THE ROLE OF STUDENTS IN THE ACCREDITATION OF MEDICAL EDUCATION PROGRAMS IN THE U.S.

LCME® *The Role of Students in the Accreditation of Medical Education in the U.S.*
For Medical Education Programs with Full Accreditation Surveys in 2017-18

For further information, contact:

LCME® Secretariat
Association of American Medical Colleges
655 K Street, NW
Suite 100
Washington, DC 20001
Phone: 202-828-0596

LCME® Secretariat
American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago, IL 60611
Phone: 312-464-4933

Visit the LCME® website at:
www.lcme.org

TABLE OF CONTENTS

INTRODUCTION

My program will be having an accreditation review by the LCME. What is accreditation and why does it matter?

The Liaison Committee on Medical Education (LCME) is responsible for accrediting medical education programs leading to the MD degree in institutions whose students are geographically located in the United States or Canada for their education and that are chartered and located in the United States or Canada. Under normal circumstances, medical education programs are reviewed by the LCME every eight years.

Accreditation is widely used in higher education to evaluate the quality of educational programs. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, state medical licensing boards require students from U.S. MD-granting medical schools to have graduated from accredited programs as a condition for receiving a license to practice.

From the point of view of an individual school or program, accreditation also serves the important purpose of promoting institutional self-evaluation leading to the improvement of educational quality. The faculty of every U.S. medical education program acknowledges that doing a good job of teaching medical students is important. However, good intentions for educational improvement may sometimes falter because of resistance from powerful faculty members or departments, low priority for the education mission relative to other medical school missions, or limited institutional resources. The accreditation process requires that a medical education program conduct a critical self-assessment of its strengths and challenges, and it also subjects the program to the judgments of a team of external peer experts. This process confirms the strengths of a program and focuses the attention of school and university leaders on addressing any obstacles that may prevent quality improvement.

Students play a very prominent role in the accreditation process. This guide provides details about the accreditation process and how students can contribute to it. See Appendix A for a summary that includes some frequently asked questions about accreditation.

FACTS ABOUT THE LCME

After many years of evaluating medical schools independently, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) jointly formed the LCME in 1942 to certify the quality of U.S. medical education programs. The LCME is a committee that includes medical educators, medical school administrators, medical practitioners, medical students, and representatives of the public. The LCME is administered by two Co-Secretaries, one based at the AMA and the other based at the AAMC. The Co-Secretaries head professional staffs at each office. The LCME Secretariat is responsible for coordinating the development of accreditation standards and policies, and for managing the reviews of medical education programs.

The LCME is recognized by the U.S. Department of Education as the reliable authority for accreditation of U.S. programs leading to the MD degree. This recognition confers eligibility for institutional and student participation in certain federal programs. LCME accreditation also establishes the access of medical students to the United States Medical Licensure Examination (USMLE), eligibility for entry into graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and eligibility for state medical licensure for graduates of U.S. medical schools.

As of June 2016, there were 145 medical education programs in the U.S. that are accredited by the LCME. A list of all LCME-accredited programs can be found in the Medical School Directory on the LCME website (http://lcme.org/directory/) and is published annually in the special medical education issue of the *Journal of the American Medical Association.*

THE ACCREDITATION PROCESS

A QUICK OVERVIEW OF THE ACCREDITATION PROCESS

The major steps in the accreditation review process for schools with survey visits during the 2016-17 academic year are as follows:

1. An institutional self-evaluation, termed the "institutional self-study", based on the 12 accreditation standards and accompanying 93 elements.
2. An on-site evaluation (termed a "survey visit") by an LCME-selected team of external peer experts.
3. The review by the LCME of the survey team's findings related to each element.
4. The LCME's determination of the program's accreditation status and any necessary follow-up.

The full accreditation review process takes about two years for most medical education programs. The follow-up activities based on LCME findings may require additional years, depending on how quickly a program can address problems identified by the institution or the LCME during the review. The LCME also monitors each program every year through several questionnaires that medical schools must complete. A more detailed description of the accreditation process highlighting areas where student participation is important follows.

THE INSTITUTIONAL SELF-STUDY

Conducting the self-study and preparing for the survey team visit to the medical school take a significant amount of effort and participation by many members of the medical education community, including students.

The accreditation review process begins approximately one and a half to two years before the survey team visit. See Appendix B for a summary of the events leading up to and following the survey visit. At the beginning of that time interval, the LCME will contact the program to establish the dates for the survey visit. Soon after that, the materials that the school will use to conduct its self-study will be made available to the school.

Once the survey visit date has been set, the medical school dean should alert the student body and provide information about the accreditation process and timeline. The dean will appoint a faculty accreditation lead (FAL), who will oversee the program's self-study and the preparation for the survey team's visit. The dean, FAL, or both should meet with student leaders to discuss the roles students will play in the program's self-study process and to mobilize the student body to start the parallel Independent Student Analysis (ISA) of the program. **In the descriptions below items *in italics* are tasks that involve medical students**.

The self-study is a detailed self-evaluation of the medical school using accreditation standards and accompanying elements as the focus. It typically takes a year or more to complete. The program must review or compile a significant amount of information in order to the answer questions contained in the "data collection instrument (DCI)," a questionnaire that includes requests for information for each of the elements that are associated with the 12 accreditation standards.

The 12 LCME accreditation standards are listed below:

> Standard 1 (mission, planning, organization, and integrity)
> Standard 2 (leadership and administration)
> Standard 3 (academic and learning environments)
> Standard 4 (faculty preparation, productivity, participation, and policies)
> Standard 5 (educational resources and infrastructure)
> Standard 6 (competencies, curricular objectives, and curricular design)
> Standard 7 (curricular content)
> Standard 8 (curricular management, evaluation, and enhancement)
> Standard 9 (teaching, supervision, assessment, and student and patient safety)
> Standard 10 (medical student selection, assignment, and progress)
> Standard 11 (medical student academic support, career advising, and educational records)
> Standard 12 (medical student health services, personal counseling, and financial aid services)

The DCI, when final, will include results from the ISA and from the most recent Association of American Medical Colleges Medical School Graduation Questionnaire (AAMC GQ) Individual School Report, an annual survey that is completed by fourth-year medical students.

The self-study is managed by a task force or steering committee. Subcommittees will be formed to review and analyze information in the DCI associated with the elements in each of the 12 accreditation standards. Schools will organize the subcommittees as they see fit, often grouping several related standards. For example, a subcommittee(s) for the medical student-related standards (standards 10, 11, and 12) will focus on the medical student issues. *The medical school dean and FAL, in collaboration with student leadership, should appoint one or more students to the self-study task force and to appropriate self-study committee(s).* The subcommittee focusing on medical student issues will not be directly involved in the creation of the separate ISA, but will receive and consider the results in making its determinations.

The self-study committees will complete their analyses and prepare reports of their findings by about six months before the survey visit takes place. The individual committee findings and conclusions will then be synthesized by the task force or steering committee into a final, comprehensive self-study summary report that identifies the most notable strengths and accomplishments of the program and the challenges that it faces.

THE INDEPENDENT STUDENT ANALYSIS (ISA)
At the same time that the school initiates its self-study process, the student leadership should begin an independent review of relevant topic areas, including such things as the medical education program, student services, the learning environment, and the adequacy of educational resources. This analysis is synthesized into a report (the ISA) that includes results of a student opinion questionnaire and an analysis and interpretation of the findings. See Appendices C, D, and E for specific information on survey development and analysis.

In performing its analysis, the *group leading the ISA will need to conduct a questionnaire survey of all enrolled students in order to develop a comprehensive picture of students' perceptions of their institution. The items in the Sample Student Opinion Survey (Appendix D) must be included in the school's student questionnaire survey, since these data relate directly to accreditation elements and are the results are utilized in the school's DCI and self-study process.* The ISA process often is initially organized by members of student government. Then students from all years in the curriculum are added to form a team with responsibility for planning the questionnaire and conducting the survey and data analysis. A broad-based and representative planning committee is useful to ensure that all perspectives are represented in

the final ISA report.

The FAL should provide the same type of administrative support for the ISA process as that afforded to other self-study groups**. Although medical school officials can provide logistical support and technical advice to students to help them conduct their survey and data analyses, they must not participate in the development of the student survey, in the analysis of survey data, or in the preparation of the ISA report**. The student group also should review the results of the most recent AAMC GQ (which the school should provide to the student group) and could use this information as perspective in developing the final ISA report.

As various data from the ISA questionnaire responses will need to be included in the school's DCI, data collection and analysis should be complete at least 10 months before the survey visit. The final ISA report should include summary data from questionnaire responses and a narrative of student perceptions of the program's strengths and achievements and areas for improvement. The self-study task force or subcommittee(s) for DCI elements and standards relating to medical students will also need to consider and include relevant data and summary findings from the ISA. Therefore, the complete ISA (data and summary findings and analysis) should be made available to the self-study task force at the same time as the reports of the various self-study committees (about six months before the survey visit) so that student opinion can be fully incorporated into the program's final self-study summary report.

THE SURVEY TEAM VISIT

The LCME Secretariat will appoint a survey team drawn from a pool of knowledgeable, experienced medical school administrators and faculty, including members of the medical practice community. Most survey teams consist of five to six members: a team chair, a team secretary, and three to four team members. Survey teams typically are led by a medical school dean or LCME member, and include a voting member of the LCME (if not the chair) or a member of the LCME Secretariat. Team members come from a variety of backgrounds (e.g., associate deans of curriculum and student affairs, leaders of research programs or clinical practices, experts in faculty affairs) and, whenever possible, include at least some members from schools with characteristics similar to those of the school being reviewed. Occasionally survey teams include additional members, one of whom may be a *student member of the LCME* or an observer from another accrediting group or organization.

At least three months before the survey visit, the members of the survey team will receive all of the information that the program collected and analyzed in its self-study process (termed the "survey package"), including the completed DCI, an appendix of supporting documents for each section, the final self-study summary report, the ISA and the AAMC GQ. The survey team will review that information and develop a preliminary assessment of the program before arriving at the school for the survey team visit.

The survey team visit typically begins late on a Sunday afternoon, when the team gathers to review its impressions and identify any major issues that need additional information, clarification, and follow-up during the visit. The team then meets with the medical school dean to discuss his or her perceptions of the program, including its strengths and the challenges that it faces, and any current issues that could affect the program's functioning or operations in the immediate future.

A survey team visit most often lasts two and a half days, usually ending by mid-day on Wednesday. For schools with one or more regional campuses, the visit may be extended by one day. During the visit, the survey team will meet with the school's academic and administrative leaders, representatives from its affiliated hospitals, department chairs, course and clerkship directors, and students. *The survey team will meet formally with students during extended luncheon sessions on Monday and Tuesday of the survey visit.* Also during the visit, survey team members will inspect educational and student facilities on the

main campus and may also tour major teaching hospitals, *with students serving as guides for these tours, which provides an opportunity for informal discussions about the program.* During all these discussions, the survey team will be gathering additional information, clarifying the data it has already received, and making assessments of how well the medical education program complies with accreditation requirements, as specified in the 93 elements associated with the 12 accreditation standards. At the end of the survey visit, the team will give a summary of its findings to the medical school dean and to the chief executive of the university.

PREPARATION AND REVIEW OF THE SURVEY TEAM REPORT

In the two months immediately after the survey team visit, the team will prepare a survey report narrative that includes information related to each of the 93 elements and a summary of its findings. A draft version of this survey team report will be reviewed by the LCME Secretariat, along with the survey team's findings, and then sent to the medical school dean so that any factual errors can be corrected. After making any needed corrections, the secretary of the survey team will send the final report to the LCME Secretariat for consideration at the next regular LCME meeting (these take place in October, February, and June).

The members of the LCME, *including the LCME's medical student members*, will review the survey report, finalize citations related to accreditation standards and elements, and determine the medical education program's accreditation status. The LCME also will identify any follow-up that may be needed to ensure that the program comes into compliance with all cited standards/elements.

Typically, the LCME will continue the medical education program's accreditation for a term of eight years and the date of the next full survey visit will be posted on the LCME website. For most medical education programs with relatively minor cited areas of concern, the LCME will request the medical school dean to submit one or more written reports (termed "status reports") describing what the program has done to address the citations associated with one or more of the standards/elements. The first report typically is due in one year. Follow-up status reports or visits may extend over several years, depending on the nature of the citations and the timing typically needed to address them (e.g., if a new building is needed to provide appropriate classroom and lab space, it may take several years to complete). Such follow-up continues until all citations have been addressed to the LCME's satisfaction.

However, when warranted, the LCME has several additional options for follow-up depending on the extent and nature of the problems. These options include scheduling a limited (focused) survey visit to verify how the program has corrected its problems, or placing the program on "warning" status or on "probation" status. Warning is a confidential status that is not shared with the public, whereas probation status is public. Although decisions to place a program on probation are infrequent, they do occur. Programs placed on probation remain fully accredited, and enrolled students have all of the rights and privileges associated with accreditation. Schools on probation are notified of the U.S. Department of Education requirement that if all areas of noncompliance with accreditation standards are not resolved in a limited period of time, withdrawal of accreditation may occur. Because the quality of U.S. medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is low.

STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS

The following section describes in greater detail the roles that students may play at various stages of the LCME accreditation process:

GETTING STARTED: THE MEDICAL SCHOOL DEAN'S ALERT TO STUDENTS

The dean will inform student leadership about the upcoming survey team visit when the dates for the visit

have first been set by the LCME (see Appendix B for a typical timeline). At this initial meeting, the dean and students should discuss the roles of students in the self-study and survey visit processes. It will be helpful if the student leadership meets with the dean, the dean's designated FAL, or both, at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

Various documents with information about medical school accreditation are available from the publications section of the LCME website, http://lcme.org/publications/. Important publications are *Functions and Structure of a Medical School*, which contains the LCME accreditation standards and associated elements; the *Guide to the Institutional Self-Study*, which describes the self-study process; and the *Survey Report Template,* which details the information that the survey team will include in its report to the LCME.

APPOINTMENT OF STUDENTS TO THE INSTITUTIONAL SELF-STUDY TASK FORCE AND COMMITTEES

Students should be included on the self-study task force and on any committees where they can provide meaningful input. Each review committee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. At most programs, students serve on committees reviewing accreditation standards and elements related to the educational program, medical students, and educational and clinical facilities.

INDEPENDENT STUDENT ANALYSIS

The LCME considers that the independent review conducted by students is a critical element of the accreditation process. Work on the ISA should be begin around the time that the medical school initiates the overall self-study process, and it should be completed around the time that the individual self-study committees are completing their reports. The medical school dean's office or support staff should offer any reasonable logistical and financial support or technical advice to help students, especially with regard to the conduct of the questionnaire survey to students described below and the analyses of the data from that survey.

The medical school dean's office should also provide appropriate background materials to the students who will be managing the ISA. Such materials may include a copy of the results from the most recent AAMC Medical School Graduation Questionnaire Individual School Report, a copy of the program's most recent accreditation survey report (or at least relevant sections of the report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

In the early stages of the work on the ISA, it may be useful for students to contact their peers at other medical schools that either have just completed an accreditation review or are in the process of preparing for one. A section below provides additional details on networking with students at other schools. The ISA is one of three major pieces of student-based information that the survey team will utilize when it evaluates the program. The other two sources of information are the AAMC Medical School Graduation Questionnaire [which only provides information from the most recent graduating class(es)], and the students who meet with survey team members during the survey visit (these students will span all four years of medical school, but may not necessarily constitute a representative sample of students' opinions). In order to complement these other information sources, the ISA should be based on a comprehensive survey of students in all four years and cover a wide range of subjects important to students. An effective ISA will be based on extensive data from the entire student body. A high response rate to the questionnaire survey is critical for the credibility of the data.

The organizers of the ISA should familiarize themselves with the *Functions and Structure of a Medical*

School (*F&S*) publication, which contains the LCME accreditation standards and elements that apply to the year of the program's survey visit.

The following general areas should be addressed in the ISA:

- Accessibility of dean(s) and faculty members
- Participation of students in medical school committees
- Curriculum, including workload, organization, instructional formats and adequacy of content and balance between scheduled class time and time for independent learning
- Student assessment, including quality and timeliness of feedback
- Opportunity for the evaluation of courses or clerkships and teachers, and whether identified problems are corrected
- Student support services and counseling systems (personal, academic, career, financial aid), including their accessibility and adequacy
- Student personal counseling and health services, including their adequacy, availability, cost, and confidentiality
- Availability and cost of health and disability insurance
- The learning environment, including policies and procedures to prevent or respond to mistreatment or abuse
- Facilities, including quality of educational space, availability of study and relaxation space, security on campus and at affiliated clinical sites
- Library facilities and information technology resources, including access to and quality of holdings and resources

Appendix C of this guide outlines some logistical considerations related to the collection and reporting of data for the ISA. In general, the committee of students planning the ISA should define the areas to be covered, including the topics listed above. **Appendix D contains a sample questionnaire with items that should be included in the student survey. These items relate directly to questions that the school must answer in the DCI, and should be included as written.** The student committee should then develop a survey instrument to collect quantitative data about each area. Additional questions may be added to reflect specific characteristics of a program. The student committee should then analyze the survey data and develop a set of findings and conclusions. **The ISA document should contain an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each topic covered (e.g., the curriculum, student services, the learning environment), and should end with conclusions and recommendations.**

The ISA should also contain a quantitative summary of the questionnaire survey results. The quantitative summary should include the response rate to the questionnaire for EACH class year (e.g., "First-year student response rate: 89%, Second-year student response rate: 93%", etc.). There should be a summary in tabular numerical form of student responses to EACH question by year. The LCME Secretariat suggests following each survey question with the PERCENT of students that have selected EACH response option. (**Please see Appendix E in this guide for suggestions of how to report the student response data.**) When reporting results, please print column headers on each new page. This makes it more convenient for the survey team to read. **Do NOT use histograms or pie charts (colored or black/white) to report data, as these are hard for survey teams to read accurately.**

The students responsible for the ISA should inform the student body about the importance of participating in the questionnaire survey and the seriousness with which the survey team and the LCME regard the results. If the initial response rate for the student survey is low (i.e., less than 70% for any class), it may be necessary to conduct a follow-up survey to improve the response rate. Incentives also may be used to enhance participation. The results from the survey may also be supplemented with other data, such as the

results of focus group studies, input from student organizations, or similar kinds of information.

Medical school officials must not influence the ISA or edit the report. Nevertheless, both the program and the students will benefit if a draft of the ISA document is shared with the FAL in order to ensure that the analysis does not contain any inconsistencies with the survey data. The final version of the ISA must be made available to the committee(s) reviewing student issues and/or to the self-study task force, so that the findings can be incorporated into the program's self-study summary report.

NETWORKING WITH STUDENTS AT OTHER SCHOOLS

When students begin their review of the medical education program, they may find it helpful to learn from the experiences of students at other schools that have recently completed an accreditation survey visit or who are further along in the process of ISA planning and development. The monthly *Connecting with the Secretariat* webinars will periodically focus on the ISA with presentations by students from schools who have recently completed the process.

To network with students at other schools, it is first necessary to know which schools have recently completed an accreditation survey or are scheduled for a survey visit in the near future. The LCME website includes a page titled "Medical School Directory" (http://lcme.org/directory/) that lists the next survey dates for all LCME-accredited programs. Because full accreditation surveys occur every eight years, a program whose next full survey date is in seven or eight years will have recently completed the self-study process for a full accreditation survey, whereas a program that has the current year listed for its next full survey will likely be in the midst of its self-study process. Based on the listed academic years, it should be possible to find schools that have just completed or will soon complete their accreditation surveys or schools that are in the middle of preparations for a survey visit. Students at those other institutions can be contacted to learn how they completed or are planning to complete their own ISA.

Students who will be most knowledgeable about the process used at a given school may be involved in national medical student organizations. The easiest way to reach those students is to contact one of the national student organizations through its local student representative, who can supply contact information for the representative of his or her organization at the school(s) of interest. The local representatives at the school(s) of interest should then be able to help identify the best sources of information about how students at that school are conducting their survey, or what they have learned from having recently completed the process. Relevant medical student organizations whose local representative might be able to provide referral information include the AAMC Organization of Student Representatives, the AMA Medical Student Section, and the American Medical Student Association. The current student members of the LCME also may be of assistance. Contact information for LCME student members is available on the LCME website (http://lcme.org/about/meetings-members/).

STUDENT PARTICIPATION DURING THE LCME SURVEY VISIT

After the school's self-study and the ISA have been completed and submitted, the survey team will begin to review all of the materials prepared by the program, and the secretary of the team will work with the program's FAL to develop the schedule for the survey visit. A sample schedule for a full accreditation survey can be found on the LCME website, http://lcme.org/publications/#Survey-Team-Documents. Most team secretaries follow the sample schedule or modify it slightly to accommodate any special circumstances, such as the presence of a regional campus. *The survey team will meet for lunch on Monday of the survey visit with students from the first and second-year classes and on Tuesday with students from the third and fourth-year classes.* If the survey visit takes place early in the academic year (especially in September and October), the Monday meeting may include a few third-year students and the Tuesday meeting may include recent graduates now doing their residency at the school. Those students or graduates would be included so that some students in each session will have knowledge about the entire second and fourth years of the curriculum, respectively.

The lunch sessions with students allow for informal and open discussions about the school. One purpose of these meetings, from the survey team's point of view, is to identify and reconcile, if possible, any differences in student opinion from the ISA and the AAMC Medical School Graduation Questionnaire (GQ) with the school's own self-study. Sometimes the differences are easily explained by timing differences in the data. There may also be genuine differences of opinion, and part of the survey team's task is to determine if that is the case. The survey team will explore issue of concern identified in the ISA and the AAMC Medical School GQ in more depth, and determine if any new issues have surfaced which were not mentioned in those sources. For those reasons, it is extremely helpful if the students at these lunch sessions are familiar with the information contained in the ISA and the AAMC Medical School GQ. It is very useful to ensure that a representative group of students is included in these lunch sessions, not just student leaders. When possible, each session should include one or more students who were responsible for conducting or managing the ISA and are therefore highly knowledgeable about it. The survey team may have a particular interest in talking to certain categories of students - for example, they may want to meet with one or more students who have had some academic difficulties and are therefore familiar with the school's systems for academic counseling and tutorial services.

Students who meet with the survey team should feel comfortable in speaking openly about both the strong and weak points of the medical education program. Under no circumstances are student comments quoted directly or attributed to any individual either in the report of the survey team or in exit conferences with the medical school dean and university executive. The survey team will not make any determinations based solely on what an individual student (or faculty member or dean) says. However, it will explore any potential issues that arise in discussions with students or others, and in such cases will look for corroborating documentary evidence while it is at the school.

In addition to the lunch meetings on Monday and Tuesday during the survey visit, a few students will guide the survey team on tours of classrooms, laboratories, the library and computer learning or testing facilities, lounge and relaxation areas, and study space, and may also serve as guides if one or more teaching hospitals or ambulatory care sites are visited. The tours provide an informal opportunity for sharing information and opinions with the survey team. As with the lunch meetings, the team will interpret what it learns during the tours in the context of other information it has obtained before or during the survey visit, and team members will not make any judgments based solely on what they are told by a student during a tour of the school's facilities.

COMPLAINTS AND GRIEVANCES

An accreditation survey should not be seen as an opportunity for individual students (or faculty members, deans, or anyone else) to involve the LCME in discussions about personal or academic grievances with the school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about whether the school is performing in a satisfactory way related to the accreditation standards and elements.

Any student who believes that a school's actions or policies indicate noncompliance with accreditation standards or unsatisfactory performance related to one or more elements can bring the issue to the LCME's attention by submitting a formal complaint about the program at any time. This can be done by contacting the LCME Secretariat offices and providing relevant details and a signed consent form. Further information about the LCME's complaint policy can be found in the *LCME Rules of Procedure* publication, available from the LCME website, http://lcme.org/publications/#Guidelines--amp--Procedures.

In the case of complaints, the LCME will only make a determination regarding the program's compliance with accreditation standards/performance in elements. It will not intervene on behalf of any complainant in the resolution of grievances.

OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE LCME

LCME STUDENT MEMBERS

There are two medical students who are full voting members of the LCME. The medical student members of the LCME ensure that accreditation standards/elements, policies, and actions include the student perspective. Student members participate in the discussions and decision-making on accreditation matters during LCME meetings, including reviews of accreditation surveys and school follow-up (status reports), consideration of accreditation standards/elements and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member participates in one accreditation survey visit during the year of his or her service on the LCME.

Two LCME student members are appointed annually, one by the AMA Board of Trustees based on the recommendation of the AMA Medical Student Section (MSS) and one by the AAMC based on the recommendation of medical school deans and in consultation with the AAMC Organization of Student Representatives (OSR). Because of the time required to participate in LCME work, applicants for student membership are expected to be rising fourth-year students who have completed most or all of their required coursework and clerkships and who are familiar with student issues across the entire curriculum. Student members serve a one-year term that begins on July 1st and ends on June 30th of the following year.

The LCME pays all expenses incurred by student members related to their service on the LCME. Newly appointed student members are invited to attend an orientation session and the June meeting of the LCME as observers immediately prior to the start of their one-year term on July 1st.

The appointment process for student members begins in the fall of each year, when medical school deans are asked to nominate potential student members who will serve during the following academic year as an appointment from the AMA or the AAMC. For AMA student members, applicants must be student members of the AMA, have a history of involvement in medical education issues, and be in their final year of study during their term of LCME membership. Applications are reviewed by the Governing Council of the Medical Student Section of the AMA and by the AMA-based LCME Co-Secretary. The name of the person chosen through this process is forwarded to the AMA Board of Trustees for appointment. For AAMC student members, nominations and supporting documentation are forwarded to the AAMC's Organization of Student Representatives (OSR) Administrative Board, which reviews them and recommends its top choices. Nominees are not required or expected to be OSR representatives, and OSR representatives do not receive preference in the determination of the top choices. The AAMC-based LCME Co-Secretary will select the student member from among the OSR recommendations; if the student accepts the offer, he or she will be appointed by the president of the AAMC.

Although student members are appointed through the LCME's sponsoring organizations, they do not have any formal responsibilities to the sponsoring organizations with regard to their service on the LCME, as is also true for professional members. Student members may convey to the LCME issues of interest to the sponsoring organizations (such as new policies or accreditation standards), but they do not function as representatives of the sponsors in any LCME discussions or decisions. In the same way, student members are not official LCME representatives to sponsoring organizations, and they are subject to the same expectations as professional members with regard to confidentiality and public disclosure of LCME discussions and decisions. Students interested in serving on the LCME should contact their medical school deans or the LCME Secretariat offices to learn more about the process for becoming a student member of the LCME.

STUDENT FEEDBACK ON ACCREDITATION STANDARDS

The LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions and feedback regarding its accreditation standards and elements.

The LCME conducts reviews of its existing accreditation standards and elements and considers the development of new or revised elements. There is a regular review over a five-year cycle. In a review, a questionnaire is sent to representatives of relevant stakeholder groups, seeking feedback about the importance and clarity of each standard and element. The questionnaire also provides an opportunity for general comments about the standards and elements and suggestions for additional elements. For many of these planned reviews, students are a relevant stakeholder group. Because of the logistic challenges involved in surveying all medical students directly, the LCME instead works with the student organizations of its sponsors (the AAMC Organization of Student Representatives and the AMA Medical Student Section) to sample student opinion by polling the membership of those organizations.

Suggestions for new elements or modifications to elements may come from any source at any time. Although, in most cases, they arise from the organizations involved in medical education, occasionally suggestions come from individuals. Several recent additions to accreditation requirements were developed and adopted in response to requests from organizations involved in medical education. For example, the expectation that there be education about culturally competent care was brought to the LCME by the Minority Affairs Section of the AAMC Group on Student Affairs, whereas the requirement related to the learning environment and student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives. Students with ideas for new standards or elements should contact the LCME Secretariat directly via email to lcme@aamc.org.

APPENDIX A: SUMMARY AND FREQUENTLY ASKED QUESTIONS

GENERAL QUESTIONS

- *How often is my medical school reviewed by the LCME?*

The standard term of accreditation is eight years. If significant problems are identified after a medical education program's full accreditation review, the LCME may continue accreditation until a limited survey is conducted to determine how the program has addressed its problems. Limited surveys typically take place within two years of the full review. If the program has made satisfactory progress or fully resolved its problems, accreditation will be continued for the balance of the eight-year term. In rare cases, the LCME may shorten the term of accreditation.

- *Does the LCME just evaluate the medical curriculum or does the LCME examine all aspects of a medical education program?*

The LCME's assessment is based on its accreditation standards and associated elements, which cover a number of areas that touch on the medical student experience. See the *Functions and Structure of a Medical School* publication on the LCME website, http://lcme.org/publications/.

- *What happens when a program does not fully comply with LCME standards and elements?*

Programs have a maximum of two years to demonstrate that they have achieved full compliance with the accreditation standards that were cited based on a survey visit. Depending on the number and nature of the citations involved, the LCME may ask a program to provide one or more written reports (called "status reports") documenting how the program has addressed its problems, or it may send a survey team to the program to verify that problems have been satisfactorily addressed. The solution to some problems may exceed two years (e.g., if a new building is needed to expand educational space): In such cases the LCME can extend the two year period for good cause if it determines that satisfactory progress is taking place toward achieving full compliance.

- *What happens if a program is placed on probation?*

Probation represents a judgment by the LCME that a program is not in substantial compliance with its accreditation standards, and that the quality of the school's educational program will be seriously compromised if the noncompliance issues are not addressed. A program on probation remains fully accredited, and students have all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation. If a program on probation dopes not achieve full compliance with accreditation standards within the time period established by the LCME, its accreditation may be withdrawn.

- *If there exists an important issue for students at a school, how can that school's students ensure that it is addressed by the LCME?*

If the medical education program is scheduled for an LCME accreditation review, the issue should emerge from the program's self-study and in the ISA. If the issue involves noncompliance with accreditation standards or unsatisfactory performance in one or more elements, which is confirmed by the survey team, the LCME will require the program to resolve the problem within two years.

Occasionally, an issue considered important by medical students does not relate to LCME

accreditation standards (e.g., scarce or expensive on-campus parking). In such cases, the survey team may comment on the problem in its report, but the LCME cannot compel the program to take corrective measures because the issue does not involve accreditation standards/elements.

If a major issue surfaces and a program is not scheduled for an upcoming LCME review, students can bring the issue to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the *LCME Rules of Procedure* document.

MEDICAL STUDENT PARTICIPATION IN LCME ACCREDITATION

- *What role do students play in the LCME accreditation process and/or in a medical school's survey visit by the LCME?*

Students conduct an independent student analysis (ISA) of the institution in parallel to school's institutional self-study. The survey team that reviews a program will meet with students selected from all class years, and will tour educational facilities with assistance from student guides. The survey team will include student opinion taken from the ISA, from the AAMC Medical School GQ, and from students it meets on-site when making its determinations about the program's strengths, weaknesses, and opportunities for improvement.

Two of the nineteen members of the LCME are medical students in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national medical student organizations.

MEDICAL STUDENT PARTICIPATION IN LCME SURVEY VISITS

- *Does the LCME survey team meet with students?*

The survey team evaluating a medical education program will meet with a group of first-year and second-year students over lunch on the Monday of the survey visit, and with a similar group of third-year and fourth-year students over lunch on the Tuesday of the survey visit. The program and its students will determine which students meet with the surveyors. Students also guide the survey team on inspection tours of the school's educational facilities.

- *How should students be selected to participate in the survey visit process?*

From the survey team's perspective, it is desirable to meet with a representative group of students from all classes (first, second year on Monday and third, fourth year on Tuesday), including some who were directly involved in the questionnaire design, data analysis and drafting of the independent student analysis and who are familiar with the data collected therein. In order to better understand how the program functions, it may also be desirable to include students who have direct experience with the school's academic counseling and tutorial services, financial aid services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in MD/MPH. or other joint degree programs, and students involved in research or community service programs. In summary, it is desirable that the survey team meet with a breadth of students, not just class leaders. The school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (administrators and faculty) and the student body. A survey team would likely be concerned if students had no voice at all in deciding which of them met with the surveyors.

INDEPENDENT STUDENT ANALYSIS (ISA)

- *Is there a template that students can use as a guide to develop their student opinion survey for the independent student analysis?*

Appendix D in this guide contains a sample questionnaire survey for collecting student opinion data. The questions in the sample survey must be included but the survey can be modified to add issues of particular importance at a school. Please also see Appendix E in this guide for an example of how to report the student response data. The medical school should, if requested, supply technical assistance in editing survey questions and in analyzing the data.

- *Should school administrators/faculty review the independent student analysis?*

Yes. Medical school officials should have an opportunity to review the ISA and discuss any perceptions that it contains factual errors or internal inconsistencies. They should also have an opportunity to incorporate the data from the student survey into the DCI and the findings of the ISA into the larger self-study summary report. School officials must not, however, edit or revise the analysis or pressure students to change its content or conclusions.

- *What type of student feedback is most useful to the LCME?*

The best student feedback is analytical, candid, and constructive and based on a synthesis of student opinion. That is, it should accurately identify all relevant problems, and do so in a way that also indicates how students think the medical education program can improve. Students should indicate both a program's particular strengths and its particular challenges. A survey team will be more impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation. If the results of the student questionnaire survey are contradicted by the students who meet with the team, for example, the team will not know which source is more credible.

- *Is there a certain percentage of students who should respond to the student opinion survey for the information to be useful to the LCME?*

A high response rate is necessary to ensure the credibility of the information. The student opinion survey should ideally achieve a minimum of a 70-80% response rate for each class year. The students responsible for the survey may use incentives, supplied by the medical school administration, to support a good response rate.

APPENDIX B: TYPICAL TIMELINE FOR THE LCME INSTITUTIONAL SELF-STUDY, STUDENT INVOLVEMENT, AND THE ACCREDITATION SURVEY VISIT

(Student involvement denoted by *italic and bold text*.)	Months Before (-)/after (+) Survey Visit
LCME Secretariat sets survey visit dates with medical school dean. Dean appoints Faculty Accreditation Lead (FAL). ***Dean informs student body of pending survey. Interested students meet with dean to discuss student role. Independent Student Analysis (ISA) Task Force is established.***	-18
ISA Task Force reviews the questions in "The Role of Students in the Review of Medical Education Programs for Full Accreditation Survey Visits" and adds questions relevant to the school.	-16
LCME Secretariat releases data collection instrument (DCI) and institutional self-study information. ***ISA Task Force distributes survey to the student body.***	-15
Medical school dean appoints members of institutional self-study task force and subcommittees, ***including student representatives***.	-15
Students provide data from the ISA questionnaire survey to the group(s) compiling the DCI. ISA Task Force begins analysis of survey data.	-14
FAL distributes completed DCI sections to the self-study task force and appropriate subcommittees. ***Data include the results of the student survey.***	-13
ISA Task Force provides final ISA report to the FAL for distribution to appropriate self-study task force members.	-12
Self-study task force and subcommittees review and analyze relevant sections of completed DCI and prepare survey report.	-12/-10
Self-study task force reviews and analyzes subcommittee and ISA reports, prepares the self-study summary report, and implements changes to correct issues identified in the self-study process.	-10/-5
Schools submits the completed self-study package to the LCME Secretariat office.	-3
Survey team visits campus, conducts interviews and inspections, and writes report for LCME. Team meets with administrators, faculty, ***and groups of students. Student representatives are expected to be well informed about major issues and concerns of the student body***.	Survey visit
Draft survey team report is circulated for review and correction to LCME Secretariat, survey team members, and the medical school dean.	+2
LCME considers the survey team report and makes accreditation decision.	+2/+6
Medical school dean and university president are sent report and notified of the LCME's decision about accreditation status. Schedule of any follow-up reporting or return visits is established. The survey report and LCME action are shared by the dean with the faculty and ***student body*** at the dean's discretion.	Within 30 days of LCME meeting

APPENDIX C: SUGGESTED LOGISTICS FOR DEVELOPMENT OF THE INDEPENDENT STUDENT ANALYSIS

There are many ways to collect and report student opinion in the accreditation survey process. The process for creating the questionnaire, analyzing the survey data, and constructing the narrative of the independent student analysis should be coordinated by a small steering committee composed of students that are representative and who preferably are selected or approved by the student body. This steering committee could include, among other members, student council representatives, class officers, and school representatives to national medical student organizations. Ideally, these students should come from all classes.

Methods used to solicit input from students should ensure that there is broad input that reflects the opinions of the student body. To accomplish this goal, the steering committee should develop and disseminate a concise student opinion survey to each medical student class, using the items from Appendix D as a start. The survey should include questions that directly relate to LCME accreditation standards and elements and the survey should have space for students to add comments.

In addition to conducting a survey of student opinion, the leaders of the independent student analysis may also choose to hold class meetings to discuss student concerns or request that each class submit reports delineating areas that require attention. If any of these methods are used, information on the number of participants should be provided.

Once data have been collected, a small working group should analyze and summarize the data and prepare the independent student analysis document. When reporting the results of the survey, please include information about the response rate for EACH class year and the overall response rate. **Do not use complex ways of providing the data (such as color-coded bar graphs) and sophisticated statistical analyses. The number and percent of respondents choosing each option for each question in each class year is most useful, as the survey team will be able to clearly see the range of student opinion.**

The data should be collected and analyzed as the DCI is being finalized and the draft summary document should be completed at or before the deadline for the school's individual self-study committees to complete their respective reports. The final version of the independent student analysis should be forwarded to the self-study leadership of the school so that its findings can be incorporated into the school's self-study summary report, as appropriate.

The following guidelines are suggested for writing the ISA:

1. Begin with a description of the method(s) used to collect data or gather student opinion. Include the number and percent of students responding to each questions both by class year and overall, and if applicable, the number of students who participated in discussions or focus groups.

2. It is helpful to begin with an executive summary that highlights the major findings organized by accreditation standards or other framework. In the narrative, summarize the results of the student opinion survey concisely, organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the school is doing well and areas in which it needs improvement, using data from the survey as documentation. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.

3. Include a summary (in numerical form) of response data from the student opinion survey. For each question, the LCME Secretariat staff suggest providing the number and percent of students who have selected each response option, in total and by class. Please DO NOT SEND data from individual students or individual student comments. However, comments that are representative of the responses from a large number of students may be included in the narrative as illustrations.

APPENDIX D: SAMPLE STUDENT OPINION SURVEY FOR THE INDEPENDENT STUDENT ANALYSIS

(Note: <u>Please include at least these questions</u>. Feel free to add questions to this sample survey, as needed, to reflect the distinctive characteristics of the school or to address other issues that may be of particular importance to the school's students.)

Please circle the number indicating your level of satisfaction, using the following scale:

1 = Very dissatisfied
2 = Somewhat dissatisfied
3 = Somewhat satisfied
4 = Very satisfied
N/A = No opportunity to assess / No opinion / Have not experienced this yet

---

STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS

Office of the Associate Dean of Students

1.	Accessibility	1	2	3	4	N/A
2.	Awareness of student concerns	1	2	3	4	N/A
3.	Responsiveness to student problems	1	2	3	4	N/A

Office of the Associate Dean for Medical Education

4.	Accessibility	1	2	3	4	N/A
5.	Awareness of student concerns	1	2	3	4	N/A
6.	Responsiveness to student problems	1	2	3	4	N/A
7.	Accessibility of medical school faculty	1	2	3	4	N/A
8.	Participation of students on key medical school committees	1	2	3	4	N/A

LEARNING ENVIRONMENT AND FACILITIES

9.	Adequacy of the school's student mistreatment policy	1	2	3	4	N/A
10.	Adequacy of the mechanisms to report mistreatment	1	2	3	4	N/A
11.	Adequacy of school activities to prevent mistreatment	1	2	3	4	N/A
12.	Adequacy of safety and security at instructional sites	1	2	3	4	N/A
13.	Adequacy of lecture halls, large group classroom facilities	1	2	3	4	N/A
14.	Adequacy of small group teaching spaces on campus	1	2	3	4	N/A
15.	Adequacy of educational/teaching spaces at hospitals	1	2	3	4	N/A
16.	Adequacy of student relaxation space	1	2	3	4	N/A
17.	Adequacy of student study space	1	2	3	4	N/A
18.	Access to secure storage space for personal belongings	1	2	3	4	N/A
19.	Administration and faculty diversity	1	2	3	4	N/A
20.	Student diversity	1	2	3	4	N/A
21.	Access to opportunities to participate in research	1	2	3	4	N/A
22.	Access to opportunities to participate in service learning	1	2	3	4	N/A

LIBRARY AND INFORMATION RESOURCES

23.	Ease of access to library resources and holdings	1	2	3	4	N/A
24.	Quality of library support and services	1	2	3	4	N/A
25.	Adequacy of computer learning resources	1	2	3	4	N/A
26.	Ease of access to electronic learning materials	1	2	3	4	N/A

27. Accessibility of computer support	1	2	3	4	N/A

STUDENT SERVICES

28. Accessibility of student health services	1	2	3	4	N/A
29. Accessibility of personal counseling	1	2	3	4	N/A
30. Confidentiality of personal counseling	1	2	3	4	N/A
31. Availability of mental health services	1	2	3	4	N/A
32. Availability of programs to support student well-being	1	2	3	4	N/A
33. Adequacy of career counseling	1	2	3	4	N/A
34. Adequacy of counseling about elective choices	1	2	3	4	N/A
35. Quality of financial aid administrative services	1	2	3	4	N/A
36. Adequacy of debt management counseling	1	2	3	4	N/A
37. Availability of academic counseling	1	2	3	4	N/A
38. Availability of tutorial help	1	2	3	4	N/A
39. Availability of student health insurance	1	2	3	4	N/A
40. Availability of disability insurance	1	2	3	4	N/A
41. Adequacy of education about prevention and exposure to infectious and environmental hazards	1	2	3	4	N/A

MEDICAL EDUCATION PROGRAM

42. Utility of the educational program objectives to support learning	1	2	3	4	N/A
43. Quality of the first year/first academic period	1	2	3	4	N/A
44. Quality of the second year/second academic period	1	2	3	4	N/A
45. Clinical skills instruction in the first/second years/periods	1	2	3	4	N/A
46. Amount and quality of formative feedback in the first/second years	1	2	3	4	N/A
47. Opportunities for self-directed learning in the first/second years	1	2	3	4	N/A
48. Overall workload in the first/second years	1	2	3	4	N/A
49. Coordination/integration of content in the first/second years	1	2	3	4	N/A
50. Utility of the first and second years as preparation for clinical clerkships	1	2	3	4	N/A
51. Quality of the third year clerkships	1	2	3	4	N/A
52. Access to patients during the third-year clerkships	1	2	3	4	N/A
53. Workload in the third year clerkships	1	2	3	4	N/A
54. Amount and quality of formative feedback in the third year	1	2	3	4	N/A
55. Quality of the fourth-year required clerkships	1	2	3	4	N/A
56. Clarity of policies for advancement/graduation	1	2	3	4	N/A
57. Access to student academic records	1	2	3	4	N/A
58. Clinical skills assessment in the third/fourth years	1	2	3	4	N/A
59. School responsiveness to student feedback on courses/clerkships	1	2	3	4	N/A
60. Adequacy of education to diagnose disease	1	2	3	4	N/A
61. Adequacy of education to manage disease	1	2	3	4	N/A
62. Adequacy of education in disease prevention	1	2	3	4	N/A
63. Adequacy of education in health maintenance	1	2	3	4	N/A
64. Adequacy of education in caring for patients from different backgrounds	1	2	3	4	N/A
65. Adequacy of experiences with electronic health records	1	2	3	4	N/A

APPENDIX E: SAMPLE REPORTING OF RESULTS - TABLES IN THE INDEPENDENT STUDENT ANALYSIS

1 = Very dissatisfied
2 = Somewhat dissatisfied
3 = Somewhat satisfied
4 = Very satisfied
N/A = No opportunity to assess / No opinion / Have not experienced this yet

Satisfaction with the accessibility of medical school faculty

Format: Number responding (N) and percent responding (%)

Medical school class	Mean	Very dissatisfied N (%)	Somewhat dissatisfied N (%)	Somewhat satisfied N (%)	Very Satisfied N (%)	N/A N (%)
M1						
M2						
M3						
M4						
Total						