



Liaison Committee on Medical Education

Accreditation Self-Study Report

**LCME
Study**

Self

Medical Student Sub-Committee Report

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III. MEDICAL STUDENTS REPORT

A. Admissions

1. *Critically review the process of recruitment and selection of medical students, and evaluate the results of that process. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality? How do you validate your selection criteria?*

The process of selecting students for matriculation at the University of Maryland School of Medicine is guided by both the school's Strategic Plan and its Mission Statement. It is the charge of the Office of Admissions to matriculate each year a group of talented individuals who reflect the ethnic and cultural diversity of present day society and whom the Committee believes will maintain the highest standards of ethical and professional conduct.

All decisions relative to the selection of each incoming freshman class, and the evaluation of candidates for advanced standing, are made by a Committee of faculty and student representatives. Prospective students can find a detailed description of the requirements for admissions, the selection process, and all policies pertaining to admissions on our website.

In its deliberations the Committee on Admissions looks critically at both cognitive and non-cognitive variables. Outstanding academic achievement and strong MCAT scores do not guarantee admission to the University of Maryland School of Medicine. The Committee on Admissions seeks out evidence of the following qualities in each applicant: excellent communication skills, maturity, strong character, good judgment, empathy and concern for others, sensitivity to different cultures, intellectual curiosity, strong motivation for a career in medicine, leadership skills and a commitment to excellence, among others. We value highly diversity in all of its forms. Our screening process is quite rigorous. We critically review each applicant's extra curricular activities and life experiences, their personal statement as submitted in the AMCAS application, answers to questions on our secondary application and all letters of recommendation. We have designed our secondary application to specifically address an applicant's ability to deal with adversity, their level of involvement in clinical, service, research or work related activities, their career goals and their sense of what it means to become a professional. We expect letters of recommendation to be submitted only from individuals who know the applicant well and who can objectively assess the applicant's abilities, interests or plans for a career in medicine or research. Applicants must submit letters of recommendation from each component of their educational or work experience. Nontraditional candidates must account for all gaps in their educational experience. No applicant to the School of Medicine can be admitted without an interview. Each applicant undergoes two interviews, conducted by both faculty and students. All interviews are conducted on campus. We try to have as many candidates as possible seen by a Committee member. There is no standardized interview. We continue to recognize that we have variability in the interview experience. Interviewers are asked to attend an orientation workshop each year. This workshop includes sensitivity training with regard to the schools' goals for diversity.

We feel that the size and quality of our applicant pool has allowed us to matriculate each year a freshman class rich in terms of diversity and talented both in terms of academic and extra curricular achievement. Our class size has increased from 142 to 160 since the last survey. We have expanded our applicant pool significantly by sending secondary applications to all AMCAS applicants. This became feasible when we moved to the new electronic secondary application system in 2004. The end result has been a much larger pool of applicants from which to choose, including both instate and out of state residents. For the 2006 entering freshman class we received 4,166 AMCAS applications and reviewed 2,730 completed secondaries. Academically, our students are at or above the national averages for all accepted students in terms of grade point average and MCAT scores. They have also demonstrated the other non-cognitive qualities which are so important as out lined above. The strength of our applicant pool each year has required that we turn away hundreds of qualified applicants. The Committee on Admissions finds the majority of its decisions throughout each year to be very difficult ones.

We do survey accepted students who decide to attend another medical school and we have learned over the

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years that financial aid, reputation of the school and geographic location are the three greatest factors which influence a decision to attend a medical school. We also seek out constructive criticism from the Student Matriculation Survey and we have modified our admissions process significantly based on comments from our matriculated students. The most significant changes have centered around the complete computerization of our application process and increased involvement of our students in the selection process.

We continue to validate our selection criteria by assessing broad measures of success. Several members of the Committee on Admissions continue to sit on medical school committees responsible for monitoring student progress. The Associate Dean for Admissions sits on both the Advancement and the Medical Education Advisory Committees. The results of Part I of the USMLE are closely monitored. All faculty members of the Committee on Admissions are actively engaged in teaching and advising students whom they have admitted to medical school. We try very hard to identify students at risk and work hard to support them academically. We recognize that we do occasionally admit a student who may be considered at academic risk but who demonstrates evidence of those non-cognitive qualities so important as predictors of success in medical school. The end result is that our retention and graduation rates have remained in the high 90's.

- 2. Evaluate the number of students of all types (medical students, residents, visiting medical students, graduate students in basic sciences, etc.) in relation to the constellation of resources available for teaching (number of faculty members, space, clinical facilities, patients, educational resources, student services, etc.).*

The number of students other than medical students do not negatively impact on the resources available for undergraduate medical education. For the academic year 2006-2007, there are 162 first year students, 154 second year students, 149 third year students, and 160 fourth year students plus 24 total MD/PhD students. Approximately 200 visiting medical students are scheduled for elective rotations each year. For the academic year 2006-2007, there are 570 residents and 171 clinical fellows in ACGME-approved programs at our institution. Graduate students in basic sciences total 178 PhD students for the same academic year. Of the 1157 full time faculty members (as of 9/26/06), 1000 have primary appointments in clinical departments and 157 have primary appointments in basic science departments.

Medical students do not compete with other students for lecture halls, small group meeting rooms, lounge space; these resources are dedicated for undergraduate medical students. The primary lecture hall is close to full capacity during lectures but this is not due to competition with other students. Other educational and support services, e.g., Office of Student Affairs, IT services (e.g., laptop support, computer servers, etc.) are dedicated for undergraduate medical students and are more than adequate for our students' needs. For example, in the 2006 Medical School Graduation Questionnaire, 58.2% of University of Maryland seniors were very satisfied with computer resources compared to 38.5% of students from all schools. Furthermore, 62.3% of our students were very satisfied with library services compared to 37% of students from all schools. Medical students visiting for elective rotations do not negatively impact our own students because these spots are not made available to visiting students until after our own medical students have picked their electives and subinternships. In general, the clinical facilities and patients available for teaching are adequate for the needs of our medical students and other learners do not negatively impact on their clinical experience. In some specific areas of expertise, e.g., dermatology, the numbers of small group preceptors is limited by the relatively small numbers of faculty members in these specialized areas.

- 3. Describe your goals for gender, racial, cultural, and economic diversity of students. How well have they been accomplished? Are there student recruitment and support programs and professional role models appropriate for the school's diversity goals?*

Diversity of race, ethnicity, gender, social and economic status, educational background and geographic origin are all highly valued as important components of the educational process at the School of Medicine. Since the last full accreditation survey the nature of our applicant pool has allowed us to meet our goals for the most part with regard to diversity while at the same time allowing us to maintain our high standards for admission to the School of Medicine. We do not use family income in our discussions but rather focus on the applicant's reasoning

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for claiming disadvantaged status. The number of new female students in the freshman class has exceeded the number of male students in each year since the last full survey. Ethnic and cultural diversity are not a problem. The total number of minority applicants, underrepresented and all others, with competitive credentials has been strong since the last survey. We do compete with our peer schools for the more competitive underrepresented students. The percentage of underrepresented students (African-American, all Hispanic, Native-American, Mexican-American) in each class since the last survey has ranged from 8% to 18% and has averaged 14%. The percentage of minorities overall has averaged about 40% in each entering class since the last survey. We have no quotas for any ethnic or racial group. We strive to increase our enrollment figures each year through our recruitment efforts.

We have continued our emphasis since the last survey on the identification and recruitment of all exceptional candidates through a variety of recruitment activities involving faculty, students and alumni. Our continued emphasis on recruitment activities has allowed members of our staff to interact with a large number of prospective and accepted students and their advisors at the medical school and at the graduate, undergraduate and high school levels. We conduct our recruitment activities in a cooperative effort with the Office of Student Affairs and the Office of Student Research. We use diversity and merit awards to recruit the most talented and diverse student body possible to the School of Medicine.

We offer The High School Mini Medical School program which is an entertaining, educational program designed to provide high school students with interactive classroom instruction on a variety of medical subjects. Mini Medical School courses are taught by our medical students. Student participants learn directly from our medical students about many health subjects that impact them and specifically their communities. They are also given information on what they need to do to prepare for medical school from high school and beyond. We also provide high school tours and we offer the job shadowing experience to high school and college students which involves a student spending a day here at the University of Maryland with a professional in their area of interest.

We recruit at college fairs and travel to speak to members of different pre-medical organizations on college campuses. We address medical school admissions requirements and give students information on our school's programs. We also host college student groups for tours and invite college students to our open house programs. We attend campus fairs at Historically Black Colleges and Universities and have programs through UMBC and the Meyerhof that visit our campus annually. We often match our potential students with current medical students who show them around our campus.

At our orientations we encourage our students to become actively involved in student activities. We recruit for many of our student organization and interests groups at our Student Fall Fest which is held at the beginning of each school year. Throughout the year a campus wide electronic newsletter goes to all students and all groups list their meeting times and upcoming events. All of our student groups and interest groups are listed with contact information on the medical student website (Medscope). Examples of our student organizations and activities that appeal to a diverse student population include the following:

Asian Pacific American Medical Student Association (APAMSA) - In parallel with the national organization's mission, the chapter at University of Maryland aims to address issues important to Asian American medical students and the larger Asian patient community. One part of APAMSA's mission is to bring together Asians and others interested in the health issues that affect Asians so that we may have a strong, collective, public and political voice. We are interested in both directly promoting the health and well-being of the Asian community as well as in helping all health care workers who work with these communities understand how to care for the Asian patient in a culturally sensitive manner. Finally through social and cultural activities, APAMSA provides an important forum for students to meet, exchange information and experiences and develop personally and professionally. We encourage students of all races and backgrounds to attend our events

The Gertrude Stein Medical Society - The Gertrude Stein Medical Society is a group of medical students whose goal is to foster support among gay, lesbian and bisexual students and to encourage interaction and education among all students at the University.

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The Jewish Student Association - The association works closely with the Jewish Community Center's Office for Graduate Studies which provides sponsorship for many of its activities, including Friday night dinners, talks on Jewish medical ethics and the building of a sukkah.

The Student National Medical Association (SNMA) - Community service is at the heart and soul of the SNMA. Established in 1964 by medical students from Howard University and Meharry medical schools, the SNMA boasts over 40 years of service to underserved communities and medical students. The University of Maryland Chapter of the SNMA is primarily focused on educating, serving and empowering underserved communities through health education, screening, and youth enrichment programs. The youth enrichment programs include: Minority Association of Premedical Students (MAPS), where SNMA members act as mentors to pre-medical undergraduates and post-baccalaureate students in efforts to increase the medical school matriculation rates of underrepresented minorities. Programs include the Health Professions Recruitment Exposure Programs (HPREP), Youth Science Enrichment Program (YSEP) and HIV Intervention/Prevention Corps (HIP Corps), which is a culturally sensitive HIV/AIDS prevention education and community outreach program. In addition to these programs, the SNMA is committed to providing academic and social support to its members ensuring that medical education and services are culturally sensitive to the needs of diverse populations and to increasing the number of African-American, Hispanic, and other students of color entering and completing medical school

Medical Spanish - Recognizing the demand for bilingual health care professionals, the School of Medicine offers Medical Spanish as an elective course for credit to first and second year medical students. The 10-week class is offered each semester at the beginning, intermediate and advanced levels and aims to help physicians communicate with Hispanic patients who are not fluent in English.

Our faculty is suitably diverse to serve as mentors and role models to a wide range of students. Of our full time faculty in clinical departments, 8.6.% identify themselves as underrepresented minorities (URM) which includes African-Americans, underrepresented Hispanics, and Native Americans). About 90% of our URM faculty are willing to mentor students. Currently, based on student requests for faculty members in particular medical specialties, 22 of our active mentors are URM, many of whom have several mentees each year. Traditional Minority Affairs duties, e.g., assigning mentors, are managed within the Office of Student Affairs. Regarding gender, we have sufficient female faculty to teach and serve as role models for our students, with 35% female full time faculty members.

4. *Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational program of regular students (i.e., in the context of competition with the school's own students for available resources, patients, educational venues, etc.).*

We have very few transfer students in our program. Students who have attended an LCME accredited medical school in the United States or Canada, and who are in good standing, are eligible to apply for Advanced Standing for the third year class only. Applicants must meet all of the first year entrance requirements and present undergraduate credentials comparable to those of our rising junior students. We will consider for transfer only those students who have attended a medical school with a curriculum that is comparable to that offered at the School of Medicine. Applicants must pass Step I of the USMLE before matriculation. The number of transfer applicants accepted is limited by attrition. The number of accepted students has not significantly expanded class size beyond the original numbers. Seats are not available every year. Those seeking to transfer for hardship reasons are given preference.

The School of Medicine also has an MD/DDS Program which fills two seats in each third year class. These students are granted advanced standing after matching into the Program and passing Step I of the USMLE.

The number of students granted advanced standing in each year since the last accreditation survey has not affected the educational program of our regular students in any way.

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Visiting students are not permitted to participate in junior student clerkships which are important, required rotations for all of our students. They are permitted to participate in subinternship and elective rotations which are not initially filled by our students. We accept visiting students who are in good standing at LCME accredited allopathic medical schools. They must provide immunization/health information and proof of malpractice and health insurance coverage. Visiting students do not adversely affect the overall education program of University of Maryland students.

B. Student Services

5. *Comment on the levels of student attrition and academic difficulty in relation to your school's admission requirements, academic counseling efforts, and remediation programs. How effective are counseling and remediation systems?*

We have a low attrition rate, which demonstrates that the school's admissions process has a high degree of accuracy in identifying students capable of successfully completing medical school. The data presented below support this contention.

Students initially not passing courses receive academic counseling and guidance. The number of students that successfully then go on to pass makeup exams and course retakes (as shown in the tables below) suggests the efficacy of this type of support.

RETENTION/ATTRITION SAMPLING

Class of 2009 (current 2nd years): Progress in first year

Students . . .	Total number . . .	Remediation results . . .
conditioning S&D	3	-2 passed makeup exam -1 will retake course in '07
conditioning C&MB	4*	-all repeated course & passed
conditioning FS	7	-2 repeated course & passed -1 withdrew from school -4 passed makeup exam
failing FS	4	-all repeated course & passed
conditioning Neuro	5	-3 will repeat course in '07 -2 passed makeup exam
failing Neuro	2	-2 will repeat course in '07

*also 1 incomplete b/c of illness; following year, took course in its entirety and passed

Class of 2008 (current 3rd years): Progress in first two years

Students . . .	Total number . . .	Remediation results . . .
conditioning S&D	1	-passed makeup exam
conditioning FS	2	-1 withdrew from school -1 repeated course & passed
failing FS	2	-1 withdrew from school -1 repeated course & passed
conditioning Neuro	2	-2 repeated course & passed
failed Neuro	1	-1 repeated course & passed
conditioned HDID	3	-1 passed makeup -2 repeated course & passed
failing P&T I	1	-1 repeated course & passed
conditioning P&T II	2	-2 passed makeup exam
failing P&T II	1	-1 repeated course & passed

Class of 2007 (current 4th years): Progress in first two years

Students . . .	Total number . . .	Remediation results . . .
conditioning S&D	3	-3 passed makeup exam
conditioning FS	5	-5 passed makeup exam
conditioning Neuro	3	-2 passed makeup exam -1 repeated course & passed
failing Neuro	1	-1 repeated course & passed
conditioning HDID	2	-2 repeated course & passed
conditioning P&T I	1	-1 passed makeup exam
conditioning P&T II	6	-6 passed makeup exam

(Note: students who “withdrew” may have had difficulty with other courses; to avoid counting these individuals more than once, these individuals are only included for one block.)

It is rare for students to initially not pass rotations during the clinical years. In the class of 2007, no students received D or F grades in the 3rd year and two students received D’s in clinical rotations in the 4th year. Both of these students are remediating these rotations and are expected to graduate in 2007. In the class of 2006, no students received D or F grades in the 3rd and 4th years. In the class of 2005, one student received an F in a clinical rotation during 3rd year and this student repeated this clerkship and graduated.

Continuation of B. 5 Description of Student Academic Support Services

Course and clerkship directors monitor student performance on an ongoing basis. When warranted, they provide feedback, guidance and referral to assist struggling students. Course and clerkship directors frequently are instrumental in helping struggling students overcome problems and improve academically.

SOM has in place an early warning system that carefully tracks student performance with the goal of being proactive in identifying, responding to and resolving academic problems students are experiencing. All quiz and exam grades are reviewed immediately following their administration; students who do not do well on a particular assessment are contacted and invited in to discuss ways to improve. Anecdotal as well as some inferential statistical indicators suggest that this active reaching out is helpful in keeping relatively minor academic “bobbles” from becoming educational crises.

Academic counseling, typically one-to-one but occasionally in pairs or small groups, addresses a wide-ranging spectrum of topics and skills that impact academic performance. (As part of this service, student learning styles are identified using the Meyers-Briggs Type Indicator and pertinent information about those learning styles as they relate to the medical school curriculum is shared with students. MBTI profiles are incorporated into counseling sessions as well as into STEP 1 and 2 consults. Also, supplemental instructional materials are discussed during academic counseling and often shared with students via a small lending library.) A majority of students receive some form of academic counseling, most of it occurring during the first two years. For example, in 2006-2007, approximately 66% of the first year class participated in private academic counseling sessions with many of these students being seen more than once.

Tutorial support, both individual and group, is available for struggling students especially during the first year of medical school when students are acclimating themselves to the pace and intensity of the curriculum. The entire first year class is invited to participated in mock Structure & Development practicals and in Cell & Molecular Biology lecture review sessions. Student participation is close to 100% for the first and greater than 60% for the latter.

The Prematriculation Summer Program (especially but not exclusively designed for entering students who are at higher risk of academic difficulty) welcomes approximately 18 incoming first years to a six-week summer course

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previewing the first two Fall basic science blocks as well as offering critical study and test-taking skills instruction. PSP also provides a select and talented group of rising second years with the opportunity to hone their teaching skills and explore academic medicine as a career path. Statistical comparisons of PSP students with the course achievement of overall class, as well as background-equivalent, non-PSP peers, has demonstrated the program's effectiveness.

The Second Summer Educational Program (especially but not exclusively designed for rising second years that experienced academic problems during first year) previews second year course work for approximately 20 students. SSEP also offers an opportunity for a select and talented group of 4th years to hone their teaching skills and explore academic medicine as a career path.

STEP 1 board preparation involves a formal program of small group presentations early in the Fall to review essential STEP 1 information; a website review that includes an interactive question bank. In January, individual STEP 1 consults begin for 2nd years with the goal of designing an individualized study plan (including a day-by-day study schedule covering the 5-6 weeks leading up to the test itself), review of available instructional materials and help in making decisions about which materials to use, and answering students' specific questions and concerns. Each year, close to 100% of the class participate in both the individual consults and the small group informational sessions. Individual STEP 2 consults occur at the request of 3rd and 4th year students. Academic support is given to students who are in the process of retaking either of the STEPs.

Please see the table below for more information on student academic support services. A series of flowcharts showing the course of action and resources available to students in different situations (e.g., failure of an interim exam in years 1 or 2, poor mid-term feedback during a clinical rotation, etc.) are presented in the Appendix.

STUDENT ACADEMIC SUPPORT SERVICES

Service	Description
Early Warning Academic Performance Monitoring	✓ frequent tracking of student progress with the goal of being proactive in responding to and resolving academic problems
Group Tutorials	✓ mock Structure & Development practicum for exam prep (written, wet and dry) ✓ 6 to 8 Cell & Molecular Biology review sessions (explaining key lecture material)
Peer Tutorials	✓ accomplished student instructors offer individual tutorial assistance to struggling students
Prematriculation Summer Program (PSP)	✓ summer program previews first two basic science blocks plus study skills guidance of 1 st year for approximately 18 incoming students who may be at higher risk of academic difficulty in medical school ✓ a select group of rising second years are given the opportunity to hone teaching skills and explore academic medicine as a career track
Second Summer Educational Program (SSEP)	✓ summer program preparing rising 2 nd years, who struggled with first year course work, for HDID and P&T ✓ provides an opportunity for a select group of 4 th years to hone teaching skills and explore academic medicine as a career path

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Board Prep	<p>STEP 1: ✓ small group presentations early in the Fall to go over essential STEP 1 info</p> <ul style="list-style-type: none"> ✓ website review of pertinent STEP 1 material (including interactive question bank) ✓ individual STEP 1 consults for 2nd yrs (starts in January of each academic year) ✓ informal sharing of information with course directors & faculty re STEP 1 <p>STEP 2: ✓ work with 3rd years who seek guidance & support for STEP 2 CK and/or CS</p>
Academic Counseling	<ul style="list-style-type: none"> ✓ one-on-one typically (although occasionally in pairs or small groups) ✓ frequently coordinated with faculty & others ✓ wide-ranging spectrum of topics addressed
Limited Lending Library	✓ students invited to borrow supplementary books & other materials
Study Skills Orientation Sessions	<ul style="list-style-type: none"> ✓ covering various study skills topics ✓ includes sessions for Med Tech and Physical Therapy students
Learning Style Guidance	✓ using the MBTI to encourage students to consider study-related strengths & weaknesses
Support for Students Doing Make-Ups	✓ providing guidance to students conditioning or failing coursework, or failing STEP 1 or 2

6. *Analyze the pattern of career choice among your recent graduates. Is the pattern congruent with your school's mission and goals? Evaluate the effectiveness of your systems of career counseling, residency preparation, and the selection of elective courses.*

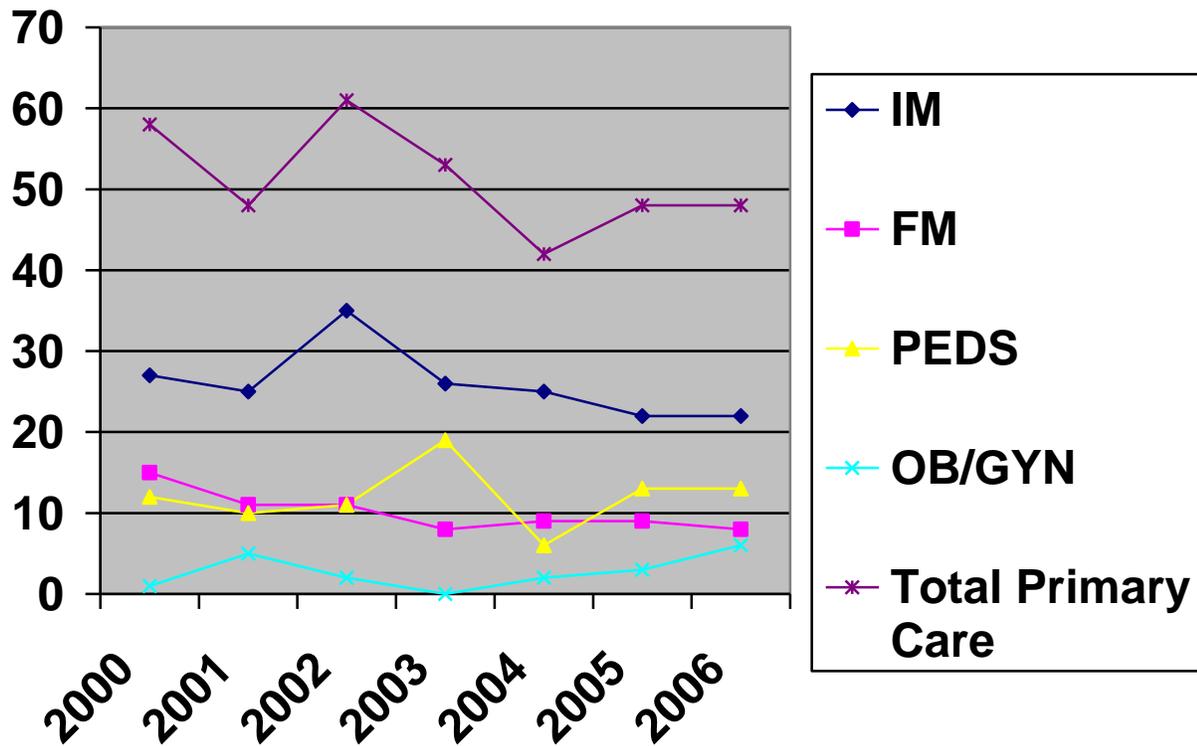
Our school's mission has traditionally been to prepare students for a broad range of career options across assorted clinical fields. Overall, Match data have demonstrated that our students do choose residencies in a wide variety of fields in geographically diverse locations. There has been a trend towards a decrease in the percentage of graduating seniors entering the primary care specialties over the last six years, with the percentage now just under 50%. (See Fig. 2a). This has been accompanied by an upward trend in the number of students entering emergency medicine and neurology, which are the two non-primary care specialties (along with general surgery, which is relatively stable) representing more than 5% of the graduating class' match on more than 3 occasions. (See Fig. 2b). The number of students entering the surgical subspecialties has remained stable. (See Fig. 2c). A few of our students each year enter combined residencies (See Fig. 2d).

In the 2005 AAMC Graduation Questionnaire, there was a perception that our system of career counseling, recommendation of elective choices, and overall residency preparation were less effective than they should be. These were areas that the graduating students suggested we improve upon. As such, they are areas that have been the subject of intense focus. A new Assistant Dean for Student Affairs was added in 2006 with a primary focus of student career counseling and mentoring. He and our Academic Coordinator participated in *Careers in Medicine (CiM)* training and have reinvigorated and enhanced that program at our institution. Students are provided with information about and access codes to the AAMC's *Careers in Medicine* website. The class of 2010 has had 89 students register with CiM, of which 87 students have logged in a total of 310 times. By comparison, the class of 2007 only had 31 students register as first-years, with 30 of them logging-in a total of 56 times. They are assigned faculty mentors during their first year, and receive a specific didactic about the longitudinal process of selecting a specialty. As they progress through the pre-clinical years, they are provided with opportunities to experience various specialties through interest groups and shadowing. Formal lectures precede the selection of third and fourth year schedules and the students are encouraged to seek one-on-one counseling to plan sub-internships, away electives, and interviews. Curriculum vitae from every student are reviewed by the Office of Student Affairs.

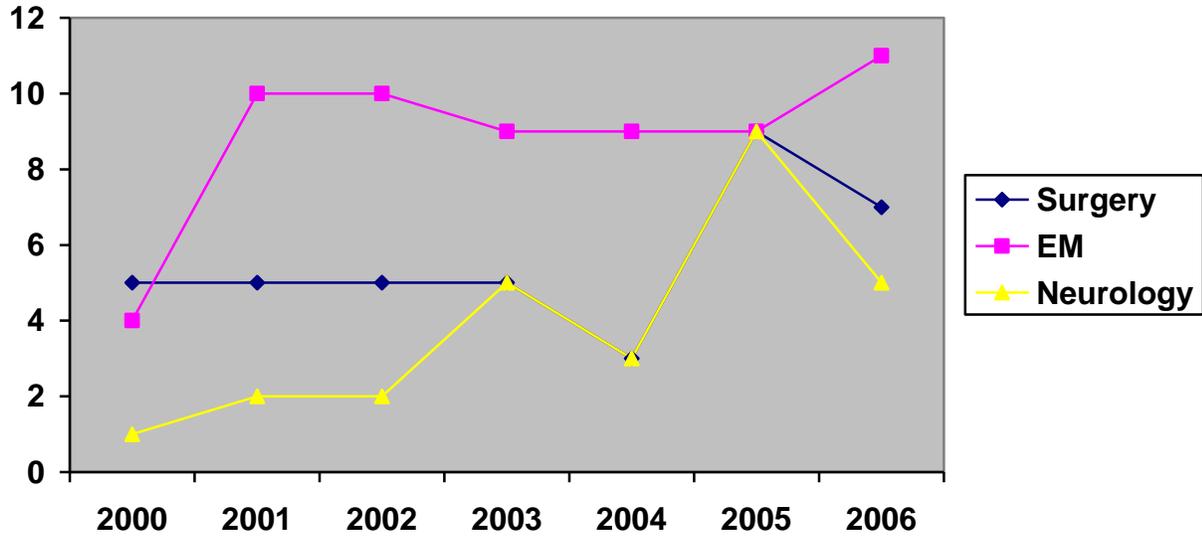
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Students are encouraged to participate in a Specialty Selection workshop given by one of the Assistant Deans of Student Affairs.

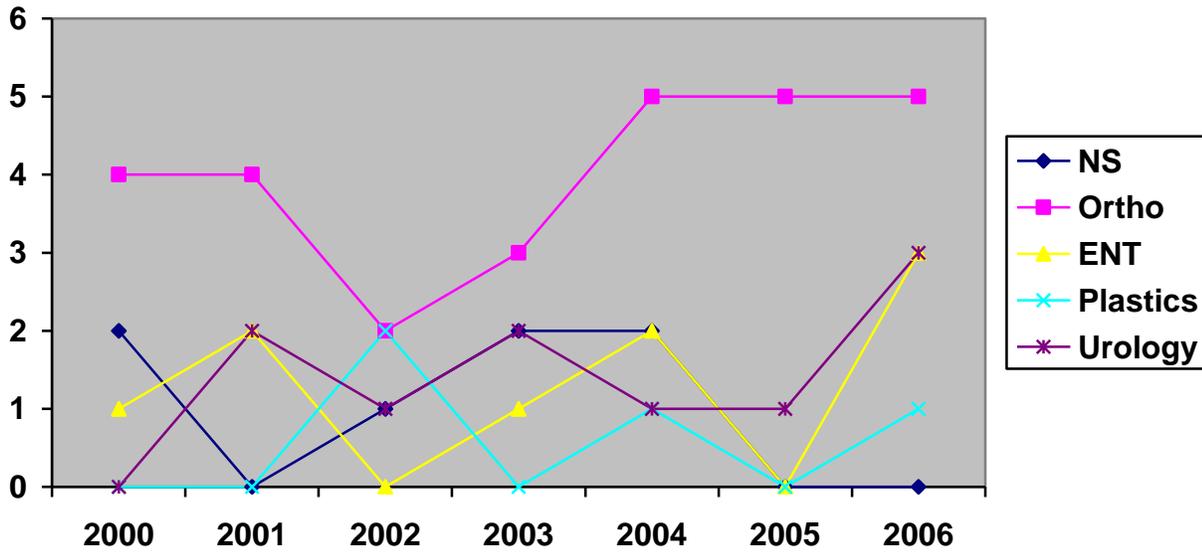
In the future, we will continue to improve the process by which students are exposed to various faculty and the method by which career counseling is provided. First year students will receive mentoring from their faculty preceptors in Introduction to Clinical Medicine as opposed to selecting a specialty to be mentored in based on limited experience and knowledge. This will prevent them from feeling that they are trapped in whatever specialty they initially chose for fear of disappointing their faculty mentor and will encourage them to explore a broad range of career options. The students will be encouraged to keep their mentor for four years as a sounding board for general career advice and specific recommendations on their competitiveness as a residency candidate based on a more personal and in depth evaluation by their longitudinal mentor. In the third year, students will then be allowed to select a particular specialty in which to be assigned a specific mentor. This faculty member can provide more specialty-specific advice, and assist the student in networking within that field. Careers in Medicine will remain a large focus of our career counseling. As shown above, students are using it earlier and more often. We plan to promote it further and have workshops encouraging all M1 students to complete some part of the self-assessment exercises by the end of their first year.



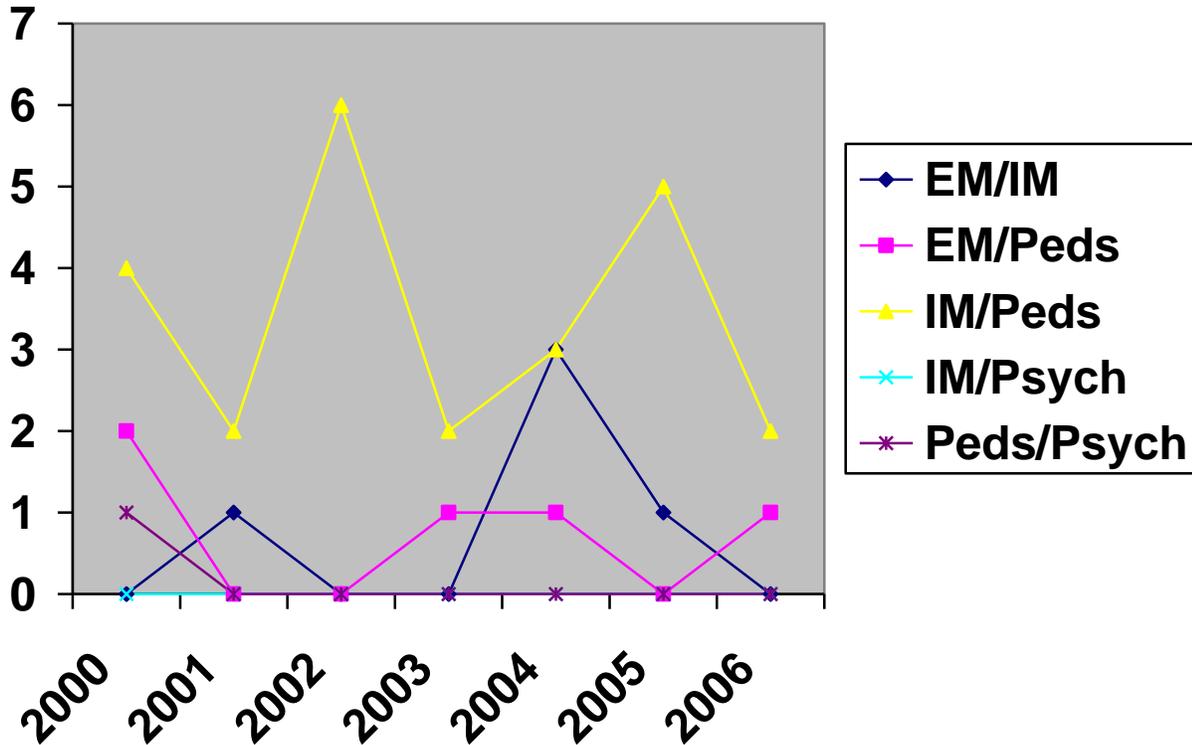
Graph 2a: Primary Care Specialties (% of class)



Graph 2b: Non-Primary Care residencies with >5% of class matching at least three times (% of class)



Graph 2c: Surgical subspecialties (Number of students)



Graph 2d: Combined residencies (Number of students)

Regarding the effectiveness of our services for career counseling and residency preparation, our most recent graduation questionnaire shows that our graduating students' satisfaction with career planning is within the range of national norms. In addition, as part of the preparation for this LCME review, all of our students were surveyed regarding counseling about careers and residency application. The adequacy and availability of these services was rated as good to excellent by greater than 80% of the students.

7. Evaluate the level of tuition and fees in relation to the size of graduates' accumulated debt, and to the level of financial aid needed and available. What is the school doing to minimize student indebtedness and comment on the effectiveness of these efforts? Comment on the effectiveness of debt counseling programs.

Although the cost of tuition and fees have increased, students loan indebtedness has decreased. Comparing the 2004-2005 academic year to the 2005-2006 academic year – our medical students borrowed \$740,000 less in loans from all sources. Also during this same time period the amount of need based financial aid for medical students increased by 1.6 million dollars. This is attributed to the work of the School of Medicine Development Office and the Office of Student Financial Aid. Both offices have worked to increase the amount of financial aid funds available to students. The Office of Financial Aid participates as a lender for the Federal Stafford loan program. Our participation as a Federal Stafford Loan lender has allowed us to increase our need based scholarship dollars and this process will continue with the level of funding increasing on an annual basis.

To minimize student indebtedness the Office of Student Financial aid offers services to students to help them make the best choices for borrowing and with how much to borrow. The Office of Student Financial Aid now has a full time professional, hired a year ago, who serves as the primary contact for medical students. This professional (the Director of the Office of Student Financial Aid) is familiar with all aspects of financing a medical school education. The Director also meets with students by appointment or on a walk-in basis to discuss not only financing a medical school education, but developing a budget, consumer debt issues and other services requested

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by the student. The office also provides students with information on their prior loan debt before the student borrows additional funding. This allows a student to see how much debt they have, what their monthly payments will be and how much more they can afford to borrow.

In addition to the full time professional responsible for medical school students, the Office of Student Financial Aid has a full time debt management counselor to supplement the services of the full time professional. The debt management counselor works with students on a variety of topics and does research on the new approaches to student debt issues. Students have commented that the addition of the full time professional in the office along with the debt management services have made the financial aid process less stressful and they have less concern about financing school and can concentrate on the academics.

Regarding the effectiveness of our school's effort in minimizing student indebtedness, our students' average debt (\$113,148) is less than the national norm (\$123,047), as shown on our recent graduation questionnaire. When surveyed about their satisfaction with our financial aid administrative services, 63.1% of our students were satisfied or very satisfied (compared to 68.7% for all schools). The majority of our students were also satisfied or very satisfied with our overall educational debt management counseling. One area that we're working to improve is the amount of funds available for student scholarships.

8. *Evaluate the adequacy of student support in the following areas:*

Personal counseling and mental health services.

Included in the student health fee with no additional out-of-pocket expense at the time of service is full access to a comprehensive array of mental health services provided by licensed/certified clinicians through the UMB Counseling Center. Supportive and problem focused therapy is available for common issues including but not limited to stress management, relationship and family concerns, and sleep and eating problems. Such services are important to achieving personal growth, professional self-confidence and full enrichment through the student experience. Additionally, the Center hosts a number of "wellness programs" throughout the academic year geared toward stress reduction and well being. A student's visit to the counseling center is private, and no information will be shared with anyone without the student's full permission.

Students may see a counselor (MSW) for a maximum of 12 visits. However, if their counseling needs go beyond 12 sessions, students are referred out for counseling, either to another provider on campus, or someone in the community. For problems of a more serious nature including clinical depression, anxiety, panic, OCD or transition difficulties they may see a psychiatrist on an unlimited basis throughout their tenure as a student. We have psychiatrists with duty hours each day from 12-5 in the Counseling Center. Confidentiality is strictly preserved. The Counseling Center website is <http://www.umaryland.edu/counseling>.

Preventive and therapeutic health services, including immunizations and health and disability insurance.

All medical students registered at the University pay a student health fee as part of tuition. They are therefore eligible to use Student Health services, which are provided by the Department of Family Medicine of the School of Medicine. The offices are located on campus, and the hours are 8:30 a.m. to 7 p.m. Monday, Tuesday, and Thursday; and 8:30 a.m. to 4:30 p.m. Wednesday and Friday. The following services are free for students at Student Health:

- routine physical examinations
- sick visits
- treatment of minor injuries
- allergy shot administration
- blood pressure screening

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- routine gynecological examinations
- family planning
- natural rubber and latex allergy screening is provided; however, lab charges are billed to the student's health insurance carrier

Some additional services provided by Student Health for which there may be fees are:

- Diagnostic and laboratory testing
- Birth control pills and the Nuvaring.
- Student fees cover hepatitis B immunization and annual TB testing. The School of Medicine pays for annual influenza vaccination for third and fourth year students. Other immunizations are provided by Student Health at cost. The meningococcal vaccine is available at a reduced fee for those students who may benefit from increased protection from this infection, such as those living in a dormitory setting.

In addition to the above, all full-time medical students must either carry the CareFirst health insurance plan offered by the University or demonstrate that they are covered by an equivalent plan. Routine services such as physical or gynecological examinations, immunizations, and family planning are not covered under the CareFirst plan. However, the following services are available at the indicated costs to the covered individual:

- Sick visits: \$20 co-payment, provided you leave the office with a diagnosis from a physician.
- Allergy shots: \$20 per injection.
- Outpatient care for accidental injury, if obtained within 72 hours of the injury: \$20 co-payment.
- Emergency room visits, if you have a medical emergency as defined by CareFirst: no cost.
- Testing for disabilities: Call Student Services in the Student Center at Pine Street, suite 238, at 410-706-7117 for information on the procedures you must follow to access this benefit.

This policy also covers outpatient surgery, maternity care, diagnostic testing, hospitalization, and numerous other services. You may use any CareFirst preferred provider as a source of these services, including Family Medicine practitioners based in Student Health, or you may select an out-of-network provider.

The campus CareFirst health insurance policy includes prescription coverage. The University has a dental plan for students and their families. All services are provided by licensed dentists who are pursuing additional training in the Advanced General Dentistry program in the University of Maryland Dental School. Participation is completely voluntary. Medical students have disability insurance (billed in their annual fees) that will provide benefits if they become disabled. More information may be found at <http://www.umaryland.edu/health/services.html>.

Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.

Students are addressed by the Hospital Epidemiologist at the beginning of the 1st and 3rd years of medical school. She discusses transmission of microorganisms (hand washing and isolation) and occupational exposures (needlestick and TB prevention, Varicella and Influenza immunization). She also outlines the procedures to follow after a needlestick which is specifically:

- Clean wound with soap and water, and irrigate area of exposure for at least 15 minutes
- Report exposure or injury to supervisor
- Contact the Exposure hotline by paging 8-2337-7845. The Exposure Hotline is available 24 hours a day, 7 days a week.

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- Report to Student Employee Health or after hours, to the UMMS emergency department.

Any student assigned to an off-campus clinical placement should be certain to understand the needle stick procedures at the remote location before beginning work or studies. If they are exposed they should:

- Immediately contact Employee Health office of Hospital where doing rotation.
- If student is at a private office, contact site physician or office manager.
Inform Student Health as soon as possible at **410-328-6645**

The University of Maryland, Baltimore (UMB) pays any remaining charges that are not covered by the UMB Student Hospitalization Plan necessitated by an accidental needle stick suffered while performing approved activities pertaining to University educational requirements. Remaining charges that are not covered by the UMB Plan, including co-pays required under the plan, will be reimbursed by the University in order to hold students harmless with regards to cost.

Student Satisfaction.

Data from the graduation questionnaire demonstrates student satisfaction. With student health services in general, 53.1% of UM students are satisfied or very satisfied compared to 63% of all schools. Student health insurance, 48.3% of UM students are satisfied or very satisfied vs. 44.1% of all schools. Education about exposure to and prevention of infectious diseases, 69.7% of UM students are satisfied or very satisfied vs. 76.1% of all schools. Regarding personal counseling, 47.2% of UM students are satisfied or very satisfied vs. 56.8% of all schools.

C. The Learning Environment

9. *Comment on the effectiveness of school policies for addressing allegations of student mistreatment, and for educating the academic community about acceptable standards of conduct in the teacher-learner relationship.*

The University of Maryland Baltimore has had a number of policies and procedures in place for many years that have implications for the teacher-learner relationship. Current policies address such issues as sexual harassment, sexual assault, sexual orientation discrimination, arbitrary and capricious grading, and religious holiday observance. In addition, both the medical school and the medical center have policies governing professional relationships among all members of their respective professional communities. School and university policies are made known to all students upon matriculation through the medical school's *Academic Handbook* and the university's *Student Answer Book*. New personnel in the medical center and school faculty are apprised of these policies as well. Based on the graduation questionnaire data regarding student mistreatment and awareness of the school's policies, our students fall within national norms.

A new School of Medicine policy on *Standards of Conduct in the Teacher Student Relationships* has recently been developed and is currently under review. This policy reflects the school's commitment to respectful teacher student relationships, references all relevant policies and procedures in a single four-page document, lists specific additional behaviors that are considered inappropriate, summarizes procedures for addressing concerns, and includes guidelines for distribution, education, and prevention.

10. *Evaluate the familiarity of students and course/clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal. Review the adequacy of systems for providing students with access to their records, and assuring the confidentiality of student records.*

The school's standards and policies for student advancement, graduation, disciplinary action, appeal and dismissal are delineated within the Academic Handbook and presented as part of orientation to all incoming

students. This Handbook is updated annually and made available online to students and faculty. Hard copies are also distributed to department chairs, clerkship directors and coursemasters. Students identified as problematic in either academic or professionalism areas are notified by the Office of Student Affairs. At that time, students are informed about any disciplinary actions along with their options for appeal and/or remediation. The impact, if any, on their progress through medical school is also discussed. Students are reminded about graduation requirements during their junior year as they begin to prepare their senior year schedules. They receive frequent reminders and updates from the Office of Student Affairs on their progress toward completing these requirements. Coursemasters and clerkship directors comprise the Academic Advancement Committee where issues of policy regarding the aforementioned areas are discussed monthly. All students are reviewed on a periodic basis for academic performance and deportment. For an individual student, the committee may recommend a series of actions ranging from counseling (informal or formal) through dismissal from school. This committee is advisory to the Dean. Students who have violated the school's code of conduct may be referred to the Judicial Board for a hearing. This Board is chaired by a faculty member, and the Office of Student Affairs serves to advise students regarding the process. The Academic Advancement Committee may recommend a series of actions ranging from increased counseling of the student through to dismissal from school. These recommendations are forwarded to the Dean to act upon.

We have a traditional paper student file and a new electronic student database. We are in the midst of transitioning to having most/all of the student data housed within the database with access permitted by varying levels of personal passcodes. Students have some access to this database and are able to update personal information there. The traditional paper files are housed in a locked office within the Office of Student Affairs and are available only to the student, personnel in the Office of Student Affairs, and selected members of the Office of Medical Education. In cases regarding academic dismissal and appeal, members of the appeals committees may be given copies of certain items in the file for consideration. The Dean or the Vice Dean may request a file for review in considering a request for a leave of absence, a scholarship or fellowship recommendation or the recommendations of a committee advisory to the Dean. Members of the Advancement Committee have access to the student database during meetings under the supervision of the Offices of Student Affairs and Medical Education. They are permitted to view areas of the academic record that may be pertinent to the discussion regarding a student. We follow the AAMC guidelines with regard to access to student records via requests from outside organizations. Students have access to a campus system called SURFS which permits viewing their grades, personal information, billing information and financial aid information. We have recently enlisted "E-value" as our vendor to assist with an electronic student evaluation tool for all clinical rotations. This system allows the students to see their grades and comments as they are posted. The UMB campus has a posted policy with regard to student records, and this policy may be found at <http://cits-cf.umaryland.edu/hrpolicies/section3/t30630Asa.html>.

11. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities. Do available resources for study contribute to an environment conducive to learning?

Student study space, lounge, and relaxation areas appear quite adequate. The multidisciplinary laboratories, as the major teaching setting for year I and year II students, are available throughout the afternoon. All first and second year students have locker space associated with these rooms. There is also an additional student lounge and other areas contiguous to the teaching area with more than adequate study space, relaxation space and lounge facilities. Students also have access to wireless connection for their laptops throughout the major teaching areas located within the medical school. The Health and Human Services Library provides excellent study space and the full resources of a medical library. Available resources appear quite good for an environment conducive to learning. The Graduation Questionnaire for 2006 reported that 96.% of all students in 2006 were satisfied or very satisfied with the library facilities compared to 85.7% for all schools. For student study space, 91.8% of UM students were satisfied or very satisfied compared to 74.1% for all schools. For student relaxation space, 50% of UM students were satisfied or very satisfied compared to 63.6% for all schools. It should be noted that this survey was taken before the completion of the new student lounge in MSTF.

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follows:

Study space:

Howard Hall Multi-Disciplinary Laboratory Area: Four clusters of rooms totaling 15 rooms. Each room (approximately 630 sq ft) contains 12-14 high speed Ethernet connections and each cluster contains a shared printer. These rooms are used as small group teaching space from 8a – 12p Monday through Friday and act as a main study area beginning at 12p Monday through Friday and on the weekends. The rooms are automatically locked at 6p each night and on weekends and are security card accessible during these times.

MSTF PC Labs: Two PC labs containing 30 available PCs with high speed internet connectivity and 2 printers. The labs are divided with 20 PCs in one room and 10 PCs in the other room. The 20 PC lab is open and available from 8a – 4p Monday through Friday and the 10 PC lab is open on a 24/7 schedule.

Lounge space:

Bressler Research Building Area Postrema: One room approximately 1060 sq ft with tables, chairs and vending. This area is available on a 24/7 schedule.

Howard Hall Lounge areas: Two areas adjacent to the Multi-Disciplinary Laboratory space. Each area is approximately 500 sq ft in size and provides high speed internet connectivity. Vending is directly available to this area from the floor below. This area is available on a 24/7 schedule.

MSTF Student Lounge: One large lounge area, approximately 5200 sq ft, located on the second floor of the MSTF building. This recently completed lounge area contains multiple seating areas, wireless internet access and is adjacent to the two MSTF PC Labs. Additionally, vending is also adjacent to this student area and the PC labs. This area is available on a 24/7 schedule

Teaching space:

Bressler Research Building Taylor Lecture Hall: This area (3120 sq ft) is the main lecturing area. The auditorium was renovated in 2005, seats 160 students and provides wired and wireless internet connectivity at every seat. The area contains a lecture PC, 2 ceiling projectors, and ceiling cameras for alternate styles of presentation. This area is used M-F 8a-12p for lectures.

Bressler Research Building Hostich Lecture Hall: This area (2160 sq ft) is a secondary lecture area. It currently holds 175 students, contains a lecture PC, ceiling projector, and audio video capabilities. This area is used M-F 8a-4p for lectures. It is scheduled to begin renovation during the 2007 calendar year.

Howard Hall Multi-Disciplinary Laboratory Area: Four clusters of rooms totaling 15 rooms. Each room (approximately 630 sq ft) contains 12-14 high speed Ethernet connections and each cluster contains a shared printer. These rooms are used as small group teaching space from 8a – 12p Monday through Friday.

MSTF Auditorium: Seating capacity of 350. This area is used as a back-up lecture area. The area contains a lecture PC, ceiling projector and an audio/video system. Wireless internet capability is available in this area.

Storage Facilities:

Each Year I and Year II student is provided with a personal locker located within the Howard Hall Multi-Disciplinary Lab area.

Scheduling of teaching space:

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This function is provided by the Office of Medical Education. The lecture hall facilities are shared with other departments within the School of Medicine such as the Department of Physical Therapy and the Graduate Program in Life Sciences. There are no scheduling conflicts among the three programs.

Campus Student Center:

In addition to the facilities described above that are primarily dedicated to medical students, a new UMB campus student center is being constructed and is expected to be completed in the Fall of 2008. This new “wireless” building will include multiple lounges, food services, a computer bar, multipurpose meeting rooms, and a Stress Reduction Resource room. Students currently have access to the campus Athletic Center and when the new campus Student Center is completed, it will include a new fitness facility including a 25 yard pool.

APPENDIX

- **Student Issue Flow Diagrams**