



## LIAISON COMMITTEE ON MEDICAL EDUCATION

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
2450 N STREET, N.W.  
Washington, D.C. 20037

David P. Stevens, M.D.  
LCME Secretary, 2002-2003  
Phone: 202-828-0596 Fax: 202-828-1125  
E-Mail: dstevens@aamc.org

COUNCIL ON MEDICAL EDUCATION  
AMERICAN MEDICAL ASSOCIATION  
515 North State Street  
Chicago, Illinois 60610

Frank A. Simon, M.D.  
LCME Secretary, 2003-2004  
Phone: 312-464-4933 Fax: 312-464-5830  
E-Mail: frank\_simon@ama-assn.org

November 5, 2002

Thomas Traves, Ph.D.  
President  
Dalhousie University  
Arts & Administration Building  
6299 So. Street  
Halifax, Nova Scotia B3H 4H6  
Canada

Dear Dr. Traves:

The purpose of this letter of accreditation is to inform you of the action taken by the Liaison Committee on Medical Education (LCME) at its meeting of October 16-17, 2002, regarding the accreditation status of the medical education program leading to the M.D. degree at the Dalhousie University Faculty of Medicine, and to transmit to you the final report of the CACMS/LCME team that conducted a full survey of the program on May 5-9, 2002.

After reviewing the report of the survey team, the LCME voted to continue the accreditation of the medical education program leading to the M.D. degree at the Dalhousie University Faculty of Medicine for a seven-year term. The program's next full survey will take place during academic year 2008-09.

In its review of the report, the LCME noted the following institutional strengths:

1. The leadership of the dean has proven effective in building effective partnerships with provincial government ministries and other stakeholders that are essential to the continued vitality of the institution.
2. The medical education program benefits from commitment by the dean to advancing the educational mission and from the enthusiasm and dedication of faculty members.
3. The educational and research missions of the Faculty receive enthusiastic support from the Capital District Health Authority and the Izaak Walton Killam Health Centre.
4. The associate deans along the continuum of medical education exhibit strong and effective working relationships that foster educational quality improvement.

5. The medical students are an academically talented group, and those who met with the survey team exhibited a strong sense of community and collegiality.
6. The Learning Resource Centre constructed in 1995 is a critically important resource for medical education.
7. The leadership of the Division of Medical Education has been instrumental in the development, support, and evaluation of a curriculum that promotes lifelong learning skills, allows opportunities for independent study, and provides a healthy balance of inpatient and outpatient clinical learning experiences.

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

- 1. Standard IS-4: *The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees must be promulgated in medical school or university bylaws.* (Functions and Structure of a Medical School, June 2002 edition, page 7)**

Finding: The survey team noted that the curriculum committee—so important to the effective functioning of an educational program grounded in principles of problem-based learning—is not formally recognized in Faculty bylaws or corresponding organizational charts. Similarly, there is no apparent codification of the role or functions of the Executive Committee that has evolved from the Senior Advisory Group formed in 2001.

- 2. Standard ED-24: *Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.* (F&S p. 13)**

Finding: Both the survey report and the self-study indicate that the majority of residents are not well acquainted with clerkship objectives, nor do they receive formal instruction on the teaching and evaluation of medical students.

- 3. Standards ED-30 and ED-31: *The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship. Each student should be evaluated early enough during a unit of study to allow time for remediation.* (F&S p. 13)**

Finding: Several required courses and clerkships provide little in the way of formative evaluation to students regarding their progress in achieving stated objectives.

**4. Standard ED-33: *There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.* (F&S p. 14)**

Finding: In addition to the lack of formal recognition for the curriculum committee, the survey team also found ambiguity in the evolving terms of reference for the year committees. The report also notes that unit directors are not well informed regarding the process for identifying and evaluating the appropriateness of content coverage within and across instructional units.

**5. Standard ED-44: *Students assigned to all campuses should receive the same rights and support services.* (F&S p. 16)**

Finding: The survey team observed that students at the New Brunswick campus do not receive structured academic, financial aid, or personal counseling.

**6. Standard ED-47: *In assessing program quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.* (F&S p. 16)**

Finding: While the Faculty reviews several outcome measures collected during the undergraduate medical education program, it does not collect nor analyze information regarding the performance or career decisions of students after their graduation. The lack of such information limits the ability of the Faculty to determine its success in preparation of students for their postgraduate training and later careers.

**7. Standard MS-8: *Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.* (F&S p. 16)**

Finding: The Faculty has not been able to achieve its goals for student diversity in spite of efforts to attract students from aboriginal and African-Canadian communities.

**8. Standard MS-19: *There must be a system to assist students in career choice and application to residency programs, and to guide students in choosing elective courses.* (F&S p. 19)**

Finding: Both the survey team report and the institutional self-study agree that career counseling efforts are presently dispersed, uncoordinated, and largely dependent on student initiative.

**9. Standard MS-23: *A medical school must provide students with effective financial aid and debt management counselling.* (F&S p. 19)**

Finding: Although financial aid counseling is available from a variety of sources, there is little coordinated effort nor support to assist students in navigating among the efforts provided by

the assistant director of finance, individual faculty counselors, and the office of student affairs—particularly in light of substantial recent tuition increases.

**10. Standard MS-32: *Each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for addressing violations of those standards.* (F&S p. 20)**

**Finding:** As noted in the survey report, the Faculty does not have a procedure in place to deal with sexual harassment or other forms of student mistreatment, relying instead on the university's sexual harassment policy and investigative office. There is no formal program aimed at preventing inappropriate behavior of faculty or students.

The LCME noted two areas in transition whose outcome could affect the Faculty's ongoing compliance with relevant accreditation standards:

1. The reorganization of student affairs functions within the Faculty of Medicine—implemented to address concerns voiced by students in their component of the self-study—has altered the role and responsibilities of the medical student advisor relative to the student affairs dean. It is not clear if this new relationship will provide adequate safeguards for maintaining a clear demarcation between academic advising, on the one hand, and student advocacy or personal counseling functions, on the other.

2. Radical changes in the regional health care and research environments, the evolution of Alternative Funding Plans in clinical departments, recurrent base budget cuts, and tuition increases have all contributed to a scenario of economic uncertainty for the Faculty. The complexity of the evolving financial issues and their solutions merits continued monitoring.

To address these noncompliance and transition issues, the dean of the Faculty is requested to supply a progress report on noncompliance issues 1 and 10 by September 1, 2003 to the CACMS Secretary and both LCME Secretaries. The dean is requested to submit an additional progress report by September 1, 2004 to the same parties, addressing the remaining noncompliance issues and transition areas.

For the 2003 progress report, the dean should supply the following information:

- Noncompliance item 1: Delineation of the charge, membership, authority, and responsibility of the Faculty of Medicine's Curriculum Committee and Executive Committee, and copies of any planned or implemented changes in faculty bylaws or similar documents that reflect the codification of such committees.
- Noncompliance item 10: Copies of university or Faculty standards of conduct for the teacher-learner relationship, mechanisms for reporting violations of such standards, and a description of educational activities aimed at preventing inappropriate behavior.



For the 2004 progress report, the dean should supply the following information:

- Noncompliance item 2: A summary of Faculty-wide and department-specific efforts to familiarize residents with the objectives for medical student courses and clerkships in which they participate, and any related programs to prepare them for their roles in medical student teaching and evaluation.
- Noncompliance item 3: A table summarizing, for each required course and clerkship, when and how students are evaluated to determine if they are experiencing academic difficulty. The table should also include a brief summary of formative assessment activities in each course and clerkship.
- Noncompliance item 4: A narrative description of the role of the curriculum committee, ad hoc task forces, year committees, and unit directors in regard to decision-making concerning additions, deletions, and modifications of the curriculum. Copies of meeting minutes or other documentation illustrating how such decisions are made would be helpful.
- Noncompliance item 5: A narrative description of formal programs to provide students at the New Brunswick campus with academic, personal, and financial aid counseling services.
- Noncompliance item 6: A list and description of any outcome measures obtained and reviewed by the Faculty that indicate the performance or evaluation of its graduates during residency training.
- Noncompliance item 7: A narrative summary of any recommendations or actions forthcoming from the multidisciplinary committee on student diversity, accompanied by a table showing the distribution of students by race and/or ethnicity for each of the four years of the educational program.
- Noncompliance item 8: A narrative description of programs and services informing students about career choices and application to postgraduate training programs.
- Noncompliance item 9: A narrative description of any programs to provide coordinated financial aid services and counseling for medical students, including debt management counseling activities.
- Transition item 1: A description of the roles and responsibilities of the student affairs dean and medical student advisor respectively, in relation to any academic and personal counseling services that either of them is expected to provide to medical students.
- Transition item 2: A copy of the Faculty's 2002-2003 Canadian Medical School Financial Questionnaire, accompanied by a narrative summary of the Faculty's financial status and prospects. The narrative summary should address the adequacy of revenue streams, existing and anticipated operating and capital expenditures, and an overview of the methods used to deploy budget allocations.

Accreditation is awarded to the program of medical education based on a judgment of 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 proposed change. Substantial changes may lead to re-evaluation of the program's accreditation status by the LCME.

Thomas Traves, Ph.D.  
November 5, 2002  
Page Six

A copy of this letter and the final report of the survey team are being sent to Noni E. MacDonald, M.D., Dean of the Faculty of Medicine. The report is held confidential by the LCME. The document is for the use of the medical school and the university, and any public dissemination or distribution is at the discretion of institutional officials.

Sincerely,

A handwritten signature in black ink, appearing to read "David Stevens", written in a cursive style.

David P. Stevens, M.D.  
LCME Secretary, 2002-2003

enc

cc: Noni E. MacDonald, M.D., Dean, Dalhousie University Faculty of Medicine  
David Hawkins, M.D., CACMS Secretary  
Frank A. Simon, M.D., LCME Secretary, 2003-2004