Medical School Preparation for LCME Accreditation

Wayne State University
School of Medicine

STEERING/SUBCOMMITTEE MEETING

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Goals of the Session

• Provide a summary of steps in the accreditation process

• Describe commonly-cited standards and areas that are challenging for medical schools
Definition of Accreditation

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

For visits occurring in the 2014-2015 academic year, the relevant standards are included in the June 2013 edition of *Functions and Structure of a Medical School* (available on the LCME website under “Publications”).

The accreditation process includes self-assessment and peer review.
Self-Assessment

The self-assessment component includes:

• School collection of data related to accreditation standards
  - Data Collection Instrument (DCI)
    (Also known as “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

132 standards organized into 5 categories:

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

Compliance with each standard is required.
Timeline
Visit: March 8-11, 2015

Begin data collection (at least 15 months before visit)

Begin data analysis (10/12 months before visit)

Submit DCI and Self-study (3 months before visit)

Begin developing survey schedule (3 months before visit)
Consult with survey team secretary

Send data updates to team and Secretariat (1 month before visit)
Parts of the Data Collection Instrument

- 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 Graduation Questionnaire and a copy of the medical student independent analysis
- A set of appendix materials (policies, documents)
- An institutional self-study summary
Select a Base Year for Data

- Use a **single base year** for the DCI (the most recently completed academic year)
  - You will need to update information in a number of areas before the visit (e.g., finances, faculty)

- Contact the Secretariat AT ANY TIME (REALLY) with questions about how to complete the DCI. Contact should come from the faculty accreditation lead (i.e., self-study coordinator).
Preparing the DCI

- **Answer all questions** and provide **all the data requested**. Do not simply refer to documents (e.g., policies) in the Appendix.

- Read the standard and its annotation **carefully** (that is the information that the team and the LCME will be looking for).

- Avoid including excessive documentation.

- Check submission requirements at [https://www.lcme.org/survey-connect.htm](https://www.lcme.org/survey-connect.htm).
The “C’s” of DCI Preparation

• Complete but concise
  - Answer all questions; do not include information not pertinent to the standard
  - Tables can be modified to conform to your institution

• Coherent and correct
  - Make sure information is accurate and consistent across sections

• Clear
  - Write for the reader who does not know your institution (e.g., provide a glossary of acronyms)
Independent Student Analysis

- Data collected via a student-managed survey to all students
  - Participation by as many students as possible is important
- Student committee analyzes survey data and independently composes a student report regarding strengths and areas of concern at the school
- Dean’s office can offer support to students for logistics, incentives, and data analysis, but otherwise this is an independent student effort
Goals of the Self-study

- Self-study allows an institutional assessment of compliance with accreditation standards - Schools are expected to identify strengths and challenges/areas needing improvement
- 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]
Self-study Structure

- Committees are organized, typically around the five sections of F&S with an executive (steering) committee.

- Each committee reviews the relevant sections of the DCI and answers questions in the self-study guide that are linked to specific standards.
  - Overall outcome is a set of institutional strengths and problem areas/challenges.

- The steering committee creates a self-study summary document.
Peer Review

The peer review component consists of:

- Visit by an *ad hoc* survey team specifically 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 DCI and Self-study
- Fill in gaps in information
- Verify information and impressions from the DCI, Self-study, and Independent Student Analysis; address any inconsistencies
- Collect updated information

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.
Survey Team Composition

- Chair
- Secretary
- Members (2)
- 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/All Linked to Accreditation Standards

- **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 DCI or provided to the team on-site

No new information (e.g., policies/documents) may be provided after the team leaves the school even if that information/document existed at the time of the visit.
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 (and whoever the dean delegates) will review the draft report carefully.

- The dean will send feedback on any errors of fact or concerns about “tone” 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 accreditation for an eight-year term with no additional follow-up

• Continue 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 an action plan and report or follow-up visit

• Continue accreditation but place the program on “warning”

• Continue accreditation but place the program on probation

• Withdraw accreditation
Most Common Noncompliance Citations from Full Survey Reports (10/10 to 6/13)

IS-16 diversity
ED-30 timeliness of grades
ED-33 curriculum mgt
ED-2 required clinical experiences and monitoring
ER-9 affiliation agreements
ED-32 narrative feedback
MS-31-A learning environment

ED-24 resident preparation
MS-27-A Health care providers in student assessment
ED-31 Mid-course feedback
MS-24 student debt
ED-5-A active learning
ED-8 comparability across sites
ED-35 – review and revision of the curriculum
Secretariat Staff

Dan Hunt (Co-Secretary AAMC)
Donna Waechter (Ass’t Sec, AAMC)
Barbara Barzansky (Co-Secretary, AMA)
Robert Hash (Ass’t Sec, AMA)
LCME Documents

• All relevant LCME documents are on the LCME Web site: www.lcme.org (especially Survey Connect)

• Documents are updated regularly (so always check for the most recent version and/or the version linked to the year of your survey)

• “Connections” document links standard, annotation, self-study guide, and survey report guide