

2.1

Degree-granting Authority

The institution has degree-granting authority from the appropriate government agency or agencies.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine, Inc. was incorporated on September 12, 1980. Article IV (a) of the [Articles of Incorporation](#) states: "The Corporation is organized and shall be operated for the establishment, support and maintenance of a school of medicine, which school shall engage in all those activities necessary and proper for the education of students to become licensed physicians, which activities shall include, but not be limited to, medical education at both the undergraduate and graduate levels, research, and the provision of medical services." The Articles of Incorporation are filed with the Office of the Secretary of State, State of Georgia. The institution was authorized by [State of Georgia Department of Education](#) to operate and confer the Doctor of Medicine degree on June 12, 1981.

Sources

-  [Authorization to Confer Degrees](#)
-  [MSM Articles of Incorporation](#)

2.2

Governing Board

The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

MSM’s Board of Trustees is not controlled by a minority of its members or by organizations or interests separate from it. MSM’s board meetings are well-attended by its dedicated members. For the past three years, an average of 70% of its members have attended MSM’s Trustees’ meetings. As shown by the following chart and relevant Board minutes, MSM’s Board is governed by a majority of its members and most of the votes on key issues in the past three years have been unanimous.

Board Meeting Date	Number of Board Members in Attendance	Action Item
April 8, 2010	21 out of 29	Unanimous approval of bylaws amendments, election of two new Class C board members, and motion that all board members are required to be members of MSM’s Gloster Society.
October 29, 2009	23 out of 30	Unanimous approval of resolutions to change the date of 2010 annual meeting; modify Article 5.1 of the bylaws and amend Article 4.2 bylaws.
October 30, 2008	20 out of 29	Unanimous approval of adding 3 new board members.
March 27, 2008	24 out of 30	Unanimous approval of the renewal of Class C Board members to another term; nine faculty appointments; approval of candidates for the MD, MPH, PHD and MSCR degrees; approval of certificate and Masters programs in Biomedical Sciences; approval of a certificate in Public Health Program; and approval of Sexual Health Scholars Program.
October 25, 2007	19 out of 28	Unanimous approval of revised vision statement, core values and priorities for the Institution; selection of Merrill Lynch as the consultant firm to manage MSM’s endowment; approval of six faculty appointments, seventeen faculty promotions, and five adjunct faculty appointments.

While Chairman Anthony Welters checked a box on the COI Disclosure Form indicating the appearance of a potential conflict, MSM has done a thorough analysis of the facts and has concluded that he does not have an actual conflict of interest in his role as MSM’s Board Chair. Chairman Welters is executive vice president of UnitedHealth Group (“UHG”) and is responsible for External Affairs and leading the company’s presence in Washington, D.C. In September 2007, Mr. Welters was also named president of UHG’s Public and Senior Markets Group, including the Ovations and AmeriChoice business units.

MSM, through its benefits broker Thesco Benefits, LLC, engaged in a competitive bid process in 2007 to procure medical insurance, life and disability benefits for its employees. A copy of the 2007 Group Benefits Analysis is attached.

In 2007, UHC was the most competitively advantageous bid to MSM, saving MSM approximately \$1,012,020 in annual costs over the Group Resources’ bid (Group Resources was the incumbent). In addition to the cost savings, MSM chose UHC as its new carrier because of the benefits inherent in the African American Employee Benefit Solutions, which was created by UnitedHealth Group to enhance the health of faculty and other employees of historically black colleges and universities (HBCUs). MSM, a HBCU, was the standard bearer for this initiative meant to address the disparities in healthcare received by minority (predominantly African American) populations. A copy of the UHC March 14, 2006 Press Release is attached.

In 2010, MSM engaged in a competitive bid process in order to procure medical and Stop Loss insurance for its employees. During the 2010 bid process, UHC retained the medical insurance coverage but lost the Stop Loss insurance coverage, as UHC was not the low bid regarding Stop Loss Coverage. A copy of the 2010 Group Benefits Analysis is attached to this report.

In 2007 and 2010, Chairman Welters was specifically and intentionally excluded from any and all decision-making regarding the procurement of medical, life, disability and Stop Loss insurance. Moreover, the Chairman has assured us that his compensation is not in any way affected by the existence or absence of MSM’s insurance contract with UHC. Therefore, MSM asserts that Chairman Welters’ employment with UHG does not serve as an actual conflict of interest regarding his service as Chair of MSM’s Board of Trustees because he neither has a contractual, employment, nor personal or familial financial interest in MSM.

Sources

-  Amended and Restated By Laws (Revised July 2010)
-  Amended and Restated By Laws (Revised July 2010) (Page 5)
-  Amended and Restated By Laws (Revised July 2010) (Page 7)
-  Amended and Restated By Laws (Revised July 2010) (Page 9)
-  MSM Board Roster (2010-2011)

2.3

Chief Executive Officer

The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

As stated in [Article 5.4](#) of the Bylaws of the Morehouse School of Medicine, "the President shall be the chief executive officer of the corporation and shall have general supervision and direction of the affairs of the Corporation, subject to the direction of the Board of Trustees and to the policies it may establish." Per this description, the President annually presents full reports to the Executive Committee on the condition of the Corporation, a budget of estimated receipts and expenditures for the succeeding academic year. John E. Maupin, Jr., DDS is the current president and chief executive officer of Morehouse School of Medicine. He has served in this capacity on a full-time basis, since July 1, 2006. Anthony Welters is the chairman of the board of trustees.

Sources

 [Amended and Restated By Laws \(Revised July 2010\) \(Page 17\)](#)

2.4

Institutional Mission

The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

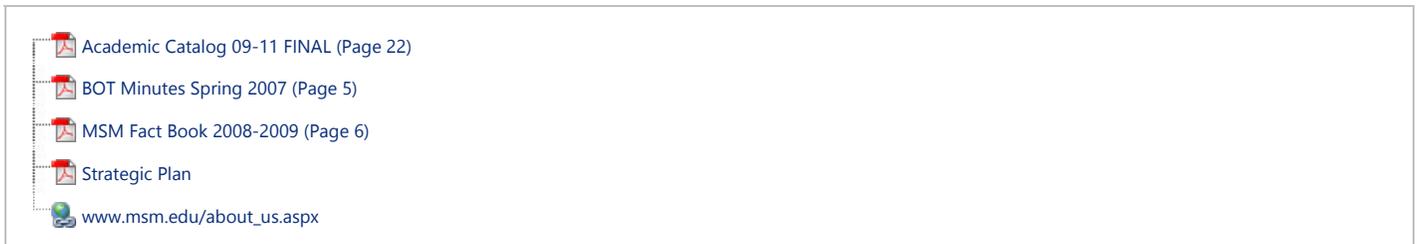
The Morehouse School of Medicine FY2009 - 2014 strategic plan, *Soaring to New Heights of Excellence and Service*, includes the School's mission statement that reinforces the distinctive national value of Morehouse School of Medicine's special purpose and elevates the School to a new level of social relevance. The current mission statement, which was approved by the Morehouse School of Medicine Board of Trustees at its Spring 2007 meeting, ([minutes, p. 5](#)) emphasizes our inviolable commitment to improving the quality of life for the vulnerable individuals and communities in Georgia and throughout the nation.

Mission Statement:

Morehouse School of Medicine is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

The mission statement is published in many School publications, including the 09-11 Academic Catalog ([page 2](#)), the Fact Book ([page 2 of the 2008-2009 edition](#)), and on the School's web site at www.msm.edu/about_us.aspx.

Sources



-  [Academic Catalog 09-11 FINAL \(Page 22\)](#)
-  [BOT Minutes Spring 2007 \(Page 5\)](#)
-  [MSM Fact Book 2008-2009 \(Page 6\)](#)
-  [Strategic Plan](#)
-  www.msm.edu/about_us.aspx

2.5

Institutional Effectiveness

The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine is compliant with this core requirement. The Morehouse School of Medicine engages in ongoing, integrated and institution-wide research based planning with systematic review of institutional mission, goals, and outcomes, continuous improvement in quality and demonstrated commitment to effectively accomplishing our mission.

Morehouse School of Medicine is committed to continuous improvement in quality and demonstrated commitment to effectively accomplishing our mission. The school is currently operating under the goals and objectives of the strategic plan, "Soaring to New Heights of Excellence and Service." The Plan covers the period beginning July 1, 2009 through June 30, 2014 and was approved by the Board of Trustees in April 2009. This plan was based on the Morehouse School of Medicine's [revised mission statement](#) and outlines six key areas of focus: [academic excellence](#), [research excellence](#), [health services excellence](#), [community value](#), [operational excellence](#) and [outstanding workplace](#). The planning process involved a series of retreats and focus group meetings from 2006 through 2009.

The previous plan, "[A Quest for Excellence](#)," was [approved by the Board of Trustees](#) in March 2001 and covered 2002 through 2004. The key components of the plan were class size expansion and composition, research expansion and enhancement, clinical business development and advancement and institutional positioning. In 2002 the plan was updated to cover the period 2003 through 2005. Achievement of major performance indicators in the plan was assessed in 2004 during a [program review process](#). The review process involved an assessment of achievement of institutional and unit (departments, programs) goals and objectives from the "Quest for Excellence" strategic plan. The reports were reviewed by a committee consisting of the president, senior vice president of management and policy, chief financial officer, director of planning, and the associate Dean of student affairs. Major performance indicators from the "Quest for Excellence" were achieved – increased M.D. class size, strengthened pipeline programs, improved student performance, additional clinical affiliation agreements, increase in extramural research funding are just a few examples. The new institutional-wide strategic planning process began with a [SWOT](#) analysis based on the achievement of results as documented during the program review.

From 2007 until 2009, the school operated using the recommendations from the [2006 Transition Team report](#). A transition team was commissioned by Dr. Maupin and Dr. Satcher to facilitate the transfer of power. The transition team was lead by Eve Higginbotham, MD, Dean and Senior Vice President for Academic Affairs. The team conducted a comprehensive, institution-wide planning and evaluation process and prepared a summary report in August 2006. This became the basis for operations and budgetary decisions while the strategic planning process continued. Recommendations of the Transition Team included items requiring immediate action and some long range strategies. Immediate action items identified as cross-cutting issues included internal and external communications, corporate compliance, and reorganization of the leadership of education, research, and clinical enterprises to facilitate effective management of mission-critical components of the organization. The school has implemented a number of improvements based on Transition Team recommendations.

Systematic reviews of effectiveness occur throughout the school. The Dean annually updates the School's academic plan with goals for the coming year and provides a report to the Morehouse School of Medicine community that outlines achievements during the previous year. Individual departments and units develop plans based, in part, on the academic plan presented by the Dean. Academic departments submit annual reports to the Dean in a common format that provides an overview of the department's goals and accomplishments in education, research and service, with emphasis on student and resident performance and individual faculty achievements. All courses are reviewed and approved by a curriculum and evaluation committee. Course Directors meet regularly with the Senior Associate Dean for Education and Faculty Affairs. All clerkships are re-evaluated every three years and the curriculum and evaluation committees provide an ongoing review and assessment of all educational programs. Recommendations are provided to course directors and department chairs with follow through re-assessment by the curriculum and evaluation committee. The medical education program measures student achievement by assessing academic achievement on national examinations, number of students who select primary care residencies or public health positions, alumni assessments, employer surveys, etc. Student achievement is longitudinally monitored through evaluation of national examinations and individual subject exams in addition to course grades. The GEBS Program measures student achievement by examining academic achievement, scholarly contributions, career satisfaction, further training, publication record, and alumni assessments. Student achievement is longitudinally monitored through evaluation of degree completion rates, alumni professional placement, and scholarly publication record. The M.P.H. program assesses student achievement by evaluation course grades, completion rates and job placements within 12 months of graduation.

Morehouse School of Medicine has been a recipient of funds from the U. S. Department of Education under the [Title III Grant](#) program since

1982. The program requires that the recipient's grant objectives be based on the school's strategic plan, and that the school monitor its progress in achieving the stated objectives. The current Title III project addresses selected goals and objectives in the Strategic Plan. The [Program Code Guide](#) shows the correlation between the Title III Grant and the Strategic Plan. Title III processes and procedures require participating departments to prepare five-year plans with annual projected outcomes and to directly relate expenditures to the objectives. Thus, the MSM Title III program serves as the operating plan that supports the strategic plan. All academic and administrative departments(2007-08,2008-09,2009-10) participate in the grant project and report progress on an annual basis in a web-hosted data collection system developed by the Title III office.

In the 2009 – 2010 academic year, the first year of implementation of the new strategic plan, the chair of the [Institutional Effectiveness Committee](#) established sub-committees to conduct an assessment of progress toward strategic goals and related processes. A number of data collection tools were utilized to assess institutional progress such as annual reports required of all academic departments and administrative units, external and internal reviews of academic departments, student performance data, faculty activity reports and committee reports. Additionally, data collection forms ([Excellence](#), [Community](#), [Workplace](#)) similar to the ones used with the Title III Grant were adopted to obtain a more detailed assessment of strategic goals and initiatives from responsible persons. The forms include goals and outcomes for each strategy and initiative. Also included are performance measures, baseline information, annual targets, reporting frequency, means of evaluation, source documentation, current results, and an overview of how data is used for improvements. This assessment resulted in several recommendations to better align strategic planning initiatives and improve relevance of performance measures. A [schedule](#) of the committee's work effort since January 2010 is included in the supporting documentation and attached to the [interim report to the president](#).

In 2007, the Dean established the Fiscal Advisory Committee (FAC) that was charged with facilitating the annual institutional budget process by aligning budgeting with institutional priorities; vetting and prioritizing requests and making recommendations for budget priorities. To fulfill its charge, the FAC developed financial [templates](#) to be completed by each academic department and unit head. Meetings are held annually to hear budget requests and justifications related to achievement of goals and objectives. The FAC completes a final report each year(FY'09, FY'10, FY'11) with specific recommendations to the Dean who uses this input to inform the budget process. As a result, budget decisions are clearly linked to strategic planning goals and priorities. Although the FAC process was developed as a budgeting tool, it reveals important information about the status of programs and operations as units make cases for their budget requests. As a consequence, the FAC report to the Dean also includes recommendations of the need for further review of programs, policies and operations by the appropriate senior administrator.

In April 2010, senior administrators conducted the first assessment of the Plan and focused on the status of goals and objectives for the period ending March 31, 2010. Interim Progress Reports were prepared and included in reports to the Board of Trustees.

Sources



-  FY'11 Academic FAC Request Form
-  FY'11 Fiscal Advisory Committee (FAC) Preparations
-  FY'11 Fiscal Advisory Committee Process
-  Institutional Effectiveness
 -  Database Information Forms
 -  2010 DIF_Academic Excellence_1AE0 Combined
 -  2010 DIF_Community Values_4CV0_Combined
 -  2010 DIF_Outstanding Workplace_6OW0 Combined
 -  IEC Meeting Minutes
 -  IEC Meeting Minutes 01-26-10
 -  IEC Meeting Minutes 02-09-10
 -  IEC Meeting Minutes 03-09-10
 -  IEC Meeting Minutes 05-27-10
 -  IEC Meeting Minutes 08-10-10
 -  IEC Schedule 2010
 -  Institutional Effectiveness Committee Report to President Maupin 82010.pdf
 -  PAC_SWOT
-  Strategic Plans
 -  October 2002 Strategic Plan
-  Title III Grant
 -  Key Personnel
 -  2007-08 Key Personnel listing
 -  2008-09 Key Personnel Listing
 -  2009-10 Key Personnel
 -  2007-12_Grant_Application
 -  Program Code Guide
-  Annals of Internal Medicine
-  Bylaws of the Faculty
-  Institutional Effectiveness Committee 2010
-  Letter of Invitation from the President
-  MSM President's Report to the Board October 2001 (Page 3)
-  President Transition Report Summary 2006
-  Program Review 2004 vol. 1_3
-  Program Review Summary
-  Strategic Plan
-  Strategic Plan (Page 11)
-  Strategic Plan (Page 15)
-  Strategic Plan (Page 19)
-  Strategic Plan (Page 23)
-  Strategic Plan (Page 27)
-  Strategic Plan (Page 29)
-  Strategic Plan (Page 6)

2.6

Continuous Operation

The institution is in operation and has students enrolled in degree programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

In 1975, The School of Medicine at Morehouse College was established, with Dr. Louis Sullivan as the first Dean and Director. In 1978 the program enrolled 24 students into its charter class, offering a two-year basic science program. After completing the 2-year program, those students and the next two classes transferred to other medical schools to complete their clinical medical training. In 1981, The School of Medicine at Morehouse College became the Morehouse School of Medicine, a separate not-for-profit entity independent of Morehouse College. Dr. Louis Sullivan was appointed the first President and Dean of the Morehouse School of Medicine. That same year, the Family Practice Residency program became the first Graduate Medical Education Program after receiving accreditation from the Accreditation Council for Graduate Medical Education (ACGME). In April 1985, the Liaison Committee on Medical Education (LCME) authorized MSM to award the Doctor of Medicine (M.D) degree, and on May 17, 1985, the first class of students earning the Morehouse School of Medicine M.D. degree graduated.

Today, Morehouse School of Medicine is a four-year, degree granting institution, accredited to award the degrees Doctor of Medicine (M.D.), Doctor of Philosophy in Biomedical Science (Ph.D.), Master of Public Health (M.P.H.), Master of Science in Clinical Research (M.S.C.R.), and Master of Science in Biomedical Research (M.S.B.R.). MSM now has seven residency programs: Family Medicine, Community Health and Preventive Medicine, Internal Medicine, Obstetrics and Gynecology, Psychiatry, Surgery, and Pediatrics. Enrollment for each degree program is shown in the table below:

Student Enrollment

	FY06	FY07	FY08	FY09	FY10
MD	196	210	216	217	213
PhD	28	27	29	31	28
MPH	39	40	45	60	68
MSBR/MSBT	0	0	0	3	11
MSCR	10	9	4	8	10
Total	273	286	294	319	330

Since its inception the Morehouse School of Medicine has graduated more than 1,000 students in its degree programs.

Year	2-year Program	M.D.	Ph.D.	MPH	MSCR	MSBR	Totals
2010		44	7	26	1	1	79
2009		56	7	22	2	N/A	87
2008		52	3	10	1	N/A	66
2007		46	0	13	6	N/A	65
2006		38	3	11	2	N/A	54
2005		44	3	8	3	N/A	58
2004		39	3	12	4	N/A	58
2003		35	3	18	N/A	N/A	56
2002		35	2	12	N/A	N/A	49
2001		30	1	13	N/A	N/A	44
2000		31	0	17	N/A	N/A	48
1999		29	1	8	N/A	N/A	38
1998		36	2	8	N/A	N/A	46
1997		34	N/A	1	N/A	N/A	35
1996		31	N/A	N/A	N/A	N/A	31
1995		35	N/A	N/A	N/A	N/A	35
1994		24	N/A	N/A	N/A	N/A	24
1993		35	N/A	N/A	N/A	N/A	35
1992		24	N/A	N/A	N/A	N/A	24
1991		31	N/A	N/A	N/A	N/A	31
1990		27	N/A	N/A	N/A	N/A	27
1989		24	N/A	N/A	N/A	N/A	24

1988		26	N/A	N/A	N/A	N/A	26
1987		26	N/A	N/A	N/A	N/A	26
1986		26	N/A	N/A	N/A	N/A	26
1985		20	N/A	N/A	N/A	N/A	20
1984	3	N/A	N/A	N/A	N/A	N/A	3
1983	17	N/A	N/A	N/A	N/A	N/A	17
1982	28	N/A	N/A	N/A	N/A	N/A	28
1981	14	N/A	N/A	N/A	N/A	N/A	14
1980	16	N/A	N/A	N/A	N/A	N/A	16
Grand Totals	78	878	35	179	19	1	1190

Years 1982-1988 have been restated for the M.D. Program to distinguish MSM M.D. graduates from the students who completed the initial 2 year program at MSM.

Sources

 At-A-Glance_ July 2010

2.7.1

Program Length

The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification for all degrees that include fewer than the required number of semester credit hours or its equivalent unit.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Medical Education (M.D.) Program

The [medical education curriculum \(09 - 11 Academic Catalog\)](#) requires 189 semester credit hours of study in a four-year program. The curriculum focuses on scientific medicine and on meeting the primary healthcare needs of patients who are underserved. Students may elect to participate in a five-year program or may be directed to do so on the basis of performance.

Graduate Education in Biomedical Sciences (GEBS) Program

The [Graduate Education in Biomedical Sciences \(GEBS\)](#) program is comprised of four degree granting tracks whose primary goal is to produce basic scientists trained to teach and conduct biomedical research. The curriculum requirements for each program are published in the Academic Catalog and in the Student Handbook.

For the [Ph. D. program \(Academic Catalog\)](#), a minimum of 80 semester credit hours of graduate credit, consisting of core courses (47), elective courses (8 minimum) and dissertation research (25 minimum), are required for graduation. The [M. S. in Biomedical Technology program \(Academic Catalog\)](#) is a non-thesis program requiring 28 semester hours of core courses and laboratory rotations, plus a minimum of 16 hours of supervised research, totaling 44 hours of semester credit. The [M. S. in Clinical Research program \(Academic Catalog\)](#) requires 36 semester credit hours for successful completion of the program, of which the mentored research project will account for 12 credit hours. The [M.S. in Biomedical Research program \(Academic Catalog\)](#), requires a total of 47 hours, including a minimum of 12 hours of thesis research.

Master of Public Health (M.P.H) Program

The [Master of Public Health program \(Academic Catalog\)](#) offers a 46 semester credit hour comprehensive instructional program comprising four tracks: Epidemiology, Health Administration and Policy; Health Education and Health Promotion, and International Health. Requirements for the degree consist of 36 hours of required courses and 4 - 6 credit hours in elective courses. Additional requirements are a Practicum and a Culminating Experience (3 credit hours each).

Sources

 Academic Catalog 09-11 FINAL (Page 100)
 Academic Catalog 09-11 FINAL (Page 104)
 Academic Catalog 09-11 FINAL (Page 106)
 Academic Catalog 09-11 FINAL (Page 109)
 Academic Catalog 09-11 FINAL (Page 135)
 Academic Catalog 09-11 FINAL (Page 65)
 Academic Catalog 09-11 FINAL (Page 95)

2.7.2

Program Content

The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The content and context of our education programs reflect our commitment to improving the health and well-being of vulnerable communities and eliminating the disproportionate burden of disease.

Medical Education (M. D.) Program

The educational program leading to the M.D. degree focuses both on scientific medicine and on meeting the primary healthcare needs of patients who are underserved. Through training sites in rural and inner city areas, students discover the special needs of patients in those areas that are historically underserved with regard to physician care. The Morehouse School of Medicine Medical Education program is accredited by the Liaison Committee on Medical Education. Students who complete the M.D. program are encouraged to choose residency training in primary care specialties, and have acquired the motivation and skills necessary for continued learning and for the evolving primary healthcare needs of underserved patient populations. ([Academic Catalog, p. 53](#)) MSM is one of the leading medical schools in the country in the percentage of our M.D. graduates going into primary care residencies. According to the [Georgia Board of Physician Workforce](#), 75 percent of MSM's M.D. graduates continued on into primary care specialty residency programs.

Graduate Education in Biomedical Sciences (GEBS) Program

The biomedical science degree programs in GEBS (Ph.D., M.S.B.R., M.S.B.T.) are focused on biomedical research and translation to the clinic. The primary goal of these programs is to produce basic scientists (especially underrepresented minorities) well-trained to teach and conduct biomedical research. MSM-trained biomedical scientists are encouraged to have a special commitment to educating underrepresented minority students and to performing research on diseases that disproportionately affect minority populations.

The Master of Science in Clinical Research degree program is a broad-based multi-disciplinary graduate level program in clinical research designed to prepare clinical and translational research faculty, residents and others for a career in clinical research. The program provides training in the principles and methods of biostatistics; epidemiology, including genetics and clinical trials; and outcomes research, including health services research and health economics; and application of these principles/methods to clinical research. Program objectives include increasing the overall pool of doctorally prepared minority investigators who are interested in pursuing clinical and translational research training, and to develop a cadre of well-trained clinicians and translational research faculty who will pursue clinical research on diseases that disproportionately affect minority populations. The specifics for each degree in the GEBS programs are described in the [Academic Catalog, p. 95](#). The MSM GEBS graduate program was granted full membership in the Council of Graduate Schools in 2010.

Master of Public Health (M.P.H) Program

The Master of Public Health program at Morehouse School of Medicine was developed in recognition of the need to strengthen the delivery of public health services to minority and medically underserved communities. The mission of the MPH Program is to prepare individuals who will organize and implement programs to improve the health, quality of life and well-being of communities and people, through education, research, and service in public health. The Program has a particular emphasis on people of color, minorities, and other underserved populations. The program is accredited by the Council on Education for Public Health. The program provides unique opportunities for students to engage in community-based participatory research and provides a strong community component established through faculty collaborations with public, private and community-based organizations. [Academic Catalog, p. 113](#)

Sources

 Academic Catalog 09-11 FINAL (Page 135)
 Academic Catalog 09-11 FINAL (Page 65)
 Academic Catalog 09-11 FINAL (Page 95)

2.7.3

General Education

In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that (1) is a substantial component of each undergraduate degree, (2) ensures breadth of knowledge, and (3) is based on a coherent rationale. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent. These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts; social/behavioral sciences; and natural science/mathematics. The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine does not confer undergraduate degrees.

2.7.4

Coursework for Degrees

The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees. If the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges. In both cases, the institution demonstrates that it controls all aspects of its educational program. (See Commission policy 'Core Requirement 2.7.4: Documenting an Alternate Approach.')

Judgment

Compliant Non-Compliant Not Applicable

Narrative

All educational programs are in compliance with this requirement. MSM has no contractual or consortial agreement with other institutions to provide required coursework for its degree-granting programs. MSM also uses no alternative approaches to completing degree requirements.

Medical Education (M. D.) Program

The MSM medical education program provides all course work necessary to complete the MD curriculum. MD students may take any of the five required clinical electives at other LCME accredited medical schools. The elective program must be approved for each student to ensure a balanced program. Requirements for obtaining approval and credit for non-MSM electives are published in the [Student Handbook, p. 31](#).

Graduate Education in Biomedical Science (GEBS) Program

The MSM GEBS graduate program provides all course work necessary to complete the Ph.D., Master of Science in Clinical Research (M.S.C.R.), Master of Science in Biomedical Research (M.S.B.R.), and Master of Science in Biomedical Technology (M.S.B.T.). Although some work and training toward the Ph.D. may take place at other sites, students are required to be in residence at the Morehouse School of Medicine for a minimum of 3.5 years to earn a Ph.D. in Biomedical Sciences from this institution. [Student Handbook, p. 64](#)

Master of Public Health (M.P.H) Program

The MPH Program provides all course work necessary to complete the core curriculum, required track courses, and two to three elective courses. In addition, all students must complete the Practicum and Culminating Experiences, and attend Public Health Leadership Seminars, Academic Writing, Career Development and Data Management Workshops which are offered at MSM.

[Redacted transcripts](#) of M.D., Ph.D., and M.S.B.R graduates who fulfilled all program requirements at MSM are attached.

Sources

-  [2009-2010 Handbook FINAL \(Page 36\)](#)
-  [2009-2010 Handbook FINAL \(Page 69\)](#)
-  [Redacted 2010 Student Transcript Examples](#)

2.8

Faculty

The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of its academic programs. Upon application for candidacy, an applicant institution demonstrates that it meets the comprehensive standard for faculty qualifications.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

MSM has more than 200 full-time faculty who provide effective teaching, advising and scholarly or creative activity for our students in our five degree programs: Doctor of Medicine, Doctor of Philosophy in Biomedical Sciences, Master of Public Health, Master of Science in Clinical Research and the Master of Science in Biomedical Research. The table below shows the number and percent of credit hours taught by MSM full-time faculty:

Credit Hours Taught by Full-time Faculty 2009 – 2010					
Program	Total Credit Hours Offered	Credit Hours Taught by Full-time Faculty		Credit Hours Taught by Part-time or Adjunct Faculty	
		Number	Percent	Number	Percent
Medical Education (M.D.)	189	189	100	0	0
Ph.D. core courses	38	35	92	3	8
M.S.C.R.	30	21	70	9	30
M.P.H.	109	74	68	35	32
M.S.B.R	28	25	90	3	10

Sources

 Faculty Roster 2010
 MSM Faculty by Course

2.9

Learning Resources and Services

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine Library (MSM Library), through ownership or formal arrangements or agreements, provides and supports faculty and students in the Masters, PhD, and MD programs with access and user privileges to adequate library collections as well as to other learning/information resources consistent with the degrees offered. These collections and resources, in accordance with established acquisition policies and procedures, are sufficient to support all educational, research, and public service programs.

COLLECTIONS

The Morehouse School of Medicine Library consists of monographic and bound journal collections, including current journals subscriptions to 300 print biomedical journals, electronic books, electronic journals, software and audiovisual materials with a strong emphasis in the health sciences. Currently, there are over 32,000 books, 600+ electronic books, 50,000+ bound journal volumes and 6,000+ electronic journals. The library also subscribes to several health sciences related on-line databases, which, in addition to the electronic books and journals, form the Digital Library. The school’s archives contain some of the historical records, memorabilia, audio, and video files, as well as news clippings and pictorials celebrating the school’s milestones.

ACCESS

The MSM Digital Library is available from its web page. The following online resources compose the Digital Library: Access Medicine, American Society of Microbiology (ASM) Journals, ExamMaster, GALILEO, ISI Journal Citation Reports, MDConsult, MSML Electronic Journals, the National Library of Medicine’s databases, OVID Books, the Physician’s Desk Reference Electronic Library, Science Direct, Scopus, Springerlink, STAT!Ref, Rittenhouse, Henry Stewart Talks, and Wiley Interscience. These resources allow the MSM Library to maintain a diverse collection to support the curriculum, research, clinical, and residency programs of the institution which are consistent with other medical school libraries. Through contracts, agreements, and memberships, MSM library also provides students and faculty access to information and collections beyond the school’s physical and digital resources. MSM’s third and fourth year students on clinical rotation at Grady Hospital have access to the MSM library and its resources, additional library resources and study space are available to them through a memoranda of agreement, revised annually, with Emory University which provides them with access to the Emory University library resources (including the utilization of OVID databases) located on the Grady Memorial Hospital campus. Due to an agreement with the Southeastern Atlantic Region National Networks of Libraries Of Medicine (NN/LM), the MSM Library serves as a Resource Library for the National Network of Libraries of Medicine and also has access to resource training and tutorials that are used to enhance services to MSM students, faculty, and staff. As a member of DOCLINE, the National Library of Medicine’s automated interlibrary loan (ILL) request routing and referral system, MSM library obtains books and journal articles that are not owned by this library. In addition, the Library, as a member of the following consortia and associations receive the following:

ORGANIZATION	BENEFIT
Consortium of Biomedical Libraries in the South, (CONBLS a total of 20 libraries)	Reduced or no charge for interlibrary loans
Atlanta Health Sciences Libraries Consortium (AHSLC)	Reduced or no charge for interlibrary loans
Atlanta Regional Consortium of Higher Education (ARCHE, a total of 19 libraries)	Access to GALILEO, Georgia Library LEarning Online, Georgia's Virtual Library
American Library Association (ALA)	National support of educational initiatives, research activities and advocate for legislation, funding and pricing
Black Caucus of the American Library Association (BCALA)	Institutional Membership

Georgia Health Sciences Libraries Association (GHSLA)	Institutional Membership
Southern Chapter of the Medical Library Association (SCMLA)	Institutional Membership
Medical Library Association (MLA)	National support of health science educational initiatives, research activities and advocate for legislation, funding and pricing
Ohio College Library Catalog (OCLC)	Assist in the acquisition, cataloging and interlibrary loan of material nationally

CyberTools, the integrated online library system of the MSM Library, is available on the Internet and allows for cataloging, lending, and serials control, and accessing of the digital and physical collection. It also contains the OPAC (online public access catalog). All MSM faculty, staff and students, whether on or off campus or whether actually in the library, may search the OPAC for monographs, journals and other media. Items found in the library integrated online library system are also located in OCLC'Ss WorldCat, a global catalog of library collections. Off-Campus personnel may access the resources of the Digital Library via the school network or by using the school Virtual Private Network (VPN).

For direct staff services, the MSM library is open 104.5 hours per week during the semesters and for 88.5 hours per week between semesters. In addition, the library provides access to the reading room and the digital resources 24 hours per day, seven days per week. The twenty-four hour reading room is a furnished space for students to continue their study on campus when the library is closed. Faculty, students, researchers, and others may also ask a Librarian specific questions by calling or e-mailing any librarian using the contact information contained on the library's web-site.

COLLECTIONS DEVELOPMENT

MSM librarians consult standard lists ([Brandon/Hill selected list of books and journals for the small medical library](#) and [Doody's core titles](#)), publisher descriptions, and other collection development skills to maintain adequate and relevant library/learning resources, in physical and digital formats, for the medical, biomedical, clinical research, and public health programs. Recommendations from faculty, students and the staff are used to add other items in the basic sciences, the clinical science disciplines and public health. Surveys, followed by periodic reviews, are done to determine adequacy of current holdings whenever new courses or programs are added. Results of the surveys are used to plan and modify policies regarding such issues as hours of operations, holdings, etc.

SERVICES

Library staff members provide direct user services at the front desk where items may be checked out for two week periods and may be renewed, either in person or via telephone, for additional periods. Front desk staff may lead users to information or call upon other staff members to provide support. Librarians provide telephone and on-line information, via email, and research support as needed. Books placed on reserve by course professors may also be checked out for in-library use. Interlibrary loan (ILL) requests may be submitted using email and digital forms found on the library's web-site. Forms may also be presented to library staff at the front desk or the ILL office.

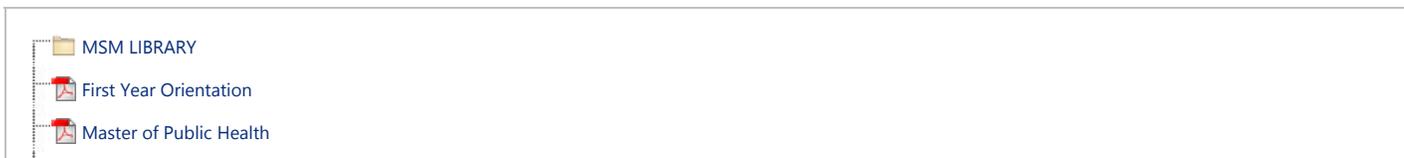
Bibliographic Instruction (usage of all library resources) is delivered by all librarians under the direction of the Information Services Division. These services, designed for the particular needs expressed, range from an introduction to available resources to in-depth classes on efficient and effective resource usage, are provided anywhere on campus or satellite locations to students, faculty, and staff in support of teaching, learning, and research efforts. Student support for research design, data analysis, and use and understanding of statistics and statistical software is also provided either through classes or one-on-one sessions, as needed.

As monograph and serial titles are processed for inclusion in the collection, faculty members are notified about specific works of interest to them for their teaching and/or research.

BUDGET

From the inception of the library we have strived to make it a place with a well balanced health science collection comparable to other long standing medical libraries. A key component of the library success is the budget. Although at times strained, the budget has allowed us to create and maintain a positive learning environment through the employment of adequate staff, acquisition of print, media, and online resources, and partnerships with other libraries, as well as the employment of technology to support the faculty, staff and students of the Morehouse School of Medicine.

Sources



-  MSM Digital Library
-  MSM Library
-  MSM Library Forms
-  MSM_Emory Library Agreement
-  Orientation Agenda
-  Second year Orientation
-  Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree
-  The Tablet

2.10

Student Support Services

The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine provides an array of student support programs, services and activities designed to support and assist students as they matriculate. The Assistant Dean for Student Affairs is responsible for planning, administering, implementing and evaluating student support programs and services. Offices under her supervision are the Office of Admissions and Student Affairs (OASA), Student Fiscal Affairs and Counseling Services. [Academic Catalog 09-11 FINAL \(Page 169\)](#)

In the Office of Admissions and Student Affairs, the Director of Admissions coordinates the admissions process for all educational programs. Official academic records are maintained by the Registrar. Access to these records is governed by the Family Educational Rights and Privacy Act of 1974, as amended. A listing of all students' records maintained by the institution is contained in the [Student Handbook p. 122](#). A full-time coordinator oversees student activities. The student activities coordinator's responsibilities encompass student organizations, tours, "MSMART" (the school store), coordination of student immunizations, newsletters, the yearbook, research, fellowship and other summer activities, elective opportunities and residency programs. Also, through OASA's Department of Community Affairs, programs are offered for young people to interest them in the sciences in their formative years, through which MSM students may serve as mentors.

Financial Aid

All financial aid is administered by the Office of Student Fiscal Affairs. The Director of Student Fiscal Affairs reports to the Assistant Dean for Student Affairs. The program provides financial aid services and counseling and coordinates awards for all students. Financial aid policies are governed by the Academic Policy Council (APC), comply with federal and state regulations and is re-audited on an annual basis. The Student Fiscal Affairs Committee, a standing committee of the APC, comprised of faculty and student representatives, is charged to approve student budgets and review special requests. The Morehouse School of Medicine program for student financial aid utilizes as many sources as are available in all programs of study, including federal programs and programs for students with financial need. Assistance in planning the most effective use of financial aid combined with the student's own resources is available to each student. The [Student Handbook \(p. 116\)](#), [Financial Aid Prospectus](#) and [the Academic Catalog \(p. 141\)](#), describe the services and resources available to MSM students.

Counseling Services

The Office of Counseling Services supports and promotes the successful matriculation of medical students, biomedical graduate students and masters level students of clinical and public health by offering a variety of confidential services designed to help students maximize their potential while at MSM. The director is a Ph.D. level licensed clinical psychologist with a faculty appointment. Students are encouraged to seek the assistance of the a counseling center staff member to discuss their issues and concerns. Counseling services are confidential and are free of charge to all matriculating students, their families and significant others. During orientation, the counseling services staff offers a four-hour, pre-matriculation assessment. This assessment is designed to provide an overview of a student's reading and critical thinking skills, overall coping resources and personality type. Individual feedback sessions are scheduled during the first five weeks after the assessments. ([Academic Catalog, p. 147](#), [Student Handbook, p. 123](#)).

Medical Care and Immunizations

The School offers comprehensive medical care and education consistent with its purpose and reflecting the needs of its constituencies. The services include health insurance, medical care access and immunizations. Students are required to have health insurance coverage through the group health insurance policy available each year at registration, or alternatively to provide proof of adequate coverage under some other policy. Medical students are also required to purchase disability insurance at registration. Dental insurance, which is available in the MSM students' group plan, is optional. Enrolled MSM students with ID cards validated for the current semester are eligible for health care at Morehouse Medical Associates (MMA), which has locations in East Point and Atlanta.

Immunizations are required for MSM medical students, and are provided through the Office of Infection Control. The Infection Control Committee has developed policies on student immunizations, infectious and environmental hazards, and procedures for care and treatment after exposure. This information is provided to all students annually during orientation and is found in the [Infection Control Handbook](#) and the [Student Handbook, p. 126](#).

ADA

In an effort to ensure that all qualified individuals with disabilities are accommodated at MSM, it is the policy of the school to ensure that all institutional goods, services, facilities, privileges, advantages and accommodations are meaningfully accessible. This is in accordance with the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973 and other pertinent federal, state and local disability anti-discrimination laws. [Academic Catalog, p. 146](#).

International Student Assistance

The Office of International Program Services provides assistance to internationals and administrators who work with internationals at MSM. This office serves as the official liaison with the U.S. Departments of State, Homeland Security and Labor. Services offered include immigration counseling, issues involving international travel, practical training/off campus employment, and changing status or planning for future adjustment to permanent residency status. Additional information about functions and services of this office are available in the [Student Handbook](#), p. 128.

Student Activities

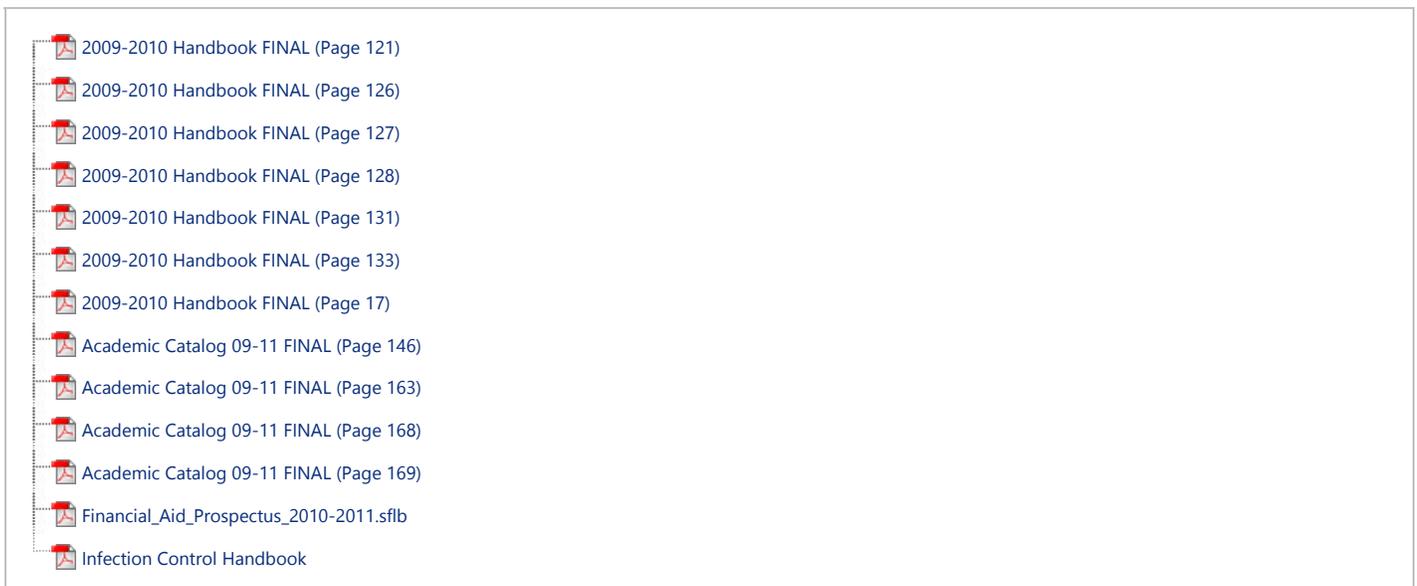
MSM offers student activities that are strongly supportive and reflective of the student body and the mission of the school. The Student Government Association (SGA) is the general student representative body.

The [SGA constitution](#) has been established so students may govern themselves more effectively and take a more active part in affairs of the school. The opinions of medical students on curricular and professional matters are actively sought by the faculty. Students are represented by class officers, student organization representatives, and student members of committees. Selection of these representatives takes place through class elections run entirely by the class involved.

Professional Societies and Student Associations

The major professional societies and student associations at MSM include the Alpha Omega Alpha Honor Medical Society (AOA), the Student National Medical Association (SNMA), the American Medical Student Association (AMSA), and the American Medical Association (AMA) –Medical Student Section. Other medical student groups include the Family Medicine, Pediatrics, Internal Medicine, Orthopedic Surgery and Surgery Interest Groups. The majority of medical students participate in student activities, including fund raising events, social events, health fairs, volunteering projects, the Lampoon (an original musical satire), Primary Care Day, Breast Cancer Awareness Month and others. There are also lectures, seminars and student forums and presentation days for all 3 programs. The activities of the students are supported financially through SGA, the student fees, dues and donations from departments and vendors.

Sources



- [2009-2010 Handbook FINAL \(Page 121\)](#)
- [2009-2010 Handbook FINAL \(Page 126\)](#)
- [2009-2010 Handbook FINAL \(Page 127\)](#)
- [2009-2010 Handbook FINAL \(Page 128\)](#)
- [2009-2010 Handbook FINAL \(Page 131\)](#)
- [2009-2010 Handbook FINAL \(Page 133\)](#)
- [2009-2010 Handbook FINAL \(Page 17\)](#)
- [Academic Catalog 09-11 FINAL \(Page 146\)](#)
- [Academic Catalog 09-11 FINAL \(Page 163\)](#)
- [Academic Catalog 09-11 FINAL \(Page 168\)](#)
- [Academic Catalog 09-11 FINAL \(Page 169\)](#)
- [Financial_Aid_Prospectus_2010-2011.sflb](#)
- [Infection Control Handbook](#)

2.11.1

Financial Resources

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 issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a systemwide 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."

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine 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 School's compliance is demonstrated by stable enrollment, diverse and increasing revenues, increases in unrestricted net assets excluding plant as evidenced in FY 2007-2010, increases in unrestricted net assets for FY2009-2010, increases in net assets as evidenced in FY 2006-2010, a composite financial index (CFI) which meets the threshold level of 3.0 (financial stability), and a growing endowment rebounding from the FY2009 global economic crisis. The following are included as evidence: 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 fiscal period ended June 30, 2006-2010; audited financial statements; a written [management letter for the period ended June 30, 2009](#) (there was no management letter for FY2010); [budget development procedures](#); the approved budgets and minutes of the meetings of the Board of Trustees which show approval of the annual budgets. Budget examples included are for [FY's2009](#) and [2011](#).

Enrollment

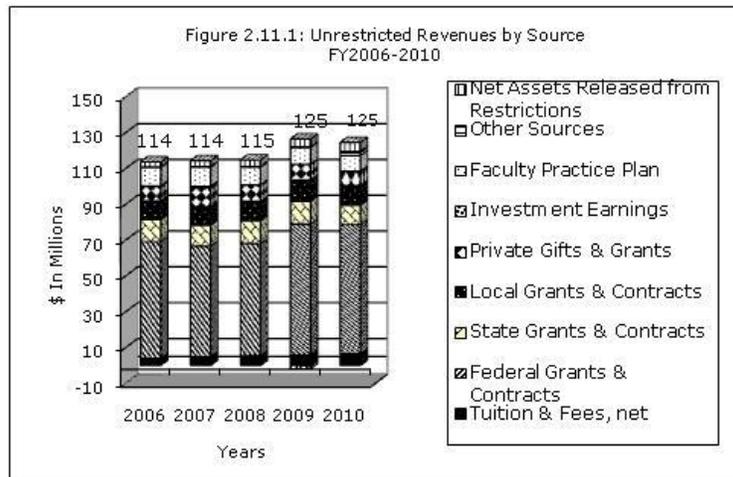
There is a consistent increasing enrollment trend as illustrated in Table 2.11.1:

Year	Enrollment
2006	273
2007	286
2008	294
2009	319
2010	330

Unrestricted Revenues by Source

Tuition and fee revenues have experienced positive trends as a result of increasing enrollment and an average annual rate increase of 4.5%. This revenue source represents about 5% of total unrestricted revenues and the positive trends have contributed to stabilized revenues over the five year period of FY2006-2010. However, the primary contributors to the stable financial environment are the consistent percentages of annual support from federal, state, and local government grants and contracts. The School's mission of producing graduates to serve in urban and rural populations meets a need for family physicians in the State of Georgia. Because of this mission, the School has agreements with the [Georgia Board for Physician Workforce \(GBPW\)](#) to receive operating funds for maintaining the School and training the School's postgraduate residents. Copies of these agreements are included. This source represents approximately 9% of annual revenues. The GBPW operating funds are matched through the Georgia Department of Community Health with federal Medicaid disproportionate share (DSH) funds. The faculty trains future scholars and strengthens the research enterprise by maintaining competitive research programs. DSH, training and research grants are funded through various federal agencies and represent approximately 59% of annual revenues. The School has an ongoing agreement to provide professional and residency services to [Grady Memorial Hospital](#), a local government administered hospital in Atlanta, Georgia and receives approximately 9% of total annual revenues from this source. This agreement is included. The clinical faculty provides

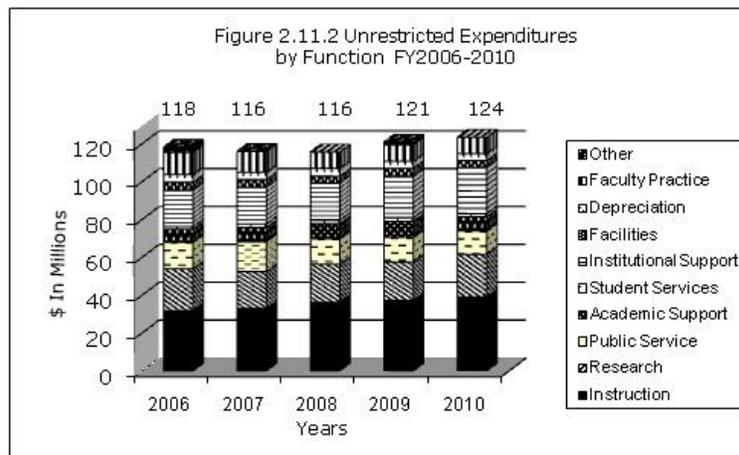
patient services and contributes approximately 7% annually to total revenues. Private donor fundraising produces approximately 6% of annual revenues. Figure 2.11.1 displays these sources of revenues.



Unrestricted Expenditures by Function

During FY's 2006-2010, on average, more than 67% of total annual expenditures provided direct support for the education, research and clinical enterprises. Academic and student services expenses were 7.0% and the remaining 26% was expended in institutional support, facilities, non-cash depreciation recognition and other expenses.

Figure 2.11.2 displays the functional category expenses during the period:



Net Assets

The School's total net assets have shown increases over the past five fiscal years as shown in Table 2.11.2:

Net Assets:	FY2006	FY2007	FY2008	FY2009	FY2010
Unrestricted	\$61,984,477	\$60,069,932	\$58,900,381	\$62,175,713	\$63,028,680

Temporarily Restricted	8,262,255	11,308,947	8,159,394	3,089,789	4,379,067
Permanently Restricted	43,291,490	48,483,346	54,052,171	59,932,975	65,088,170
Total	\$113,538,222	\$119,962,225	\$121,111,946	\$125,198,477	\$132,495,917

Unrestricted net assets decreased during FY2006 by \$4.7 million due to a legal settlement related to patient billing in the faculty practice plan and recording \$4.1 million of depreciation, a non-cash item; in FY2007 the decrease of \$1.9 million reflects recording non-cash depreciation of \$3.9 million and in FY2008 the decrease of \$1.2 million reflects recording non-cash depreciation at \$4.1 million. FY's 2009 and 2010 had net increases of \$3.3 million and \$853 thousand, respectively.

Unrestricted net assets without plant measure the resources that are available to manage day-to-day operations of the School. A statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted assets attributable to operations for the most recent year follows and is included on page 24 of the FY2010 Audited Financial Statements as a supplemental disclosure schedule.

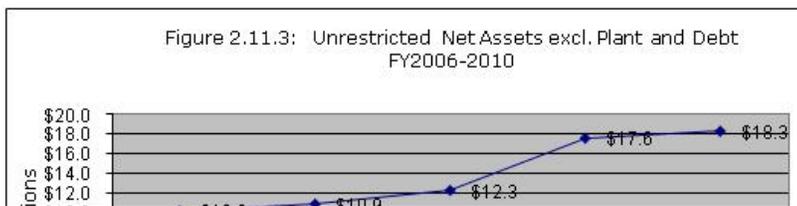
Table 2.11.3 Unrestricted Net Assets Exclusive of Plant and Plant Related Debt:

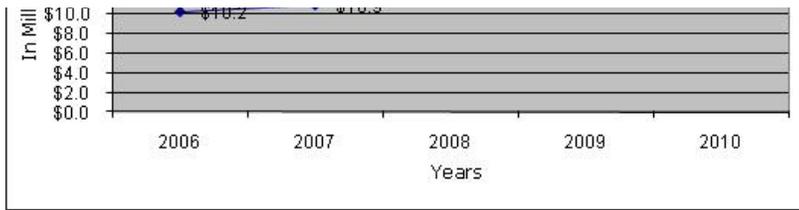
**Morehouse School of Medicine, Inc.,
and Affiliate**
Supplemental Disclosure of Unrestricted Net Assets
Exclusive of Plant and Plant-Related Debt

<i>June 30,</i>	2010	2009
<i>Unrestricted net assets exclusive of plant and plant-related debt</i>		
Unrestricted Net Assets	\$ 63,028,680	\$ 62,175,713
Less property, plant, and equipment and advances to CPI	(53,745,366)	(54,428,834)
Add plant-related debt	9,065,000	9,805,000
Unrestricted net assets exclusive of plant and plant-related debt	\$ 18,348,314	\$ 17,551,879

<i>Year ended June 30,</i>	2010	2009
<i>Change in unrestricted net assets exclusive of plant and plant-related debt</i>		
Unrestricted Revenues	\$ 124,475,893	\$ 124,461,939
Unrestricted expenses before depreciation	119,984,603	117,479,639
Depreciation	3,638,323	3,706,968
<i>Change in Unrestricted Net Assets Per Financial Statements</i>	852,967	3,275,332
Add depreciation	3,638,323	3,706,968
Subtract debt payments	(740,000)	(690,000)
Subtract plant additions	(2,954,855)	(1,084,931)
Change in unrestricted net assets exclusive of plant and plant-related debt	796,435	5,207,369
Beginning unrestricted net assets exclusive of plant and plant-related debt	17,551,879	12,344,510
Ending Unrestricted Net Assets Exclusive of Plant and Plant-Related Debt	\$ 18,348,314	\$ 17,551,879

Trends for Fy2006-2010 are in Figure 2.11.3:





Consolidated Financial Index

The Consolidated Financial Index (CFI) measures the financial health of the School. The CFI consists of a combination of four ratios: the primary reserve ratio, viability ratio, return on net assets ratio, and net operating revenues ratio. The CFI is calculated annually and reported to the Board of Trustees as a strategic plan performance measure. The strategic plan CFI target is 3.1. It should be noted that a composite score of 3 is considered the threshold for financial health. The School’s CFI for FY2008 was 2.01, FY2009 3.2, and FY2010 3.34.

Bank Financing

The School has little debt as compared to total assets and consists of:

- (1) a long term note of \$5.0 million. Note proceeds, originally at \$6.8 million, were used to purchase property in proximity to the School. The note bears interest at the 30-day London InterBank Offered Rate (LIBOR) plus 2.0%. The rate at June 30, 2010 was 3.0%.
- (2) a bank qualified loan of \$4.05 million, originally issued as \$5.8 million tax exempt bonds where the proceeds were used to construct a parking deck. The bank rate is 67% of the 30 day LIBOR plus 2.5% The current loan rate is 1.83%.
- (3) a line of credit (LOC) for \$5.0 million is in place with an outstanding balance of \$1.9 million. The LOC has not been used for day-to-day operations and the funds were drawn for a Morehouse Medical Associates, the faculty practice group, settlement in FY2007. The LOC bears interest at the 30-day London InterBank Offered Rate (LIBOR) plus 2.0%.

Debt service for all financing is included in the annual operating budget and all debt covenants were met at June 30, 2010. Table 2.11.4 compares total liabilities to total assets for FY2006-2010:

	FY2006	FY2007	FY2008	FY2009	FY2010
Total Assets	\$140,429,087	\$145,144,070	\$148,843,879	\$153,221,434	\$159,489,377
Total Liabilities	\$26,890,865	\$25,181,845	\$27,731,933	\$28,022,957	\$26,993,460
Total Net Assets	\$113,538,222	\$119,962,225	\$121,111,946	\$125,198,477	\$132,495,917
Total Liabilities/Total Assets	.19	.17	.19	.18	.17

Financial Audits

Annually, following the close of the School’s June 30 fiscal year, the Consolidated Financial Statement audit and the Office and Management and Budget (OMB) Circular A-133 audit are conducted by an external certified public accounting firm. The audit firm is approved by the Board of Trustees through the Audit and Compliance Committee. FY2006-2009 audits were conducted by Ernst & Young LLP and FY2010 conducted by BDO Seidman, LLP. The audits are conducted in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. The FY2006-2010 audited financial statements and OMB Circular A-133 reports and schedules are included as evidence. The Audited Financial Statements document an unqualified opinion for each of these years. The [Management letter for FY2009](#) is included. There was no Management letter for FY2010.

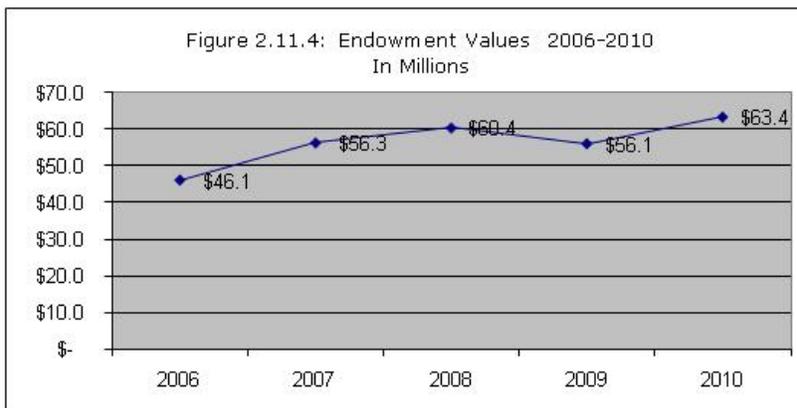
Endowment Investments

As outlined in the [Fifth Amended and Restated Bylaws of the Morehouse School of Medicine, Inc.](#) Article 4.2, the Finance and Investments Committee, acting within the scope of the investment policy guidelines established by the Board of Trustees, oversees the investment of funds. The Committee has the authority to retain the management of funds in its own hands or select one or more investment advisors. The [Investment Policy Statement](#), dated August 18, 2009 is included. Day-to-day oversight of the investment manager is delegated to the School’s Chief Financial Officer, a former Financial Industry Regulatory Authority (FINRA) registered financial advisor. The Bridgeman Group of Merrill Lynch Private Wealth Banking serves as the investment advisor overseeing multiple managers, employing various asset allocation strategies consistent with the endowment’s return objectives and risk parameters as outlined in the [Investment Policy Statement](#). The investment advisor provides regular written and oral reports to management and the Board of Trustees Finance and Investments Committee.

As of June 30, 2010, the endowment’s total market value was \$63.4 million compared to a total market value of \$56.1 million at June 30,

2009. During FY2010, \$5.5 million was added to the corpus from donors to support various programs. The return of 7.6% for the year reflects a turnaround from the prior year loss of 13.7% and performance is moving in the direction of the strategic plan target of 8.5%. During FY2010, the School participated in a NACUBO-Commonfund Study along with 841 other colleges and universities reporting for the fiscal year ended June 30, 2009, the year that included the impact of the global economic crisis. The School's net annual return was -13.7% compared to -18.7% for all institutions reporting and -18.6% for its peer group, endowments of \$51-\$100 million. [The NACUBO-Commonfund Study of Endowments](#) prepared March 2010 is included. During FY2009, the net change, consisting of the annual return, additions from donors and distributions, was -7%. According to a January 28, 2010 article in [The Atlanta Journal-Constitution](#) this net change was more favorable than the average -22.5% for all other institutions participating in the study from the State of Georgia.

Figure 2.11.4 shows the increasing trends of the endowment during FY2006-2010:



Endowment Spending Policy

The [Investment Policy Statement](#) allows an amount for spending equal to 5% of a rolling 3-year average of the endowment's market value. Ninety-four percent of the endowment is restricted and distributions support scholarships, chairs, research programs and other restricted purposes. Three percent of the endowment is unrestricted and three percent is Quasi. Distributions for supporting the specific purposes were 5% in FY2008, 3.5% in FY2009 and 4.5% in FY2010.

Annual Budget

The [Fifth Amended and Restated Bylaws](#) of the Morehouse School of Medicine, Inc. Article 4.2 states "the Finance and Investments Committee shall review the annual operating & capital budget prepared and presented under the direction of the President and make recommendations to the Board of Trustees with respect thereto". The School prepares an annual operating budget which is preceded by sound planning. [The Strategic Plan](#), covering the period of FY2009-2014, guides business planning and serves as the primary reference document for deliberations concerning the allocation of resources. [Budget instructions](#), including a calendar, are issued each year and provide the guidance for budget development. Revenues are confirmed first and the expenditure budget is developed based on available revenues. When expenditure adjustments are required, priorities are established according to regulatory, compliance, mission, and strategic initiatives. A Financial Advisory Committee (FAC) made up of faculty and staff leadership and a Research Advisory Committee (RAC) made up of research leadership hear requests and provide recommendations. The budget is submitted to the President for approval and subsequent submission of the budget to the Board of Trustees for final approval. Both the [FY2009 budget and minutes of approval by the Board of Trustees](#) and the [FY2011 budget and minutes of approval by the Board of Trustees](#) are included.

Sources

- [5th Amended and Restated Bylaws](#)
- [AJC Jan 28 10 CollegeEnd](#)
- [Board Minutes-Approval of FY09 Budget](#)
- [Budget Instructions FY09 thru FY11](#)
- [FY09 Budget](#)
- [FY11 Budget](#)
- [Georgia Board for Physician Workforce FY11 Operating Grant](#)
- [Grady Hospital Operating Agreement](#)

-  Investment Policy Statement
-  MSM 2009 Management Letter
-  MSM Audited Financials Ended June 30 2010 and 2009
-  MSM Audited Financials w/A 1-33 Yrs Ended June 30 2007 and 2006
-  MSM Audited Financials w/A 1-33 Yrs Ended June 30 2008 and 2007
-  MSM Audited Financials w/A 1-33 Yrs Ended June 30 2009 and 2008
-  NACUBO Commonfund Study of Endowmts
-  Strategic Plan

2.11.2

Physical Resources

The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

With over 400,000 owned square feet and over 40,000 square feet in leased facilities, Morehouse School of Medicine has adequate physical resources to support the mission of the institution and the scope of its programs and services. A descriptive [facilities overview](#) is attached that outlines the activities occurring in each building. The [At a Glance](#) brochure provides photographs of the buildings in the history section of the document. Campus buildings were constructed beginning in 1982 through 2002 and are in good condition. These buildings house approximately 33,000 square feet of academic/student space and almost 73,000 square feet of dedicated research space. A deferred maintenance program is in place to ensure that renovation or refurbishing needs are identified and addressed based on established priorities and available funding.

Leased facilities house clinical practice and limited educational activities. Building landlords ensure that the leased facilities are well maintained and satisfactory for occupants. To ensure that the School continues to plan for and provide facilities to accommodate planned growth in enrollment and programs, a campus master planning process was initiated in January 2009. The [executive summary](#) of that plan is attached.

The Facilities Maintenance department provides quality services in the buildings that support the educational programs, research and administrative services. This service-oriented team of dedicated and skilled individuals are responsible for building, adapting, renovating, and maintaining facilities, grounds, and equipment to maintain "an environmentally friendly campus".



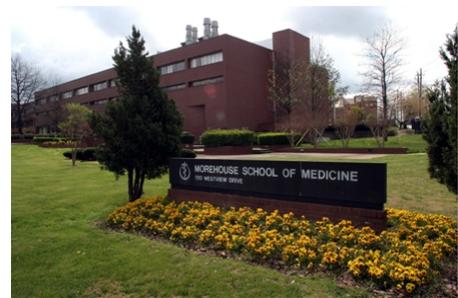
Louis W. Sullivan

Building



Medical Education Classroom

National Center for Primary



Gloster

Sources

- [At-A-Glance_ July 2010](#)
- [GM Director of Facilities Job Description](#)
- [GM Director of Facilities-CV-Alonzo Jones](#)
- [LibrarySnapshots](#)
- [MSM Facilities](#)
- [MSM Fact Book 2008-2009](#)
- [MSM Fact Book 2008-2009 \(Page 10\)](#)
- [MSM Fact Book 2008-2009 \(Page 11\)](#)



MSM Master Plan Executive Summary



Strategic Plan

2.12

Quality Enhancement Plan

The institution has developed an acceptable Quality Enhancement Plan(QEP) that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine Quality Enhancement Plan, "Mentoring at Morehouse," will be submitted February 2011.

3.1.1

Institutional Mission

The mission statement is current and comprehensive, accurately guides the institution's operations, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution's constituencies.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The current mission statement of Morehouse School of Medicine is the result of review and amendment that took place as a part of our strategic planning effort that began in 2006, and resulted in the 2009-2014 strategic plan - "*Soaring to New Heights of Excellence and Service.*" This mission statement broadens MSM's education and training focus from "African Americans" to "all people of color," and reaffirms the School's legacy of community value. The mission statement shown below was approved by the MSM Board of Trustees at it the [Spring 2007 meeting](#) and is the basis for strategic goals aligned with national priorities, existing strengths, and projected opportunities.

Mission Statement:

Morehouse School of Medicine is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

Our mission statement has been reviewed periodically over the years, in conjunction with the strategic planning process, and at other times to modify to statement to include new programs or to address a changing environment. The two most recent reviews preceding the 2007 review, were in 1994/1995, and in 2000/2001.

We communicate the mission of the School to our constituencies on our web site, and in publications including the [Academic Catalog](#) and the [Fact Book](#).

Sources

-  [2010 Annual Fund Brochure \(Page 2\)](#)
-  [2010 Gloster Society Brochure \(Page 2\)](#)
-  [Academic Catalog 09-11 FINAL \(Page 22\)](#)
-  [BOT Minutes Spring 2007 \(Page 5\)](#)
-  [Honors Scholarship Brochure \(Page 2\)](#)
-  [MSM Fact Book 2008-2009 \(Page 6\)](#)

3.2.1

Governance and Administration: CEO evaluation/selection

The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Board of Trustees at Morehouse School of Medicine conducted its most recent presidential search during the summer of 2005. In June 2005, the Board retained [Korn/Ferry International](#), an executive search firm, to exclusively conduct the search for MSM's President and Chief Executive Officer.

In performing the search, Korn/Ferry International worked with the MSM Presidential Search Committee. The MSM Presidential Search Committee was composed of faculty and several Board of Trustees members:

- Christopher Edwards, MD
- Michael J. Calhoun, JD
- W. Steen James, MD
- Thomas N. Malone, MD
- Donald B. Parks, MD
- Kimberly Sanford
- Philip G. Wiltz, Jr., MD
- Frank Jones, MD
- Joseph A. Whittaker, PhD

Korn/Ferry International received input and direction from the Search Committee, which was chaired by Board member Dr. Christopher Edwards. Additionally, Korn/Ferry International sought additional input and insights regarding current and future leadership needs of MSM from members of the staff and faculty, including Louis Sullivan, M.D., President Emeritus.

Korn/Ferry International's core research and sourcing efforts focused on identification of broad-based leaders with substantial experience in academic medicine. National nominations and sourcing of academic leaders resulted in the identification of 149 potential prospects. After multiple conversations and interviews, a slate of nine candidates were presented and recommended for consideration by the Search Committee. After careful consideration and discussion, the Committee elected to pursue four candidates and agreed that these four candidates would participate in first-round interviews and evaluations conducted by members of the Search Committee only.

After completing their first-round of interviews, the Committee elected to further pursue the candidacy of only three candidates. The three candidates participated in second-round interviews, which included follow-up interviews by the Search Committee members and campus interviews, which included "clusters" of alumni, administrative staff, students, research and clinical faculty and meetings with the MSM's CEO and the CEO of Grady Memorial Hospital.

After completion of this process, each member of the Committee was asked to vote on:

- Their number one candidate.
- Their second choice.

The Search Committee presented the two final candidates to the Executive Committee of the Board at meeting held on January 24, 2006. The Executive Committee voted on the two candidates and selected the Search Committee's number one choice: John E. Maupin, Jr., DDS, who at that time was the President, Meharry Medical College School of Medicine in Nashville, Tennessee. The Executive Committee made its recommendation to the full Board who subsequently ratified the appointment of Dr. Maupin as MSM's fifth President and CEO. Dr. Maupin was appointed for an initial five-year term, which began on July 1, 2006. Please see [Korn/Ferry's Report to MSM's Executive Committee](#) and for additional details.

The Executive Committee of MSM's Board of Trustees is charged with conducting Dr. Maupin's annual performance evaluation (see [Executive Committee Charter](#)) The Executive Committee evaluates Dr. Maupin's performance on the following criteria: [President/CEO Evaluation form](#).The results of Dr. Maupin's evaluation were communicated in the [June 2009 Executive Committee Meeting Minutes](#).

Sources



 BOT Meeting Special 2008 (Page 2)

 June 2009 BOT Executive Committee Meeting Minutes (Redacted)

 Korn Ferry's Engagement Letter for MSM Presidential Search 5-05

 Korn Ferry's Report to MSM's Executive Committee 1-06

 Pres-CEO BOT Eval Form

3.2.2

Governance and Administration: Governing board control

The legal authority and operating control of the institution are clearly defined for the following areas within the institution's governance structure:

- 3.2.2.1 institution's mission;
- 3.2.2.2 fiscal stability of the institution;
- 3.2.2.3 institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services; and
- 3.2.2.4 related foundations (athletic, research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

[Article IV of the Articles of Incorporation](#) provides that the "corporation is organized and shall be operated for the establishment, support and maintenance of a school of medicine, which school shall engage in all those activities necessary and proper for the education of students to become licensed physicians, which activities shall include, but not be limited to, medical education at both the undergraduate and graduate levels, research, and the provisions of medical services." [Article V of the Articles of Incorporation](#) states that "the affairs of the Corporation shall be managed by the Board of Trustees which shall exercise all of the powers of the Corporation."

Pursuant to [Article 2.1](#) of the Amended and Restated Bylaws, the "primary functions [of the Board of Trustees] shall be policy making and responsibility for sound resource management of the Corporation. The Board of Trustees shall further determine the general, educational, and financial policies and shall have the power to carry out any other functions that are permitted by these Bylaws or by the Articles of Incorporation, except as limited by law."

3.2.2.1 Institution Mission

[Article 2.1\(a\)](#) of the Amended and Restated Bylaws also charges the Board with the authority to "determine and periodically review the purposes and the mission of the Corporation." At its March 2007 meeting, the Board unanimously approved MSM's revised mission statement, which is reflected in the [minutes of the Board meeting](#).

3.2.2.2 Fiscal Stability

The Board of Trustees exercises its responsibility for the business and financial affairs of the School through its Finance and Investment Committee. [Article 4.2](#) of the Amended and Restated Bylaws states that the Finance and Investment Committee "shall review the annual operating and capital budget prepared and presented under the direction of the President and make recommendations to the Board of Trustees with respect thereto."

The Finance and Investment Committee is further responsible for "oversee[ing] the investment of funds of the School and the management of the other assets of the Corporation and shall, at least annually, report to the Board of Trustees on changes in investments, the value of the assets of the Corporation and the revenues and projected revenues from the assets."

3.2.2.3 Institutional Policies

In addition to the broad powers conferred to the Board of Trustees, the Amended and Restated Bylaws specifically address their responsibilities for institutional policies. Among the Board's responsibilities listed in [Article 2.1](#), are the following:

- (b) Establish, review and approve proposed changes in the Corporation's academic programs and other major enterprises consistent with the Corporation's mission, plans, and financial resources.
- (c) Establish, review and approve institutional policies bearing on faculty appointment,

promotion, and dismissal as well as personnel policies for other categories of employees.

(m) Approve such policies that contribute to the best possible environment for students to learn and develop their abilities.

(n) Approve such policies that protect academic freedom and contribute to the best possible environment for the faculty to teach, pursue their scholarship, and perform public service.

3.2.2.4 Related Foundations or Corporate Entities

Morehouse School of Medicine is affiliated with Morehouse Medical Associates, Inc. (MMA) which is a separate corporation, organized exclusively to provide medical care to the sick and injured by members of the clinical faculty, engage in medical research, and enable the clinical faculty to maintain their skills as practitioners. Its shareholders are members of the clinical faculty of Morehouse School of Medicine. In accordance with the MMA bylaws, full time members of the clinical faculty of Morehouse School of Medicine may be eligible to become shareholders in the corporation.

Sources

 Amended and Restated By Laws (Revised July 2010)
 Amended and Restated By Laws (Revised July 2010) (Page 13)
 Amended and Restated By Laws (Revised July 2010) (Page 5)
 Articles of Incorporation
 Articles of Incorporation (Page 2)
 Authorization to Confer Degrees
 BOT Minutes Spring 2007
 MMA Bylaws

3.2.3

Governance and Administration: Board conflict of interest

The board has a policy addressing conflict of interest for its members.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Members of the Board of Trustees of Morehouse School of Medicine must act at all times in the best interests of MSM and not in a way that advances their personal interests. Pursuant to [Article 11.5](#), "where any Trustee or officer of the Corporation, or any spouse or child of any Trustee or officer, is a Trustee or officer of, or has a financial interest in, any other Corporation, partnership, association or other organization with which the Corporation has entered into, or has considered entering into, any contract, grant or any other transaction, such Trustee or officer shall disclose in writing to the Board of Trustees all material facts as to his or her relationship or interest, or the relationship or interest of his or her parent, spouse or child, as the case may be." In addition, no Board member "shall use, for financial or other advantage, confidential information to which he/she has access by virtue of his/her position with the Corporation. In addition, no officer or other individual who is employed by the Corporation shall use, for financial or other advantage, any proprietary information of the Corporation (whether or not confidential)."

MSM Board members must also abide by the School's [Individual and Institutional Conflict of Interest Policies](#). The purpose of the Policies is to inform the Board about what constitutes a conflict of interest, assist MSM and the Board in identifying, evaluating, and addressing any real, potential, or apparent conflicts of interest that might, in fact or in appearance, call into question their duty of undivided loyalty to MSM.

Board members must disclose all actual and potential conflicts of interest to the Office of Compliance and Internal Audit through the annual disclosure form and/or whenever a conflict arises. The disinterested members of the Board or MSM Board of Trustees Executive Committee ("the Committee") shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The Committee shall inform the Board of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy as it applies to Board members.

On an annual basis, all Board members are provided with copies of the Individual and Institutional Conflicts of Interest Policies and are required to complete and sign the [acknowledgment and disclosure form](#). The Chief Compliance Officer is responsible for the collection and review of all disclosure forms, as well as all other conflict information provided by Board members. The Chief Compliance Officer reports any potential or actual conflicts to the Audit and Compliance Committee of the Board of Trustees, President, and General Counsel.

In addition, MSM Board members must review [MSM's Code of Conduct](#) and sign a [Code of Conduct Attestation form](#). By signing the Attestation form, Board members acknowledge that they are required to disclose actual and potential conflicts of interest or commitment and have reported any current or potential conflicts of which he/she is aware.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 23\)](#)
-  [BOT Conflict of Interest Disclosure Statement \(Sample\)](#)
-  [Code of Conduct Attestation Form \(Sample\)](#)
-  [MSM Code of Conduct](#)
-  [MSM Individual Conflicts of Interest Policy](#)

3.2.4

Governance and Administration: External influence

The governing board is free from undue influence from political, religious, or other external bodies and protects the institution from such influence.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The governing board of Morehouse School of Medicine is free from undue influence from political, religious, or other external bodies, and protects the institution from such influence. MSM's current [Board of Trustees](#) is comprised of 31 diverse individuals who work in the healthcare, media, hospitality, real estate, and legal industries. The President of MSM, President of MSM's National Alumni Association, a MSM faculty member and MSM student also serve on the Board as ex-officio members.

MSM was founded in 1975 as the Medical Education Program at Morehouse College. In 1981, MSM became an independently chartered institution and the first medical school established at a Historically Black College and University in the 20th century. In recognition of the medical school's longstanding relationship with Morehouse College, the President of Morehouse College and the President of the National Alumni Association of Morehouse College are ex-officio members of our Board of Trustees. The current Board of Trustees also includes a Georgia state representative, who was elected to the Georgia House of Representatives in 1975. This trustee, however, has not exercised any undue political influence on the Board of Trustees' decision-making.

In order to ensure the independence and freedom from undue influence of the Board of Trustees, all potential trustees are reviewed and vetted by the Governance and Nominating Committee, a standing committee of the Board. Potential board members are selected based on several criteria, including his/her community involvement, commitment to MSM's mission and demonstrated leadership skills. The Governance and Nominating Committee recommends candidates for consideration and vote by the full Board.

MSM's [Bylaws](#), [Individual Conflicts of Interest and Commitment Policy](#), and [Code of Conduct](#) protects its governing board from undue influence from political, religious, or other external bodies. Board members are educated about MSM's conflict of interest policies and the Code of Conduct during training sessions at Board meetings. Board members also must disclose all actual and potential conflicts of interest to the Office of Compliance and Internal Audit through the annual disclosure statement and/or whenever a conflict arises. In addition, MSM Board members must review MSM's Code of Conduct and sign a Code of Conduct Attestation form. By signing the Attestation form, Board members acknowledge that they are required to disclose actual and potential conflicts of interest or commitment and have reported any current or potential conflicts of which he/she is aware. Each of these policies regarding disclosure of conflicts helps MSM's Board remain independent and free from undue influence.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [MSM Board of Trustees Bios 2009-2010](#)
-  [MSM Code of Conduct](#)
-  [MSM Individual Conflicts of Interest Policy](#)

3.2.5

Governance and Administration: Board dismissal

The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Article 2.8 of the Amended and Restated Bylaws addresses removal of a Trustee member for cause. It states, in pertinent part, that “[a]ny member of the Board of Trustees may be removed from office, for cause, at any meeting of the Board by an affirmative vote of two-thirds of the Trustees for committing actions in violation of these Bylaws or for actions that are contrary to the general welfare of the Corporation. 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. No trustee has been dismissed from the Board since MSM’s last reaffirmation by SACS in 2001.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 8\)](#)

3.2.6

Governance and Administration: Board/administration distinction

There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine's Bylaws provides a clear and appropriate distinction between the policy-making function of the governing board and the responsibility of the administration and faculty to administer and implement policy. [Article 2.1](#) of the Amended and Restated Bylaws state that the Board's "primary functions shall be policy making and responsibility for sound resource management of the Corporation. The Board of Trustees shall further determine the general, educational, and financial policies and shall have the power to carry out any other functions that are permitted by these Bylaws or by the Articles of Incorporation, except as limited by law."

Pursuant to [Article 5.4](#) of the Amended and Restated Bylaws, the "President is responsible for leading the Corporation, implementing all Board of Trustees policies, keeping the Board of Trustees informed on appropriate matters, consulting with the Board of Trustees in a timely manner on matters appropriate to its policy-making and fiduciary functions, and serving as the Corporation's key spokesperson"

Minutes of the Board of [Trustees Fall 2007](#) and [Fall 2008](#) meetings show action taken by the board on revisions to the bylaws.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 17\)](#)
-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 5\)](#)
-  [BOT Minutes Fall 2007](#)
-  [BOT Minutes Fall 2008](#)

3.2.7

Governance and Administration: Organizational structure

The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine's organizational chart outline the reporting structure of the School's major administrative and academic units. The organizational chart may be found by accessing the School's website in the [About Us](#) section and clicking on the Organizational Chart link on the left side of the page. MSM makes every effort to keep the online information updated as changes to our organization take place.

Sources

-  [MSM Institutional Organizational Chart](#)
-  [MSM: About Us](#)

3.2.8

Governance and Administration: Qualified administrative/academic officers

The institution has qualified administrative and academic officers with the experience, competence, and capacity to lead the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The President's Executive Council is a decision-making body comprised of qualified administrative and academic leaders. The Executive Council provides in-depth analysis, advice and counsel on various programs, projects and initiatives, as well as assists the President in making strategic management decisions.

The current composition of the Executive Council, including a description of their qualifications and experiences, follows:

President: John E. Maupin, Jr., DDS

Dr. John E. Maupin Jr. is the fifth president of Morehouse School of Medicine (MSM) and has more than 30 years of experience in health-care administration, public health and academic medicine. As a health-care leader, public policy expert and dental practitioner, he has created a legacy rooted in his passion for improving the health and well-being of underserved individuals and communities.

Prior to joining MSM on July 1, 2006, Dr. Maupin served as president of Meharry Medical College in Nashville, TN, for 12 years, where he was the first alumnus and the second dentist to lead the institution. Under his leadership, Meharry experienced many significant achievements, most notably expansion of clinical affiliations anchored by the relocation of the city's public hospital, Nashville General, to its campus; creation of a nationally acclaimed alliance with Vanderbilt University Medical Center; and the establishment of signature research programs in cancer, unintentional injury, HIV/AIDS and women's health.

Dr. Maupin is no stranger to MSM, having served as executive vice president and chief operating officer from 1989 to 1994. Additionally, during his tenure he served as executive director of Morehouse Medical Associates, the school's faculty practice plan. Dr. Maupin also was one of the visionaries in the conceptualization of the school's National Center for Primary Care. From 1987 to 1989, Dr. Maupin served as chief executive officer of Southside Healthcare, Inc. in Atlanta, GA, one of the largest federally qualified community health centers in the southeastern United States and a clinical training site for MSM students and residents.

He has a distinguished record as a health policy expert and adviser, currently serving on the National Committee on Foreign Medical Education Accreditation of the U.S. Department of Education and the Governor's Commission on Men's Health (GA). In 1984, Dr. Maupin was elected by his peers as president of the National Dental Association. He also has served on numerous scientific advisory panels, most notably, the Board of Scientific Counselors of the National Center for Infectious Diseases of the Centers for Disease Control and Prevention; the National Advisory Dental Research Council of the National Institute of Dental and Craniofacial Research, National Institutes of Health (NIH); and the National Advisory Research Resources Council of the National Center for Research Resources, NIH.

Dr. Maupin is a member of the National Association of Corporate Directors and currently serves on the board of directors of LifePoint Hospitals, Inc., a non-urban, acute-care hospital management company; HealthSouth, Inc., a national rehabilitative health-care services management company; and Regions Financial Corporation, a bank holding company. Actively engaged in the community, Dr. Maupin serves on the boards of the Grady Hospital Corporation; Development Authority of Fulton County; Georgia Cancer Coalition; and the Greater Atlanta Chamber of Commerce. He is also a member of 100 Black Men of America (Atlanta) and the Rotary Club International (downtown Atlanta). Prior to relocating to Atlanta, he served as chairman of the board of directors of the Community Foundation of Middle Tennessee, the North Nashville Community Development Corporation and the United Way of Middle Tennessee; and as a board member of the Middle Tennessee Council of Boy Scouts of America, and the Vanderbilt-Ingram Cancer Center.

Interim Dean & Senior Vice President, Academic Affairs: Sandra Harris-Hooker, PhD

Sandra Harris-Hooker, Ph.D., was appointed Interim Dean and Senior Vice President for Academic Affairs in December 2009 following the departure of Eve J. Higginbotham, M.D., who accepted the position of Senior Vice President and Executive Dean for Health Sciences at Howard University.

Dr. Harris-Hooker graduated from Dillard University in New Orleans, Louisiana with a degree in Biology. She earned her Ph.D. in Developmental Biology from Atlanta University (now Clark Atlanta University), in Atlanta, Georgia. Upon completion of her Ph.D., Dr. Harris-Hooker spent three years of postdoctoral training in the Department of Pathology at the University of Washington School of Medicine, in Seattle, Washington. After this training in Seattle, she served on the faculty in the Department of Pathology at Boston University School of Medicine before joining the faculty at MSM, in Atlanta, Georgia.

As a member of the faculty of Morehouse School of Medicine, Dr. Harris-Hooker is currently Vice President and Senior Associate Dean for Research Affairs, as well as Professor in the Department of Pathology. She also serves as the Director of the MSM Minority Biomedical Research Support (MBRS) Programs. Dr. Harris-Hooker is an alumna of the Executive Leadership in Academic Medicine (ELAM), Class of 2004. While her primary research area is cardiovascular biology, she is also interested in ways by which to enhance the integration of basic, clinical and population-based research in order to address disparities in health. To further supplement her interest in addressing disparities in health, Dr. Harris-Hooker serves as Deputy Director for the Center for Excellence on Health Disparities. To bridge the gap between basic, clinical and population-based research, she belongs to a number of organizations, including the International Society on Hypertension in Blacks, the American Heart Association, the New York Academy of Sciences and the American Association for the Advancement of Science. She is also a member of the Morehouse School of Medicine Chapter of Alpha Omega Alpha Medical Honor Society.

Dr. Harris-Hooker serves on several national boards and external committees such as the National Space Biomedical Research Institute, the Association for the Accreditation of Human Research Protection Programs, Inc., the International Society of Hypertension in Blacks, and the Board of Advisors to the Jackson State University College of Science, Engineering and Technology.

Chief Financial Officer & Senior Vice President, Administration: Donnetta S. Butler, MBA

Donnetta S. Butler assumed the post of chief financial officer and senior vice president for administration on July 1, 2009. In her role as CFO and SVP of Administration, Ms. Butler's primary responsibilities are to manage the Department of Finance to include the formulation and control of budgets, cash flow, investments, financial modeling, institutional purchasing, contract administration, reimbursement, and risk management. Additionally, she provides executive oversight of the departments of Human Resources, Information Technology, Facilities Management, Administrative Services, and Campus Security.

Ms. Butler spent more than 20 years at Meharry Medical College, where she began her career in 1981 as an accounting supervisor and at the end of her tenure, in June 2004, was senior vice president for Finance and Administration. Prior to joining Meharry, she was assistant bursar at Tennessee State University. Most recently she was a Series 7 and Series 66 registered financial advisor with Merrill Lynch in Hilton Head, SC. At Merrill Lynch, she provided wealth management, investment advisory and brokerage services for individual clients, non-profit and for-profit organizations.

Throughout her career she has been actively involved in various professional organizations specific to higher education such as the National Association of College and University Business Officers (NACUBO) and the Southern Association of College and University Business Officers (SACUBO), and the Association of American Medical Colleges (AAMC).

Ms. Butler earned her Bachelor of Science degree (with high distinction) in Business Administration with an emphasis in accounting from Tennessee State University and earned the Master of Business Administration degree from the Massey Graduate School of Business at Belmont University.

General Counsel & Corporate Secretary of the Board: Harold W. Jordan, II, JD

Harold W. Jordan, II, JD, is general counsel of Morehouse School of Medicine, where he oversees all legal services of the institution and works closely with the President, Board of Trustees and other senior level managers to provide advice and legal assistance.

Prior to joining MSM, Mr. Jordan provided general corporate and regulatory counsel and managed litigation for INVESCO, an international institutional money manager based in Atlanta. Before working for INVESCO, he was a litigation associate in the Washington D.C. law firm of Hogan & Hartson and practiced medical malpractice defense law as an associate in the Atlanta office of Alston & Bird. In addition, he served as in-house legal counsel for Grady Health System, Saint Joseph's Health System, and Charter Behavioral Health Systems.

Mr. Jordan earned a bachelor's degree from Brown University and a juris doctorate from the Boalt Hall School of Law at the University of California, Berkeley.

Mr. Jordan has served in numerous leadership capacities for various church and civic organizations. He is president of the Brown University Club of Georgia and has served on the board of governors of Brown's Alumni Association. In addition, he has also served on the regional committee of Brown's annual fund.

Vice President, Institutional Advancement & Marketing and Communications: Sally Davis

Sally M. Davis serves as vice president of Institutional Advancement & Marketing and Communications for Morehouse School of Medicine. Prior to her appointment at MSM, Ms. Davis used her consulting expertise in Fortune 100 and 500 public and private companies, not for profit agencies and worked in private and public colleges and universities. Ms. Davis began her career in higher education with an expertise in establishing strategic diversity initiatives and strategic development plans. She continued her diversity and human resources expertise in positions within the corporate sector in Global Diversity, Talent Acquisition and Alliance Management. She has traveled extensively globally and has intertwined her HR background with a global and business acumen to meet employer's current and future needs. Ms. Davis has also held several human resources positions (e.g. corporate global diversity director, diversity talent acquisition manager, alliance manager, and AVP HR business partner). Ms. Davis's prior employment includes:

- President, Dimensions, Inc.
- Big Brother Big Sister Indianapolis, CEO
- Mass Mutual, AVP HR Business Partner
- Eli Lilly and Company, Alliance Manager and Diversity Talent Acquisition Manager
- Cummins Engine Company, Executive Director Global Diversity
- DePauw University, Assistant to the President

Senior Associate Dean, Medical Education: Martha Elks, MD, PhD

Dr. Elks is a graduate of Duke University and has an MD and PhD (Neurobiology) from the University of North Carolina at Chapel Hill. She completed her internship in Internal Medicine at Johns Hopkins and residency in Medicine at Hopkins and at NIH in Bethesda, Maryland. She also completed a fellowship in Endocrinology at the NIH. She is board-certified in Medicine and Endocrinology.

She served as Chief of the Division of Endocrinology and Director of Student Education in the Department of Medicine at Texas Tech Health Science Center in Lubbock Texas from 1985-1998. In 1998, she was recruited to Morehouse School of Medicine in 1998 as Chair and Professor of Medical Education, Associate Dean for Medical Education, and Professor of Medicine. In 2008, she was promoted to the position as Senior Associate Dean for Education and Faculty Affairs.

Dr. Elks has over 60 peer reviewed publications. Her scholarly activity has included research on serotonin synthesis and release in rat brain, biochemistry of fat cell metabolism, and control of insulin release. She has also published on clinical conditions, including premenstrual syndrome, obesity, and diabetes, as well as on ethical and educational issues. She has received funding from the Gold foundation for establishing the White Coat Ceremony, and the Student Clinician ceremony at Morehouse. Her research and scholarly activity have been funded by the American Diabetes Association, and HRSA.

She has received numerous teaching awards. She received the John Templeton Foundation Award in 1997 and was honored by the Gold Foundation with the Humanism in Medicine Award.

Associate Dean, Clinical Affairs: Lawrence Sanders, MD, MBA

Dr. Lawrence Sanders Jr. practices internal medicine and believes that good health is the result of individuals, groups, organizations, neighborhoods and communities working to create the conditions in every neighborhood and community that give everyone an opportunity for good health. In his role as the associate dean for Clinical Affairs at Morehouse School of Medicine, he oversees the faculty practice plan and is responsible for assuring the alignment between clinical services and the education and research missions of the medical school. Dr. Sanders earned his undergraduate degree in chemistry from Clemson University.

He is a graduate of Vanderbilt University Medical School in Nashville, Tenn. He completed a residency in Internal Medicine at Emory University School of Medicine. After residency, he served in the Epidemic Intelligence Service (EIS) at the Centers for Disease Control and Prevention (CDC). Additionally, Dr. Sanders earned a Masters of Business Administration from the Wharton School at the University of Pennsylvania.

His previous professional positions include medical director for a neighborhood health center with the Philadelphia Department of Public Health; physician manager for Kaiser Permanente, Georgia Region; deputy director of the DeKalb County Board of Health; medical director for Managed Care at Grady Health System; and medical director at Southwest Hospital, Atlanta Ga.

Dr. Sanders has served as president of the Atlanta Medical Association, Georgia State Medical Association, and as speaker of the House of Delegates for the National Medical Association. At present, he is the chairman of the board

for Georgia State Medical Association.

Chief Compliance and Internal Audit Officer: Lori Collins, JD

Lori Collins joined the MSM staff in March, 2008. Ms. Collins is responsible for developing and implementing a compliance program that supports the institution's mission. Prior to joining MSM, Ms. Collins was senior vice president, senior risk and administrative officer at SunTrust Banks Inc. She also held the position of chief ethics and compliance officer at both The Coca-Cola Company in Atlanta and NCR Corporation in Dayton, Ohio, and successfully led teams that developed and reinforced proper standards of business conduct across all business operations. Ms. Collins also spent more than 10 years as a senior labor and employment attorney with NCR, and has been a prosecutor and police officer.

Ms. Collins earned her Juris Doctor degree from SUNY at Buffalo School of Law, and a Bachelor of Science in Criminal Justice from Buffalo State College. She currently serves on the board of the American Red Cross, Southeast Region, in Atlanta.

Senior Advisor to the President: Virginia Floyd, MD

Virginia Davis Floyd received her undergraduate education at Spelman College in Atlanta and Sophia University in Tokyo, Japan. She received her MD degree from Howard University College of Medicine in 1976. She completed her residency training in internal medicine at Emory/Grady Memorial Hospital in Atlanta in 1979 and received her Masters of Public Health from Emory University in 1987. She has been elected to membership in Phi Beta Kappa National Honor Society and the Alpha Omega Alpha Honor Medical Society. As a National Health Service Corps (NHSC) scholarship recipient, she established a rural based primary health care center which continues to serve as the health care nucleus for a rural Georgia community.

Dr. Floyd is currently an Associate Professor of Clinical Community Health and Preventive Medicine at the Morehouse School of Medicine where she serves as Special Advisor to the President. She also serves as the volunteer Executive Director of PROMETRA USA, a non-profit, US based organization dedicated to research and educational activities within the area of traditional knowledge systems, traditional medicine and global cross cultural experiences. From 2003-2005 Dr. Floyd was appointed as a Visiting Scholar in Traditional Knowledge at Spelman College, Atlanta, Georgia where she served as a faculty member in the Spelman Independent Scholars (SIS) Program.

From 1997-2002 Dr. Floyd served as the Director of Human Development and Reproductive Health for the Ford Foundation. She provided leadership to a global team of program officers in grant making activities in the US and overseas. The Foundation's mission is to reduce poverty, promote justice and assure human dignity by supporting efforts to build strong individuals, families, communities and societies. The program's funding approach utilized a focus on racial, ethnic, gender and class inequalities to address issues of economic and social marginalization, environmental sustainability and reproductive health. The Ford Foundation is one of the world's largest independent private foundations with assets of approximately 10 billion dollars and an annual grant making of 500 million dollars.

Dr. Floyd served as the Director of the Family Health Branch, Division of Public Health for the Georgia Department of Human Resources from 1984 -1997. Programs under her direction included Child and Adolescent Health, Women's Health, WIC & Nutrition Program, Immunization, Family Planning, Children with Special Health Care Needs (Children's Medical Services, Genetics and Children 1st Early Intervention Program). Dr. Floyd directed a staff of over 100 people and managed a budget of approximately \$240 million dollars. During this period she served as a principal investigator for the World Health Organization Collaborating Center in Perinatal Care and Health Services Research in Maternal & Child Health. In 1991, she was selected as one of 50 W.K. Kellogg Foundation National Leadership Fellows.

Associate Dean, Administration/Assistant Vice President, Finance: Sandra E. Watson, MHA

Ms. Watson completed her undergraduate work at Spelman College and earned her master degree in health administration from The Fuqua School at Duke University. She completed an internship as part of her MHA training at LaRabida Children's Hospital in Chicago, Illinois. Following training in Chicago, she worked at Georgia Regional Hospital at Atlanta before joining Morehouse School of Medicine in 1987 as Departmental Administrator for the Department of Psychiatry, under the leadership of Dr. Dewitt Alfred.

Ms. Watson joined the Dean's Office in 1988. She has served MSM in roles of increasing leadership and held a succession of positions of increasing responsibility within the school. She has been an integral part of developing and implementing administrative processes to support the school's academic endeavors. She is largely responsible for the development, interpretation, communication and application of numerous policies and procedures specifically related to faculty members. Her work has included overseeing all faculty personnel actions, overseeing the faculty appointment and promotion processes, working collaboratively with faculty on revisions to the appointment and promotion processes and policies, and developing a Faculty Handbook. She has also been responsible for

administering faculty contracts, overseeing faculty governance documents, managing the faculty evaluation processes, developing a faculty exit interview process, and designing and conducting an orientation program for new chairs.

Ms. Watson has served in numerous other operational capacities, including serving as Interim Administrator of the faculty practice plan; providing administrative leadership to the Center for Laboratory Animal Resources; managing academic space assignments, including initiation of a space allocation database; monitoring academic strategic planning activities. She is largely responsible for the institution's foray into faculty productivity and mission based management practices. She has served on numerous institutional and accreditation self-study committees and has been responsible for directing resources in support of the school's academic missions.

Ms. Watson is presently Assistant Vice President for Finance and Associate Dean for Administration. In this role, she serves as the chief fiscal and operational officer for academic affairs. She has major responsibility for financial planning; academic budgeting, including the practice plan; fiscal management; five year external departmental reviews and chair searches. Ms. Watson currently serves as an institutional representative to AAMC for Faculty Affairs and Business Affairs.

Chief of Staff: Kimberly Jackson

Ms. Jackson is the Chief of Staff, Office of the President at Morehouse School of Medicine (MSM). A native of Atlanta, Georgia, she received her Bachelor of Arts degree in 1984 from Sarah Lawrence College, Bronxville, NY and earned her Juris Doctor degree in 1987 from Georgetown Law Center in Washington, DC.

Prior to joining MSM, Ms. Jackson was the Vice President for Development, American Lung Association-Southeast Region. While at ALA-SE she implemented the inaugural CLIMB ATLANTA stair climb fundraiser which now raises more than \$250,000 annually. Ms. Jackson began her fundraising career in Indianapolis, Indiana working with several organizations including her tenure as Director of Major Gifts, Purdue School of Science at Indianapolis, and as Corporate Gifts Manager at the Eiteljorg Museum for Native American and Western Art.

Before launching her second career in fundraising, Kimberly practiced corporate law for over 13 years in Georgia, North Carolina and Indiana.

Associate Vice President, Human Resources: Denise Britt

Denise Britt holds a bachelor's degree from Virginia Commonwealth University and has over twenty years of experience in human resources. She joined Morehouse School of Medicine in 2007 as Associate Vice President of Human Resources where she has overall responsibility for providing strategic leadership in managing human capital for the school in the areas of organizational planning, training and development, employee relations, compensation and benefits and talent management.

Prior to joining Morehouse, she worked as a human resources executive for CIGNA Corporation where she ran field operations for their healthcare division. Ms. Britt is a member of the Society for Human Resource Management and has served on several boards including the National Black MBAs, Atlanta chapter; CASA (Court Appointed Advocates), Richmond, VA and an Advisory Council Member, University of Richmond Management Institute, Richmond, VA. She is a certified Myers Briggs and Diversity Facilitator.

Chief Information Officer: Cigdem Delano

Cigdem Delano is an information technology executive with more than 25 years in the IT industry. Currently, she is the Chief Information Officer of Morehouse School of Medicine (MSM). Ms. Delano is responsible for implementing an information technology strategy that addresses the needs of the school's academic, research, clinical, and administrative needs. Critical initiatives underway include enterprise-wide Electronic Health Record implementation, clinical/ research data warehouse development, server consolidation, virtualization, and migration to a new facility, WAN/LAN upgrade, voice services migration, and the implementation of an HR/Payroll ERP system.

Prior to joining MSM in September 2008, she established, BIT-Synergies, LLC, a business and information technology consulting company that advises executives on how to effectively align technology with business needs. Before starting her own business, Ms. Delano served as the Deputy Executive Director of the Georgia Technology Authority (GTA), an organization created by the Georgia General Assembly in 2000 to govern and oversee the effective and efficient use of IT in state government. Ms. Delano directed the establishment of best practices in project and portfolio management, IT governance, strategic planning, and enterprise architecture.

Prior to GTA, Ms. Delano spent 17 years with IBM, where her responsibilities ranged from telecommunications and data center operations to quality, project and account management. In her last position, she was responsible for managing large-scale projects with international scope.

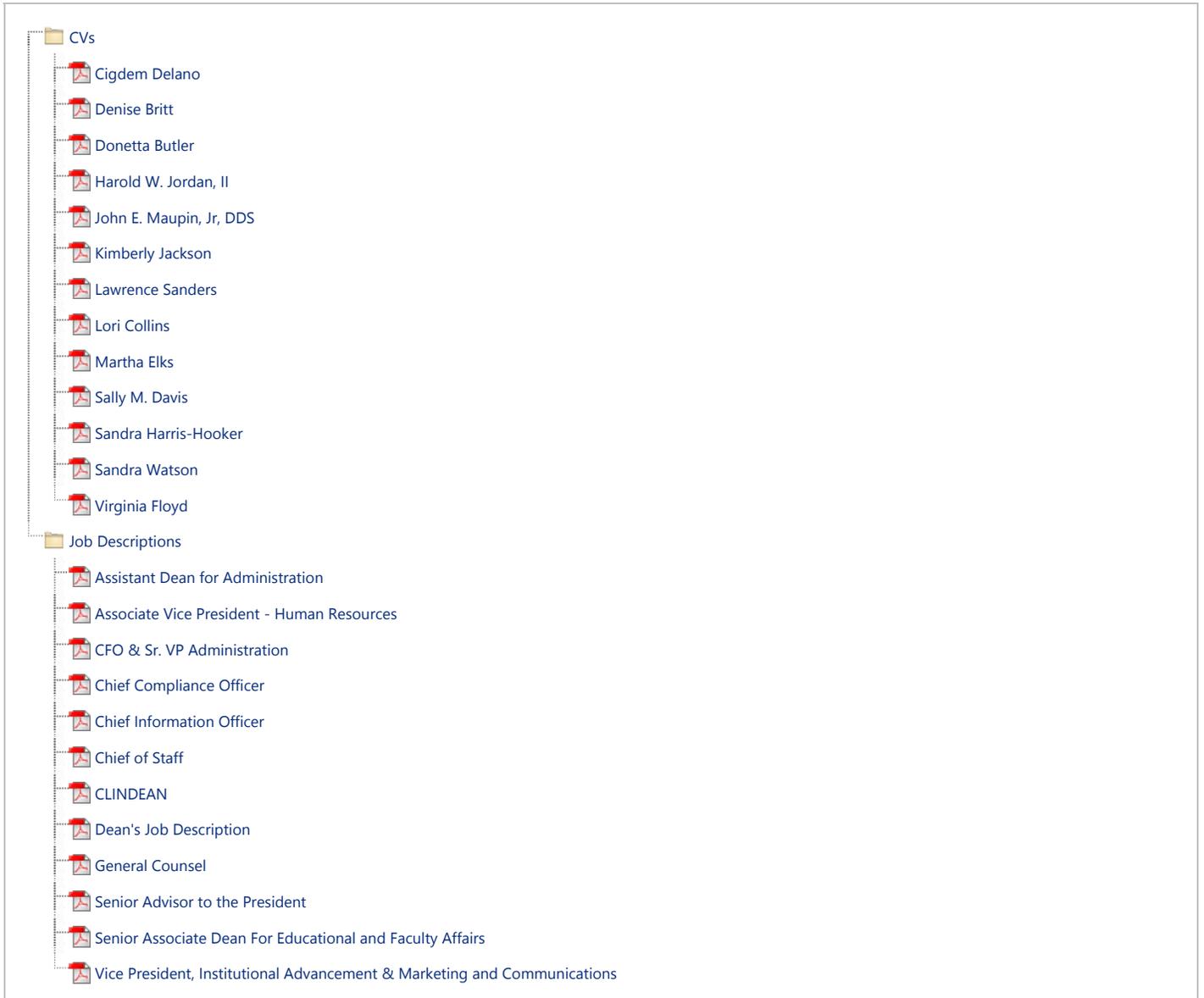
She was a recipient of the 2006 CIO Ones to Watch award from CIO magazine and CIO Executive Council, a national honor given to only 20 people. The Women in Technology selected Ms. Delano as a finalist for its 2006 Women of the Year in Technology Award. She also was selected by the Project Management Institute's PM Network magazine

as one of 25 Influential Women in Project Management.

Ms. Delano holds a Bachelor of Science degree in Information and Computer Science from Georgia Institute of Technology.

Please see the Curriculum Vitae and Job Descriptions for the President’s Executive Council.

Sources



3.2.9

Governance and Administration: Faculty/staff appointment

The institution defines and publishes policies regarding appointment and employment of faculty and staff.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine is committed to ensuring a fair and equitable recruiting and hiring process that results in the appropriate match of skills, knowledge, experience, and job requirements. MSM's employment policies are located in each department's Policy Manual. Selection and credentialing processes for faculty are conducted by the Office of the Dean and the academic departments recruiting for staff positions is conducted by the Department of Human Resources and the recruiting department or office. Hiring processes are conducted by the Department of Human Resources.

Selection of Faculty

Morehouse School of Medicine employs qualified faculty to engage in the education of students seeking degrees in six distinct academic programs: M.D., Ph.D., MSCR, MSBR, MSBT and M.P.H. Members of the faculty are selected in accordance with procedures described in the [Faculty By Laws](#) and the appendix to the By Laws, as well as in the [Faculty Handbook](#).

When a faculty position becomes available, the department chair, with approval of the Dean, appoints a departmental search committee that is responsible for recruiting, evaluating and ranking eligible candidates. From the group of qualified candidates, the committee selects a short list to visit MSM for further evaluation. The selected candidates are interviewed by members of the search committee and other faculty members. During the interviews and presentation of a seminar (when indicated), an assessment is made of the applicant's proficiency in oral communication in English. Only those qualified candidates whose command of the English language is deemed appropriate for their faculty responsibilities, are presented and considered for appointment. After reviewing the candidates' credentials, the search committee presents a recommendation to the chairperson. The chairperson may then assemble a portfolio of information including letters of reference. This material is forwarded to the Dean with a recommendation for appointment to a specific faculty rank. The Office of the Dean reviews and verifies the materials presented. If all of the credentials are in order, the appointment package of the candidate is forwarded to the Faculty Appointments and Promotions Committee (FAPC) with a request that the Committee return its decision as to whether or not the candidate qualifies for the specific rank. The FAPC evaluates candidates at the level of Assistant Professor and above in Series I, II, and Associate Professor and above in Series III. Upon receipt of the recommendation of the FAPC, the Dean places favorable recommendations on the agenda of the next Academic Policy Council (APC) meeting. After a positive recommendation by the APC, the credentials of the proposed appointee are presented to the President for subsequent consideration by the Board of Trustees. In those cases where the decision is not favorable, the written explanation is returned to the chair of the appropriate department and the outcome is discussed with the Dean. This policy is outlined in the [Faculty Appointment and Promotion Process and Policies](#) booklet.

Recruitment of Staff

MSM has established policies and procedures that govern their employment processes and practices for regular full-time and part-time employees. The [Employment Policy](#), regulates the process from recruitment through new hire. When recruiting and hiring for staff positions, MSM gives priority to qualified MSM staff, particularly those who face loss of employment due to a reduction-in-force, layoff, or disability/Workers' Compensation. The Morehouse School of Medicine also abides by federal employment polices, such as [Equal Opportunity Employment](#) and [Employment Eligibility and Verification](#). All approved, vacant positions must be posted for a minimum of seven calendar days on the [MSM Career Opportunities website](#). When a recruitment advertisement is placed in a newspaper, journal, or other marketing medium, the advertisement will include information regarding compliance with federal, state, and local regulations pertaining to equal opportunity. All advertisements must state that MSM is an Equal Opportunity and Affirmative Action Employer.

Sources

 Faculty Appointment & Promotion Process and Policies
 Faculty Bylaws
 Faculty Handbook rev 070105
 MSM Affirmative Action-EEO Statement (Effective June 22, 2009)
 MSM Employment Eligibility and Verification Policy (2010)

3.2.10

Governance and Administration: Administrative staff evaluations

The institution evaluates the effectiveness of its administrators on a periodic basis.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine recognizes that the quality of School services depends upon the effective leadership and performance of its senior administrators. Each senior administrator must complete a self-evaluation in a format mutually agreed upon between the administrator and the supervisor. The self-evaluation is an opportunity for the senior administrator to identify performance strengths, note circumstances that may have affected performance either positively or negatively, and inform the supervisor of particular accomplishments that may not be reflected in other portions of the evaluation. The President reviews each senior administrator's self-evaluations and meets with him/her to review performance goals and outcomes of the previous year, and to set goals for the subsequent year.

As noted in Section 3.2.1, the President/CEO of MSM is evaluated on an annual basis by the [Executive Committee of the Board of Trustees](#). A review of the [minutes](#) of the Board of Trustees affirms that the President's performance evaluation is conducted annually.

MSM has provided examples of redacted performance evaluations for the President's Executive Council and other key administrative positions in an appendix in order to maintain the confidentiality of the evaluations. This appendix has been provided to each member of the Review Committee.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [BOT Executive Committee Charter](#)
-  [Executive Committee Minutes June 2009](#)

3.2.11

Governance and Administration: Control of intercollegiate athletics

The institution's chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution's intercollegiate athletics program.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

MSM does not participate in intercollegiate athletics programs.

3.2.12

Governance and Administration: Fund-raising activities

The institution's chief executive officer controls the institution's fund-raising activities exclusive of institution-related foundations that are independent and separately incorporated.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The President (Chief Executive Officer) reports to the Board of Trustees and has managerial oversight for all areas, including fundraising activities. Pursuant to [Article 5.4](#) of the Amended and Restated Bylaws, MSM's President has ultimate control and authority over the School's fundraising activities. The President has designated the Vice President of Institutional Advancement to be responsible for coordinating the School's fundraising activities in the private sector. The [job description](#) of the Vice President of Institutional Advancement outlines the role of the Vice President in coordinating the School's fundraising activities.

The institution has no related foundations.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 17\)](#)
-  [Vice President of Institutional Advancement \(Job Description\)](#)

3.2.13

Governance and Administration: Institution-related foundations

Any institution-related foundation not controlled by the institution has a contractual or other formal agreement that (1) accurately describes the relationship between the institution and the foundation, and (2) describes any liability associated with that relationship. In all cases, the institution ensures that the relationship is consistent with its mission.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

There are no instances of MSM-related foundations.

3.2.14

Governance and Administration: Intellectual property rights

The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine encourages the dissemination of knowledge and development of creative work that fulfills its educational, research, and service missions and benefits the public it serves. MSM seeks to foster an intellectually stimulating environment in which creative efforts and innovations are encouraged and rewarded, the careers of its members are enhanced, and the School's reputation and prestige are furthered. To that end, MSM has two policies that provide guidance about the ownership of intellectual property: MSM's [Copyright and Royalties Policy](#) and [Patents and Inventions Policy](#), which are attached for your reference.

MSM's Intellectual Property Committee is currently reviewing revised drafts of the two intellectual property policies in order to ensure that the policies are properly aligned with [Major Initiative 2.1.3 of its Strategic Plan](#), which provides that MSM "bolster technology transfer activities to maximize the commercial potential of intellectual property and increase the visibility of marketing of MSM generated discoveries." Copies of the draft [Copyrights and Royalties](#) and [Patents and Royalties](#) policies are also attached.

Sources

-  [MSM Copyright Policy \(2008\)](#)
-  [MSM Copyrights and Royalties Policy \(DRAFT 2010\)](#)
-  [MSM IP Policy \(2009\)](#)
-  [MSM Patents and Royalties Policy \(DRAFT 2010\)](#)
-  [Strategic Plan](#)
-  [Strategic Plan \(Page 16\)](#)

3.3.1

Institutional Effectiveness

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas:

3.3.1.1 educational programs, to include student learning outcomes

3.3.1.2 administrative support services

3.3.1.3 educational support services

3.3.1.4 research within its educational mission, if appropriate

3.3.1.5 community/public service within its educational mission, if appropriate.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine (MSM) is compliant with this standard. Since its inception in 1981, the MSM has maintained a Board-approved strategic plan with expected outcomes and the last two, [2003-05](#) and [2009-14](#), are included with supporting documentation. The strategic planning process entails an institution-wide planning and evaluation process to identify goals and objectives that support the mission and vision of the School. The President and senior administrators are charged with executing annual priorities, which are summarized in periodic reports and presented to the trustees to keep them apprised of progress. Additionally, the MSM continues to use its multi-year Title III Grant project as the operating plan that supports the strategic plan. Grant objectives are derived from strategic objectives and participating departments execute expected outcomes. Annual Performance Reports, filed with the Title III Grantor and posted on the MSM Intranet website, provide a recapitulation of results. Excerpts ([2002-08](#)) from the reports include executive summaries for each year and an overview of results by objective for each of the five funded activities. Expected outcomes are identified for educational programs, administrative support services, educational support services, research and community/public service as outlined in the strategic plan, the Title III Grant, and a variety of other documents as discussed below. Department Chairs and other unit heads report progress to the Dean and other senior administrators on an annual basis. Senior Associate Deans and Vice Presidents provide leadership for implementing strategies to accomplish goals and oversight for improvements.

3.3.1.1 educational programs, to include student learning outcomes

Student learning outcomes for all programs ([MD](#), [GEBS](#), and [MPH](#)), courses and curricula are described in the MSM academic catalog, which is available on the MSM website. To facilitate the review process, a [table](#) was prepared to recapitulate the learning outcomes, assessments, and type activity reviews/outcomes of each program. Additionally, performance measures for assessing academic excellence over the next five years are identified in the [current strategic plan](#) and [Title III Grant Application](#). The overarching goal, addressed in both plans, is to expand the educational programs while sustaining the highest standards of teaching excellence and professional competence and mission focus.

The educational infrastructure is organized under the Academic Policy Council (APC) that is responsible for receiving, reviewing, and taking action on all matters that concern academic policy in the areas of student admission, evaluation, progress and promotion, faculty appointment and promotions, curriculum development and evaluation, the library, research, laboratory animal care, hospital relationships and continuing medical educations. Members are appointed to standing committees for specified terms as shown on the [APC Committee Slate](#), which is included the supporting documentation. Members of all committees are approved by the APC, which is chaired by the Dean. The Dean and key members of the Dean's staff, i.e., medical education (Elks), clinical affairs (Sanders), research affairs (Harris-Hooker), and academic administration (Watson) serve on the President's Executive Leadership Team. There is a systematic process of planning and evaluation of educational activities that is addressed through the curriculum and evaluation committee (CEC) structure. Each committee has regular meetings throughout the year and annual reports are submitted to the APC. Recommendations from the curriculum committees are provided to the Dean, APC, course directors, and department chairs with follow-up re-assessment by the curriculum committees. Minutes of the curriculum committees for the [MD Program](#), [PhD program](#), and [MPH Program](#) show examples of the planning,

assessment, and improvement process. Course Directors meet regularly with the Senior Associate Dean for Education and Faculty Affairs.

The [CEC minutes](#) for the MD Program cover the period beginning August 25, 2009 through June 15, 2010 discuss a variety of assessment issues related to the pre-clinical and clinical courses, board scores, admissions standards, library resources, information technology, etc. A summary of significant decisions is included in the May 7, 2010 Minutes, i.e., required and elective courses reviewed; new courses approved, existing courses reapproved, new policies and other issues. Other data collected and used for improvement and educational enhancements includes student evaluations of courses and of faculty, data from student response to AAMC graduation survey, student performance on in house exams and licensing exams, annual reports from academic departments, and the quality of student research and theses. Distribution, collection and review of this data occurs through the Department of Medical Education and the Office of the Senior Associate Dean for Education and Faculty Affairs. A recent revision of the first year MD curriculum represents an example of data analysis utilized to improve student performance learning outcomes. Discussion began in 2005-06 and cumulated in 2009-10. A [Power Point presentation](#) summarizes the processes involved with this integrated curriculum change. A recent merger of the former Department of Anatomy and Neurobiology with the Department of Pathology is another example of educational enhancements and continuous improvement in educational programs based on data [analysis](#).

Planning and evaluation of the educational activities and student learning objectives for the PhD program are directed by the Associate Dean for Graduate Studies and the oversight committee for the program, the Graduate Education in Biomedical Sciences Committee (GEBSC) which is a standing committee of APC. GEBSC has appointed a [subcommittee on curriculum](#) with the responsibility of planning, evaluation with recommended course enhancements. An example of program improvement includes the implementation of a course on critical thinking, which is included in the table on Outcomes and Assessment. Additionally a plan was submitted to APC in 2007 and subsequently approved for the addition of a Certificate and Masters Program in biomedical Sciences at Morehouse School of Medicine. This strategic initiative is designed to close a key gap in the biomedical science pipeline both for educational programs at MSM and the state of Georgia. A copy of [The Certificate and Masters Business Plan](#) is included under supporting documents.

Planning and evaluation for the MPH curriculum is provided by the MPH Curriculum Committee. [Minutes](#) covering the 2008 – 2009 time-frame show discussion of a variety of issues including curriculum and track changes.

3.3.1.2 administrative support services

[Annual progress reports recapitulated in Activity IV](#), Funds and Administrative Management, of the Title III Grant (included in supporting documentation) have provided a succinct overview of results-based improvements in administrative support services over an extended time period. Expected outcomes for the administrative support services are outlined in the current strategic plan under workforce excellence and operational excellence. The administrative leadership has been concerned with streamlining the management operations and improving the efficiency and effectiveness of operations and maintenance of the physical plant to facilitate development of educational programs. The Information Technology unit has assisted academic and administrative departments in development of Internet and interactive Intranet websites, which has enhanced their capacity to serve internal and external constituents. Funds management systems that have been designed and enhanced include Databasics, GAMS (Grants Administration and Management Systems), eBuddy, Payroll, and Purchasing systems. Administrative management systems that have been implemented and/or upgraded include student financial aid, admissions, registrations, and human resources applicant and learning management systems.

Recent enhancements and improvements to the administrative infrastructure include the [enterprise transformation project](#) at MSM. Campus wide input during the strategic planning process was instrumental in guiding the decision to implement Banner. In an effort to improve efficiency and reporting capabilities, MSM has moved to a new Enterprise Resource Planning System, Banner. This improvement is the result of major problems identified with efficiency of operations in a previous project entitled, [Project Scorpio](#). There are three fully integrated components to the Banner system, i.e, Finance, Student, and Financial Aid, which will be phased in by July 2011. The Banner implementation schedule is outlined in the enterprise transformation project. Full implementation of the Banner ERP system will increase efficiency of administrative support functions and provide an integrated database to support development of data and reports needed to assess performance and support continued planning.

Other assessment-driven improvements in administrative support services include major enhancements in the Division of Information Technology (IT). MSM IT outsource its data center, as well as a significant portion of its IT operations. Prior to execution of this strategy, campus wide power interruptions occurred regularly, resulting in extremely disruptive IT system outages. The decision to outsource was less costly than building a data center and provides MSM with access to highly skilled IT resources not available internally. Lastly, the outsourcing strategy has addressed the physical security requirements associated with HIPPA. Upgrades and enhancements in the areas of public safety and emergency preparedness have also occurred consistent with MSM strategic planning and expected

outcomes. A review of recent enhancements and upgrades is discussed in the [April 2010 report](#) to the Board of Trustees.

3.3.1.3 educational support services

Education support services are provided by units under student affairs (admissions, student counseling, financial aid), and the library. Standing committees of the APC Committee meet regularly to review issues, assessments, and recommendations. Goals related to educational support services are identified in the strategic plan under operational excellence.

Data from the 2006 SWOT analysis, 2008 strategic planning meetings, and student surveys such as the [AAMC graduation surveys](#) which are reviewed annually, have resulted in several changes that include the hiring of additional staff in counseling services and student academic support services, and increasing the number of tutors. In-course student enrichment services (ICE) were developed based on identified needs and feedback from the Student Academic Progress and Promotion Committee (SAPP). The SAPP committee, appointed by APC, provides ongoing evaluation and assessment of student performance. Data from the [Library Committee](#) and library user surveys is utilized to make decisions about journals and other purchases of educational materials along with input from the library committee.

Significant progress in renovating facilities to upgrade study space and labs has taken place to accommodate the enlarged class size for the MD and PhD programs as a result of on-going reviews and [assessments](#). Internal customer satisfaction data have resulted in improved IT services to support educational activities, much of which has been discussed in the MD CEC meeting minutes. All lecture rooms are powerpoint and Internet ready. All entering MD students receive laptop computers and PDA's are utilized on clinical rotations. There has been continued improvement in the Objective Clinical Examination (OSCE) testing process utilizing a state of the art facility located in the National Center for Primary Care.

3.3.1.4 research within its educational mission, if appropriate

The Office of Research Administration provides oversight for research administration, planning and evaluation. The Senior Associate Dean for Research Administration serves on the President's Executive Leadership Team. The [2008-09 Annual Report](#) provides a summary issues and assessments with recommendations for improvement. Research goals and performance expectations are outlined in the strategic plan. The 2006 SWOT analysis and 2008 strategic planning process involved campus wide input and resulted in improved pre and post award management through additional staffing and restructuring. MSM has now established two institutional standing committees whose tasks are to strengthen the research infrastructure and increase the research productivity of the institution. They are the Research Advisory Council (RAC) and the Research Development Committee (RDC). The Research Advisory Council consists of members from a broad cross section of the institution to ensure that the views of all constituencies are represented. It was established to provide advice and guidance to the research enterprise on an ongoing basis. RAC also reviews bridge funding requests and provides recommendation to the Fiscal Advisory Committee (FAC) and the dean. Procedures and guidelines for the establishment of [Centers and Institutes](#) is a result of the work of this Council. This Council also reviews and makes recommendations regarding pilot project funding. The Research Development Committee has conducted several surveys to identify major obstacles to research development. Interface with finance and human resources was identified as in need of improvement. Data driven improvements included implementation of the P card (purchase card system) and changes with job classifications through Human Resources. RDC continues to work to identify major obstacles for junior faculty to develop a competitive research program. Overall yearly data reflects an increase in the number of investigator initiated awards at MSM, and in training slots and refereed publications. This is noted in the Dean's 2009 report included under supporting documents. Currently, seven of the school's faculty members have received Distinguished Scholar's award from the Georgia Cancer Coalition. The National Center for Primary Care (NCPC) conducts practice-based research to improve health outcomes, creates protocols and tools for improving primary care effectiveness and undertakes public policy analysis to improve access to primary care services. The NCPC has the unique distinction of being the only congressionally sanctioned center in the country dedicated to promoting optimal health care for all, with special focus on serving underserved communities.

3.3.1.5 community/public service within its educational mission, if appropriate.

Expected outcomes relative to community/public service are included in the current strategic plan under community values. This area of service is core to the mission of MSM and constitutes some cross cutting issues as discussed in the 2006 SWOT analysis and the Transition Team Report [both are included with supporting documentation]. Many of the school's public service activities are housed in the Department of Community Health and Preventive Medicine where public service projects are conducted as part of the undergraduate medical education course in Community Health and in the graduate program in Public Health. Curriculum planning and evaluation activities for the

community health course include review of public service component and projects. Surveys, interviews, focus groups, review of student journals and other methods of data collection are used to evaluate public health service projects. Community Advisory Boards are often utilized in developing measures of effectiveness and data collection instruments for the evaluation of community activities. Many of the public service projects are funded by external agencies that require project planning and evaluation. The Prevention Research Center (PRC), funded by the Center for Disease Control, conducts interdisciplinary community-based research on prevention in African American and other minority communities, for training minority community-based researchers and public health practitioners, and for demonstrating the value of community coalitions in conducting research. Its vision is the elimination of health disparities through prevention.

CME programs include topics in the basic sciences, clinical medicine, practice management, and others as selected by the faculty and target audience. MSM consistently monitors health trends, especially those affecting people of color and the underserved urban and rural populations. In addition to this monitoring, evaluation data from previous events is used in the development of CME activities. The CME program has been able to increase the amount of educational offerings from 166 hours of accredited activities in 2007 to 196 hours of accredited activities in 2009. This increase is evidenced in the [CME Annual Report](#) submitted to the Office of the Dean.

The Center for Community Health & Service-Learning engages health professional students, faculty, community-based organizations and academic affiliates in service-learning, community service and civic engagement at Morehouse School of Medicine. Over the last six years, the center has received support and recognition from the Corporation for National and Community Service, Learn and Serve Higher Education program. Our partnerships have enabled us to mobilize more than 400 medical and public health students to address the health disparities of underserved youth and adults by providing responsive health promotion intervention projects throughout metropolitan Atlanta. Over the past three years our health professions students have completed 61,108 hours of service activities. The CCHSL program has far exceeded benchmarks ([CCHSL Assessment Document](#)) The Office of Institutional Advancement (OIA) enhances community value/public service through increased recognition of Morehouse School of Medicine, an increase in MSM student scholarships and increased donor funding for other projects. A [performance report](#) was included with the April 2010 Reports to the Board of Trustees.

An example of external recognition of MSM's accomplishments relative to achievement of its mission is a recent report that ranked MSM number one in social mission scoring among all medical schools in the nation. This was the result of a study [included with supporting documentation] published in the *Annals of Internal Medicine*, June 2010 entitled "The Social Mission of Medical Education: Ranking the Schools." This is a significant honor for the school and affirms Morehouse School of Medicine's (MSM) contributions and commitment to increasing the number of primary care physicians and in increasing the number of racial and ethnic minorities in medical schools and practice.

Sources



-  MSBR Business Plan 12-20-07
-  MSM Integrated First
-  Table -- Student Learning Outcomes
-  3.3.1.2
 -  Administration, April 2010.pdf
 -  ETP Project Charter
 -  Project SCORPIO
-  3.3.1.3
 -  aamc gq 2010
 -  aamc gq2010 str weaknesses
 -  LIBRARY-- ADVISORY COMMITTEE MEETING 2-24-2010
 -  PhD Teaching Lab Space Request
 -  SWOT Analysis
-  3.3.1.4
 -  Annual Report Research_7'08 - 6'09
 -  Charge to Research Advisory Council Sept7th
 -  Establishment Governance of Centers and Institutes
 -  Research Development Committee Report
-  3.3.1.5
 -  2009-2010-CME ANNUAL REPORT
 -  Centerwide student volunteer hours
 -  Dean's NMA 2009 House of Delegates report
 -  Performance Metrics_Spring 2010 Report Final_3-19-2010
 -  Scholarly project guidelines
-  2009 Title III APR (Page 2)
-  Establishment Governance of Centers and Institutes
-  ETP Project Charter_DRAFT_ v1 0 _2_
-  Faculty Bylaws
-  MSBR Business Plan Draft 12-20-07
-  MSM Integrated First
-  Strategic Plan

3.3.2

Quality Enhancement Plan

The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The MSM Quality Enhancement Plan will be submitted in February 2011.

3.4.1

Educational Programs: All:Academic program approval

The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The [Academic Policy Council \(APC\)](#) is the body of the faculty that develops and oversees the academic policies of MSM. The APC, chaired by the Dean and composed of departmental chairpersons, elected faculty representatives and student representatives, has the responsibility for approval and oversight of all educational programs. A detailed [business plan](#) for the proposed programs was prepared and submitted to the APC for review and approval. Following [approval by the APC](#), the proposal is presented by the dean to the Academic Policy, Faculty and Student Affairs Committee of the Board of Trustees for review and approval. The most recent programs presented to and approved by both bodies are the Certificate and Masters Programs in Biomedical Sciences. The programs were approved by the APC at its January 2008 meeting, and by the Board of Trustees at the [Spring 2008 meeting](#).

Sources

-  [APC Minutes 1-24-2008](#)
-  [BOT Minutes Spring 2008](#)
-  [Faculty Bylaws](#)
-  [Master of Public Health Curriculum Committee Minutes_Reports](#)
-  [MSBR Business Plan Draft 12-20-07](#)

3.4.2

Educational Programs: All:Continuing education/service programs

The institution's continuing education, outreach, and service programs are consistent with the institution's mission.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Continuing Education The Continuing Medical Education (CME) Program is a unit of the Department of Medical Education at Morehouse School of Medicine (MSM) and is accredited by the Accreditation Council for Continuing Medical Education (ACCME). In accordance with ACCME Policies and Standards, the institution's CME Program produces CME that is consistent with the institution's Mission. The CME Program has been [reaccredited for another four year term](#) ending in July 2012. The CME Committee, established by the Academic Policy Council of MSM, is responsible for the overall direction of the CME Program. The Committee is comprised of a cross-section of health professionals (e.g., medical school faculty and practicing physicians in various specialties). The Committee reviews and approves proposed educational activities to ensure that they are consistent with the MSM CME mission as well as aligned with the institution's Strategic Plan FY 2009-2014, "Soaring to New Heights of Excellence and Community Impact".

CME programs include topics in the basic sciences, clinical medicine, practice management, and others as selected by the faculty and target audience. MSM consistently monitors health trends, especially those affecting people of color and the underserved urban and rural populations. In addition to this monitoring, evaluation data from previous events is used in the development of CME activities. The CME program has been able to increase the amount of educational offerings from 166 hours of accredited activities in 2007 to 196 hours of accredited activities in 2009. This increase is evidenced in the [CME Annual Report](#) submitted to the Office of the Dean.

Service and Outreach Programs

Three major MSM programs provide educational, service and research activities that are consistent with the mission of our institution.

The Center for Community Health & Service-Learning engages health professional students, faculty, community-based organizations and academic affiliates in service-learning, community service and civic engagement at Morehouse School of Medicine. Over the last six years, the center has received support and recognition from the Corporation for National and Community Service, Learn and Serve Higher Education program. Our partnerships have enabled us to mobilize more than 400 medical and public health students to address the health disparities of underserved youth and adults by providing responsive health promotion intervention projects throughout metropolitan Atlanta. Over the past three years our health professions students have completed 61,108 hours of service activities. The CCHSL program has far exceeded benchmarks ([CCHSL Assessment Document](#)) Morehouse School of Medicine Salutes Students in Service to Communities provides opportunities for all degree students and residents to develop community service projects which match their personal and professional interests and fit within the MSM mission. Requests for Proposals (RFPs) are solicited from students and through this competitive RFP process, selected students are awarded mini-grants to plan and implement community service projects in partnership with a community-based agency. Service projects generally take place over a two to three month period. Students present their projects through multi-media presentations and poster exhibits to the MSM campus and community. As a result, students develop skills in grant writing, leadership and presentation techniques.

The Health Promotion Resource Center (HPRC) at MSM was established in 1988 under the Department of Community Health and Preventive Medicine (See HPRC Organizational Chart). Initially funded by the Kaiser Family Foundation (KFF) a, the HPRC has developed an extensive health promotion and disease prevention model for underserved populations. The primary focus of the diverse projects administered by the HPRC is health promotion, prevention, education, and youth development in African American populations through community-based organizations in both urban and rural communities consistent with the MSM mission.

The staff of the HPRC has expertise and a vast wealth of experience in implementing and managing off-site projects and programs. The HPRC management and core staff are highly experienced in the field of prevention and evaluation. Since its inception in 1988, HPRC has provided community organizational development, health promotion and prevention services in over 90 of Georgia's 159 counties. The core staff of HPRC has provided knowledge dissemination, technical assistance and training related to substance abuse prevention since 1993. Through contracts with various divisions with the Georgia Department of Human Resources (DHR), the HPRC staff has facilitated the implementation of evidence-based intervention by local providers, conducted community needs

assessments in order to assist state/regional policy makers set funding priorities, and conducted prevention training and evaluated technology transfer across a diverse group of prevention providers.

The HPRC has many past and current projects that validate its expertise in community capacity building and the field of prevention. Some of these projects are listed below:

Southwest Cooperative Regional Prevention Resource Center (SWCRPRC). In 1993, the HPRC was awarded a contract by the Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse to develop a Prevention Resource Center in Southwest Georgia. Forty counties in Southwest Georgia (population 850,000) comprised the SWCRPRC's service area.. The purpose of the SWCRPRC is to promote healthy individuals, families and communities in its community service area by minimizing problems related to alcohol, and other drug use, teenage pregnancy and other negative at risk behaviors of youth through prevention, intervention, education, training and technical assistance in 21 counties, and 31 programs in Region 4, West Central and Southwest Georgia. Under the State DHR contract,. HPRC has served 763 participants under the 2010 contract, bringing the number served to date to 4,316 participants, disseminating 42,878 prevention materials to schools, community organizations, and individuals.

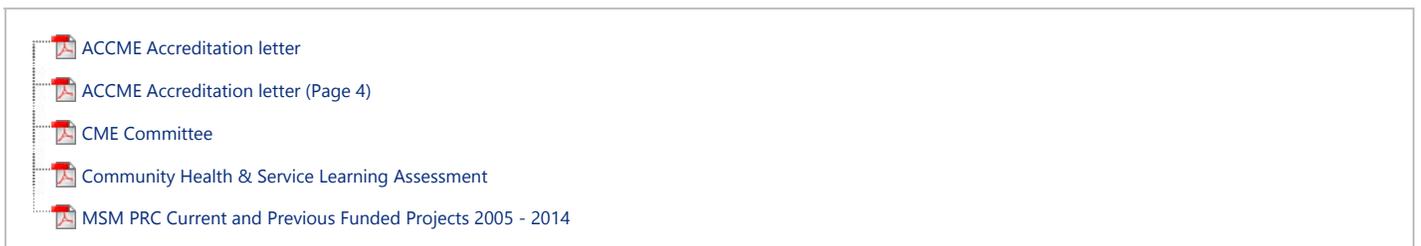
Faith-based Initiative: As part of SWCRPRC outreach efforts, a partnership has been formed with the General Missionary Baptist Convention, Inc., the largest African American religious organization in Georgia. Staff of SWCRPRC made presentations to over 600 leaders and lay members to invite local churches to develop health promotion and prevention initiatives to reduce health disparities among African Americans.

Morehouse School of Medicine Building Resilient Youth: A Multidisciplinary Approach (BRY-AMA) A Prevention and Intervention Program currently funded (2007 – 2009) by the Department of Justice (OJJDP) to serve the following special populations in five Georgia counties (Clayton County, Dougherty County, Lamar County, and Jasper County): youth in foster care, at-risk girls, youth with disabilities, and fatherless boys. The program is building community infrastructure for long-term sustainable, coordinated and integrated services for at-risk youth and criminally involved youth.

The Morehouse School of Medicine Prevention Research Center (PRC) was established in 1998. MSM PRC is one of a network of [academic research centers funded](#) by the Centers for Disease Control and Prevention (CDC) to achieve local and national health objectives focused on gaining knowledge about the best methodologies for solving the nation's obstinate health problems. These centers engage in interdisciplinary applied prevention research in collaboration with community partners; federal, state, and local health and education agencies; and other universities.

The theme of the PRC is: Risk Reduction and Early Detection in African American and Other Minority Communities: Coalition for Prevention Research. The mission is to advance scientific knowledge in the field of prevention in African American and other minority communities and to disseminate new information and strategies of prevention. Since its inception, MSM PRC has worked cooperatively with the communities in which its research is being conducted. The formation of MSM PRC Community Coalition Board included a majority of representatives from these communities. The Community Board directs the research agenda and PRC activities. The research focus of MSM PRC includes MSM mission related areas: reduction of HIV risk behavior, cancer prevention, youth violence prevention and reduction, adolescent health promotion, men's health promotion, environmental health, and cardiovascular disease prevention.

Sources



-  [ACCME Accreditation letter](#)
-  [ACCME Accreditation letter \(Page 4\)](#)
-  [CME Committee](#)
-  [Community Health & Service Learning Assessment](#)
-  [MSM PRC Current and Previous Funded Projects 2005 - 2014](#)

3.4.3

Educational Programs: All:Admission policies

The institution publishes admissions policies that are consistent with its mission.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

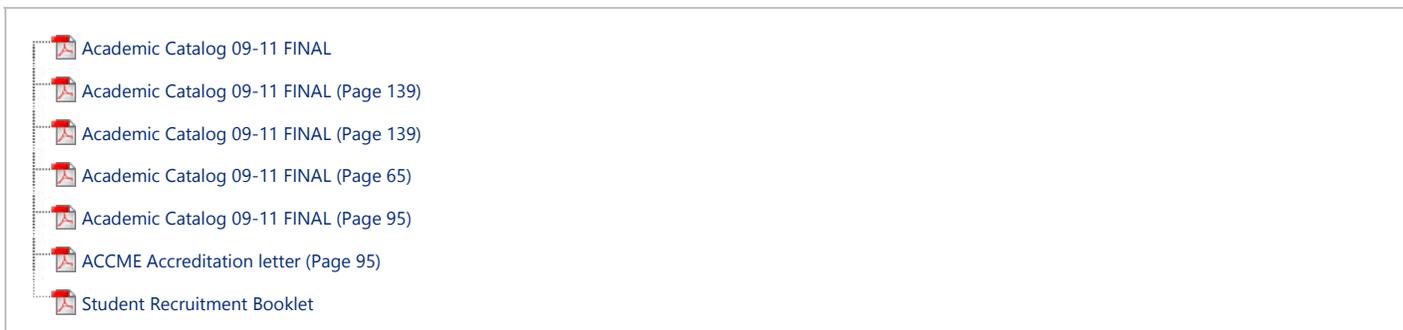
The primary objective of the school is to recruit, select, enroll and educate able students from racial minority and educationally disadvantaged groups, who share its educational objectives and whose past achievements as well as personal qualities are outstanding. The school seeks graduating classes with a variety of potentials, which bring the communities at large primary care physicians, academicians, biomedical and clinical researchers, leaders in health care policy and administration and who assure quality health care to all members of our society with particular attention to those areas that disproportionately affect minorities and the poor.

The [Academic Catalog](#) and the [Student Recruitment Brochure](#) are the major recruitment publications provided for prospective students in all programs. The catalog is also available on the MSM web site. It provides detailed information about admissions requirements and policies for each program.

Detailed information for the location of admissions information for each program is as follows:

- Medical Education Program is published in the [Academic Catalog](#) (p. 43-52).
- Graduate Education in Biomedical Sciences program is listed in the [Academic Catalog](#) (p. 73 - 77).
- Master of Public Health program is listed in the [Academic Catalog](#) (p. 117 - 122).

Sources



3.4.4

Educational Programs: All:Acceptance of academic credit

The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution's own degree programs. The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution's transcript. (See Commission policy "The Transfer or Transcribing of Academic Credit.")

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Each program has a defined and published policy regarding transfer credit. MSM does not accept credit for experiential learning, advanced placement and/or professional certificates. The responsibility for academic quality of coursework resides with the Academic Program Coordinators.

Medical Education (M.D.) Program

Transfer admissions are infrequent. However, applications are accepted from students in LCME accredited U.S. and Canadian schools of medicine who are currently enrolled, in good academic standing, have the full approval of the dean of their current school, and a cogent reason for requesting transfer. Admission is contingent upon space availability therefore, academically qualified applicants can still be denied admission due to lack of space. The School of Medicine does not accept applications for advanced standing from students attending foreign medical schools, osteopathic or veterinary schools. MSM does not accept applications for transfer beyond the second year. Any applicant seeking transfer of credits from an institution outside the United States into a Morehouse School of Medicine program must have a course-by-course evaluation of relevant transcripts completed by a member of National Association of Credential Evaluation Services (NACES). This policy is published in the MSM [Academic Catalog pg 48](#).

Graduate Education in Biomedical Sciences (GEBS) Program

The policy for transfer of credit hours for those students entering the Ph.D. program with a Master's degree is in the [Academic Catalog, pg 76](#), which states that "Any applicant seeking transfer of credits from an institution outside the United States into a Morehouse School of Medicine program must have a course-by-course evaluation of relevant transcripts completed by a member of National Association of Credential Evaluation Services (NACES). In addition, a course syllabus must be submitted to the course director at MSM for evaluation of the content of the course to determine whether the material covered at the other institution is consistent with the class taught at MSM.

Master of Public Health (M.P.H) Program

The [Student Handbook, pgs 103-104](#) outlines the transfer of credit policy for the Master of Public Health Program. A maximum of twelve credit hours required for the master's degree may be transferred from other institutions, to include not more than two core courses for six credit hours. The course work must represent valid graduate credits earned in graduate level courses from a regionally accredited program or school of public health. International candidates will be considered on a case by case basis. The credit must carry a grade of A or B. The course credit must be applicable to the degree program and not more than five years old at the time of admission. Approval of transfer credit can only be granted by the Student Academic Progress Committee.

Sources

 2009-2010 Handbook FINAL (Page 108)
 Academic Catalog 09-11 FINAL (Page 70)
 Academic Catalog 09-11 FINAL (Page 98)

3.4.5

Educational Programs: All:Academic policies

The institution publishes academic policies that adhere to principles of good educational practice. These are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine academic policies adhere to principles of good educational practice and are published in a number of documents as described below:

Faculty Bylaws

The purpose of faculty bylaws is to establish the organizational basis for the governance of the faculty of MSM. The document contains sections on the faculty assembly, academic policy council, organization of the school, the professorate, academic freedom, academic titles, and amendments.

Faculty Handbook

The faculty handbook provides a wide range of information about the roles and responsibilities of faculty, including faculty governance and administrative policies. Specific issues addressed in the handbook include ethics and conflict of interest, faculty appointments and promotion procedures, compensation, sabbaticals, faculty grievance procedures, and laboratory safety.

Academic Catalog

The MSM catalog is provided to prospective and enrolled students, faculty, staff and upon request to others. It contains information about admissions, individual course descriptions, faculty listings and specific degree information for all MSM programs. The catalog provides broad information on academic departments, MSM degree-granting programs, and other education programs such as graduate medical education, continuing medical education and faculty development. It is revised and updated every two years.

Student Handbook

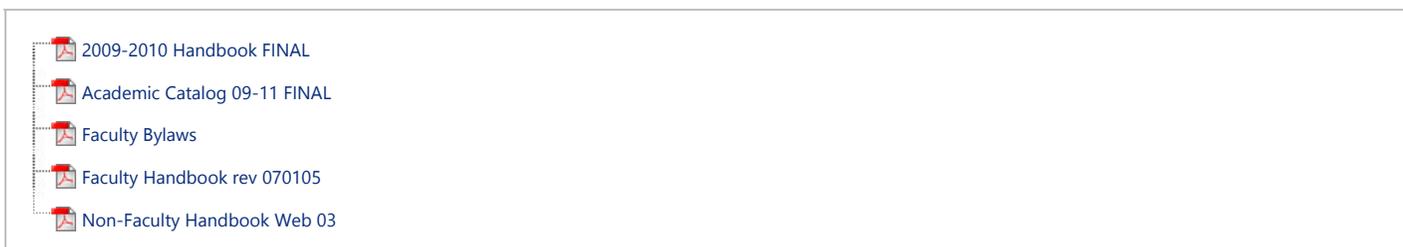
The Student Handbook includes the annual academic calendar for each program, and outlines policies, admissions and academic standards, curricula descriptions, financial policies, student rights and services, and regulations. It is revised annually and provided to all enrolled students.

Non-Faculty Academic Personnel Handbook

This handbook outlines some of the most important policies, programs and benefits afforded non-faculty academic personnel, including governance, compensation, academic freedom, and research ethics.

These resources are available in print and on the MSM web site.

Sources



3.4.6

Educational Programs: All:Practices for awarding credit

The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

All Morehouse School of Medicine degree granting programs define one credit of coursework as one hour per week per semester for lectures. The Curriculum Committees of the MD, GEBS and MPH programs review all new and ongoing classes and designate the amount of credit hours per course. In addition to this designation for lectures and courses provided in a classroom setting, the programs award credit for other courses based on the following criteria:

Medical Education (M.D.) Program

In the medical education program, 5 hours of credit is given for clinical rotations of 20 hours per week for 4 weeks, or a total of 80 hours.

Graduate Education in Biomedical Sciences (GEBS) Program

For Laboratory Rotations, the GEBS program requires Ph.D. students to complete a minimum of 6-weeks of rotation work at an average of 20 clock hours per week to receive 1 semester hour of credit for each of two required lab rotations. Master of Science students are required to complete a minimum of 4 weeks of rotation work at an average of 20 clock hours per week to receive 1 semester hour of credit for each of two required lab rotations. To receive credit for laboratory rotations, students are required to submit a pre-rotation plan, approved by the rotation advisor, to complete the rotation to the supervisor's satisfaction in compliance with the plan, and provide a post-rotation report describing the students accomplishments during the rotation along with photocopies of the lab-book pages kept during the rotation period.

For Supervised Research (preproposal), Dissertation Research (Ph.D.), Thesis Research (M.S.B.R.) Research, and Technical Apprenticeship (MSBT) the GEBS Program bases the credit awarded on a minimum 9-credit-hour-per-semester for full-time enrollment in these programs. This is the maximum credit available per semester for these activities. Thus if the student is engaged full time in any of these activities and completes them successfully, he or she is awarded 9 semester credit hours. If the student is not engaged full time in these activities, he or she is awarded 9 semester hours of credit minus the number of credit hours committed to other coursework during the semester in question. The minimum number of dissertation credits to fulfill the requirements for the PhD is 24 semester hours. That for the MS programs is 12 semester hours. To receive credit for these activities, the student is required to submit a form, signed by all dissertation, thesis, or technical apprenticeship committee members, indicating that a committee meeting has been held to review progress and certifying that adequate progress has been made during the period in question.

Master of Public Health (M.P.H.) Program

The M.P.H. program awards 3.0 semester hours of credit for the Practicum Experience which consists of 480 clock hours in a public or private health service organization where the student is exposed to current analytical methods, communications and health research skills.

3.4.7

Educational Programs: All:Consortial relationships/contractual agreements

The institution ensures the quality of educational programs and courses offered through consortial relationships or contractual agreements, ensures ongoing compliance with the comprehensive requirements, and evaluates the consortial relationship and/or agreement against the purpose of the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

All degree requirements can be completed at Morehouse School of Medicine, however, we offer the option for students to take additional courses not currently offered at MSM. For courses not offered at MSM, students in the GEBS and M.P.H. programs may cross register at other institutions through the Atlanta Regional Council for Education (ARCHE) www.atlantahighered.org. Twenty public and private institutions in the Atlanta area are members. Students in the medical education program may take clinical electives at schools accredited by the Liaison Committee on Medical Education.

[ARCHE Cross Registration](#) is a program developed and sponsored by the Atlanta Regional Council for Higher Education. Under certain conditions MSM allows students to take courses at a member ARCHE institutions that are not offered at MSM. Cross Registration does not constitute regular admission-processes; therefore students may not be admitted to the institution through the cross registration program. Students must request that the Registrar's Office of the host institution send an official transcript to their home institution upon completion of the term. The credit will be recorded according to the policies of the home institution.

The ARCHE program information is published in the MSM [Student Handbook on pages 120-121](#)

Sources

 2009-2010 Handbook FINAL (Page 125)
 ARCHECrossRegBrochure7-09
 www.atlantahighered.org

3.4.8

Educational Programs: All:Noncredit to credit

The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the noncredit course work is equivalent to a designated credit experience.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

This is not applicable as the Medical Education (M.D.), Graduate Education in the Biomedical Sciences (GEBS) and Master of Public Health (M.P.H.) programs do not award credit in their programs for non credit hours.

3.4.9

Educational Programs: All:Academic support services

The institution provides appropriate academic support services.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine provides adequate and appropriate academic support services to its students and faculty through programs and activities that are geared to meeting educational objectives.

Library

The library's mission is to support excellence in teaching, learning, research and practice by the acquisition, development, management and delivery of information resources to users in the library, at the desktop, at remote sites and at home, to further the mission on the institution. Normal operating hours are Monday through Thursday from 7:30am to 10:00pm, Saturday from 10:00am to 10:00pm, and Sunday from 12:00pm to 12:00am. Its facilities include a public area with 6 computers, individual carrels and carrels with seating capacity for 30 persons, study rooms, a 20-station electronic laboratory, and a multi-purpose room that will seat 12, which is available for reserve. Additional study space, available 24 hours a day, is adjacent to the library. Wireless access is available in the library and the study areas. The Digital Library of the MSM Library is available from the Library's web page. The following online resources comprise the Digital Library: Access Medicine, American Society of Microbiology journals, ExamMaster, GALILEO, ISI Journal Citation Reports, MDConsult, MSML Electronic Journals, the National Library of Medicine databases, OVID Books, the Physician's Desk Reference Electronic Library, Science Direct, Scopus, Springerlink, STATIRef, Rittenhouse, Henry Stewart Talks, and Wiley Interscience. These resources allow the MSM Library to maintain a diverse collection to support the curriculum, research, clinical, and residency programs of the institution. The [Student Handbook](#) describes Library services and policies in detail.

Technology

Students, faculty and staff have access to a robust wired and wireless network that extends to classrooms, lecture halls, common gathering areas, the library and laboratories, both on campus and at remote locations. The network provides access to the Internet, the education and research network, academic, research and clinical applications, email and other resources. At the beginning of each academic year, each entering student is provided with a fully functioning customized tablet laptop (cost included in fees) for which IT conducts orientation and training. Classrooms, lecture halls, auditoriums and laboratories are equipped with a variety of instructional and presentation technology systems. Student exams are taken on computers using Soft Teaches ExamSoft software which is uploaded at the time of the exam. Blackboard and Turning Point are among the instructional software currently in place at MSM.

The [Student Handbook](#) describes computer use policies.

Student Support Services

Through the Office of Admissions and Student Affairs, under the supervision of the Assistant Dean for Student Affairs, an array of student support programs, services and activities are offered. Within the Office of Admissions and Student Affairs, the Director of Admissions coordinates the admissions process for all educational programs. Official academic records are maintained by the Registrar. The Student Activities Coordinator coordinates student organizations, tours, "MSMART," the school store, student immunizations, newsletters, the yearbook, summer research and fellowship activities, clinical elective opportunities, and residency programs. All financial aid is administered by the [Office of Student Fiscal Affairs](#). The program provides financial aid services and financial counseling, and coordinates awards for students in all educational programs. The [Office of Counseling Services](#) supports and promotes the successful matriculation of students in all programs by offering a variety of confidential services designed to help students maximize their potential while at MSM. Coordination of tutors is also handled by the Office of Counseling Services. Group health insurance is made available to students each year at registration, and is a requirement unless the student provides proof of adequate coverage under another policy. [Immunizations](#) are required for all medical students and are provided through the Office of Infection Control. It is the policy of the school to ensure that all institutional goods, services, facilities, privileges, advantages and accommodations are meaningfully accessible to all qualified individuals with disabilities.

International Program Services

The Office of International Program Services provides assistance to internationals and administrators who work with internationals at MSM. This office serves as the official liaison with the U.S. Departments of State, Homeland Security, and Labor. Services offered include immigration counseling, issues involving international travel, practical

training/off campus employment, changing status or planning for future adjustment to permanent residency.

Faculty Affairs

The Faculty Affairs Department serves as a resource for faculty with respect to their professional careers at MSM. It seeks to ensure fair and consistent treatment of faculty, assist departments in recruitment, orientation, faculty development, promotion and retention of faculty and scholars, and oversees the processing of all faculty personnel matters. The Faculty Bylaws and Faculty Handbook provide detailed information about faculty affairs.

Continuing Medical Education

The [Continuing Medical Education Program](#) allows clinical faculty to present and participate in conferences that provide CME credits.

Faculty Development

The Faculty Development Program allows participants (all basic and clinical faculty) to gain competency and confidence in core teaching skills through integrative [workshops](#). The curriculum includes teaching small, medium, and large groups; using media appropriately; research and writing for the medical literature; and developing educational programs, evaluation, and administration.

Public Safety

The MSM [Department of Public Safety](#) is committed to providing a safe and secure environment for faculty, staff, students and visitors.

Sources

-  [2009-2010 Handbook FINAL \(Page 121\)](#)
-  [2009-2010 Handbook FINAL \(Page 128\)](#)
-  [2009-2010 Handbook FINAL \(Page 129\)](#)
-  [2009-2010 Handbook FINAL \(Page 130\)](#)
-  [2009-2010 Handbook FINAL \(Page 131\)](#)
-  [2009-2010 Handbook FINAL \(Page 139\)](#)
-  [ACCME Accreditation letter \(Page 4\)](#)
-  [Schedule of Modular Workshops](#)

3.4.10

Educational Programs: All: Responsibility for curriculum

The institution places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Each educational program has a curriculum committee that is charged with the design, evaluation and review of the curriculum for that program. Faculty who teach in the program are members of the committee. The curriculum committees make recommendations to the Academic Policy Council for approval and implementation.

Medical Education (M.D.) Program

The Curriculum and Evaluation Committee (CEC), a standing committee of the Academic Policy Council, is charged with the responsibility of curriculum design, schedule, and oversight as described in the Faculty Bylaws. It has the integrated institutional responsibility for the overall design, management, implementation, and evaluation of a coherent and coordinated curriculum leading to the MD degree. The CEC meets once a month, and submits an annual report to the Academic Policy Council.

As stated in the Bylaws of the Faculty, the Curriculum and Evaluation Committee is charged:

- To develop a curriculum which will lead to the fulfillment of the objectives and mission of the Morehouse School of Medicine
- To examine and evaluate the objectives, content, and pedagogy of each segment of the curriculum, as well as the curriculum as a whole, through continuing review of curriculum design, organization, and teaching.
- To evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met using an appropriate variety of outcome measures including student evaluations of their courses and teachers
- To develop and recommend to the Academic Policy council policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships
- To approve required and elective courses and clerkships including those continuing and those proposed
- To evaluate the resources needed and available for the implementation of the curriculum, set priorities, and make recommendations for the allocation of those resources.

Members of the Curriculum and Evaluation Committee are:

Curriculum and Evaluation (M.D.) Committee 2010-2011

DEPT NAME	LAST NAME	FIRST NAME	DEGREE	TITLE	POSITION	TERM	YEARS REMAINING
Admissions	Anachebe	Ngozi	MD	Assistant Dean for Admissions and Student Affairs	EXO	N/A	N/A
Community Health and Preventive Medicine	Buckner	Ayanna	MD	Assistant Professor		1	3
Medical Education	Elks	Martha	MD	Professor, Senior Associate Dean	EXO	N/A	N/A
Physiology	Elmoselhi	Adel	PhD	Assistant Professor		2	1
Medical Education	Finley	Rita	PhD	Assistant Professor		1	3
Obstetrics and Gynecology	Fung	Yun Mei	MD	Assistant Professor		1	3
Family Medicine	Harris	Charlie	PhD	Assistant Prof of Clinical Family Medicine		2	2
Library	Swanson	Joe		Interim Director of Library	EXO	N/A	N/A
Family Medicine	Kelsey-Harris	Riba C.	MD	Assistant Professor		2	3
Pediatrics	Levine	David	MD	Professor	Chair	3	1
Neurobiology	Lo	Woo-Kuen	PhD	Professor		2	1
Medicine	Phillips	Chris	MD	Associate Professor		1	1
Microbiology,							

Biochemistry, & Immunology	Powell	Michael	PhD	Associate Professor		1	2
Microbiology, Biochemistry, & Immunology	Roth	William	PhD	Research Assistant Professor		1	1
IT	Sealand	Rebecca		Instructional Media Specialist	EXO	N/A	N/A
Psychiatry	Smith	Quentin	MD	Professor		1	1
Student	Ayre	Kareen		Second year student	Student Rep		
Student	Moore	Alexander		Fourth year student	Student Rep		
Student	Patel	Hiren		Fourth year student	Student Rep		
Student	Garvin	Sicity		Second year student	Student Rep		
Student	TBN				Student Rep Alternate		

The report of the Curriculum and Evaluation Committee to the Academic Policy Council for the 2009 - 2010 year is attached.

Graduate Education in the Biomedical Sciences (GEBS) Program

The GEBS program curriculum is overseen by the Curriculum Committee. Only full members of the graduate faculty are allowed to be course directors of any core or elective courses. Qualifications of the graduate faculty are published in the [Faculty Handbook, pg 15](#). For each course offered in our program, a syllabus is required and can be found in the supplemental material.

Graduate Curriculum Committee 2010-2011

DEPT NAME	LAST NAME	FIRST NAME	DEGREE	TITLE
Physiology	Ahmad	Mushtaq	PhD	Assistant Professor
Medicine	Anderson	Leonard	PhD	Research Assistant Professor
Neurobiology	Tosini	Gianluca	PhD	Professor
Neurobiology	Fukuhara	Chiaki	PhD	Assistant Professor
Office of Graduate Studies	Salmi	Mary		
Pharmacology & Toxicology	Kirlin	Ward	PhD	Associate Professor
Microbiology, Biochemistry, & Immunology	Newman	Gale	PhD	Associate Professor
Neurobiology	Paulsen	Douglas	PhD	Professor
Office of Graduate Studies	McDaniel	Jamillah		Program Coordinator
Admissions/Student Affairs	Wyatt	Adrienne		Interim Registrar
Microbiology, Biochemistry, & Immunology	Sanford	Gary	PhD	Professor
Student Representative	Bythwood	Tameka		Student

Copies of minutes of recent Graduate Curriculum Committee and GEBSC meetings are attached.

Master of Public Health (M.P.H.) Program

The M.P.H. Curriculum Committee is responsible for planning the academic calendar, class schedules, and the determination of core, integrated, and elective course offerings. The committee also evaluates all segments of the curriculum, including student evaluations to identify potentially ineffective sequences, unnecessary repetitions, and subject areas that may require more emphasis. The committee continuously reviews the curriculum design, course organization, and teaching performance to formulate specific recommendations for modifying courses in the interest of improving the curriculum. In addition, the committee is expected to review the descriptive outline of each course prior to incorporation in the curriculum.

Members of the MPH Curriculum Committee are:

MPH Curriculum Committee 2010 - 2011

DEPARTMENT NAME	LAST NAME	FIRST NAME	DEGREE	TITLE	POSITION	TERM	YEARS REMAINING
MSCR Program	Al-Mahmoud	Ahmad	PhD	Assistant Professor			

Price Waterhouse Coopers LLP	Alvarez-Robinson	Sonia		Advisory Services		1	2
Student Affairs	Anachebe	Ngozi	MD	Dean for Student Affairs	EXO		
Center of Excellence for Sexual Health	Bayer	Carey	EdD, RN	Assistant Director		1	2
Microbiology, Biochemistry, & Immunology	Benetiz	Jorge A.	PhD	Associate Professor		1	2
National Center for Primary Care	Brantley	Katrina		Alumni Representative			
Community Health and Preventive Medicine	Collins-Quarrells	Rakale	PhD	Associate Professor		1	2
Community Health and Preventive Medicine/MPH	Miles-Richardson	Stephanie	PhD	Associate Professor		1	3
Community Health and Preventive Medicine/MPH	Davis	Sharon	PhD, MPA, M.Ed.	Associate Professor			
Community Health and Preventive Medicine	Durham	Carla		Residency Program Manager			
Library	Swanson	Joe		Interim Director Library			
Community Health and Preventive Medicine/MPH	Miller	Telisha		Practicum Coordinator/Staff			
GA Dept. of Human Resources	Page	Rhonda		Evaluation Analyst			
Counseling Services	Riley	Reginald	L.M.S.W	Student Counselor			
Community Health and Preventive Medicine/MPH	Rodney	Patricia	Ph.D.	Professor	Chair		
Morehouse College	Trawick	Cynthia	EdD	Director, Public Health Sciences Institute		1	2
ITC	Warren	Rueben	PhD, M.Div	Associate Professor		1	2
Community Health and Preventive Medicine/MPH	TBN			Student Representatives			

The 2008 and 2009 reports of the [MPH Curriculum Committee to the Academic Policy Council](#) are attached.

Sources

 2009_MDC_Minutes  Curriculum and Evaluation Committee Decision Summary 2009-10
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 Faculty Handbook rev 070105 (Page 21)

 GEBS Curriculum Committee_Reports

 Master of Public Health Curriculum Committee Minutes_Reports

3.4.11

Educational Programs: All:Academic program coordination

For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Each educational program at MSM has a designated coordinator who is responsible for coordinating the curriculum, faculty and support services for the assigned program. The chart below indicates assigned academic coordinators and their qualifications.

Academic Program Coordinators				
Program	Coordinator	Degree	Institution	Major
Medical Education	Martha Elks Senior Associate Dean for Education and Faculty Affairs	M.D.	University of North Carolina at Chapel Hill	Medicine
		Ph.D	University of North Carolina at Chapel Hill	Neurobiology
Graduate Education in Biomedical Sciences	Douglas Paulsen Associate Dean, Graduate Studies	Ph.D.	Wake Forest University	Anatomy
Master of Public Health	Patricia Rodney Assistant Dean, Public Health Education	Ph.D.	University of Toronto	Sociology & Adult Education
		M.P.H.	Emory University	Health Education & Health Promotion

Medical Education (M. D.) Program

Dr. Martha Elks, Senior Associate Dean for Education and Faculty Affairs, is assigned responsibility for coordination of the medical education program. Dr. Elks works closely with the Curriculum Evaluation Committee and course directors to coordinate an effective medical education program. The Curriculum and Evaluation Committee has the responsibility for the overall design, management, implementation, and evaluation of a coherent and coordinated curriculum leading to the MD degree.

Graduate Education in Biomedical Sciences (GEBS) Program

Morehouse School of Medicine’s graduate program is coordinated by Dr. Douglas Paulsen, Associate Dean for Graduate Studies. To this end, the graduate studies curriculum, which has a concentration in biomedical sciences, is completely separate from that of the medical school. Dr. Paulsen works closely with the GEBS Committee and the GEBS Curriculum Committee to coordinate curriculum, faculty and support services for the graduate programs.

Master of Public Health (M.P.H.) Program

The M.P.H. program director and Assistant Dean for Public Health Education, Dr. Patricia Rodney has the responsibility for program coordination and curriculum development. Dr. Rodney works with the MPH Curriculum Committee (see table below) and track coordinators to coordinate curriculum, faculty and support services for the program.

Sources

-  [Doug Paulsen CV](#)
-  [Martha Elks CV](#)
-  [Patricia Rodney CV](#)

3.4.12

Educational Programs: All:Technology use

The institution's use of technology enhances student learning and is appropriate for meeting the objectives of its programs. Students have access to and training in the use of technology.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Students, faculty and staff are able to take advantage of a robust wired and wireless network that extends to classrooms, lecture halls, common gathering areas, the library and laboratories, both on campus and at remote site locations. The network provides access to the Internet, the education and research network, academic, research and clinical applications, email and other resources.

At the beginning of each academic year, entering students in each program are provided with a fully functioning customized tablet laptop for which IT conducts orientation and training. Students are provided information on [Computer Use Policies](#), accessing and maintaining their email accounts, accessing the wireless network and performing other network related tasks. The laptop is configured and ready for use with a variety of software applications that support the educational programs. Three campus computer labs contain multiple PC's connected to the network for access to the Internet, email and other network related resources.

Classrooms, lecture halls, auditoriums and laboratories are equipped with a variety of instructional technology solutions that include ceiling mounted projection systems, audio and voice reinforcement systems, web streaming technology systems, teleconference systems, wireless control devices for audio visual systems, smart boards, document camera systems, special needs lighting systems and analog and digital media players.

The graduate program has a designated classroom with both hardwired and wireless accessibility to the institution's network and internet. Students are instructed in basic lab techniques using state-of-the-art equipment. A Smartboard has been installed as well as a projector for classroom activities.

For instruction in histology, web-based histological sections are studied using the student tablets and an on-line lab manual. Anatomic and radiologic images and related simulation software are used for teaching and demonstration in anatomy.

The NCPC location has a clinical skills observation system that includes patient simulation rooms equip with two way audio and visual monitoring and capturing equipment. The Harvey cardiac simulator is used for instruction in the first, second and third years of the MD program. Physical exam simulators are used to learn the skills for pelvic, breast, and male genital-urinary examinations. Other simulators are used at the start of third year for instruction in procedures including, but not limited to, blood drawing, starting IVs, and inserting Foley catheters.

Students take exams on their computers using Soft Teaches ExamSoft software which is uploaded at the time of the exam. Instructors use Blackboard's Academic Suite for course documents, grades and communication with the students. In addition, the use of Turning Technologies TurningPoint software has added a more interactive learning experience in the classroom. Students also have access to bioinformatics software, Ingenuity Pathways Analysis, through an institutional site license and are given assignments to complete using the software. Technology instructional software solutions currently in place and widely used by the academic community include:

- Blackboard- a best of breed web-based course-management system designed to allow students and faculty to use online materials and activities to complement in person classroom instruction.
- Turning Point- an interactive response system that is used by lecturers to engage students.
- ExamSoft- a technology tool that delivers a comprehensive solution for secure exam administration.
- Captivate- a tool that records desktop and mouse activity as tasks are performed. The application will also record voice. This allows the lecturer to record tutorials for different tasks inside any application while giving verbal instructions or explanations to the viewer. The resulting files are flash files that are posted to the Internet and viewable without needing to download specialized plug-ins.
- MediaSite- a combination of technologies whose end-result is a Web page with video and slides from a PowerPoint presentation. The video is usually a "talking head" of the presenter as he/she is presenting and the slides are the actual slides shown at the live presentation. This tool allows MSM to broadcast a live event over the web to those not able to be present. It also allows MSM to archive the event so that it may be viewed on demand, anytime, anywhere.

The Information Technology (IT) Department is responsible for the implementation and management of technology solutions intended to support and enhance the academic, research and clinical experience.

Sources

 2009-2010 Handbook FINAL (Page 139)

3.5.1

Educational Programs: Undergraduate:College-level competencies

The institution identifies college-level general education competencies and the extent to which graduates have attained them.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine does not have college-level general education programs.

3.5.2

Educational Programs: Undergraduate: Institutional credits for a degree

At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree. In the case of undergraduate degree programs offered through joint, cooperative, or consortia arrangements, the student earns 25 percent of the credits required for the degree through instruction offered by the participating institutions. (See Commission policy "The Transfer or Transcribing of Academic Credit.")

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine does not have college-level general education programs.

3.5.3

Educational Programs: Undergraduate:Undergraduate requirements

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine does not have college-level general education programs.

3.5.4

Educational Programs: Undergraduate:Terminal degrees of faculty

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Morehouse School of Medicine does not have college-level general education programs.

3.6.1

Educational Programs: Graduate/Post-Baccalaureate:Post-baccalaureate program rigor

The institution's post-baccalaureate professional degree programs, master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Medical Education (M.D.) Program

The M.D. program covers the standard curriculum as described by the Liaison Committee for Medical Education (LCME) at a sufficient level of rigor to enable our students to achieve a first-time taker pass rate equivalent to the national average of about 95%, and has sustained LCME accreditation. The requirements are described on pages 53 - 66 of the [Academic Catalog](#) and on pages 27 - 34 of the [Student Handbook](#).

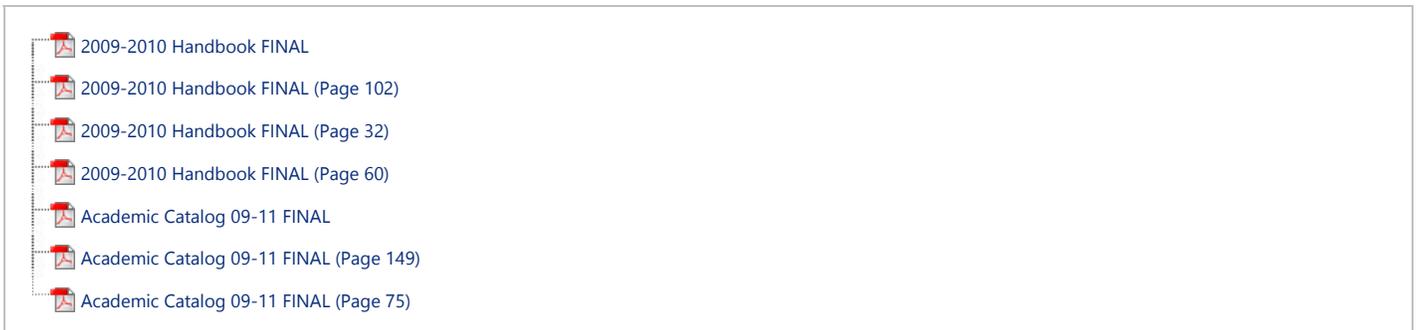
Graduate Education in Biomedical Sciences (GEBS)Program

Students in the graduate programs study with graduate faculty in anatomy, biochemistry, microbiology and immunology, pathology, physiology, pharmacology and toxicology, and with faculty in the clinical departments. The didactic components of the curricula are substantially different from the M.D. program and emphasize independent research as a requirement for degree completion. The requirements for the Ph.D., and master's degrees are described in detail in the [Student Handbook](#), pgs 55-95. The MSM GEBS program was granted full membership in the Council of Graduate Schols in 2010.

Master of Public Health (M.P.H.) Program

The MPH program includes a required culminating experience (3 credit hours) in its curriculum. The design of this experience is intended to introduce the student to research and other scholarly activity. The student may choose a thesis or a journal article for publication, to fulfill this requirement. The culminating experience is described on page 97 in the [Student Handbook](#) and on page 127 in the [Academic Catalog](#).

Sources



-  2009-2010 Handbook FINAL
-  2009-2010 Handbook FINAL (Page 102)
-  2009-2010 Handbook FINAL (Page 32)
-  2009-2010 Handbook FINAL (Page 60)
-  Academic Catalog 09-11 FINAL
-  Academic Catalog 09-11 FINAL (Page 149)
-  Academic Catalog 09-11 FINAL (Page 75)

3.6.2

Educational Programs: Graduate/Post-Baccalaureate:Graduate curriculum

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Medical Education (M.D.) Program

The medical education program requires that candidates for the M.D. degree acquire certain knowledge, skills, and attitudes that are essential for functioning in a broad variety of clinical situations. The first year medical curriculum includes 40 credit hours of integrated basic sciences instruction and laboratory experiences covering normal human biology and function. This is augmented by a 7 credit hour experience in the Fundamentals of Medicine that integrates communication skills, early clinical experiences, human values, human behavior, and principles of evidence-based medicine and biostatistics, and a service-learning course in community health. The second year continues with 42 credit hours of basic sciences, including pathology, pathophysiology, pharmacology, microbiology and physical diagnosis. Clinical experience begins in the first year with clinical preceptorships in health clinics and physicians' offices and is continued in a state-of-the-art clinical skills training lab. The third year continues with 8 week rotations in medicine, surgery, obstetrics-gynecology, Family medicine-rural health, pediatrics and 7 weeks in psychiatry. The fourth year includes a 4 week clerkship in Ambulatory medicine and 6 4- week electives. Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. Thus, in addition to academic requirements, technical standards have been established for admission and graduation from Morehouse School of Medicine. These standards are published in the [Academic Catalog, pgs 51-52](#) and the [Student Handbook pgs 25-26](#).

Graduate Education in Biomedical Sciences (GEBS) Program

The GEBS program curricula for the Ph.D. and Masters degree are published in the [Student Handbook, pgs 59-84](#). The first year of each program consists of core courses designed to give the students a foundation in biomedical science research. At the completion of the first year the students are given oral and written exams that synthesize and integrate the material taught in the first year. After passing these exams the thesis and dissertation committees are selected and these committees determine what elective courses the student is required to take. Each of the core courses, Biochemistry, Cells & Tissues, Organ Systems and Biomedical Genetics has a two to three (2-3) hour laboratory associated with it. These labs allow the students a hands-on experience with laboratory techniques. Each student is required to maintain a lab notebook. Each graduate student is also required to complete two (2) lab rotations during the first year to give them the experience of working in a potential mentor's lab. The student and mentor design a project which is then written up and submitted to the graduate program. At the end of the four to eight week (4-8) rotation, the student is required to write a report in manuscript form describing the project.

Once a mentor and a dissertation committee have been selected, the student must write up a dissertation proposal for approval by his or her committee. Progress of the student in completing the project is monitored by the committee that is required to meet once a semester, although meetings can be more frequent. The thesis or dissertation committee determines when the student has completed the goals and objectives of their proposal and can graduate. The student must then present research findings in a seminar open to the public.

Master of Public Health (M.P.H.) Program

The MPH program includes 24 hours of required core courses, 12 hours of required track courses, 3 hours of practicum credit, and 3 hours of culminating experience credit ([catalog, p 124](#)). The Practicum Experience plays an integral role in the MSM MPH Program and is required of all students regardless of prior experience or training. It is a planned and supervised learning experience in health service agencies or health-related programs. Each student is required to complete a total of three credit hours (480 hours) of Practicum Experience. The Practicum may be completed on either a full or part time basis (not less than 20 hours a week unless approved by the MPH Director).

Student involvement in research occurs primarily through the Culminating Experience. The Culminating Experience provides the student an opportunity to synthesize and integrate the knowledge acquired from course work and other learning experiences. The student is expected to apply this knowledge of theory and principles in a situation that approximates some aspect of professional public health. Faculty use this experience as a mechanism to evaluate whether the student has mastered the body of knowledge, values, and skills needed for public health practice.

Sources

 2009-2010 Handbook FINAL (Page 30)

-  2009-2010 Handbook FINAL (Page 64)
-  Academic Catalog 09-11 FINAL (Page 147)
-  Academic Catalog 09-11 FINAL (Page 59)
-  Academic Catalog 09-11 FINAL (Page 73)

3.6.3

Educational Programs: Graduate/Post-Baccalaureate:Institutional credits for a degree

The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. In the case of graduate and post-baccalaureate professional degree programs offered through joint, cooperative, or consortia arrangements, the student earns a majority of credits through instruction offered by the participating institutions. (See Commission policy "The Transfer or Transcribing of Academic Credit.")

Judgment

Compliant Non-Compliant Not Applicable

Narrative

All educational programs are in compliance with this requirement.

Medical Education (M. D.) Program

The MSM medical education program provides all course work necessary to complete the MD curriculum. MD students may take any of the five required clinical electives at other LCME accredited medical schools. The elective program must be approved for each student to ensure a balanced program. Requirements for obtaining approval and credit for non-MSM electives are published in the [Student Handbook](#) and the [Academic Catalog](#).

Graduate Education in Biomedical Science (GEBS) Program

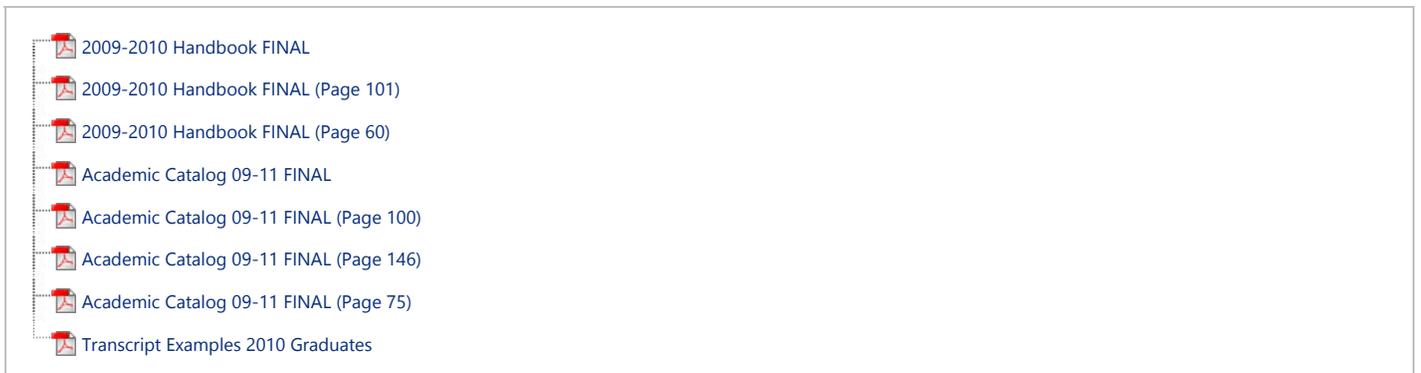
The MSM GEBS graduate program provides all course work necessary to complete the Ph.D., Masters Science in Clinical Research (MSCR) and Masters of Science (MS). Although some work and training toward the Ph.D. may take place at other sites, students are required to be in residence at the Morehouse School of Medicine for a minimum of 3.5 years to earn a Ph.D. in Biomedical Sciences from this institution. Students may cross register, with permission, at any of the twenty accredited private institutions that are members of the Atlanta Regional Council for Education (ARCHE). Requirements for degrees in the GEBS program are listed in the [Academic Catalog](#) and the [Student Handbook](#).

Master of Public Health (M.P.H.) Program

The MPH Program provides all course work necessary to complete the core curriculum, required track courses, and two to three elective courses. Students may cross register, with permission, at any of the twenty accredited private institutions that are members of the Atlanta Regional Council for Education (ARCHE). Curriculum information is listed in both the [Student Handbook](#) and [Academic Catalog](#).

Redacted transcripts of M.D., Ph.D., and M.S.B.R graduates who fulfilled all program requirements at MSM are attached.

Sources



3.6.4

Educational Programs: Graduate/Post-Baccalaureate:Post-baccalaureate requirements

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Medical Education (M.D.) Program

Requirements for the Morehouse School of Medicine Medical Education program are in accordance with accreditation requirements of the Liaison Committee on Medical Education (LCME) and are published in the [Academic Catalog p. 43](#) and the [Student Handbook p. 24](#).

Graduate Education in Biomedical Science (GEBS) Program

Coursework, academic standards and progress policies are published in the [Academic Catalog p. 73](#) and the [Student Handbook, pgs 57-58](#).

Master of Public Health (M.P.H.) Program

The [Academic Catalog p.114](#) and [Student Handbook p. 93](#) contain course requirements and other information about the MPH program, which is accredited by the Council on Education in Public Health (CEPH).

Sources

 2009-2010 Handbook FINAL (Page 29)
 2009-2010 Handbook FINAL (Page 62)
 2009-2010 Handbook FINAL (Page 98)
 Academic Catalog 09-11 FINAL (Page 136)
 Academic Catalog 09-11 FINAL (Page 65)
 Academic Catalog 09-11 FINAL (Page 95)

3.7.1

Faculty: Faculty competence

The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines "Faculty Credentials.")

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine employs qualified faculty to engage in the education of students seeking degrees in six distinct academic programs: M.D., Ph.D., MSCR, MSBR, MSBT and M.P.H. However, there is no policy statement that addresses the number and rank of core faculty members to be supported by the base budget of the institution. **Core faculty** is defined as the faculty members essential to carrying out the mission of the institution.

The institution has a process in place to ensure that a competent faculty is employed who will address the mission and goals of the institution. The faculty appointment process is outlined in the [Faculty Appointments and Promotions Committee \(FAPC\) Manual](#). This process offers an opportunity for the applicant or faculty member to submit their credentials for review by the FAPC. The FAPC Manual is available online for ready access by the faculty and administrators as an easy reference. The Faculty/Academic Systems and Records Manager maintains faculty files with applicable documentation of qualifications in the Office of the Dean. This includes validation of the highest degree earned, related work experiences in the fields, professional licensure and certifications, honors and awards, continuous documented excellence in teaching or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes are considered by FAPC.

Steps taken for appointment to the faculty involve several individuals and/or offices, including the department chair, the Dean, the FAPC (for certain ranks), the Academic Policy Council (APC), the President, the Board of Trustees, the Office of Human Resources and the Office of Finance. When a faculty position becomes available within a department, the department chair confers with the Dean and then appoints a departmental search committee that is responsible for recruiting, evaluating and ranking eligible candidates. From the group of qualified candidates, the committee selects a small number (short list) to visit MSM for further evaluation. The selected candidates are interviewed by members of the search committee and other faculty members within and outside of the department. During the interviews and presentation of a seminar (when indicated), an assessment is made of the applicant's proficiency in oral communication in English. Only those qualified candidates whose command of the English language is deemed appropriate for their faculty responsibilities, are presented to the Dean and considered for appointment.

As part of the institutional verification of credentials, the Office of the Dean (Associate Dean for Administration) confirms that the highest degree was, in fact, awarded by the institution noted on the candidate's curriculum vitae. The office requires a sealed written document of verification from the Registrar of the institution granting the M.D. degree and from the institution responsible for residency training. Because it is assumed that faculty holding the Ph.D. usually will have done postdoctoral work, a letter from the person who supervised the postdoctoral work is also requested. If a faculty appointment has been held previously by the candidate, the letter from the postdoctoral mentor is optional. It is a requirement that faculty members who hold the M.D degree and who will have clinical service responsibilities be licensed to practice medicine in the State of Georgia. Appointments to rank of Assistant Professor or higher for clinical faculty with the M.D. degree, require that the candidate be either board eligible or board-certified in their respective specialty. Exceptions to the requirement of a license to practice medicine are granted in those cases where an individual who holds the MD degree does not intend to engage in clinical practice. In these cases, the credentials check is handled in the same manner as it is for those who do not hold the M.D. degree. Candidates for faculty appointment whose highest earned degree is from a nonregionally accredited institution are carefully reviewed by personnel in the Office of the Dean to verify the appropriateness of the faculty member's academic preparation. A review of the records indicates that members of the faculty who have obtained such degrees are from international universities. During the interviews and presentation of a seminar (when indicated), an assessment is made of the applicant's proficiency in oral communication in English. Only those qualified candidates, whose command of the English language is deemed appropriate, are presented to the Dean and considered for teaching appointments.

Additional information can be found in the [Faculty Bylaws](#) and the [Faculty Handbook](#). A sample of a [faculty file](#) is also included as additional documentation.

Sources

-  Faculty Appointment & Promotion Process and Policies
-  Faculty Bylaws
-  Faculty File Sample
-  Faculty Handbook rev 070105
-  Faculty Roster 2010
-  MSM Faculty by Course

3.7.2

Faculty: Faculty evaluation

The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Office of the Dean is responsible for conducting an evaluation of each course and the faculty assigned to teach the courses. This is done through a survey that is completed anonymously by the students at the end of the semester. The survey results are reviewed by the course coordinator who uses the information to make teaching and curricula changes to enhance the course for the next year.

Continued documentation of excellence in teaching or other demonstrated achievements occurs annually through the Faculty Activity Report (FAR). This evaluation process begins with the completion of the FAR document submitted by the faculty member to the Department Chairperson for review and discussion. A summary evaluation report is then submitted to the Dean.

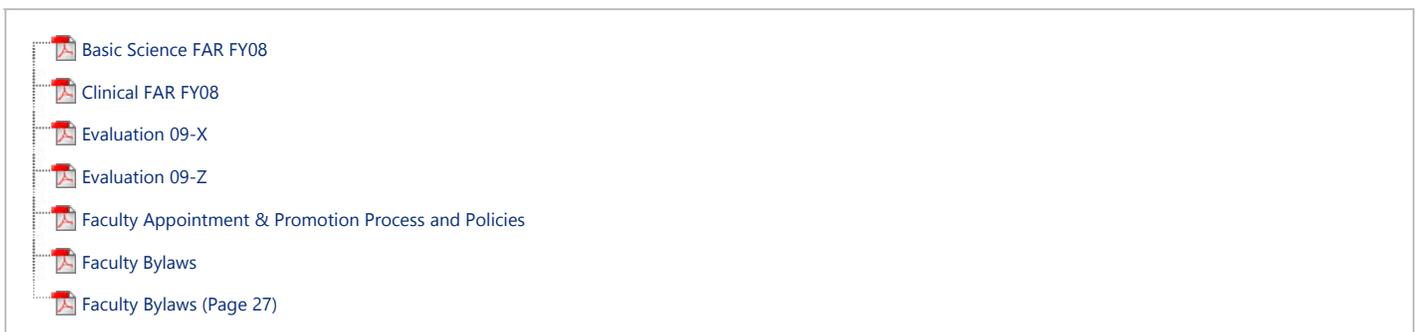
The performance of each faculty member is reviewed annually at the departmental level and in consultation with the Dean. Department chairs make an assessment of each faculty member's activities based on achievement of individual goals in teaching, research and/or service, and/or contributions to the overall mission of the department. The [Bylaws of the Faculty \(Article VI, Section 5\)](#) describe the process for evaluation of faculty. The criteria used for assessing contributions are described in the FAPC Process and Policies manual and include the number of publications and acquired extramural grants. The criteria for service vary depending on the category of the faculty (basic science, [clinical](#)), and include contributions to institutional service, clinical service and service to one's profession. The evaluation criteria are consistent with the educational mission of the institution.

The annual evaluation process consists of the generating of a Faculty Activity Report (FAR) and the chairperson's evaluation each faculty member. These documents have been approved by the APC as an evaluation instrument for faculty. The chairperson of the department and the individual faculty members discuss these reports (FAR/CAEF) prior to the chairperson's discussion of individual faculty activities with the Dean. Additional information used by the chairperson is a student evaluation of individual instructors. Department chairs utilize the evaluation process of teaching, service and research activities to prescribe improvement programs for individual faculty members. A review of practices in this regard include: recommendations by chairs to send faculty members to workshops to improve teaching; a recommendation for a sabbatical leave; recommendations to attend a course on research techniques; recommendations for continuing medical education experience to improve clinical skills. Sample evaluations of Researchers X and Z are attached.

After the review of each faculty member by the Departmental Chairperson and the Dean, recommendations are made regarding restructuring of individual faculty assignments with regard to teaching, scholarly activities and service. Recommendations are made for improving areas of deficiency. Specific areas of faculty development are recommended to the faculty members. In some cases, faculty have been relieved of teaching responsibilities if several attempts to improve teaching skills have yielded minimal results in terms of teaching evaluations.

Faculty members who serve as chairperson are evaluated annually by the dean. The dean collects faculty input from members of the department's faculty. In addition, the chairperson is asked to submit a self-evaluation of how well they achieved the goals established in the previous year. Also, considered is the department Annual Report. The dean meets with the chairperson to discuss their FAR as well as the other documents listed above.

Sources



3.7.3

Faculty: Faculty development

The institution provides ongoing professional development of faculty as teachers, scholars, and practitioners.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine is committed to, and provides a number of opportunities for the continuing professional development of its faculty. Faculty are provided development opportunities through support by their department chairs to attend scientific meetings and/or to pay for membership in professional societies. In some cases, research grants provide for additional development opportunities. The Dean may sponsor various faculty development travel awards for targeted purposes.

The Continuing Medical Education program is a long-standing program that allows clinical faculty to present and participate conferences that provide CME credits. The MSM Continuing Medical Education program is accredited by the Accreditation Council for Continuing Medical Education (ACCME), and is directed by the CME Committee, a standing committee of the Academic Policy Council (APC).

The [Faculty Bylaws](#) provide for faculty educational or sabbatical leave. Many faculty members have taken advantage of this leave opportunity through the years.

The Faculty Development Program was initiated by the Department of Family Medicine in 1993. The original target audience was community-based physicians serving as faculty but has been expanded to include all (new and existing) basic and clinical faculty. Participants gain competency and confidence in core teaching skills through integrative workshops. The curriculum includes teaching small, medium, and large groups; using media appropriately; research and writing for the medical literature; and developing educational programs, evaluation, and administration. Enrollees sign a learning contract that includes completing homework assignments. They demonstrate knowledge and skills gained by completing a quarterly project (such as mailing a letter to the editor, making a presentation, and writing a brief report). Three years after the initial Faculty Development program was implemented, short-term workshops were adapted from this model and offered to all Morehouse faculty members. Workshops range in length from one-half day to six to eight weeks. Faculty can register for basic and advanced workshops in Teaching and Writing, grant Writing, Primary Care/Clinical Research, Public Speaking, and/or Executive Tools for the Management Age. Clinical participants earn CME credits for attending the longitudinal and the short-term workshops. The 2010-2011 schedules for [Modular](#) and [Executive](#) workshops are attached. An article recently published by Dr. George Rust, et al in the *Journal of Family Medicine* is also provided.

Sources

-  [Faculty Bylaws](#)
-  [Rust et al MSM Faculty Development article in Family Medicine Jan 2006](#)
-  [Schedule of EXECUTIVE Workshops 2010-2011](#)
-  [Schedule of MODULAR workshops-2010 -2011](#)

3.7.4

Faculty: Academic freedom

The institution ensures adequate procedures for safeguarding and protecting academic freedom.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Academic freedom, its entitlement and responsibility, are outlined in the [Faculty Handbook](#) and [Faculty Bylaws \(Article VIII\)](#) and defined for a variety of circumstances. The Bylaws of the Faculty contain statements regarding the principles of academic freedom. A copy of the bylaws is distributed to each faculty member and is also available on the institution's website and in the library. Article VIII on Academic Freedom includes statements related to expectations of professional behavior.

Sources

-  [Faculty Bylaws](#)
-  [Faculty Bylaws \(Page 36\)](#)
-  [Faculty Handbook rev 070105](#)
-  [Faculty Handbook rev 070105 \(Page 41\)](#)

3.7.5

Faculty: Faculty role in governance

The institution publishes policies on the responsibility and authority of faculty in academic and governance matters.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The MSM Faculty Bylaws clearly name the Academic Policy Council (APC) as the body of the faculty that develops and oversees the academic policies of MSM. The APC, chaired by the dean and composed of departmental chairpersons, elected faculty representatives and student representatives, has the responsibility for oversight of all educational programs. To facilitate its work, the council elects individuals to serve on its standing committees. These committees are especially concerned with matters of academic policy in areas such as admission of students, evaluation and promotion of students, faculty appointments and promotions, curriculum development and evaluation, library, research, laboratory animal care, hospital relationships and continuing medical education. Additional details are available in Appendix IX of the Faculty Bylaws. Other standing committees monitor specific educational content of courses and the effectiveness of the faculty's teaching efforts. The APC has primary oversight of the three educational programs. Policy statements regarding the role of faculty in institutional governance are found in [Section 2.6 of the Faculty Handbook](#), and [Article V of the Faculty Bylaws](#). Both documents are disseminated among all faculty members.

The Faculty Assembly, as described in [Article IV of the Faculty Bylaws](#), promotes communication within the faculty and enables faculty members to participate in the development and evaluation of academic policies and make recommendations to the dean or the APC. Membership is open to faculty as described in Article IV, Section 2 of the Faculty Bylaws.

Sources

-  [2011 APC Committee Slates-Final](#)
-  [December 2009 minutescgl](#)
-  [Faculty Bylaws \(Page 14\)](#)
-  [Faculty Bylaws \(Page 9\)](#)
-  [Faculty Handbook rev 070105 \(Page 114\)](#)
-  [Faculty Handbook rev 070105 \(Page 15\)](#)
-  [March 25 2010 minutescgl](#)
-  [May 2010 APC minutes](#)

3.8.1

Library and Other Learning Resources: Learning/information resources

The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The [Morehouse School of Medicine Library](#) is located on the first floor of the Medical Education Building with the administrative offices, Archives and the 24 hour study areas located on the second floor. The first floor of the library houses the public area with 12 library tables and four chairs per table; eight individual enclosed carrels and 15 double sided carrels with seating for 30; four study rooms with one table per room, and four chairs; and the Multi-Purpose Room which seats up to 12 people and may be reserved. The Electronic Laboratory is located behind the Circulation area with 20 workstations that may be used by individuals Monday through Friday, 10:00am to 6:00pm. The entire laboratory is available for reserve. Six computers are available in the public area and are connected to the MSM network. Wireless access is available in the library and the study areas of the first and second floors.

Emory University's Grady Branch is across the street from the main hospital, one block from Hughes Spalding Children's Hospital and one block from Piedmont Hall, site of some clinical department offices. The clinical department offices are also hard wired to the MSM network.

In previous surveys, students indicated the need for more study rooms. In 2005 the library was renovated creating four study rooms on the first floor and two study rooms on the second floor adjacent to the 24 hour area. The Conference room on the first floor was designated as the Multi-Purpose room. The 24 hour area on the second floor is composed of eight rooms separated by a large common area. Resources are available in these study areas through the use of the MSM wireless network. Print and non-print resources may be checked out for use in the 24 hour room.

The Library's mission is to support excellence in teaching, learning, research, and practice by the acquisition, development, management and delivery of information resources to users in the library at the desktop, at remote sites and at home to further the mission of the institution. To implement this mission in the library and the study areas, we have created individual study, group study and quiet zones.

Evaluations of educational programs were conducted by performing two [LibQual](#) surveys in 2003 and 2005, focus groups, and short in house surveys. Staff received very positive evaluations, several patrons commented on the need for additional resources in public health, and some indicated the need for improvement in the timely retrieval of interlibrary loan journal articles. Because of the results of the surveys and the strategic plan of the institution, we have addressed the concerns of faculty, students, and staff by adding the Freedom Collection of ScienceDirect, acquiring additional print and online public health resources, and delivering interlibrary loan requested articles by email. By implementing the collection development policy of the MSM Library, the Acquisitions Librarian, and the Division Head for Technical Services, with input from the Division Head for Information Services, make a periodic assessment of the monographic and serials collections. Additional titles are added where necessary and outdated titles are weeded from the Collections. Recommendations for new materials for the collections are also received from faculty, staff and students. Also, usage statistics from the integrated library system and online databases are used to improve access to library resources. The acquisitions of journal back volumes from Elsevier, OVID and Wiley Interscience would further enrich the library's online collection of journals.

The circulation area, a part of the Division of Information Services, is the starting point for securing information and circulation of various items. Brief "how to sessions", are conducted here, as well. Individuals with complex needs are referred to the proper librarian. Information Services offers online literature searching, library instruction and bibliographic verification of authors' sources for manuscript preparation. These services are available at no cost, primarily to assist faculty, researchers, students, and staff. Interlibrary loan, another component of The Division of Information Services, acquires journal articles and books from other libraries primarily through DOCLINE. Patrons may place their request utilizing the forms on the library's website or the printed request form in the library.

Orientation about library resources is an ongoing activity. However, during June and August several sessions are provided to students of the Vivien Thomas Institute, the summer fellow programs, and the First and Second Year medical students. Residents in Medicine, Obstetrics and Gynecology, Psychiatry, Pediatrics and Surgery are also taught during the above time period with sessions in the library and off site.

The Library's normal hours of operation are Monday – Thursday 7:30 AM – 12:00 AM, Friday 7:30 AM – 10:00 PM, Saturday 10:00 AM – 10:00 PM and Sunday 12:00 PM – 12:00 AM. Hours are extended during examination periods. The Library is only open to the public Monday – Friday from 9:00 AM – 5:00 PM. In addition to the 24 hour area on the second floor, the two adjacent study rooms are also available 24 hours.

Sources

 Book and Journal Recommendation Form

 Library LibQual

 Library Snapshots

 MSM Digital Library

 MSM Library

 MSM Library Forms

3.8.2

Library and Other Learning Resources: Instruction of library use

The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Division of Information Services is charged with providing access to regular and timely instruction in the use of the library and its many learning/information resources. The first point of contact with patrons is the Circulation Desk. Here, brief instruction is given on the use of the Online Catalog, Ovid, Access Medicine, MD Consult, ScienceDirect, Scopus, Wiley Interscience and other online resources.

In-depth instruction in the utilization of print and online resources is offered to faculty, students and staff to support teaching and learning, promote lifelong learning, and to develop excellent research skills. Formal training sessions usually take place in the Library Electronic Laboratory. Individual sessions are conducted at the Information Desk, offices, and the public area of the library, and in classrooms, e-labs, and other areas of the campus, as needed. Departmental and remote training sessions are also conducted. Descriptions of classes on the [library website](#) include:

Access Medicine: Learn how to access and search online 24 full-text basic medical sciences and clinical sciences monographs.

Electronic Books: Learn how to access more than 250 full-text library E-books from your desktop on campus.

Electronic Journals: Learn how to access more than 5000 full-text Library E-journals from your desktop on campus.

GALILEO: Learn how to use GeorgiA LLibrary LEarning Online, Georgia's Virtual Library.

Introduction to MSM Library Digital Resources: Learn what electronic resources are available and how to access and search them. Each class will spotlight a specific electronic resource.

Journal Citation Reports: Learn how to use JCR, a journal evaluation resource that uses citation data.

MD Consult: Learn how to search for information using this online clinical information service that includes 51 full-text medical monographs, select full-text articles from medical journals, peer-reviewed clinical practice guidelines, patient education, drug information and continuing education modules.

Ovid: Learn how to search using a platform of online databases: AARP Ageline, Books@Ovid (which includes 52 full-text monographs), Embase, Evidence Based Medicine Reviews, Health and Psychosocial Instruments, International Pharmaceutical Abstracts, Your Journals@Ovid (which includes 253 full-text journals), and Medline.

PubMed: Learn how to search the medical literature compiled by the National Library of Medicine. Find out how to save search strategies, apply limits and use related articles.

Science Direct: Learn how to search for information using this online scientific database. You will have access to over 950 electronic full-text journals and book series.

SCOPUS: Learn how to use the largest abstract and citation database of research literature and quality Web sources.

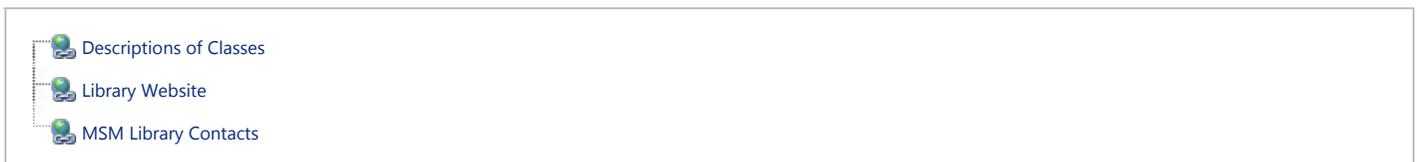
STAT!Ref: Learn how to use the 23 electronic full-text monographs available here.

Cybertools for libraries: Learn how to locate materials within the Library using the Online Public Access Catalog (OPAC).

Wiley Online Library: Using this online publishers' database, you will have access to more than 913 electronic full-text journals.

Training sessions provided at student orientation at the beginning of each academic year when nearly 95% of all medical, MPH, and master and PhD biomedical students and residents are in attendance. Students are provided with basic information to navigate the MSM library and access some of the online resources. Additional library resource classes are held in the library and classrooms to provide instruction on specific and relevant tools in conjunction with professors' upcoming assignments and students' needs. Often one-on-one instruction is also held to further assist students in the use of the various tools, databases, and resources.

Sources



3.8.3

Library and Other Learning Resources: Qualified staff

The institution provides a sufficient number of qualified staff "with appropriate education or experiences in library and/or other learning/information resources "to accomplish the mission of the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Library staff consists of four (4) professional Librarians, six (6) full-time Library staff persons and five (5) part-time Library support staff. Joe Swanson, Jr., MSLS, Interim Library Director/Division Head for Computer Systems, has been at Morehouse School of Medicine, since August, 1979. Xiomara E. Arango, MSLS, Division Head for Technical Services has been at the institution since October, 1981. Tara Douglas-Williams, MSLS, joined the staff in April 2010 as the Division Head for Information Services. Roland Bernard Welmaker, PhD, is the Cataloger, Acquisitions librarian and Archivist for the Library.

All employees are cross-trained to provide assistance and instructions in the use of the various library print and online resources. The Staff has participated in continuing education courses at-local, regional and national conferences. The staff has received training from vendors on a specific databases such as Ovid, ScienceDirect, Scopus, Stat!Ref, etc. Staff has participated in classes conducted by the National Network of Libraries of Medicine, and the Oak Ridge Institute for Science and Education (ORISE). Staff has attended in house training classes conducted by Librarians.

Library staff and Education/Experiences:

Name	Job Description	Qualifications
Joe Swanson, Jr., M.S.L.S	Interim Director/Division Head for Computer System	JoeSwanson_CV.pdf
Xiomara Arango, M.S.L.S.	Division Head for Technical Services	XiomaraArango CV.pdf
Tara Douglas-Williams, M.S.L.S.	Division Head for Information Services	TDouglas_Williams CV.pdf
Roland Bernard Welmaker, M.S.L.S.	Librarian III, Technical Services	RBWELMAKER cv.pdf
Gwinnett Bates	Library Technical Assistant II, Information Services	GwinnettBates _CV.pdf
Jerrold Mobley	Library Technical Assistant III, Technical Services	Jerrold Mobley CV.pdf
Catherine Williams Parker	Library Technical Assistant IV, Information Services	CatherineWParker CV.pdf
Terrence Redd	Office Coordinator	T REDD CV.pdf
Yolanda Sapp	Library Technical Assistant II, Technical Services	Yolanda Sapp CV.pdf
Mary White	Library Technical Assistant III, Information Services	MWhite CV.pdf

Benchmarks

The MSM library, with a staff about half the size of three of its benchmarked libraries, provides comparable hours of direct service, with comparable expenditures for resources – both print and digital. Collection size is often a function of the differences in the ages of the institutions.

	MSM	Howard	Meharry	Mercer	U of South Alabama
Established	1975 ¹	1927 ¹	1940 ¹	1974 ¹	
Hours/week	104.5 ¹	112 ¹	80 ¹	90 ¹	104 ²
Collections ³					
Monograph Titles	30,000	133,621	10,056	44,805	23,430

Journal Titles	5,118	1,182	3,074	10,757	905
Databases	15	31	236	41	37
Personnel ⁴					
Librarians	5.5	5	6	10.5	9
Paraprofessionals	6	15.5	5	10	17
Hourly FTE	3	4.5	2	4	1.9
Total staff	14.5	25	13	24.5	27.9
Expenditures ⁵					
Personnel	\$658,065	\$907,239	\$349,318	\$837,400	\$1,139,311
Collections	\$920,000	\$1,200,405	\$970,425	\$976,541	\$1,356,673

¹Accessed on August 18, 2010 at 10:30am <http://www.americanlibrarydirectory.com/LOGIN.ASP>

²Accessed on August 18, 2010 at 10:50pm <http://biomedicallibrary.southalabama.edu/library/?q=hours>

³2008-2009 Annual Statistics of Medical School Libraries in the United States and Canada, 32 edition.
Association of Academic Health Sciences Libraries, 2010, pp. 47-49.

⁴2008-2009 Annual Statistics of Medical School Libraries in the United States and Canada, 32 edition.
Association of Academic Health Sciences Libraries, 2010, pp. 68-69.

⁵2008-2009 Annual Statistics of Medical School Libraries in the United States and Canada, 32 edition.
Association of Academic Health Sciences Libraries, 2010, pp. 51-52.

Sources

 Library_Staff CV
 CatherineWParker CV
 GwinnettBates_CV
 Jerrold Mobley CV
 JoeSwanson_CV
 MaryWhite CV
 RBWELMAKER CV
 T REDD CV
 TDouglas_Williams CV
 XiomaraArango CV
 Yolanda Sapp CV

3.9.1

Student Affairs and Services: Student rights

The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The rights of the students are stated throughout the Student Handbook. This information is actively reviewed at the annual orientation programs for entering students and can be revisited with the Student Affairs staff at any time. Hardcopies of these books are provided annually to each student and academic departments and are also available in the Student Affairs Office. The handbooks are made available to all faculty, staff and students via the [MSM website](#).

Policies that affect students can be grouped into three sections: Academic Evaluation and Disciplinary Action, Student Organizations and General Policies that affect students and the entire Morehouse School of Medicine Family. These policies include:

Academic Evaluation & Disciplinary Action

- Medical Students who are to be considered for dismissal have the right to appear in person before the promotions committee ([Student Handbook, 51](#)). Students may appeal a dismissal decision by notifying the Dean/Senior Vice President for Academic Affairs in writing within ten working days of receipt of the letter of dismissal. ([Student Handbook, 53](#))
- Upon receipt of official written notification students have ten days to respond in writing, acknowledging receipt of the notice, requesting a meeting with the General Education in Biomedical Science Student Academic Progress Committee (GEBSSAP) committee for an opportunity to rebut the dismissal recommendation and describing any additional information to be presented in the GEBSSAP committee meeting. Written input, in the form of letters of support or commentary from whomever the student wishes, will be accepted prior to the meeting for consideration by the committee prior to and during the meeting. If dismissed, students can appeal to the Dean only on the grounds of failure by the GEBSC to follow its own procedures or prejudice toward the student by the GEBSSAP committee members. ([Student Handbook, 90](#)).
- MPH students who are to be considered for dismissal or have been administratively withdrawn from the program have the right to appear in person before the Student Academic Progress Committee (SAPC). In the event that a student fails to exercise this right to appear before the committee, the SAPC will deliberate and make a decision based on data presented in the academic record ([Student Handbook, 101](#)).

Student Organizations

- Students have the right to act collectively to take the steps necessary to ensure fair treatment for all. ([Student Handbook, 11](#)).
- Any student who is officially registered as an MSM student (Ph.D., medical, and graduate) shall have the right to vote concerning the academic affairs in his or her class. Academic affairs shall include: curriculum, scheduling of classes, review sessions, exams and student/faculty interactions. Special students are enrolled in the class in which they will graduate but shall have the right to vote on any issues in classes in which they are enrolled. ([Student Handbook, 12](#))
- If a student engages in a dispute with the school administration, faculty, and/or staff, he or she may present the matter in writing to the class president. The student involved shall reserve the right to have the matter presented to the entire class and/or the class president, SGA president and the Assistant Dean for Student Affairs. ([Student Handbook, 14](#))
- To establish Morehouse School of Medicine (MSM) policy that recognizes the right of students to form organizations at MSM, that is not forbidden by federal laws, state laws, or MSM policy. Student organizations must be registered and approved through procedures established in "Student Organizations Policies." ([Student Handbook, 17](#))

General Policies

- Drug Free School: Students have the right to attend classes in an atmosphere that is free from the influence of illegal substances. It is

the policy of Morehouse School of Medicine that the unlawful manufacture, distribution, dispensation, possession, sale, processing or use of any controlled substance by faculty, staff or students is prohibited on school property or while on school business. ([Student Handbook, 131](#); [Academic Catalog, 143](#))

- Anti-Discrimination and Harassment Policy: It is the right of the student and the policy of the institution to maintain an academic environment that is free of all forms of unlawful discrimination and harassment. ([Student Handbook, 132](#); [Academic Catalog, 145](#))
- Complaints: Any student who feels that he or she has been subjected to or has witnessed unlawful discrimination or harassment in the workplace has the right to complain. Students should report the matter to the Assistant Dean for Student Affairs, the Chief Compliance Officer or The Associate Vice President of Human Resources. These individuals are charged with seeing that the matter is promptly investigated by the appropriate individuals. ([Student Handbook, 133](#))
- Family Educational Rights and Privacy Act (FERPA): MSM is in full compliance with the federal Family Educational and Privacy Act of 1974 as amended (P.L. 93-380) which gives students access to their educational records. ([Student Handbook, 121](#); [Academic Catalog, 141](#))

Sources

	2009-2010 Handbook FINAL
	2009-2010 Handbook FINAL (Page 106)
	2009-2010 Handbook FINAL (Page 126)
	2009-2010 Handbook FINAL (Page 136)
	2009-2010 Handbook FINAL (Page 137)
	2009-2010 Handbook FINAL (Page 138)
	2009-2010 Handbook FINAL (Page 16)
	2009-2010 Handbook FINAL (Page 17)
	2009-2010 Handbook FINAL (Page 19)
	2009-2010 Handbook FINAL (Page 19)
	2009-2010 Handbook FINAL (Page 22)
	2009-2010 Handbook FINAL (Page 56)
	2009-2010 Handbook FINAL (Page 58)
	2009-2010 Handbook FINAL (Page 95)
	Academic Catalog 09-11 FINAL (Page 163)
	Academic Catalog 09-11 FINAL (Page 165)
	Academic Catalog 09-11 FINAL (Page 167)
	MSM: Current Students

3.9.2

Student Affairs and Services: Student records

The institution protects the security, confidentiality, and integrity of student records and maintains special security measures to protect and back up data.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Student academic records for all educational programs are maintained in the Office of the Registrar. Admissions records are secured in the Office of Admissions until candidates become registered students, when the records are transferred to the Office of the Registrar. All hardcopies of student academic information are maintained in fire-proof metal file cabinets a separate, secure file room within the suite of the Registrar. The file room has separate keys from the rest of the suite, and is not accessible by security master keys.

The electronic student records system has a variety of control measures in place that include user- and role-based access controls. In addition, the application includes audit trail functionality and privacy controls that can be assigned to student records. Each user of the MSM network is required to change their password every ninety days. This practice is enforced by the automatic expiration of the password. All users are trained to maintain the confidentiality of their password and to change it at any time they feel that confidentiality has been breached.

MSM is in full compliance with the federal [Family Educational Rights and Privacy Act of 1974](#) as amended (P.L. 93-380) which gives students access to their educational records. Individuals who have particular questions or wish to view a copy of the Act are urged to contact the Office of the Registrar or the Dean's Office. Students can arrange to review their records by making an appointment with the Registrar located on the first floor of the Hugh Gloster Building, adjacent to the Office of Admissions and Student Affairs.

- The Office of the Registrar will comply with and abide by all federal and state laws which apply directly to the institution and the Confidentiality and Release of information about students – in particular, the Family Educational Rights and Privacy Act of 1974 (FERPA).
- The general rule is that only directory information may be released without prior written consent from the student. All other information may only be released upon written request from the student. Permanent Records shall be released to comply with a subpoena or court order only with the consent and advice of the institution's legal counsel. Student's will be notified in writing upon receipt of the subpoena or court order if they wish to prevent the release of the records.
- Directory information may be restricted with prior written consent from the student. At the start of each academic year during orientation students will be provided the necessary form to restrict release of directory information.
- Only those records shall be kept which are necessary in order to meet the institution or student's goals. All office policies governing the maintenance and release of student records are public and are available to students, faculty, and administration.

Sources

 2009-2010 Handbook FINAL (Page 126)

3.9.3

Student Affairs and Services: Qualified staff

The institution employs qualified personnel to ensure the quality and effectiveness of its student affairs programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine student support programs are under the direction of [Dr. Ngozi Anachabe](#), Assistant Dean for Student Affairs, who is responsible for planning, administering, implementing and evaluating student support programs and services. Dr. Anachabe is a member of the faculty who had served on a number of student-related committees prior to her appointment as assistant dean. Offices under her supervision are the Office of Admissions and Student Affairs, Student Fiscal Affairs and Counseling Services. The student affairs program has qualified staff. Persons holding key positions are listed below, and their resumes or cvs are provided.

Name	Title	Unit
Adams, Carma	ADMINISTRATIVE ASST III	Admissions/Student Affairs
Anachebe, Ngozi F., MD	AST DEAN/ADMIN STU AFFS	Admissions/Student Affairs
Bland, Jasmin	ADMINISTRATIVE ASST III	Admissions/Student Affairs
Reed, Michelle M.	STU ACTIVITIES COORD	Admissions/Student Affairs
Roaf, Sterling A.	DIRECTOR I, ADMISSIONS	Admissions/Student Affairs
Scott, Jacqueline A.	DIRECTOR	Admissions/Student Affairs
Wyatt, Adrienne L.	INTERIM REGISTRAR	Admissions/Student Affairs
Garrison, Shawn, Ph.D.	DIRECTOR	Counseling Services
Handy, Cynthia H.	DIRECTOR	Student Fiscal Affairs

Sources

 2010 Anachebe CV
 Anachebe Biosketch
 Carma Resume
 Jacqueline Scott
 Michelle Reed CV
 Shawn Garrison CV
 Sterling A Roaf
 Student Affairs-Adrienne Wyatt
 Student Affairs-Cynthia Handy
 Student Affairs-Jasmin Bland

3.10.1

Financial Resources: Financial stability

The institution's recent financial history demonstrates financial stability.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine's recent financial history is stable and strong. This is demonstrated by the positive change in net assets for FY2006-2010, increasing enrollment trends during FY2006-2010, unqualified audit opinions, highly qualified financial administrators and staff, endowment investment policies based on sound investment practices, risk tolerance and liquidity requirements and sound budgeting practices.

The School documents its recent history of financial stability as follows:

Summary Statements of Financial Position are included as Table 3.10.1.1:

FY 2006	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Total Revenues and other additions	115,450,036	1,778,184	10,593,043	127,821,263
Total Expenses	120,141,986	-	-	120,141,986
Change in net assets	(4,691,950)	1,778,184	10,593,043	7,679,277
Net assets at beginning of year	66,676,427	6,484,071	32,698,447	105,858,945
Net assets at end of year	61,984,477	8,262,255	43,291,490	113,538,222

FY 2007	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Total Revenues and other additions	115,875,353	3,046,692	5,291,856	124,213,901
Total Expenses	117,789,898	-	-	117,789,898
Change in net assets	(1,914,545)	3,046,692	5,291,856	6,424,003
Net assets at beginning of year	61,984,477	8,262,255	43,291,490	113,538,222
Net assets at end of year	60,069,932	11,308,947	48,583,346	119,962,225

FY 2008	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Total Revenues and other additions	114,744,123	(3,149,553)	5,468,825	117,063,395
Total Expenses	115,913,674	-	-	115,913,674
Change in net assets	(1,169,551)	(3,149,553)	5,468,825	1,149,721
Net assets at beginning of year	60,069,932	11,308,947	48,583,346	119,962,225
Net assets at end of year	58,900,381	8,159,394	54,052,171	121,111,946

FY 2009	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Total Revenues and other additions	124,461,939	3,046,692	5,291,856	124,213,901
Total Expenses	119,767,315	-	-	119,767,315
Change in Acct. Princ.				

Change in net assets	3,275,332	(5,069,605)	5,880,804	4,086,531
Net assets at beginning of year	58,900,381	8,159,394	54,052,171	121,111,946
Net assets at end of year	62,175,713	3,089,789	59,932,975	125,198,477

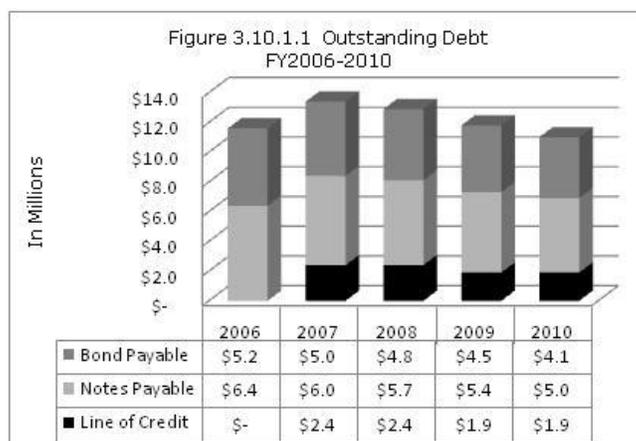
FY 2010	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Total Revenues and other additions	\$124,475,893	\$1,289,278	\$ 5,155,195	\$130,920,366
Total Expenses	123,622,926	-	-	123,622,926
Change in net assets	852,967	1,289,278	5,155,195	7,297,440
Net assets at beginning of year	62,175,713	3,089,789	59,932,975	125,198,477
Net assets at end of year	\$63,028,680	\$ 4,379,067	\$65,088,170	\$132,495,917

Consolidated Financial Index

The Consolidated Financial Index (CFI) measures the financial health of the School. The CFI consists of a combination of four ratios: the primary reserve ratio, viability ratio, return on net assets ratio, and net operating revenues ratio. The CFI is calculated annually and reported to the Board of Trustees as a strategic plan performance measure. The strategic plan CFI target is 3.1. It should be noted that a composite score of 3 is considered the threshold for financial health. The School's CFI for FY2008 was 2.01, FY2009 3.2, and FY2010 3.34.

Short-Term and Long-Term Debt

The School has little debt representing less than 20% of total assets. Figure 3.10.1.1 provides the breakout between short term (line of credit) and long term debt.



A \$5.0 million line of credit is in place and at June 30, 2010, \$1.9 million was in use by Morehouse Medical Associates, the clinical faculty practice plan. The long term debt was incurred to construct a parking garage and to purchase real property. All financing is with Sun Trust Bank. The Bank requires a 1:1 Debt Service Coverage on the long term debt and for FY2008-2010 coverage was as follows:

FY2008	FY2009	FY2010
1.45:1	2.79:1	2.31:1

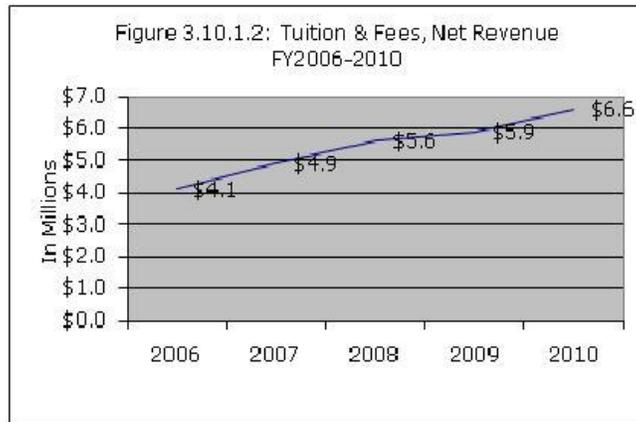
Debt service for all financing was included in the annual operating budget and all debt covenants were met at June 30, 2010.

Enrollment and Tuition

There is a consistent increasing enrollment trend as illustrated in Table 3.10.1.3:

Year	Enrollment
2006	273
2007	286
2008	294
2009	319
2010	330

Tuition and fees continue to increase as enrollment increases. Figure 3.10.1.2 shows that during FY 2006-2010 this revenue source increased by \$2.5 million or 61%.



Fundraising

Private gifts, grants and contracts experienced an increasing trend during FY2007-2009; however experienced trended downward for FY2010 following the downturn in the economy. Table 3.10.1.3 shows revenues from these sources during FY2006-2010:

Fy2006	FY2007	FY2008	FY2009	FY2010
\$15,303,072	\$11,384,052	\$11,820,155	\$13,744,808	10,482,009

Audited Financial Statements

FY2006-2009 audits were conducted by Ernst & Young LLP and FY2010 conducted by BDO Seidman, LLP. The audits are conducted in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. The FY2006-2010 audited financial statements and OMB Circular A-133 reports and schedules show an unqualified audit opinion for each of the years.

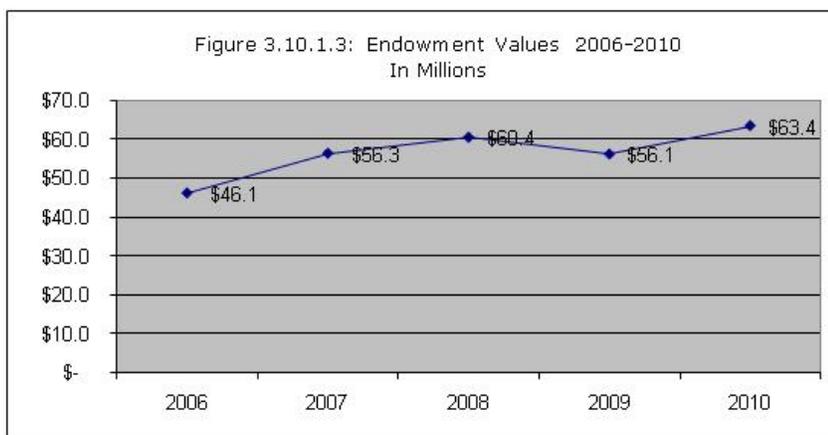
Financial Administrators

The competences of the financial administrators and staff are adequate to lead and manage the School's day-to-day fiscal affairs. The [Chief Financial Officer and Senior Vice President for Administration](#) has a Master of Business Administration (MBA) degree and has more than 25 years of experience at the executive level in higher education fiscal management. She also has experience as an investment consultant with an internationally recognized wealth management and financial advisory firm. The [Controller](#) is a certified public accountant and has 30 years of progressive experience in all aspects of finance and accounting with 14 years as controller at Morehouse School of Medicine. The [Director of Grants and Contracts](#) has more than 26 years of accounting and financial management experience with 19 of the years in grants and contracts management. She holds a MBA and has completed study in pursuit of a doctorate in higher education administration. The [Budget Manager](#) has 13 years of experience in financial modeling, financial analysis with the past nine years managing the institutional budget development process. She earned the Master of Science degree in management. The [Director of Financial Aid](#) has over 30 years of experience and is a member of the National and Southern Associations of Student Financial Aid Administrators. She has a Bachelor of Science degree.

Endowment Investments

As outlined in the *Fifth Amended and Restated Bylaws of the Morehouse School of Medicine, Inc. Article 4.2*, the Finance and Investments Committee, acting within the scope of the investment policy guidelines established by the Board of Trustees, oversees the investment of funds. The Committee has the authority to retain the management of funds in its own hands or select one or more investment advisors. The *Investment Policy Statement*, dated August 18, 2009 serves as the basis for investment decision making and spending to support endowed programs and activities. Day-to-day oversight of the investment manager is delegated to the School's Chief Financial Officer, a former Financial Industry Regulatory Authority (FINRA) registered financial advisor. The Bridgeman Group of Merrill Lynch Private Wealth Banking serves as the investment advisor overseeing multiple managers, employing various asset allocation strategies consistent with the return objectives and risk parameters as outlined in the Investment Policy Statement. The investment advisor provides regular written and oral reports to management and the Board of Trustees Finance and Investments Committee.

As shown in Figure 3.10.1.3, since 2006, the endowment has grown through gifts and returns by 37%. Ninety-four percent of the endowment is restricted and distributions support scholarships, chairs, research programs and other restricted purposes. Three percent of the endowment is unrestricted and three percent is Quasi. Like most institutions, the School's endowment investments and returns were adversely affected by the 2008-2009 global economic crisis. According to a May 2010, published report from the AAMC on the *Impact of the 2008 Economic Recession on U. S. Medical Schools and Related Organizations* during that period many schools experienced losses in the corpus ranging from 20%-30%. Figure 3.10.1.4 shows that MSM's endowment suffered losses ranging from 13.7 to 20.4; but, by June 30, 2010 had a return of 7.6%.



The *Investment Policy Statement* allows an amount for spending equal to 5% of a rolling 3-year average of the endowment's market value. In years when the endowment experienced losses, distributions were kept below the target spending rate of 5% and endowment funded expenses were adjusted accordingly.

Annual Budgets

The School prepares annual budgets that are fiscally sound, balanced, and approved by the Board of Trustees. The budget process is guided by a budget policy and development guidelines. The budgeted revenues and expenditures are aligned with the School's operational needs and strategic plan objectives. During the year, financial managers monitor actual performance compared to budget and recommend adjustments as may be required to ensure a balanced operation.

Sources

-  [Amended and Restated By Laws \(Revised July 2010\)](#)
-  [Amended and Restated By Laws \(Revised July 2010\) \(Page 13\)](#)
-  [Budget Manager Job Description](#)
-  [Budget Manager-CV-G Lois Wiggins](#)
-  [Chief Financial Ofcr & Sr. VP for Administration Job Description](#)
-  [Chief Financial Ofcr & Sr. VP for Administration-CV-Donnetta Butler](#)

-  Controller Job Description
-  Controller-CV-David Byrd
-  Director of Grants & Contracts Job Description
-  Director of Grants & Contracts-CV-Brenda Willis
-  Director Student Fiscal Affairs-CV-Cynthia Handy
-  Director Student Fiscal Affairs-Job Description
-  Impact of the 2008 Economic Recession on U. S. Medical Schools and Related Organizations
-  MSM Audited Financials Ended June 30 2010 and 2009
-  MSM Audited Financials w/A-133 Yrs Ended June 30 2007 and 2006
-  MSM Audited Financials w/A-133 Yrs Ended June 30 2008 and 2007
-  MSM Audited Financials w/A-133 Yrs Ended June 30 2009 and 2008

3.10.2

Financial Resources: Submission of financial statements

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 and represents the total operation of the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine (MSM) provides the Financial Profile and Financial Indicators on an annual basis to the Southern Association of Colleges and Schools Commission on Colleges.

The Financial Profile is prepared using MSM data taken from the US Department of Education Integrated Postsecondary Education Data System (IPEDS) and Financial Indicators and other measures of financial health are prepared using data taken from the School's audited financial statements. The [2010 Financial Profile](#) was completed using the [2009 IPEDS](#) report and the 2010 Financial Indicators and other measures section was prepared using the FY2009 Audited Financial Statements. The reports were due on July 16, 2010 and were submitted on July 14, 2010.

Sources

-  [2009 IPEDS Survey](#)
-  [MSM Audited Financial w/A-133 Yrs Ended June 30 2007 and 2006](#)
-  [MSM Audited Financials Ended June 30 2010 and 2009](#)
-  [MSM Audited Financials w/A-133 includes MMA Yrs Ended 2009 and 2008](#)
-  [MSM Audited Financials w/A-133 Yrs Ended June 30 2008 and 2007](#)
-  [SACS 2010 Financial Profile](#)

3.10.3

Financial Resources: Financial aid audits

The institution audits financial aid programs as required by federal and state regulations.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine (MSM) complies with all audit requirements associated with federal and state financial aid programs. For FY2010, MSM engaged BDO Seidman, LLP, an independent certified public accounting firm, to perform the audit as prescribed under the U.S. Office of Management and Budget (OMB) Circular A-133. The audit showed an unqualified opinion and no compliance issues. FY2006-2009 Circular A-133 audits were conducted by Ernst & Young, LLP, certified public accountants. MSM received unqualified audit opinions for these fiscal years as well.

Sources

-  MSM Audited Financial w/A-133 Yrs Ended June 30 2007 and 2006
-  MSM Audited Financials Ended June 30 2010 and 2009
-  MSM Audited Financials w/A-133 Yrs Ended June 30 2008 and 2007
-  MSM Audited Financials w/A-133 Yrs Ended June 30 2009 and 2008

3.10.4

Financial Resources: Control of finances

The institution exercises appropriate control over all its financial resources.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The financial affairs of Morehouse School of Medicine are the responsibility of the Board of Trustees who delegate the administrative responsibilities to the Chief Financial Officer and Senior Vice President for Administration, with approval and guidance from the President and the Board of Trustees.

The Chief Financial Officer has custody and control of all School funds and is responsible for establishing and communicating policies and procedures to safeguard the financial resources of the institution. Well qualified financial managers are in place to ensure that the policies and procedures are enforced and to fulfill their respective position responsibilities. Job descriptions and resumes for these managers are included in the report. Additionally, the Chief Compliance and Internal Audit Officer issues policies and procedures and performs periodic reviews to ensure that all activities are conducted with the highest standards of honesty and integrity. Deloitte & Touche, LLP the School's internal auditors, conducts periodic reviews designed to add value and improve operations with an emphasis on strengthening internal control. A copy of the Deloitte [internal audit of payroll](#) is included as an example. The following policies are in place for carrying out day-to-day activities: [Purchasing](#), [Accounts Payable](#), [Accounts Receivable](#), [Cash Receipting](#), [Travel and Entertainment](#), [Investment Policy and Guidelines](#), [Budget Development](#), [Fixed Assets Management](#), [Financial Reporting](#), [Conflict of Interest](#), and [Code of Conduct](#).

The financial status is monitored through periodic budget reviews with division heads and department chairs and updates by the Chief Financial Officer to the President's Leadership and Executive Councils. Both written and oral [financial reports](#) are provided at scheduled meetings of the Board of Trustees and interim reports are provided, as necessary, via conference calls.

During FY2010-2011, Banner, a fully integrated on line, self service, enterprise resource planning system, developed by SunGard Higher Education, is being implemented. Banner facilitates timely and accurate financial transaction processing; strengthens internal control; and provides on demand financial reporting and analysis. The following modules will be in place for service to students, faculty and staff: Student, Financial Aid, Finance and Human Resources.

Sources

-  [Accounts Payable Policy & Procedures](#)
-  [Accounts Receivable Policy & Procedures](#)
-  [Assoc. Dean, Administration and Assist VP of Finance CV-Sandra Watson](#)
-  [BOT Report-Finance](#)
-  [Budget Manager Job Description](#)
-  [Budget Manager-CV-G Lois Wiggins](#)
-  [Budget Policy & Procedure](#)
-  [Cash Receipts Policy & Procedures](#)
-  [Chief Compliance Officer Job Description](#)
-  [Chief Compliance Officer-CV-Lori Collins](#)
-  [Chief Financial Ofcr & Sr. VP for Administration Job Description](#)
-  [Chief Financial Officer & Sr. VP for Administration-CV-Donnetta Butler](#)
-  [Code of Conduct Policy](#)
-  [Conflict of Interest Policy](#)
-  [Controller Job Description](#)
-  [Controller-CV David Byrd](#)
-  [Director of Grants & Contracts Job Description](#)
-  [Director of Grants & Contracts-CV-Brenda Willis](#)
-  [Employee Reimbursement Travel Policy](#)
-  [Financial Reporting Policy & Procedure](#)

 Fixed Assets Policy & Procedures

 FY10 MSM Budget Reviews

 Internal Payroll Audit

 MSM Investment Policy Statement

 Purchasing Policy & Procedures

3.10.5

Financial Resources: Control of sponsored research/external funds

The institution maintains financial control over externally funded or sponsored research and programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Institution has a comprehensive system of pre-and post-award management practices that ensures compliance with federal, state and local laws that govern externally funded research and programs. A sponsored program is any activity for which public or certain private funds are received for support of research, instruction, training or service. Awards are made to MSM to support the work of the employees. Thus, MSM is responsible for the production and promotion of academic freedom and integrity of investigators and is accountable to extramural funding opportunities.

The institution has written policies and procedures for the programmatic conduct, administrative management, and financial management of sponsored programs. Sample policies and procedures are attached. These policies and procedures are developed and administered in accordance with generally accepted accounting principles as well as standards, regulations and guidelines promulgated and enforced by the Office of Management and Budget's Bulletins and Circulars A-21,A-87, A-110 and A-133 as well as specific terms and conditions stipulated by federal, state, local and private external agencies. Financial control of externally funded programs is monitored and validated by the Office of Grants and Contracts. Consolidated Financial Statements and A-133 Audit Reports, for FY2006-2010 are provided and there were no material weaknesses in each of the years. In FY2009, the School was classified as a low-risk auditee. In February 2009, MSM completed the Department of Health and Human Services Division of Cost Allocation Cost Accounting Standards Board (CASB) Disclosure Statement (DS-2) Audit for the period ended June 2006. There were no findings or material weaknesses. Deloitte, Certified Public Accountants serves as the School's internal auditors and conducts periodic internal control reviews.

The Office of Sponsored Research Administration (OSRA) is responsible for pre-award functions, coordination of administrative review, approval of proposals by regulatory committees (where applicable), and assistance with select post-award activities. OSRA operates under the leadership of the Vice President and Senior Associate Dean for Research Affairs who serves as the Official Signatory for all sponsored award documentation.

The Responsibilities/Services of the Office of Sponsored Research Administration include:

- Identification of funding sources for investigators via periodic publication of alerts and bulletins as well as links to sponsor websites/announcements.
- Provides editorial services for proposals and manuscripts
- Provides assistance from a grant development professional and proposal development workshops
- Assistance with development of proposal budgets
- Responsible for electronic proposal submissions
- Processes all proposals for extramural funding
- Approval of budget reallocations and no-cost extensions.
- Facilitates transfer of awards between MSM and other institutions
- Approval of sub-contracts issued to other organizations
- Assistance with award budget set-up assuring funding agency compliance
- Provides reminders of pending reports to Principal Investigators
- Maintenance of database of proposals contracts/subcontracts and awards
- **Official Sanction of Research Agreement** - Any research agreement between the institution and an external sponsor must have official sanction in advance. The purpose of this sanction is to legally commit MSM to the obligations as described in a research proposal if the sponsor makes an award.

The Office of Grants and Contracts reports to the Chief Financial Officer and Senior Vice President for Administration and day-to-day activities are managed by the Director of Grants and Contracts.

The Responsibilities/Services for the office include:

- award administration and compliance of externally funded grants, contracts and sponsored projects which include but is not limited to, the compilation and submission of financial reporting, letter of credit requests and invoicing;
- billing and collecting costs incurred on cost reimbursements and schedule payments;
- the authorization of expenditures including the employment of personnel, travel, consultants, equipment, etc.;
- coordination and management of bi-annual effort certification distribution and compilation;

- monitoring and maintenance of cost sharing and matching;
- validation of indirect cost and indirect cost recovery;
- management of award and account setups and the close-out of grants, contracts and sponsored projects;
- organization and facilitator of sub-recipient monitoring;
- assurance of allowable cost charged to all sponsored programs.

The [job description](#) and [curriculum vitae](#) for the Vice President and Senior Associate Dean for Research Affairs, Dr. Sandra Harris-Hooker, the Assistant Dean for Research, Dr. James Lillard and the Director of Grants and Contracts, Ms. Brenda Willis are provided for review.

Sources

	Assistant Dean for Research CV-Dr. James Lillard
	Award Set-Up Policy
	Chief Financial Ofcr & Sr. VP for Administration Job Description
	Chief Financial Ofcr & Sr. VP for Administration-CV-Donnetta Butler
	Cost Principles Policy
	Director of Grants & Contracts Job Description
	Director of Grants & Contracts CV-Brenda Willis
	Financial Closeout Policy
	Grants & Contracts Signature
	MSM Audited Financials Ended June 30 2010 and 2009
	MSM Audited Financials w/A-133 for Yrs Ended June 30 2007 and 2006
	MSM Audited Financials w/A-133 for Yrs Ended June 30 2008 and 2007
	MSM Audited Financials w/A-133 Yrs Ended June 30 2009 and 2008
	VP & Sr. Assoc Dean for Research CV-Dr. Sandra Harris-Hooker

3.11.1

Physical Resources: Control of physical resources

The institution exercises appropriate control over all its physical resources.

Judgment

Compliant Non-Compliant Not Applicable

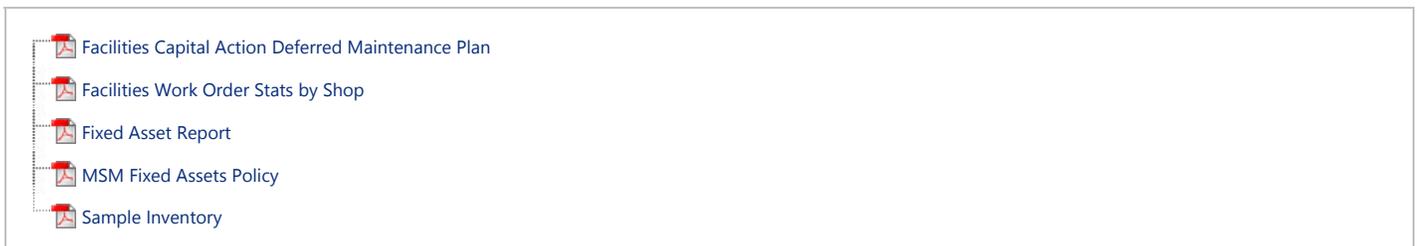
Narrative

Morehouse School of Medicine exercises appropriate controls over all its physical resources to ensure that long-term stability of the institution is maintained. The School has in place a five-year deferred maintenance plan that addresses the various maintenance issues on campus as it relates to both mechanical and physical components. The plan outlines the need to repair existing buildings when funds are available as well as prioritizes the deferred maintenance according to the greatest needs. The Senior Administration works in conjunction with the Facilities Maintenance Department to identify and allocate funds to address the needs of the buildings. Once these funds are identified, clearance is given to proceed with the repairs. A comprehensive study was conducted on January 20, 2010 to assess the condition of the facilities at the institution and administration is proceeding using the [Deferred Maintenance Plan](#) model to address these concerns.

The Accounting Department has an inventory program in place for property and equipment that ensures that all property and equipment greater than \$5,000 is capitalized and can be tracked from its initial purchase to its state of obsolescence. A [Fixed Asset Policy](#) and Procedures guides these activities. A copy of the policy is attached. The fixed asset system uses a series of validating components that include the purchase order number, identification tags, serial numbers, product name and model. Samples of these [reports](#) are attached. After major facilities equipment is no longer a viable asset, various parts are used from the equipment to repair other equipment considered operational. If the equipment is damaged due to operational error, the operator may be liable for its repair. If the equipment is lost to theft due to operator negligence, depending on the circumstances, the person responsible for the loss may be liable. A physical inventory is conducted bi-annually to confirm location and responsible party.

The Institution has a Work Order System that allows the campus community to initiate requests for repairs. The system enables the user to enter data and track the status of repairs as well as offer feedback when needed and/or requested. Once the work order has been placed in the system, the Facilities Maintenance Department retrieves the information and dispatches it to the proper division(s) related to the repair. If the work order request is an emergency, the Facilities Maintenance Department immediately handles the repair/issue or contacts the appropriate vendor to handle the repair. If the request is routine, it is handled in the order in which it is received. Any repair request that cannot be handled by an internal department will be put out for bid for available pricing and scheduled for repair. [Facilities Demand Work Order Statistics by Shop Reports](#) are produced on an ongoing basis.

Sources



3.11.2

Physical Resources: Institutional environment

The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Senior administrative responsibility for maintaining a healthy, safe, and secure environment for all members of the campus community resides in several key administrative functions: Facilities Management, Public Safety, Institutional Safety, Infection Control, and the Office of Compliance and Internal Audit. Together, these functions help ensure a safe and secure campus and clinical environment for work, study, and the provision of patient care.

Facilities Maintenance Services: The mission of the Facilities Maintenance Department is to provide quality services that support the educational programs, research, clinical and administrative service units. The department carries out this mission through a team of dedicated and skilled personnel who are responsible for building, adapting, renovating and maintaining an environmentally friendly campus. At the beginning of FY2009, the School entered into a partnership with [Sodexo Operations](#), LLC to provide professional campus facilities management services. Facilities program objectives are in place that include staff training, establishing a customer service atmosphere acknowledging service requests and providing the service or fixing the problem. A preventive maintenance program is in place and projects are completed based on available funding. A [Facilities Capital Action Plan](#) was developed in the Spring 2010 and identified deferred maintenance and renewal that will be required over the next five years. A comprehensive energy conservation and management strategy was developed in Spring 2010 and upgrades or modifications to equipment occur based on available funding. "Green" cleaning products are used throughout the buildings. Monthly quality and assurance inspections are conducted in each building by custodial managers. Cleanliness scores consistently exceed the acceptable score of 85%.

Department of Public Safety and Security: The MSM Department of Public Safety is committed to providing a safe and secure environment for faculty, staff, students and visitors where security is balanced with freedom of movement, and individual rights are balanced with community needs. The Department achieves this mission through a community friendly approach that enhances safety through the visibility of police and security personnel, preventive patrols, 24-hour accessibility, positive conflict resolution, and crime prevention and awareness programs. The department enforces school policies, and established Federal and State Laws in support of the school's mission; and collaborates with local law enforcement and community organizations in fulfilling its mission.

The Department of Public Safety is comprised of the Morehouse School of Medicine Police Department, Security Services, Parking Deck Management/Transportation Services, and Emergency Preparedness. The offices are open 24 hours a day, seven days a week, to secure campus buildings and grounds, and respond to emergencies and criminal activity on the campus. Routine foot, bike, and vehicle patrols are conducted on and around the main campus and vehicle patrols to and around all off site facilities.

The department also provides escort services, information about crime prevention and hosts a number of classes on safety awareness, self defense and emergency preparedness. All police officers are sworn by the State of Georgia.

The Department also complies with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act.

Morehouse School of Medicine has an emergency notification system (RAVE ALERT) that allows the school to communicate quickly and effectively with its campus community in the event of an emergency. RAVE ALERT is a web based service that sends messages through the internet in the form of text and email messages. Faculty, Staff, and Students are automatically registered to receive email notifications. Mobile phone registration (to receive text messages) is strongly encouraged. RAVE GUARDIAN is a system that allows participants to turn their mobile phones into emergency call boxes. When activated, the registered user's profile (photo, class schedule, parking information) are automatically displayed on a monitor in the police dispatch center.

Security cameras are installed throughout the main campus and a brick and iron fence surrounds the main campus. Entrance gates are manned during normal business hours with some locked after hours.

Under the direction of the Emergency Preparedness Committee, chaired by the Senior Vice President for Administration, an overall Emergency Response Plan is being developed. A business continuity planning process is underway and a [Business Continuity Template](#) is used to collect departmental specific data for planning continued operations during a campus shutdown. Annual safety, [fire and emergency drills](#) are held on the main campus and off site locations. All police officers are trained as emergency responders and security officers are trained in CPR/AED and first aid.

Under the Institutional Safety Committee, the department has developed an [Emergency Procedures Manual](#). This guide book contains instructions for emergencies including: fire, tornado, power outage, active shooter, lock down procedures, bomb threats, and others

emergency incidents.

Memberships (Department of Public Safety Staff)

Georgia Association of Police Chiefs
HBCU Law Enforcement Executives Association
International Association of Police Chiefs
International Counter Terrorism Officers Association
Georgia Tactical Officers Association
CBRNE National Law Enforcement Advisory Board

Training of Designated Staff

FEMA Emergency Management Institute
FEMA ICS/NIMS 100,200,300,400,700
FEMA MMRS National Framework
Department of Homeland Security Weapons of Mass Destruction Awareness Instructor
Hazardous Materials technician

Institutional Safety: The Institutional Safety Program in the Office of Sponsored Research Administration is responsible for managing and coordinating efforts related to a wide range of issues at MSM, from helping to ensure that employees and students have a safe, healthy workplace to reducing the Institution's impact on the environment. MSM's basic environmental, health and safety programs include the following key elements: Hazard Identification, Accident Investigation, Safety and Health Written Programs, Employee/Student Training, Corrective Action, Employee/Student Communications, and Regulatory Recordkeeping. The laboratories at MSM are generally regulated by the various governmental agencies including: the U.S. Department of Labor – Occupational Safety and Health Administration (OSHA); the U.S. Environmental Protection Agency (EPA); the U.S. Department of Transportation (DOT); the U.S. Department of Homeland Security (DHS); the U.S. Department of Agriculture (USDA); the Centers for Disease Control and Prevention (CDC)/the National Institute for Occupational Safety and Health (NIOSH); the Georgia Department of Natural Resources – Environmental Protection Division (EPD); and local agencies such as the Atlanta Fire Department.

MSM's Institutional Safety Officer provides expert consulting services for other institutions in the area on topics including hazardous and biomedical waste management, industrial hygiene and ergonomics surveys, safety program management, laboratory chemical and biological safety management, and environmental management system implementation and development. In addition, the institution has various committees that meet on a regular basis that provide input to the Institutional Safety Committee. These committees include the Institutional Biosafety Committee, the Infection Control Committee, and the Emergency Preparedness Committee.

Infection Control: The Office of Infection Control is responsible for maintaining a comprehensive and effective infection control and prevention program. The Infection Control Officer develops, plans, and executes operational policies, practices and procedures that promote health and preventive healthcare in compliance with state and federal regulatory guidelines. A database system is in place for collecting, reporting, evaluating and maintaining records of required immunizations and occupational acquired infections among health care associates. Surveillance activities are conducted to enhance compliance and reduce associated risks for transmission of diseases. The office guides, coordinates and educates all departments in the integration of Student Health and Infection Control provisions in the provision of cost-effective care. Additional information about MSM Infection Control policies in the [Infection Control Handbook](#).

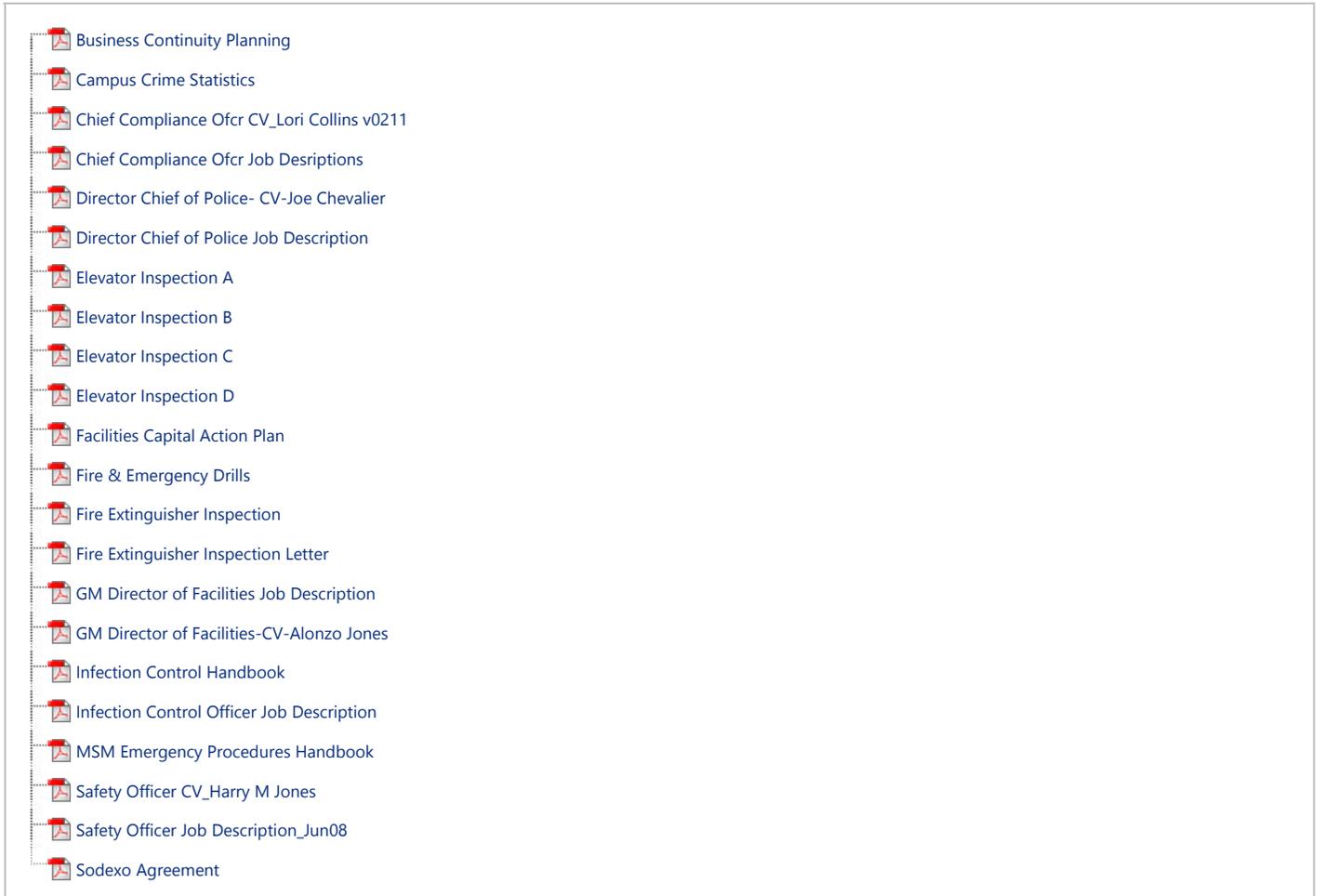
Office of Compliance and Internal Audit: The Office of Compliance and Internal Audit ("OCIA"), supports Morehouse School of Medicine's efforts to provide a healthy, safe, and secure environment for all members of the campus community through policy and procedure development and implementation, education and training, auditing and monitoring, and risk mitigation activities. The OCIA is led by the Chief Compliance and Internal Audit Officer, who is a member of the executive leadership team, and reports directly to the President, and the Audit and Compliance Committee of the MSM Board of Trustees.

The OCIA was established to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law, and provides tools, processes and support to the President, Board of Trustees, senior leadership, faculty, students, and administration to help ensure compliance with legal, regulatory and ethical standards, as well as school policies and procedures. The OCIA's responsibilities include coordinating MSM's ethics and legal compliance practices, raising awareness of MSM compliance standards and expectations across the institution, increasing management attention to and ownership of compliance issues, and, working with faculty and administration to maximize compliance initiatives and accountability mechanisms.

Development and implementation of MSM's Code of Conduct/Compliance Program, Conflict of Interest Policies, Identity Theft Policies and Program, HIPAA Privacy and Security Rule policies and procedures, and revisions to Faculty and Student Handbooks have supported and expanded the school's efforts toward safety, security and compliance. Annual education and training is currently provided, and several new education and training modules are being developed in support of MSM's overall compliance efforts. Supportive compliance and risk management information and resources are also available to all employees and students on the Office of Compliance and Internal Audit web site. In support of the OCIA, and MSM's compliance efforts, an Executive Compliance Steering Committee was established, chaired by the CCO, to oversee the effectiveness of the Compliance Program and assist the CCO in implementing the Program, assigning responsibility for

training, investigating possible violations, setting standards of disciplinary procedures for violations, conducting risk management assessments, and developing a system to solicit and respond to complaints and problems. The OCIA's oversight responsibilities include the review, on a bi-monthly basis, of all operational activities of the above-referenced departments to ensure compliance and support risk mitigation strategies. Finally, the OCIA, through the CCO, supports all institutional compliance activities through membership on the Institutional Safety Committee, the Emergency-Preparedness Committee, the Infection Control Committee, the Intellectual Property Committee, the Clinical Compliance Committee, and the Clinical Risk Management Committee, to name a few. The [job description](#) and [curriculum vitae](#) for the Chief Compliance and Internal Audit Officer attests to the qualifications of the individual assigned to carry out these responsibilities.

Sources



- Business Continuity Planning
- Campus Crime Statistics
- Chief Compliance Ofcr CV_Lori Collins v0211
- Chief Compliance Ofcr Job Descriptions
- Director Chief of Police- CV-Joe Chevalier
- Director Chief of Police Job Description
- Elevator Inspection A
- Elevator Inspection B
- Elevator Inspection C
- Elevator Inspection D
- Facilities Capital Action Plan
- Fire & Emergency Drills
- Fire Extinguisher Inspection
- Fire Extinguisher Inspection Letter
- GM Director of Facilities Job Description
- GM Director of Facilities-CV-Alonzo Jones
- Infection Control Handbook
- Infection Control Officer Job Description
- MSM Emergency Procedures Handbook
- Safety Officer CV_Harry M Jones
- Safety Officer Job Description_Jun08
- Sodexo Agreement

3.11.3

Physical Resources: Physical facilities

The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine's physical facilities are adequate in quality, quantity, and condition to meet the scope and purpose of programs and services. This is demonstrated by well-maintained facilities and grounds that are safe and appropriate for the institutional programs and services. The institution's physical address is 720 Westview Drive S.W. Atlanta, GA 30310. The main campus consists of 14 acres and eight buildings, with over 400,000 square feet of space to support the institution's mission and operations. Off-site campuses consists of seven locations that are currently leased with over 40,000 square feet of space to support the institution's educational programs and clinical services. A descriptive [Facilities Overview](#) that outlines activities occurring in each building is included.

In July of 2009, the Institution outsourced the campus Facilities Management Department to Sodexo. The MSM campus now benefits from a broad range of facility maintenance professionals and a service centered delivery team. A web based work order system call "GET IT" is in place where routine and emergency [work orders](#) can be placed and tracked. In April 2010, a customer satisfaction survey was completed and the results follow:



In 2009, Sodexo performed a [Facilities Capital Action Plan](#) or "FCAP". MSM's FCAP was revised in April 2010 and can be viewed. The FCAP serves as the basis for renovation and facility upgrade projects. The projects are implemented based on established priorities and available funding.

Each year Sodexo conducts an Annual Expectations meeting with the client. In this meeting, leading staff of Sodexo will meet with the client and other key representatives on campus to ensure that the focus of the facilities management department is that of the institution. It also provides the opportunity to visit key concerns and make a determination as to how the organization is performing. The first such meeting between MSM and Sodexo will take place in September 2001.

Sources

-  [Demand Work Order](#)
-  [Facilities Capital Action Plan](#)
-  [Facilities Overview](#)
-  [Facilities Work Orders Stats](#)
-  [GET IT Work Order](#)

3.12.1

Substantive change

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine has made no substantive changes to its programs since its last SACS review.

3.13.1

Compliance with other Commission policies

The institution complies with the policies of the Commission on Colleges.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Per the [Principles of Accreditation pgs 31-32](#), this standard is not addressed by the institution in its Compliance Certification.

Sources

 2010 Principles of Accreditation (Page 31)

3.14.1

Representation of status with the Commission: Publication of accreditation status

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.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine correctly represents its accreditation status and publishes the requisite information in accordance with the Commission requirements and federal policy. This statement is listed in the current electronic versions of the [Academic Catalog](#) and [Student Handbook](#) as well as on the MSM http://www.msm.edu/about_us.aspx.

The current statement of accreditation is as follows:

Morehouse School of Medicine is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award doctorate and master degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Morehouse School of Medicine.

The Morehouse School of Medicine is in the process of transitioning its statement of accreditation in its printed sources. The statement that it is currently listed in the printed versions of the Student Handbook and Academic Catalog is being phased out and is slated to be changed in the next iteration of the printed versions.

Sources

 2009-2010 Handbook FINAL (Page 13)
 Academic Catalog 09-11 FINAL (Page 21)
 www.msm.edu/about_us

4.1

Student achievement

The institution evaluates success with respect to student achievement, including as appropriate, consideration of course completion, state licensing examinations, and job placement rates.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Medical Education (M.D.) Program

The Student Academic Progress and Promotion Committee (SAPP) is a standing committee of the Academic Policy Council (APC). The committee is charged to monitor the academic performance of each student throughout the curriculum. The SAPP committee shall evaluate and make recommendation for each student in accordance with the guidelines established and approved by the faculty and included in this Student Handbook. They shall evaluate unusual problems and assure that the guidelines are applied in a fair and equitable manner. They shall determine promotion, non-promotion or dismissal for scholastic cognitive and/or scholastic non-cognitive reasons.

The SAPP Committee also has the special responsibility of reviewing the entire academic records of Senior medical students in order to ascertain each student has met all requirements for the degree of Doctor of Medicine. Following this review, the SAPP Committee shall make appropriate recommendations to the Academic Policy Council, which is responsible for certifying that each student has met all requirements for the degree of Doctor of Medicine. This certification serves as the validation presented by the Dean, the President, and Chairman of the Board of Trustees during the Commencement ceremony. The M.P.H. and GEBS have similar Student Academic Progress and Promotion Committees that carry out the same function.

MSM measures its student achievement in many different ways: academic achievement on national examinations, number of students who select primary care residencies or public health positions, alumni assessments, employer surveys, etc. Student achievement is longitudinally monitored through evaluation of national examinations and individual subject exams in addition to course grades. MSM is noted for its high percentage of students who select primary care residencies. Our Medical Education (M.D.) Program continues to rank as one of the highest rates of primary care residency selections in the nation.

Graduate Education in Biomedical Sciences (GEBS) Program

The Graduate Education in Biomedical Sciences Academic Progress (GEBSAP) Committee is a standing subcommittee of the Graduate Education in Biomedical Sciences Committee (GEBSC). The committee is charged with monitoring the academic performance of each student throughout the curriculum. The GEBSAP committee evaluates and makes determinations for each student in accordance with the guidelines established and approved by the faculty and included in the Student Handbook. They evaluate unusual problems and assure that the guidelines are applied in a fair and equitable manner. They determine adequate progress, academic standing, or dismissal for scholastic cognitive and/or scholastic non-cognitive reasons.

Adequate progress for graduate students during their first year of training (core curriculum) is defined by their maintaining a B average in their required courses. At the end of their first year, they sit for a core comprehensive examination (CCE). Those who pass this exam qualify to move forward with their elective coursework and laboratory training under the direction of their mentors and advisory (e.g., thesis or dissertation) committees. Those who have focal deficiencies in their CCE performance are afforded the opportunity to study and remediate those deficiencies. Students with multiple deficiencies or failing to perform adequately on a second sitting are considered by GEBSAP for dismissal.

Beyond the CCE, judgment of adequate progress falls first to the advisory committee. Advisory committees must meet at least once per semester to review the progress of the students in their charge and determine whether it is adequate or inadequate. If inadequate, the committees are empowered to provide additional time to address the deficiency. Inadequate progress, or failure of the committee to meet, results in a report to GEBSAP for consideration and determinations.

Adequate progress is also reviewed by the Office of Graduate Studies using guidelines for the timing of meeting programmatic milestones (e.g., CCE completion, submission of proposal, advancement to degree candidacy, thesis/dissertation defense) published in the Student Handbook. Failure to meet these milestones also results in notification of GEBSAP. Advancement to candidacy requires a formative degree audit following submission of a research proposal approved by the advisory committee to assure that the student has met all requirements to that point, including course completion and grades. Once the students have achieved candidacy, the primary remaining requirement is satisfactory completion and defense of their thesis/dissertation research as determined by their advisory committee, and submission of a completed and approved thesis/dissertation. An additional requirement for the Ph.D. degree is a first-author, peer-reviewed, scientific publication that has either been published or is in press. A final (summative) degree audit is carried out by the Registrar to assure that all degree requirements have been met. The audit is certified by the Associate Dean for Graduate Studies. This certification serves as the

validation presented by the Dean, the President, and Chairman of the Board of Trustees during the Commencement ceremony.

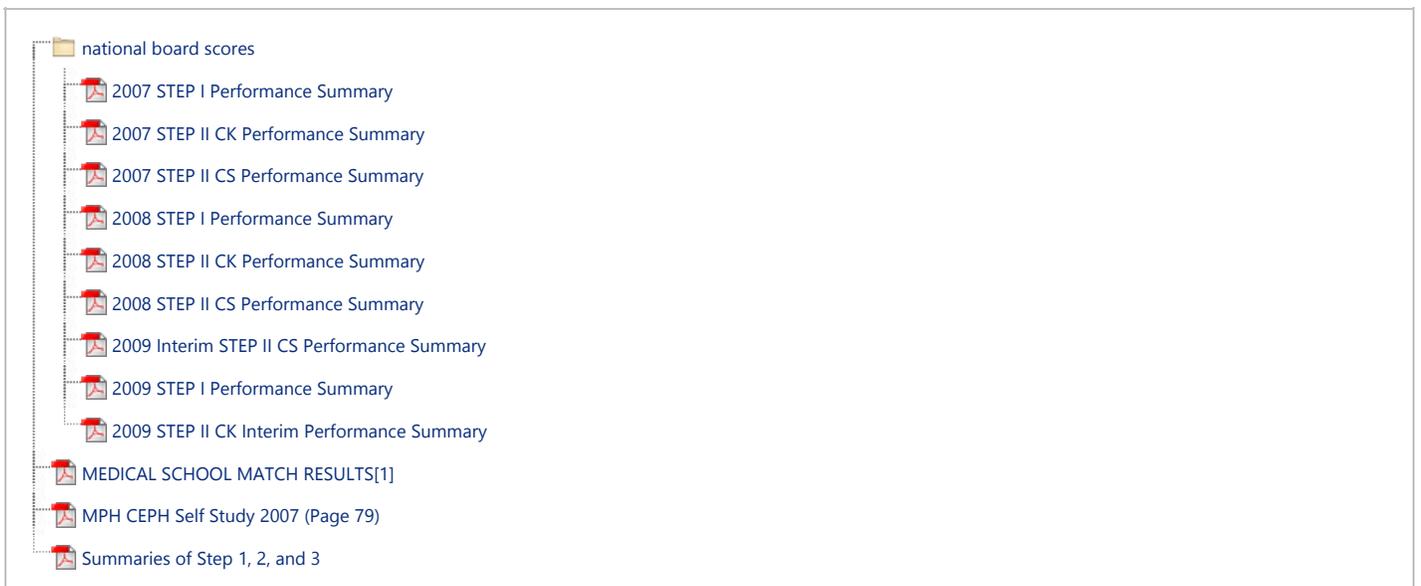
The GEBS Program measures student achievement in many different ways: academic achievement, scholarly contributions, career satisfaction, further training, publication record, and alumni assessments. Employer surveys have not been conducted because of insufficient program staffing, but are planned in the near future now that staffing has increased. Student achievement is longitudinally monitored through evaluation of degree completion rates, alumni professional placement, and scholarly publication record. Biomedical Science offers a wide range of career opportunities for MSM alumni and the GEBS Program is not prescriptive about the careers our alumni choose to pursue. Thus, while most of our PhD alumni pursue post-doctoral training upon graduation, a significant number subsequently pursue non-academic careers in corporate and government science, science and public policy, and intellectual property law.

Master of Public Health (M.P.H.) Program

The M.P.H. Student Academic Progress Committee monitors the academic performance of each student throughout the curriculum. The core measurements of student achievement in the MPH program are measured by attainment of grade B or higher in the core basic public health science courses by 85% of the students, ability of the student to complete the degree requirements within two ears of full-time matriculation, and job placement success within 12 months of graduation. Three year (2003-2006) benchmarking demonstrates documentation of academic performance, degree completion, work area choice and employment placement outcomes. (CEPH Assessment Procedures, pages 79-85)

Documentation: Please reference the [summaries of National Board Scores \(Step I and Step II\)](#) in the Requirement Sources.

Sources



4.2

Program curriculum

The institution's curriculum is directly related and appropriate to the purpose and goals of the institution and the diplomas, certificates or degrees awarded.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The content and context of our education programs reflect our commitment to improving the health and well-being of vulnerable communities and eliminating the disproportionate burden of disease.

Medical Education (M. D.) Program

The educational program leading to the M.D. degree focuses on scientific medicine and on meeting the primary healthcare needs of patients who are underserved. Through training sites in rural and inner city areas, students discover the special needs of patients in those areas that are historically underserved with regard to physician care. The Morehouse School of Medicine medical education program is accredited by the Liaison Committee on Medical Education, and focuses on scientific medicine and on meeting the primary healthcare needs of patients who are underserved. The program is of sufficient rigor to allow our students to achieve a first-time taker pass rate equivalent to the national average of about 95%. Students who complete the M.D. program are encouraged to choose residency training in primary care specialties, and have acquired the motivation and skills necessary for continued learning and for the evolving primary healthcare needs of underserved patient populations. ([Academic Catalog, p. 53](#)) We are one of the leading medical schools in the country in the percentage of our M.D. graduates going into primary care residencies.

Graduate Education in Biomedical Sciences (GEBS) Program

The biomedical science degree programs in GEBS (Ph.D., M.S.B.R., M.S.B.T.) are focused on biomedical research and translation to the clinic. The primary goal of these programs is to produce basic scientists (especially underrepresented minorities) well-trained to teach and conduct biomedical research. The didactic components of the curricula emphasize independent research as a requirement for degree completion. MSM-trained biomedical scientists are encouraged to have a special commitment to educating underrepresented minority students and to performing research on diseases that disproportionately affect minority populations. The Master of Science in Clinical Research degree program is a broad-based multi-disciplinary graduate level program in clinical research designed to prepare clinical and translational research faculty, residents and others for a career in clinical research. The program provides training in the principles and methods of biostatistics; epidemiology, including genetics and clinical trials; and outcomes research, including health services research and health economics; and application of these principles/methods to clinical research. Program objectives include increasing the overall pool of doctorally prepared minority investigators who are interested in pursuing clinical and translational research training, and to develop a cadre of well-trained clinicians and translational research faculty who will pursue clinical research on diseases that disproportionately affect minority populations. The specifics for each degree in the GEBS programs are described in the [Academic Catalog, p. 95](#). The MSM GEBS graduate program was granted full membership in the Council of Graduate Schools in 2010.

Master of Public Health (M.P.H.) Program

The Master of Public Health program at Morehouse School of Medicine was developed in recognition of the need to strengthen the delivery of public health services to minority and medically underserved communities. The mission of the MPH Program is to prepare individuals who will organize and implement programs to improve the health, quality of life and well-being of communities and people, through education, research, and service in public health, with a particular emphasis on people of color, minorities, and other underserved populations. The program is accredited by the Council on Education for Public Health. The program provides unique opportunities for students to engage in community-based participatory research and provides a strong community component established through faculty collaborations with public, private and community-based organizations. [Academic Catalog, p. 113](#) The Culminating Experience requirement is designed to introduce the student to research and other scholarly activity.

4.3

Publication of policies

The institution makes available to students and the public current academic calendars, grading policies, and refund policies.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The [Student Handbook](#) includes the annual academic calendar for each program, and outlines grading policies for the [Medical Education](#), [Graduate Education in Biomedical Science](#) and the [Masters of Public Health](#) Programs and [refund policies](#) (also found in the [Academic Catalog](#), p. 140). Both the academic calendar and the Student Handbook are published on the MSM web site.

Sources

-  [2009-2010 Handbook FINAL](#)
-  [2009-2010 Handbook FINAL \(Page 112\)](#)
-  [2009-2010 Handbook FINAL \(Page 120\)](#)
-  [2009-2010 Handbook FINAL \(Page 43\)](#)
-  [2009-2010 Handbook FINAL \(Page 66\)](#)
-  [2009-2010 Handbook FINAL \(Page 7\)](#)
-  [Academic Catalog 09-11 FINAL](#)
-  [Academic Catalog 09-11 FINAL \(Page 162\)](#)

4.4

Program length

Program length is appropriate for each of the institution's educational programs.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine is in compliance with this requirement. Requirements for completion of all degree programs are published in the academic catalog.

Medical Education (M.D.) Program

The medical education curriculum is a four-year program. ([Student Handbook, p. 28 - 29](#)). The entire first-year curriculum extends over ten and one half months. Students may elect to participate in the five year program or may be directed to do so, on the basis of performance. This decelerated curriculum allows three years to complete the first two years of the basic sciences curriculum. In the second year, the 10-month curriculum includes course work in clinical medicine taught in affiliated hospitals and clinics, and concludes with the United States Medical Licensing Examination, Step I (ISMAILI, Step 1). The academic schedule for the third year begins in early August and ends in late July. The academic schedule for the fourth year begins in early August and ends in late April. Course requirements for each year of the program are published in the [Academic Catalog \(p, 54 - 70\)](#).

Graduate Education in Biomedical Sciences (GEBS) Program

The Graduate Education in Biomedical Sciences (GEBS) program is comprised of four degree granting tracks with the primary goal is to produce basic scientists trained to teach and conduct biomedical research.

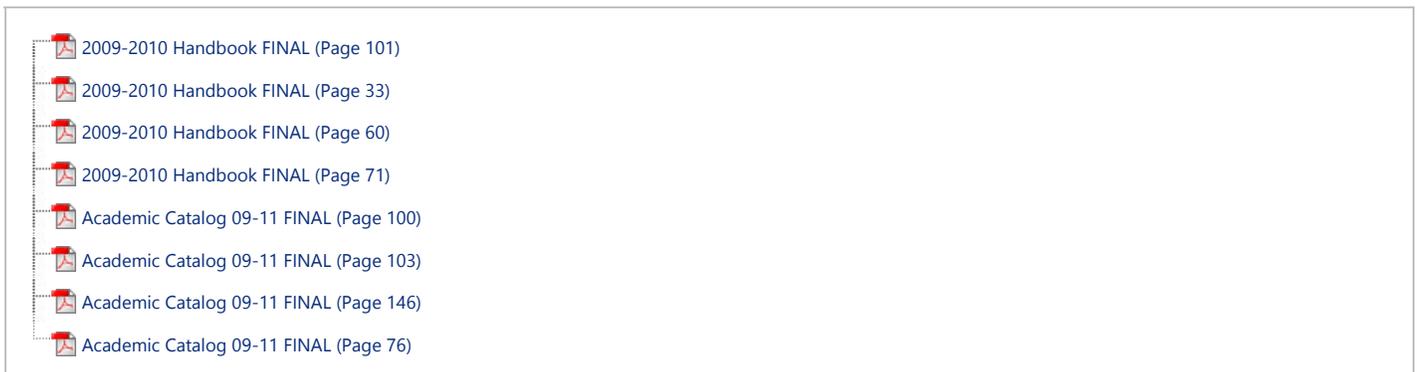
The Ph. D. curriculum is a four-year program that involves a core didactic curriculum followed by extensive dissertation research. Depending on the rate of progress toward achieving research goals, dissertation research may continue beyond the fourth year of matriculation in the Ph. D. program, as determined by the student's dissertation committee. Course and credit requirements are published in the [Academic Catalog \(p. 78 - 81\)](#) and in the [Student Handbook \(p. 55 - 65\)](#).

The masters level programs (Master of Science in Biomedical Research, Master of Science in Biomedical Technology, and Master of Science in Clinical Research) each have a two-year curriculum, with requirements as published in the [Academic Catalog \(p. 81 - 93\)](#), and [Student Handbook p. \(66 - 83\)](#) and in the Student Handbook.

Master in Public Health (M.P.H.) Program

The M.P.H. Program offers a comprehensive two-year curriculum consisting of core courses, required track courses, and elective courses. In addition, all students must complete a Practicum and Culminating Experience, attend Career/Personal Development Workshops, Quantitative and Qualitative Labs, Academic Writing Workshops, and a total of twenty Public Health Leadership Seminars. Credit requirements are published in the [Academic Catalog \(pp. 124 - 135\)](#) and in the [Student Handbook \(p. 96\)](#).

Sources



-  [2009-2010 Handbook FINAL \(Page 101\)](#)
-  [2009-2010 Handbook FINAL \(Page 33\)](#)
-  [2009-2010 Handbook FINAL \(Page 60\)](#)
-  [2009-2010 Handbook FINAL \(Page 71\)](#)
-  [Academic Catalog 09-11 FINAL \(Page 100\)](#)
-  [Academic Catalog 09-11 FINAL \(Page 103\)](#)
-  [Academic Catalog 09-11 FINAL \(Page 146\)](#)
-  [Academic Catalog 09-11 FINAL \(Page 76\)](#)

4.5

Student complaints

The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See Commission policy "Complaint Procedures for the Commission or its Accredited Institutions.")

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Student policies, including those on how to register a written complaint, are included in the Student Handbook. Each student enrolled at Morehouse School of Medicine annually signs an acknowledgment stating that they have received a copy of the Student Handbook which is then returned to the Office of Student Affairs. Per the [Student Handbook](#), the procedure for addressing written complaints is:

Any student who feels that he or she has been subjected to or has witnessed unlawful discrimination or harassment in the workplace, immediately should report the matter – preferably in writing – to Dr. Ngozi Anachebe, Assistant Dean for Student Affairs, at (404) 752-1651; Lori Collins, the Chief Compliance Officer, at (404) 756-8919; or Denise Britt, Associate Vice President of Human Resources, at (404) 752-1713. They will see that the matter is promptly investigated by the appropriate individuals. This may include, but is not necessarily limited to, interviewing the complaining student, the alleged harasser, supervisors, and other personnel, as necessary to obtain sufficient factual information upon which to base a decision. In all cases, the investigation will be conducted by persons who are not involved in the alleged harassment or discrimination. Confidentiality will be maintained to the extent it is consistent with MSM's obligation to conduct a full and effective investigation.

Following the investigation, a decision will be made regarding the validity of the complaint. If the complaint is substantiated, appropriate corrective action will be taken. This may include termination or other discipline of the guilty party. A written record of any such action taken will be placed in the guilty party's academic or personnel file. In the case of unlawful harassment by a non-employee or student, MSM will notify the person of MSM's policy against harassment and take such other action as may be appropriate under the circumstances. If the complaint is not substantiated, the matter will be closed. In either case, however, the complaining student will be advised of the results of the investigation and the decision reached by MSM.

MSM will notify the person of MSM's policy against harassment and take such other action as may be appropriate under the circumstances. If the complaint is not substantiated, the matter will be closed. In either case, however, the complaining student will be advised of the results of the investigation and the decision reached by MSM."

The M.P.H. Program functions within the School's academic administration framework. All activities related to student affairs are handled by the Office of Student Affairs. Student complaints concerning academic issues are handled by the Student Academic and Progress Committee (SAPC). Programmatic matters are handled by the Program Director. In the event of a complaint, the director meets with the student and recommends that an official complaint be submitted in writing. The matter is then investigated by the director who meets with the student and the faculty or staff person to resolve the complaint.

The Master of Public Health program [2007 CEPH Self Study](#) report details a student complaint and how it was resolved. One written complaint was filed in 2005 by a MPH student who protested a grade received for one of the core courses. This complaint was satisfactorily addressed by SAPC. Oral complaints were made by students for another track required course. The resolution of this matter was referred back to the Course instructors. The MPH Director meets with all students twice a semester at an open forum organized by the MPH Student Association to address and resolve student grievances/issues. Electronic communication about meetings are sent to each student and copied to the MPH Student Association President.

Sources

 2009-2010 Handbook FINAL
 2009-2010 Handbook FINAL (Page 138)
 MPH CEPH Self Study 2007
 MPH CEPH Self Study 2007 (Page 152)

4.6

Recruitment materials

Recruitment materials and presentations accurately represent the institution's practices and policies.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine produces recruitment materials that are available and distributed in print and electronically. Most prospective students are introduced to MSM through its web page (www.msm.edu), where they can find information about the school's admissions and financial aid policies, as well as information about the degree programs. The [Academic Catalog](#), which is updated every two years, is also a major source of information about the school for prospective students. The catalog provides details of admissions requirements and procedures, as well as curriculum requirements and other general information for students. The recently designed [Student Recruitment Booklet](#) also provides information about the school's programs and admissions requirements.

Sources

 Academic Catalog 09-11 FINAL
 Student Recruitment Booklet

4.7

Title IV program responsibilities

The institution is in compliance with its program responsibilities under Title IV of the 1998 Higher Education Amendments. (In reviewing the institution's compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Secretary of Education.)

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine is in compliance with this requirement. During fiscal year 2008 - 2009, MSM awarded \$9,738,226 and fiscal year 2009 - 2010 awarded \$10,421,515 in [Title IV aid to students](#). Morehouse School of Medicine is authorized to participate in the Title IV programs by the U.S. Department of Education under the [Program Participation Agreement](#) dated August 05, 2009. The U.S. Department of Education [approval letter](#) and [Eligibility Certification Approval Report](#) are attached.

Student loan applications are processed as required by the Title IV Student Aid Program regulations. Student eligibility is verified according to federal and state verification regulations. Procedures are reviewed annually and adjusted where necessary, to reflect new regulations. Policies are published in the [Financial Aid Prospectus](#) which is updated annually, and is available in hardcopy and on the MSM web site. Our [Cohort Default Rate](#) History List is attached.

Annual financial audit reports, including A-133, for the past 3 years are attached. The FY2010 hardcopy report accompanies this submission.

Sources



QEP

The Morehouse School of Medicine Quality Enhancement Plan *Mentoring Students at Morehouse* is attached.
[MSM QEP](#)

2.2

Governing Board

The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The Morehouse School of Medicine (MSM) Board has 27 members. Board by-laws confirm the policy-making role of the Board, as well as its financial responsibilities. No evidence was presented to establish the fact that the Board is not controlled by a minority of members. In fact, with a minimum quorum requirement of one-third of the Board, a majority vote on an action before the Board could be undertaken by as few as five Board members. While this is unlikely, no documentation such as Board minutes was offered as evidence.

Regarding the Board of conflict of interest issue, apparently not all board members have returned their attestation forms; nonetheless, a table was provided in the Appendix that establishes that a majority of Board members have no conflict. However, the chairman of the board is an officer of United Health Group, certainly suggesting the perception that he might have a conflict of interest (and so acknowledged on his Disclosure Statement). While the institution acknowledges a "potential" conflict, it claims there is no "actual" conflict of interest. This should be clarified.

Medical School Response

MSM's Board of Trustees is not controlled by a minority of its members or by organizations or interests separate from it. MSM's board meetings are well-attended by its dedicated members. For the past three years, an average of 70% of its members have attended MSM's Trustees' meetings. As shown by the following chart and relevant Board minutes, MSM's Board is governed by a majority of its members and most of the votes on key issues in the past three years have been unanimous.

Board Meeting Date	Number of Board Members in Attendance	Action Item
April 8, 2010	21 out of 29	Unanimous approval of bylaws amendments, election of two new Class C board members, and motion that all board members are required to be members of MSM's Gloster Society (a fundraising program).
October 29, 2009	23 out of 30	Unanimous approval of resolutions to change the date of 2010 annual meeting; modify Article 5.1 of the bylaws and amend Article 4.2 bylaws.
October 30, 2008	20 out of 29	Unanimous approval of adding 3 new board members.
March 27, 2008	24 out of 30	Unanimous approval of the renewal of Class C Board members to another term; nine faculty appointments; approval of candidates for the MD, MPH, PHD and MSCR degrees; approval of certificate and Masters programs in Biomedical Sciences; approval of a certificate in Public Health Program; and approval of Sexual Health Scholars Program.
October 25, 2007	19 out of 28	Unanimous approval of revised vision statement, core values and priorities for the Institution; selection of Merrill Lynch as the consultant firm to manage MSM's endowment; approval of six faculty appointments, seventeen faculty promotions, and five

While Chairman Anthony Welters checked a box on the conflict of interest disclosure form indicating the appearance of a potential conflict, MSM has done a thorough analysis of the facts and has concluded that he does not have an actual conflict of interest in his role as MSM's Board Chair. Chairman Welters is executive vice president of UnitedHealth Group ("UHG") and is responsible for External Affairs and leading the company's presence in Washington, D.C. In September 2007, Mr. Welters was also named president of UHG's Public and Senior Markets Group, including the Ovations and AmeriChoice business units.

MSM, through its benefits broker Thesco Benefits, LLC, engaged in a competitive bid process in 2007 to procure medical insurance, life and disability benefits for its employees. A copy of the [2007 Group Benefits Analysis](#) is attached.

In 2007, UHC was the most competitively advantageous bid to MSM, saving MSM \$1,012,020 in annual costs over the Group Resources' bid (Group Resources was the incumbent). In addition to the cost savings, MSM chose UHC as its new carrier because of the benefits inherent in the African American Employee Benefit Solutions, which was created by UnitedHealth Group to enhance the health of faculty and other employees of historically black colleges and universities (HBCUs). MSM, a HBCU, was the standard bearer for this initiative meant to address the disparities in healthcare received by minority (predominantly African American) populations. A copy of the [UHC March 14, 2006 Press Release](#) is attached.

In 2010, MSM engaged in a competitive bid process in order to procure medical and Stop Loss insurance for its employees. During the 2010 bid process, UHC retained the medical insurance coverage but lost the Stop Loss insurance coverage, as UHC was not the low bid regarding Stop Loss Coverage. A copy of the [2010 Group Benefits Analysis](#) is attached to this report.

Chairman Welters has assured us that his compensation is not in any way affected by the existence or absence of MSM's insurance contract with UHC. Therefore, MSM asserts that Chairman Welters' employment with UHG does not serve as an actual conflict of interest regarding his service as Chair of MSM's Board of Trustees because he neither has a contractual, employment, nor personal or familial financial interest in MSM.

Sources

-  [2007 Benefits Information](#)
-  [2010 Benefits Information](#)
-  [UHC Press release 3-14-2006](#)

2.5

Institutional Effectiveness

The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution currently has a comprehensive strategic plan with goals, performance measures and targets. In fact, the plan may have too many targets for easy management. The institution has an Institutional Effectiveness Committee that is charged with monitoring the plan and it has development templates for annual reporting of results and improvements. However, the plan was just implemented in 2009-10 and only one cycle of reporting has occurred in April 2010. Many initiatives did not have any results at that time. They have not had time to “close the loop” on their plan.

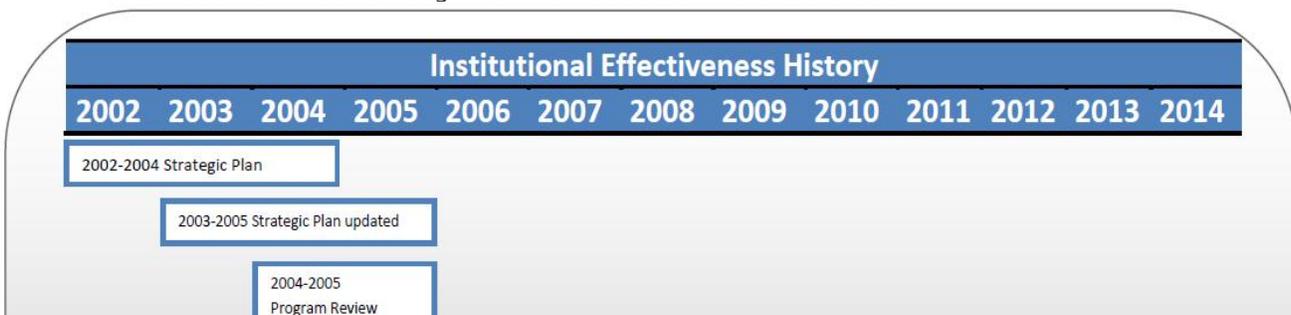
There is a 2003-2005 strategic plan but no results or improvements are provided. Then there is a four year gap between this plan and the current one, 2009-2014. The institution also has a 2007-12 Title III strategic plan which supports the main strategic plan.

Medical School Response

Morehouse School of Medicine engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that ensure that its activities and resources are committed to achievement of the School’s mission. The School’s processes have been continuous, even during a multi-year period of transitions in presidential and decanal leadership. The continuum is largely due to establishment of the Planning Advisory Council (PAC) that was established in 2005 by Dr. Satcher and continues today under Dr. Maupin. The PAC oversaw annual updates to the “Quest for Excellence” strategic plan from 2005 through 2009 that guided development of operating plans and resource allocations. Under Dr. Maupin’s leadership, PAC oversaw development of the 2009 – 2014 strategic plan, “Soaring to New Heights of Excellence and Service.” Additionally, under the direction of the vice president for operations and planning, in 2007 the School submitted its sixth consecutive, successful application for Department of Education Title III funds, a grant that provides funding for educational programs and support services. This grant program and its predecessor, both of which are comprehensive, institution-wide projects, also helped to bridge the period between the “Quest for Excellence” plan and the current plan.

Assessment was also on-going, beginning with the 2004-2005 Program Review process commissioned by then-president Dr. Gavin, which led to improvements in chair and faculty evaluation instruments and processes, strengthening the MPH program, and planning the infrastructure for class size expansion. Program Review was followed by the Transition Team assessment in 2006 that led to improvements in corporate compliance, academic leadership organization, faculty and staff morale programs, and continued curriculum integration. The on-going Title III program, in which semi-annual analyses of achievement of goals and objectives are conducted, is a major institutional assessment vehicle. The Institutional Effectiveness Committee, established by Dr. Maupin in 2009, is leading the improvement of the School’s planning and assessment processes by providing a centralized framework for data collection, analysis and reporting.

In the period between the 2003 – 2005 (Quest for Excellence) strategic plan and the 2009 – 2014 strategic plan (Soaring to New Heights of Excellence and Service), yearly adjustments to Quest for Excellence priorities were developed to guide activities and resource allocations. MSM also successfully submitted a [Title III re-application](#) in 2007 with updated strategic priorities for 2007 through 2012. The continuum of Institutional Effectiveness processes and activities from 2001 through 2011 is illustrated in the table below:





Program Reviews in 2004, under the leadership of President Gavin, formed the basis of an institution wide planning and review process. This program review involved an in-depth review of the institution’s academic and administrative units. All units completed a self-assessment based on a template that captured unit goals and objectives, performance measures and outcomes, and improvement methods. Program review presentations and data were analyzed by the Program Review Committee. [This review](#) process identified several areas that resulted in significant improvement:

2004 PROGRAM REVIEW	
ASSESSMENT/RECOMMENDATION	IMPROVEMENT
Need to develop more effective tools for evaluation of department chairs and faculty	Revised chair evaluation tools and process; included faculty input Implemented Faculty Activity Reports and Faculty Productivity Measures as part of annual evaluation
Strengthen and enhance MPH program	Began planning for MPH Epidemiology track; (implemented in 2009)
Improve financial and administrative computer systems	Banner ERP implemented in 2010
Conduct a feasibility study for establishing a School of Community Health	Feasibility study for School of Community Health initiated; completed in 2008
Need to expand class size and increase use of technology for student learning	Introduction of use of Blackboard, enhancements to clinical skills labs, upgrades to classrooms, students study spaces, labs. Submitted request to the state for funding to increase class size. Created a plan to accommodate the class size expansion via the Campus Master Plan.

Findings from the 2005 Liaison Committee on Medical Education (LCME) accreditation visit identified a need to centralize control over the medical educational program along with the need for curriculum integration in the preclinical years, a reduction in lecture time, and more self-directed study. The process of curriculum integration and centralizing control of the academic enterprise involved a significant amount of institutional planning and commitment and represents a major example of assessment based institutional improvement. Results included major revisions to the first year curriculum, and the reorganization and merger of two academic departments. The curriculum integration process continued throughout 2009. MSM satisfactorily responded to this LCME recommendation and no additional reports have been required, thus addressing a major goal in the 2003-2005 strategic plan, which included ensuring compliance with all LCME guidelines and recommendations. From 2005-2006, under the leadership of President Satcher, a major component of the MSM Institutional Effectiveness process involved the newly established Planning Advisory Council (PAC). The PAC, appointed by Dr. Satcher, began the review of the school's mission statement, vision and goals. It was charged to initiate a process

to update institutional goals and objectives and to develop a detailed multi-year strategic plan. PAC conducted its work in two phases given the anticipated change in presidential and decanal leadership. In phase I, the PAC developed recommendations for funding priorities to the budget committee for the FY 2007 budgeting process. Phase II of PAC launched a long-range institutional planning process, beginning with a SWOT analysis in 2006. Findings from this SWOT analysis affirmed that MSM was effectively carrying out its mission of training primary care physicians and healthcare professionals. In 2006, a transition team was commissioned by Dr. Maupin, the incoming President, and Dr. Satcher, the outgoing President. The purpose of the President's Transition team was to foster improved communication, collaboration and cooperation among functional areas, departments and teams in order to eliminate duplication of effort, to reduce overall institutional costs and to increase measurable value added outcomes to further the vision and mission of the institution and to complement the on-going strategic planning process. The team conducted a comprehensive, institution wide evaluation process and prepared a [summary report](#) in August 2006. The transition team reviewed the work of PAC, including the [SWOT analysis](#). This report, along with PAC recommendations, became the basis for operations and budgetary decisions while the formal strategic planning process continued. Recommendations from the transition team included items requiring immediate action and long range strategies, all of which are outlined in the 2006 Transition Team report. Immediate action items identified as cross-cutting issues included addressing LCME recommendations, internal and external communications, corporate compliance, and reorganization of the leadership of education, research, and clinical enterprises to facilitate effective management of mission critical components of the organization. Morehouse School of Medicine implemented a number of institutional improvements between 2006 and 2007 based on transition team recommendations.

Examples are provided below:

2006 TRANSITION TEAM ASSESSMENT	
ASSESSMENT/RECOMMENDATION	IMPROVEMENT
Implement LCME recommendations	Implementation and continuation of curriculum integration Initiated a program of external departmental reviews to establish faculty recruitment objectives
Improve Corporate Compliance	Establishment of Compliance Office in 2008
Reorganization of leadership of education, research, and clinical enterprises	Reorganization of the Dean's Office Establishment of Research Advisory Council
Improve employee morale	Established Faculty Affairs Advisory Committee Conducted market study of staff salaries; made adjustments based on results Recruited new leadership in human resources; reorganized functions

As a result of the transition team review, the structure of the Dean's office was revised to streamline operations and enhance internal communications. Other initiatives resulting from the transition team report included establishment of a new faculty affairs office and a faculty advisory committee. In December of 2006 the Faculty Affairs Advisory Committee and the Dean's Office of Faculty Affairs conducted a [comprehensive survey of MSM faculty](#). The purpose of the survey was to measure faculty attitudes in six domains: career satisfaction, faculty development, research and scholarship (strength of programs, institutional support), teaching environment (resources, support and institutional recognition), clinical programs, faculty participation in institutional governance and decision making. Findings from the survey served as the basis for several improvements such as the establishment of the [Faculty Teaching Academy](#). A Research Advisory Council (RAC) was established in 2006 and charged with the development of an incentive program for the basic science and clinical researchers. Direct outcomes of RAC were development of an incentive plan for research faculty, establishment of guidelines for bridge funding, and development of a document on the establishment and governance of Centers and Institutes at MSM which was approved by the Academic Policy Council (APC). RAC continues to play a major role in facilitating improvements to the research enterprise.

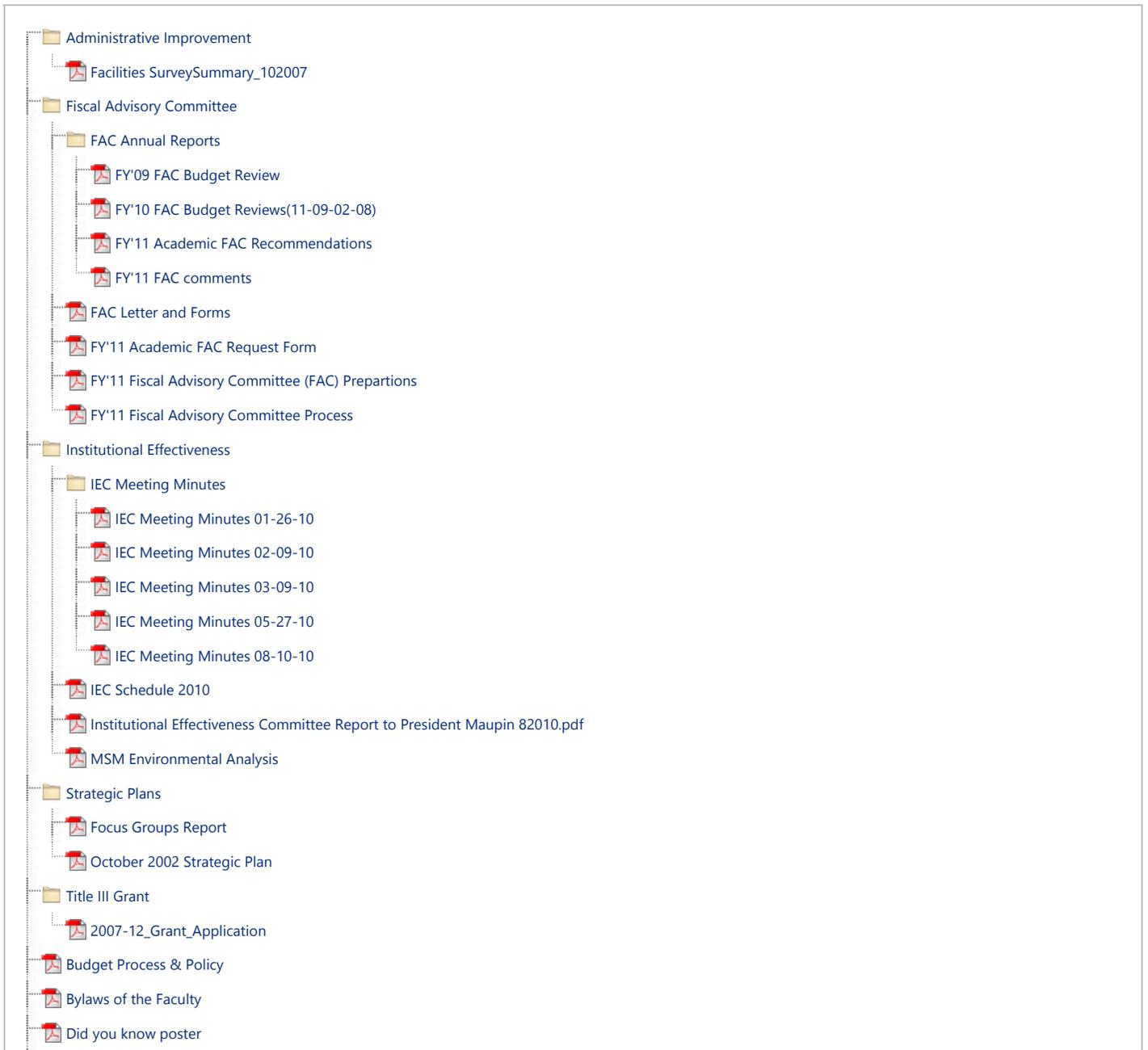
The Research Development Committee (RDC), an Academic Policy Council (APC) standing committee, conducted annual surveys specific to research faculty between 2004 and 2007. Based on [survey responses](#), there have been several institutional improvements such as the restructuring of administrative functions for research into the Office of Research Administration, the introduction of DataBasics, an online travel authorization and expenditure system, and the implementation of the P-card, a purchasing card to facilitate timely ordering of research supplies. To enhance alignment of strategic priorities and budget decisions, a [Fiscal Advisory Committee \(FAC\)](#) was established and continues to operate. The process allows greater transparency of the budget process including enhanced alignment of budget requests with institutional strategic priorities. On an annual basis, FAC meetings are scheduled with all academic and administrative units to review budget requests which are based on strategic priorities. A detailed report is submitted to the Dean with budget priority recommendations. FAC recommendations are presented by the Dean to the Budget Committee, the Senior Management Team and the President. Final budget

decisions are then communicated back to departments and units for implementation. The transition team report also identified employee morale as an issue. Concerns included MSM's compensation program. A new assistant vice president for human resources was recruited and has led a comprehensive market analysis with subsequent salary adjustments, and a career banding program that simplified job classifications and salary administration.

In 2008, the campus wide institutional strategic planning process, led by the Planning Advisory Council, continued in 2008, with retreats, focus groups and subcommittees. Senior administrators who comprise the Executive Council, are responsible for implementing the current strategic plan in five major areas; education, research, clinical excellence and community health, philanthropy and public value, outstanding workplace and operational excellence. In December 2009 the Institutional Effectiveness Committee (IEC) was appointed by the President. The committee conducted its first meeting in January 2010. Its activities include review of progress related to goals of the current 2009-2014 strategic plan. IEC assessment reports are submitted to the President and are shared with the Executive Council. An [interim IEC report](#) was submitted to the president in August 2010. Highlights of the annual IEC report are included in the President's report to the Board of Trustees.

On-going planning and evaluation activities take place in accordance with the [Strategic Planning and Evaluation Guidelines](#) that are attached.

Sources



-  Faculty Activity Reports
-  Faculty Survey Report-Final
-  Institutional Effectiveness Committee 2010
-  MSM Class Size Expansion Request to the State of Georgia 2008
-  President Transition Report Summary 2006
-  Program Review Summary
-  Research Faculty Survey Summary 03-16-07
-  Strategic Planning Guidelines V5 (2)
-  SWOT
-  Teaching Academy

2.10

Student Support Services

The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution provides a comprehensive list of programs to support services to students. Listed in the documents provided, under the direction of the Assistant Dean for Student Affairs, programs listed are in Financial Aid, Medical Care, Counseling Services, ADA, International Student Assistance, Student Activities and Student Organizations and Professional Societies. The information provided and the subsequent links to the student handbook and academic catalog are informative, but are more process in nature.

The institution does not adequately explain how the programs, services or activities (types of activities) promote or enhance student learning. The Handbook and Catalog both are comprehensive and establish the overall purpose for the services provided. A link between the handbook and catalog, programs provided, and how they are enhancing student learning should be clearly made.

Medical School Response

The student services at MSM directly promote and enhance student learning in a variety of ways. Student learning occurs both in and out of classroom, and MSM provides multiple learning opportunities for all students to enhance their professional and personal learning throughout their time at MSM. A core component is maintaining both a healthy mind and body for individual students to optimally function in the learning environment. Providing additional and varied educational opportunities outside of the standard curriculum is a goal of each academic department.

MSM Counseling Office - Counseling services support student learning in a variety of ways throughout our entire curriculum and extracurricular periods:

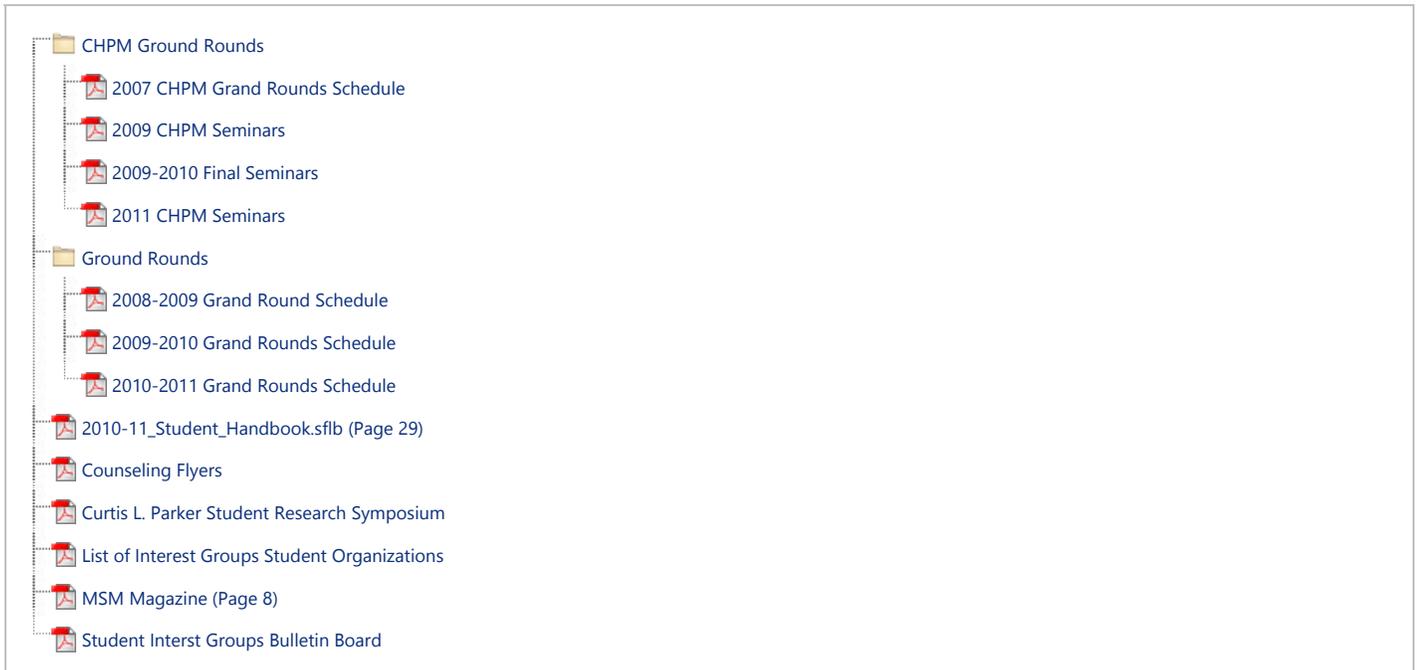
- Conducting workshops for all MSM students at matriculation and periodically across the first year on the following topics:
 - Study skills
 - Forming study groups
 - Dealing with stress
 - Maintaining balance
 - Personality and approaches to study
 - Personality and teamwork
- These workshops assist student learning by helping students to build skills in mastering the complex flow of information in medical and graduate school. They are also instrumental in helping the students adapt to the teamwork necessary for the Community Health Service learning course.
- Counseling services also works closely with individual students to build coping skills and stress management. This helps learning by assisting students in safe and healthy ways to deal with the stresses of graduate/professional school.
- Our MSM Counseling Services is staffed with 1.5 FTE counselors. For the 2009-2010 academic year, approximately 400 one-on-one personal encounters took place between student and counselor. A listing of Counseling Services is attached along with examples of [student informational flyers](#).

Professional and Interest Groups - Professional and interest groups help student learning by increasing their contact with health professionals and helping students to understand the variety of career pathways. A listing of [MSM Student Group/Club Organizations](#) is attached and found in the [2010 -2011 Student Handbook](#) . Service activities, including health fairs and related activities help the students learn by providing information to the public and by performing simple clinical skills in a supervised setting.

Additional learning opportunities - Each academic department, center, and institute offers academic learning opportunities outside the classroom curriculum such as weekly grand rounds, hospital morning report, lecture series and workshops. In many cases, attendance is mandatory while others are optional. Examples of grand round

schedules and lecture series are attached. A major annual MSM annual event is the [Curtis L. Parker Student Research Symposium](#) which involves our MSM students (medical, graduate and residents), along with undergraduate research students from other Atlanta University Center schools and HBCUs throughout the state of Georgia. Students conduct research throughout the year and have the professional opportunity to present (oral, poster, abstract) to their peers and renowned researchers. These academic and mentor opportunities play a significant role in improving academic performance and enhancing professional growth. Medical and graduate students have the opportunity to participate in international research and travel both as course requirements and volunteer opportunities. MSM believes that students who participate in an international, cultural exchange health project not only become better doctors and health professionals – but better people. MSM shared the personal accounts of two senior medical students working in the [Republic of Ghana](#) sponsored through National Medical Fellowships with our Board of Trustees and larger community in a recent publication.

Sources



2.11.1

Financial Resources

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 issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a systemwide 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.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution provides evidence which demonstrates financial stability. The institution's most recent fiscal year ended June 30, 2010. Audited financial statements, for the period under review, are provided along with audited financial statements for the following periods: FY2006 through FY2010. A statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt indicated increases in unrestricted net assets for FY2010.

The institution submitted evidence of the approved annual operating budget for FY2009 and FY2011 by the Board of Trustees. However, the institution did not provide evidence of the Board of Trustees approved budget for fiscal year 2010, the year under review.

The institution provided a detailed description of budget instructions for fiscal year 2011. Also, the institution provided documents to illustrate the budget process, such as inter-College budget guidelines and instructions for the fiscal year 2011. Further, the institution presented as an attachment, the Fifth Amended and Restated Bylaws, as approved by the Board of Trustees dated April 8, 2010, which included in Article 4-4.2 outlining the budget approval authority.

Medical School Response

These attached minutes document that the MSM Board of Trustees' Finance Committee approved the FY2010 proforma budget. The full MSM Board of Trustees approved the MSM Finance Committee's report including budget approval during the full April 2009 MSM Board of Trustees' Meeting on April 2, 2009.

- [MSM Board of Trustees Finance Committee April 2009 Meeting Minutes](#)
- [MSM Board of Trustees April 2009 Meeting Minutes](#)

Sources



3.2.3

Governance and Administration: Board conflict of interest

The board has a policy addressing conflict of interest for its members.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The policy is fully in place and appropriate, resulting in the current problem involving the chairman of the board, as addressed in CR 2.2.

Medical School Response

MSM's Individual and Institutional Conflict of Interest Policies are fully in place and appropriate as stated in the findings of the Report of the Off Site Review. The purpose of the Policies is to inform the Board about what constitutes a conflict of interest, assist MSM and the Board in identifying, evaluating, and addressing any real, potential, or apparent conflicts of interest that might, in fact or in appearance, call into question their duty of undivided loyalty to MSM. MSM is in full compliance with this standard.

Sources

-  MSM Code of Conduct
-  MSM Individual Conflicts of Interest Policy

3.2.5

Governance and Administration: Board dismissal

The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The board can remove a member "for cause," and a fair process is included in the policy. However, "cause" is not defined.

Medical School Response

MSM's management will recommend to the Board of Trustees that Section 2.8, Removal of Trustees, of MSM's Bylaws be amended to include a definition of "for cause." The new language is highlighted in yellow below.

2.8 Removal of Trustees. Any member of the Board of Trustees may be removed from office, for cause, at any meeting of the Board by an affirmative vote of two-thirds of the Trustees for committing actions in violation of these Bylaws or for actions that are contrary to the general welfare of the Corporation. "For cause" is defined as: (1) acts of moral turpitude; (2) demonstrable incompetence; (3) permanent inability to perform official duties; (4) substantial neglect of duty; (5) malfeasance; and (6) violation of criminal law. 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. If a member of the Board of Trustees is absent, except for reasons of ill health or absence from the country, from three (3) consecutive meetings of the Board of Trustees, including regularly scheduled meetings and special meetings duly called and noticed, the Board of Trustees may in its discretion declare the position of said Trustee vacant and elect a successor as provided in these Bylaws. Any member of the Board of Trustees elected to replace a resigned or otherwise vacated Trustee position shall hold office until the expiration of the term of the vacating Trustee, subject to the provisions set forth herein.

The Board of Trustees will vote on the proposed amendment to the Bylaws at its April 2011 meeting.

3.3.1.1

Educational programs, to include student learning outcomes

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution provides a new strategic plan, a Title III grant application, and proof of learning outcomes in the academic catalog and individual program websites. There is also an Academic Policy Council and a Curriculum Council. Individual student assessment measures are not detailed.

Specific examples of improvement are provided and there are some references to assessment, though no specific examples. What is not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

It is not clear is how student learning is assessed, with learning goals, assessment methods, results and actions. References are made to the 2009-2014 strategic plan for student learning goals, but again, that plan has just been implemented.

Although minutes of the Curriculum Committees do refer to review of courses there are no examples of specific reviews or the format of those reviews that would indicate how the quality and effectiveness of the curriculum is evaluated. There is no evidence that the students participate in the review of the courses to ensure quality and effectiveness. There is no indication as to the standard by which effectiveness is determined – e.g. national board scores or pass rate.

Medical School Response

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the [Academic Policy Council \(APC\)](#), which is chaired by the Dean. Student learning and curriculum assessment is the responsibility of several standing committees of the Academic Policy Council. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and includes highlights of the IEC annual report in his report to the Board of Trustees.

The Curriculum and Evaluation Committee (CEC) is responsible for design, management, implementation, and evaluation of the MD program. The CEC reviews every required course and clerkship every three years. Student representatives serve on this committee. Electives are reviewed for approval before they can be offered and then are periodically reviewed to ensure their appropriateness based on program objectives. [See Sample CEC minutes.](#) Data collected and reviewed by CEC includes student evaluations of the course and teaching faculty, student performance on NBME shelf examinations (“mini-boards”) and USMLE Steps I or II as appropriate, the course materials (syllabi, handouts, Blackboard materials, lecture notes, etc.), student performance in the course (e.g. grade distribution) and the course directors, comments. Faculty evaluation forms completed by the students are reviewed by faculty along with the department chair. The process of using data to make improvements takes place through department meetings, the Curriculum and Evaluation Committee (CEC), Course Directors Meetings, the Education Council, the Office of Medical Education and the Academic Policy Council. Once or twice yearly, all course/clerkship directors meet together with the senior associate dean to discuss issues, problems, and concerns regarding student performance, testing, National Board changes, clinical affiliations, etc. Meeting summaries of all these are kept in the office of the senior associate dean.

Student learning in the MD program is assessed utilizing grades, performance on in house exams, performance on required Objective Structured Clinical Exams (OSCE), performance on national exams such as mini board exams and USLME national exams. Student performance is also reviewed the Student Academic Progress and Promotion Committee (SAPP). SAPP meets roughly monthly and reviews all students’ performance on in-house and standardized examinations. It makes recommendations to students to improve their performance (e.g. meet with the professor, meet with a tutor, etc.) Individual plans for remediation and improvement are reviewed and

approved and for some individuals a decelerated track may be recommended. Utilizing these various assessment methods, major curriculum revisions have occurred in the MD program between 2007-2009. Other assessment data includes student responses to the questionnaire from the AAMC which are reviewed and assessed by the Dean's office, CEC and the Education Council and Department Chairs.

The Graduate Education in Biomedical Sciences Committee (GEBSC) oversees all aspects of the GEBS program, appoints sub-committees in the areas of curriculum and evaluation, and student academic progress and promotion, which function parallel to the undergraduate medical education CEC and SAPP. There are 3 student slots on this committee.

The MPH Curriculum and Evaluation Committee is charged with conducting a continuing review of curriculum design, course organization, and teaching performance to formulate specific recommendations for modifying courses in the interest of improving the curriculum. One student serves on this committee. The MPH Students Academic Progress and Promotion Committee (SAPC) monitors the academic performance and personal and professional development of MPH students. The SAPC considers interim and final grades, qualitative evaluations, practical experiences, as well as additional evidence that might have a bearing on the student's progress.

The Graduate Medical Education Committee monitors activities, quality, and compliance of residency programs. Minutes of monthly meetings are kept by the GME Office. Each residency program is reviewed periodically by the RRC (Residency Review Committee) of its specialty. The institution's overall GME program was recently accredited by the ACGME (Accreditation Council on Graduate Medical Education). Data from the Residency Review Committee of the ACGME is used to improve each residency program.

Sources



3.3.1.2

Administrative support services

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Specific examples of improvement are provided and there are some references to assessment, though no specific examples. What is not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

Medical School Response

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a [institutional committee](#) structure that facilitates and supports periodic assessment, planning, and resource allocation. The President, Dean, CFO/Senior Vice President for Administration other senior administrators comprise the Executive Council. Administrative and support units, and committees associated with those functions provide periodic reports to members of the Executive Council on performance, including assessment data and recommended improvements. The semi-annual reports to the Board of Trustees by the CFO/senior vice president for administration, vice president for institutional advancement, and other members of the Executive Council, provide regular self-assessments and reports on assessment-based improvements. The Institutional Effectiveness Committee (IEC) reports to the President and is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and includes highlights of the IEC annual report in his report to the Board of Trustees.

Because of the service nature of many administrative offices and functions, periodic surveys are an often-used assessment tool. Many of the surveys are initiated by the service unit, and surveys initiated by academic offices or committees also are useful in identifying areas for improvement. Surveys commissioned by the vice president for strategic management and policy in 2007 yielded information that has been used to make improvements in facilities management, administrative services and cafeteria management. Assessment methods utilized by the Information Technology (IT) include focus groups with students. These informal sessions serve as one assessment method to improve IT support services to students, such as enhancements to student laptops, blackboard, PDAs.

A research [faculty satisfaction survey](#) was administered from 2004-2006 by the Research Development Committee, an APC committee. Areas identified as in need of improvement included human resources, information technology, and pre and post award services in the Office of Sponsored Programs. Improvements related to this survey include implementation of the purchase card (P-card) to expedite processing of supply orders, and implementation of Data Basics for processing travel advances and travel expenses in an expedited manner.

Sources



3.3.1.3

Educational support services

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Specific examples of improvement are provided and there are some references to assessment. One specific example of assessment provided is the results of the 2010 Student Graduation Survey. What is not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

The institution demonstrates with SWOT analysis, strategic planning meetings and student surveys that it identifies expected outcomes and assesses the student support areas. However, the institution does not demonstrate how these assessments relate back to the institutional effectiveness process.

Medical School Response

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the [Academic Policy Council \(APC\)](#), which is chaired by the Dean. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and includes highlights of the IEC annual report in his report to the Board of Trustees.

The library is a major educational support service provided at MSM. The Library Committee is a standing committee of APC that works with the library staff in the planning, assessment and improvement of library services, acquisitions and facilities. The library conducts user surveys to assist in decisions regarding educational support services and what journals, books, other materials and services to purchase in order to serve the MSM community more effectively within its budget. The Library Committee submits an annual report of assessments and recommendations to the APC.

The Graduate Education in Biomedical Sciences Committee (GEBSC) is the standing committee of the APC responsible for overseeing all aspects of the GEBS program. Data from student course and faculty evaluations are used to improve the educational experience of students in the program. A specific example is the recent development of [plans](#) and funding to provide instructional laboratory space study space in response to needs identified by the ongoing evaluation/re-evaluation process in the GEBS program.

Student responses on AAMC surveys provide useful assessment information regarding educational support services such as counseling, tutoring the library and IT. Data are reviewed by the dean, who provides feedback from the results to unit directors and department chairs with the goal of implementing improvements where indicated. Improvements have included increases in the number of student tutors, additional staff in student counseling and IT.

Sources



3.3.1.4

Research within its educational mission, if appropriate

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

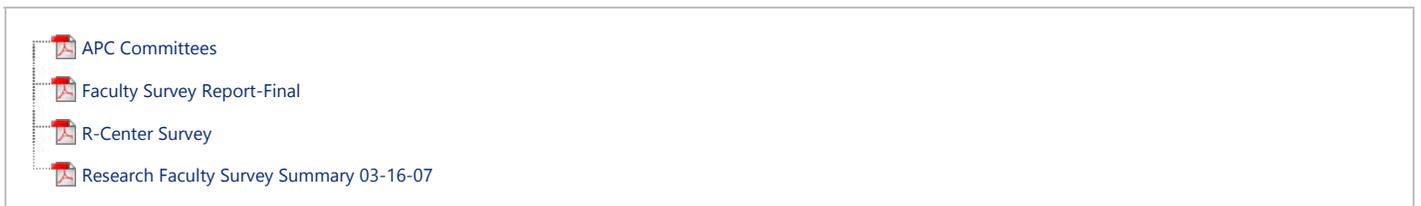
Specific examples of improvement are provided and there are references to several surveys about obstacles to research. However, these instruments and results are not provided. What is also not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

Medical School Response

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the [Academic Policy Council \(APC\)](#), which is chaired by the Dean. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and includes highlights of the IEC annual report in his report to the Board of Trustees.

The Research Development Committee (RDC) is a standing committee of the APC that facilitates development and maintenance of an institutional biomedical research capability of high quality. The committee conducts surveys of research faculty identify areas of needed improvement. As a result of [surveys](#) administered from 2004-2007, improvements related to survey findings include improved travel reimbursement and purchasing methods. A survey was recently conducted related to [translational research](#) Which survey. Challenges related to collaborative research were identified from this survey and are being reviewed by RDC.

Sources



3.3.1.5

Community/public service within its educational mission, if appropriate

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Specific examples of improvement are provided and there are references to surveys, interviews, focus groups, etc. However, these instruments and results are not provided. What is also not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

References are made to the 2009-2014 strategic plan for public service goals, but again, that plan has just been implemented.

Medical School Response

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the [Academic Policy Council \(APC\)](#), which is chaired by the Dean. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and includes highlights of the IEC annual report in his report to the Board of Trustees.

MSM Continuing Medical Education provides community and public service through its many offerings. The Continuing Medical Education Committee (CMEC) is a standing committee of the APC that reviews all aspects of MSM's participation in directly sponsored and jointly sponsored continuing medical education activities. The MSM [CME assessment survey](#) is used to plan activities and events consistent with identified needs. Provide links. The Office of Continuing Medical Education conducts evaluations at the conclusion of every MSM CME offering. Evaluation forms for recent events can be found at http://www.msm.edu/exec_offices/office_marketing/Events/healthDisparities/evaluations.aspx The Prevention Research Center (PRC) at MSM is funded by the Centers for Disease Control and conducts interdisciplinary community based research, guided by a Community Advisory Board. The PRC through its Advisory Board has demonstrated the value of community coalitions in conducting research. The vision of the PRC is to eliminate health disparities through prevention research. The PRC survey instrument is designed to gather information on board members' perspectives. The information will be used in strategic planning to identify areas of effectiveness and for improvement.

Sources



3.4.4

Educational Programs: All:Acceptance of academic credit

The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution's own degree programs. The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution's transcript. (See Commission policy "The Transfer or Transcribing of Academic Credit.")

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Policies for transfer of credit are published in the academic catalog. For the School of Medicine, transfers are rare, cannot occur after the second year of medical school and the courses must be evaluated by the National Association of Credential Evaluation Services (NACES).

For the MPH program, a maximum of 12 hours of graduate credit can be transferred with not more than 2 core courses transferred. Courses can be transferred from a regional accredited program or school of public health. Transfer of courses is allowable only for A or B grades and the Student Academic Progress Committee must approve the course transfer.

For the Biomedical Sciences Program, there was no description of how many hours of credit could be transferred. For credit that is to be transferred, there must be documentation of course content sufficient to allow faculty to assess content, quality, level, comparability, and program relevance in order for credit to be offered. Courses to be transferred from institutions outside the U.S. have to be evaluated by the NACES and the course director must approve transfer of credit depending upon the syllabus of the course taken at another institution.

Medical School Response

Omission of this information from the 2009 – 2010 MSM Student Handbook has been corrected in the 2010 – 2011 version which has been distributed to our students and is available on the MSM webpage. The Biomedical Sciences Program policy for accepting credit for transfer is found beginning on page 114, entitled [Transfer of Credit](#).
..“Students may apply for transfer of up to four (4) semester hours of graduate credit for the M.S> and eight (8) for the PhD. Students having recently completed a Master’s or Doctoral Program may apply to have additional graduate credit honored on a case-by-case basis..” Following this policy in the student handbook are detailed procedures regarding how a student goes about obtaining transfer credit.

Sources

 2010-11_Student_Handbook.sflb (Page 120)

3.4.5

Educational Programs: All:Academic policies

The institution publishes academic policies that adhere to principles of good educational practice These are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Morehouse School of Medicine publishes academic policies in its Faculty Bylaws, Faculty Handbook, Academic Catalog, Student Handbook, and Non-Faculty Academic Personnel Handbook. Student academic policies in the Student Handbook and Academic Catalog appear to accurately represent the programs and services of the institution and are disseminated on the website. Faculty and non-faculty documents are outdated (2005 & 2006) and do not accurately represent such basic information as the mission of the institution. The Faculty Handbook is not available on the website under Faculty Resources.

Medical School Response

Academic policies are available on MSM Connect, the institution's intranet, which can be accessed by all MSM faculty, students and staff. The faculty handbook has been updated as of December, 2010 and is currently under the review of the By-laws Committee, an Academic Policy Council committee. As policy updates occur, an announcement is placed under faculty announcements on MSM Connect. The [current faculty handbook](#) is available in the Library and on the MSM intranet, as will the revised handbook will be when it is fully approved. A copy of this handbook is distributed to all new faculty employees as part of their new hire package.

Sources

 Faculty Handbook updated 12/2010

3.4.7

Educational Programs: All:Consortial relationships/contractual agreements

The institution ensures the quality of educational programs and courses offered through consortial relationships or contractual agreements, ensures ongoing compliance with the comprehensive requirements, and evaluates the consortial relationship and/or agreement against the purpose of the institution.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Students in the graduate and MPH programs can cross register in courses offered through the Atlanta Regional Council for Education (ARCHE) which consists of 20 public and private institutions in the Atlanta area including the University of Georgia, Emory University, Georgia Institute of Technology and Georgia State University among others. There is no evidence of a contract for this consortial arrangement.

The Committee suggests that the Focused Report include a list of all contracts for student clinical experiences, a template for contract, and an example of completed contracts.

Medical School Response

The institution has entered into consortial agreements with ARCHE, and contracted agreements with a number of other entities to enhance our clinical experience.

ARCHE

MSM is a member of the [Atlanta Regional Council for Higher Education \(ARCHE\)](#), a partnership of 20 colleges and universities with over 1,000 distinct programs of study and enrolls 250,000 students each year in the metropolitan Atlanta region. Through this collaboration, individuals from member institutions can [cross-enroll](#) at other member institutions and participate in library sharing programs and cooperative purchasing agreements. The ARCHE membership is renewed by an [annual participation fee](#) requested from each institution. ARCHE and Morehouse School of Medicine (MSM) consider this annual membership arrangement as a legal and binding contract between the two entities. Cancellation of membership can be attained by giving notice to ARCHE, per the ARCHE by-laws, or by choosing to not renew the institution's annual membership.

Clinical Affiliations

MSM also has a host of contracted clinical affiliations to enhance our student and resident learning experience, as listed below. Attached [samples of completed contracts with these entities and a contract template](#).

Clinical Affiliates:

- Atlanta Medical Center
- Caduceus Occupational Medicine (Hapeville Clinic)
- Centers for Disease Control and Prevention
- Central Alabama Veterans Healthcare System
- Children's Healthcare of Atlanta
- Children's Healthcare of Atlanta at Egleston
- Children's Healthcare of Atlanta at Scottish Rite
- Clayton County Board of Health
- Dekalb County Board of Health
- Dekalb Medical Center
- Fulton County Health Department
- Georgia Department of Human Resources-Division of Public Health
- Georgia Regional Hospital at Atlanta
- Grady Health System
- Inner Harbour Hospitals, Ltd.
- Southern Regional Health System
- Tenet-South Fulton Medical Center
- The Medical Center, Inc
- Veterans Affairs Medical Center (Atlanta)
- WellStar Cobb Hospital

Sources

 ARCHE INVOICE FOR FY2010_2011

 ARCHECrossRegBrochure7-09

 MSM Contractual Agreements

 www.atlantahighered.org

3.4.9

Educational Programs: All:Academic support services

The institution provides appropriate academic support services.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution provides a list of academic support services and their descriptions. There is no evidence of an Office of Disability to manage accommodations for students in need.

Medical School Response

The MSM Office of Disability Services was established as a separate office in August 2010. Prior to that time, disability services was managed through our MSM Compliance Office. The MSM Office of Disability Services is staffed by [Amy Marion, RN](#) and its mission is to work with current and prospective students, staff and faculty to ensure equal access to MSM's campus and educational programs. Accommodations are provided to students and employees with documented disabilities so that individuals are viewed according to their abilities rather than their disabilities. It is the policy and practice of the Morehouse School of Medicine to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and state and local requirements regarding individuals with disabilities.

Information will be shared with MSM members and the general public through printed brochures and our MSM website (public and intranet versions) effective April 1, 2011. All students are provided this information in orientation sessions.

The Office of Disability Services adheres to strict confidentiality guidelines as set forth by FERPA and other related governing regulation. Any documentation received in the Office of Disability Services will not be included in the student's academic file.

Sources

-  [Amy Marion-Resume 2011](#)
-  [Human Resources Organization Chart \(2\)](#)

3.4.11

Educational Programs: All:Academic program coordination

For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution provides the names and CVs of three program heads. Each has appropriate credentials. It is not clear whether there are coordinators for each of the medical specialties. If so, credentials for each of these coordinators are needed.

Medical School Response

Our medical education program includes the specialty areas of internal medicine, pediatrics, surgery, family medicine, ob-gyn, psychiatry, and community health & preventive medicine. Each area is supervised by a course director whose resumes are attached.

Specialty Area	Course Director
Internal Medicine	Marvin Crawford, MD, FACP
Pediatrics	David A. Levine, MD
Surgery	James Arthur McCoy, MD, FACS
Family Medicine/Rural Health	Nichole LeBoyd, MD Riba Kelsey-Harris, MD
Ob-Gyn	Yun Mei (Hedy) Fung, MD
Psychiatry	Quentin T. Smith, MD

Sources

-  David Levine CV
-  James McCoy CV
-  Marvin Crawford CV
-  Nichole LeBoyd CV
-  Quentin T Smith's CV
-  Riba Kelsey-Harris CV
-  Yun Fung CV

3.4.12

Educational Programs: All:Technology use

The institution's use of technology enhances student learning and is appropriate for meeting the objectives of its programs. Students have access to and training in the use of technology.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The Committee's review of the Student Handbook confirmed that the students are provided with a copy of the Computer Use Policy. The narrative describes extensive Internet connectivity, a student Tablet/Laptop requirement, an institution-wide installation of instructional and testing software, simulation programs and lecture capture capabilities but no evidence was provided.

Medical School Response

Morehouse School of Medicine has incorporated a great deal of computer-based methods and programs in the general medical curriculum. The highlights include:

In our integrated first-year medical curriculum, all students are required to have, and do heavily use, tablet computers as primary educational tools. All our course syllabi and most related course materials are housed in Blackboard, a computerized course management system. Additionally, all first-year examinations (with the exception of gross anatomy lab exams) and student evaluations of the curriculum/instructors are delivered via a secure, computerized software system. Thus, we have gone mostly paperless and are now very computer driven in course management, delivery, and evaluation.

The laboratory component of cell biology and histology is now taught almost entirely via virtual microscopy, a computer-based system that allows us to conduct these labs primarily through the students' tablet computers. Thus, our students use actual microscopes only in a limited way. This has significantly reduced time, increased efficiency, and increased flexibility in teaching histology and cell biology.

Gross anatomy faculty collaborated (2001-2005) on a Department of Education funded grant with a group at the University of North Carolina in their development of a computer-based program designed to aid students in their dissections. That program, Interactive Human Anatomy, is now a commercial product, and, because of MSM's role in developing the program, we have retained free access rights for our students and use that program heavily in our own curriculum.

The Department of Anatomy, with assistance from IT staff, has produced several interactive, computer-based programs that have replaced and/or supplemented individual labs and lectures. This has reduced scheduled classroom time and provided our students a notable "any time, any place" flexibility in their studies. These programs include tutorials on Osteology of the Back and Osteology of the Thorax, TIPS (Temporal, Infratemporal, Pterygopalatine Study Guide), Organization of the Face and Scalp, Introduction to Dissection, Interactive Cross-Sectional Human Anatomy, Review of Fetal Circulation, and Introduction to Radiology. The TIPS, Organization of the Face, Introduction to Dissection, and Interactive Cross-Sectional Human Anatomy programs have been demonstrated at multiple national meetings, and are used at numerous schools both nationally and internationally. Medical students are required to utilize the standardized patient program taught in our Clinical Skills Center and successful pass appropriate examinations. The Clinical Skills Center (CSC), located in the National Center for Primary Care, is designed for demonstration, teaching, learning and practicing a variety of clinical skills for medical students. Six procedure rooms and six examination rooms are set up similar to rooms for outpatient clinical evaluation with examination tables and instruments. Exam rooms are equipped with two video cameras and intercom systems to monitor the student's assessment of standardized patients from an external room for later review. The master control monitoring station is equipped with 12 monitors for faculty to view and evaluate student encounters in each exam room. Multiple headsets can be attached to each monitor to allow distraction-free viewing by single individuals or groups at a time.;

A central monitor views all the exam rooms simultaneously and may also be converted to LCD screen for didactic presentations. The CSC is useful for beginning as well as advanced trainees and suitable for experienced physicians and health care providers to learn new skills. The Standardized Patient Program takes place in the CSC labs where students are observed while interacting with the standardized patients. In total, our medical students encounter at least 43 patient sessions each, either watching or conducting standardized patient encounters in the Clinical Skills Center by the end of their third year.

A description of the Clinical Skills Center can be found on MSM webpage a http://www.msm.edu/academic/medical_education/medicalEducation_clinicalSkills.aspx

Students use [virtual patients in clinical clerkships](#), and faculty have explored students' perception of virtual patient use and its learning effectiveness.

Surgical Simulation Center – Grady Hospital

The Department of Surgery maintains a Simulation Center on the 12th floor of Grady Hospital. The center houses the following simulators:

- Three laparoscopic simulators
- Colonoscopy simulator
- Upper endoscopic simulator
- Bronchoscopy simulator
- Intravenous insertion simulator
- Computers for testing

The center is set up to accommodate residents and students from all services that need training in the focused area. Currently the services being accommodated are general surgery, internal medicine and gynecology. A curriculum has been set up for certification in the Fundamentals of Laparoscopic Surgery (FLS). MSM faculty with laparoscopic expertise carries out the curriculum.



Sources

 Clinical Skills Center

 Levine Article - Virtual Patients in Clinical Clerkships - Academic Medicine 2009

3.7.1

Faculty: Faculty competence

The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines "Faculty Credentials.")

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The institution presents the mechanism by which faculty are hired and their curriculum vitae, particularly their highest degree, is verified. This information is published in the Faculty Handbook.

The institution presents the faculty roster which includes highest degree attained (but not the year when the degree was attained), discipline in which highest degree was obtained, medical licensure in the state of Georgia, and on select faculty "Other Qualifications". Most faculty have the highest degree in their discipline with a few exceptions. With the exceptions, there is no justification given for their teaching in programs in which they do not possess the highest degree themselves.

Medical School Response

A faculty roster is attached that provides the [qualifications documentation](#) of the thirty faculty members requested by the SACS Off Site review.

Sources

 [Faculty Qualifications-Justification and Documentation](#)

3.8.2

Library and Other Learning Resources: Instruction of library use

The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The Committee's review of the Library Website and Description of Classes provided by the institution provided no data on frequency or attendance numbers for these sessions. No outcomes and assessment measures were provided regarding instructional programs.

Medical School Response

Morehouse School of Medicine library provides users with access to regular and timely instruction in the use of its knowledge-based information resources. Access to these resources and services is enhanced through a blend of training opportunities intended to foster and increase awareness and information literacy. These services consist of orientation sessions, tours, and library, classroom, and departmental instruction and structured courses based on specific classroom and departmental content requirements

Library Instruction

The library's outcomes are currently measured via a post class evaluation. Steps have been taken to ensure consistent teaching of the material and a pre and post test are currently being re-designed to more accurately assess outcomes and make effective changes. Each instructor has a survey form for his/her personal use to receive feedback on the effectiveness of the instruction and to gauge the instructor's professional growth. Student and library user [results](#) from a 2010 survey are attached. Additionally, results from a 2007 [LibQual](#) user survey is attached.

The Library's [webpage](#) enables students to access the online catalog, electronic books, online databases and all internet resources. Printed library brochures are available in the library as well. We strive to improve the quality of research conducted by our users. The website is available at all times and from anywhere; providing information on the library's collection, services, policies, and links to the Library's catalog, as well as, multiple electronic resources.

Through its health information literacy program, librarians and staff provide instruction and support to ensure that users are able to locate, evaluate, and use information resources. Library instruction is available as needed.

Formal instruction includes lectures, demonstrations, hands-on exercises, hand-outs and PowerPoint presentations.

[Classes](#) are available for beginning as well as continuing students, faculty, and staff. Instruction and instructional support is also provided to help students develop research initiatives, assess research findings, and understand statistical processes.

Types of instruction:

- Library E-lab classroom instruction: Faculty, students and staff can schedule with a librarian to receive instruction.
- Individual and small group instruction: Instruction is provided via telephone, e-mail, or in-person.
- Faculty requested instruction: The library encourages faculty to arrange instruction for their classes. These classes are customized to meet the needs of the class assignment.
- Drop-in Orientation: Abbreviated sessions offered upon request.
- Class Handouts: These are provided for students' future reference and contain contact information as well as other important information.

Sources

 Descriptions of Classes
 Library Website

 MSM Library LibQual 2007 Survey

 Sample class evaluations responses

3.9.1

Student Affairs and Services: Student rights

The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The publications provided by the institution as documentation fail to include clear delineation of practices and policies pertaining to student rights in academic and non academic cases where dismissal or other sanctions are a possibility. The institution should provide additional documentation as to where these policies and procedures are published.

Medical School Response

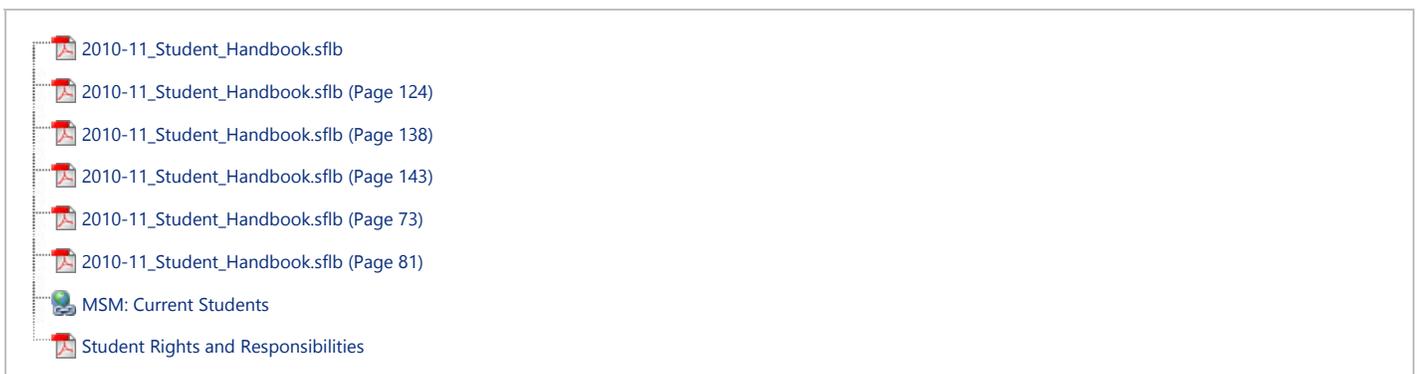
Morehouse School of Medicine takes student rights seriously. The Assistant Dean for Student Affairs and staff have worked diligently to create a clear and concise [student rights and responsibilities statement](#). This statement is currently being vetted by the Academic Policy Council and the Office of the General Council and, after approval, will be effective at the beginning of the upcoming academic year.

Currently, the student handbook lists the potential sanctions of an MD student to be: academic warning, academic probation or dismissal. In the case of dismissal, students first meet with the Student Affairs Dean to inform them of why they qualify to appear on the agenda of the SAPP (Student Academic Progress and Promotion) committee and are then informed in writing with such information. Next, they are informed of the committee date and are invited to appear in person to present their case. At the meeting, they have the opportunity to present supportive information pertinent to the grounds for their dismissal from up to three individuals of their choice ([Student Handbook](#)).

If dismissed, students have the right to appeal the decision. Within 10 working days of the receipt of the letter from the Dean of Student Affairs stating the decision of SAPP, a student may submit their desire to appeal in writing, stating their basis for appeal. Within 10 days, the student appeal will be heard by the Dean/Senior Vice President for Student Affairs, after which he/she will determine the merits of the case based on a review of the information presented to the SAPP committee. After this hearing, written decision from the Dean will be conveyed to the student, the President, the Dean for Student Affairs and the Chair of the SAPP committee ([Student Handbook](#),). For sanctions less than dismissal, students cannot appeal the decision.

Similar dismissal and processes are true for all programs in the institution. Dismissal and appeals processes and policies are defined on [pages 118-120 of the Student Handbook](#) for the Graduate Education in Biomedical Sciences and on pages 132 and 137 for the Master of Public Health program. In all programs, sanctions less than dismissal are not subject to an appeals process.

Sources



3.9.2

Student Affairs and Services: Student records

The institution protects the security, confidentiality, and integrity of student records and maintains special security measures to protect and back up data.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

Security measures to protect against unauthorized access to physical and electronic student records are in place. The following and understanding of FERPA guidelines is presented and understood.

The documents provided however do not demonstrate that the institution conducts regular back-ups of electronic records or that duplicate copies of archival records are maintained in a secure and protected location removed from campus.

The institution does not mention student health records. Attention also needs to be given to student health records and the process and procedures to maintain confidentiality, security and integrity of student health records as they relate to both HIPPA and FERPA. The institution should also note if faculty who assign grades to students have access to the records. If so, what procedures are in place to protect the student?

Medical School Response

Security back up and electronic record storage services for MSM are provided by SunGard Higher Education's Hosting Services through contractual arrangements. The SunGard Higher Education - MSM signed agreement outlines both backup ([Section 4](#)) and information security ([Section 8](#)).

Morehouse School of Medicine does not operate a student health clinic for its students, with the exception of immunizations which are administered on campus free of charge. [Students requiring health care](#) are seen at physician offices, clinics and hospitals of their choice. If a student elects to be seen as a patient in the MSM physician run practice, Morehouse Medical Associates, their medical records are maintained under strict HIPPA and FERPA guidelines. It is a professional operating practice that MSM clinicians or residents do not see medical or graduate students who they supervise as patients

Sources

-  2010-11_Student_Handbook.sflb (Page 162)
-  SunGard HE AHS agreement SIGNED 012210 (Page 13)
-  SunGard HE AHS agreement SIGNED 012210 (Page 9)

3.11.1

Physical Resources: Control of physical resources

The institution exercises appropriate control over all its physical resources.

Institutional Judgment

Compliant Non-Compliant Not Applicable

Off-site Committee Comments

The Chief Financial Officer, along with Sodexo management services, provides leadership over physical resources. However, the institution does not provide sufficient supporting documentation and evidence that it exercises appropriate control over its physical resources. Supporting evidence includes: a comprehensive deferred maintenance plan; however, the plan did not identify anticipated start and completion dates.

The institution reports that it conducts a bi-annually review of physical inventory. The fixed asset policy and procedures provide guidelines for the acquisition, transfer, recording, and disposal of institutional assets. Evidence of a physical inventory which demonstrates that annual physical inventories are done was not provided.

Medical School Response

Morehouse School of Medicine exercises appropriate controls over all its physical resources to ensure that long-term stability of the institution is maintained. The [Chief Financial Officer and Senior Vice President for Administration, Donnetta Butler](#), has primary control over the institution's physical resources. Departments reporting to Mrs. Butler include Finance, Facilities Maintenance, Human Resources, Public Safety and Information Technology.

Inventory

The Accounting Department has an inventory program in place for property and equipment that ensures that all property and equipment greater than \$5000 is capitalized and can be traced from its initial purchase to its state of obsolescence. The [Fixed Asset and Management Policy and Procedures](#) guides these activities. The fixed assets system uses a series of validating components that include the purchase order number, identification tags, serial numbers, product name and model. A [physical inventory from March 2009](#) is attached to show evidence that a bi-annual inventory is performed. The institution is currently preparing for the next iteration of its inventory recording process.

Deferred Maintenance

Morehouse School of Medicine has in place a five-year deferred maintenance plan that addresses the various maintenance issues on campus as it relates to both mechanical and physical components. This plan, the Facilities Capital Action Plan (FCAP) outlines the need to repair existing buildings when funds are available as well as prioritizes the deferred maintenance according to the greatest needs. The [FCAP, including specifics such as anticipated start and completion dates, budgets, etc](#) is attached. Senior administration works in conjunction with the Facilities Maintenance Department to identify and allocate funds to address the needs of the buildings and to give approval for repairs.

On-Going Maintenance

The Institution has a Work Order System that allows the campus community to initiate requests for repairs. The system enables the user to enter data and track the status of repairs as well as offer feedback when needed and/or requested. Once the work order has been placed in the system, the Facilities Maintenance Department retrieves the information and dispatches it to the proper division(s) related to the repair. [Facilities Demand Work Order Statistics by Shop](#) reports are produced on an on-going basis.

Risk Management

All buildings on the Westview campus are owned by the institution and are situated within one block. The campus is enclosed within a wrought iron fence with a number of limited access gates that are monitored by public safety officers and/or security cameras connected to monitors in the main public safety office. Property and casualty insurance is purchased as a part of our risk management program. Values and coverage amounts are reviewed annually and updated, if necessary. In addition to our regular in-house review of building conditions, our insurers periodically review the buildings.

Sources

 CFO-Sr VP for Administration Job Description
 Facilities Capital Action Plan 2010
 Facilities Work Order Stats by Shop



Inventory 2009



MSM Fixed Assets Policy

4.5

Student complaints

The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See Commission policy "Complaint Procedures for the Commission or its Accredited Institutions.")

Institutional Judgment

Compliant Non-Compliant Not Applicable

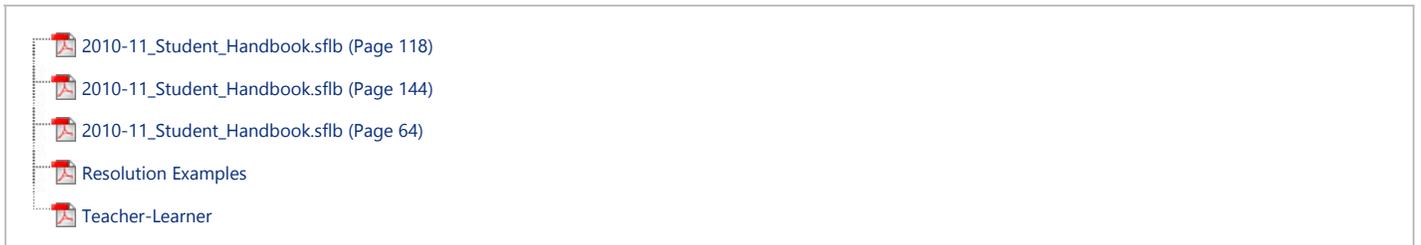
Off-site Committee Comments

The institution thoroughly describes a well-developed set of policies and procedures related to resolving students complaints. However, the institution does not offer the procedures that were followed in order to demonstrate that it follows those procedures as specified by this requirement. The institution describes the procedure as "This complaint was satisfactorily addressed by the SAPC"

Medical School Response

Three specific [documentation examples](#) of student complaint resolution are attached that were managed through the MSM Student Academic Progress and Promotion Committees' process – SAPP (MD Program) , SAPC (GEBS and MPH Program). The student complaint review process is outlined in the 2010-2011 Student Handbook (pages 58-61 for [MD Program](#), pages 129-138 for [MPH Program](#), and , [GEBS](#) 112-120). These three examples from the Office of the Dean and Senior Vice President for Academic Affairs demonstrate various forms of resolution. One refers the faculty member to the MSM [Teacher/Learner](#) Relationships Policy which is attached.

Sources



CS 3.3.1.2

Institutional effectiveness: administrative support services

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in administrative support services.

Institutional Judgment

Compliant Non-Compliant Not Applicable

SACS Recommendation

The described system of institutional effectiveness includes planning and assessment but is missing a clear, comprehensive, and systematic link between the assessment of outcomes and evidence of improvement based on the analysis of those results. Material is presented in the context of the strategic plan and does not provide details on the actual results of assessing expected outcomes in administrative support services or how that information leads to the improvements in administrative support services. The institution should document that it assesses the extent to which it achieves outcomes and provide evidence of improvement based on analysis of results for its administrative support services.

Institution Response

CS 3.3.1.2 Institutional Effectiveness: Administrative Support Services

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Compliance Report Narrative (excerpted)

Annual progress reports recapitulated in Activity IV, Funds and Administrative Management, of the Title III Grant provided an overview of results based improvements in administrative support services. Expected outcomes for the administrative support services are outlined in the current strategic plan under workforce excellence and operational excellence. Information Technology assisted academic and administrative departments in development of Internet and interactive Intranet websites. Funds management systems that have been designed and enhanced include Databasics, GAMS (Grants Administration and Management Systems), eBuddy, Payroll, and Purchasing systems. Administrative management systems that have been implemented and/or upgraded include student financial aid, admissions, registrations, and human resources applicant and learning management systems. . In an effort to improve efficiency and reporting capabilities, MSM has moved to a new Enterprise Resource Planning System, Banner. Full implementation of the Banner ERP system will increase efficiency of administrative support functions and provide an integrated database to support development of data and reports needed to assess performance and support continued planning. Other assessment-driven improvements in administrative support services include major enhancements in the Division of Information Technology (IT). MSM IT outsourced its data center, as well as a significant portion of its IT operations. Prior to execution of this strategy, campus wide power interruptions occurred regularly, resulting in disruptive IT system outages. The decision to outsource was less costly than building a data center and provides MSM with access to highly skilled IT resources not available internally. Lastly, the outsourcing strategy has addressed physical security requirements associated with HIPPA. Upgrades and enhancements in the areas of public safety and emergency preparedness have also occurred consistent with MSM strategic planning and expected outcomes. A review of recent enhancements and upgrades is discussed in the April 2010 report to the Board of Trustees.

FOCUSED REPORT

Off-site Committee Comments

Specific examples of improvement are provided and there are some references to assessment, though no specific examples. What is not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

Focused Report Response (excerpted)

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has an institutional committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Senior administrators comprise the Executive Council. Administrative and support unit, and committees associated with those functions provide periodic reports to members of the Executive Council on performance, including assessment data and recommended improvements. The semi-annual reports to the Board of Trustees by members of the Executive Council provide regular self-assessments and reports on assessment-based improvements. The Institutional Effectiveness Committee (IEC) reports to the President and is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC. Periodic surveys are an often-used assessment tool. Surveys commissioned

by the vice president for strategic management and policy in 2007 yielded information that has been used to make improvements in facilities management, administrative services and cafeteria management. Assessment methods utilized by Information Technology include focus groups with students. A research faculty satisfaction survey was administered from 2004-2006. Areas identified as in need of improvement included human resources, information technology, and pre and post award services. Improvements include implementation of the purchase card (P-card) to expedite processing of supply orders, and implementation of Data Basics for processing travel advances and travel expenses in an expedited manner.

RESPONSE TO THE VISITING COMMITTEE

On-site Committee RECOMMENDATION 3 - Institutional Effectiveness, Administrative Support Services

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific administrative support service improvements to the institutional effectiveness process.

Response to Visiting Committee (excerpted)

The Office of Compliance and Internal Audit (OCIA) manages the Compliance Program and reports directly to MSM's President and the Audit and Compliance Committee of the Board of Trustees. The internal auditing component of the Compliance Program serves as the focal point for institutional effectiveness processes with regard to compliance with federal regulations and institutional policies and guidelines, by identifying problem areas and potential risks, revealing hidden errors and managing the processes for correcting deficiencies. To assist the OCIA in performing its compliance oversight responsibilities, the Executive Compliance Steering Committee (ECSC) was established. With the ECSC, the Chief Compliance and Internal Audit Officer set the annual audit agenda for the internal auditors. Audits of Accounts Payable, Purchasing, Payroll Grants and Contracts Revenue Cycle (Morehouse Medical Associates) Faculty Hiring Process Hiring of Temporary Employees and Contractors were conducted in recent years. The internal audit report and its findings are discussed with the appropriate manager or senior administrator who is charged with development of a response and/or action plan. An example of the Administrative Support Services Institutional Effectiveness process in action is the development of the Faculty Hiring Process. Policies were developed by the assistant vice president for human resources to address recommendations as a result of the internal audit of Temporary Employees and Contractors.

FIRST MONITORING REPORT

CS 3.3.1.2 (Institutional Effectiveness: Administrative Support Services) Recommendation 2

The institution has not yet documented the link between the assessment of the achievement of outcomes and evidence of improvement based on analysis of those results. It is not clear that the improvements that were used as examples were a result of assessment of identified expected outcomes in the area. A further report should demonstrate a clear link between the assessment of expected outcomes and improvements that have been made.

Response to Recommendation 2 (excerpted)

Morehouse School of Medicine is in compliance with this standard. All major functional areas at Morehouse School of Medicine participate in on-going, integrated, institution-wide research-based planning, evaluation, and decision-making processes that ensure achievement of the School's mission.

The institutional strategic plan is the basis for all institutional effectiveness activities.

The current plan – "Soaring to New Heights of Excellence and Service," covering the period 2009

– 2014, includes strategic focus areas for Operational Excellence, and Outstanding Workplace that address administrative support services. An assessment of progress as of March 31, 2012 in achieving plan outcomes was reported by senior administrators in the Strategic Plan Summary form provided by the Office of Planning and Institutional Research, requiring a brief narrative of current status, as well as an assessment of progress.

SECOND MONITORING REPORT

Comprehensive Standard 3.3.1.2. Recommendation 3

The described system of institutional effectiveness includes planning and assessment but is missing a clear, comprehensive, and systematic link between the assessment of outcomes and evidence of improvement based on the analysis of those results. Material is presented in the context of the strategic plan and does not provide details on the actual results of assessing expected outcomes in administrative support services or how that information leads to the improvements in administrative services. The institution should document that it assesses the extent to which it achieves outcomes and provide evidence of improvement based on analysis of results for its administrative support services.

Response to Recommendation 3

Morehouse School of Medicine (MSM) is in compliance with this standard and present as evidence of data collection and assessment for the following administrative support departments: Human Resources, Information Technology, Public Safety, and Finance. Additionally, the institutional effectiveness reports submitted by the aforementioned departments document that the analysis of data and outcomes led to the following improvements:

- Implemented Learning Management System to facilitate 24/7 access to employee training offerings
- Developed of training tools and coaching sessions for managers to reduce staff turnover
- Implemented on-line on-boarding system for new hires in 2013
- Implemented a managed change process to minimize IT system and changes

- Implemented improved system reconfiguration to address service problem incidents
- Implemented Call Management software and flexible staffing plans to improve response to calls to Help Desk
- Improved and expanded electronic building access system
- Improved and expanded video surveillance on campus
- Implemented safety and awareness training programs for employees
- Engaged investment consultant to focus on the school's need to for a higher return on investment
- Implemented a print management program that generates savings in the costs to lease/purchase equipment and purchase supplies

Human Resources. The Learning Management System was purchased and implemented in 2011 to provide improved access to required and optional training (Appendix A; Human Resources Template). A target of 75% staff participation in training programs was established, with a 2011 – 2012 result of 68%. The Learning Management System has enabled us to create, manage and provide 24/7 access to learning opportunities, and to leverage other internal resources for development of in-house programs available to a wider group of employees. This improvement led to staff participation rate in training programs at year-end 2012 of 98% (Appendix B; Human Resources Training Assessment Record).

The voluntary staff turnover rate of 7.57% in 2011 – 2012 meets the target of 8% and the staff involuntary turnover rate target of <5%, was met in 2011 – 2012, with a reported involuntary turnover rate of 4.18%. Through interviews with managers and reviews of performance appraisals, it was determined that there is a need to add to the training offerings for managers. Improvements were achieved by developing and conducting coaching sessions for managers and providing additional training in managing conflict, communications, etc. A new online “on-boarding process” was implemented in 2013 to enhance new hire time-to-hire productivity and better manage employee expectations.

Information Technology. Information Technology (IT) goals for 2011 – 2012 (Appendix C; IT Template) were monitored throughout the year, using a number of customer service management tools, and improvements were developed and implemented during the monitoring period, which resulted in all targets being met during the reporting period (Appendix D; IT Customer Service Management Tools 1), (Appendix E; IT Customer Service Management Tools 2). IT established a target of 98.5% for systems availability and monitored availability for 2011 - 2012. Availability reports for networks and systems identified periods when service was down partially or completely. Causes of service interruption were identified and more refined change control procedures were implemented to ensure that all systems are fully tested by users and IT resources before change can be considered complete. The target was met, with actual system availability of 99.6%. The incident management system was used to collect data on the number of service problem-related calls. Based on reports reviewed, it was determined that service was problematic for one specific user group. The impacted user group was further analyzed to determine system access patterns and other behaviors that lead to identification of root cause. Configuration adjustments to system related parameters were made to avoid future service problems for the impacted user group. Service problem related calls were reduced from 8497 to 3355 – well below the target. High-priority ticket closure rate was monitored and determined to be within target. Data was collected via the Automated Call Distribution (ACD) system to determine the call center abandonment rate. After early lower than target call abandonment rates, it was determined that at peak times, callers were hanging up after being put on hold for greater than 1 minute. Additionally, agents did not have visibility into the call queue so that proactive measures to avoid abandoned calls could be made. Staffing adjustments were made to accommodate high call volume and a utility was installed that provided call agents with visibility into the call queue. These improvements resulted in a call abandonment rate reduction from 25.6% to 15% - lower than the target of 18%.

Public Safety. Our Department of Public Safety (DPS) monitors crime statistics for the area surrounding the campus to determine the school's vulnerability and uses the data to plan improvements to reduce the vulnerability (Appendix F; Public Safety Template), (Appendix G; Public Safety AU Center Crime 2009), (Appendix H; Public Safety Crime Statistics). In 2011 electronic building access systems were upgraded and expanded to all but one building on campus. The first phase of updating video surveillance in the most vulnerable areas of the campus was implemented in 2012. The Department of Public Safety has also implemented a series of employee safety and awareness training sessions conducted throughout the year. The numbers of on-campus incidents, as well as the number of incidents reportable to the Department of Education in the Clery report, have decreased since the aforementioned improvements were implemented.

Finance. In January 2010, the Banner enterprise resource planning system (ERP) was implemented with associated reporting tools in the areas of finance (including general ledger, accounts payable, purchasing), human resources/payroll and student affairs. The decision to invest in this major improvement was based on the results of an assessment that found that key administrative areas were using multiple stand-alone legacy systems on different platforms resulting in system incompatibility and data discrepancy issues. Implementation of Banner has consolidated the school's major databases and eliminated data discrepancy issues (Appendix I; Finance Templates). Additionally, Finance outcomes are regularly measured by a select group of financial ratios. In FY 2011 the operating reserve percentage was 7.6%, falling short of the goal of 8.5%. Although an increase in net assets greatly improved the operating reserve, review of financial information indicated that a change was needed in the investment strategy for endowment to reduce investment losses, and operating expenses needed to be reduced. In 2010 we engaged new investment consultants to recommend strategies that would generate greater return on our

investments. The endowment annual return increased from 7.6% in FY10 to 12.7% in FY11. Also in FY 2010 and FY2011, the institutional support efficiency ratio was 18.74% and 15.1%, respectively, as compared to the target of <15%. Review and assessment of institutional support expenses indicated additional improvement could be achieved by implementing cost cutting measures. During FY 2012 we implemented new procurement practices that would reduce operating expenses without adversely affecting the school's mission, including establishing a purchasing partnership with another Atlanta University Center Consortium, institution to leverage the purchasing power of the two institutions and implementing a print management program that generated savings in lease/purchase of equipment and purchase of supplies. The print management program is designed to achieve savings of approximately \$500K over the life of current leases. We have experienced cost reductions in targeted areas and have been able to redirect those savings to mission critical expenses to support class size expansion and added programs.

Sources

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CS 3.3.1.4

Institutional effectiveness: research

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in research within its educational mission, if appropriate.

Institutional Judgment

Compliant Non-Compliant Not Applicable

SACS Recommendation

The described system of institutional effectiveness includes planning and assessment but is missing a clear, comprehensive, and systematic link between the assessment of outcomes and evidence of improvement based on the analysis of those results. Materials are provided within the context of the strategic plan and lack details on actual assessment results for specific expected outcomes and how the evaluation of results led to the cited improvements. The institution should document that it assesses the extent to which it achieves outcomes and provides evidence of improvement based on analysis of results for research.

Institution Response

CS 3.3.1.4 Institutional Effectiveness: Research

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results.

Compliance Report Narrative (excerpted)

The Office of Research Administration provides oversight for research administration, planning and evaluation. The Senior Associate Dean for Research Administration serves on the President's Executive Leadership Team. The 2008-09 Annual Report provides a summary of issues and assessments with recommendations for improvement. Research goals and performance expectations are outlined in the strategic plan. The 2006 SWOT (strengths, weaknesses, opportunities, threats) analysis and 2008 strategic planning process involved campus wide input and resulted in improved pre and post award management through additional staffing and restructuring. MSM has two institutional standing committees whose tasks are to strengthen the research infrastructure and increase the research productivity of the institution. They are the Research Advisory Council (RAC) and the Research Development Committee (RDC). The Research Advisory Council consists of members from a broad cross section of the institution to ensure that the views of all constituencies are represented. It was established to provide advice and guidance to the research enterprise on an ongoing basis. RAC also reviews bridge funding requests and provides recommendations to the Fiscal Advisory Committee (FAC) and the Dean. Procedures and guidelines for the establishment of Centers and Institutes is a result of the work of this Council. This Council also reviews and makes recommendations regarding pilot project funding. The Research Development Committee has conducted several surveys to identify major obstacles to research development. Interface with finance and human resources was identified as in need of improvement. Data driven improvements included implementation of the P card (purchase card system) and changes with job classifications through Human Resources. RDC continues to work to identify major obstacles for junior faculty to develop a competitive research program. Overall yearly data reflect an increase in the number of investigator initiated awards at MSM, and in training slots and refereed publications. This is noted in the Dean's 2009 report included under supporting documents. Currently, seven of the school's faculty members have received Distinguished Scholar's Awards from the Georgia Cancer Coalition. The National Center for Primary Care (NCPC) conducts practice-based research to improve health outcomes, creates protocols and tools for improving primary care effectiveness and undertakes public policy analysis to improve access to primary care services. The NCPC has the unique distinction of being the only congressionally sanctioned center in the country dedicated to promoting optimal health care for all, with special focus on serving underserved communities.

FOCUSED REPORT

Off-site Committee Comments

Specific examples of improvement are provided and there are references to several surveys about obstacles to research. However, these instruments and results are not provided. What is also not provided is how these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes.

Focused Report Response (excerpted)

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation. Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the Academic Policy Council (APC), which is chaired by the Dean. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness

Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year if it determines there are exceptional issues that need to be brought forward. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC, and include highlights of the IEC annual report in his report to the Board of Trustees. The Research Development Committee (RDC) is a standing committee of the APC that facilitates development and maintenance of an institutional biomedical research capability of high quality. The committee conducts surveys of research faculty to identify areas of needed improvement. As a result of surveys administered from 2004-2007, improvements related to survey findings include improved travel reimbursement and purchasing methods. A survey was recently conducted related to translational research. Challenges related to collaborative research were identified from this survey and are being reviewed by RDC.

RESPONSE TO THE VISITING COMMITTEE

On-site Committee RECOMMENDATION 5 - Institutional Effectiveness, Research

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific research improvements to the institutional effectiveness process.

Response to Visiting Committee (excerpted)

The Research enterprise at MSM participates in Institutional Effectiveness processes that cover a number of areas, through the Research Development Committee which is charged to identify improvements that create an environment conducive to research. An example of this process is the need for a standardized and streamlined purchasing plan for the institution. This issue stemmed from various administrators and researchers complaints that there were delays for ordering supplies for research projects from multiple vendors and delays in paying vendors for orders received. The issue was noted in a January 2005 Research Development Committee Meeting, referencing a Purchasing Card (P card) Advisory meeting that showed slow progress with receiving buy-in from various stakeholders. The call for an Advisory Committee was made at an October 2004 Research Development Committee Meeting. The P-Card program was in progress by January 2007 and was showing progress in resolving the issues of the research areas.

In September 2007, a report to the Faculty Assembly revealed that a pilot program was in its final stages of testing the P Card Program that allowed designated individuals access to a credit card to use for purchases for the department to eliminate delays for ordering and payment for goods. Further analysis of this program lead to recommendations that it should be further developed and expanded for use by all departments throughout the entire institution. The program was later adopted by the Institution and is represented in the Finance Policies. This program is continually evaluated for effectiveness and adjustments are made to the allowed users and policies as needed to ensure that the program is being utilized properly and that it can help to streamline the purchase of necessary supplies and other allowable items for institutional departments. Another example of the Institutional Effectiveness process in Research is the need to address the antiquated faculty incentive practice. The faculty requested a more up to date and comprehensive plan that would help to improve faculty retention. In a meeting of the Research Development Committee, two researchers were charged with working to develop a policy to revise the formula for return of research funds to departments. The former practice only provided incentives for the Basic Sciences researchers. The concern resurfaced at a 2007 Faculty Assembly meeting. The Research Advisory Council (RAC) was identified to play an instrumental role in helping with the issues of faculty retention. The RAC vetted the program and continued discussions.

In February 2011, Dr. Harris-Hooker provided a draft of the Incentive Plan for discussion to the RAC for discussion. This improved upon the old practice as the new plan will include incentives for both Basic Science Researchers and Clinical Researchers to help with faculty retention. The plan is currently being reviewed by outside individuals for further advisement before adoption as policy.

FIRST MONITORING REPORT

CS 3.3.1.4 (Institutional Effectiveness: Research) Recommendation 5

The institution has not yet documented the link between the assessment of the achievement of expected outcomes and evidence of improvement based on analysis of those results. It is not clear that the improvements that were used as examples were a result of assessment of identified outcomes in the area. The report should document a clear link between the assessment of identified expected outcomes and improvements that have been made.

Response to Recommendation 5 (excerpted)

Morehouse School of Medicine is in compliance with this standard. All major functional areas at MSM participate in on-going, integrated, institution-wide research-based planning, evaluation, and decision-making processes that ensure achievement of the School's mission. The institutional strategic plan is the basis for all institutional effectiveness activities. The strategic plan document includes environmental analysis, goals and strategies for each focus area, and associated performance metrics. Issues identified in the environmental analysis are incorporated in the goals and strategies of each focus area of the plan. An assessment of progress as of March 31, 2012 in achieving plan outcomes was reported by senior administrators in the Strategic Plan Summary form provided by the Office of Planning and Institutional Research, requiring a brief narrative of current status, as well as an assessment of progress. Progress and issues will be reviewed and discussed at an executive retreat scheduled for

SECOND MONITORING REPORT

Comprehensive Standard 3.3.1.4 Recommendation 5

The described system of institutional effectiveness includes planning and assessment but is missing a clear, comprehensive, and systematic link between the assessment of outcomes and evidence of improvement based on the analysis of those results. Materials are provided within the context of the strategic plan and lack details on actual assessment results for specific expected outcomes and how the evaluation of results led to the cited improvements. The institution should document that it assesses the extent to which it achieves outcomes and provides evidence of improvement based on analysis of results for research.

Response to Recommendation 5

The research enterprise of MSM is maintained by the Office of Sponsored Research Administration (ORSA), which serves as the administrative arm that is responsible for ensuring that all MSM research units have the resources that they need to achieve the mission of research excellence by upholding the strategic focus of MSM’s strategic plan, “Creating a focus of outstanding scholarship throughout all components of MSM and strengthening the competitive quality and national reputation of the research enterprise”. The ORSA and all MSM research units annually set goals and assess outcomes in order to monitor how well they are achieving the missions set forth in each unit. A list of all research units at MSM has been provided in the appendix ([Appendix J; MSM Research Units](#)). The research units that are highlighted in this report are Satcher Health Leadership Institute (SHLI), National Center for Primary Care (NCPC), Prevention Research Center (PRC), and Neuroscience Institute (NI). They are presented to provide examples of the institutional effectiveness processes that are used to monitor achievement of goals and expected outcomes, analyze data to make improvements, and implement recommended improvements for the research enterprise.

For each research unit at MSM, the narratives that follow summarize the primary purpose of the unit, and the goals and objectives that were evaluated. A general summary of outcomes, as well as changes made in response to results to improve outcomes, is provided in the narrative following the table.

	Role in Research Excellence	Unit	Primary Purpose
1	Administrative Arm	Office of Sponsored Research Administration (ORSA)	Provide research-based administrative support and institution-based grant funding mechanisms
2	Research Unit	Satcher Health Leadership Institute (SHLI)	Conduct research in the areas of Public Policy and Community-Based Research.
3	Research Unit	National Center for Primary Care (NCPC)	Conduct research in the areas of Primary Care, Public Health & Health Promotion, and Social Determinants
4	Research Unit	Prevention Research Center (PRC)	Conduct research in the areas of risk reduction and early prevention of obstinate diseases.
5	Research Unit	Neuroscience Institute	Conduct research in the areas of the functional organization of the nervous system, and to seek ways to reduce suffering brought about by neurological disorders.

Office of Sponsored Research Administration (ORSA). The Office of Sponsored Research Administration is a unit within the Office of the Dean created to support the scholarly activities of faculty, staff and students. Our mission is to facilitate the procurement of external support through research grants, contracts, and technological assistance agreements; to administer internal support for research; and to assist with documenting and publicizing the scholarly achievements of members of the research community.

The Office of Sponsored Research Administration values:

- A broad definition of research and creative activity that includes the scholarship of discovery, the scholarship of

learning, and the scholarship of dissemination;

- The pursuit of research in an environment that encourages free and open inquiry, that provides supportive services for academic achievement, scholarship, and creativity;
- The importance of research experiences for graduate students in particular and all students in general;
- The collaborative nature of research.

The vision of the Office of Sponsored Research Administration is to:

- Provide an infrastructure at MSM that supports the enhancement of basic, clinical and community-based research efforts;
- Increase external support of research; strengthen the research experience for all students
- Foster the conduct of research at MSM that will reduce and ultimately eliminate health disparities

As the major administrative arm of the research enterprise, in FY 2011-12, the ORSA had a major goal that was multi-faceted and focused on strengthening the institution's research support systems and enhancing recruitment, retention and productivity of a critical mass of investigators ([Appendix K; ORSA template](#)). Achievement of this goal would support the unit's mission of promoting research excellence at MSM. A series of needs assessment surveys ([Appendix L; Needs Assessment Survey](#)) were conducted in the ORSA and in research support units (Office of Grants and Contracts, Purchasing, Human Resources, Information Technology) in which information was collected relative to processing time for grant development, pre- and post-financial award activities, staff hiring, and research compliance. Furthermore, additional needs assessment surveys were conducted by faculty representatives and findings were reported to the institution's Research Development Committee (RDC).

The results of the surveys showed that inefficiencies in the research support units were contributing to decreased productivity. It was determined that relying on paper requisitions or POs (purchase orders) as the only methods for purchasing resulted in delayed receipt of research supplies. In addition, the academic departments, centers and institutes did not have adequate grant-related assistance during submission. Furthermore, requests for IT assistance involved direct contact by phone, rather than electronic or virtual methods, which resulted in delayed assistance with technical difficulties. To improve these areas of inefficiency, the research enterprise and its support units implemented efforts to shorten the length of time to process the purchase of research supplies, the baseline was 2-3 weeks, with a target established of 24-72 hours. This target of improvement was met in FY 2011-12. Next, to improve grant-related assistance during submission, the baseline of 1-3 days of internal processing before submission was changed to a target of 5-7 days prior to submission. This additional time would ensure that all grant applications were complete and error-free. This target was exceeded with processing of grant submissions occurring at least 7 days prior to due dates. To improve the inefficiencies with IT assistance, the IT department launched an online help-ticket called "MSTAT". The baseline of obtaining IT assistance once a problem has been reported was 24-48 hours, and the target for FY 2011-12 was 2-3 hours, after creation of MSTAT. This target was not met, but IT assistance did improve with assistance being provided in a time frame shorter than 24-48 hours. Observing that the implementation of the MSTAT ticket process was improving service time, the recommended improvements were continued for FY 2012-13.

Once improvements were implemented in FY 2011-12 to improve the efficiency of the research support services providing assistance to the research units, metrics were developed to determine how these improvements would increase research productivity. As a consequence, ORSA looked for increases in the number of grants submitted (baseline = 110, target = 200), number of R01 grants funded (baseline = 7, target = 12), number of investigator-initiated grants funded (baseline = 65, target = 75), number of publications in peer-reviewed journals (baseline = 171, target \geq 205), and number of invention disclosures (baseline = 14, target = 27). The ORSA successfully met or exceeded the targets of increasing the number of R01 grants funded, investigator-initiated grants funded, and the number of invention disclosures. However, the targets, thus the goals, were not met for increasing the number of grants submitted and the number of invention disclosures. To improve these two areas, three actions were implemented: 1) A database of grant-writing assistants was developed. The database was populated by sending out institution-wide communications and requesting recommendations from faculty, of persons who were research area experts. OSRA also added persons to the database who had previously served as grant writing assistants. Faculty could then contact OSRA and request to work with a grant writer, and the services are paid from an institutional fund source. 2) A science writing/editing consultant was contracted to conduct a 12-week interactive online course that provided the mechanics for successfully writing, editing, and submitting a scientific manuscript to a journal. The online component included lectures for review and ancillary reference materials (e.g., bibliography, useful links, and samples of journal reference styles). 3) An **Intent to Submit Form** was developed and placed on the Web so that faculty could indicate their intention to submit a grant application. Upon receipt of this form, OSRA

designates a grant administrator to that faculty who will offer assistance throughout the submission process. In addition to the Intent to Submit Form, electronic submission of grants was developed. Electronic submission training and implementation at MSM was initiated prior to funding agency mandates. The improvements implemented were successful and resulted in the targets for increasing the number of grants submitted and the number of invention disclosures either being met or exceeded in FY 2012-13.

The outcome of restructuring the Grant Administration Units is based on the accomplishment of the following objectives:

- To restructure grant administration by centralizing all functions relevant to the submission of proposals
- To provide greater oversight in the management of funded awards
- To reduce the paperwork burden on the grant community which will allow for more focus on research and/other sponsored efforts
- To improve the timely submission of applications and all post award documents

The status of these objectives will be reviewed monthly by the Mission-Based (Research) Design team to assess evidence of the expected outcome. **We understand that the successful implementation of the P-Card program, the development of an electronic IT help ticket and restructure of the grant administration units are not sole contributors to increased research productivity but we are certain that providing this enhance institutional support is a significant factor.**

In FY 2012-13 for the ORSA wanted to strengthen and fully develop high priority research programs. The ORSA determined from the results of an institution-wide needs assessment (conducted by research program evaluators), ([Appendix L; Needs Assessment Survey](#)) that this outcome could be best produced by developing clinical participant databases and clinical research. It was determined that the ORSA could not produce the expected outcome to establish the patient databases and repositories alone, and would require the assistance of IT. The services of IT were recruited to help build an in-house database system. After several months of discussion and planning, the ORSA moved forward with the guidance of IT to develop the first database of patients who have agreed to participate in biomedical and clinical studies. The databases were IRB approved and followed HIPAA guidelines. This spawned the development of six additional databases. Furthermore, with the assistance of clinical leaders on campus, repositories of patient biological samples were created from the patients listed in the databases for research studies. These repositories were also IRB approved and followed HIPAA regulations.

Satcher Health Leadership Institute (SHLI). The SHLI was developed by former U.S. Surgeon General, David Satcher, M.D., Ph.D. The mission of the SHLI is to develop a diverse group of public health leaders, foster and support leadership strategies, and influence policies and practices toward the reduction and ultimate elimination of disparities in health with the focus on neglected diseases and underserved populations, while giving priority to health promotion and disease prevention. Current programs of the Satcher Leadership Institute include the following:

- [Center of Excellence for Sexual Health](#) - CESH was developed to implement actions proposed in the Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.
- [Community Voices: Healthcare for the Underserved](#) - Funded by the Kellogg Foundation, this national program works with eight communities in areas that are home to some of the nation's most underserved populations, such as immigrants and the homeless. The program's mission is to develop innovative models for improving access and the quality of healthcare and health outcomes.
- [Division of Health Policy](#) - A program that provides policy and practice alternatives designed to foster equal access to quality and sustainable health care systems for underserved populations and to reduce health disparities across racial and socioeconomic groups.
- [Division of Behavioral Health](#) - The mission of this Office is to reduce and ultimately eliminate disparities in behavioral health, including mental health, substance abuse and developmental disabilities. We achieve our mission through training and development of existing and emerging leaders, empowering and supporting community leadership, and providing leadership to inform meaningful and effective policy and practice in Behavioral Health.
- [Division of Health Promotion and Disease Prevention](#)-The Division of Health Promotion and Disease Prevention is designed to close the gap between academic health centers and the communities of greatest need by engaging with the people most affected by health disparities.

The Institute has five major programs, [Center of Excellence for Sexual Health](#), [Community Voices: Healthcare for the Underserved](#), [Division of Health Policy](#), [Division of Behavioral Health](#), and the [Division of Health Promotion and Disease Prevention](#). Although based in the SHLI, the programs are strengthened and acquisition of grant funding is enhanced by their collaborations with other MSM institutes, departments, and centers. SHLI needed to increase the number of cross-disciplinary research-based grants to sustain those collaborations and to increase funding of investigators in the Institute ([Appendix M; SHLI templates](#)). In FY 2011-12, SHLI established more multi-Co PI, cross-disciplinary grants rather than single PI grants, and this would improve the chances of SHLI having better

success rates of being awarded funding. This improvement would also ensure that multiple investigators in SHLI could obtain funding through the submission of only one grant. The target was to obtain at least two major cross-disciplinary research grants, which would support the collaborative efforts of the Institute. The improvements resulted in the target being exceeded with the Institute being awarded four major research grants which would more than sufficiently support the cross-disciplinary activities of the five major programs.

A key initiative in the mission of SHLI is to keep the research community informed of health inequities that the Institute has determined through investigative research efforts. This is best accomplished by publication of the Institute's research findings in peer-reviewed journals. A major goal in FY 2011-12 was to publish eight manuscripts in peer-reviewed publications in order to disseminate research outcomes in the academic community. The Institute only published five manuscripts; therefore, the goal was not met. It was determined that this goal was not met because there is a need to identify protected time for faculty, in particular clinical faculty, to engage in academic writing and manuscript preparation for journals. To improve this outcome, the Institute established a monthly academic writing workshop for SHLI faculty to increase the number of manuscripts submitted to peer-reviewed journal, and provide assistance for faculty, primarily clinicians, that had limited protected-time for writing manuscripts. The improvements implemented were successful, and the institute met its goal of publishing eight manuscripts in peer-reviewed journals in FY 2012-13.

In FY 2012-13, SHLI recognized the need to improve its overall financial stability. This was best accomplished by increasing the number of grants to support the health disparities related research and programmatic initiatives for the next five years. At the beginning of FY 2012, the Institute had five active grants that were successfully financially sustaining it, and a goal was set to increase the number to eight. It was determined that grant acquisition could be improved by researchers obtaining grant writing assistance in the early stages of preparing their grant applications. SHLI researchers were required to seek assistance from the Office of Sponsored Research Administration (ORSA) by participating in their grant writing assistance program within 12-18 months prior to the submission date. This improvement resulted in a higher rate of error-free, well-written and well-formatted grant applications. At the end of FY 2012-13, the Institute met its goal by being awarded three new grants, in addition to its five active grants.

National Center for Primary Care (NCPC). The mission of the National Center for Primary Care (NCPC) at Morehouse School of Medicine is to promote excellence in community-oriented primary health care and optimal health outcomes for all Americans, with a special focus on underserved populations and on the elimination of health disparities. The NCPC conducts practice-based research to improve health outcomes, provides training for primary care practitioners, creates protocols and tools for improving primary care effectiveness, and undertakes policy analyses focused on how to make primary care more accessible and more effective.

The NCPC wanted to increase their number of awarded federal, state, and non-governmental grants in FY 2011-12 ([Appendix N; NCPC Templates](#)). The Center would require this for funding that would directly impact the elimination of health disparities. Furthermore, it was determined that three new grants in addition to the two active grants it already had in this category would financially sustain the NCPC. In order to improve acquisition of grant funding, three major areas needed to be improved. First, the faculty needed more mentoring and education around research and grant submissions. To better facilitate this need, the Director of the NCPC, Dr. George Rust, began to groom Dr. Dominic Mack with the goal of transitioning Dr. Mack into more of a leadership role within the Center. This resulted in Drs. Rust and Mack serving as Co-Directors of the NCPC, and this subsequently allowed Dr. Rust more protected time to focus more on research development activities and faculty mentoring. Second, there needed to be an increase in collaborative efforts among faculty members to increase the potential for the submission of more competitive grant applications. To address this need, the NCPC re-instituted their weekly Interdisciplinary Research Team meetings. Third, there needed to be an increase in access to Medicaid claims data to provide statistical information to develop new research projects. This provision was made. The improvements implemented were successful and at the end of FY 2011-12, the NCPC had successfully met this goal by acquiring three new grants.

The NCPC set a goal of establishing an endowment of \$10-15 million in FY 2012-13 based on an analysis of the endowment funds for similarly sized organizations with a similar mission. The Center tried to establish the endowment using internal expertise within the Center, which was not successful because of this being a novel undertaking. It was determined that in order for this goal to be met, a strategic plan needed to be developed and an advisory council consisting of members from nationally prominent organizations focusing on health disparities needed to be created. The recommended improvements that are being implemented are that the NCPC has received expert assistance to move forward with the first steps in developing a strategic plan to raise funds for the endowment. Furthermore, an Advisory Council was created consisting of members from nationally prominent health-disparities organizations to provide mentorship to the institution in the process of establishing the endowment.

Prevention Research Center (PRC). The PRC is one of a network of academic research centers funded by the Centers for Disease Control and Prevention (CDC) to achieve local and national health objectives focused on gaining knowledge about the best methodologies for solving the nation's obstinate health problems. These centers engage

in interdisciplinary applied prevention research in collaboration with community partners; federal, state, and local health and education agencies; and other universities.

In FY 2011-12 the PRC needed to increase communication of PRC research findings to professional audiences through scholarly publications and scientific presentations, in order to build its national reputation ([Appendix O; PRC templates](#)). The number of publications and presentations from PRC members is monitored and documented quarterly by the e-database Qualtrics ([Appendix P; Qualtrics Survey](#)). Accomplishment of this goal would meet the unit's needs to ensure scholarly productivity, ensure national reach of emerging best practices, and improve awareness regarding the work of the center in collaboration with community and academic partners. A target was set at increasing the number of journal article submissions and scientific presentations by 15. The recommended improvement to increase the number of publications submitted and accepted to peer-reviewed journals, was for faculty and students to receive manuscript writing assistance from the Office of Sponsored Research Administration (ORSA). In addition, to increase the number of scientific and community presentations, the ORSA also assisted in the writing and submission of abstracts for conferences and formatting of data for presentations (along with the assistance of the institution's Office of Administrative Services, which helped design the poster presentations). The improvements implemented were successful. The target of 15 was exceeded by the completion of 60 scientific and community presentations, and the preparation and submission of 9 manuscripts to scholarly journals and other publications.

In FY 2011-12, the PRC set a goal to award grants to community-based organizations to increase their capacities to implement community-prioritized health initiatives. This goal is aligned with the unit's established community value which states that "Community members should be empowered to initiate their own research projects, which address needs they identify themselves". It was determined that the members of community-based organizations who were involved PRC research studies wanted to promote preventive healthcare knowledge and practices in their communities; however, they did not have the funds to implement this. Providing those individuals/groups with a mini-grant, or similar award, would resolve this problem. The PRC faculty and staff decided that funding from the center should be earmarked for awarding at least two community-based projects that addressed health disparities-associated diseases. The PRC was able to provide the funding and met the target of presenting two awards that were used to implement community-prioritized health initiatives, such as cancer and diabetes prevention.

In FY 2012-13, the PRC needed to increase the total number of collaborative Community-Based Participatory Research (CBPR)-focused grants/contracts funded. Accomplishment of this goal would increase funding streams, expand the PRC's research portfolio, and decrease the reliance of the PRC on funding from the Centers for Disease Control (CDC). In addition, accomplishing this goal would ensure sustainability of the PRC. In order to accomplish this goal, the PRC aggressively compiled and analyzed resting data that had been acquired over the long-term. This was used to generate several new CBPR project proposals. The more well-developed projects were submitted for competitive CBPR grant submissions. These implementations were successful and the target was met of obtaining two new CBPR-focused grants.

Neuroscience Institute (NI). The mission of the Morehouse School of Medicine Neuroscience Institute (NI) is to create a supportive and challenging environment for the investigation and teaching of the functional organization of the nervous system, and to seek ways to reduce suffering brought about by neurological disorders. The MSM NI research areas cover a broad range of cellular and molecular neuroscience and include the molecular biology and physiology of circadian rhythm, mechanisms of sleep and sleep disorders, mechanisms of stroke and stroke prevention, photoreceptor and retinal physiology, glutamate receptor physiology and mechanisms of hyper-excitability in epilepsy.

In FY 2011-12, the NI needed to develop a neurobiology course for graduate students at MSM ([Appendix Q; NI templates](#)). The need for this was determined by an institute-wide and departmental assessment conducted by the NI Program Advisory Committee (PAC) and MSM GEBS (Graduate Education in Biomedical Sciences) Committee ([Appendix R; PAC Survey](#)). Students who were interested in Neuroscience research wanted neurobiology exposure prior to working in the research laboratory. To improve their knowledge base, a neurobiology course was developed to help students be better prepared for engaging in their neuroscience-based research projects. The goal was met in FY 2011-12, with the neuroscience course having been developed, approved by the GEBS committee, and taught in classes for MSM graduate students.

The NI set a multi-faceted goal to improve NI leadership skills and resources. An institute-wide and departmental assessment conducted by the NI Program Advisory Committee provided recommendations for improvements, which were: 1) Senior investigators must mentor middle-level leadership team members and provide professional development opportunities, 2) the NI Leadership Team needed to establish regularly scheduled meetings with a Senior MSM Administrator, 3) There needed to be an allocation of 1200 sq. ft. of new space for the NI to house its new Proteomics Core, and 4) There needed to be a source of funding to provide resources to cover service contracts and patent applications. The improvements were implemented by: 1) Establishing grant writing and professional development workshops to help faculty, 2) Establishing weekly NI Leadership Team meetings to remain informed of events and issues in the institute, and 3) Providing space allocation for the NI Proteomics Core in 2013. However,

the need to have funds to cover service contracts and patent applications was not met. To improve this need, the President of MSM was aware of how crucial this was to the success of the institute, and provided the necessary funds.

The research units that have been presented clearly show establishment of a goal or expected outcome, analysis of data to determine needed improvements, and implementation of the recommended improvements to produce results that either meet or exceed a defined target or expected outcome. The assessment process in the research units and the Administrative arm, ORSA, for cycles FY 2011-12 and FY 2012-13 led to improvements in:

- Purchasing of research supplies and equipment
- IT assistance with technical difficulties that affect the productivity of researchers
- Assistance with manuscript preparation
- Assistance with grant writing and grant submission
- Development of patient databases and repositories

Implementation of the improvements listed above strengthened the MSM research enterprise with:

- Increased numbers of awarded grant funding
- Increased numbers of submitted and accepted peer-reviewed publications
- Increased numbers of invention disclosures
- Expansion of cross-disciplinary research collaborations
- Greater national recognition of the research accomplishments of MSM
- Increased financial stability for the research enterprise
- Enhanced skill sets of faculty and students
- Enhanced community outreach

Sources

 Second Monitoring Report Templates (Page 25)
 Second Monitoring Report Templates (Page 26)
 Second Monitoring Report Templates (Page 32)
 Second Monitoring Report Templates (Page 47)
 Second Monitoring Report Templates (Page 52)
 Second Monitoring Report Templates (Page 57)
 Second Monitoring Report Templates (Page 64)
 Second Monitoring Report Templates (Page 69)
 Second Monitoring Report Templates (Page 74)

CS 3.3.1.5

Institutional effectiveness: community/public service

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in community/public service within its educational mission, if appropriate.

Institutional Judgment

Compliant Non-Compliant Not Applicable

SACS Recommendation

The described system of institutional effectiveness includes planning and assessment but is missing a clear, comprehensive, and systematic link between the assessment of outcomes and evidence of improvement based on the analysis of those results. The institution outlined elements of the faculty practice plan, Morehouse Medical Associates, but it did not present actual results of assessing the extent to which the stated goals had been met nor how improvements were made based on the assessment findings. The institution should document that it assesses the extent to which it achieves outcomes and provide evidence of improvement based on analysis of results for community/public service.

Institution Response

CS 3.3.1.5 Institutional Effectiveness: Community/Public Service

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results

Compliance Report Narrative (excerpted)

Expected outcomes relative to community/public service are included in the current strategic plan under community values. Many of the school's public service activities are housed in the Department of Community Health and Preventive Medicine where public service projects are conducted as part of the undergraduate medical education course in Community Health and in the graduate program in Public Health. Curriculum planning and evaluation activities for the community health course include review of public service component and projects. Surveys, interviews, focus groups, review of student journals and other methods of data collection are used to evaluate public health service projects. The Prevention Research Center (PRC), funded by the Center for Disease Control, conducts interdisciplinary community-based research on prevention in African American and other minority communities, for training minority community-based researchers and public health practitioners, and for demonstrating the value of community coalitions in conducting research. Its vision is the elimination of health disparities through prevention. CME programs include topics in the basic sciences, clinical medicine, practice management, and others as selected by the faculty and target audience. MSM consistently monitors health trends, especially those affecting people of color and the underserved urban and rural populations. In addition to this monitoring, evaluation data from previous events is used in the development of CME activities. The CME program has been able to increase the amount of educational offerings from 166 hours of accredited activities in 2007 to 196 hours of accredited activities in 2009. This increase is evidenced in the CME Annual Report submitted to the Office of the Dean. The Center for Community Health & Service-Learning engages health professional students, faculty, community-based organizations and academic affiliates in service-learning, community service and civic engagement at Morehouse School of Medicine. Its partnerships have enabled it to mobilize more than 400 medical and public health students to address the health disparities of underserved youth and adults by providing responsive health promotion intervention projects throughout metropolitan Atlanta. Over the past three years, our health professions students have completed 61,108 hours of service activities. The CCHSL program has far exceeded benchmarks (CCHSL Assessment Document). The Office of Institutional Advancement (OIA) enhances community value/public service through increased recognition of Morehouse School of Medicine, an increase in MSM student scholarships and increased donor funding for other projects. A performance report was included with the April 2010 Reports to the Board of Trustees. An example of external recognition of MSM's accomplishments relative to achievement of its mission is a recent report that ranked MSM number one in social mission scoring among all medical schools in the nation. This was the result of a study [included with supporting documentation] published in the Annals of Internal Medicine, June 2010 entitled "The Social Mission of Medical Education: Ranking the Schools." This is a significant honor for the school and affirms Morehouse School of Medicine's (MSM) contributions and commitment to increasing the number of primary care physicians and in increasing the number of racial and ethnic minorities in medical schools and practice.

FOCUSED REPORT

Off-site Committee Comments

Specific examples of improvement are provided and there are references to surveys, interviews, focus groups, etc. However, these instruments and results are not provided. What is also not provided is how

Morehouse School of Medicine

these improvements are related to the rest of the institutional effectiveness process, setting outcomes and assessing the outcomes. References are made to the 2009-2014 strategic plan for public service goals, but again, that plan has just been implemented.

Focused Report Response (excerpted)

Institutional effectiveness activities at MSM are on-going and involve all academic and administrative programs and services to ensure broad based participation. The School has a committee structure that facilitates and supports periodic assessment, planning, and resource allocation.

Institutional effectiveness for academic programs and services are centralized through the Office of the Dean and the Academic Policy Council (APC), which is chaired by the Dean. Committee deliberations are summarized in annual reports to the APC. The Institutional Effectiveness Committee (IEC), which reports to the President, is charged to review all academic and administrative areas to ascertain that planning, assessment and improvement activities are on-going within each unit, and that the School is effective in achieving its mission. The IEC is required to submit an annual report of findings and recommendations to the President, and may submit interim reports throughout the year. The President may direct the Executive Council and/or the APC to address issues and recommendations reported by the IEC. MSM Continuing Medical Education provides community and public service through its many offerings. The Continuing Medical Education Committee (CMEC) is a standing committee of the APC that reviews all aspects of MSM's participation in directly sponsored and jointly sponsored continuing medical education activities. The MSM CME assessment survey is used to plan activities and events consistent with identified needs. The Office of Continuing Medical Education conducts evaluations at the conclusion of every MSM CME offering. The Prevention Research Center (PRC) at MSM is funded by the Centers for Disease Control and conducts interdisciplinary community based research, guided by a Community Advisory Board. The PRC through its Advisory Board has demonstrated the value of community coalitions in conducting research. The vision of the PRC is to eliminate health disparities through prevention research. The PRC survey instrument is designed to gather information on board members' perspectives. The information will be used in strategic planning to identify areas of effectiveness and for improvement.

RESPONSE TO THE VISITING COMMITTEE

On-site Visiting Committee Recommendation 6 - Institutional Effectiveness, Community/Public Service

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific community/public service improvements to the institutional effectiveness process.

Response to Visiting Committee (excerpted)

MSM and its Department of Community Health and Preventive Medicine (CHPM) recognized a need to improve community and public service within MSM's mission and educational programs. This need was assessed through community, student and faculty feedback provided in retreats, course evaluations, community assessments, and requests for community service. To address this need, CHPM developed a Community Health Course. This course has since been reviewed, evaluated and improved upon on an annual basis, as identified in the minutes of retreats from 2001 - 2011. The Community Health course is a yearlong service-learning experience which integrates community service with course objectives and lasts the duration of the first year of medical school, inclusive of lectures that introduce students to community skills. On-going evaluation of the Community Health Course has led to several years of improvement based on assessment data from various sources, including creating more interactive lectures, improvements made to the course syllabus and needs based community interventions. Minutes from 2001 to 2011 retreats reflect the on-going review of the programs by faculty and staff as well as course evaluations that indicate that the needs of the students were considered. An example of a change that was made based on student evaluation is in the 2010 - 2011 school year, students suggested that peer evaluations be brought back. This was addressed in the 2011 CHC Course Retreat and the change was made in the 2011- 2012 syllabus. The cycle of the planning, implementation, evaluation and validation has yielded a stronger, more valuable course for the first year medical students.

FIRST MONITORING REPORT

CS 3.3.1.5 (Institutional Effectiveness: Community/Public Service). Recommendation 6

The institution has not yet documented the link between the assessment of the achievement of outcomes and evidence of improvement based on analysis of those results. It is not clear that the improvements that were used as examples were a result of assessment of identified outcomes in the area. Information related to only one course was provided in the response. The report should provide evidence that additional community/public services activities have identified outcomes, assessment activities, and improvements linked to the results of the assessment efforts.

Response to Recommendation 6 (excerpted)

Morehouse School of Medicine is in compliance with this standard. All major functional areas at Morehouse School of Medicine participate in on-going, integrated, institution-wide research-based planning, evaluation, and decision-making processes that ensure achievement of the School's mission. The institutional strategic plan is the basis for all institutional effectiveness activities. The strategic plan document includes environmental analysis, goals and strategies for each focus area, and associated performance metrics. Issues identified in the environmental analysis are incorporated in the goals and strategies of each focus area of the plan. Our faculty practice plan, operated as Morehouse Medical Associates, is the principal Community and public service activity of the organization. The

current plan – “Soaring to New Heights of Excellence and Service,” covering the period 2009 – 2014, includes the Health Services Excellence focus area. An assessment of progress as of March 31, 2012 in achieving plan outcomes was reported by senior administrators in the Strategic Plan Summary form provided by the Office of Planning and Institutional Research, requiring a brief narrative of current status, as well as an assessment of progress.

SECOND MONITORING REPORT

CS3.3.1.5 (Institutional Effectiveness: community/public service) Recommendation 6

The described system of institutional effectiveness includes planning and assessment but is missing a clear comprehensive and systematic link between the assessment of outcomes and evidence of improvements based on the analysis of those results. The institution outlined elements of the faculty practice plan, Morehouse Medical Associates but it did not present actual results of assessing the extent to which the stated goals had been met nor how improvements were made based on the assessment of findings. The institution should document that it assesses the extent to which it achieves outcomes and provide evidence of improvement based on analysis of results for community/public health.

Response to Recommendation 6

Morehouse School of Medicine (MSM) is compliant with this standard. MSM is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

The overarching goal of the faculty practice plan, Morehouse Medical Associates, involves improving the health status and quality of care for the community (with an emphasis on eliminating health disparities) through Georgia, the nation and globally. It is expected that our practice plan, Morehouse Medical Associates (MMA), provide quality patient care while maintaining a viable, financially stable infrastructure. To this end, unit goals include metrics that are related to patient services and satisfaction and national accreditation standards. Sources of data include patient satisfaction surveys, accreditation standards, comparison to national benchmarks and referral data. Additionally, when indicated, special workgroups are assembled, recommendations from consultants and scheduled retreats are also utilized. Planning and data analysis reviews occur regularly in the clinical chair’s monthly meeting and through the Practice Plan Board of Directors quarterly meetings. The summary below along with copies of MMA Institutional Effectiveness reports for 2011-2012 and 2012-2013 in Appendix S ([Appendix S; MMA templates](#)) will serve as documentation of stated goals, assessment methods, an analysis of how goals had been met and how improvements were made based on the assessment of findings.

Morehouse Medical Associates (MMA)

Patient Satisfaction Surveys. MMA conducts patient satisfaction surveys ([Appendix T; Patient Satisfaction Surveys](#)) on a regular basis in several domains. The industry standard typically demonstrates 90-95% of patients rating their experiences Very Good to Good. The target patient satisfaction rate for the faculty practice plan is 95%. In 2012 our patient satisfaction rating was 93% and we initiated a multi-pronged approach that included the following:

- Analysis of patient satisfaction surveys to pinpoint opportunities and correct issues with the patient process
- Development and implementation of service standards to hold staff accountable.

Morehouse Medical Associates addressed many factors identified through patient survey data which included staff friendliness, facility cleanliness, and speediness of answering telephone calls, wait times and availability of appointments. Wait times (time spent in both the waiting room and exam room before seen by a doctor) was frequently cited. Wait times had not consistently been measured frequently, however, effective in the 2nd quarter, FY2013, Department Administrators and MMA leadership ensured that wait times were measured and reported monthly by department/service.

Improvements Implemented:

Morehouse Medical Associates implemented improvements in the following areas based on our assessment of patient satisfaction survey results:

- Revised the patient scheduling template to open up additional appointment slots, this included starting appointments at 8:00 am
- Developed and implemented service standards to hold staff accountable
- Re-designed patient service processes and established quality of service metrics and reporting tools
- Established a clinical tracking and patient flow analysis program to improve wait time
- Re-vamped the entire phone system, this allowed calls to be answered in a more timely manner, the number of phone prompts were reduced from 8 to 4
- Enhanced customer service training around call management

The outcome of the implemented improvements included an increase in the overall patient satisfaction rating from 93% in 2012 to 97 % in 2013. Outcomes included a reduction in wait time and a significant reduction in the percentage of dropped calls from a baseline of 12 to 14% to a rate of 7% which was consistent with a national standard of 5-8% for dropped calls.

A major emphasis of the practice plan over the past two years has been to achieve Patient Centered Medical Home

(PCMH) national recognition through the National Committee for Quality Assurance (NCQA). A Patient-Centered Medical Home (PCMH) is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it, in a culturally and linguistically appropriate manner.

Patient Centered Medical Home (PCMH) Accreditation/Recognition Benefits and Requirements:

Benefits of the PCMH include:

- Improvements in quality of care, patient experience and access, work environment, and reimbursement from key payers, including Medicaid.
- Reductions in costs related to preventable, duplicative, unnecessary care and ER visits/Inpatient stays.

National Committee for Quality Assurance (NCQA) Scoring and Standards:

- NCQA has nine standards for medical homes. The standard and scores for each recognition level are listed below. NCQA offers three levels of Patient Centered Medical Home (PCMH) recognition.

Overall Points Required	"Must Pass" Requirements (at least 50% performance)	
Level 1	25-49	5 of 10
Level 2	50-74	10 of 10
Level 3	75-100	10 of 10

Patient Centered Medical Home (PCMH) Standards:

- Access and communication
- Patient tracking and registry functions
- Care management
- Self-management support
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improvement
- Advanced electronic communications

In February 2012, the Comprehensive Family Healthcare Center (CHFC), a component of Morehouse Medical Associates received Level I recognition. Data collected, reviewed and evaluated included referral tracking, tracking of high risk labs and tests, tracking of no show appointments and patient satisfaction surveys.

Improvements implemented based on NCQA standards PCMH recognition

- protocols centered around care management and coordination including improved follow up with no shows
- increase in e-prescribing, (electronic prescribing)
- implementing improved tracking mechanisms for patient referrals and tests
- improvements to electronic medical record (EMR) system
- establishment of web portal to enhance communication

In July 2012 Grady East Point Health Center, another faculty practice site, received Level III recognition based on improvements in the required PCMH standards and 75 Piedmont, a third location for the faculty practice site is positioned to receive PCMH designation in late 2013.

Morehouse Medical Associates implemented expansion of its services to promote its role in eliminating health disparities throughout Georgia, nationally and globally. The **Improvements Implemented** in 2012-2013 included expanding services in two areas based on analysis of tracking, screening and referral data ([Appendix U; Screening Data](#)), ([Appendix V; Referral Tracking Data](#)) as follows:

- Establishment of a sleep lab in 2012 to evaluate and treat sleep apnea and other sleep related disorders which are under diagnosed and undertreated in population served
- Recruitment of a colorectal surgeon in 2013 based on tracking and referral data, colorectal cancer screenings and high risk of colorectal cancer in population served

Patient Quality of Care Workgroup: In 2013 Morehouse School of Medicine and MMA convened a patient safety and quality improvement (PS/QI) work group. The PS/QI workgroup was made of representatives from each of the seven MSM Graduate Medical Education programs. Further, this working group was charged with structuring best-

practice protocol for clinical operations for MMA. These quality initiatives will span all practice sites with clearly defined measurable outcomes that parallel national quality standards and benchmarks (e.g. Healthcare Effectiveness Data and Information Set (HEDIS) measures). The goal with regard to quality clinical services is to reach benchmarks for HEDIS measures throughout the organization, achieve outcome data through audits and evolving EHR data resources, including the current Practice Partner Resource Network.

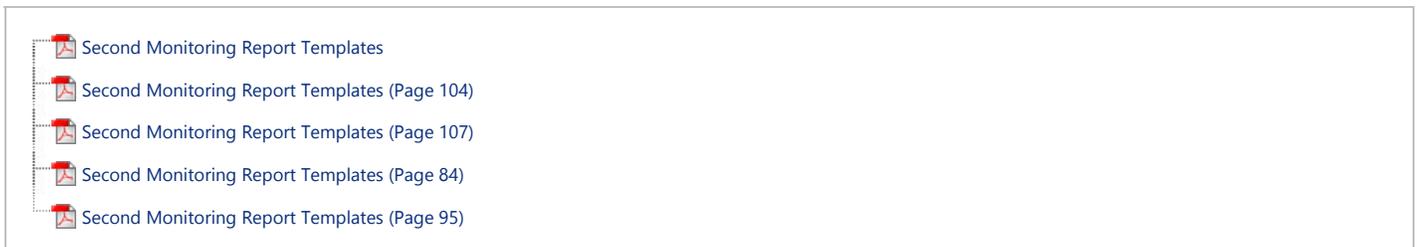
Example of measures and benchmarks selected include Colorectal Cancer Screening, Breast Cancer Screening, Body Mass Index Measurement, Diabetic HgBA1C Screening, and Childhood/Adolescent Immunizations.

The enterprise wide patient safety and quality improvement initiative will leverage the EMR platform to achieve data analysis and reporting. The PS/QI workgroup will guide the selection of key patient safety and quality indicators and the development of reports for individual physicians and clinical departments. The key indicators selected should align with the reporting requirements for meaningful use of electronic medical record systems outlined by the Center for Medicare and Medicaid Services (CMS) and for patient-centered medical home certification (PCMH) outlined by the National Committee on Quality Assurance (NCQA).

The Director of Patient Safety and Quality position has been developed to provide direct oversight for the clinical and GME components and provide the leadership for this important initiative and will be a major initiative in 2014.

In conclusion, Morehouse Medical Associates is committed to an ongoing and continuous process of improvement which involves assessing the extent to which stated goals have been met and how improvements are made based on an assessment of findings.

Sources



- Second Monitoring Report Templates
- Second Monitoring Report Templates (Page 104)
- Second Monitoring Report Templates (Page 107)
- Second Monitoring Report Templates (Page 84)
- Second Monitoring Report Templates (Page 95)

2.2

RECOMMENDATION 1 - Governing Board

The committee recommends that the Institution assure that the Chairman of the Board of Trustees is free of any contractual, employment, or personal or familial financial interest in the institution.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine ("MSM") provides the following response to Recommendation 1 to address whether the Chairman of the MSM Board of Trustees, Mr. Anthony Welters, has a "contractual interest" in MSM within the meaning of Core Requirement 2.2 of the Southern Association of Colleges and Schools ("SACS") Principles of Accreditation. Core Requirement 2.2 provides that neither the presiding officer of an institution's governing board nor a majority of the other voting members of the board may have "any contractual, employment, or personal or familial financial interest in the institution." This response specifically addresses the "contractual interest" element, articulated by the SACS On-Site team.

UnitedHealthcare Employer and Individual is MSM's current provider of employee medical insurance. The selection was made in 2007 following the recommendation of our independent insurance broker Thesco Benefits, LLC ("Thesco"), as the result of a competitive bid process whereby their bid was the lowest of the four proposals received. In addition to the projected cost savings of approximately \$1 million, UnitedHealthcare Employer and Individual afforded MSM the opportunity to participate in its African-American Employee Benefit Solutions program, a unique health-enhancing, diversified health and well being company program designed specifically for Historically Black Colleges and Universities.

UnitedHealthcare Employer & Individual is a distinct and separate business unit of United Health Group, a diversified health and well-being company. United Health Group is comprised of three distinct businesses: UnitedHealthcare Employer & Individual (MSM's current provider) serves the health benefit needs of employers of all sizes, public sector clients, students and individuals; UnitedHealthcare Medicare & Retirement delivers health and well-being benefits in partnership with AARP to individuals age 50 and older; and UnitedHealthcare Community & State manages health care benefit programs on behalf of state Medicaid and community programs.

Chairman Welters is a corporate officer of UnitedHealth Group serving in the position of Executive Vice President responsible for External Affairs, leading the company's Washington, D.C. presence. Mr. Welters also serves as President of UnitedHealth Group Public and Senior Markets Group, the division that comprises two distinct business units that are separate from UnitedHealthcare Employer & Individual. UnitedHealthcare Public and Senior Markets Group is comprised of UnitedHealthcare Community & State and UnitedHealthcare Medicare & Retirement business units. This division does not sell commercial products or services such as those currently provided to MSM through UnitedHealthcare Employer & Individual.

Based on the following facts and legal analysis, MSM has taken the position that Chairman Welters does not have a contractual interest in the institution:

1. UnitedHealthcare Employer and Individual is a separate business unit of United Health Group providing a distinct set of health insurance products and services not offered by the business unit that Mr. Welter serves as President.
2. Chairman Welters is employed by UnitedHealth Group, **not** UnitedHealthcare Employer and Individual, and UnitedHealth Group is not a party to the MSM insurance agreement. "Parent and subsidiary or affiliated corporations are, as a rule, treated separately and independently so that one will not be held liable for the contractual obligations of the other" ^(1/) Under this principle, not only is Chairman Welters unburdened by any legal interest in the UnitedHealthcare Employer and Individual-MSM agreement, but the company that employs him has no such interest either.
3. UnitedHealthcare Employer and Individual's business relationship with MSM has absolutely no bearing on Chairman Welters' compensation, as his compensation with UnitedHealth Group is not affected by the existence or absence of MSM's business relationship with UnitedHealthcare Employer and Individual.
4. The phrase "contractual interest" has a well-understood meaning in the law: it refers to a right, privilege, power, or immunity conferred by a contract ^(2/):

1. Except in unusual circumstances, not applicable here, only the parties to a contract, the parties' legal successors and assignees, and intended third-party beneficiaries have rights under contracts. ^(3/)
2. Chairman Welters is not a party, successor, assignee, or third-party beneficiary of the UnitedHealthcare Employer & Individual-MSM insurance contract. For example, he has no right to collect premiums under the agreement, no obligation to pay MSM or its employees when a covered event occurs, and could not be sued for breach of contract. ^(4/)
5. Chairman Welters' position, as an officer of UnitedHealth Group, does not give him a contractual interest in MSM. It is settled law that the "directors and officers of a corporation are not parties to a contract simply because the corporation is a party" ^(5/). The Supreme Court has called this a "fundamental" principle of corporation and agency law, explaining that a corporate officer "has no rights and is exposed to no liability under the corporation's contracts." ^(6/)
6. MSM's Board of Trustee members are required to complete annual Disclosure Statements. Chairman Welters' disclosed his employment with UnitedHealth Group in response to question #3 of the Disclosure Statement. (*Have you or any of your affiliated persons provided any services or property to Morehouse School of Medicine in the past year?*). He made this disclosure not to declare a contractual relationship, but rather to ensure full transparency and the appropriate review of his employment with UnitedHealth Group and the health insurance provided to MSM by UnitedHealthcare. It is important to note that in response to question # 5 of the Disclosure Statement. (*Please indicate whether you or any of your affiliated persons has any direct or indirect interest in any business transaction(s) in the past year to which MSM was a party.*), Chairman Welters also specifically denied having any direct or indirect interest in any business transactions over the past year to which Morehouse School of Medicine was a party.
7. As a result of Chairman Welters' disclosure, the Board of Trustees' Audit and Finance Committee conducted a review of the facts and concluded that Mr. Welters' employment with United Health Group did not constitute a conflict of interest. Following the response from the SACS Reaffirmation Off-Site review the Audit Committee conducted a special review of the facts involved and the School's General Counsel provided the committee a legal analysis. Following careful deliberations, the Committee concluded that Mr. Welters did not have a contractual interest in the institution and put forth a resolution to the full Board affirming their conclusion. During the April 2011 Board meeting, the related resolution was discussed and the resolution affirming the school's position that Mr. Welters' employment with UnitedHealth Group does not constitute a conflict of interest nor contractual interest in the School was passed unanimously, by the members present. As would be expected, Mr. Welters was excluded from these deliberations.

This review of facts and legal analysis is consistent with what we understand to be the purpose of Core Requirement 2.2. As we understand it, Core Requirement 2.2 is designed to guarantee the independence of the presiding officer and assure that he or she is free to act in the best interests of the institution. Here, the relationship between Chairman Welters in his role at UnitedHealth Group and MSM is so attenuated that any appearance of conflict of interest may be addressed by recusal from decisions related to the UHC-MSM insurance contract. To that end, Mr. Welters has done just that by removing himself from any and all deliberations and decision-making regarding MSM's procurement of health and health-related insurance.

^(1/) Sheridan Broadcasting Corp. v. Small, 798 N.Y.S.2d 45, 46 (N.Y. App. Div. 2005).

^(2/) See Black's Law Dictionary (9th ed. 2009).

^(3/) New Orleans Public Service, Inc. v. United Gas Pipe Line Co., 732 F.2d 452, 466 (5th Cir. 1984) (en banc).

^(4/) See, e.g., Wallace ex rel. Cencom Cable Income Partners II, Inc., L.P. v. Wood, 752 A.2d 1175, 1180 (Del. Ch. 1999).

^(5/) William Meade Fletcher, 3A Fletcher Cyclopedia of the Law of Corporations § 1117 (2010); see also John K. Larkins, Jr., Georgia Contracts: Law and Litigation § 2-6 (2010) ("Of course, one who does not agree to be individually bound by a corporation's contract is not obligated on the contract merely by virtue of being a corporate officer.").

^(6/) Domino's Pizza, Inc. v. McDonald, 546 U.S. 470, 477 (2006).

3.2.3

RECOMMENDATION 2 - Governance and Administration: Board conflict of interest

The committee recommends that the institution define the conflict of interest policy as related to the members of the Board of Trustees, and provide evidence the policy is followed.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The institution's "[Individual Conflicts of Interest and Commitment](#)" policy (the "Policy") describes the institution's approach and process for identifying, reviewing and managing the professional and business relationships of the institution's trustees that might be perceived or might give the appearance of creating a conflict of interest with the institution. (attached) As a major component of the Policy, the institution has its trustees complete a "[Conflict of Interest Disclosure Form](#)" (the "Form") on an annual basis. The Forms are submitted to and reviewed by the institution's Chief Compliance Officer, and the Chief Compliance Officer consults with the Board's Audit & Compliance Committee if a response on the Form of any trustee creates even the appearance of a conflict of interest. All members of the MSM Board of Trustees completed the disclosure form for FY 2010. The MSM Compliance Office has revised and updated this disclosure form to address an IRS 990 form requirement since our original SACS response. (attached). This new form has been distributed to all MSM BOT members for completion.

Sources

-  [BOT Conflict of Interest Disclosure](#)
-  [Individual Conflict of Interest and Commitment policy](#)

3.3.1.2

RECOMMENDATION 3 - Institutional Effectiveness, Administrative Support Services

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific administrative support service improvements to the institutional effectiveness process.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Office of Compliance and Internal Audit (OCIA), led by the Chief Compliance and Internal Audit Officer, manages the Compliance Program and reports directly to MSM's President and the Audit and Compliance Committee of the Board of Trustees. The internal auditing component of the Compliance Program serves as the focal point for institutional effectiveness processes with regard to compliance with federal regulations and institutional policies and guidelines, by identifying problem areas and potential risks, revealing hidden errors and managing the processes for correcting deficiencies.

To assist the OCIA in performing its compliance oversight responsibilities, the Executive Compliance Steering Committee (ECSC) was established. The ECSC, chaired by the Chief Compliance and Internal Audit Officer, consists of the president, the dean, and other senior administrative officers. In conjunction with the ECSC, the Chief Compliance and Internal Audit Officer sets the annual audit agenda to be carried out by the internal auditors. Internal audits are conducted by an auditing firm engaged solely for that purpose. Audits of the following administrative support processes have been conducted in recent years:

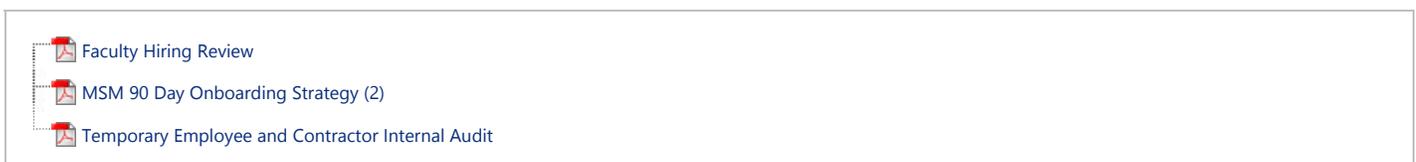
- Accounts Payable
- Purchasing
- Payroll
- Grants and Contracts
- Revenue Cycle (Morehouse Medical Associates)
- Faculty Hiring Process
- Hiring of Temporary Employees and Contractors

Upon completion of the internal audit, the auditor prepares and submits a report to the Chief Compliance and Internal Audit Officer that includes the scope, objectives and approach of the audit, observations, and recommendations. The report and its findings are discussed with the appropriate manager or senior administrator who is charged with development of a response and/or action plan.

An example of the Administrative Support Services Institutional Effectiveness process in action is the development of the Faculty Hiring Process. Based on the results of the review of the ECSC, a response and recommendation strategy for the [Faculty Hiring Process](#) audit conducted in August 2010 was completed. The dean, whose appointment was effective June 27, 2011, has hired a new faculty coordinator to work with the associate dean for administration on implementation of improved faculty hiring process. The first process component identified for improvement is [on-boarding](#).

Policies were developed by the assistant vice president for human resources to address recommendations as a result of the internal audit of Temporary Employees and Contractors. [Audit observations and applicable policies](#) are attached.

Sources



3.3.1.3

RECOMMENDATION 4 - Institutional Effectiveness, Educational Support Services

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific educational support service improvements to the institutional effectiveness process.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

An example of educational support services identifying expected outcomes, assessing the extent to which those outcomes are achieved and evidence of improvement based on analysis of the results includes the library survey reviewed and analyzed by the library committee. Data from the library user survey is utilized to make decisions about journals and other purchases of educational materials and to make decisions and improvements in the overall functioning of the library along with input from the library committee. As evident in minutes from the library committee, the results of the Library Satisfaction Survey ([2011 Library Satisfaction Survey: Cross tabulations of Summary Statistics by Type of User and Response Frequencies for Each Question](#)) conducted by the library were reviewed and discussed. The overall results of the survey indicated that the 101 patrons that completed the survey were satisfied or very satisfied with the operation and resources that the library provides to the faculty, staff and students of Morehouse School of Medicine.

Suggestions from the survey regarding areas for improvement include the following: More electrical outlets in the study cubicles - More study rooms - More computers (computers in study rooms as well) - More textbooks available that are not on reserve, but are readily allowed to be taken out of the library More training on using the electronic resources -

As a result of data analysis the following improvements have occurred supported by minutes:

- MPH students have two rooms to study in the evenings.
- Twenty out dated computers have been replaced in the e-classroom
- Students can print from their laptops via the library copiers
- Ongoing orientations for new students, residents, etc.
- The library will be [modernized by a renovation](#) that will include a new 24 hour study room configured for the way students study today with the aid of technology, and will streamline other student and staff spaces for optimal use in a high-tech environment.

Sources




3.3.1.4

RECOMMENDATION 5 - Institutional Effectiveness, Research

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific research improvements to the institutional effectiveness process.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

The Research enterprise at MSM participates in Institutional Effectiveness processes that cover a number of areas, through the Research Development Committee which is charged to identify improvements that create an environment conducive to research. An example of this process is the need for a standardized and streamlined purchasing plan for the institution. This issue stemmed from various administrators and researchers complaints that there were delays for ordering supplies for research projects from multiple vendors and delays in paying vendors for orders received. The issue was noted in a [January 2005 Research Development Committee Meeting](#), referencing a Purchasing Card (P card) Advisory meeting that showed slow progress with receiving buy-in from various stakeholders. The call for an Advisory Committee was made at an [October 2004 Research Development Committee Meeting](#). The P-Card program was in progress by [January 2007](#) and was showing progress in resolving the issues of the research areas.

In a September 2007, a [report to the Faculty Assembly](#) revealed that a pilot program was in its final stages of testing the P Card Program that allowed designated individuals access to a credit card to use for purchases for the department to eliminate delays for ordering and payment for goods. Further analysis of this program led to recommendations that it should be further developed and expanded for use by all departments throughout the entire institution.

The program was later adopted by the Institution and is represented in the [Finance Policies](#). This program is continually evaluated for effectiveness and adjustments are made to the allowed users and policies as needed to ensure that the program is being utilized properly and that it can help to streamline the purchase of necessary supplies and other allowable items for institutional departments.

Another example of the Institutional Effectiveness process in Research is the need to address the antiquated faculty incentive practice. The faculty requested a more up to date and comprehensive plan that would help to improve faculty retention. In a [meeting of the Research Development Committee](#), two researchers were charged with working to develop a policy to revise the formula for return of research funds to departments. The former practice only provided incentives for the Basic Sciences researchers. The concern resurfaced at a [2007 Faculty Assembly meeting](#). The Research Advisory Council (RAC) was identified to play an instrumental role in helping with the issues of faculty retention. The RAC [vetted](#) the program and continued discussions.

In [February 2011](#), Dr. Harris-Hooker provided a [draft of the Incentive Plan](#) for discussion to the RAC for discussion. This improved upon the old practice as the new plan will include incentives for both Basic Science Researchers and Clinical Researchers to help with faculty retention. The plan is currently being reviewed by outside individuals for further advisement before adoption as policy.

Sources



- MacLeish-FA 9-07 P-card report to Faculty Assembly_9-25-07
- MacLeish-Minutes from FA meeting 013007revised
- Minutes_101403
- NotesRDC_Jan1805
- NotesRDC_Nov072004
- Purchasing_Card_Policy.sflb
- RAC Meeting Minutes July 16th

 RAC Minutes Feb 14th

 RAC Minutes Feb 14th

 Report to Dean on RDC 2004-2005

 Revised Research Incentive Plan

3.3.1.5

RECOMMENDATION 6 - Institutional Effectiveness, Community/Public Service

The Committee recommends that the institution identify expected outcomes, assess the extent to which it achieves those outcomes, and provide evidence of improvement based on analysis of the results, linking specific community/public service improvements to the institutional effectiveness process.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

MSM and its Department of Community Health and Preventive Medicine (CHPM) recognized that there was a need to improve community and public service within MSM's mission and educational programs. This need was assessed through community, student and faculty feedback provided in retreats, course evaluations, community assessments and requests for community service. To address this need, CHPM developed a Community Health Course. This course has since been reviewed, evaluated and improved upon on an annual basis, as identified in the minutes of retreats from 2001 - 2011.

The Community Health course is a yearlong experience which lasts the duration of the first year of medical school, inclusive of lectures that introduce students to community skills. This form of education is called service-learning, which integrates community service with course objectives. Students are then assigned to small groups that interact with faculty leaders in community sites to complete this experience. Ultimately, the medical students will be prepared for the practice of working with diverse communities, have the skills to assess and analyze health problems in the community and will be able to apply the principles of community health to develop a health promotion intervention.

Goal/Outcome	Achievement Of Outcomes	Evidence Of Improvement
Prepare medical students for the practice of working with diverse communities.	<ul style="list-style-type: none"> Course completion involves detailed use of community assessment tools. 	<ul style="list-style-type: none"> Development and implementation of community health assessment Assistance in identifying local resources to address issues revealed in the needs assessment
Provide medical students with the skills to assess and analyze the health problems of the community.	<ul style="list-style-type: none"> Discuss barriers in access to care for the assigned community Conduct a community survey Discuss the epidemiology of one or more important health conditions affecting their assigned community 	<ul style="list-style-type: none"> Conducting focus groups Key informant interviews Design and administer a community survey and analyze the results
Prepare medical students to work with diverse teams to address specific community health issues.	<ul style="list-style-type: none"> Discuss the importance of teamwork and the role of each member of the team as active participant Support team activities toward a common goal 	<ul style="list-style-type: none"> Plan and implement a community health needs assessment in collaboration with community leaders and members
Provide students the opportunity to apply the principles of community health in order to develop a health promotion intervention.	<ul style="list-style-type: none"> Develop, implement and evaluate their health promotion intervention Collaborate in small group activities to develop a cohesive group and develop a greater understanding of the principles of public health Provide community services to assigned community 	<ul style="list-style-type: none"> Plan, implement and evaluate a health promotion intervention based on the results of the community health needs assessment

To continually offer a quality course to the students that will provide worthwhile resources to the community, the course is continually evaluated and improved per the assessments made by the following groups:

Assessment	Documentation	Improvement/Outcome
Student	Course evaluations	*interactive lectures- use of turning point *Changes made in syllabus, class sessions and lectures
Annual faculty evaluation of course via course retreat and SWOT Analysis	Course retreat minutes	*increase student writing opportunities *Changes made in syllabus, class sessions

		and lectures
Community	Student assessment via focus group, key informant interviews, surveys	*Community interventions based on need. *healthy eating workshops
Annual curriculum committee course review	Review summary	Faculty Turning Point training

The on-going evaluation of the Community Health Course has led to several years of improvement based on assessment data from various sources. Such improvements include creating more interactive lectures by training instructors on the use of Turning Point Software, improvements made to the course syllabus and needs based community interventions. Minutes from 2001 to 2011 retreats reflect the on-going review of the programs by faculty and staff as well as course evaluations that reflect that the needs of the students were consistently being taken into consideration. An example of a change that was made based on student evaluation is in the 2010 - 2011 school year, students suggested that [peer evaluations be brought back](#). This was addressed in the [2011 CHC Course_Retreat](#) and the change was made in the [2011- 2012 syllabus](#). The cycle of the planning, implementation, evaluation and validation has yielded a stronger, more valuable course for the first year medical students.

Sources

-  [3-3-1-5 Community Health Course Evaluations 2007 - 2011](#)
-  [3-3-1-5 Community Health Course Retreat Minutes 2001 - 2011](#)
-  [3-3-1-5 Community Health Course Retreat Minutes 2001 - 2011 \(Page 12\)](#)
-  [3-3-1-5 Community Health Course Retreat Minutes 2001 - 2011 \(Page 2\)](#)
-  [Comm Health Refl Journ 2](#)
-  [Community Oriented Physician Practice TP](#)
-  [Dr Levine ltr 7 21 10](#)
-  [Faculty Turning Point Attendance \(2\)](#)
-  [Group 1 final fall paper revised \(TW-3\)](#)
-  [Group 1 final fall paper revised \(TW-3\) \(Page 2\)](#)
-  [Group 1 final fall paper revised \(TW-3\) \(Page 7\)](#)
-  [Group 1 final fall paper revised \(TW-3\) \(Page 8\)](#)
-  [Group 3 Community Health Spring 2011 Final paper](#)
-  [Group 3 Community Health Spring 2011 Final paper \(Page 4\)](#)
-  [Group 3 Community Health Spring 2011 Final paper \(Page 5\)](#)
-  [Group 3 Final Paper](#)
-  [Group 3 Final Paper \(Page 3\)](#)
-  [Group 3 Final Paper \(Page 5\)](#)
-  [Group 3 Final Paper \(Page 6\)](#)
-  [Group 3 Final Paper \(Page 7\)](#)
-  [Student Peer Eval Form](#)
-  [Syllabus 2012](#)

3.3.2

RECOMMENDATION 7 - Quality Enhancement Plan

The Committee recommends that the institution provides base-line data relevant to the assessment of the Quality Enhancement Plan and also provide both relevant and specific measures appropriate to the QEP's goals.

Judgment

Compliant Non-Compliant Not Applicable

Narrative

Morehouse School of Medicine's Quality Enhancement Plan (QEP), *Mentoring Students at Morehouse*, was successfully implemented July 1, 2011. Our first set of four medical student Learning Communities (LC) -- "Knowledge", "Wisdom", "Excellence" and "Service" -- has been established and are off to an excellent start. We are currently recruiting for our full time QEP Director with an anticipated start date of January 1, 2012. Upon the recommendation of the On-Site Committee we have set the following baseline data parameters and measures that we will use in the continual assessment of our QEP. Program changes and enhancements will be guided by these annual assessments.

MSM QEP Baseline Data Summary Charts				
Goal 1. Assure the success of mentoring programs through ongoing faculty training				
			Target Measurements	
	Outcomes/*Measures	Baseline Data Measure FY2011	Year 2 FY2013	Year 5 FY2016
1A	Faculty will demonstrate a knowledge of and the capacity to effectively mentor students			
1B	Original - Faculty will perceive Mentoring Students at Morehouse (all components) to be effective and helpful in strengthening their mentoring skills Revised – Assure the adequacy of mentoring raining by regular surveys of students and faculty			
1A/1B	Number of basic QEP mentoring workshops per academic year	0	5	5
1A/1B	Number of advanced research mentoring skills workshops per academic year	0	2	2
1A/1B	Number of faculty participation in yearly workshops	0	25	25
1A	Number of faculty rating their skill level as 3.0 or greater (via survey)	0	50	60
1A/1B	Number of faculty linked to learning communities	0	20	26
1B	% of QEP designated faculty satisfied with QEP program (via survey)	0	90%	90%

*MSM instituted its QEP faculty development component as of July 2011 – all baseline

data for this QEP goal begins with zero measurements

Goal 2. Enhance student academic success by expanding and enriching peer/near-peer mentoring and enhancing the support of challenged students through course enrichment mentoring and tutoring				
			Target Measurements	
	Outcomes/Measures	Baseline Data Measure FY2011	Year 2 FY2013	Year 5 FY2016
2A	Students will be able to complete courses on time			
2B	Students will pass Step 1 exams on the first time-taking			
2C	A cohort of students will learn how to be effective peer mentors			
Medical Students				
2A	Number of in-course enrichment programs implemented	1	3	3
2A/2C	Number of workshops in mentoring skills conducted	0	5	5
2A/2B	Percentage of MD students passing Step 1 exams on first-time taking	86%	>95%	>95%
2C	Number of peer mentors/trainers trained	0	20	40
2A/2B	Percentage of students repeating courses	6%	2%	2%
2A	Number of students with any academic adverse event	19	4	8
Graduate Education in Biomedical Sciences (GEBS)				
2A/2B	Number of students remediating courses	3	0	0
2C	Number of peer mentors/trainers trained	0	9	18
2A	Number of students changing research advisors	2	0	0
2A	Number of students remediating comprehensive exam	3	0	0
2A	Average years enrollment to PhD degree	6.2	5.5	5.0
2A	Average years enrollment to MS degree	2.2	2.1	2.1
Public Health Students (MPH)				
2A	Number of students remediating courses	5	3	0
2A	Average number of years to degree (FT)	2.4	2.2	2.0
2C	Numbers of peer mentors/trained trained	0	6	10

Goal 3. Enhance student development of professional competencies through the establishment of learning communities (LC)				
			Target Measurements	
	Outcomes/Measures	Baseline Data Measure FY2011	Year 2 FY2013	Year 5 FY2016
3A	Students will be engaged in learning communities			
3B	Students will be able to			

	describe and demonstrate key competencies of professionalism			
3C	Students will be able to effectively communicate as demonstrated by active listening skills, restatement, asking clarifying questions			
Medical Students				
3A	Number of learning communities established	0	4	16
3A	Percentage of students involved in learning communities	0	25%	100%
3A	Percentage of LC students satisfied with learning community (via survey)	0	90%	98%
3B	Percentage of LC students with demonstrated competency in professionalism and teamwork	0	75%	90%
3C	Percentage of LC students with demonstrated competency in communication skills	0	75%	90%
Graduate Education in Biomedical Sciences (GEBS) and Master of Public Health (MPH) programs are not scheduled to institute Learning Communities until Year 03 of our MSM QEP Program (FY 2013)				
GEBS 3A	Number of learning communities established	0	0	2
MPH 3A	Number of learning communities established	0	0	3