SURVEY REPORT
DARTMOUTH MEDICAL SCHOOL
FULL ACCREDITATION SURVEY

INTRODUCTION AND COMPOSITION OF THE SURVEY TEAM

A survey of the Dartmouth Medical School was conducted on April 3-6, 2005, by an ad hoc team representing the Liaison Committee on Medical Education (LCME). The team expresses its appreciation to Dean Steven Spielberg and the administrative staff, faculty, and students for their interest and candor during the survey visit. Associate Dean Joseph O'Donnell deserves special thanks for the smooth coordination of the visit, tactful management of scheduling changes, and timely provision of additional items of information requested during the visit.

Chair:	Robert C. Talley, MD (cardiovascular medicine) Professor University of South Dakota School of Medicine Sioux Falls, SD
Secretary:	Raymond H. Curry, MD (internal medicine) Executive Associate Dean for Education Northwestern University Feinberg School of Medicine Chicago, IL
Member:	Alison J. Whelan, MD (medical genetics and cancer genetics) Associate Dean, Medical Student Education Washington University School of Medicine St. Louis, MO
Member:	Laura F. Wexler, MD (internal medicine) Associate Dean, Student Affairs and Admissions University of Cincinnati College of Medicine Cincinnati, OH
LCME Faculty Fellow:	Mariano J. Rey, MD (internal medicine/cardiology) Senior Associate Dean for Student Affairs New York University School of Medicine New York, NY

SUMMARY OF SURVEY TEAM FINDINGS

> **DISCLAIMER:** The summary findings that follow represent the professional judgment of the ad hoc survey team that visited the Dartmouth Medical School from April 3rd through April 6th, 2005, based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME_ The LCME may come to differing conclusions when it reviews the team's report and any related information.

The team wishes to express its appreciation to Dean Steven Spielberg, Associate Deans Joseph O'Donnell and David Nierenberg, Chief Financial Officer Kathleen Byington, and Karen Riccard for their attention to the preparation of self-study materials and for supporting the team's needs during the survey visit.

Institutional Strengths

1. The administration, staff and faculty have created a safe, supportive, and collegial learning environment for medical students, with ready and meaningful access to the decanal staff and faculty.

2. Dean Steven Spielberg has brought a renewed energy to the school, and a vision of unifying the missions of the school and its clinical partners to achieve the next level of excellence.

3. The students are enthusiastic, mature, committed to their education, and proud of their school.

4. The near universal participation of students in multiple community service activities and the formal commitment of the school to community service as a priority have created a culture that promotes exemplary citizenship and professionalism.

5. The Center for the Evaluative Clinical Sciences is a unique and superlative resource for medical education, faculty development, and improvement of health care delivery, and is a thriving component of the research enterprise.

6. The DMEDS quantitative database of students' clinical experiences is a powerful curricular management tool, and a potential model for other institutions.

7. The two month series of courses in the latter part of the fourth year provides an innovative and effective "capstone" experience for the class, and contains curricular material - in particular that in clinical pharmacology - that is valuable to the students.

8. The active engagement of former clinicians as members of the basic science faculty has been a successful accommodation to the shortage of basic scientists prepared to teach gross anatomy.

Areas of Partial or Substantial Noncompliance

IS-9: There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university

> Finding: the financial agreement between the Dartmouth-Hitchcock Alliance and the School does not address the critical issues of the academic responsibilities, benefits and rewards of the full time clinical faculty outlined in the self study. In addition the new agreement does not address

> the school's expressed desire for a "restructuring" of Graduate Medical Education, Continuing Medical Education and medical student education to obtain mutual benefits to learners at all levels of the continuum of medical education.

ED-8: There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

> Finding:- the sites for the required clerkship in neurology do not offer comparable clinical experiences and use differing evaluation instruments.

ED-32: Narrative descriptions of student performance and of non-cognitive achievement should be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.

> Finding: several first and second year courses place students in small group settings with longitudinal faculty relationships, yet do not utilize narrative evaluations in the assessment of the curricular competencies.

ED-33: There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

> Finding: the Medical Education Committee is not formally chartered as the institutional curricular authority, and does not perform a cohesive and comprehensive management function of the curriculum, using the existing components of student course evaluations, input from the year groups, centralized course/clerkship evaluations, or the DMEDS experiential database.

ED-35: The objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.

> Finding: the Medical Education Committee has not undertaken a systematic review of the school's courses or clerkships, and does not have a standing format for course evaluation nor does it have a schedule for review.

MS-8: Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

Finding: despite a clear interest in the recruitment of a more diverse student body, the school has not yet written its policies for diversity.

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.

Finding: the established career advising system does not begin early enough in the curriculum to adequately meet students' needs.

MS-37: Schools should assure that students have adequate study space, lounge areas, and personal lockers or other secure storage facilities.

Finding: the makeshift changing rooms for gross anatomy are inadequate.

FA-9: Faculty members should receive written information about their terms of appointment, responsibilities, lines of communication, privileges and benefits, and, if relevant, the policy on practice earnings.

Finding: the faculty handbook of the College of Arts and Sciences of Dartmouth College does not serve the needs of the full time clinical faculty in terms of appointment, responsibilities, lines of communication, privileges and benefits, and the policy on practice earnings

ER-9: There must be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Finding: a number of the affiliation agreements provided to the survey team do not address institutional responsibilities in the event of occupational exposure or injury; several do not provide assurance of student and faculty access to appropriate resources for medical student education or the authority of academic department heads to do so.

Areas in Transition

The strategic plan is under development. Since this plan is to articulate the dean's vision of aligned missions and resources of all clinical and academic partners its completion and implementation is a priority.

Plans for administrative leadership and direction of medical student research ate underway and will be important in improving the students' access to research and scholarly activity.

Utilization of DMEDS as a tracking and evaluative tool is incompletely implemented and efforts should continue to make full use of DMEDS in all clerkships and electives.

The newly developed use of the six competencies as the school wide objectives is beginning to drive the objectives and student evaluation in a number of clerkships, but needs more attention in many of the first and second year courses.

The relationship with Brown University is being revisited by discussions within and between Dartmouth and Brown. The outcome of these discussions will have the potential to affect admissions, class size, and the diversity of the student body.

The Dartmouth-Hitchcock Medical Center is now a regional health care system, with affiliated faculty physicians and facilities throughout Southern New Hampshire. The White River Junction VA is also likely to increase its capacity in the next few years. This creates opportunities to expand and diversify clinical teaching sites, but will also have an impact on the complexity of faculty relationships and the culture of the institution.

PRIOR ACCREDITATION SURVEY MARCH 1998

The last full accreditation survey was conducted on March 22-26, 1998. The chief strengths cited by the survey team at that time included significant progress in curricular renewal, including the introduction of clinical experiences into the first two years, the addition of contemporary subjects, restructuring of pedagogy, and enhancement of interdisciplinary teaching. Other curricular strengths included the mechanisms for evaluation of program effectiveness, the attention given to student feedback in that process, and the development and utilization of community-based faculty as teachers. The Department of Family and Community Medicine was singled out as "an outstanding example of excellence in community based academic programs." Finally, the high degree of collegiality among the students and their commitment to community service was noted.