Overview of Medical School Preparation for LCME Accreditation

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Accreditation is a review of an institution or program using a defined set of standards.

Accreditation in the U.S. includes the following components:

- Self assessment based in accreditation standards
- Peer review
Self-Assessment

The self-assessment component includes:

- School collection of data related to accreditation standards
  - Medical Education Database
  - Student survey
- Analysis of data by institutional stakeholders
  - Self-study committee reports/
    Self-study executive summary
  - Independent student analysis
LCME Accreditation Standards

131 standards organized into 5 categories:

• Institutional setting
• Educational program
• Medical students
• Faculty
• Resources for the educational program

Contained in *Functions and Structure of a Medical School* (select appropriate year)
Parts of the Medical Education Database

- A document with one or more questions linked to each accreditation standard
- A document with a description of each course and clerkship
- A copy of the most recent AAMC Medical School Graduation Questionnaire
- A copy of the medical student independent analysis
- A set of appendix materials (policies, documents)
- An institutional self-study summary
The “C’s” of Database Preparation

• Complete but concise
  - Answer all questions; include all information and documentation pertinent to the questions
  - Tables can be modified to conform to your institution

• Coherent
  - Make sure information is consistent across sections

• Clear
  - Write for the reader who does not know your institution

CHECK WITH THE SECRETARIAT IF YOU HAVE QUESTIONS
Goals of the Self-study

• Self-study allows an institutional assessment of compliance with accreditation standards

**Self-study should be analytical, not just descriptive**

• This allows schools to develop plans and strategies to address problem areas before the visit and, if possible, implement change

• A good self-study is when the findings of the school and the survey team are consistent

[teams are asked to comment on the consistency]
Peer Review

The peer review component consists of:

- Visit by an *ad hoc* survey team selected for the school
  - Identification of findings related to standards
  - Development of a survey report

- Review of the survey report by the LCME
The Purpose of a Visit from the Survey Team’s Perspective

- **Answer questions** regarding compliance raised by the Database and Self-study
- **Fill in gaps** in information/collect updated information
- **Verify and reconcile** information and impressions from the Database, Self-study, and Independent Student Analysis

The team will be trying to address the questions in the *Survey Report Guide*. Schools should consult the Guide as part of their preparation for the visit.
EXPERIENCING AN LCME SURVEY VISIT
Survey Team Composition

- Chair
- Secretary
- Members (2-3)
- Faculty Fellow

The team is chosen based, in part, on the characteristics of the school and will include at least one member of the LCME or the LCME Secretariat.
Visit Schedule

- The schedule of the survey visit will allow the survey team to interact with a variety of groups (faculty, administrators, students)
- The visit schedule will be developed by the school in collaboration with the survey team secretary
- There is a model visit schedule that can be adapted to meet school characteristics
Summary Survey Team Findings

During the visit, the survey team will identify:

• **Areas of strength**
  Particularly noteworthy areas that contribute in a major way to the achievement of the school’s mission or that could serve as models

• **Areas in compliance with a need for monitoring**
  1) A medical education program has the policy, process, resource, or system required by a standard but there is insufficient evidence to indicate that it is effective; or
  2) A medical education program currently is in compliance with a standard, but known circumstances exist that could lead to future noncompliance

• **Areas of noncompliance**
All information must be included in the database or provided to the team on-site

No new information (e.g., policies/documents) may be provided after the team leaves the school.
Survey Report Development

The team will develop a draft report describing its findings related to compliance with each accreditation standard. The summary survey team findings will serve as the “executive summary” of the survey report.

The draft report will be reviewed sequentially by the LCME Secretariat and the dean before being finalized and sent to the LCME.
Careful Report Review is Critical

- The dean will review the draft report carefully.
- The dean will send feedback on any errors of fact in the report to the team secretary in a timely manner. **No new information may be provided.**
- If there is a disagreement with the process of the visit or tone of the report, the dean may send a letter to the LCME Secretariat to be shared with the LCME.
- The final report will become the formal record of the visit and will be used by the LCME to make its accreditation decision.
Possible LCME Actions Following a Full Survey Visit

- Continue full accreditation for an eight-year term with no additional follow-up
- Continue full accreditation for an eight-year term with one or more follow-up actions (written status reports, consultations)
- Continue accreditation with no fixed term pending the outcome of a follow-up visit
- Continue accreditation but place the program on warning
- Continue accreditation but place the program on probation
- Withdraw accreditation