



**Meharry Medical College
Responses to
Follow-up Questions on
Compliance & QEP**

**Submitted to
Southern Association of Colleges and Schools
Commission on Colleges
On-Site Committee Chair
February 26, 2007**

**Meharry Medical College
Response to SACS On-Site Committee Questions**

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- [Academic Catalog, 2005-2006](#)
- [National Board of Medical Examiners USMLE Steps 1, 2, CS, and 3](#)
- [National Board of Medical Examiners Basic Sciences Subject Boards as of December 31, 2006](#)
- [Summary Reports National Board of Dental Examiners Part I and Part II](#)
- [SACS Commission on Colleges Meharry Medical College Campus-Community Survey](#)
- [SACS Campus-wide Survey of Recommendations for the MMC QEP](#)
- [SACS Initial Survey Preliminary Analysis](#)

- [SACS Initial Survey Analysis: Recurring suggestions for primary focus of QEP](#)
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**Meharry Medical College
Response to SACS On-Site Committee Questions**

Requests for Additional Information: Comprehensive Standards

CS 3.4.6: *We would like to get copies of the School of Dentistry Courses and Credit Hours for 2005-6 report and a similar one from the School of Medicine to clarify the credit hour differences.*

MMC Response:

The Compliance Certification Report included a document titled “Contact Hours and Credit Hours” for the School of Dentistry. The document listed the course numbers, course title, contact hours, and credit hours for each course by class that was offered during the 2005-2006 academic year. We believe this is the document you are referencing in your request. The School of Dentistry document and a document that lists the same information for the School of Medicine are included with this response. A PDF of the [Academic Catalog 2005-2006](#) (which includes descriptions of all courses) is also attached for review.

**Courses & Credit Hours
Meharry Medical College, School of Dentistry
Freshmen Dental Class**

Fall 2005

2005 – 2006

Course Number	Course Title	<i>Contact Hours</i>	<i>Credit Hours</i>
ANAT- 322 -01	Gross Anatomy	150	8
ASDD - 301- 01	Analytical Reasoning & Critical Thinking	22	1
BICH - 321- 01	Biochemistry	80	4
MICR- 302 - 01	Microbiology	91	5
ORSG -301-01	Clinical Correlations I	8	2
PROS -311-01	Tooth Morphology	124	7
PROS- 315-01	Dental Informatics	8	2

Spring 2006

ANAT- 326- 01	Dental Neurosciences	49	3
ORDG - 302- 01	Oral Roentgenology	30	2
OPDN- 321 - 01	Introduction to Operative Dentistry	28	2
ORSG-311- 01	Introduction to Lifelong Learning I	16	1
ORSG- 302- 01	Clinical Correlations II	8	2

PATH- 321 - 01	Biology of Diseases	150	8
PDNT- 303-01	Introduction to Clinical Research	20	1
PDNT-310- 01	Introduction to Practice Management	16	1
PDNT- 322-01	Applied Nutrition	20	1
PHYS -321- 01	Physiology	85	5
PROS -312- 01	Principles of Occlusion	96	5

Summer 2006

ASDD-322-01	National Dental Board Review Part I	168	9
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Sophomore Dental Courses**Fall 2005****2005 – 2006**

Course Numbers	CourseTitle	Contact Hours	Credit Hours
ASDD-410-01	Analytical Reasoning & Critical Thinking	10	2
EDPR-421-01	Periodontics	30	2
ORDG-421-01	Oral Roetoenology Lab	30	2
OPDN-421-01	Bidental Materials Seminar	12	1
OPDN-401-01	Pre-Clinical Dentistry Operative	123	7
PHAR-411-01	Pharmacology	131	8
PDNT-401-01	Introduction to Community Based Education	18	1
PROS-412-01	Removable Partial Dentures	60	3
PROS-491-01	Fixed Prosthodontics	106	6

SPRING 2006

EDPR-422-01	Periodontics	48	3
EDPR-431-01	Endodontics	80	4
OPDN-401-01	Pre-Clinical Operative	123	7
ORDG-401-01	Oral & Maxillofacial Pathology	44	2
ORSG-403-01	Oral & Maxillofacial Surgery and Anesthesia I	36	2
ORSG-492-01	Cardiac Pulmonary Resuscitation (CPR)	10	2
ORTH-422-01	Orthodontics	39	2
PEDN-412-01	Pediatric Dentistry	28	2
PDNT-401-01	Introduction to Community Based Education	18	1
PDNT-411-01	Cultural Competency in Health Care	20	1
PROS-422-01	Complete Dentures	80	4
PROS-491-01	Fixed Prosthodontics	106	6

ORSG -411-01	Introduction to Lifelong Learning II	16	1
ORDG-430-01	Introduction to Clinical Dentistry	30	2

SUMMER 2006

ASDD-404-01	Comprehensive Clinical Dentistry	145	8
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Junior Dental Courses**Fall 2005****2005 – 2006**

Course Numbers	Course Title	Contact Hours	Credit Hours
ASDD- 510- 01	Analytical Reasoning & Critical Thinking	6	1
EDPR-511-01	Periodontics	16	1
EDPR-515-01	Advanced Concepts in Endodontics	12	1
ORDG-501-01	Comprehensive Diagnostic Sciences	74	4
OPDN-501-01	Operative Dentistry	28	2
OPDN-581-01	Dental Auxiliary Utilization (added jr.yr. 06)	8	1
ORSG-502-01	Oral & Maxillofacial Surgery & Anesthesia II	62	3
ORSG-504-01	Introduction to Dental Implantology	20	1
ORTH-521-01	Orthodontics	26	1
PEDN-511-01	Pediatric Dentistry	25	1
PDNT-501-01	Practice Management	18	1
PDNT-522-01	Community Dental Health II	34	2
PDNT-562-01	Practice Management Symposium (ADA)	8	1
PROS-501-01	Fixed Prosthodontics II	28	2
PROS-520-01	Prosthodontics Seminar	20	1

CLINICS

EDPR-591-01	Endodontics	16	1
EDPR-523-01	Periodontics	49	3
OPDN-531-01	Operative Dentistry	119	7
ORDG-571-01	Comprehensive Treatment Planning Council	16	1
ORDG-571-01	Oral Diagnosis & Radiology	25	1
ORSG-531-01	Oral/Maxillofacial Surgery	25	1
ORTH-541-01	Orthodontics	14	1
PEDN-541-01	Pediatric Dentistry	16	1
PROS-521-01	Prosthodontics	121	7

Spring 2006**2005 – 2006**

Course Numbers	Course Title	Contact Hours	Credit Hours
EDPR-511-01	Periodontics	16	1
ORSG-503-01	Oral & Maxillofacial Surgery & Anesthesia III	28	2
ORSG-511-01	Introduction to Lifelong Learning III	16	1
PDNT-521-01	Behavioral Management in Dental Practice	14	1
PDNT-561-01	Geriatric Dentistry	20	1
PROS-511-01	Occlusal Adjustment	28	1

CLINICS

EDPR-591-01	Endodontics	16	1
EDPR-523-01	Periodontics	49	3
OPDN-531-01	Operative Dentistry	119	7
ORDG-571-01	Comprehensive Treatment Planning Council	16	1
ORDG-571-01	Oral Diagnosis & Radiology	25	1
ORSG-531-01	Oral & Maxillofacial Surgery	25	1
ORTH-541-01	Orthodontics	14	1
PEDN-541-01	Pediatric Dentistry	16	1
PROS-521-01	Prosthodontics	121	7

Summer 2006

ASDD-501-01	Comprehensive Clinical Dentistry	145	8
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Senior Dental Class**Fall 2005****2005 – 2006**

Course Numbers	Course Description	Contact Hours	Credit Hours
EDPR-601--01	Endodontics Seminar	14	1
EDPR-620-01	Periodontics Seminar	20	1
EDPR-630-01	Comprehensive Care Seminar	64	4
ORDG-625-01	Clinical Oncology Seminar	14	1
ORDG-620-01	Comprehensive Diagnostic Sciences Seminar	14	1
OPDN-611-01	Operative Dentistry Seminar	12	1
OPDN-620-01	Dental Materials Seminar	8	1
ORSG-620-01	Oral Surgery/Pain Control Seminar	16	1
ORTH-620-01	Orthodontic Seminar	10	1
PEDN-620-01	Pediatric Dentistry Seminar	12	1
PDNT-620-01	Public Health/Biostatistics Seminar	12	1
PDNT-621-01	Behavioral Sciences Seminar	12	1

PDNT-632-01	Practice Management Symposium (ADA)	8	1
PHAR-620-01	Clinical Pharmacology Seminar	14	1
PROS-620-01	Prosthodontic Seminar	18	1
PROS-622-01	Occlusion/TMJ Seminar	16	1
ASDD-602-01	Analytical Reasoning & Critical Thinking	24	1

CLINICS

EDPR-641-01	Endodontic	16	12
EDPR-621-01	Periodontic	49	3
OPDN-631-01	Operative	120	7
ORDG-630-01	Treatment Planning Council	8	1
ORDG-621-01	Oral Diagnosis & Radiology	15	1
ORSG-621-01	Oral Surgery	15	1
ORTH-651-01	Orthodontic	10	1
PEDN-641-01	Pediatric	15	1
PROS-621-01	Prosthodontic	75	4

Spring 2006**2005- 2006**

Course	Course Description	Contact Hours	Credit Hours
ASDD-615-01	Final Clinical Competency Examination	30	2
HOSD-621-01	Hospital Dentistry	2	1
ORSG-692-01	Cardiac-Pulmonary Resuscitation	16	1
ORSG-611-01	Introduction to Lifelong Learning IIII	16	1
PDNT-631-01	Dental Jurisprudence & Ethics	14	1

CLINICS

EDPR-641-01	Endodontic	16	12
EDPR-621-01	Periodontic	49	3
OPDN-631-01	Operative	20	7
ORDG-630-01	Comprehensive Treatment Planning Council	8	1
ORDG-621-01	Oral Diagnosis & Radiology	15	1
ORSG-621-01	Oral/Maxillofacial Surgery	15	1
ORTH-651-01	Orthodontic	10	1
PEDN-641-01	Pediatric	15	1
PROS-621-01	Prosthodontic	75	4

Summer 2006

ASDD-601-01	Comprehensive Clinical Dentistry II	184	10
ASDD-613-01	Comprehensive Clinical Dentistry III	184	10

**Required Courses & Credit Hours
School of Medicine
2005-2006**

Year One**Fall 2005**

Course Number	Course Title	Contact Hours	Credit Hours
BICH-320-01	Molecular/Cell Biology and Genetics IA	165	9
ANAT-320-01	Gross Anatomy & Embryology	184	10
ASMD-335-01	Principles and Practice of Medicine IA	100	6

Year One**Spring 2006**

Course Number	Course Title	Contact Hours	Credit Hours
BICH-330-01	Molecular/Cell Biology and Genetics IB	43	3
ASMD-335-01	Principles and Practice of Medicine IB	62	5
ASMD-345-01	Foundations in Human Disease & Treatment	42	3
PHYS-320-01	Integrated Neuroscience	173	8
ASMD-330-01	Principles of Immunology and Host Defense	60	4
ASMD-350-01	Principles of Infectious Disease	86	5

Year Two**Fall 2005**

Course Number	Course Title	Contact Hours	Credit Hours
ASMD-415-01	Principles and Practice of Medicine IIA	38	4
ASMD-430-01	Hematopoietic/Lymphoreticular System	42	3
ASMD-435-01	Musculoskeletal/Skin System	40	3
ASMD-440-01	Cardiovascular System	90	5
ASMD-445-01	Pulmonary System	60	4
ASMD-470-01	Renal System	56	4
ASMD-450-01	Gastrointestinal System	68	4

Year Two**Spring 2006**

Course Number	Course Title	Contact Hours	Credit Hours
ASMD-416-01	Principles and Practice of Medicine IIB	80	7
ASMD-455-01	Endocrine System	86	5
ASMD-460-01	Reproductive System	73	4
ASMD-465-01	Growth/Development/Aging	52	3

ASMD-480-01	Psychiatry/Behavioral Sciences	20	3
ASMD-475-01	Great Syndromes	26	2

Year Three

Course Number	Course Title	Contact Hours	Credit Hours
FAMD-502-01	Family Medicine Clerkship	160	9
MEDI-501-01	Internal Medicine Clerkship	480	27
OB/GYN-501-01	Obstetrics and Gynecology Clerkship	320	18
PEDI-501	Pediatrics Clerkship	320	18
PSYC-501	Psychiatry Clerkship	160	9
SURG-501	Surgery Clerkship	480	27

Year Four Required

Course Number	Course Title	Contact Hours	Credit Hours
FAMD-603	Senior Family Medicine Clerkship	160	9
MEDI-603	Senior Internal Medicine Clerkship	160	9
PSYC-601	Psychiatry/Neurology Clerkship	160	9
RADI-601	Senior Radiology Elective	160	9

Year Four Electives

Course Number	Course Title	Contact Hours	Credit Hours
ASMD-605	Computers in Clinical Medicine	160	9
ASMD-636	Clinical Management Elective	160	9
FAMD-604	Family Medicine Senior Elective	160	9
MEDI-617	Intensive Care Unit Clerkship	160	9
MEDI-620	Cardiology Elective	160	9
MEDI-621	Internal Medicine Elective	160	9
MEDI-623	Dermatology Elective	160	9
MEDI-624	Gastroenterology Elective	160	9
MEDI-625	Nephrology	160	9
MEDI-626	Pulmonary Diseases	160	9
MEDI-627	Infectious Diseases	160	9
MEDI-628	Hematology/Oncology	160	9
MEDI-629	Endocrinology/Metabolism	160	9
MEDI-630	Medical Oncology	160	9
MEDI-631	Emergency Medicine	160	9
MEDI-635	General Medicine	160	9
MEDI-636	Clinical Management Elective	160	9
MEDI-638	Physical Medicine and	160	9

	Rehabilitation		
MEDI-640	Geriatrics	160	9
MEDI-643	Medical Research	160	9
MEDI-622	Neurology Elective	160	9
OBGY-602	Obstetrics and Gynecology Elective	160	9
OBGY-603	Reproductive Endocrinology and Infertility Elective	160	9
OBGY-604	Research Elective	160	9
OBGY-605	Maternal and Fetal Medicine	160	9
PATH-602	Surgical Pathology Elective	160	9
PATH-902	Forensic Pathology Elective	160	9
PSYC-602	Forensic Psychiatry	160	9
PSYC-603	Addiction	160	9
PSYC-604	Psychiatry Research	160	9
PSYC-901	Visiting Psychiatry	160	9
RADI-602	Radiology Elective	160	9
SURG-615	Anesthesiology	160	9
SURG-619	Emergency Surgery	160	9
SURG-616	General Surgery	160	9
SURG-602	Ophthalmology	160	9
SURG-611	Orthopedics	160	9
SURG-612	Otolaryngology	160	9
SURG-614	Urology	160	9
SURG-620	Rehabilitation Medicine	160	9

[The Academic Catalog, 2005-2006](#) is attached.

CS 3.7.2: *We would like to get copies of the new Graduate Studies and Research policy and please tell us how you have published the policy on campus (give evidence).*

MMC Response:

As noted in the focused report, the School of Graduate Studies and Research is preparing to implement a comprehensive evaluation process for faculty members who teach masters and doctoral students during the 2007-2008 academic year. To date, we have developed a policy statement and an evaluation form that is specific to the School of Graduate Studies and Research. Drafts of the proposed policy statement and School of Graduate Studies and Research Comprehensive Faculty Evaluation Report are included for review.

In keeping with our internal processes, the policy was drafted by the college's corporate compliance attorney and submitted to the dean of the School of Graduate Studies for review. The dean reviewed and modified the enclosed policy to assure the concerns raised by the SACS committees have been addressed. The dean will share the policy and proposed evaluation form with the School of Graduate Studies Faculty Senate representative and the school's Appointment, Promotion, and Tenure Committee for review and comment. At the conclusion of the school's review and approval process, the

policy will be forwarded to the college president for approval and signature. We anticipate this process will be completed no later than May 30, 2007. Consequently, we have not published the policy on campus and cannot provide evidence to that effect at this time

Once the policy and process are fully approved and executed, the documents will be shared with all faculty members who teach masters and doctoral students. Faculty will be informed by e-mail and other correspondence that the policy goes into effect at the beginning of the 2007-2008 academic year. Faculty will submit their evaluation forms to the dean during the spring semester. The policy will be incorporated into the next edition of the college's Faculty Handbook, and the School of Graduate Studies and Research Faculty Council Bylaws will be amended.

VOLUME:	ACCOUNTABILITY:
SECTION:	REFERENCE NUMBER:
CHAPTER:	DEPARTMENT: School of Graduate Studies and Research
TITLE: Evaluation of School of Graduate Studies and Research Faculty	PAGES:
APPROVED:	EFFECTIVE DATE:
REVISED:	POLICY REFERENCES:
RETIRED:	CONTACT:

SCOPE: This policy applies to faculty members who teach and train students in the School of Graduate Studies and Research regardless of appointment in other Schools of the College.
PURPOSE: To establish a policy for evaluating faculty members who teach masters and doctoral students at Meharry Medical College in addition to the process outlined in their primary department or division.
POLICY: Evaluation of faculty is valuable both to the faculty member and to the College as a process for setting goals for individual achievement and to enhance faculty development. The evaluation process allows for the assessment of the quality of instruction provided and provides for the clear communication of faculty achievement and performance expectations consistent with the mission of the college. Evaluations include provisions for faculty self-assessments as well as reviews by students, peers, the Chair and the Dean.

PROCEDURE:**Faculty Self-Evaluation**

Each member of the faculty shall clearly identify the goals and objectives for each course along with measurable outcomes upon which to base their individual performance levels. At the conclusion of the course, each faculty member shall complete a self assessment, evaluating the progress made toward meeting the goals and objectives.

Student Evaluation

At the conclusion of each course, students shall have the opportunity and be encouraged to anonymously evaluate the course and the course instructor to provide constructive criticism and commendation. Course evaluation forms shall include, but not be limited to, evaluations in areas such as the organization of the course; course content; appropriateness of the materials provided; comprehensiveness of the exams; preparedness/ presentation by the faculty; perceived knowledge of the faculty; availability of the faculty to assist when needed; areas of strength and weaknesses. In addition, students should have an opportunity to make suggestions for improvements.

Peer Evaluation

There shall be an opportunity for peer evaluation based on observation of teaching performance and a review of materials and resources provided during the course. The adequacy of preparation and organization; effectiveness of communication; ability to present; interaction with the students; responsiveness to questions; mastery of materials; and consistency with outlined goals of the course should all be considered during the evaluation process.

Chair/ Dean Evaluation

At least annually, the Chair/Dean shall conduct a comprehensive evaluation of all individual faculty members. The comprehensive evaluation shall include a review of all self-evaluations, student evaluations and peer evaluations. It may include a period of observation of teaching performance as well. In addition, the Chair and/or Dean shall provide each faculty member with an opportunity to submit for their consideration an updated Curriculum Vitae and other supporting documentation upon which to measure the following:

- The number of courses that the faculty member teaches and the quality of the instruction.
- The number and value of the research grants that the faculty member has acquired during the year.
- The number and value of training grants (if applicable) that the faculty member has acquired during the year
- The number and quality of faculty and student publications in peer reviewed journals
- The number and quality of abstracts presented at national meetings.
- The contribution made by the faculty member, through mentoring and advising, toward the students' timely completion of degree requirements.

Each evaluation shall be reviewed by the Chair and the Dean and subsequently reviewed with the faculty member with an opportunity for response.

SANCTIONS:
REFERENCES:
EXHIBITS:

**Meharry Medical College
Summary Evaluation Report**

Review Date: _____
(TO BE COMPLETED BY FACULTY MEMBER AND CHAIR/DEAN)

Name: _____ **Current Rank:** _____

Date: _____

Position/Title: _____ **Years in Current Rank:** _____

Date of Employment: _____

Department/Division: _____

Indicate Highest Degree Earned: _____ **Terminal Degree**
(check one): Yes No

This form summarizes the overall performance evaluation of the faculty member. The evaluation description is as follows:

5 - Outstanding 4 - Above Average 3 - Average 2 - Needs Improvement 1 - Unsatisfactory

Reason(s) for non-concurrence:

2. Signed: _____
Dean

I have reviewed this evaluation and I concur. I have reviewed this evaluation and I do not concur.

Reason(s) for non-concurrence:

**Meharry Medical College
Comprehensive Faculty Evaluation Report**

School of Graduate Studies & Research
Review Period: July, _____ thru June, _____

Name: _____

Rank: _____ **Years In Rank:** _____

Tenured: No Yes (Year Tenured: _____)

I. TEACHING and TEACHING RELATED ACTIVITIES _____ % Effort **Average Rating** _____ **Self Rating** _____ **Chair Rating** _____

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

3. Committees on Instruction (Member, but not Chair)
Master's Thesis Doctoral Dissertation

Names:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

5 – Outstanding 4 - Above Average 3 – Average 2 - Needs Improvement 1 - Unsatisfactory

II. RESEARCH and SCHOLARLY ACTIVITY _____%Effort _____Rating _____Rating

A. Peer-Reviewed Articles Published or In Press during Review Year (Attach Reprints)

Total numbers of articles _____
Number of first-author student articles _____

2. Publications Receiving Editorial Review (Book chapters, Letters to the editor)

Total numbers of publications _____
Number of first-author student publications _____

3. Presentations At Scholarly Meetings

Total numbers of abstracts _____
Number of first-author student abstracts _____

C. Manuscripts Currently Under Review

Total numbers of manuscripts _____

Request for additional information: Quality Enhancement Plan (QEP)

Item 1: *Could you provide for us milestones indicating progress toward attainment of goals?*

MMC Response:

Performance levels on the licensure certification examinations will serve as milestones and indicators of attainment of our goals to improve student learning among medical and dental students. Performance on the U.S. Medical Licensure Examination Step 1 and National Board of Dental Examiners Part 1, will be especially monitored for improvements in the percentage of students who pass these examinations on the first attempt. Achieving a first-time pass rate that equals or exceeds the comparable national pass rate is the ultimate milestone for judging the success of our efforts to improve student learning and faculty teaching. The pass rates for students who sat for the examinations during the 2006-2007 academic year will serve as the baseline for establishing annual percentage increases to reach the targeted goal. The CEDS Advisory Committee will set achievement milestones for the next five years by the beginning of the 2007-2008 academic year.

Milestones for students in the School of Graduate Studies and Research will include the percentage of students who participate in CEDS programs and services that progress to graduation within stated timeframes.

Item 2: *Do you have more detail on your Assessment Plan?*

MMC Response:

The Center for Educational Development and Support (CEDS) will provide a comprehensive academic support system in a professionally and technologically supported environment. Success in achieving the CEDS' primary goal of improved student learning will be assessed in terms of the following quantitative measures:

- First-time taker pass rates on national licensure certification examinations in medicine and dentistry through:
 - Annual comparisons of cohort (class) first-time and total pass rates on U.S. Medical Licensure Examinations, Step 1 and Step 2, and National Board of Dental Examiners, Part I and Part II
 - Comparison of Meharry first-time pass rates with national first-time pass rates
 - Comparison between first-time pass rates of regular participants in CEDS programs and services and first time pass rates of students who do not participate in CEDS programs and services;
- Timely progression to graduation by students in all schools based on published policies and criteria for the respective academic program through:
 - Annual assessment of on-time graduation rates by school;

- Tracking and comparison of on-time graduation among students who regularly participate in CEDS programs and services versus those who do not utilize the services.
- Reduction in the number of failed or remediated courses during the first two years of matriculation, particularly among students who are referred or voluntarily participate in CEDS programs and services;
- Elimination of attrition due to academic problems through tracking and comparing retention rates among students who participated in CEDS programs and services and those who withdraw or are suspended due to academic difficulty;
- Annual calculations and comparisons of frequency of participation in CEDS programs by students and faculty members.

Qualitative measures that will be used to assess the success of the CEDS include:

- Student and faculty feedback on improvements in teaching and delivery of the curriculum through student course evaluations and peer observations and assessments;
- Student assessments (surveys, focus groups, informal communications) of the quality and effectiveness of CEDS programs and services)
- Faculty assessments (surveys, focus groups, informal communications) of the quality and effectiveness of CEDS programs and services

The description of our Quality Enhancement Plan (QEP) that was submitted to SACS includes specific outcome and evaluation measures for each CEDS activity to be undertaken over the next five years. These quantitative and qualitative measures of evaluation speak volumes to academicians in the health professions of medicine and dentistry. Performance on licensure certification examinations, timely graduation, low attrition, and high retention are traditional yardsticks for measuring effectiveness of teaching, student learning, and ultimately the institution's capacity to produce qualified health professionals.

Support for the implementation of our CEDS assessment plan will be provided by the Office of Institutional Research. The director of institutional research in concert with the Associate Project Coordinator (Dr. McGinnis-Hill) will assist the CEDS director with designing and applying statistical models that will yield the appropriate data. Data will be generated semi-annually and reviewed by an advisory committee composed of the associate project coordinator (Dr. Etheleen McGinnis-Hill), the Senior Vice President for Student/Academic Affairs (Pamela C. Williams, M.D.), CEDS Director, (Ms. Jacqueline Gardner), faculty and administrative representatives of the Schools of Medicine, Dentistry, and Graduate Studies and Research academic affairs and student evaluation committees, and student representatives.

At the end of each academic year, CEDS objectives will be updated to revise timeframes and establish additional measurable outcomes for succeeding years as they become evident. In addition, an outside consultant will be asked to review each report annually and provide an independent assessment with recommendations to assure objectivity. Annual reports that address achievement of stated CEDS outcome measures will be

prepared by the CEDS director and submitted to the senior vice president for student/academic affairs for review. The senior vice president for student/academic affairs will report on CEDS activities and outcomes to the president of the college. At the president's discretion, information about the CEDS' success with meeting outcome measures will be shared with the Academic Affairs Committee of the Board of Trustees. The report will also be submitted to the Institutional Effectiveness Committee as part of the overall assessment of outcomes relative to strategic priorities, operational goals, and institutional mission.

Item 3: *Since most of the proposed activities are not new to the institution, we would like to see data on the success of these programs.*

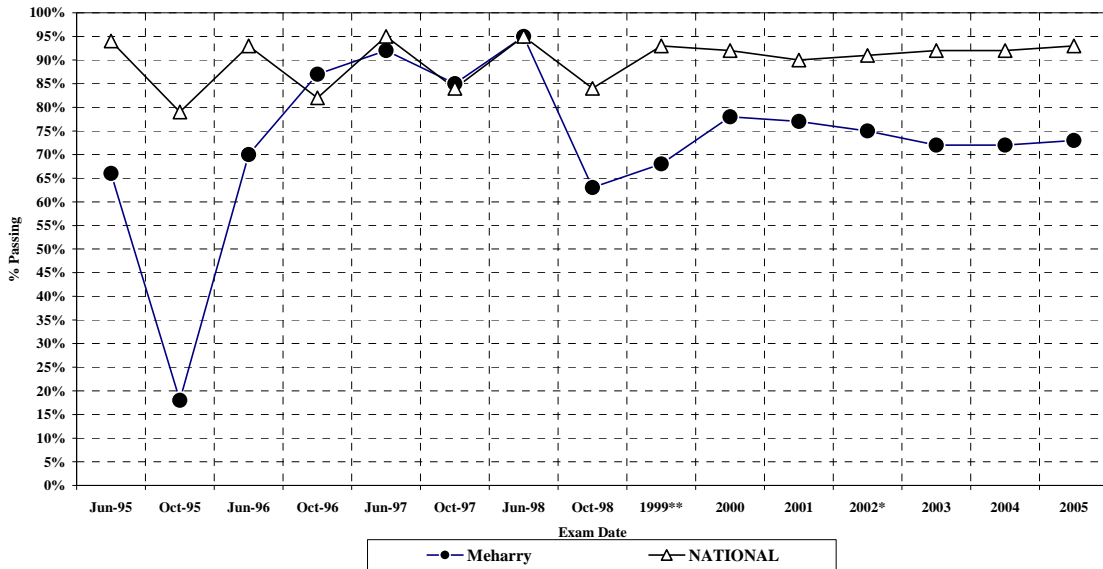
MMC Response:

The impact of the academic support services that were provided by the Teaching and Learning Resource Center (TLRC) up to the academic year of 2002 was tracked with student performance on licensure certification examinations. The following charts provide a perspective of results of student performance on the National Board of Medical Examiners (NBME) standardized certification examinations administered in October 1996, June 1997, October 1997 and June 1998 when Meharry Medical College's rising junior medical students either met or surpassed the national percentage pass rate for first time takers. During this time, the TLRC was in full operation and supported preparation for the examinations with an on-campus external commercial review of approximately six (6) weeks. Passage of the USMLE Step 1, NBME licensure certification examinations is a required prerequisite for progression to the clinical years of the curriculum.

In academic year 1998-99, the National Board of Medical Examiners decided to convert USMLE from the traditional paper format to a computerized format. This change in the method of examination administration created an atmosphere of concern around the nation, but the concern was somewhat allayed at Meharry by the existence and assistance of the academic support personnel and the semester-long offering of computerized practice tests with reinforcement of test-taking skills. The impact of the closure of the TLRC can be noted in the line graph – USMLE Step 1 First-time takers, Examination Years 1995-2005 when compared to the national passage results.

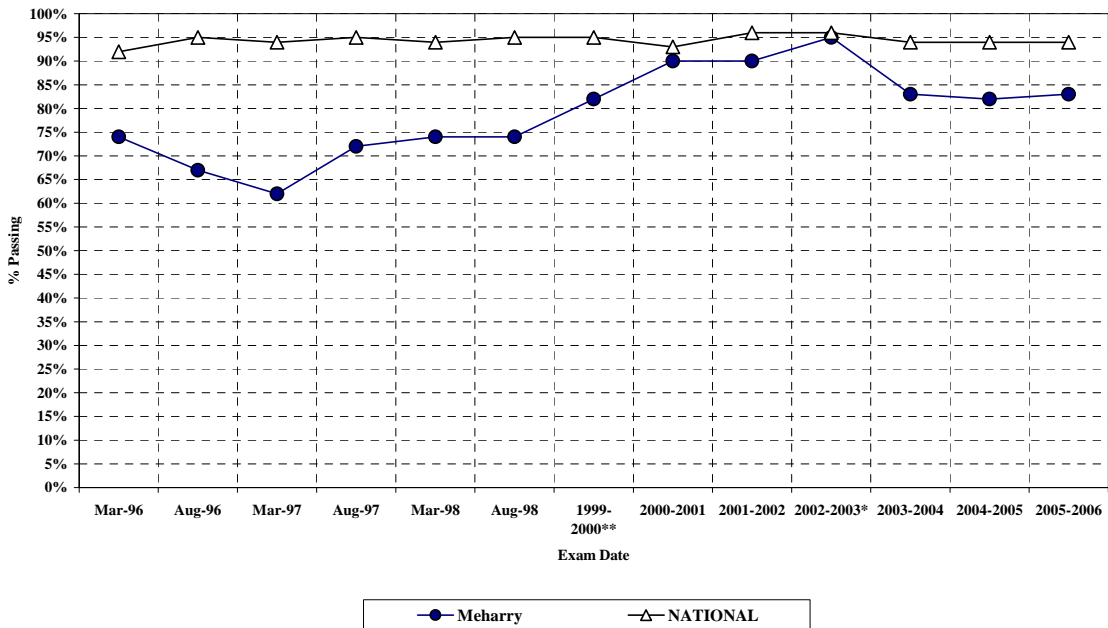
The impact of the closure of the TLRC is not as noticeable in the graph of USMLE Step 2 First-time takers Examination years 1995-2005, but it is evident that there is a decided enhancement of student performance noted from 1997 through the year 2000 when this examination was computerized. However, MMC – SOM students by this time had been exposed to the computerized examinations and this was no longer a distraction in relationship to the computerized administrations of the USMLE Step2 and student performance results were well on their way to national passing percentages.

USMLE Step 1 First-Time Takers, Examination Years 1995 - 2005



*TLRC closed. **Computerized

USMLE Step 2 First-Time Takers, Examination Years 1995 - 2005

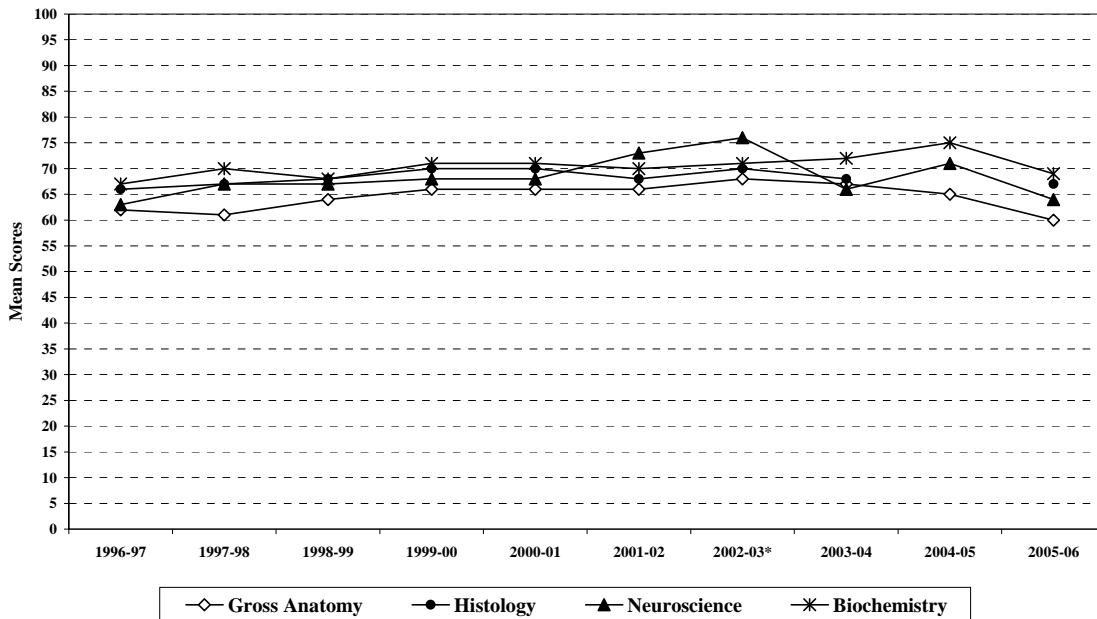


*TLRC closed. **Computerized

Detailed information that supports these charts is attached as [National Board of Medical Examiners USMLE Steps 1, 2, CS, and 3.](#)

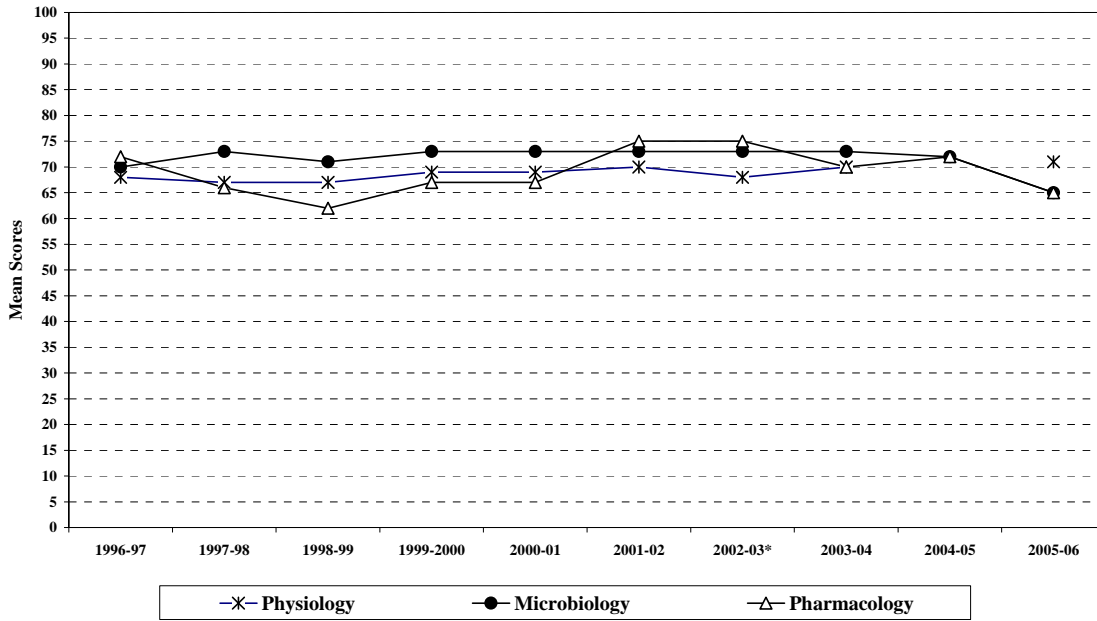
As for faculty development, the results of the previous consultant supported workshops and institutional departmental career development efforts are not so compelling in terms of impact. However, in recent years, faculty have been given a choice as to their career focus (teaching or research), which, indeed, has resulted in increased grant support, but has been the cause of diminished numbers of available teaching faculty, which seemingly evidenced itself in the plateauing and declining performance rates of our students on the certification examinations and the NBME Subject Boards (discipline oriented) examinations. This trend is more obvious in the Basic Science disciplines. Clinical Science disciplines seemingly have not been affected.

Basic Sciences NBME Subject Board Scores, Years 1995-96 to 2005-06 (Graph 1 of 3)



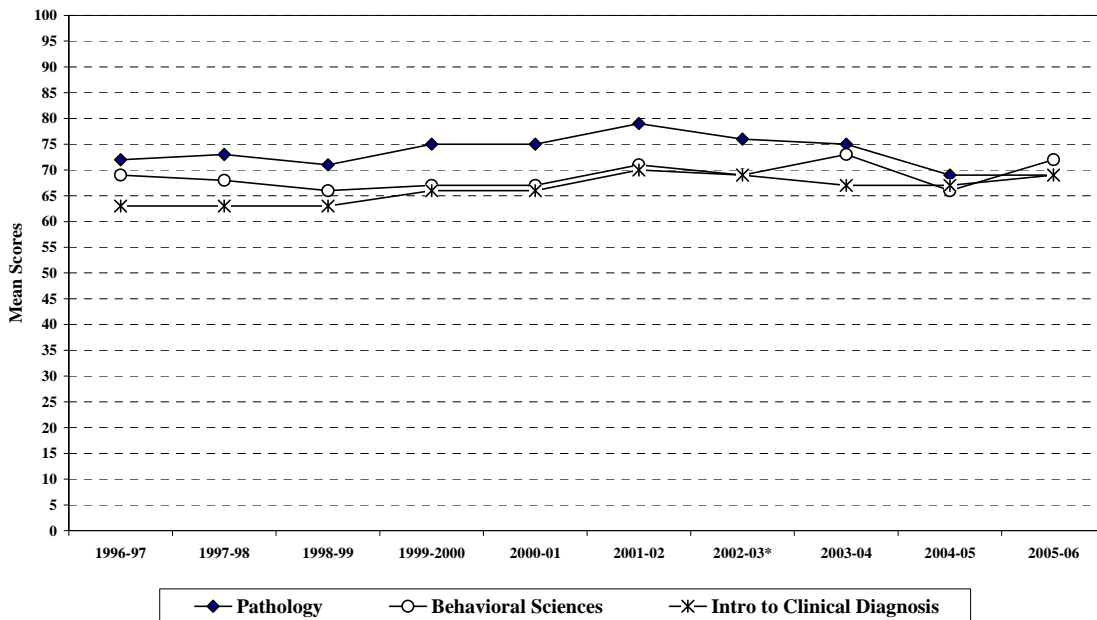
*TLRC closed.

Basic Sciences NBME Subject Board Scores, Years 1995-96 to 2005-06 (Graph 2 of 3)



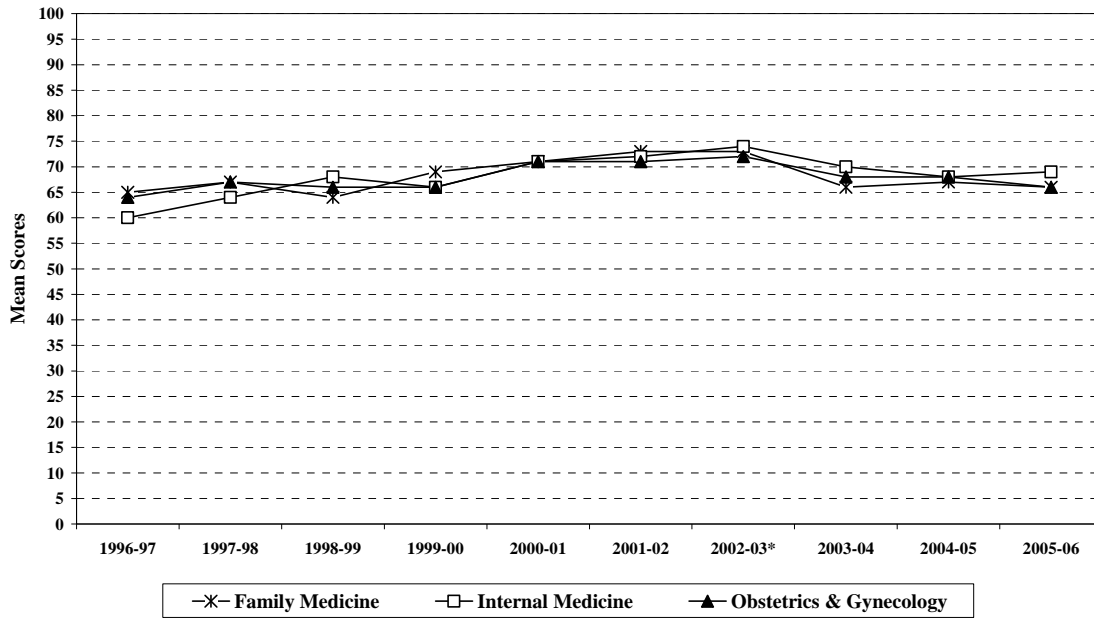
*TLRC closed.

Basic Sciences NBME Subject Board Scores, Years 1995-96 to 2005-06 (Graph 3 of 3)



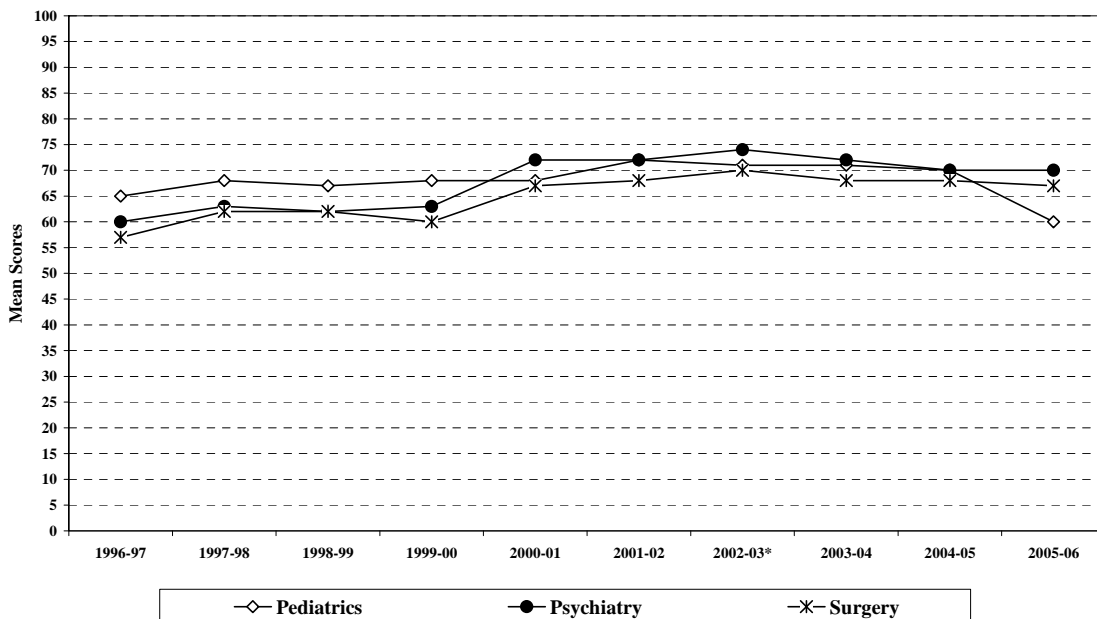
*TLRC closed.

Clinical Sciences NBME Subject Board Scores, Years 1995-96 to 2005-06 (Graph 1 of 2)



*TLRC closed.

Clinical Sciences NBME Subject Board Scores, Years 1995-96 to 2005-06 (Graph 2 of 2)

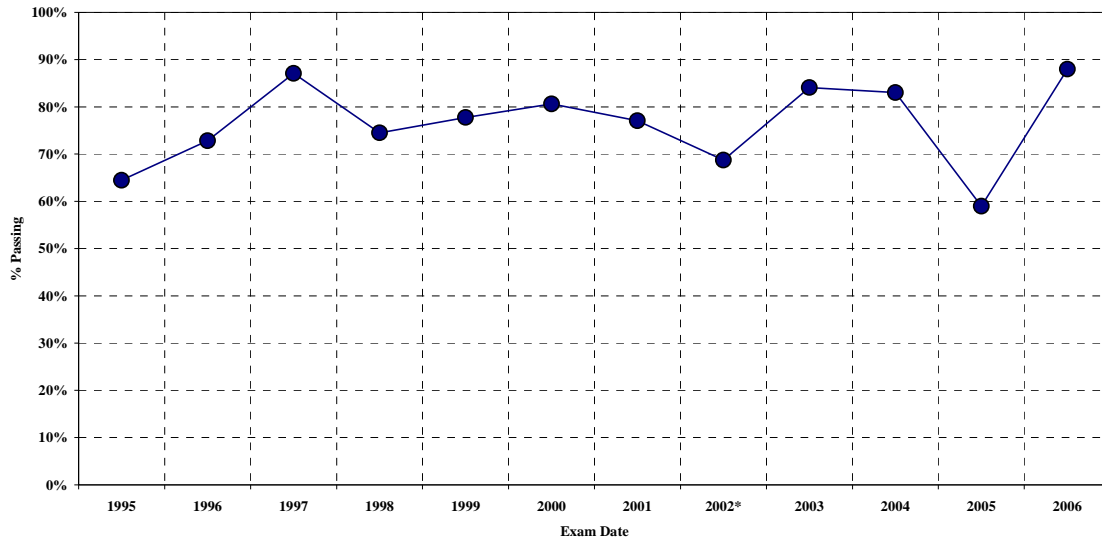


*TLRC closed.

Detailed information that supports these charts is attached as [Table 1, NBME Basic Science Subject Boards as of December 31, 2006](#).

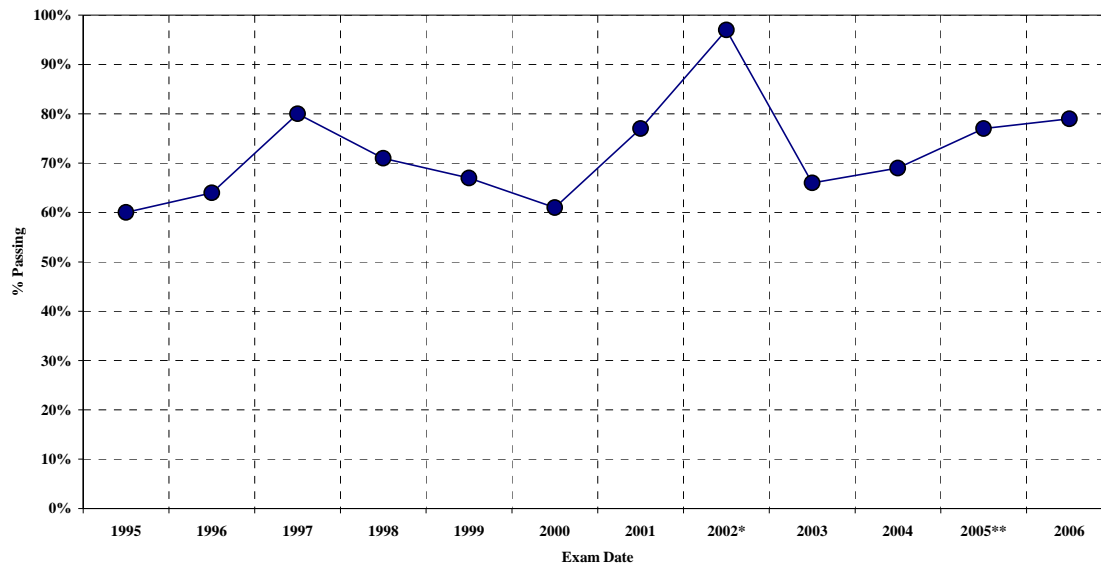
With regards to the student licensure certification examination performance in the School of Dentistry, the closure of the TLRC had a dramatic effect, particularly on NBDE Part II first-time taker performance. NBDE Part I, first-time taker performance levels were assisted by a one-week review provided on-campus by an external commercial review team in recent years.

NBDE Part I First-Time Takers, Examination Years 1995 - 2006



*TLRC closed.

NBDE Part II First-Time Takers, Examination Years 1995 - 2006



*TLRC closed **Computerized.

Detailed information that supports these charts is attached as [Summary Reports NBDE Part I and Part II](#).

During the years 1995-2002, when TLRC provided significant academic support for medical students, the improvement in pass rates on licensure certification examinations was dramatic. We believe the decline in performance on licensure certification examinations since 2002 is attributable, in part, to the absence of a dedicated staff of trained education specialist who are trained to identify and address individual learning difficulties a student might have. Thus, the mandate to re-establish an academic support unit for both students and faculty became prominent in the minds of the entire educational community of Meharry Medical College.

While the concept of a centralized academic support center is not a “brand new” idea at Meharry, there is evidence that renewal of such a service will have the effect SACS intends for the quality enhancement plan—the new Center for Educational Development and Support affords the college an opportunity to address critical issues related to improving student learning, assuring student success in his/her chosen profession, and enhancing overall institutional quality.

Item 4: *We need more detail on the extent of campus-wide participation in the formulation of the plan. We would like to review the Survey Results, especially the number of faculty and student responses, for the Initial SACS Survey. Since the survey*

has a small return rate, is there other evidence that faculty, staff and students were involved. (Of course all had an opportunity to respond to the survey.)

MMC Response:

Fifty (50) members of the Meharry campus community responded to the **Initial SACS Survey**, which was distributed to all users on the campus e-mail system. Two of the 50 surveys were submitted without the demographic identifier of faculty, staff, student, or administrator; consequently, these surveys were not factored into the analysis because of the missing information. Analysis of the Initial Survey was based on N=48, which included 17 responses from faculty, 11 responses from students, 15 responses from staff, and five responses from administrators.

Using methodologies of qualitative research analysis, the responses to the open-ended SACS Initial Survey questions were categorized through a three-step process. First, the key words and concepts from all responses were listed by type of respondent in the **SACS Initial Survey Preliminary Analysis**. Secondly, the responses were further categorized into broad areas of focus suggested for the QEP and recurring suggestions (see **SACS Initial Survey Analysis: Recurring Suggestions for Primary Focus of the QEP**). Finally, the top ten recommended areas of focus and most frequently mentioned suggestions were listed and presented for consideration by the campus community through a **second survey, the SACS Campus-wide Survey of Recommendations for the Meharry Medical College Quality Enhancement Plan (QEP)**. The second campus wide survey asked respondents to identify the top three recommendations for the goal of the QEP and to rank related strategies for achieving the goal.

The surveys provided an opportunity for people who were not involved with the reaccreditation process to express an opinion about the QEP. Thus, the survey results were further confirmation of recommendations from members of campus committees that were involved in the college's reaffirmation of accreditation activities. The results of the initial survey and the follow-up survey were preceded by recommendations to reestablish or create a center for student academic support from the following committees:

- **Institutional Effectiveness Committee (IEC)**. The members of the IEC Subcommittee on Educational Programs-Post Baccalaureate Programs and Graduate Programs interviewed academic administrators and support staff in all three schools to develop a baseline assessment for the college's compliance with the *Principles of Accreditation* that are related to educational programs. Among the committee's recommendations was:

In light of a mission that purports to provide opportunities for students from disadvantaged backgrounds, it is imperative that the institution restores a full-service academic support unit with qualified staff.

- **SACS Committee on Educational Support Services**. This subcommittee of the SACS Steering Committee involved faculty, staff, and student representatives from each school. The committee conducted a focused review and collected

documentation of compliance with Comprehensive Standards related to academic support, library, other learning resources, and student support services. This committee concluded that students' needs for academic support were being addressed through the offices of Student/Academic Affairs in each school; however, the committee noted:

. . . there is need for a campus wide Academic Development Support Service (ADSS), which is scheduled to be implemented by January 2006. This support unit will be centrally located on campus and accessible to all schools in an area that will promote student confidentiality. There is strong need for collaboration between the ADSS and the Counseling Center for providing referrals, testing, and development of student testing profiles and stress management workshops and sessions. It is recommended that ongoing workshops should be implemented during the fall and spring semesters of each academic year. It is further recommended that ADSS [Academic Development and Support Service] participate in the board review process for medicine and dentistry by providing a series of workshops on test taking skills.

There is need for additional trained educational skills specialist (counselors) that is proportional to the number of students utilizing the center.

There is a need to have a structured peer tutor/intervention counselor program as a component of ADSS. This program will also serve as a peer to peer mentoring and role model activity. Students should be selected to participate in the program based on their academic performance (grades of B or better) and ability to articulate and convey knowledge of the concepts for clarity and understanding by the tutees.

(The proposed ADSS referenced in the committee's report was superseded by the decision to create the Center for Educational Development and Support (CEDS).

Although the number of respondents to the campus wide surveys represents a small percentage of the campus population, the data gathered through interactions with a variety of other informants indicated there is a strongly perceived need to enhance the availability of academic support services for students and support for teaching among faculty. On the strength of the survey responses and data gathering by our Institutional Effectiveness and SACS committees, and the absence of other equally strong or more pressing recommendations for addressing student learning, the development of a centralized academic support center for students and faculty was adopted as the focus of the QEP.

The following documents are attached as support for this response:

1. [SACS Commission on Colleges Meharry Medical College Campus-Community Survey](#)
2. [SACS Campus-wide Survey of Recommendations for the MMC QEP](#)
3. [SACS Initial Survey Preliminary Analysis](#)
4. [SACS Initial Survey Analysis: Recurring suggestions for primary focus of QEP](#)
5. [QEP Project Recommendation Survey Results](#)

Item 5: *A breakdown of the budget and a progression of the budget over five years. Clarity on the staffing. Of the staff listed, who is on board, when do the others come on. This could be combined with the budget piece. Refer to Item #7 for further detail. (Budgets for five years, plus consolidation.)*

MMC Response:

The Associate Vice President for Student Support Services, (Ms. Jacqueline D. Gardner) is responsible for the direction, administrative, management and monitoring of all implementation of initiatives and activities of the Center for Educational Development and Support (CEDS) and operational functions on a day-to-day basis at 100 percent time and effort. The AVP for Student Support Services reports directly to the Senior Vice President for Student and Academic Affairs, who is currently responsible for administrative **oversight** of the CEDS at 5-10% time/effort uncompensated.

All personnel listed in the QEP document are on board as of this date (February 23, 2007) with the exception of one Educational Skills Specialist, a position for which we are currently recruiting. It is anticipated from past experience that the volume of requests for test taking skills assistance will escalate with time, especially as we move closer to licensure certification examination eligibility of our second year students (rising juniors), which is usually in spring and early summer of each academic year.

During **the first year**, Academic Support Services initiatives will be purposely devoted and oriented to the needs of our students in the three schools: medicine, dentistry and graduate studies and research. Some activity will be devoted to the utilization of a few junior faculty (particularly junior faculty clinicians) as intervention counselors offering small-group, case-based review sessions. Clinicians who are equipped to integrate the basic sciences into clinical case studies—that is formulating presumptive diagnoses during presentation of clinical cases. In addition, some effort will be made to introduce some consultant-led Faculty Development workshops (two the first year) to stimulate interest in the pursuit of mini-sabbaticals by faculty during year three of the CEDS initiatives.

In **the second year**, the above efforts will continue as it relates to the student academic support services with possible expansion of the computer question bank services and monitored timed computer practice testing sessions followed by counseling to provide immediate feedback and guidance. In addition, greater attention will be devoted to implementing a series of Faculty Development workshops solely dedicated to pedagogy

(approximately **five to six** programs during the second year with input from faculty participants).

The **third year** of operation will see the full implementation of all CEDS academic support services and faculty development initiatives, with the augmentation of the mini-sabbatical program for junior faculty. The end result of the faculty development workshops initiated in the first year will hopefully promote interest and engage faculty in the recommendation of topics to be addressed in future workshops in the years to come, especially in **electronic** technologically-assisted teaching methodologies.

In **the fourth year**, data collected over the first three year period will be comprehensively analyzed for initial recommendations for modifications to assure optimal academic support service offerings in the years to follow by an outside consultant. However, evaluation (impact assessment) will be on-going per semester, as well as annually.

And finally, in **the fifth year**, the recommendations to achieve optimal offerings, as evidenced in the comprehensive analysis will be implemented to assure an improved student learning environment for ultimate enhanced academic performance and pedagogical methodologies.

It is estimated that personnel currently in place will be quite capable of assuming additional responsibilities with proper planning, development, training and assisted implementation by utilizing a team approach.

Note of importance – the Faculty Development Associate, Dr. Patricia Matthews-Juarez, who is also the Director of the Office of Faculty Affairs and Development whose time and effort, (15%) as well as description of responsibilities were inadvertently omitted in the QEP document submitted. However, this person and the Office of Faculty Affairs and Development will work in concert with the CEDS in developing, promoting, collaborating and producing workshops for all faculty at Meharry.

CEDS Personnel

- 1. Senior Vice President Student/Academic Affairs**
Pamela C. Williams, M.D.
Time/Effort: 5-10%

- 2. Director/Associate Vice President for Student Support Services**
Ms. Jacqueline D. Gardner
Time/Effort: 100%

- 3. Program Associate Coordinator/Evaluation**
Dr. Etheleen McGinnis-Hill
Time/Effort: 25%

4. **Program Assistant Coordinator/Skills**
Ms. Pamela Rucker, MPA
Time/Effort: 100%
5. **Faculty Development Associate/Associate Vice President for Faculty Affairs and Development**
Patricia Matthews Juarez, Ph.D.
Time/Effort: 15%
6. **Intervention Coordinator**
Ms. Tammi Lavender
Time/Effort: 100%
7. **Education Skills Specialist (Clinical)**
Ms. Josie Hasle
Time/Effort: 50%
8. **Education Skills Specialist**
TBA
Time/Effort: 100%
9. **Stress Management Consultant**
Dr. Edna Lockert
Time/Effort: 50%
10. **Computer Program Coordinator**
Mr. James Ensley
Time/Effort: 50%
11. **Peer Tutors / Intervention Counselors**
TBA
Time/Effort: Will Vary

Please refer to the response to Item 7 for related information.

Item 6: *The Director seems to have another title and other responsibilities. What percentage of time is committed to directing the Center?*

MMC Response:

The Associate Vice President for Student Support Services, (Ms. Jacqueline D. Gardner) is responsible for the direction, administrative, management and monitoring of all implementation of initiatives and activities of the Center for Educational Development and Support (CEDS) on a day-to-day basis at 100 percent time and effort. The AVP for Student Support Services reports directly to the Senior Vice President for Student and Academic Affairs, who is currently responsible for administrative oversight of the CEDS.

Item 7: *Timeline is very brief and the budget does not reflect the additional responsibilities the Center will add each year. How will the same staff be able to continually add duties? More connection between budget, staffing and timeline is needed.*

MMC Response:

The response to Item 5 addresses the timeline for implementing the initiatives of the CEDS with an explanation of how additional responsibilities will be added each year. The [Estimated Cost and Budget Assumptions for the QEP](#) and the [estimated budgets for the first five years of the center's operation](#) are attached.

Item 8: *Why is the current Office of Faculty Affairs not doing the faculty development piece? What is the connection between the Center and the Office? Evidence of the insufficiency of their previous decentralized system, other than the limited survey is not apparent.*

MMC Response:

The Office of Faculty Affairs and Development is primarily responsible for collecting and maintaining faculty records that are used for credentialing, appointment, promotion, and to assist faculty and administration with the process of applying for promotion and/or tenure. The reference to and emphasis on development by this office are related to writing grants and other proposals to support faculty oriented institutional, school, or departmental programs and activities.

The associate vice president for faculty affairs, who directs the Office of Faculty Affairs and Development, will collaborate with the CEDS to develop consultant-led workshops and assist in the operational side of the mini-sabbatical program. The associate vice president for faculty affairs will commit 15% of her time to the CEDS faculty development activities as the Faculty Development Associate.

Assuming the statement, “evidence of the insufficiency of their previous decentralized system, other than the limited survey is not apparent,” is related to the previous questions about the connection of the Office of Faculty Affairs and Development to the CEDS, we would like to note that opportunities for discipline-oriented faculty development are sufficient and, therefore, insufficiency may not be evident in the campus wide surveys. The Schools of Medicine, Dentistry, and Graduate Studies and Research provide faculty and students with numerous opportunities to participate in grand rounds, lectures, workshops and conferences, etc. led by visiting faculty, and presentations by guest speakers in various disciplines. The Office of Lifelong Learning also sponsors professional education activities that are eligible for CME credits. The “insufficiency” is, perhaps, not in the availability of opportunities for faculty development within disciplines, but in the absence of topics related to teaching and the academic profession. Faculty Development is a prime responsibility of departmental chairs and the deans of Meharry’s three schools. The workshops of the CEDS, working in partnership with the

Office of Faculty Affairs, departments, administration and divisions, provide an opportunity for optimal participation of faculty and reduced duplication.

Although limited, the responses to our surveys provide evidence that the campus community perceives there is need to assist faculty members with developing their skills as teachers. Consequently, the faculty development activities in the Quality Enhancement Plan aspire to meeting that need by offering workshops on developing pedagogy; addressing ethical issues that accompany practicing medicine, dentistry, or engaging in research and then teaching ethical principles to students; and enhancing understanding and use of technology in the classroom.

Item 9: *Is the funding for the Center really new or a re-shifting of lines that were in the separate schools. What are the advantages of a central system?*

MMC Response:

The budget for the Center for Educational Development and Support (CEDS) was not developed by shifting of funds that were in the separate schools to support the centralized, institutional activities. The funding for the Center for Educational Development and Support is new and specifically earmarked to support the activities of the center. Federal grants funded by the Office of Minority Health and the Department of Education (Title III) – a formula grant and a private foundation grant have been awarded for the purpose of enhancing student academic support at Meharry Medical College. It is anticipated that the Title III award will continue support of the Center for the next five years.

If, for some reason, support through this formula grant remains flat or is not renewed, there would be no disruption of the Center's staffing or services because Meharry Medical College is committed to enhancing the quality of educational experience of its students and supporting a nurturing academic environment. If it becomes necessary, unrestricted institutional funds would be made available to supplement the operational budget of the center.

In our estimation, there are significant advantages of a centralized system both in reference to student needs and faculty needs. First of all, a centralized system at a stand-alone institution such as Meharry Medical College provides for cost effectiveness, consistency of approach across divisions (schools), and facilitation of collaboration and cooperation among faculty. The centralized effort will contribute to faculty collegiality and provide a perfect example of professionalism for students to emulate in their future professional endeavors.

The growing trend and commitment to information technology mandates, in most instances, standardization of A/V equipment and digital capabilities of higher education institutions such as smart classrooms and conference rooms. Procuring this equipment is an expensive process. Acquiring the equipment and making it available to all students and faculty enhances the use of our limited funds while supporting the overall academic community.

Item 10: *Please provide more information on the involvement of the Board and Senior administration in the development of the QEP.*

MMC Response:

Meharry Medical College approached the challenge of developing its Quality Enhancement Plan by inviting all members of the campus community to participate in two surveys that were designed to solicit suggestions for the focus of the QEP.

A variety of faculty, staff, administrators, and students were invited to participate on the SACS Review Committees that were established to collect and review evidence/documentation, assess compliance with the Principles of Accreditation, and to make recommendations to address concerns. All senior administrators (except the president) were invited to serve on one or more of the review committees.

Senior administrators were kept abreast of the SACS survey results, QEP committee recommendations, and development of the QEP project (the Center for Educational Development and Support) through biweekly reports from the SACS Liaison at the Senior Staff meeting, which is attended by the president and vice presidents of the College. Recommendations from senior administrators were relayed to the QEP committee and factored into the planning for the QEP.

All members of the SACS Executive Leadership team were asked to review and make additional recommendations for the proposed QEP before it was submitted to SACS.

Members of the Board of Trustees were kept abreast of reaccreditation activities, including the development of the QEP, through quarterly reports by the SACS Liaison and the president through the Academic Affairs Committee and full Board, respectively.

All members of the senior staff and SACS Executive Leadership Team were asked to review and make recommendations for change in the final draft of the QEP before it was submitted to SACS, having received a summary of the proposed QEP months in advance for input.

Senior administrators and the Board of Trustees endorsed the college's plan to establish the Center for Educational Development and Support to fulfill the accreditation requirements of the Southern Association of Colleges and Schools.