GUIDE TO THE INSTITUTIONAL SELF-STUDY

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For Medical Education Programs with
Full Accreditation Surveys in 2017-18 academic year

LCME® *Guide to the Institutional Self-study*
For Medical Education Programs with Full Accreditation Surveys in 2017-18

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OVERVIEW OF THE ACCREDITATION PROCESS

PURPOSES OF ACCREDITATION AND SELF-STUDY

Obtaining Liaison Committee on Medical Education (LCME®) accreditation ensures that medical education programs are in compliance with defined standards and their associated elements. The accreditation process has two general and related aims: to promote institutional self-evaluation and improvement and to determine whether a medical education program meets prescribed standards.

The institutional self-study process and the resulting findings are central to these aims. In the process of conducting its self-study, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to: 1) collect and review data about the medical school and its educational program, 2) identify both institutional strengths and challenges that require attention, and 3) define strategies to ensure that the strengths are maintained and any problems are addressed effectively.

The summary report resulting from the self-study process provides an evaluation of the quality of the medical education program and the adequacy of resources to support it. The usefulness of the self-study as a guide for planning and change is enhanced when participation is broad and representative, when the participants have engaged in a thoughtful process of analysis and reflection, and when the results and conclusions are widely disseminated. Because of the time and resources required to conduct a self-study, schools should give careful thought to other purposes that may be served by the process. For example, the self-study might serve as a vehicle to familiarize a new dean, dean's staff member or department chair with the environment and operation of the school; to initiate a curriculum review; and/or to provide the academic community at large with an opportunity to reaffirm the school's educational mission and goals or set new strategic directions for the medical education program. A self-study process that serves multiple institutional purposes and involves multiple constituencies is more likely to result in institutional improvement than one that is conducted solely to satisfy accreditation requirements.

ACCREDITATION STANDARDS

The self-study is directly linked to the standards and elements used in the accreditation process. The LCME standards and elements used for accreditation of U.S. medical education programs are contained in the annual LCME publication *Functions and Structure of a Medical School* (*F&S*) (available on the LCME website, http://lcme.org/publications/#Standards).

Medical education programs with survey visits during the 2017-18 academic year should use the March 2016 version of *F&S*. These standards and related elements have been widely reviewed and endorsed by the medical education community, including the organizations that sponsor the LCME.

For the 2017-2018 academic year, there are 12 overarching standards with 93 elements. Medical schools will be expected to achieve compliance with each of the 12 standards. Compliance with a standard will be based on satisfactory performance in the elements associated with the standard. See "Action on Accreditation" below.

GENERAL STEPS IN THE ACCREDITATION PROCESS

The accreditation process consists of institutional self-assessment and peer review. Information provided by the medical school is considered by both the institution and survey team in the context of accreditation standards. The general steps in the process are as follows:

1. Completion of the data collection instrument (DCI) and the student survey and compilation of supporting documents.

2. Analysis of the DCI and other information sources, including the Independent Student Analysis, by an institutional self-study task force and its subcommittees, development of self-study reports in each area, and synthesis of the individual reports into an institutional self-study summary report.

3. Visit by an *ad hoc* survey team and preparation of the survey team report for review by the LCME.

4. Action on accreditation by the LCME.

Each of the steps is summarized below and in the accompanying schedule, which shows the usual timetable for completion of each step.

COMPLETION OF THE DCI AND COMPILATION OF OTHER DOCUMENTS

There are questions in the DCI that are linked to each of the elements. The questions should be answered and the relevant documents compiled by the persons most knowledgeable about each of the topics. Care should be taken to ensure that the data and terminology are current, accurate, and consistent across the DCI (e.g., consistent abbreviations, consistent names and abbreviations for committees). The faculty accreditation lead (FAL) who oversees the accreditation process at the school should ensure that the completed DCI undergoes a comprehensive review to identify any inaccuracies, missing items, or inconsistencies in reported information. See the *Glossary of Terms for LCME Accreditation Standards and Elements* (at the end of the DCI) for the LCME's definitions of terms used in the DCI.

While the DCI is being completed, medical students should carry out their own survey of student satisfaction with the educational program, student services, the learning environment, and other areas of relevance to students. Students should independently collect and analyze the data and reach independent conclusions about areas of strength and areas that require attention (termed the Independent Student Analysis or ISA). While the administration may provide logistical support, the ISA is the responsibility of the students. Students should be directed to the LCME publication: *The Role of Students in the Accreditation of Medical Education Programs in the U.S.* (available on the LCME website, http://lcme.org/publications/#Guidelines--amp--Procedures). Select the version for the 2017-18 academic year.

The program also should assemble additional relevant materials for review by the various self-study groups and later by the survey team. The Independent Student Analysis (ISA) and other information sources (such as the responses to the most recent AAMC Medical School Graduation Questionnaire (AAMC GQ) and the school's catalog or bulletin) should be reviewed by the relevant self-study groups and utilized in the development of the individual subcommittee reports and the final executive summary.

SELF-STUDY ANALYSIS AND SUMMARY REPORT DEVELOPMENT

An institutional self-study task force and its subcommittees are responsible for conducting the self-study. The project as a whole should be guided by the faculty accreditation lead. Each subcommittee should review the relevant accreditation standard(s) and elements, information from the DCI, the data from the medical students' survey and the ISA report, and other sources related to its specific area of responsibility and should develop a report. The task force synthesizes the individual subcommittee reports into a final self-study summary report that includes a statement of institutional strengths and issues that require attention to ensure ongoing or future satisfactory performance in the accreditation standards/elements and to improve programmatic quality.

The self-study summary report is submitted as part of the survey package and is due 12 weeks prior to the date of the first day of the scheduled survey visit. If that date falls on a weekend or holiday, submission can be the next non-holiday business day. A complete survey package for full surveys consists of a completed Data Collection Instrument (DCI), an appendix of supporting documents for each DCI section, a Self-study summary report, the Independent Student Analysis (ISA), and an AAMC Graduation Questionnaire (AAMC GQ) Individual School Report

THE SURVEY VISIT AND PREPARATION OF THE SURVEY REPORT

For a full survey visit, an *ad hoc* survey team visits the institution, typically from Sunday afternoon through noon on Wednesday. Schools with multiple regional campuses may require an additional day so that the survey team can visit one or more of the campuses. Prior to the visit, the survey team will review the materials submitted by the school in detail. Certain additional documents, such as curriculum committee minutes, should be made available in print or electronic format while the team is on site.

During the visit, the survey team will develop a list of findings related to specific elements. These survey team findings will be reported orally to the dean and the university chief executive on the final day of the survey visit and a written copy of the survey team findings related to the elements will be provided to the dean. These initial survey team findings are subject to potential revision during the review of the survey report.

By approximately two months after the survey visit, a draft survey report is prepared by the survey team using the *Survey Report Template for 2017-18* and completed according to the process and format specified in the *Survey Report Guide* (available on the LCME website, http://lcme.org/publications/#Survey-Team-Documents). The survey report includes excerpts from documents prepared by the school, such as the DCI and the Independent Student Analysis (ISA), and information obtained on site. *The survey report narrative will be accompanied by a separate document with the survey team findings related to elements, which will be categorized as: 1) areas that are satisfactory with a need for monitoring and 2) areas that are unsatisfactory*. These survey team findings do not include recommendations about compliance with standards, about the accreditation status of the medical education program, or about required follow-up actions to be taken by the school; those decisions are the exclusive prerogative of the LCME.

The draft survey report narrative and survey team findings document are sent to the dean for review. It is the dean's responsibility to carefully review the survey report narrative, as the final version will constitute the formal record of the visit. The dean's comments may only refer to information that was contained in the DCI or provided to the survey team on site. The dean's recommendations for changes will be considered by the survey team secretary and chair and the dean will be informed about the recommended changes that were and were not made. If the dean has remaining concerns about the process of the visit or the tone of the survey report, he or she may submit a letter to the LCME Secretariat. No information other than concerns regarding visit process or tone may be provided in this letter. The dean's letter will be placed on the LCME meeting agenda, and the committee will review the letter along with the survey report and team findings.

ACTION ON ACCREDITATION

The survey report and team findings document are reviewed by the LCME at a regularly-scheduled meeting (in October, February, or June), at which time the LCME will make final decisions about performance in each of the

elements, compliance with each of the 12 accreditation standards, the program's accreditation status, and any required follow-up. Accreditation may be granted or renewed for a period of eight years, however the program may be awarded an indeterminate or shortened term. As a condition for granting or renewing accreditation, the LCME may:

1. require that the dean submit one or more written status reports;
2. schedule a limited survey visit;
3. direct its Secretariat to conduct a visit for consultation or fact-finding; or
4. order another full survey before the completion of the eight-year term.

If major problems have been identified, the LCME may continue accreditation with no fixed term, place the program on warning status, or place the program on probation. The LCME may withdraw accreditation if such problems are not corrected within a reasonable period of time or if problems are identified during a visit that indicate that the program is not preparing medical students to enter the next phase of training or that the program is not sustainable for financial or other reasons.

TYPICAL SCHEDULE FOR AN LCME FULL ACCREDITATION REVIEW

Months +/- Survey Visit	Responsible Individuals/Groups	Activities
-36	Dean	Appoint an experienced faculty member as a faculty fellow.
-18	Dean LCME Secretariat and Dean FAL and SVC	Use the Survey Personnel Designation Form to appoint the Faculty Accreditation Lead (FAL) and Staff Visit Coordinator (SVC) Establish and confirm survey dates Attend LCME Survey Prep Workshop
-18/16	FAL	Access the Data Collection Instrument (DCI) available on the LCME publications page Appoint members to the institutional self-study task force Designate task force subcommittees Assign sections of the DCI for completion by appropriate people/groups Designate team of students to conduct the student survey and write the Independent Student Analysis (ISA)
-16	ISA Task Force	Review the questions in *The Role of Students in the Review of Medical Education Programs for Full Accreditation Survey Visits* Add questions relevant to the school
-15	ISA Task Force	Distribute survey to student body Note: Because data from the student survey are needed for completion of the DCI, the survey should be open for a maximum of one month
-14	ISA Task Force	Compile student survey data and send to FAL for incorporation into DCI Begin analysis of data
-13	FAL	Distribute completed DCI sections to the self-study task force and appropriate subcommittees

-12/10	Self-study Task Force and Subcommittees	Review and analyze relevant sections of completed DCI and prepare survey report
-12	ISA Task Force	Provide final ISA report to FAL for distribution to appropriate self-study task force members
-10/-5	Self-study Task Force	Review and analyze subcommittee and ISA reports Prepare the self-study summary report Implement changes to correct issues identified in self-study process
-4	FAL and Dean	Receive Secure Electronic File Transfer (SEFT) account information and survey package submission instructions from LCME staff via email; FAL to confirm receipt to lcmesubmissions@aamc.org
-3	FAL and Dean FAL	Review survey team member roster from LCME staff and send e-mail to dwaechter@aamc.org if a potential conflict of interest is identified Update DCI, DCI appendices, and self-study summary report with current information Review survey package for consistency and accuracy Submit survey package via SEFT account and email lcmesubmissions@aamc.org to confirm SEFT contains final version of survey package
-2.5	Survey Team	Receive SEFT account information and instructions, that includes the submitted survey package, from LCME staff via email
-2.5	Survey Team Secretary	Upon receipt of DCI, contact FAL/SVC to: - Request supplemental information (if needed) - Discuss travel and hotel - Coordinate visit logistics, including round-trip daily travel between hotel and school and travel between campus and other sites, as necessary Contact the FAL/SVC to request first draft of visit schedule based on the *Visit Schedule Template* E-mail survey team to: - Confirm that team members received DCI - Provide travel advice - Offer advice on strategy for reading DCI and drafting the survey report Review draft schedule and list of session participants and contact team chair to discuss preferences Review suggested list of participants at survey visit sessions E-mail survey team to inform members of:

		- Hotel information - Individual writing assignments Send documents not included in team mailing (*Functions and Structure of a Medical School*) Submit first set of bundled updates to survey team
	FAL	
-1.5/-1	Survey Team Secretary	E-mail survey team to: - Request travel itineraries - Secure information about any dietary preferences or requirements - Identify any supplemental information team would like from the school - Request summary of preliminary impressions from the team Contact faculty fellow and/or other inexperienced team member(s) to provide overview of school visit mechanics and to answer questions
-.5	Survey Team Secretary and Survey Team	E-mail survey team the consolidated summary of preliminary findings; discuss with team, as needed Finalize visit schedule with school *Optional:* Telephone conference call with team
Survey Visit	Team Chair/Secretary Dean/FAL	Develop team findings and prepare the survey exit conference statement Submit final batch updates to the LCME Secretariat via the SEFT account at the conclusion of the survey visit
+1/+1.5	Survey Team Secretary	Send draft survey report and team findings document to the LCME Secretariat via lcmesubmissions@aamc.org Confirm submission of the first draft of survey report through email to dwaechter@aamc.org Incorporate any LCME Secretariat edits into draft team report as needed
+1.5/+2.0	Survey Team Secretary	Send draft survey report and team findings document to the team and then to the dean for review Notify dean of process for requesting significant revisions Request feedback from dean in 10 working days Incorporate dean's requested changes, as needed Notify dean of the suggested revisions that were and were not incorporated into the survey report Submit final survey report via the SEFT account provided by LCME staff prior to the visit. The final survey report should include:

		- Final report narrative - Team Findings template - All communications TO the dean regarding changes to the survey report - All communications FROM the dean regarding changes to the survey report - Appendices For help in logging in or uploading files, e-mail lcmesubmissions@aamc.org
+2/+6	LCME	Take accreditation action at LCME meeting
Within 30 days of LCME meeting	LCME Secretariat	Send accreditation letter to school officials containing accreditation action, term, and requested follow-up

MANAGEMENT OF THE SELF-STUDY

The self-study process requires the time and effort of administrators, faculty members, students, and others associated with the medical education program, its clinical affiliates, and, if relevant, its parent university.

SURVEY PERSONNEL

Deans must designate a core team of faculty and staff to manage the aspects of the survey preparation process. The FAL manages the self-study process, the collection of the data collection instrument (DCI), and develops the survey visit schedule with the team secretary. The SVC typically manages survey visit logistics, and may assist with data collection and related accreditation materials, including the self-study summary report and Independent Student Analysis (ISA). It is critical that both positions be staffed by individuals who have a deep understanding of the program and who will be able to work with stakeholders across the medical school, university, and affiliated hospitals and other health care settings. Designated personnel will need the authority and experience to gather accurate information and garner widespread participation among faculty, staff, and students. Please refer to the full position descriptions below before making these designations.

PLEASE NOTE: Approximately 24 months before the survey visit, the dean should appoint a FAL and SVC (see descriptions below) using the LCME Survey Personnel Designation Form (available on the LCME website, http://lcme.org/publications/#Forms).

FACULTY ACCREDITATION LEAD

The FAL should be a senior faculty member, who may also hold an administrative position, who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the LCME accreditation elements. This individual should be able to identify institutional policies and information sources; explain institutional conventions; and ensure participation by members of the administration, faculty, and student body. Ideally, the FAL will be familiar with LCME survey visit processes, and will have served on a survey team as a team member or the designated faculty fellow for his or her school.

The school must ensure that the FAL has appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role. The FAL will be required to:

- Answer questions during DCI preparation
- Assign specific questions/sections of the DCI to individuals with the appropriate institutional knowledge
- Ensure that there is adequate support for the independent student analysis
- Ensure factual accuracy, consistency among the sections, and typographical/grammatical clarity in the DCI
- Ensure that each aspect of multi-part DCI questions are fully-addressed
- Synthesize all narrative DCI responses into a cohesive, factually and stylistically-consistent document that accurately reflects the institution
- Coordinate the activities of self-study subcommittees
- Coordinate support for the students conducting the ISA
- Staff the self-study task force
- Develop the survey visit agenda in collaboration with the survey team secretary
- Serve as the school's primary point of contact for the LCME Secretariat and survey team secretary

FACULTY FELLOW

Three-years prior to a school's full survey visit, the dean will be asked to appoint an experienced faculty member to serve as faculty fellow. The fellow will be assigned as a survey team member on a survey visit about *two years before* their home institution's full visit is scheduled. Fellows participate as full members of the survey team and receive informal mentorship from experienced members. Fellows are also invited to team member training webinars. This experience provides valuable insight into the LCME accreditation process, which the fellow is then expected to share with stakeholders at his or her own institution. Faculty fellows typically also serve as their school's faculty accreditation lead.

Schools will receive faculty fellow nomination materials two academic years prior to their next full survey visit. Only one fellow may be nominated per school. Schools are responsible for all travel expenses associated with the fellow's participation on the visit.

STAFF VISIT COORDINATOR

The SVC should be an experienced senior staff member who will manage the logistics prior to and during the survey visit and perform other administrative functions such as formatting and submitting the survey package. The SVC will typically make hotel reservations for the team, coordinate ground transportation for the visit, and schedule the necessary faculty and staff identified for sessions during the survey visit. Staff coordinators for survey visits might also manage the compilation of information into the DCI and submit the accreditation package.

ASSISTANCE FROM THE LCME SECRETARIAT

Schools are encouraged to contact the LCME Secretariat at any time, and to attend the preparation sessions available to schools with upcoming visits. These include monthly *Connecting with the Secretariat* webinars and a one-day Survey Prep workshop held in the spring. These sessions provide general information about accreditation and the self-study process and give participants an opportunity to discuss specific issues with members of the Secretariat. Designated school survey personnel will automatically receive invitations to these events.

Contact the LCME Secretariat via email at lcme@aamc.org or visit the LCME website, http://lcme.org/events/, for a list of upcoming events or for more information on the *Connecting with the Secretariat* webinars.

COMPLETING THE DATA COLLECTION INSTRUMENT (DCI)

The DCI is organized according to the 12 LCME accreditation standards:

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)

Typically, the DCI for a given year is available from the LCME at least 15 months prior to the survey visit. The FAL should distribute sections of the DCI (by standard, element, or questions) to those individuals best able to provide accurate and current information. Individuals should then complete and return their sections of the DCI to the FAL within two or three months. The FAL will then review the DCI responses to ensure the information is complete, accurate, and submitted promptly and will use the submissions to complete a draft DCI.

Much of the quantitative data requested in the DCI are available from information previously provided by the school in the form of LCME or AAMC annual questionnaires (i.e., Part I-A Annual Financial Questionnaire and web-based companion survey, the "Overview of Organization and Financial Characteristics; the AAMC Medical School Graduation Questionnaire; the LCME Part I-B Student Financial Aid Questionnaire; Part II Annual Medical School Questionnaire). Copies of the school's responses to these questionnaires should be kept for use in DCI preparation.

SUPPORTING DOCUMENTATION

The institutional self-study, the ISA and the most recent copy of the school's responses to AAMC Medical School Graduation Questionnaire, as well as other supporting documentation, should be included in the survey package that is submitted along with the DCI.

DATE RANGE

Provide data for all of the requested academic years (as available). While, the self-study should consistently focus on data from a specific period of time (usually the most recently completed academic year), the DCI should be completed with all requested historical data. The time period covered by the data and information both in tables and the narrative should be clearly indicated.

Because the DCI will likely have been prepared nine months or more before the survey visit, certain information will be need to be updated prior to submission. Schools are responsible for updating the responses to questions, as needed. The survey team will want current financial information, student enrollment data, updates on changes in the educational program, and any other significant new information. These updates should be made before the DCI is finalized and submitted (i.e., three months before the scheduled survey visit).

Visit the LCME website for detailed instructions on submitting accreditation materials and submitting updates/corrections to the DCI after submission.

UPDATES

Updates or corrections made to the DCI after the survey package package has been submitted should be bundled and sent to the team secretary. Bundled updates may be sent to the survey team twice prior to the survey visit (at -2 months and -1 month). The timing, format, and process for providing updates to the survey team should be coordinated with the survey team secretary. Note that there also may be additional supplemental material requested by the survey team or LCME Secretariat. Please refer to the LCME website for detailed instructions on submitting updates and corrections.

CONDUCTING THE SELF-STUDY

THE SELF-STUDY TASK FORCE

The ultimate responsibility for organizing the self-study and preparing the final self-study summary report rests with the self-study task force, as supported by the FAL. This group determines the objectives of the self-study, sets the timetable for the completion of all related activities, and finalizes the summary self-study report.

The self-study task force should be broadly representative of the constituencies of the medical school and its medical education program. It may, therefore, include some combination of the following: medical school administrators (academic, fiscal, managerial), department chairs and heads of sections, junior and senior faculty members, medical students, medical school graduates, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees (regents) of the medical school/university. Additionally, the task force could include graduate students in the basic biomedical sciences, residents involved in medical student education, and community physicians. Although the general guidelines about the composition of the task force should be followed, each school must make its own decisions about membership based on its specific environment and circumstances. The self-study task force might be chaired by the dean or by a vice dean, senior associate dean, department chair, or senior faculty member. The FAL should provide staff assistance to facilitate the timely completion of task force work.

SUBCOMMITTEES OF THE TASK FORCE

A series of subcommittees should be appointed to prepare reports on specific areas. Each standard should be addressed by a subcommittee, however one subcommittee may be given responsibility for multiple standards. For example, there could be a subcommittee that has responsibility for the standards related to medical students (standards 10, 11, and 12). Schools may wish to create additional subcommittees to review specific topics, either to undertake a more detailed review or to accommodate distinctive institutional needs. For example, a school with regional campuses may want to create a separate subcommittee to review the elements related to campuses, or a school with a particularly strong research mission may want to create a distinct subcommittee to review the relationship of that mission to the medical education program.

Each subcommittee should have appropriate membership, including administrators, faculty members, and, where appropriate, students. It is helpful to have one or more members of the task force serve on each subcommittee in order to provide continuity and to facilitate communication. Each subcommittee should review the relevant portions of the DCI and respond to the questions included later in this guide. Subcommittees may need to review other data germane to their area(s) of responsibility (e.g., strategic planning documents, benchmark data).

As described previously, a group of students should manage an independent review of the medical education program, following the guidelines described in the document entitled, *The Role of Students in the Accreditation of Medical Education Programs in the U.S.* The subcommittees responsible for relevant standards and elements should refer to the results from the survey that is the basis for the ISA and the completed ISA during their deliberations.

The subcommittee reports should be forwarded to the task force chair or the FAL according to the suggested schedule in this document. The reports should be organized around the questions contained in the "Components of the Self-Study Report" section of this guide (see below), as well as the accreditation standards and elements contained in the *Functions and Structure of a Medical School.*. In addition, the subcommittee reports may address other relevant topics, reflecting any circumstances specific to the medical school. The subcommittee reports should not simply summarize or repeat the information in the DCI. They should be thoughtful analyses of each area, based on the combined perceptions and expertise of the subcommittee members in the context of accreditation standards/elements. The analyses should lead to conclusions about programmatic strengths and challenges (including potential or suspected areas where performance in elements might be unsatisfactory) and to recommendations for actions to resolve any identified problems. In the event that a consensus cannot be reached, a minority report may be included.

PREPARATION OF THE FINAL SELF-STUDY SUMMARY REPORT

It is the responsibility of the task force to synthesize and summarize the work of its subcommittees and to prepare the final self-study summary report. This entails looking across the subcommittee reports and the ISA to determine how individual components contribute to the ability of the program as a whole to achieve its aims and educate its students. For example, a number of subcommittee reports will address the issues of adequacy of resources to support the delivery and management of the medical education program. The summary should combine these into a comprehensive evaluation that both addresses the questions included in this guide and presents the institution's perspective on noteworthy accomplishments and challenges that have emerged from the self-study process. As with the individual subcommittee reports, the self-study summary must be analytical and evaluative, not simply descriptive.

Areas of strength and weakness described in the subcommittee reports should be reviewed and then synthesized into a summary of major institutional strengths and challenges, including any areas of potential unsatisfactory performance related to one or more elements and any areas that may require monitoring due to changing circumstances. The report concludes with this list of institutional strengths, challenges and issues of potential unsatisfactory performance related to elements or challenges that require attention, and recommendations for addressing any identified problems. It also should include a plan and timetable indicating how institutional strengths will be maintained and problems addressed.

Members of the subcommittees and the self-study task force may find it helpful to refer to the *Survey Report Template,* which is used by survey team members to compile the survey report. The *Survey Report Template* is available on the publications page of the LCME website, http://lcme.org/publications/#Survey-Team-Documents.

The final self-study summary report should be written in a Times New Roman, black, and size 11 font, and not exceed 35 pages of single-spaced narrative, excluding the list of subcommittee and task force members. The report is submitted as part of the survey package 12 weeks prior to the survey visit. Electronic copies of the individual subcommittee reports should be made available to the survey team, as requested, but should not be submitted with the survey package.

COMPONENTS OF THE SELF-STUDY SUMMARY REPORT

INTRODUCTION

As an introduction to the self-study summary, the author(s) should briefly summarize progress in addressing the areas of noncompliance with accreditation standards and areas in transition (now defined as areas in compliance with a need for monitoring) identified at the time of the previous full survey visit. These areas should be translated into the language of the new elements. The introduction should also provide a brief overview of how the self-study was conducted, and the level of participation by the various members of the academic community, including students. Note if the self-study process was incorporated as part of overall institutional planning or whether it served some other purpose(s) beyond meeting the requirements for LCME accreditation.

A reference guide linking the previous standards to the 2017-18 standards and elements is available as an appendix to the March 2016 *F&S* and is also available on the LCME website.

SELF-STUDY RESPONSES

The items below are keyed to specific LCME accreditation standards and elements as contained in *Functions and Structure of a Medical School* (March 2016*)*. The relevant element(s) for each item is/are included in parentheses. In order to address the items below, refer to the DCI responses for each element. Note also that relevant information for some elements is included in the Supporting Documentation related to the relevant standard.

The self-study document should be written in narrative form and organized as an answer to each specific item below. In constructing the response, please use the language of the element as a guide. Provide relevant explanations and evidence. If the school operates one or more regional campuses, include a separate analysis of the circumstances at these sites in the response, as relevant.

STANDARD 1: MISSION, PLANNING, ORGANIZATION AND INTEGRITY

1. Evaluate the utility and success of institutional planning efforts, and summarize how planning has contributed to the accomplishment of the medical school's missions and the achievement of measurable outcomes. How effective is the medical school's system for monitoring its ongoing compliance with the accreditation elements? (1.1)

2. Evaluate the adequacy of the structures, policies, and other safeguards in place to prevent or identify conflicts of interest at the levels of the governing board, the medical school administration and faculty, and others with responsibility for the medical education program. Note whether there is evidence that these are being followed. (1.2)

3. Evaluate the effectiveness of mechanisms for direct faculty involvement in decision-making related to the medical education program, including the election of members of the general faculty to relevant committees. Are there sufficient opportunities outside of formal committees for faculty to learn about and comment on medical school policies and procedures? Do members of the faculty consider that they have sufficient opportunities to provide input and make themselves heard? (1.3)

4. Does the medical school have up-to-date affiliation agreements with the clinical partners that are used regularly for required inpatient clinical experiences? Evaluate whether agreements contain the language specified in the element and serve to ensure that the educational program for medical students remains under the control of the medical school's faculty. (1.4)

5. Are there bylaws in force for the medical school that are sufficiently clear and comprehensive in describing the responsibilities and privileges of members of the medical school administration and faculty

and the roles and responsibilities of committees? Are the bylaws available to faculty? Do the bylaws support an efficient and effective governance structure for the medical school? (1.5)

6. Evaluate whether the medical school has met and maintained the eligibility requirements for initial and continuing LCME accreditation, as specified in the *Rules of Procedure*. (1.6)

STANDARD 2: LEADERSHIP AND ADMINISTRATION

1. How is the authority of the governing board for the appointment of medical school administrators and faculty being exercised? Has appropriate authority for appointments been delegated by the board to the university and medical school administration? (2.1)

2. Comment on the responsibility and qualifications of the dean to provide leadership in the missions of the medical school. Is there a clear definition of and general understanding of the dean's authority and responsibility for the medical school and its educational program? Evaluate whether the dean has appropriate access to university and other officials, so as to support his or her ability to carry out these defined responsibilities. (2.2, 2.3)

3. Comment on the temporal stability, adequacy of time commitment, and effectiveness of the medical school's central administration (associate and assistant deans and senior administrative staff). Are students satisfied with the accessibility of the medical school leadership and their understanding of students' concerns? Have vacancies in administrative and departmental leadership been filled in a timely manner without detriment to departmental or institutional functions? Note any leadership gaps that are affecting the medical school's ability to carry out its missions. (2.4)

4. Evaluate the effectiveness of the governance model used to ensure that the medical school's dean is administratively responsible for the conduct and quality of the medical education program and the adequacy of faculty at each regional campus. Is the principal academic officer at each campus administratively responsible to the dean? Are appropriate processes in place to ensure that this relationship is functioning effectively? (2.5)

5. Evaluate the effectiveness of methods used to support the functional integration of the faculty who are located at regional campuses. (2.6)

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

1. Does each medical student have the opportunity to complete at least one required clinical experience in a setting where he/she interacts with residents? (3.1)

2. Evaluate whether the medical school provides a scholarly environment for faculty and students. Is there appropriate support and encouragement for medical students to participate in research? (3.2)

3. Evaluate the medical school's efforts to promote diversity, including the clarity of diversity definitions and policies, the linkage of recruitment and retention efforts to the school's defined diversity categories, and the sufficiency of resources to support diversity efforts. Has the school demonstrated sufficient effort and been successful in achieving its desired diversity? Has the school monitored the effectiveness of its pipeline programs and have these programs contributed to the diversity of the medical school and to the national applicant pool? Is a formally-approved anti-discrimination policy in use? (3.3, 3.4)

4. Evaluate whether the medical education program sufficiently and appropriately includes education and assessment related to the professional behaviors that its students are expected to acquire. Are there adequate mechanisms in place to evaluate the learning environment and to address identified problems? Do the school's clinical affiliates share the responsibility for this evaluation and for the remediation of any identified problems? (3.5)

5. Evaluate the effectiveness of the school's policies and procedures related to preventing and responding to incidents of inappropriate behavior, such as student mistreatment. Are students familiar with the school's code of professional conduct and are they familiar and comfortable with the mechanisms to report violations? (3.6)

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

1. Comment on the current and anticipated adequacy of faculty numbers, specialty and discipline mix, qualifications, and availability to support the medical education program and the other missions of the medical school. (4.1)

2. Evaluate the level of scholarly productivity of the faculty in the context of the medical school's research mission and goals. (4.2)

3. Are the policies and procedures for faculty appointment, promotion, granting of tenure (if applicable), and dismissal clear, understood by the faculty, and followed? Do all faculty receive regular and sufficient information related to their responsibilities, benefits, and remuneration? (4.3)

4. Comment on the adequacy of the policies and procedures related to provision of feedback to faculty about their academic performance and progress toward promotion and tenure (if relevant). Is the requirement to provide feedback to faculty codified in institutional policy and is the policy followed? (4.4)

5. Evaluate the adequacy of opportunities for professional development to enhance the teaching, assessment, evaluation, and research skills of the faculty and their knowledge of their disciplines. Is faculty development accessible/available to faculty at all sites and is faculty participation supported by the institution, including providing sufficient resources for faculty development efforts? (4.5)

6. Comment on whether the dean and a committee of the faculty are responsible for determining institutional governance and policymaking processes. (4.6)

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

1. Evaluate the adequacy and sustainability of and the balance among the various sources of financial support for the medical school. Is there evidence that funding is sufficient for the missions of the medical school, including the conduct of a quality medical education program? Identify any constraints on the institution due to the amount of available funding or the balance among funding sources. (5.1 plus Supporting Documentation for standard 5)

2. Evaluate whether the dean, or the individual functioning as chief academic officer, has sufficient financial and personnel resources and appropriate authority for planning, implementing, and evaluating the medical education program. Note if any compromises in these areas have had to be made that can be attributed to insufficient resources. (5.2)

3. Comment on whether there is evidence that pressures to generate revenue from tuition, patient care, and/or research are negatively affecting the faculty's time to effectively conduct the medical education program. Note if decisions about class size take into account the full spectrum of faculty responsibilities. (5.3 plus Supporting Documentation for standard 5)

4. Evaluate the adequacy of the facilities used to support the teaching and research missions of the medical school. How satisfied are students and faculty with the availability and quality of education and research space? Is the availability or quality of educational space negatively impacting the ability to implement or change the medical education program as desired? (5.4)

5. Evaluate the adequacy of the resources for the clinical instruction of medical students, including patient numbers and case mix and inpatient and ambulatory teaching sites. Note if the constellation of teaching sites used for required clinical experiences collectively can accommodate the assigned number of learners in each discipline and can meet the objectives for clinical education, including the required clinical encounters specified by faculty. Does each site used for required clinical experiences have sufficient and appropriate teaching and study space, information resources, and call rooms (if applicable)? (5.5, 5.6)

6. Comment on the adequacy of security systems on campus (including at distributed campuses) and at clinical teaching sites and on institutional policies and procedures to ensure student safety. Has the institution engaged in appropriate and comprehensive emergency and disaster planning? (5.7)

7. Evaluate the adequacy of library and information technology resources and staff support. Are staff in these units responsive to the needs of students, faculty, and others in the medical education community and are they involved in the planning and support of the curriculum? If these units serve other schools and colleges, do medical students and faculty have sufficient access to library and information technology resources? (5.8, 5.9)

8. Evaluate the adequacy of processes in place to ensure that the resources, such as faculty, educational space, clinical placements, used to accommodate visiting and transfer students do not diminish the resources for already-enrolled medical students. (5.10)

9. Evaluate the adequacy and quality of student study space, lounge and relaxation areas, and secure storage space at all locations; include student perceptions of quality and adequacy in your evaluation. If students participate in overnight call at any location, comment on the security, accessibility, and availability of call rooms. (5.11)

10. Note whether the medical school has provided the LCME with the expected notifications prior to the identified changes taking place. (5.12)

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

1. Have outcome-based educational program objectives been developed and linked to the competencies expected of a physician? Evaluate whether the objectives are being used for the assessment of medical students' progress in achieving these competencies. Evaluate whether the educational program objectives and the objectives of individual courses and clerkships have been shared with medical students and with relevant individuals and groups responsible for curriculum planning and implementation and for medical student teaching and assessment. (6.1)

2. Evaluate whether the faculty have defined the patient types and clinical conditions that all students are expected to encounter and the procedures/clinical skills that all students are expected to perform. Have

these experiences been assigned to relevant clerkships? Is each type of patient encounter and procedure/clinical skill associated with a clinical setting and level of medical student responsibility? (6.2)

3. Evaluate the sufficiency of self-directed learning experiences in the pre-clerkship curriculum to allow students to acquire and demonstrate lifelong learning skills. Is there enough time available for these experiences within and outside of formal class hours? (6.3)

4. Comment on the adequacy of inpatient and outpatient experiences in the curriculum to allow the objectives of the educational program and the individual clerkships to be met. (6.4)

5. Evaluate whether sufficient time is available in the curriculum for electives that supplement required learning experiences. (6.5)

6. Evaluate the availability of service-learning and community service activities and the adequacy of time students have to participate. Is there evidence that the medical school supports service-learning/community service and provides information to medical students about these opportunities. (6.6)

7. Does the medical school exist in an environment that permits the interaction of medical students with other learners, including other health professions students, graduate students, residents, and physicians engaging in continuing medical education? (6.7)

8. Does the medical education program consist of at least 130 scheduled weeks? (6.8)

STANDARD 7: CURRICULAR CONTENT

1. Evaluate whether there is sufficient representation in the curriculum of topics from the biomedical, behavioral, and social sciences and of medical ethics. Does evidence support the determination of adequacy and appropriateness of content coverage? (7.1, 7.7)

2. Comment on whether the curriculum adequately covers each of the levels of care and phase of the human life cycle. (7.2)

3. Evaluate the adequacy of experiences that permit students to directly apply the scientific method and to become familiar with the basic principles of clinical and translational research. (7.3)

4. Evaluate whether the curriculum includes sufficient learning opportunities and assessment to ensure that students develop skills in medical problem-solving and evidence-based clinical judgment. (7.4)

5. Evaluate whether the curriculum adequately prepares students to recognize and appropriately address the medical consequences of common societal problems. Has the school identified relevant societal problems in the context of its mission and location? (7.5)

6. Evaluate how well medical students are being prepared to communicate appropriately with patients and others. Is the curriculum preparing students to understand and work effectively with and identify their own biases related to patients from a variety of backgrounds? (7.6, 7.8)

7. Evaluate whether medical students are being prepared adequately to function collaboratively in health care teams. Are there objectives related to collaborative team care and are sufficient experiences related to these objectives included in the curriculum? (7.9)

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

1. Is there a central committee responsible for the curriculum that has appropriate responsibility and authority for overseeing and approving the design, management, and evaluation of the curriculum to ensure that it is coherent, coordinated and integrated horizontally and vertically? Is this authority codified in institutional bylaws and/or policy? Is there evidence that this authority is being appropriately and successfully exercised? (8.1 plus Supporting Documentation for standard 8)

2. Evaluate whether the educational program objectives are being used to guide curriculum planning, select and apportion curriculum content among instructional units, review and revise the curriculum, and evaluate curricular outcomes. As a means to determine the sufficiency and placement of content and to guide program evaluation, have the course and clerkship objectives been linked to the educational program objectives. (8.2)

3. Is there appropriate faculty participation in curriculum design, implementation, and evaluation? Are the units of the curriculum (i.e., courses and clerkships), the segments of the curriculum (i.e., years or phases) and the curriculum as a whole being reviewed according to a predetermined schedule? Are there tools, such as a curriculum database, available to support these reviews and to allow a determination of the adequacy and placement of curriculum content? Are the results of these evaluations used by the curriculum committee, the course leadership, and the departments to inform needed change? (8.3 plus Supporting Documentation for standard 8)

4. Evaluate the adequacy of the system of program evaluation for judging whether educational program objectives are being met and desired program outcomes are being achieved. Are appropriate data being collected from students and graduates to allow such judgments to be made and are these data being appropriately and regularly used? (8.4 plus Supporting Documentation for standard 8)

5. Evaluate the adequacy of the system to collect student feedback on courses and clerkships and on faculty, residents, and others who teach, supervise, and assess medical students. Does the system provide valid and reliable data, for example, through adequate response rates to questionnaires? How are the data used for program review and improvement? (8.5 plus Supporting Documentation for Standard 8)

6. Evaluate the adequacy of the processes for monitoring medical student clinical encounters at the clerkship and department levels and centrally. Do the processes used for monitoring ensure that there is a reliable record that required clinical experiences or identified alternatives are completed? (8.6)

7. Are there processes in place to ensure comparability of education and assessment across all locations for an individual course and clerkship? Evaluate whether there is effective monitoring at the department and medical school levels to identify any inconsistencies across sites and to remedy any problems that are identified. (8.7)

8. Does the medical school have policies for the time that medical students spend in required activities and are these policies understood by students? Is the time medical students spend in required activities monitored? Comment on the presence and effectiveness of mechanisms for medical students to report violations of these policies and the willingness of students to utilize these mechanisms. (8.8)

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

1. Evaluate the adequacy of the methods used to ensure that residents and other non-faculty instructors receive and review the objectives of the courses and clerkships in which they will participate and are

prepared for their specific teaching and assessment roles. Is there an effective system to centrally monitor the participation of residents and other non-faculty instructors in such preparation sessions? (9.1)

2. Is there an effective system in place to ensure that medical student learning experiences in clinical clerkships are provided by faculty members and that there is appropriate supervision when medical students are engaged in patient care activities? (9.2, 9.3)

3. Evaluate the adequacy of the methods used to assess student attainment of the knowledge, cognitive and clinical skills, attitudes, and behaviors specified in the educational program objectives. Are there any limitations to the school's ability to ensure that the clinical skills of all students are being appropriately assessed and have steps been taken to address these limitations? (9.4 plus Supporting Documentation for standard 9)

4. How effective are the processes and systems to ensure that students receive useful, comprehensive, and timely formative assessment and fair and timely summative assessment in both the pre-clerkship phase of the curriculum and in the clerkships? Is narrative assessment included as a component of courses and clerkships where teacher-student interaction permits? (9.5, 9.7, 9.8 plus Supporting Documentation for standard 9)

5. Are standards of achievement for courses and clerkships and for the curriculum as a whole developed and set by faculty with appropriate knowledge and expertise? (9.6)

6. Comment on the adequacy of policies and processes to ensure that a single standard for promotion and graduation is applied across all instructional sites. Evaluate the fairness of due process protections in the case of an adverse academic action against a student. (9.9)

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

1. Critically review the medical school's criteria for admission and the process for the recruitment and screening of applicants and the selection of students. How are the medical school's selection criteria reviewed and validated in the context of its mission and other mandates? Are the criteria for admission, including technical standards, available to potential applicants and their advisors? (10.1, 10.3, 10.5 plus Supporting Documentation for standard 10)

2. Evaluate admission policies and practices and comment on whether these ensure that that admission is a faculty responsibility and that there is no conflict of interest or external influence in the admission process. (10.2)

3. Comment on whether the school has identified the personal attributes of applicants that will be considered during the admission process. Are there processes and tools in place to prepare reviewers, including members of the admission committee and interviewers, to assess these attributes? (10.4)

4. Evaluate whether information about the medical school contained in informational, advertising, and recruitment materials is accurate and current. Is this information readily available to current and prospective students, advisors, and others? (10.6)

5. Are the policies and procedures for transfer or admission with advanced standing clear and do they ensure that students accepted for transfer have comparable credentials to enrolled students? Is review and acceptance for transfer a faculty responsibility? (10.7)

6. Comment on the adequacy of policies and processes related to visiting students that ensure that their qualifications are comparable to enrolled students and that their credentials are verified. Is there a process in place to maintain an accurate roster of visiting students? (10.8)

7. Evaluate whether the processes for assignment of students to instructional sites and/or educational tracks, as relevant, are fair and whether there are policies that allow students to request an alternate assignment. Are these processes and policies understood by students? (10.9)

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

1. Evaluate the effectiveness of the medical school's system for early and ongoing identification of students in academic difficulty. Are there processes for counseling and remediation in place for all students? Comment on the number of students experiencing academic difficulty and the extent of student attrition in relation to the school's academic advising and support programs. (11.1 plus Supporting Documentation for standard 11)

2. Comment on the effectiveness of systems for career advising, residency preparation, electives counseling, and preparation and release of the Medical Student Performance Evaluation in the context of data on student satisfaction and residency placement. Note the extent that appropriate required and optional experiences are in place to assist students in selecting a specialty and a residency. (11.2, 11.4 plus Supporting Documentation for standard 11)

3. Evaluate the effectiveness of procedures for the oversight of extramural electives, including prospective screening of potential electives that might pose risks for student and patient safety, appropriate preparation of students, and assurance that assessment and evaluation data are collected. (11.3)

4. Comment on the adequacy of policies and processes to protect the confidentiality of student records and to provide students with access to their records in a timely manner. Are there fair and effective mechanisms for students to challenge information in their records? (11.5, 11.6)

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

1. Review trends in tuition in relation to trends in medical student debt and in the level of scholarship support available. Evaluate the effectiveness of efforts to minimize student debt, including raising funds for scholarships and providing accessible financial aid and debt management counseling. Note if there is a clear and reasonable policy for the refund of tuition and allowable payments. (12.1, 12.2 plus Supporting Documentation for standard 12)

2. Evaluate the adequacy, availability, and confidentiality of student support in the following areas, including the satisfaction of students at all sites with these services:
    a. Personal counseling and programs to facilitate students' adjustment to medical school. (12.3)
    b. Preventive and therapeutic health care services. (12.4)
    c. Health and disability insurance. (12.6)
    d. Immunizations as specified in school of medicine policies. (12.7)

    Also consult the Supporting Documentation for standard 12.

3. Evaluate whether existing policies and processes ensure that a health professional who provides health services and/or psychiatric/psychological counseling to a medical student will have no role in that

student's assessment or promotion and that the confidentiality of student health records is maintained. (12.5)

4. Evaluate the effectiveness of policies and educational programs addressing medical student exposure to infectious and environmental hazards. Are students, including visiting students, appropriately educated about methods of prevention and about the steps to take in the case of exposure? Do medical school policies include all required elements? (12.8)

SELF STUDY SUMMARY

Summarize the medical education program's strengths and challenges, including areas of potential unsatisfactory performance in one or more elements and areas that may require monitoring due to changing circumstances. Have new strengths or problems emerged since the previous full survey visit? Are changing conditions likely to cause problems in the near future?

List major recommendations for future action. Describe how the program's strengths can be maintained and the most pressing problems addressed. Be brief, but specific in describing actions that will need to be (or already are being been) taken.

APPENDIX

List members (with institutional titles/positions) of the self-study task force and its subcommittees.