education based on a judgment that there is an appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution, so that the balance is distorted, the LCME expects to receive prior notice of the

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proposed change. A major change may lead to the re-evaluation of the program's accreditation status by the LCME.

A copy of the final report of the LCME is being sent to the Dean of the College of Medicine, Thomas C. Cesario, MD. The document is for the use of the medical school and university, and any distribution is at the discretion of institutional officials.

Sincerely,



Frank A. Simon, MD
LCME Secretary, 2001-2002

cc. Thomas C. Cesario, MD, Dean, College of Medicine
David P. Stevens, MD, LCME Secretary, 2002-2003