



**Meharry Medical College  
Institutional Documentation of Compliance  
2006 Revised Standards  
Principles of Accreditation**

**Submitted to  
Southern Association of Colleges and Schools  
Commission on Colleges  
February 2007**

**MEHARRY MEDICAL COLLEGE**  
**INSTITUTIONAL DOCUMENTATION OF COMPLIANCE**  
**WITH**  
**NEW OR SUBSTANTIVELY CHANGED STANDARDS**  
**PRINCIPLES OF ACCREDITATION**

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**MEHARRY MEDICAL COLLEGE**

**INSTITUTIONAL DOCUMENTATION OF COMPLIANCE  
WITH  
NEW OR SUBSTANTIVELY CHANGED STANDARDS  
PRINCIPLES OF ACCREDITATION**

**PREFACE**

Meharry Medical College began the process of reaffirmation of accreditation in 2006. The timeline and activities for each stage of the process include the following:

| <b>Date</b>    | <b>Activity</b>   |
|----------------|---|
| September 2006 | Compliance Certification Report was submitted to the Commission on Colleges   |
| November 2006  | Compliance Certification Report was reviewed by an Off-Site Committee   |
| December 2006  | Off-Site Committee Preliminary Findings were shared with the college. Meharry was found to be in "non-compliance" with seven Comprehensive Standards (3.2.5, 3.4.6, 3.7.2, 3.7.4, 3.8.3, 3.10.4, and 3.10.7)  |
| January 2006   | <p>Quality Enhancement Plan submitted to the On-Site Committee</p> <p>Focus Report submitted to the On-Site Committee (This report provided additional information and supporting documentation for comprehensive standards found to be in "non-compliance".)</p> <p>Meharry received notification of the requirement to address changes in the <i>Principles of Accreditation</i> before the On-Site Committee's scheduled visit</p> |

As suggested in correspondence from SACS, Medical College has used the addendum provided by the Commission on Colleges as a template for its response to the new or substantively changed *Principles of Accreditation*. We have responded to the requirements and standards cited in the form. The college's responses incorporate information and documentation that was previously submitted to the Commission on Colleges in the

Compliance Certification Report and Focus Report as well as additional information that addresses new aspects of the standard or requirement. This addendum to the Compliance Certification Report is being submitted in advance of the On-Site Committee's March 6-8, 2007, visit to the Meharry Medical College campus.

## MEHARRY MEDICAL COLLEGE

### INSTITUTIONAL DOCUMENTATION OF COMPLIANCE WITH NEW OR SUBSTANTIVELY CHANGED STANDARDS PRINCIPLES OF ACCREDITATION

## Section 2 CORE REQUIREMENTS

**CR 2.5** The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation process that (1) incorporates a systematic review of institutional mission, goals, and outcomes; (2) results in continuing improvement in institutional quality; and (3) demonstrates the institution is effectively accomplishing its mission.

Compliance       Partial Compliance       Non-Compliance

#### **Narrative**

Meharry Medical College is in compliance with this core requirement.

The college engages in an ongoing, integrated, and institution-wide strategic planning and evaluation process that incorporates a review of academic programs and administrative services by all campus constituents. The strategic planning process is designed to foster continuous improvement in administrative, operational, academic, and research endeavors through regular assessment of the college's progress toward fulfilling stated goals.

The [Meharry Medical College Strategic Plan 2004-2008](#), entitled "Embarking on a New Era of Achievement," was written with input from administrators, faculty, and staff, during the 2003-2004 academic year. The plan outlines goals, major strategies, and evaluation measures for six strategic priorities: education and training excellence, research excellence, clinical excellence and community value, financial strength, operational excellence, and an enriching and supportive workplace. Key measures of success include student qualifications for admission, student performance on licensure examinations, student and employee satisfaction surveys, and achievement of financial benchmarks for fund-raising and research support. Responsibility for achieving the strategic goals is assigned to vice presidents and deans.

Senior administrators report their progress toward achieving strategic objectives to the Board of Trustees (BOT) three times a year. Management reports are distributed with the BOT Meeting Agenda. The Management Reports highlight recent operational and academic outcomes such as fundraising revenue, financial

status of the college, student performance on licensure examinations, faculty grants and publications, curricular changes, and student activities. A [Strategic Plan Performance Results by Administrative Division and School](#) is submitted annually by vice presidents and deans to document progress toward meeting specified evaluation measures for each applicable strategic goal. Preparation of the performance reports requires ongoing review and assessment of academic programs, student performance, operational matters, and institutional finances. Based on the observations and outcomes, senior administrators and division heads report to the president and Board of Trustees their plans to continue implementation of the strategies as outlined in the Strategic Plan, revise the strategies to enhance progress, or add new strategies that respond to current circumstances.

The [Strategic Planning and Evaluation Guidelines](#) describe an integrated planning process that links the institutional mission, strategic plan, annual operational plans, budget, and daily operations. The guidelines list participants and their responsibilities for strategic planning. The Institutional Effectiveness Committee (IEC) is described as an integral part of the process for evaluating efforts to achieve strategic goals. The IEC is charged with establishing a process for evaluating the strategic and operational plans, conducting an annual review of operating results, submitting a report with recommendations to the president, and communicating with the campus community.

The president appointed new members to the [Institutional Effectiveness Committee](#) during the recent strategic planning period. The IEC's first assignment was to conduct a baseline assessment of schools' and administrative units' status in relation to the Strategic Plan objectives and the college's status of compliance with new Southern Association of Colleges and Schools (SACS) standards and requirements. The assessments were performed by the IEC during 2004. The [Institutional Effectiveness Committee Report to the President](#) was submitted in February 2005. Following submission of the report to the president, members of the IEC assumed responsibility for the SACS institutional self-study, which supported preparation of the Certification of Compliance document. This phase of the process resulted in a reevaluation of findings and recommendations that were in the IEC Report to the President.

Among the actions taken as a result of the IEC report and recommendations are: (1) institutional policies are being reviewed and updated to more accurately reflect current procedures; (2) the Academic Catalog and Student Handbook are being updated to assure information specifically required by the SACS *Principles of Accreditation* is included; (3) affiliation agreements with undergraduate institutions are being reviewed and updated; (4) an annual employee satisfaction questionnaire was developed, distributed and analyzed in 2005 to provide data about perceptions of quality; and (5) the college is planning to reestablish a central office that will coordinate academic support and faculty development programs.

The Institutional Effectiveness Committee will pursue new procedures for assessing and documenting institutional effectiveness. The new procedures include: standardizing the timeline for conducting annual evaluations of strategic and operational outcomes, working with the Office of Institutional Research to systematize the analysis of quantitative and qualitative data, collecting qualitative

data to inform and broaden the assessment of effectiveness; and implementing standard procedures for reporting findings to the campus community.

Following is the timeline with proposed activities for fulfilling IEC's charge to evaluate institutional effectiveness in an ongoing and systematic manner.

| <b>TIMELINE</b>   |  |
|-------------------|--|
| <b>Month</b>      | <b>Activity</b>  |
| August            | Collect Year-end quantitative data <ul style="list-style-type: none"> <li>• Strategic Plan Performance Results</li> <li>• Graduating Student Questionnaire</li> <li>• Employee Satisfaction Questionnaire</li> <li>• Alumni Survey</li> <li>• Financial audit</li> <li>• Pass rates on licensure examinations</li> </ul> Coordinate analysis of data with Institutional Research |
| September-October | Committee reviews analysis of data and identifies issues for follow-up   |
| November          | Committee collects qualitative data using one or several of the following methods: <ul style="list-style-type: none"> <li>• focus groups with faculty, students, staff</li> <li>• targeted surveys</li> <li>• inviting administrators to meet with the committee to discuss outcomes</li> </ul>  |
| December-January  | Comprehensive review of all data and analyses<br>Draft report of findings and recommendations to the president   |
| January           | Finalize report of findings  |
| February          | Provide executive summary to the Board of Trustees<br>Provide report of findings to the campus community   |
| March-July        | Conduct focused reviews as needed or assigned  |

| <b>Supporting Documentation</b>   |                    |
|---|--------------------|
| <a href="#">Meharry Medical College Strategic Plan 2004-2008</a>  |                    |
| <a href="#">Strategic Plan Performance Results by Administrative Division and School Strategic Planning and Evaluation Guidelines</a> |                    |
| <a href="#">Institutional Effectiveness Committee Membership</a>  |                    |
| <a href="#">Institutional Effectiveness Committee Report to the President, Academic Year 2003-2004, February 28, 2005</a>             |                    |
|   |                    |
| <b>Responsible Administrative Unit</b>  | President's Office |

**CR 2.9** The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered. Collections, resources, and services are sufficient to support all its educational, research, and public service programs.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this core requirement.

Revitalizing the Meharry Medical College Library (MMCL) is a strategic priority. In keeping with the goal of enhancing medical informatics at Meharry, the college has developed an ongoing relationship with the Eskind Biomedical Library at Vanderbilt University Medical Center. The relationship was initiated under the auspices of the [Alliance Agreement By and Between Meharry Medical College and Vanderbilt University Medical Center](#), which is known as the Meharry-Vanderbilt Alliance. The formal partnership between Nashville's two academic health centers was established in 1998. Enhancing cooperation between the libraries was a significant component of the alliance goals.

In recent years, the Meharry Medical College Library has followed a [collection development philosophy](#) that focuses on enlarging electronic resources to maximize the utility and accessibility of information by faculty, students, and staff. The Meharry-Vanderbilt Alliance provided a framework for initiating a joint contract that allowed Meharry faculty and students access to 400 electronic journals in 2000. Presently, the college's [Digital Library](#) provides access from anywhere on campus to 1,175 electronic journals, 474 books, 245 databases, and 650 web resources that are relative to minority health, dentistry, evidence-based medicine, developmental biology/genetics, cardiology, and pediatrics. The Digital Library provides fast access and multiple routes to electronic resources such as MD Consult, OVID, PubMed, and Science Direct.

The library also holds 455 subscriptions to print journals, 13,549 book titles, 594 audiovisual titles, and 63,324 bound volumes. The MMCL collection is complemented by cooperative agreements with the Consortium of Southern Biomedical Libraries, Nashville Area Library Alliance, and TENN-SHARE. The Document Delivery Service facilitates ordering materials from these sources. Meharry faculty and students also have access to the resources housed at the [Eskind Biomedical Library](#).

Other learning resources and services provided by the library include: the Library Information Desk, which provides information about services, accessing electronic resources, and technology in the library; "Ask a Librarian," which assists with searching the databases; and classes to inform and educate faculty, students and staff on using resources in the Digital Library. The classes are held in the library's electronic classrooms, which have 20 networked computers. The library staff also provides training sessions at other campus locations (i.e. school or departmental meetings). Library users have access to 13 computers in the computer lab, 13 computers located throughout the library, and five laptop computers that can be

checked-out for in-library use.

The quantity and quality of the library’s digital and physical collection, document delivery service, access to the [Eskind Biomedical Library](#), and support services available to faculty, staff, and students are sufficient to support the academic, clinical, and research programs in dentistry, medicine, public health, and biomedical sciences. The [Meharry Medical College 2004 Graduating Student Survey Overall Student Support](#) indicated 67 percent of all respondents were very satisfied or satisfied with library services. The [Meharry Medical College 2005 Graduating Student Survey Overall Student Support](#) indicated 65 percent were very satisfied or satisfied with library services. The [2005 Employee Satisfaction Survey](#) indicated 89 percent of all respondents were satisfied with the overall quality of services provided by the Library.

|  |   |
|--|---|
| <b>Supporting Documentations</b>   |   |
| <a href="#">Meharry-Vanderbilt Alliance: Agreement By and Between Meharry Medical College and Vanderbilt University Medical Center</a>                       |   |
| <a href="#">Meharry Medical College Digital Library</a>  |   |
| <a href="#">Meharry Medical College Library, Policies Governing Collections: Collections Development Philosophy</a>  |   |
| <a href="#">Access to the EBL and Other Vanderbilt Libraries for Faculty and Staff of Meharry Medical College and other Institutions of Higher Education</a> |   |
| <a href="#">Meharry Medical College 2004 Graduating Student Survey Overall Student Support</a>   |   |
| <a href="#">Meharry Medical College 2005 Graduating Student Survey Overall Student Support</a>   |   |
| <a href="#">2005 Employee Satisfaction Survey, (Library, Overall Meharry Respondents)</a>  |   |
| <a href="#">Library Cooperative Agreement Policy</a>   |   |
| <b>Responsible Administrative Unit</b>   | President’s Office<br>Meharry Medical College Library |

**CR 2.11.1** The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.

The member institution provides the following financial statements: (1) an institutional audit (or Standard Review Report issues in accordance with Statements for Accounting and Review Services issued by the AICPA for those institutions audited as part of a system wide or statewide audit) and written institutional management letter for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide; (2) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year; and (3) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.

Audit requirements for applicant institutions may be found in the Commission policy "Accreditation Procedures for Applicant institutions." (**Financial Resources**)

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this core requirement.

As outlined in the [Amended and Restated Bylaws of Meharry Medical College](#), the ultimate responsibility for the financial stability of the college resides with the Board of Trustees and the president. The Division of Finance, headed by the Vice President for Finance, is responsible for overseeing the college's day-to-day financial affairs.

Stabilizing the college's financial position has been an institutional priority. Significant milestones include: leasing the college's hospital to Metropolitan Nashville-Davidson County in 1994; enhancing the research enterprise by securing new federal and state grants; increasing revenue from the State of Tennessee, tuition, and endowment; and successfully completing a \$125 million capital campaign, which was exceeded by \$2.5 million. Accomplishments in these areas have solidified Meharry Medical College's ability to fulfill its purpose of providing quality educational programs, conducting research that addresses health disparities, and delivering health care services.

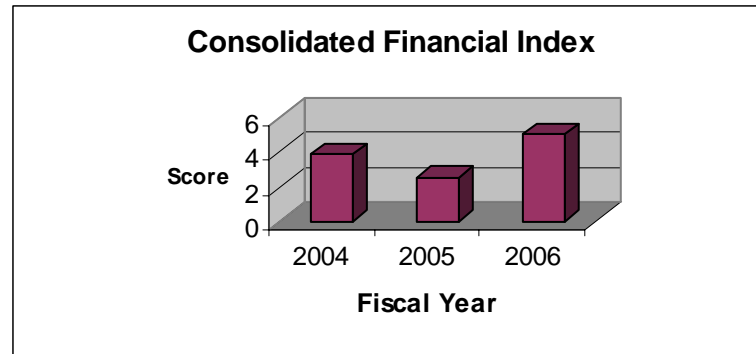
The required documentation for this core requirement, as well as the evidence provided to substantiate compliance to Comprehensive Standard 3.10.1 and Comprehensive Standard 3.10.2, demonstrate a pattern of financial stability over the past three years. The [endowment return chart](#); [endowment growth chart](#), [endowment spending chart](#), [fundraising revenue 2004, 2005, and 2006 table](#), [restricted revenue chart](#), [unrestricted revenue chart](#), and [tuition revenue chart](#) are provided to document the college's financial stability.

**Consolidated Financial Index**

The [Consolidated Financial Index](#) (CFI) for 2004, 2005, and 2006 is submitted to document the college's financial status. The consolidated financial index is a combination of four ratios: the primary reserve ratio, viability ratio, return on net assets ratio, and net operating revenues ratio. These ratios are also submitted. These ratios compare the college's operating commitments and its outstanding long-term obligations against its expendable wealth. They also measure the ability of the institution on a short-term basis to live within its means and the ability of the institution to generate overall return against all net resources.

| <b>Consolidated Financial Index</b> |             |          |          |          |             |
|-------------------------------------|-------------|----------|----------|----------|-------------|
| <b>2004</b>                         |             | Relevant | Strength | Weighing |             |
|                                     | Ratio Value | Values   | Factor   | Factor   | Score       |
| Primary Reserve                     | 0.08        | 0.133    | 0.60     | 0.35     | 0.21        |
| Viability Ratio                     | 0.109       | 0.7      | 0.16     | 0.1      | 0.02        |
| Return on Net Assets                | 21.44%      | 2.0%     | 10.72    | 0.2      | 2.14        |
| Net Operating Revenues Ratio        | 5.5%        | 1.3%     | 4.21     | 0.35     | 1.47        |
| <b>Total Score</b>                  |             |          |          |          | <b>3.84</b> |
| <b>2005</b>                         |             | Relevant | Strength | Weighing |             |
|                                     | Ratio Value | Values   | Factor   | Factor   | Score       |
| Primary Reserve                     | 0.132       | 0.133    | 0.99     | 0.35     | 0.35        |
| Viability Ratio                     | 0.202       | 0.7      | 0.29     | 0.1      | 0.03        |
| Return on Net Assets                | 13%         | 2%       | 6.75     | 0.2      | 1.35        |
| Net Operating Revenues Ratio        | 2.94%       | 1.3%     | 2.26     | 0.35     | 0.79        |
| <b>Total Score</b>                  |             |          |          |          | <b>2.52</b> |
| <b>2006</b>                         |             |          |          |          |             |
| Primary Reserve                     | 0.22        | 0.133    | 1.65     | 0.35     | 0.58        |
| Viability Ratio                     | 0.382       | 0.7      | 0.55     | 0.1      | 0.05        |
| Return on Net Assets                | 19.00%      | 2%       | 9.50     | 0.2      | 1.90        |
| Net Operating Revenues Ratio        | 9.10%       | 1.30%    | 7.00     | 0.35     | 2.45        |
| <b>Total Score</b>                  |             |          |          |          | <b>4.98</b> |

The Consolidated Financial Index Ratios and Consolidated Financial Index chart show the CFI was 3.84 for 2004, 2.52 for 2005, and 4.98 for 2006. According to *Ratio Analysis in Higher Education: Measuring Past Performance to Chart Future Direction*, by KPMG, Prager, McCarthy Sealy, LLC, a score between 2 and 5 indicates the institution is within a range of financial health where the focus should be directed toward institutional resources to allow “transformation.” Meharry is in the transformation stage. According to the CFI score of 2006, Meharry Medical College is moving to the next phase which is: focusing resources to compete in the future state.



### **Institutional Audits**

The college's Consolidated Financial Statement Audit and the OMB A-133 audits are conducted annually by an external independent certified public accounting firm. Presently, the college's audits are conducted by [Crosslin Vaden and Associates](#) of Nashville, Tennessee. The firm has significant experience in auditing colleges and universities in the southeastern region.

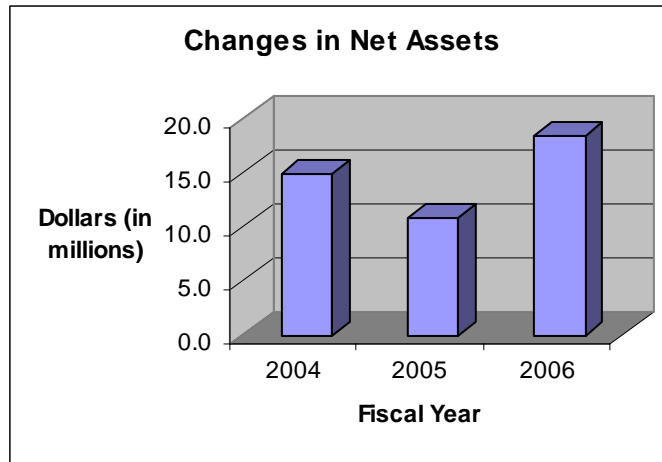
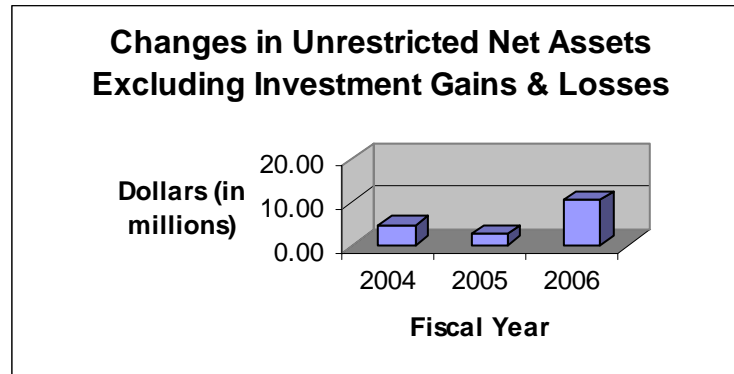
The audited statements are prepared in accordance with FASB and other accounting principles generally accepted in the United States of America. The audit firm is selected by the Board of Trustees Audit Committee and is approved by the full board. The recommended procedures established by the National Association of Colleges and Universities (NACUBO) are utilized in audit firm selection.

The college's fiscal year-end is June 30. The auditing process begins in mid-August and is completed by September 30. The audit is presented for approval by the Audit Committee and the full board at the fall Board of Trustees meeting.

Recent audits and management letters provided for review include:

- [MMC Consolidated Audited Financial Statement for 2004](#)
- [MMC Consolidated Audited Financial Statement for 2005](#)
- [MMC Consolidated Audited Financial Statement for 2006](#)
- [Management Letter for FY 2004](#)
- [Management Letter for FY 2005](#)
- [Management Letter for FY 2006](#)
- [OMB Circular A-133 Reports and Consolidated Financial Statement for June 30, 2004](#)
- [OMB Circular A-133 Reports and Consolidated Financial Statement for June 30, 2005](#)
- [OMB Circular A-133 Reports and Consolidated Financial Statement for June 30, 2006](#)

The Consolidated Audited Financial Statements document an unqualified opinion, an increase in unrestricted net assets, and an overall increase in net assets. The following charts illustrate changes in unrestricted net assets excluding investment gains and losses and changes in net assets.



**Statement of Financial Position of Unrestricted Net Assets**

The college prepares annual statements of its financial position in accordance with generally accepted accounting principles. The college’s statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt is prepared separately from the annual financial statement and represents the change in unrestricted net assets attributable to operations.

The change in unrestricted net assets attributable to operations for fiscal year 2006 was \$2,883,571. (See attached [Statement of Financial Position of Unrestricted Net Assets exclusive of Plant Assets and Plant-Related Debt for FY2006](#))

**Annual Budgets**

The college prepares an annual budget that is preceded by sound planning, subject to sound fiscal procedures, and approved by the Board of Trustees. The institution’s current strategic planning objectives are considered during the planning and preparation of the institution’s annual budget. The process of planning, preparing, implementing, and monitoring the budget is outlined in the [Policy on Budget Process](#).

Development of the annual budget begins in December of each year when the budget planning calendar is developed (see [Meharry Medical College FY2007 Budget Calendar](#)) and a copy of the current budget manual (see [Meharry Medical College Budget Preparation Manual FY2007](#)) are sent to division and department heads by the vice president for finance. The Budget Office provides training in preparing budgets. The division heads develop their estimated revenues, estimated expenditures, and documentation to support their budgets. Each division holds internal budget hearings to develop a preliminary budget. The preliminary budget is entered into a budget module for institutional review. The budget module is part of the Banner Finance System. Division heads present and defend their budgets to the Budget Committee.

The Budget Committee consists of the president, deans, and vice presidents. The committee reviews the proposed revenues and expenditures and makes changes or adjustments as needed. Salary increases are analyzed and the impact of changes in unrestricted net assets for the next year is considered. Tuition discounts provided to children of employees who are enrolled at the college are factored into the proposed budget. Scholarships that are funded through unrestricted and restricted gifts are also factored into the proposed budget.

The final proposed budget is submitted to the Finance Committee of the Board of Trustees. The board's Finance Committee reviews the proposed budget and makes a recommendation to the full board for approval. The [Board of Trustees Finance Committee Teleconference Minutes dated September 2003](#), [Board of Trustees Finance Committee Teleconference Minutes dated July 2004](#) and [Board of Trustees Finance Committee Teleconference Minutes dated May 2005](#) document approval by the Finance Committee. [Board of Trustees Plenary Meeting Minutes for May 2004](#), and [Board of Trustees Plenary Meeting Minutes for November 2005](#) attest to approval of the operating budgets for fiscal years 2005 and 2006. (See [MMC Operating Budget FY2004](#), [MMC Operating Budget FY2005](#), [MMC Operating Budget FY2006](#))

### **Capital Campaign**

The capital campaign, "Delivering the Dream: The Campaign for Meharry," surpassed the \$125 million goal. Launched in 1998, the campaign ended in June 2005 with gifts and commitments totaling \$127.5 million. To date, of the \$127.5 million committed to the campaign, \$110 million has been received. Remaining pledges are on schedule to be collected.

The campaign raised funds to increase the endowment, upgrade technology and facilities, invest in new programs, and grow the Vision Fund to increase unrestricted dollars. The campaign supports 49 endowed scholarships, 12 endowed chairs and professorships, renovations to research, academic, and clinical facilities, and technology upgrades. Additionally, funding is assisting in the establishment of three research centers on HIV/AIDS, Optimal Health, and Women's Health. The [Campaign for Meharry Summary of Campaign Results](#) provides an overview of the gifts and commitments.

|  |  |
|--|--|
| <b>Supporting Documentation</b>  |  |
| <a href="#">Amended and Restated Bylaws of Meharry Medical College</a>   |  |
| <a href="#">Endowment Growth Chart</a>   |  |
| <a href="#">Endowment Spending Chart</a>   |  |
| <a href="#">Restricted Revenue Chart</a>   |  |
| <a href="#">Unrestricted Revenue Chart</a>   |  |
| <a href="#">Tuition Revenue Chart</a>  |  |
| <a href="#">Consolidated Financial Index</a>   |  |
| <a href="#">Crosslin Vaden and Associates website</a>  |  |
| <a href="#">MMC Consolidated Audited Financial Statement for 2004</a>  |  |
| <a href="#">MMC Consolidated Audited Financial Statement for 2005</a>  |  |
| <a href="#">MMC Consolidated Audited Financial Statement for 2006</a>  |  |
| <a href="#">Management Letter (FY04) Crosslin Vaden &amp; Associates, Certified Public Accountants, January 28, 2005</a> |  |
| <a href="#">Management Letter (FY05) Crosslin Vaden &amp; Associates, Certified Public Accountants, October 21, 2005</a> |  |
| <a href="#">Management Letter (FY06) Crosslin Vaden &amp; Associates</a>   |  |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statement for June 30 2004</a>                         |  |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statement for June 30 2005</a>                         |  |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statement for June 30 2006</a>                         |  |
| <a href="#">Policy on Budget Process</a>   |  |
| <a href="#">Meharry Medical College FY2007 Budget Calendar</a>   |  |
| <a href="#">Meharry Medical College Budget Preparation Manual 2007</a>   |  |
| <a href="#">Board of Trustees Finance Committee Teleconference Minutes, September 5, 2003</a>                            |  |
| <a href="#">Board of Trustees Finance Committee Teleconference Minutes, July 22, 2004, p. 1</a>                          |  |
| <a href="#">Board of Trustees Finance Committee Teleconference Minutes, August 2005</a>                                  |  |
| <a href="#">Board of Trustees Plenary Meeting Minutes for May 21, 2004</a>   |  |
| <a href="#">Board of Trustees Plenary Meeting Minutes, November 4, 2005, p. 5</a>  |  |
| <a href="#">MMC Operating Budget FY04</a>  |  |
| <a href="#">MMC Operating Budget FY05</a>  |  |
| <a href="#">MMC Operating Budget FY06</a>  |  |
| <a href="#">Campaign for Meharry Summary of Campaign Results</a>   |  |
|  |  |
| <b>Responsible Administrative Unit</b>   | Division of Finance<br>Division of Advancement and College Relations |

**CR 2.11.2** The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. (**Physical Resources**)

Compliance       Partial Compliance       Non-Compliance

**Narrative**

The college’s physical resources are adequate in quality, quantity, and condition to meet the scope and purpose of its programs and services. The campus consists of 20 buildings, an outdoor amphitheater, two parking garages, several open parking lots, and an off-campus housing facility. Classrooms, study rooms, computer centers, and laboratory space that support the School of Medicine and School of Graduate Studies and Research are housed in the Harold D. West Basic Sciences Center. The School of Dentistry building includes classrooms, laboratories, study rooms, faculty offices, and dental clinics to support those academic programs. The original structure for Hubbard Hospital (commonly called the “Old Hospital”) and Comprehensive Health buildings house medical clinics and clinical departmental and faculty offices. Two student residential facilities, Dorothy Brown Hall and Royal Towers, are on campus. A third college-owned apartment complex is a few blocks away on Herman Street. Metropolitan Nashville General Hospital at Meharry, the city’s public hospital and the college’s primary training facility, is also located on the Meharry campus. The [Campus Map](#) provides an overview of the buildings and parking facilities.

The Office of Campus Services works in conjunction with the Department of Public Safety and Security to ensure that the campus is safe, well maintained, and secure. Campus Services maintains a record of daily, routine maintenance and repair of buildings and grounds. Campus Services is also responsible for overseeing the implementation of the [Meharry Medical College Campus Master Plan](#).

The results of the [2005 Employee Satisfaction Survey](#) indicate that overall employees agree or strongly agree that the physical condition of classrooms (73%), laboratories (64%), and offices (61%) is adequate. Sixty-two percent (62%) of the 263 respondents were satisfied with the overall quality of the campus. The [Meharry Medical College 2005 Graduating Student Survey Results for Overall Quality of Education](#), which includes classroom facilities, laboratory facilities, and small group meeting space, indicate on average 76 percent of respondents were very satisfied or satisfied with the quality of these items.

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| <b>Supporting Documentation</b>   |   |
| <a href="#">Campus Map</a>  |   |
| <a href="#">Meharry Medical College Campus Master Plan</a>  |   |
| <a href="#">2005 Employee Satisfaction Survey, Physical Plant, Overall Meharry Respondents</a>                  |   |
| <a href="#">Meharry Medical College 2005 Graduating Student Survey Results for Overall Quality of Education</a> |   |
|   |   |
| <b>Responsible Administrative Unit</b>  | President’s Office<br>Campus Operations |

## Section 3 COMPREHENSIVE STANDARDS

**CS 3.2.5** The institution has a policy whereby [board of trustees] members can be dismissed only for appropriate reasons and by a fair process.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this Comprehensive Standard.

The [Bylaws of Meharry Medical College](#) is the only policy governing the internal management of the Board of Trustees (the Board), the governing board of Meharry Medical College. [Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College](#) states that a trustee can be removed for any reason and sets forth the due process that must take place under such circumstances. When drafting Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College, it was the intent of the Board to provide that Trustees would only be removed for cause and with the protection of due process. The Board included the stringent requirement of an affirmative vote of two-thirds (2/3) of the voting members to remove a Trustee from the Board to provide an additional safeguard against motions to remove a Trustee for anything less than cause.

When the Board most recently amended the Bylaws, in February 2005, this particular section was specifically reviewed by the Ad Hoc Bylaws Revision Committee. The committee as well as the full Board chose not to amend the requirements for removal of Trustees and, thereby, fully endorsed the notion that the intent of the language in Article II, Section 4 was that Trustees would only be removed for actions inconsistent with the charge and responsibilities of the members of the Board of Trustees for Meharry Medical College and only after due process had been protected.

To date, the intent of the Board in upholding a removal for cause standard has not been challenged; however, it is respectfully noted that the Bylaws should be amended to further clarify the Board's intent that removal of Trustees would only be for cause. By revising the language in the Bylaws, the single source of authority over the Board, the Off-Site Committee' concern will be appropriately addressed. The following revised language will be submitted to the Board of Trustees of Meharry Medical College to replace the current language in Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College:

**Revised Article II, Section 4.**

**All Trustees serve at the pleasure of the Board of Trustees. A Trustee may be removed from office by an affirmative vote of two-thirds of all Trustees for committing actions in violation of these Bylaws or for actions that are contrary to the general welfare of Meharry Medical College. After a motion has been made to remove a Trustee from office that includes a statement of cause for removal and before a vote, the Trustee will be given the opportunity to address the Board either in person or in writing. Discussion of the**

**motion will take place in executive session of voting members of the Board of Trustees only, and the vote on the motion will be by secret ballot.**

The Board of Trustees (BOT) of Meharry Medical College approved the revised language during its February BOT 2007 meeting. The approval will be reported in the February meeting minutes, which will be published prior to the May 2007 meeting.

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| <b>Supporting Documentation</b>  |   |
| <a href="#">Amended and Restated Bylaws of Meharry Medical College</a> |   |
| Responsible Administrative Unit  | President's Office<br>Corporate Secretary |

**CS 3.3.1** The institution identifies expected outcomes for its educational programs (including student learning outcomes for educational programs) and its administrative and educational support services, assesses whether it achieves these outcomes; and provides evidence of improvement based on analysis of those results. (**Institutional Effectiveness**)

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this comprehensive standard.

The college identifies expected outcomes for its educational, administrative, and educational support programs; assesses achievement of the outcomes; and provides evidence of improvement based on analysis of those results.

The [Meharry Medical College Strategic Plan 2004-2008](#) provides a framework of setting and evaluating academic, administrative, and operational goals over a four-year period. The goals are designed to address six strategic priorities: education and training excellence, research excellence; clinical excellence and community value; financial strength; operational excellence, and enriching and supportive workplace. Evaluation measures are assigned to each goal.

The goals for educational and training excellence (Strategic Priority 1) are geared toward improving student performance on licensure exams, on-time graduation rates, instruction, academic support, graduate training programs in medicine, dentistry, and graduate studies, and the quality of the applicant pool for each school. The goals for research excellence speak to improving and strengthening faculty involvement in research and the quality of research facilities. The goals for achieving clinical excellence and community value are designed to increase external awareness of the faculty's expertise and to improve patient satisfaction with clinical services.

Goals for increasing the college's financial strength pertain to improving management of clinical facilities; increasing funding from federal, state, and local sources; increasing annual unrestricted revenue; and enhancing budget planning

and performance. Goals that identify areas of improvement in student support services are listed under operational excellence. These goals include modernizing the library, enhancing satisfaction with student services, enhancing technology resources, improving management of physical resources, and improving employee satisfaction. The goals for creating an enriching and supportive workplace aim to decrease faculty and staff turnover, foster a safe work environment, and to implement the first phase of the campus master plan.

The division heads (vice presidents and deans) are responsible for implementing the strategies to achieve the goals and for monitoring the outcomes of those activities. Division heads report on issues, activities, and accomplishments to the president and trustees through quarterly [Management Reports to the Board of Trustees](#). The management reports include assessments and analysis of issues and outcomes, many of which relate to the strategic priorities and goals, within the division. Division heads also submit [Strategic Plan Performance Reports](#) that are tied to specific evaluation measures for strategic goals.

Students' academic progress and licensure exam pass rates are critical measures of the academic program in the schools of medicine and dentistry; consequently, monitoring and analyzing these outcomes is an ongoing activity. Student progress in the School of Graduate Studies and Research is measured by timely progression toward completing research projects, theses, and dissertations. The rates of retention and progress toward completion of degree requirements are closely monitored by all deans. The standards for accreditation also serve as benchmarks for assessing academic and operational effectiveness.

The Office of Institutional Research is responsible for administering and analyzing the outcomes of the college's annual alumni and student satisfaction surveys. A comprehensive employee satisfaction survey was developed and implemented in 2005. The annual employee survey will be used to monitor employee satisfaction with administrative service areas, benefits, and working conditions. The Office of Institutional Research provides analyses of the surveys to the president and division heads and publishes key results in an annual [Fact Book](#), which is on the college's intranet website. The analyses of data in these critical areas are used by the division heads to recommend changes in strategies, programs, and services to achieve the college's goals for overall improvement of academic, administrative, and student support services.

The School of Medicine incorporates findings of the Association of American Medical Schools (AAMC) annual Medical School Graduation Questionnaire into its assessment of the academic program and student support services. The School of Dentistry uses the American Dental Education Association senior survey to monitor the effectiveness of academic programs and student support services.

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| <b>Supporting Documentation</b>   |   |
| <a href="#">Meharry Medical College Strategic Plan 2004-2008</a>              |   |
| <a href="#">Management Reports to the Board of Trustees</a>                   |   |
| <a href="#">Strategic Plan Performance Results by Administrative Division</a> |   |
| <a href="#">2005 Fact Book</a>  |   |
| <b>Responsible Administrative Unit</b>  | President's Office<br>School of Medicine<br>School of Dentistry<br>School of Graduate Studies<br>and Research |

**CS 3.4.1** The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. **(Academic Program Approval)**

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

The responsibility for developing, monitoring, and evaluating educational programs rests with the Curriculum Committee in each school. Recommendations to revise, remove, or implement new courses or programs are submitted for approval by the deans, who are the senior academic officers. The roles and functions of the Curriculum Committees are outlined in the [Bylaws of the School of Graduate Studies Faculty Council](#), [Bylaws Faculty Council, School of Medicine](#), and [Bylaws of the Faculty Council School of Dentistry](#).

The members of the [Curriculum Committee in the School of Medicine](#), [Curriculum Committee in the School of Dentistry](#), and [Curriculum Committee in the School of Graduate Studies and Research](#) are appointed by the deans and the Faculty Councils. The curriculum committees in the School of Medicine and School of Dentistry are divided into pre-clinical and clinical subcommittees. The curriculum committee in the School of Graduate Studies and Research has subcommittees for the master's and doctoral degree programs. All schools appoint other subcommittees as needed. The subcommittees monitor course content and activities, receive recommendations from the subunits, coordinate the curricula to assure course continuity and relevance, and recommend changes to the full committee.

The curriculum committee meetings are open to all faculty members, who may express their opinions during the meeting but cannot vote. The committees' recommendations are submitted directly to the deans. If a curriculum committee's recommendation is not approved by the dean, the committee and dean work to establish a compromise. Minutes of meetings and reports of curriculum committee activities and recommendations are also provided to the respective Faculty Council. Deans report recommendations for significant changes in the curriculum to the president and Board of Trustees.

The learning outcomes for courses and degree programs in the School of Medicine and School of Dentistry are aligned with national expectations for competence

among new professionals that have been established by the Association of American Medical Colleges (AAMC) and American Dental Education Association (ADEA), respectively. Many clinical departments also incorporate learning outcomes that are required competencies in specific medical disciplines. Descriptions of expected learning outcomes are standard items in [School of Medicine course syllabi](#), [School of Dentistry course syllabi](#), and [School of Graduate Studies and Research course syllabi](#).

Students' achievements of expected learning outcomes in all schools are evaluated through course quizzes and examinations, laboratory exercises, clinical performance, and oral and written presentations. The School of Medicine also utilizes subject board examinations in each discipline to assess learning. The School of Medicine and School of Dentistry use aggregate scores on national licensure examinations to evaluate student achievement and as an indicator of curricular success. In addition to course quizzes and examinations, the School of Graduate Studies and Research assesses student learning through performance in externships, development and implementation of original research projects, and a written thesis or dissertation, which is defended before a committee of faculty preceptors.

The college's [Policy on Course Evaluation](#) provides a structure for the process of monitoring the curriculum and quality of instruction. Course and instructor evaluations are performed by faculty, their peers, and students at the end of each course. The student course evaluation results are reported to the course coordinator, the department chair, and the dean. Student evaluations are taken into consideration by members of the curriculum committees during faculty evaluations of courses and instructors. The Meharry Medical College Graduating Student Survey also provides a mechanism for monitoring student satisfaction with the overall quality of education. The survey asks questions about the quality of instruction, student research opportunities, summer externship opportunities, and faculty competence. [The Meharry Medical College 2005 Graduating Student Survey Results for Overall Quality of Education](#) indicated 76 percent of the respondents were very satisfied or satisfied with the overall quality of education.

The School of Medicine's recent effort to design and implement a new pre-clinical curriculum is an example of how the college's curriculum committees use results from internal and external evaluations of the curriculum, student learning outcomes, and licensure examination scores to make curricular and programmatic decisions. The process of revamping the curriculum began in 2003, with a request to the Curriculum Committee from Dean PonJola Coney to reassess the function of the committee and to conduct an internal review of course offerings. Dean Coney also commissioned an external review of the school's curriculum in 2003.

The results of the internal and external reviews highlighted the need to: identify organizational responsibility for ongoing evaluation and oversight of the curriculum; update and expand course offerings; formalize development of opportunities for faculty education and training; minimize content overload, passive learning, emphasis on memorization of facts, and use of tests that stress memorization. The review also noted the need to stress problem-based learning, critical analysis of literature, self-initiated learning, health maintenance skills, disease prevention skills, using tests that assess problem-solving and application of information, and

more accurate assessment of clinical competencies. Dean Coney, in a presentation to faculty about "[Reforming the Medical Curriculum](#)," also highlighted the need to respond to external factors such as the results of Step 1 of the U.S. Medical Licensure Examination (USMLE).

To respond to the impetus for change, Dr. Coney appointed a Curriculum Design Committee in 2004 and charged its members with creating "a curriculum for the general medical education of students at Meharry which integrates active student learning of the knowledge, attitudes and skills in the basic sciences, social sciences and clinical sciences that are essential for all physicians." The design committee was further charged with developing a four year sequence of curriculum topics and educational experiences; list of lectures, tutorial, conference, and small group topics, and a detail work schedule for all weeks. A major characteristic of the new curriculum was to be the integration of information across traditional basic and clinical science and between basic and clinical science disciplines.

The Curriculum Design Committee reported to the Curriculum Committee, the dean, and the faculty. Over the next seven months, from January to July 2004, this group met on a weekly basis to develop new courses that were approved by the Curriculum Committee and the dean to be offered for the freshman class in fall 2004. The Curriculum Design Committee completed the redesign of the sophomore curriculum in 2005 for implementation in fall 2005. The group will continue working until the third and fourth year curriculums are redesigned. A [Report of Curriculum Design Committee Activities and Outcomes](#), which was submitted to the Board of Trustees, is appended.

In conjunction with the new curriculum, the School of Medicine implemented an enhanced system for course and instructor evaluations. A new [School of Medicine Evaluation of Courses and Clerkships](#) was developed and administered at the end of the fall 2004 semester. The new process is administered by the Office of Curriculum Support and Evaluation. An analysis of the evaluations for the new preclinical curriculum was reported to course coordinators, the dean, and the Board of Trustees in 2005.

Students who sit for the USMLE Step 1 examination in 2006 will be the first class to complete the new pre-clinical curriculum. The pass rates on the licensure certification examinations will be an indicator of the success of the new curriculum.

| <b>Supporting Documentation</b>  |
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| <a href="#">Bylaws of the School of Graduate Studies Faculty Council</a>     |
| <a href="#">Bylaws Faculty Council, School of Medicine</a>                   |
| <a href="#">School of Medicine Curriculum Committee Minutes, 2004-2005</a>   |
| <a href="#">Bylaws of the Faculty Council School of Dentistry</a>            |
| <a href="#">Curriculum Committee, School of Medicine</a>                     |
| <a href="#">Curriculum Committee School of Dentistry</a>                     |
| <a href="#">Curriculum Committee School of Graduate Studies and Research</a> |
| <a href="#">School of Medicine Syllabi</a>                                   |
| <a href="#">School of Dentistry Syllabi</a>                                  |
| <a href="#">School of Graduate Studies Syllabi</a>                           |

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| <b>Supporting Documentation - continued</b>   |   |
| <a href="#">Policy on Course Evaluation</a>   |   |
| <a href="#">"Reforming the Medical Curriculum," presentation by PonJola Coney, M.D.</a> |   |
| <a href="#">Report of Curriculum Design Committee Activities and Outcomes</a>           |   |
| <b>Responsible Administrative Unit</b>  | School of Medicine<br>School of Dentistry<br>School of Graduate Studies |

**CS 3.5.1** The institution identifies college-level competencies within the general education core and provides evidence that graduates have attained those competencies. **(College-level competencies)**

**NA**  Compliance  Partial Compliance  Non-Compliance

**Narrative:**

Meharry Medical College does not offer undergraduate degree programs; consequently, this comprehensive standard is not applicable to the college.

**CS 3.5.3** The institution defines and publishes requirements for its undergraduate programs, including its general education components. These requirements conform to commonly accepted standards and practices for degree programs.

**NA**  Compliance  Partial Compliance  Non-Compliance

**Narrative:**

Meharry Medical College does not offer undergraduate degree programs; consequently, this comprehensive standard is not applicable to our institution.

**CS 3.5.4** At least 25 percent of the discipline course hours in each major at the baccalaureate level are taught by faculty members holding the terminal degree—usually the earned doctorate—in the discipline, or the equivalent of the terminal degree.

**NA**  Compliance  Partial Compliance  Non-Compliance

**Narrative:**

Meharry Medical College does not offer baccalaureate degrees; consequently, this comprehensive standard is not applicable to our institution.

**CS 3.6.2** The institution structures its graduate curricula (1) to include knowledge of the literature of the discipline and (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this comprehensive standard.

The academic programs at Meharry furnish ample opportunities for students to practice independent learning that prepares them to enter their chosen profession. Although faculty members make every effort to impart essential facts during classes, clerkships, clinics, laboratory training, and review sessions, to be successful, students must continue their pursuit of knowledge and understanding of complex information outside the classroom. Resources that support self-directed learning outside the classroom include: computer assisted learning tools, library holdings, exposure to experts in the field through visiting lecturers, audio-visual materials, academic support services, and rooms for individual or group study.

Courses in the School of Medicine and School of Dentistry require students to prepare and make presentations on applicable topics. To complete the assignments, students must identify and review the appropriate professional journals, books, and other media to obtain information (see [School of Medicine Syllabi](#) and [School of Dentistry Syllabi](#)). Student-organized Journal Clubs also provide avenues for students to become familiar with the literature of a discipline. Each school also provides opportunities and financial support for students who want to participate in research studies that are led by faculty members.

To further assure that independent learning occurs and to assess students' preparation to practice in the profession, the Schools of Medicine and Dentistry require students to pass licensure certification examinations as a condition for awarding the M.D. or D.D.S. degree. Earning a passing score on U.S. Medical Licensure Examination (USMLE) Step 1 (which measures the acquisition of knowledge in the basic sciences) and USMLE Step 2 (which measures the acquisition of knowledge gained through clinical training) and the National Board of Dental Examiners (NBDE) Part 1 (which measures acquisition of knowledge in the pre-clinical years) and NBDE Part 2 (which measures knowledge and applicable skills acquired during clinical training), particularly on the first take, is a nationally accepted demonstration of fitness to practice medicine or dentistry. The degree of preparation and the requirements for sitting for the national examinations are described in the [School of Medicine Student Academic Policies and Procedures Manual](#) and the [School of Dentistry Pre-Doctoral Program Academic and Student Policies and Procedures](#).

The School of Graduate Studies and Research has similar, nationally recognized standards for demonstrating readiness to contribute to public health administration and biomedical research. In addition to completing the applicable coursework, master's level students are required to complete externships, comprehensive examinations, or research projects as well as write a thesis based on original research to earn the degree. Doctoral students must design and conduct an original research project, write a dissertation based on that research, defend the

research project before faculty and peers, and pursue publication of an article in a peer-reviewed journal to earn the Ph.D. Acquiring knowledge by reading and understanding the scientific literature as well as active participation in research are inherent qualities and required activities in the School of Graduate Studies and Research curricula. Evidence of student participation in these activities is reflected in the theses and dissertations that are prepared by students and approved by the faculty. The requirements for preparing masters theses and doctoral dissertations are described in detail in the [School of Graduate Studies and Research Student Academic Policies and Procedures Manual](#). Course level performance expectations are described in [School of Graduate Studies and Research Syllabi](#).

The School of Graduate Studies and Research sponsors seminars, journal clubs, discussions of works in progress, workshops and community outreach forums to keep faculty, students, and the community informed about current research and published findings in the respective disciplines and fields of study. Students are also encouraged to prepare oral or poster presentations for local and national meetings.

All students are afforded the opportunity to showcase the outcomes of their research during the college’s annual Student Research Day, which is sponsored by the School of Graduate Studies and Research. The [Annual Student Research Day Abstract Book for 2006](#), [Annual Student Research Day Abstract Book for 2005](#), and [Annual Student Abstract Book for 2004](#) reflect students’ engagement in a variety of research projects.

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| <b>Supporting Documentation</b>   |  |
| <a href="#">School of Medicine Student Academic Policies and Procedures Manual</a>                    |  |
| <a href="#">School of Dentistry Pre-Doctoral Program Academic and Student Policies and Procedures</a> |  |
| <a href="#">School of Graduate Studies Student Academic Policies and Procedures Manual</a>            |  |
| <a href="#">School of Medicine Syllabi</a>  |  |
| <a href="#">School of Dentistry Syllabi</a>   |  |
| <a href="#">School of Graduate Studies and Research Syllabi</a>                                       |  |
| <a href="#">Annual Student Research Day Abstract Book 2006</a>  |  |
| <a href="#">Annual Student Research Day Abstract Book 2005</a>  |  |
| <a href="#">Annual Student Research Day Abstract Book 2004</a>  |  |
| Responsible Academic Unit   | School of Medicine<br>School of Dentistry<br>School of Graduate Studies and Research |

- CS 3.6.4** The institution defines and publishes requirements for its graduate and post-baccalaureate professional programs. These requirements conform to commonly accepted standards and practices for degree programs.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this comprehensive standard.

The major program requirements for all professional degree programs are designed by faculty to assure Meharry's targeted student population is fully prepared to assume responsibilities as physicians, dentists, health administrators, and biomedical scientists upon graduation. The goals and expectations for completing coursework and earning degrees are published, and the curriculums provide identifiable experiences for students in each program.

**Program Leading to the M.D. Degree**

The program leading to the M.D. degree is designed to meet the standards for professional competence established by the Liaison Committee on Medical Education (LCME). Faculty in the School of Medicine periodically review and revise the program to assure the organization and presentation of instruction is effectively aligned with evolving trends in medical education, practice patterns, and scientific developments. The most recent redesign of the preclinical curriculum was implemented in fall 2004. Members of the Curriculum Design Group, a subcommittee of the Curriculum Committee, are presently involved in revising the clinical curriculum. The Office of Curriculum Support and Evaluation, which is directed by a faculty member, is responsible for collecting and analyzing [School of Medicine Evaluation of Courses and Clerkships](#), sharing the results with faculty members, and monitoring efforts to improve course content and instruction. The program leading to the M.D. degree underwent an external evaluation by the LCME in 2005. The [Liaison Committee on Medical Education letter to Dr. John E. Maupin dated February 2006](#) confirmed the school's reaccreditation.

The goals and requirements for completing the medical degree program are published in the college's [Academic Catalog 2005-2006](#), [General Information and Academic Catalog 2006-2008](#), and the [School of Medicine Student Academic Policies and Procedures Manual](#). The Academic Policies and Procedures Manual, which is distributed annually to the freshman class (replacement copies are available to advanced students upon request), provides information about the school's mission, strategic goals, technical standards for admission, and requirements for earning the degree. The Academic Catalog 2005-2006, which is available online at the college's homepage and in hard copy upon request, also lists the technical standards for admission, requirements for graduation, and descriptions of course goals and content. Both publications provide prospective and enrolled students with sufficient information to make informed choices about their course of study. The requirements for earning the medical degree are:

- Successful completion of all requisite coursework
- Passing score on U.S. Medical Licensing Examination (USMLE) Step 1
- Passing score on USMLE Step 2 Clinical Knowledge
- Passing score on USMLE Step 2 Clinical Skills
- Passing score on the Meharry Senior Objective Structured Clinical

### Examination (OSCE)

An affirmative vote of the School of Medicine Faculty Evaluation and Promotions Committee, with concurrence of the dean, is required for candidacy for the degree.

Specific goals, expected learning outcomes, and laboratory or clinical experiences are published in the syllabus for each course and clerkship. The classroom, laboratory, and clinical tasks each student will experience are described in [School of Medicine Syllabi](#). The identified experiences include human dissection, laboratory experiments, patient interviewing, physical examinations, and discipline specific procedures that are fundamental to best practices in medical education.

### Program Leading to the D.D.S. Degree

The content of the educational program in the School of Dentistry is designed to provide graduates with the professional competencies established by the American Dental Association Commission on Dental Accreditation (ADA CODA). The school's faculty members stay abreast of current practices in dental education and make recommendations for change to the Curriculum Committee, which in turn makes recommendations to the dean. The Curriculum Committee is responsible for monitoring and evaluating the effectiveness of the dental education program. The school was last site visited by CODA in January 2001 and the subsequent [American Dental Association Commission on Dental Accreditation letter to Dr. John E. Maupin dated February 2002](#) gave notification of an accreditation status of "approval without reporting requirements." The School of Dentistry is presently conducting a self-study in preparation for its scheduled site visit in 2007.

Meharry's [Academic Catalog 2005-2006](#), [General Information and Academic Catalog 2006-2008](#), and the [School of Dentistry Pre-Doctoral Program Academic and Student Policies and Procedures](#) are published to provide prospective and admitted students with information about the school's goals and requirements for earning the D.D.S. degree. An updated policies and procedures manual is distributed annually to students. The policies and procedures manual includes information about the academic program's goal of providing a diverse knowledge base and clinical skills necessary to practice general dentistry, requirements for graduation, and expectations for evidence of high ethical and moral standards. Descriptions of required courses are published in the Academic Catalog 2005-2006. The requirements for earning the doctor of dental surgery degree are:

- Regular attendance for a minimum of four years of total instruction
- Satisfactory completion of the prescribed curriculum (didactic and clinical courses, clinical experiences, practical examinations, all clinical competency examinations)
- Satisfactory completion of both Part 1 and Part II of the National Board Dental Examinations (NBDE)
- Demonstration of high standards of moral and ethical conduct
- Payment of all financial obligations to the school and college
- Return of all loaned equipment, patient charts, and borrowed items.

The School of Dentistry Student Evaluation and Promotion Committee, with concurrence of the dean, recommends candidates for the degree.

[School of Dentistry Syllabi](#) identify specific educational goals, expected learning outcomes, and laboratory and clinical tasks that each student will experience as he or she completes courses in the academic program leading to the doctor of dental surgery degree.

### **Programs Leading to the Master's and Doctoral Degrees**

The School of Graduate Studies and Research is responsible for programs leading to the Master of Science in Public Health (MSPH), Master of Science in Clinical Investigation (MSCI), and the Doctor of Philosophy degree in the biomedical sciences (Ph.D.). The faculty members in this school are responsible for designing the curriculums and program requirements for each degree. The programs leading to all degrees awarded by the School of Graduate Studies and Research are designed to encompass accepted standards for the ethical conduct in research and competencies that are articulated by the respective disciplines. As with the other schools at Meharry Medical College, the curriculum committee in the School of Graduate Studies and Research is charged with evaluating the effectiveness of courses and instruction. The degree programs in the School of Graduate Studies and Research are approved by the Southern Association of Colleges and Schools (SACS). The school is seeking accreditation for the Master of Science in Public Health from the [Council on Education for Public Health \(CEPH\)](#).

The [Academic Catalog 2005-2006](#), [General Information and Academic Catalog 2006-2008](#), and the [School of Graduate Studies and Research Student Academic Policies and Procedures Manual](#) provide information about the school's educational programs, goals, and other requirements for earning the degrees. Courses are described in the Academic Catalog 2005-2006. The academic experiences that all students in the respective programs will have (i.e. developing an original research project, writing a thesis or dissertation, and defending the thesis or dissertation before a committee of preceptors) are outlined in the policies and procedures manual.

The specific requirements for earning the MSPH degree are:

- Successful completion of 60 credit hours of approved course work
- Successful completion of a 480 hour externship
- A thesis or comprehensive examination

Participants in the MSCI program must already hold the M.D., D.D.S., or Ph.D. degrees or be a candidate for the doctoral degree. Requirements for the MSCI degree are:

- Successful completion of 36 credit hours
- Endorsement of Mentoring Committee
- Scientific presentation of research project at local or national meeting
- Participation in ongoing clinical research project
- Develop and conduct an original, mentored research project
- Preparation of a manuscript suitable for submission to a peer-reviewed journal
- Endorsement by the program director

Minimum requirements for earning the Ph.D. degree are:

- Successful completion of at least 40 hours of graduate course work
- Passing a qualifying examination prepared by the student’s major emphasis division
- Completing a dissertation that meets the approval of the committee of instruction, division chair, and dean
- Manuscript based on the dissertation research that is published or accepted for publication in a peer reviewed journal
- Successful defense of the dissertation in a public seminar

The student’s major emphasis division may have additional requirements for earning the degree.

As with the other schools, students are recommended for the degree by the school’s Evaluation Committee and confirmed by the dean.

[School of Graduate Studies and Research Syllabi](#) list the specific goals and expected student learning outcomes for individual courses in the respective programs.

To assure the print and electronic information provided to students is consistent, clear, and complete, the schools have agreed upon the topics to be covered in the policies and procedures manuals. The common topics include: description of the academic program, requirements for earning the degree, examination and grading policies, dress code (for SOD and SOM), evaluations of student performance, leave policies, and procedures for review and appeal of academic actions. Institutional policies on sexual harassment, smoking, substance abuse, and student professional code of conduct are also standard components of each policy and procedure manual. The Office of College Relations, a central administrative unit, is responsible for publishing the college’s Academic Catalog and Student Handbook.

| <b>Supporting Documentation</b>  |
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| <a href="#">School of Medicine Evaluation of Courses and Clerkships</a>  |
| <a href="#">Liaison Committee on Medical Education letter to John E. Maupin February 2006</a>                          |
| <a href="#">Academic Catalog 2005-2006, pp.15, 43, 103</a>   |
| <a href="#">General Information and Academic Catalog 2006-2008, pp. 41, 78, 110</a>                                    |
| <a href="#">School of Medicine Student Academic Policies and Procedures Manual, p.38</a>                               |
| <a href="#">SOM Course Syllabi</a>   |
| <a href="#">American Dental Association Commission on Dental Education Letter to John E. Maupin February 2002</a>      |
| <a href="#">School of Dentistry Pre-doctoral Program Academic Policies and Procedures, p. 2</a>                        |
| <a href="#">School of Dentistry Course Syllabi</a>   |
| <a href="#">School of Graduate Studies and Research Student Academic Policies and Procedures Manual, pp. 7, 14, 21</a> |
| <a href="#">Council on Education for Public Health Letter</a>  |
| <a href="#">School of Graduate Studies and Research Course Syllabi</a>   |
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| <b>Supporting Documentation - continued</b> |  |
|---|--|
| Responsible Administrative Unit             | School of Medicine<br>School of Dentistry<br>School of Graduate Studies and Research |

**CS 3.10.2** The institution provides financial profile information on an annual basis and other measures of financial health as requested by the Commission. All information is presented accurately and appropriately represents the total operation of the institution.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this comprehensive standard.

Meharry Medical College submitted the required financial statements and related documents for FY 2004 and FY 2005. The [SACS 2005 Commission on Colleges Financial Profile](#) reported on the period ending June 30, 2004 and the [SACS 2006 Commission on Colleges Financial Profile](#) reported on the period ending June 30, 2005. No additional financial information has been requested.

The [MMC Consolidated Audited Financial Statement June 2004](#), [MMC Consolidated Audited Financial Statement 2005](#), [Consolidated Audited Financial Statement June 2006](#), [OMB Circular A-133 Reports and Consolidated Financial Statements June 30 2004](#), [OMB Circular A-133 Reports and Consolidated Financial Statements June 30 2005](#), [OMB Circular A-133 Reports and Consolidated Financial Statements June 30 2006](#), [Management Letter for 2004](#), [Management Letter for 2005](#), and [Management Letter for 2006](#) disclose unqualified opinions on compliance with requirements applicable to each major program and internal control. The documents speak to the college's financial stability.

These audited financial statements are prepared in accordance with accounting principles generally accepted in the United States of America, particularly the standards and guidelines established by Government Auditing Standards, the National Association of Colleges and University Business Officers (NACUBO), the Financial Accounting Standards Board (FASB), and the American Institute of Certified Public Accountants (AICPA).

| <b>Supporting documentation</b>  |
|--|
| <a href="#">SACS 2005 Commission on Colleges Financial Profile</a>                             |
| <a href="#">SACS 2006 Commission on Colleges Financial Profile</a>                             |
| <a href="#">MMC Consolidated Audited Financial Statement June 2004</a>                         |
| <a href="#">MMC Consolidated Audited Financial Statement 2005</a>                              |
| <a href="#">MMC Consolidated Audited Financial Statement 2006</a>                              |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statements June 30, 2004</a> |

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| <b>Supporting documentation - continued</b>  |  |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statements June 30, 2005</a> |  |
| <a href="#">OMB Circular A-133 Reports and Consolidated Financial Statements June 30, 2006</a> |  |
| <a href="#">Management Letter 2004, Crosslin Vaden and Associates</a>                          |  |
| <a href="#">Management Letter 2005, Crosslin Vaden and Associates</a>                          |  |
| <a href="#">Management Letter 2006, Crosslin Vaden and Associates</a>                          |  |
|  |  |
| Responsible Administrative Unit  | Office of the Vice President for Finance |

**CS 3.12.1** The institution notifies the Commission of changes in accordance with the substantive change policy and, when required, seeks approval prior to the initiation of changes.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this Comprehensive Standard.

In keeping with the policy on substantive changes, the college sought approval from the Commission on Colleges to add a new degree program in the School of Graduate Studies and Research. The addition of the new program, the Master of Science in Clinical Investigation (MSCI) was approved by the Commission on Colleges in July 2005. The [SACS COC Letter to Dr. John E. Maupin, July, 12, 2005, documents approval by the Commission on Colleges.](#)

|  |  |
|--|--|
| <b>Supporting documentation</b>                                      |  |
| <a href="#">SACS COC Letter to Dr. John E. Maupin, July 12, 2005</a> |  |
|  |  |
| <b>Responsible Administrative Unit</b>                               | President's Office<br>School of Graduate Studies and<br>Research |

**CS 3.14.1** A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with Commission requirements and federal policy.

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this federal requirement.

The institution publishes the name of its primary accreditor, the Southern Association of Colleges and Schools (SACS), in the Academic Catalog. The names of the accrediting agencies for the medical and dental education programs are also published in the current edition of the General Information and [Academic Catalog 2006-2008](#). The academic catalog is distributed in hard copy to new students

annually during New Student Orientation and is available to all students on the college's internet home page.

Information about the primary accreditor, including the address and telephone number, is also posted on the "About Meharry" webpage on the [Meharry Medical College website](#).

|   |                             |
|---|-----------------------------|
| <b>Supporting Documentation</b>                                 |                             |
| <a href="#">Academic Catalog 2005-2006, p. i</a>                |                             |
| <a href="#">Meharry Medical College Website (About Meharry)</a> |                             |
|   |                             |
| <b>Responsible Academic Unit</b>                                | Office of College Relations |

## Section 4 FEDERAL REQUIREMENTS

**FR 4.4** Program length is appropriate for each of the institution's educational programs. (**Program length**).

Compliance       Partial Compliance       Non-Compliance

**Narrative:**

Meharry Medical College is in compliance with this core requirement.

The School of Medicine and School of Dentistry criteria for program completion and awarding of the M.D. and D.D.S. degrees are aligned with the time and content requirements established by the Liaison Committee on Medical Education (LCME) and the American Dental Association Commission on Dental Accreditation (ADA/CODA), respectively. The School of Graduate Studies and Research bases the length of its programs on achieving credit hour requirements for master's and doctoral degrees.

**School of Medicine**

The School of Medicine's (SOM) educational program leading to the M.D. degree exceeds the LCME minimum requirement to provide "at least 130 weeks of instruction" ([LCME Function and Structure of a Medical School, 2004](#)). The SOM curriculum includes the necessary basic sciences content and clinical training required for earning a medical degree. The School of Medicine has a standardized, required curriculum for each academic year; consequently, all students complete the same coursework over a four or five year period. The requirements for graduation are described in the [Academic Catalog 2005-2006](#) and [School of Medicine Student Academic Policies and Procedures Manual](#). The typical graduate of the School of Medicine completes a minimum of 145 weeks of formal instruction to earn the M.D. degree. The credit hours awarded for course work in the School of Medicine exceeds the 30 semester credit hours required by the Southern Association of Colleges and Schools (SACS). The School of Medicine's [Association of American Medical College \(AAMC\) Course Schematic Report \(4 year program\), Academic Year 2004-2005](#) provides an overview of the timeframes for School of Medicine courses and clerkships. The tables below summarize the

number of weeks of instruction and the total credit hours for courses by class and semester for the 2004-2005 and 2005-2006 academic years.

#### 2004-2005 Academic Year

| Class                  | Weeks of Instruction |                 | Total Weeks | Total Credit Hours |
|------------------------|----------------------|-----------------|-------------|--------------------|
|                        | Fall Semester        | Spring Semester |             |                    |
| Freshman               | 19                   | 16              | 35          | 58                 |
| Sophomore              | 15                   | 11              | 26          | 54                 |
| Junior                 | 24                   | 24              | 48          | 108                |
| Senior                 | 20                   | 16              | 36          | 72                 |
| <b>Four Year Total</b> |                      |                 | <b>145</b>  | <b>292</b>         |

#### 2005-2006 Academic Year

| Class                  | Weeks of Instruction |                 | Total Weeks | Total Credit Hours |
|------------------------|----------------------|-----------------|-------------|--------------------|
|                        | Fall Semester        | Spring Semester |             |                    |
| Freshman               | 20                   | 15              | 35          | 58                 |
| Sophomore              | 17                   | 11              | 28          | 54                 |
| Junior                 | 24                   | 24              | 48          | 108                |
| Senior                 | 20                   | 16              | 36          | 72                 |
| <b>Four Year Total</b> |                      |                 | <b>147</b>  | <b>292</b>         |

#### School of Dentistry

The [Commission on Dental Accreditation Standards for Dental Education Programs \(1998\)](#) states: "the curriculum must include at least four academic years of instruction or its equivalent." The School of Dentistry (SOD) at Meharry Medical College meets this requirement by offering a four-year pre-doctoral program in general dentistry. The School of Dentistry has a standardized curriculum that includes the didactic and clinical coursework required for conferring the Doctor of Dental Surgery degree. All students complete the standardized curriculum. The requirements for graduation are described in the [Academic Catalog 2005-2006](#) and the [School of Dentistry Pre-Doctoral Program Academic and Student Policies and Procedures](#). The tables below list the number of weeks of instruction and total credit hours for each class offered during the 2004-2005 and 2005-2006 academic years. The [School of Dentistry Courses and Credit Hours for 2005-2006](#) also includes information about clock hours for each class. The School of Dentistry curriculum exceeds the minimum number of credit hours required by SACS.

#### 2004-2005 Academic Year

| Year      | Weeks of Instruction |        |                | Total Weeks | Total Credit Hours |
|-----------|----------------------|--------|----------------|-------------|--------------------|
|           | Fall                 | Spring | Summer Session |             |                    |
| Freshman  | 20                   | 18     |                | 38          | 74                 |
| Sophomore | 17                   | 19     | 5              | 41          | 72                 |
| Junior    | 17                   | 19     | 6              | 42          | 103                |

|                                |                             |               |                       |                    |                     |
|--------------------------------|-----------------------------|---------------|-----------------------|--------------------|---------------------|
| <b>Senior</b>                  | 17                          | 17            |                       | 34                 | 112                 |
| <b>Four Year Total</b>         |                             |               |                       | 155                | 361                 |
| <b>2005-2006 Academic Year</b> |                             |               |                       |                    |                     |
|                                | <b>Weeks of Instruction</b> |               |                       |                    |                     |
| <b>Year</b>                    | <b>Fall</b>                 | <b>Spring</b> | <b>Summer Session</b> | <b>Total Weeks</b> | <b>Credit Hours</b> |
| <b>Freshman</b>                | 20                          | 18            |                       | 38                 | 74                  |
| <b>Sophomore</b>               | 17                          | 19            | 5                     | 41                 | 72                  |
| <b>Junior</b>                  | 17                          | 19            | 6                     | 42                 | 103                 |
| <b>Senior</b>                  | 17                          | 17            |                       | 34                 | 112                 |
| <b>Four Year Total</b>         |                             |               |                       | 155                | 361                 |

**School of Graduate Studies and Research**

The School of Graduate Studies and Research requires completion of a specified number of credit hours for the Master’s of Science in Public Health (MSPH), Master’s of Science in Clinical Investigation (MSCI), and Doctor of Philosophy (Ph.D.) degrees. The credit hour requirements for all programs comply with the SACS standard for graduate degree programs.

As stated in the [School of Graduate Studies and Research Student Academic Policies and Procedures Manual](#), the two-year MSPH program requires completion of 60 credit hours of coursework, a 480 hour externship, and a thesis or comprehensive examination to earn the degree. Persons with an M.D. or D.D.S. degree who are admitted to the MSPH program must complete 32 hours of approved course work and a thesis. Participants in the two-year MSCI program are required to complete a minimum of 36 credit hours for graduation. The doctoral program is comprised of three phases (core phase, major emphasis, and dissertation) and requires successful completion of 40 didactic credit hours and a dissertation to earn the degree. All requirements, including the number of credit hours required for graduation, are published in the school’s policy and procedures manual.

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|---|
| <b>Supporting Documentation</b>   |
| <a href="#">LCME, Function and Structure of a Medical School, 2004 (Updated June 2006, page 6)</a>                          |
| <a href="#">Academic Catalog 2005-2006, p. 103 (SOM), p. 43 (SOD)</a>   |
| <a href="#">School of Medicine Student Academic Policies and Procedures Manual, 2003-2004, p. 38</a>                        |
| <a href="#">AAMC Course Schematic Report (4 year program) Academic Year, 2004-2005</a>                                      |
| <a href="#">The Commission on Dental Accreditation Standards for Dental Education Programs, p. 14</a>                       |
| <a href="#">School of Dentistry Course and Credit Hours, 2005-2006</a>  |
| <a href="#">School of Graduate Studies and Research Student Academic Policies and Procedures Manual, pp. 7, 14, and 21.</a> |

|                                 |   |
|---------------------------------|---|
| Responsible Administrative Unit | School of Medicine,<br>School of Dentistry<br>School of Graduate Studies and Research |
|---------------------------------|---|