

LCME Self-study summary

October 2019

your **MD**
OHSU CURRICULUM TRANSFORMATION



School of
MEDICINE

LCME SELF-STUDY SUMMARY

INTRODUCTION

The Oregon Health & Science University (OHSU) School of Medicine's accreditation self-study process has been comprehensive, inclusive, transparent, and productive. We have benefitted from the participation and engagement of more than 130 individuals representing faculty, students, staff, and administration throughout the school, university, and our community educational partners in Oregon. The institutional self-study has provided an opportunity to enhance collaboration and communication, and to implement positive change in the OHSU undergraduate medical education (UME) program by identifying strengths to build on as well as areas for continued development and improvement. In addition, the Liaison Committee on Medical Education (LCME) accreditation self-study has coincided with numerous other school and institutional initiatives to increase support for faculty, staff, and students to fulfill our multifaceted public missions for education, discovery, healthcare, and advocacy. These "make it count twice" initiatives include: the ongoing planning and development of the institution's next strategic plan, OHSU 2025; increased resources and attention to employee and student wellness and the concomitant goal of decreased burnout for all OHSU members; the efforts to support and promote diversity, equity, and an inclusive culture with the institution-wide unconscious bias initiative alongside the School of Medicine's initiatives for recruitment and retention of diverse students and faculty; and the improvement in our faculty appointment processes to fulfill our academic and clinical missions and welcome our OHSU community partners and new clinical affiliates. The following self-study summary report prepared for the LCME documents the OHSU School of Medicine's commitment to excellence in medical education.

ACCREDITATION HISTORY

Our previous LCME accreditation site visit on January 22-25, 2012 culminated in June 2012 with the LCME placing OHSU's medical education program leading to the MD degree on warning, indicating areas of noncompliance with accreditation standards that would, if not corrected promptly, have seriously compromised the ability of our school to conduct a quality medical education program. The OHSU School of Medicine was required to submit an action plan, and was given an indeterminate term of accreditation.

The LCME found the following five elements were satisfactory, with a need for monitoring:

- Element 5.1 (ER-2) Financial Resources for the MD Program;
- Element 5.4 (ER-4) Building and Equipment to Achieve Educational Goals;
- Element 11.1 (MS-18) Academic Advising and Tutorial Services;
- Element 12.3 (MS-26) Personal Counseling and Wellness;
- Element 12.4 (MS-27) Access to Diagnostic, Preventive, and Therapeutic Health Services.

The LCME found that the following six elements were unsatisfactory:

- Element 3.3 (IS-16) Diversity among Students, Faculty, and Staff;
- Element 9.4 (ED-27) Direct Observation of History & Physical Examination by Attendings in Clerkships;
- Element 9.5 (ED-32) Narrative Assessments of Students in Basic Sciences Courses in First Two Years;
- Element 9.8 (ED-30) Timely Formative and Summative Assessments in Clerkships;
- Element 12.1 (MS23 and MS-24) Financial Aid, Debt Management Counseling & Student Indebtedness.

Following a consultation visit by the LCME Secretariat, our action plan was submitted in December 2012 and accepted by the LCME at their February 2013 meeting. A limited survey visit was completed on January 12-15, 2014 and in June 2014, the LCME removed the warning, and granted OHSU School of Medicine full accreditation status for the remainder of the eight year cycle. One additional element (5.2) was added to the monitoring list in 2014. Yearly status reports were submitted to the LCME to document progress and compliance with the standards. The summary of these includes:

Originally in compliance with a need for monitoring:

Element 5.1 (ER-2) – cleared June 2014
Element 5.4 (ER-4) – cleared June 2015
Element 11.1 (MS-18) – cleared June 2016
Element 12.3 (MS-26) – cleared June 2014
Element 12.4 (MS-27) – cleared June 2014

Additional element determined to require monitoring following the 2014 limited survey visit:

Element 5.2 (ED-36) Dean’s Authority and Resources – cleared June 2015

Originally out of compliance:

Element 3.3 (IS-16) – cleared October 2017
Element 9.4 (ED-27) – cleared June 2014
Element 9.5 (ED-32) – cleared June 2014
Element 9.8 (ED-30) – cleared June 2014
Element 12.1 (MS-23 and MS-24) – cleared October 2017

OHSU SCHOOL OF MEDICINE LCME ACCREDITATION SELF-STUDY

The OHSU institutional self-study process was led by Committee 1 (Executive Committee/Self-Study Task Force) chaired by the faculty accreditation lead, Tracy Bumsted, MD, MPH, associate dean for undergraduate medical education. All administrative aspects of the institutional self-study were supported full-time by Meghan Rogers, LCME site visit coordinator in the Office of UME. With the support of the dean, in the summer of 2018 Dr. Tracy Bumsted created the structure for our self-study, including the formation of seven self-study committees comprised of OHSU faculty, staff, and students with wide areas of knowledge and expertise. Chairs (or co-chairs in the case of the Independent Student Analysis) were selected by Dr. Tracy Bumsted. These seven committees included the following:

- Committee 1 - Executive Committee/Self-Study Task Force;
- Committee 2 - Leadership, Administration, Finances, and Clinical Infrastructure;
- Committee 3 - Curricular Content, Management, Evaluation, and Enhancement;
- Committee 4 - Faculty Affairs and Medical Student Selection, Assignment, and Progress;
- Committee 5 - Competencies, Curricular Objectives and Design, Student Assessment, Academic Support, and Career Advising;
- Committee 6 - Academic and Learning Environments, Space, Student Security and Safety, Library Resources and Technology Infrastructure, Indebtedness, and Student Health;
- Committee 7 - Medical students for the Independent Student Analysis (ISA) co-chaired by three students, with a total of 26 students from all class cohorts and both MD/PhD and MD/MPH dual-degree programs. All students in the undergraduate medical education program were invited to participate and all who requested to join were placed on Committee 7. Multiple student members of Committee 7 also were members of Committees 1, 3, 4, 5, and 6 to provide student voice and input.

On August 30, 2018, a kick-off to the institutional self-study with a theme of “See the ‘me’ in LCME” was held and widely publicized to OHSU members, which led to additional attendees requesting to volunteer in the initiative and join one of the self-study committees. The kick-off event was live-streamed and video-captured. Our invited keynote speaker at the kick-off event was LCME co-secretary, Veronica Catanese, MD, MBA. In addition to the large group sessions, Dr. Catanese met privately with the student members of Committee 7, as well as a lunch discussion with the chairs of the seven committees and several senior leaders in the School of Medicine.

Immediately following the kick-off but prior to the start of the committee work, the faculty accreditation lead and site visit coordinator convened an initial meeting for each of the seven self-study committees. The

agenda for these committee kick-off meetings included reiterating the overall purpose of the institutional self-study, outlining the timeline for deliverables, and providing information about the specific LCME accreditation standards and elements they were to address as a committee. The chairs of the self-study committees made specific assignments for individuals to complete based on their roles and experience at the university. All data and draft documents were held securely in Box, the OHSU approved cloud-based file storage system. Within each self-study committee's Box folder, a set of standard items were available, including agendas and presentations for committee meetings, the portion of the Data Collection Instrument (DCI) related to the specific committee's work, the OHSU graduation questionnaires (GQs), the history of our LCME accreditation since 2012 including all determination letters from the LCME and our submitted action plan and status reports, self-study preparation documents and white papers from the LCME website, and committee roster lists.

The self-study committees met frequently throughout the following 14 months. Over 130 individuals actively engaged in the seven self-study committees, collecting and documenting data and providing interpretation and analysis for the medical education program. Summary reports were collaboratively written by self-study committees 2-7, and submitted to the faculty accreditation lead and Committee 1, outlining institutional and program strengths, challenges, as well as strategies to maintain strengths and address problems. Monthly meetings of Committee 1 were held to discuss the progress of the overall self-study, review submitted materials and recommendations from Committee 2-7, and assess the status of multiple action items being implemented. A summary dashboard created by the faculty accreditation lead tracked progress for the self-study and was reviewed and discussed at the monthly Committee 1 meetings. In addition, weekly meetings were held by the faculty accreditation lead with the site visit coordinator, the director of continuous quality improvement for MD program accreditation, and the administrative manager for curriculum and student affairs to ensure self-study committee work was progressing as expected. Action item implementation was also spearheaded by this smaller group to complete projects as needed after Committee 1 and UME Curriculum Committee discussion. On a frequent and regular basis throughout the self-study period, the faculty accreditation lead also met individually with the dean of the School of Medicine as well as the senior associate dean for education which fostered open communication and information sharing.

Communication to stakeholders was ongoing and provided in multiple formats and venues. To ensure all medical students were adequately informed and given opportunities to engage in the self-study process, we created an "LCME" button on the front page of our learning management system Office of UME site where students routinely go for programmatic and course-related information and materials. This site continues to house ongoing updates for students regarding our LCME self-study and site visit information. An initial informational session was held for all students by the faculty accreditation lead on August 20, 2018 and also recorded for later viewing. This session included the invitation for all students to join Committee 7 (ISA) and provided the timeline and deliverables expected for participants. Students also received regular communication updates from our School of Medicine communications team, originally in the Inside SoM e-newsletters, and currently in OHSU Now (i.e., our new communications channel). An interim progress informational meeting was held and recorded for all students following the analysis of the ISA results and submitted written report. Since the kick-off event in August 2018, all "Tuesdays with Tracy" monthly student town halls include a standing agenda item for the faculty accreditation lead to update student attendees about interim progress of the LCME self-study.

The School of Medicine's communications team also ensured other stakeholders were appropriately updated and routine communication was pushed via OHSU-wide newsletters and announcements, as well as an "Accreditation" link on the internal and external webpages for the School of Medicine. The institution dedicated one of its weekly podcasts (OHSU Week) on May 29, 2019 for the faculty accreditation lead and the co-chair of Committee 7 (ISA) to provide an update to the OHSU community about the self-study process and progress to date. Alumni of the School of Medicine also received regular updates with stories

about our LCME institutional self-study process in Bridges Magazine, a magazine sent to over 18,000 alumni twice a year. Finally, the faculty accreditation lead has provided frequent in-person updates and information to stakeholder groups across the institution, including the chairs, Faculty Council, graduate medical education community, the UME Curriculum Committee and Sub-Committees, regional clinical partners, the School of Medicine senior leadership, and the Office of UME staff members.

In the several months and weeks prior to submission of the survey package, the faculty accreditation lead, in conjunction with the dean and other members of Committee 1, finalized the DCI and self-study summary report to ensure accuracy in the data and to report findings in a “common voice.” Overall, our self-study process has been comprehensive and transparent, and has met the related goals of (1) promoting institutional self-evaluation, reflection, and improvement, and (2) collecting data and interpretations about the medical education program to allow for evaluation of its quality and adequacy of resources to support it.

HISTORY AND SETTING OF THE SCHOOL

In 1887, the inaugural class of the University of Oregon Medical School met in the school’s lone building: a two-room converted grocery store in Northwest Portland. The new school was founded as a not-for-profit charter legally authorized to provide medical education leading to the M.D. degree. The medical school moved in 1919 to land donated on Marquam Hill, where it stands today.

From these humble origins, OHSU has grown into a world class teaching hospital and research center that draws students, scientists, and patients from across the country and around the world. What we recognize today as OHSU took shape in 1974, when the Oregon State Board of Higher Education established Oregon Health Sciences University, merging the existing University of Oregon Schools of Dentistry, Medicine, and Nursing. The campus on Marquam Hill had been occupied by the Schools of Medicine and Nursing since 1920 and by the Child Development and Rehabilitation Center since 1954. The School of Dentistry joined this complex in 1956 when a new building was constructed adjacent to the hospital.

In 1995, OHSU became a public corporation, separating from the Oregon State System of Higher Education. This decision by the Oregon Legislature to change OHSU from a state agency to a public corporation was designed to support OHSU more effectively and to allow it to compete in an evolving healthcare market while maintaining its public mission and character, and remaining accountable to the state. The statute establishing OHSU as a public corporation included the following:

- A public mission to provide education, healthcare, research, and community service. This mission is met in financial partnership with the state.
- A streamlined governance structure that allows the university to make independent programmatic and business decisions. This structure also allows OHSU to operate in a fiscally sound and efficient manner, responding to and competing in the marketplace.
- Access to capital markets to enable OHSU to improve its facilities and competitiveness.

This catalyzed a period of significant growth at OHSU. Governance of OHSU changed from the Board of Higher Education to the OHSU Board of Directors, whose members are nominated by the governor and approved by the Oregon Senate. In 2001, OHSU’s name changed to Oregon Health & Science University as Governor John Kitzhaber signed legislation expanding OHSU’s mission and paving the way for the merger with Oregon Graduate Institute of Science and Technology.

As a result, OHSU is now a major driver of the state’s economic engine and is one of the largest employers in the state of Oregon, with over 17,000 current employees. The OHSU operating revenues in FY19 were \$3.254 billion including \$451 million in research award dollars. State appropriations have been stable over the past two fiscal years at \$37 million which constitutes 1.1% of the overall revenue in the budget. Since June 2010, OHSU’s net worth has increased by 113%, an 8.8% compounded annual return on equity over nine years, from operations, philanthropy, and investment returns. The institution’s success has been driven

by OHSU's ability to plan strategically and to create world-class clinical, scientific, and educational enterprises in a rapidly changing environment.

Correspondingly, the OHSU School of Medicine embarked upon a complete curriculum transformation immediately following the institutional self-study and 2012 LCME accreditation site visit. The transformed curriculum, called *YourMD*, was developed in two phases – Foundations of Medicine Phase and the Clinical Experience Phase – and the curriculum was launched with its first matriculating class in August of 2014 with rolling implementation each successive year. The innovative *YourMD* competency-based, integrated, and learner-centered curriculum replaced the previous traditional “2+2” discipline-based curriculum which had been in existence since 1994. The overarching goal of *YourMD* is to effectively prepare the MD graduate for residency training and professional practice to best serve and meet the needs of society in the 21st century. Multiple desired outcomes of *YourMD* are summarized by: (1) integration of basic, clinical, and health system sciences; (2) learner centeredness; (3) utilization of active learning teaching methodologies; (4) competency-based education and assessment; (5) curricular flexibility for individualization and customization for every student; and (6) creation of life-long learners and critical thinkers. Additional outcomes have been outstanding with our graduates in the first two *YourMD* cohorts to date (i.e., 2018 and 2019) achieving a 100% residency match rate.

And while we have made tremendous progress in transforming the UME curriculum, our innovation efforts are not complete. In particular, we are working hard to develop and implement time-variability into the curriculum, as time-variable progression is one of the most important hallmarks of a true, competency-based educational model. Our partnerships with national organizations such as the American Medical Association's *Accelerating Change in Medical Education* and *Reimagining Residency* consortia, and the Association of American Medical Colleges Core Entrustable Professional Activities for Entering Residency pilot have given us a rare opportunity to advance innovative ideas that promise to transform medical education on a national and international scale. Being a part of the community of forward thinking change agents from across the nation has been vital to the success of our transformation initiatives at OHSU. We also understand that change is hard for most human beings, and that implementing transformational change in a medical school can be difficult given the longstanding traditions currently embedded within our academic health centers. It is our hope that as you read through our survey package with its plethora of documents, data, and material, and as you gather information during the LCME site visit in January of 2020 from members of our OHSU community, you will witness our progress and achievements, as well as our bold and courageous spirit of continuous improvement toward “better” – better processes and enhanced outcomes for our students, staff, faculty, institution, and most importantly, our patients.

FINAL SELF-STUDY SUMMARY

STRENGTHS

The OHSU School of Medicine strengths noted during the self-study include the following five areas:

Faculty Excellence

The OHSU School of Medicine has a large and highly productive faculty who excel in scientific discovery and scholarly productivity, clinical care, and educational effectiveness and innovation. The success of the *YourMD* curriculum transformation would not have been possible without the school's faculty embracing, actively engaging in, and championing the innovations.

Service Learning Opportunities for Students

OHSU medical students have tremendous opportunities to participate and meaningfully engage in service-learning and community service activities to develop life-long habits of giving back to others. In addition to direct funding and dedicated staff personnel provided by the UME program, the *YourMD* curriculum is structured to protect time for, and reinforce the importance of, these activities for students as future physicians and engaged citizens.

Scientific Method Training and Research Opportunities for Students

All medical students in *YourMD* complete a scholarly project, and the training provided to students in the scientific method and exposure to world-renowned scientists and cutting-edge research is unparalleled. Students have tremendous flexibility and choice when developing their project, and all students have protected time and a robust curriculum to foster their creation of new scientific knowledge.

Commitment to Solving Society's Most Pressing Challenges through Medical Education

The *YourMD* curriculum provides students unique opportunities to create and deliver content related to some of society's most pressing challenges. The UME program has supported an innovative student-led structural competency series where second-year student leaders imagine, develop, and deliver instructional sessions for the first-year class. Protected curricular time, dedicated faculty mentors, funding from the program, and a firm commitment to ensuring it remains a student-led activity, all nurture student learning and fulfillment.

Customization and Individualization of Medical School Experiences

The ability for students to customize and individualize their journey in becoming a physician, a hallmark of *YourMD*, is a strength of the UME program. The flexibility in how students complete many curricular requirements is exceptional: from initial clinical preceptorships offered in a wide variety of disciplines and the development of a unique scholarly project, to early clinical experiences with the ability to pursue hundreds of electives when exploring specialties of interest prior to making residency and career choices. With *YourMD*, we have deliberately abandoned the "one size fits all" model of undergraduate medical education of the past, in favor of a curriculum – and a school – that wholeheartedly supports bold innovation and transformative change to realize better outcomes for our patients and society at large.

MAINTENANCE OF PROGRAM STRENGTHS

The school's faculty are supported by a strong and outstanding leader in Dean Sharon Anderson, who is a dedicated, committed, and experienced academic physician. The dean and other university leaders collaborate to provide faculty an environment that cultivates excellence in healing, teaching, and discovery. A new strategic plan beginning in January 2020, will further promote faculty success and prepare the institution for continued growth in the ever-changing and increasingly complex future of our academic health center.

The *YourMD* curriculum will continue to provide students abundant opportunities, support, and mechanisms to serve the public's interest and commit to solving society's most pressing challenges in their roles as future physicians. We plan to build on the success of the student-led structural competency series, currently in the Foundations of Medicine Phase, with additional protected curricular time and spiraled content into the Clinical Experience Phase.

A relentless focus on scholarly excellence will continue in *YourMD*, because habituating students to life-long learning is of critical importance if we are to optimally prepare our graduates for the healthcare delivery environment in which they will eventually practice. Ongoing recruitment of faculty to serve as scholarly project mentors and dissemination of the knowledge created by our students is a priority for the program and the school.

The customization and individualization for students in *YourMD* will expand to include time-variable progression and a smoother transition across the continuum of medical education. Our participation in two landmark initiatives (i.e., the American Medical Association's *Accelerating Change in Medical Education* initiative and the Association of American Medical Colleges *Core EPAs for Entering Residency* pilot program) has helped us design and implement a curriculum that has positively influenced curricular design at dozens of other medical schools across the country. We look forward to making further advances in UME and GME that will improve medical education, enhance the physician workforce and reduce disparities in underserved communities through COMPADRE – our novel \$1.8 million grant funded through the American Medical Association's *Reimagining Residency* initiative that leverages our partnership with the School of Medicine at the University of California, Davis together with 31 GME programs across seven specialties and ten healthcare systems between Portland and Sacramento. Our bold spirit of innovation will continue to push the boundaries and help create the future of medical education for the nation.

CHALLENGES

Awareness of and Responsiveness to Student Concerns in the Office of UME

Student responses on the GQ and the ISA indicate a significant portion of students are dissatisfied with the associate dean for UME's and assistant deans for students affairs' awareness of and responsiveness to their concerns. While we have taken approaches to address these concerns and have continued to open up lines of communication, we have more work to do to build trust and better relationships between students and the administration.

Diversity

Despite tremendous progress in our diversity efforts over the past eight years in recruitment and retention of diverse students, faculty, and senior staff, we have more work to do to achieve the outcomes desired for a diverse and equitable physician workforce that will serve society and ultimately reduce health disparities.

Mistreatment

The UME program has taken several important steps to ensure students are aware of and comfortable with reporting mistreatment incidents they observe and experience. The amount of faculty educational trainings related to learner mistreatment and disruptive physicians have increased substantially in the past two years. While these have helped raise awareness about problems identified in our clinical learning environments, continued effort is needed to achieve an overall reduction in learner mistreatment. The university initiatives focusing on clinician wellness and burnout prevention are closely aligned with this goal.

Space for Student Studying and Relaxation, and Secure Storage in Clinical Rotations

Issues with space was one of the top four concerns highlighted in the ISA. The medical student-only room in the RLSB that recently opened will provide much needed additional quiet study space on campus for

students in the UME program. Similarly, the renovated medical student lounge and call room in Sam Jackson Hall on the main campus will provide improved relaxation and secure storage space for students in clinical rotations at OHSU. However, student satisfaction with these changes will need to be assessed over time to ensure both spaces function as intended and that student needs for study and relaxation space, and secure storage are met.

Fairness of Clinical Experience Grades and Clarity of Graduation Requirements

The fairness of tiered grading in the core clinical experiences is one of the top three concerns highlighted in the ISA. While overall the *YourMD* multi-modal assessment framework is a strength in our competency-based curriculum, concerns related to subjectivity and potential bias in faculty and resident clinical evaluations, as well as variability in how each clinical experience director determines the final tiered grade have been raised. Students have expressed that they would also benefit from additional clarity about how attainment of individual competencies relates to a student's ability to graduate.

Academic and Career Advising

The effectiveness of academic and career advising was identified as the top area for improvement in the ISA, and while many important structures and personnel are in place to assist students in both their academic and career success, the roles and responsibilities of coaches, the assistant deans for student affairs, the academic and learning support specialist, designated departmental faculty residency advisors, and UME staff need further delineation. Improved communication and coordination is needed so students have the support to navigate academic challenges and obtain advice and information about elective selection, residency applications, and career planning.

Medical Education Debt

The school continues to make great progress in reducing our graduate's indebtedness and continued vigilance in this area is an important and ongoing priority.

MAJOR RECOMMENDATIONS

Awareness of and Responsiveness to Student Concerns in the Office of UME

- Increased venues to foster bidirectional student-administration communication and feedback
- New UME staff positions for student scheduling, scholarly projects, assessments, and academic and learning support have been created to better support students
- Share results of changes made based on student feedback more visibly and frequently, including areas for improvement with interim progress
- Engage with leaders in student councils in all classes on semi-monthly basis starting fall 2019

Diversity

- Continue diversity initiatives at the school- and university-levels related to students, faculty, and senior administrative staff recruitment and retention to build an increasingly diverse community
- Work collaboratively with student interest groups and other stakeholders across campus to ensure that diverse students feel personally and academically supported in our community
- Partner with human resources and departments in better identifying and tracking diverse faculty candidates and hires
- Measure progress in achieving desired outcomes for new diversity initiatives such as our *Reimagining Residency* grant to reduce healthcare disparities for rural and underserved populations

Mistreatment

- Continue educational efforts for students and faculty to reduce mistreatment, and partner with the Office of Graduate Medical Education to expand these efforts to housestaff
- Increase collaboration between administrators in the Office of UME and university units of human resources, affirmative action/equal opportunity, and integrity to prevent and reduce mistreatment incidents
- Work with education and health system leaders to enhance the learning environment at each of our clinical affiliates

Space for Student Studying and Relaxation, and Secure Storage in Clinical Rotations

- Improvements – including quiet study space reserved only for medical students at the RLSB together with renovations to the medical student lounge and call room at the university hospital – have been made but follow up will be needed within six months to ensure that student needs for study, relaxation, and secure storage space are adequately met

Fairness of Clinical Experience Grades and Clarity of Graduation Requirements

- Over the next year, formally study the data regarding faculty and resident evaluations and core clinical experience tiered grade assignments to evaluate the level of bias
- Improve communication to all classes about competency attainment to clarify graduation requirements, including clearer Medical Student Handbook language in fall 2019

Academic and Career Advising

- Formally evaluate twice each year student perceptions regarding academic and learning support services provided to determine effectiveness of new educational programming and services
- Increase coordination and communication between the faculty who support student career advising initiatives, including coaches, departmental advisors, and assistant deans for student affairs
- Formally track and monitor student-coach individual meetings to ensure academic and career advising goals are developed and discussion regarding progress occurs on schedule

Medical Education Debt

- Continue aggressive fundraising and philanthropic efforts to increase scholarship support for students
- Work with OHSU's government relations staff to explore options to increase state appropriations in support of the UME program