LCME Accreditation Process

February 2018

The LCME

- Recognized by US Department of Education and World Federation for Medical Education as the authority for accreditation of medical education programs leading to the MD degree

- Sponsored by the Association of American Medical Colleges and American Medical Association

LCME Scope

- To achieve accreditation, a medical education program leading to the MD degree in the U.S. must meet the LCME standards

- LCME standards exist to ensure graduates have:
  - General professional competencies
  - The foundation for lifelong learning
  - The foundation for proficient medical care

- Compliance with standards ensure graduates can:
  - Take the medical licensing exam
  - Receive a license to practice
  - Be eligible for residency

LCME Accreditation Purpose

- **Regulatory**: accreditation provides access to federal funding and medical licensure of graduates
- **Continuous Quality Improvement**: requires peer input and reflection of practices
- **Organizational Learning Tool**: opportunity to learn about aspects of institution and provide solutions
- **Agent of Change**: addresses areas in medical education that have historically been resistant to change
- **Culture of Quality**: "How are we doing with Element 3.3?" can trigger discussions about the complex issues related to diversity

General Theme of Standards

1. Has the program clearly established its mission and institutional learning objectives?

1. Are the program's curriculum and resources organized to meet its mission and objectives?

1. What is the evidence that the program is currently achieving its mission and objectives and is likely to continue to meet them in the future?

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

Accreditation Components

- Independent Student Analysis: Taken after each AY
  - Student Generated Survey
- Graduation Questionnaire (GQ): Taken after each AY
  - AAMC Generated Report
- Data Collection Instrument and Appendix
  - Data gathering tool
- Self-Study Report
  - Narrative on strengths and weaknesses based on 2018-19 AY generated by assigned subcommittees

Survey Package Due August 2019

Site Visit October 2019

Data Collection Instrument

- Questionnaire addressing accreditation elements
  - 154 pages / 12 Standards
  - Each standard contains 6-11 elements
    - Each element requires:
      - supporting data
      - written narratives
      - supporting documentation

- The School last completed a full-survey in 2011-12

- DCI has since been modified in format and content
  - Now focused on CQI (Continuous Quality Improvement)

STANDARD 7: CURRICULAR CONTENT

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

(Element) 7.7 MEDICAL ETHICS

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.7 SUPPORTING DATA

Table 7.7-1 | Medical Ethics
Source: School-reported

For each topic area listed below, indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course and when this occurs by placing a "Y" under the appropriate columns.

	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical ethics						
Ethical decision-making						
Professionalism						

Table 7.7-2 | General Medical Education - Preparation for Residency
Source: AAMC GQ

Provide and review school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percent of respondents that *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *I understand the ethical and professional values that are expected of the profession.*

AY 2012-13		AY 2013-14		AY 2014-15	
School%	National%	School%	National%	School%	National%

7.7 NARRATIVE RESPONSE

a. Describe the methods used to assess medical students' ethical behavior in the care of patients and to identify, and remediate medical students' breaches of ethics in patient care.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.7

1. Examples of instruments used in the formative and/or summative assessment of medical students' ethical behavior during the preclerkship and clinical clerkship phases of the curriculum.

The Self-Study

- Narrative highlighting strengths and weaknesses no more than 35 pages
  - Evaluative, not descriptive, lists major recommendations for future action

- Self-Study task force: sets goals, determines the membership of self-study subcommittees, providing oversight during the process, and preparing the final self-study report

- Sub-committee task forces: Meets regularly to draft narratives
  - Will consist of groups currently working on DCI
  - *And* other faculty, staff, administration and students

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

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 required clinical experiences or identified alternatives are completed and that gaps are identified? (8.6)

General Timeline (Subject to Change)

January - June 2018	July - December 2018	January - June 2019	July - October 2019
Data collection Round 1	Data collection Round 2	Data collection Round 3	Submit survey package (8/5)
Plan Corrective Actions	Launch AY with Changes	Plan Corrective Actions	Survey Visit Preparation
Self-Study Formation	Self-Study	Self-Study	Survey Visit (10/27-30)

< Continuous Quality Improvement >

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Resources

- [LCME Website](#)

- [LCME Publications](#)

- [Self-Study Information](#)

- [Full Survey Information](#)

- [DCI Information](#)

- [Full DCI](#)

- [Standard and Element Descriptions](#)