

**GUIDELINES FOR THE
CONDUCT OF LCME/CACMS
ACCREDITATION SURVEY VISITS**

LIAISON COMMITTEE ON MEDICAL EDUCATION

**COMMITTEE ON THE ACCREDITATION OF
CANADIAN MEDICAL SCHOOLS**

Guidelines for the Conduct of LCME/CACMS Accreditation Survey Visits

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GENERAL INFORMATION

INTRODUCTION

The Liaison Committee on Medical Education (LCME) accreditation process assures that medical education programs meet accepted national standards of structure, function, and performance. It assures society and the medical profession that graduates of LCME-accredited schools are appropriately prepared for the next stage of their professional training.

The LCME is recognized by the physician licensure boards of all U.S. states and territories and the Canadian provinces, and by the U.S. Department of Education, as the agency for accreditation of educational programs culminating in the Doctor of Medicine degree. The LCME is sponsored by the American Medical Association (AMA) Council on Medical Education and the Association of American Medical Colleges (AAMC). While the sponsors approve accreditation standards, the LCME has authority to make its own final decisions about the accreditation status of medical education programs. The LCME accredits Canadian medical schools in conjunction with the Committee on Accreditation of Canadian Medical Schools (CACMS).

THE LCME SECRETARIAT

There are LCME Secretariat offices in Chicago, Illinois and Washington, D.C. Primary responsibility for coordinating survey visits, hosting meetings, and representing the LCME alternates between these Secretariat offices.

LCME Secretary
Association of American Medical Colleges
2450 N Street, N.W.
Washington, D.C. 20037

LCME Secretary
American Medical Association
515 North State Street
Chicago, IL 60654

E-mail communications to the LCME should be sent to the LCME electronic mailbox at lcme@aamc.org; these inquiries will be forwarded to the appropriate Secretariat office for a response

Canadian schools also should notify:

CACMS Secretary
The Association of Faculties of Medicine of Canada
265 Carling Avenue, Suite 800
Ottawa, Ontario, Canada K1S 2E1

LCME and CACMS staff welcome the opportunity to respond to questions and comments. For the latest information on medical school accreditation, visit the LCME Web site at: **www.lcme.org**

PURPOSES OF THE SURVEY

Accreditation serves two purposes: 1) to determine if a medical education program is in substantial compliance with accreditation standards and 2) to promote programmatic improvement and renewal. The accreditation process is characterized by:

1. Self-analysis (the institutional self-study) by the program,
2. On-site review by a team of evaluators, and
3. Review of the survey team's written report by the LCME.

At the completion of the survey visit, the survey team provides an oral report to the institutional leadership on the program's strengths, items of partial or substantial noncompliance with accreditation standards, and transition issues, if any. The LCME (and the CACMS, if applicable) determines the status of accreditation for a medical education program and any requirements for follow-up reports or site visits on the basis of the survey team's written report and any related information.

COMPOSITION OF THE SURVEY TEAM

The principal LCME Secretary is responsible for appointing survey teams. The team for a full accreditation survey of a medical education program in the United States typically consists of five members drawn from a pool of experienced medical educators, practitioners, administrators, and professional members or staff of the LCME and CACMS. An LCME public or student member also may serve on the team. Occasionally, the survey team is joined by a representative of an appropriate regional accreditation agency or state department of education or an official of the U.S. Department of Education.

For full surveys of Canadian medical schools, the team composition is similar, with one team member being from the United States. The CACMS and LCME Secretaries are responsible for appointing team members from their respective countries.

For a limited survey, the team generally consists of three members.

For full surveys, an individual with extensive experience in the accreditation process is designated as chair and leads the team's on-site activities. The survey team secretary is responsible for developing the visit agenda, coordinating visit arrangements, and producing the survey report. Of the remaining members, one may be a "Faculty Fellow." The Faculty Fellow is a newcomer to the accreditation process who has been designated by his or her school to gain hands-on experience before the school begins its own self-study process in preparation for a future survey visit. A member of the LCME or its professional staff is typically present on each full survey team to assure consistency in the assessment process.

FULL SURVEY VISITS

The LCME Secretary establishes the survey dates, and sends pre-survey documents (including the medical education database and instructions for the self-study) to schools approximately 15 months before the visit. The school submits its completed medical education database, self-study summary report, and other materials to survey team members and the LCME/CACMS offices three months before the site visit.

Visit Structure. Full survey visits typically begin late on Sunday afternoon with a team caucus, followed by a meeting with the dean. During the visit, the team will meet with those persons or groups needed to obtain or verify necessary information, including faculty, students, administrators, and representatives of affiliated institutions and programs. Meetings with faculty members and students take place without the presence of institutional leaders, unless requested by the team. The team will successively develop and refine its list of summary findings, beginning at the arrival caucus and continuing during work sessions each evening and prior to the exit conferences.

Visits typically conclude on Wednesday afternoon after oral exit conferences with the dean and the university chief executive. Generally, the visitors meet privately with the dean at both the entrance and exit conferences. At the exit conferences with the dean and university executive (president, vice-president, chancellor, or provost), the team chair makes clear that the survey team's oral report is a preliminary statement of findings and perceptions and not a recommendation or decision on accreditation. The chair also notes that the oral exit report and survey reports are strictly confidential.

Team Chair. During the survey visit, the chair makes introductions and explains the purpose of the survey. He or she leads the discussions as the survey team works to develop its findings about the program's compliance with accreditation standards. The chair reports the team's findings and conclusions to institutional executives at the conclusion of the survey visit.

Team Secretary. In the two or three months before the visit, the team secretary finalizes the visit arrangements, including the survey visit schedule, and ensures that team members have their specific assignments for the visit and all necessary materials. The secretary handles oral and written communication with the school, other team members, and the two LCME Secretaries. All team contact with the school is through the team secretary. The secretary is responsible for completing the survey report from the written findings and evaluations prepared by survey team members.

Team Members. Survey team members, including the Faculty Fellow, prepare for their assigned areas by reviewing the database and self-study in depth. They contact the team secretary if they believe that pertinent information is missing or ambiguous. During the survey visit, team members are responsible for leading the discussion in the sessions devoted to their assigned areas. Team members are encouraged to bring portable computers to facilitate report preparation. It is expected that all team members will remain to participate in the exit conferences on the final day of the visit.

School Feedback. After the site visit, the school will have the opportunity to evaluate the survey team and the accreditation process. These evaluation data are sent to the office of the principal Secretary; they are not made available to the LCME as it makes its decision about the school's accreditation status. Information obtained from these evaluations is used for ongoing review, assessment, and improvement of the accreditation process.

Visit Expenses. Costs of LCME surveys and related administrative expenses, including reimbursement of survey visitors (excluding Faculty Fellows), are borne by the LCME via its sponsoring organizations. Survey team members receive reimbursement forms from one or the other sponsoring organization. Canadian survey visitors are reimbursed by the CACMS, except for the American team member who is reimbursed by either of the LCME sponsoring organizations. Schools being surveyed are not responsible for expenses related to the survey visit, with the exception of survey visits for preliminary or provisional accreditation. The expenses of Faculty Fellows are borne by their home institutions.

LIMITED SURVEY VISITS

Limited survey visits, usually involving three team members, are focused on specific issues and, therefore, are shorter in duration. Team members generally arrive on Sunday for a team caucus and entrance conference with the dean, as in a full survey visit. Limited survey visits typically conclude on Tuesday afternoon or Wednesday morning, depending on the number and breadth of areas to be reviewed, following exit conferences with the dean and the senior university official. In place of the medical education database and institutional self-study prepared for full surveys, a customized limited database is developed by the school based on instructions sent to the school by the LCME Secretariat about six to eight months before the visit. The school is expected to send the completed materials to limited survey team members and the LCME Secretariat offices at least a month prior to the visit. The limited visit will involve meetings with institutional administrators, faculty members, students, and representatives of affiliated institutions and programs, as needed, to address the issues being explored during the survey. The survey team report prepared following a limited survey is brief and focused, conveying the team's conclusions regarding compliance with accreditation standards and progress on areas in transition.

CONFIDENTIALITY OF SURVEY MATERIALS AND TEAM FINDINGS

Information about the school, whether contained in the pre-survey documents or obtained on site, is considered confidential and must not be disclosed to other parties. A confidentiality statement is included in the LCME Secretariat's mailing to team members; this statement must be signed and returned before the survey visit. Either at the end of the survey visit or after reviewing the report, survey team members should dispose of materials related to the survey in a way that assures confidentiality. Previous reports can be returned to the LCME Secretariat. Other documents or correspondence not needed for writing the survey report can be left with the school at the conclusion of the survey visit. After reviewing the survey report, team members should destroy any remaining documents (including the report) related to the accreditation survey.

The team's oral report of findings and perceptions also is confidential. There should be no public release by the team members or by the school of any of the findings. The dean and the university executive should wait until receipt of the survey report and the accompanying letter of accreditation from the LCME before making any public comments on the outcomes of the survey visit. The dean and university executive are provided with copies of the survey report for public disclosure, as they deem appropriate.

THE SURVEY REPORT

Timeline for completing the survey report. The following chart gives the important deadlines for completion of the survey report. Detailed explanations follow this chart.

7-10 days following survey	Survey team members submit their write-ups to the team secretary.
3-4 weeks following survey	Team secretary first sends the draft report to both LCME Secretaries (and the CACMS Secretary for Canadian surveys).
4-6 weeks following survey	Following the LCME Secretaries' review, team secretary then sends the draft report to each team member and to the dean of school for comment.
2 months following survey	Team secretary submits the team's survey report to AMA Secretariat office of the LCME.
At least 2 weeks prior to LCME meeting	LCME Secretary sends the team's report to LCME members for review prior to the next LCME meeting.
2 weeks following LCME meeting	LCME Secretariat notifies school of accreditation decision and includes a copy of the final survey report.
4-8 weeks following LCME meeting	LCME Secretariat notifies team members of accreditation decision.

Content and construction of the survey report. The report should be organized according to the *Survey Report Guide*, available on the LCME Web site [www.lcme.org/pubs.htm]. Appropriate references should be made to the institutional self-study and medical education database. The survey team's summary findings should be amply supported by documentation in the body of the report and the appendices.

Preparing the survey report. To assure prompt consideration of the medical education program's accreditation status, it is essential that the survey report be completed as quickly as possible. Survey team members should submit their sections to the team secretary within seven to ten days after the site visit, if not by the conclusion of the survey visit. The draft survey report should be completed within four to six weeks after the visit. The team secretary should send a copy of the draft report (including the appendices) simultaneously to both LCME offices (and to the CACMS Secretary for Canadian surveys). The LCME Secretariat will review the draft report and communicate with the team secretary about its organization, format, internal consistency, and thoroughness.

Upon receiving the comments of the LCME Secretariat, the team secretary makes any needed revisions and sends the revised report to the survey team members and to the medical school dean. The cover memo accompanying the report should request each recipient to review the report within seven to ten working days, returning the marked-up version and/or comments to the team secretary for revision. Survey team members should assure that the report accurately represents their findings and consensus assessments. The dean should be instructed to check the team's report for factual errors. If the dean disputes the tone, findings, or conclusions of the report, and if the disputed issues cannot be resolved with the team chair and secretary, the dean may write a letter to the LCME Secretariat for inclusion with the team's survey report on the LCME meeting agenda so that they are available to the LCME as it considers the school's accreditation status.

Finalizing the survey report. After final revisions by the team secretary based on feedback from survey team members and the dean, the team's report is sent to the LCME office assigned to print it. One-sided originals and an electronic copy of the narrative portion of the text should be provided. The survey team secretary should sign the report's cover memo to the LCME before submitting the report. A team's survey report must be received by the LCME Secretariat no later than two months after the survey visit to allow adequate time for printing and review by LCME members. The LCME Secretariat should be promptly notified if the team secretary anticipates any delays in providing the team's survey report.

Printing and distribution of the final report. The AMA office of the LCME Secretariat is responsible for printing the team survey reports. After the report is printed, it is distributed to each member of the LCME for review prior to the next scheduled meeting. File copies of the report are kept at both LCME offices.

NOTICE OF LCME AND CACMS ACTIONS

LCME meetings are held in October, February, and June; CACMS meetings are typically scheduled in that same time frame. When the Committees meet, they review the team's survey report (and any correspondence that has been submitted by the dean) and makes a decision about the accreditation status of the medical education program.

After the meeting, U.S. schools are notified of the LCME's action in a letter from the principal Secretary to the president of the university (or the equivalent chief executive of the academic institution), with a copy to the dean of the medical school. Canadian schools are notified in a joint letter from the LCME and CACMS Secretaries in a single, consolidated letter of accreditation. A copy of this letter of accreditation conveying the LCME decision is bound into the copy of the survey report. The accreditation status determined by the LCME is considered public information, but the LCME holds the survey report and the LCME's findings confidential. The surveyed institution is at liberty to make public the survey report and the details of the LCME decision, as it deems appropriate.

FEEDBACK TO SURVEY TEAM MEMBERS

Following notification to the school, the LCME Secretariat sends each member of the survey team a copy of the letter transmitting the accreditation decision. Any survey team member who wants to see the final survey report should contact the principal Secretariat office.

DOCUMENTS RELATED TO THE ACCREDITATION SURVEY

Approximately 15-24 months before the survey visit, the school receives print and electronic copies of the medical education database, instructions for its completion, and materials for assembling the print version. Schools are directed to review guidebooks on the LCME web site [www.lcme.org/pubs.htm], including the LCME standards document, *Functions and Structure of a Medical School*. Additional available information includes:

- **Rules of Procedure.** This document describes the LCME's organization and function, the survey process, accreditation decisions and reporting, development and revision of standards, complaint and appeal procedures, and other policies and procedures of the LCME.

- ***Survey Report Guide.*** This document describes the content and format of reports for full and limited surveys, including the specific topics that should be addressed in a full survey report. Each team member must refer to this document when writing sections of the survey report. Schools undergoing accreditation review may also find it helpful to review this document, since it includes the specific questions that team members are expected to answer in their evaluation of the medical education program.
- ***The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada.*** This document outlines the roles and responsibilities of students in the accreditation process, and it provides guidelines for topics to be covered in the student-prepared analysis of the medical school. The school should ensure that the student leaders entrusted with responsibility for managing the student analysis have access to this document.
- ***Guide to the Institutional Self-study.*** This guide is provided to medical schools as a tool for conducting an institutional self-study and compiling a summary report of self-study findings. This document frames issues for the leaders of the self-study groups and the individuals participating in the self-study subcommittees.

About three months prior to the survey visit, the school and survey team members receive a list of team members with names, titles, postal and e-mail addresses, and phone/fax numbers. All contact regarding the LCME accreditation survey should be coordinated through the team secretary or the principal LCME Secretary.

Survey team members also receive a copy of the prior survey report (and any limited survey reports, if applicable), copies of any progress reports submitted to the LCME or CACMS by the school since its last full accreditation survey, and are referred to the online *Functions and Structure of a Medical School* and *Rules of Procedure*. Also included are copies of all correspondence from the LCME and/or CACMS officially transmitting accreditation decisions subsequent to the last full accreditation survey. In the case of a limited survey, a copy of the letter to the school describing elements of the mini-database to be submitted prior to the survey will be appended.

The medical school dean's office should send a copy of the completed medical education database and institutional self-study summary report (in both electronic [CD] and hard copy) to each member of the survey team and to both LCME Secretariat offices (and to the CACMS Secretary, if applicable) three months before the survey visit. The school also should provide team members with a school bulletin or catalog, a campus map, and information about lodging and ground transportation during the site visit

PLEASE NOTE: If a member of the LCME Secretariat staff is assigned as the survey team secretary, the school must send two complete sets to that address (one for use by the team secretary during the survey, and the other for the LCME permanent files.)

SUGGESTED SCHEDULE FOR A FULL ACCREDITATION SURVEY

The following prototype schedule serves as a guide to the topics customarily reviewed during a full accreditation survey. Team secretaries should feel free to modify the prototype schedule, as necessary, to accommodate the distinctive characteristics of the school being visited, being mindful of the need to assess compliance with all accreditation standards during the visit. Sessions may be expanded, shortened, or altered, where appropriate, to assure that all topics to be addressed in the survey report are reviewed. When necessary, the team should divide into two groups to provide sufficient coverage of all issues. Any schedule revisions that would result in the conclusion of a survey visit later than Wednesday afternoon should be cleared with the principal LCME Secretary and communicated to the school so that appropriate lodging arrangements can be made.

The school, in consultation with the team secretary, should select the most relevant individuals to participate in each session. The number of participants in any session should be limited to those who are most directly involved or knowledgeable about the topic at hand.

TEMPLATE: SITE VISIT FOR FULL ACCREDITATION SURVEYS¹

Accreditation Survey Visit to (School Name) by *ad hoc* Team Representing the Liaison Committee on Medical Education, (Visit Date)

Ad hoc survey team representing the LCME:

John Brown, M.D., Chair Dean, Francis Key Medical School Baltimore, M.D.	Internal Medicine
Samuel Smith, Ph.D., Secretary Associate Dean for Curriculum Robert E. Lee Medical School Arlington, VA	Microbiology
Jane Jones, M.D., Member Associate Dean for Student Affairs Alexander Hamilton School of Medicine Trenton, NJ	Pediatrics
Daniel Green, Ph.D., Member Vice Dean University of Idaho School of Medicine Boise, ID	Anatomy
Irene Booth, M.D., Faculty Fellow Assistant Dean for Basic Sciences Mt. Sinai Medical School City College of Pittsburgh, PA	Pathology

Sunday: Background, Governance, Administration and Overview

¹ The team secretary, in collaboration with the visit coordinator, can adjust the topics and time allotted for individual sessions, as well as the necessity for team splitting, in order to accommodate the distinctive characteristics of the school being visited.

5:00 pm Team caucus

6:00 Dean's perspective: Accomplishments, goals, challenges

Discussion items include:

- Strengths and weaknesses of the school; changes since last LCME survey, if appropriate; major current issues
- School's goals and directions; principal findings of institutional self-study
- Organizational relationships of college with university and teaching hospital(s); organization of dean's staff; interaction of dean with college's governance organization, councils, committees and academic departments
- Financial status and projections
- Research programs and funding
- Status of facilities for education, research, and patient care
- Faculty development: appointment tracks, promotion, tenure

Monday: Educational Program

7:45 am Team is collected at hotel (time tentative based on distance to school)

8:30 Educational program design, implementation, management, and evaluation

Discussion of the following topics:

- Educational objectives, outcome measures, and how they are integrated throughout the curriculum
- General design of the curriculum; coverage of disciplines and subject areas required by accreditation standards
- Appropriateness of instructional methods and student evaluation strategies for the achievement of the school's objectives
- Resident preparation for teaching and evaluating students
- System for implementation and management of the curriculum; adequacy of resources and authority for the educational program and its management
- Methods for evaluating the effectiveness of the educational program and evidence of success in achieving objectives; comparability of educational experiences at all sites

10:30 Break

10:45 Library and information services

Role of the library and information services in the educational program; adequacy of resources and services for the achievement of institutional goals

11:15 Tour of educational and support facilities (led by student guides)

Inspection of lecture halls, small group classrooms, labs, and study areas used for pre-clerkship education of medical students. Visit to library and computer learning facilities. If time allows, team may also review clinical skills labs, student lounge and relaxation areas, or student services offices. The team may be divided or tour as a group.

Noon Lunch with pre-clerkship students

Discussion of student life; personal, academic, career, and financial counseling, financial aid; health services; infection control education and counseling; the learning environment and student mistreatment policies; student perspective of the curriculum, teaching, and evaluation/grading; students' role and perceived value of student input in institutional planning, implementation, evaluation

1:30pm² Required Courses and Clerkships

Discussion of notable achievements and ongoing challenges in individual courses and clerkships; contributions of individual courses and clerkships in achieving institutional educational objectives; adequacy of resources for education, including availability of faculty to participate in teaching; preparation of residents and graduate students for their roles in medical student teaching and evaluation

1:30 (Split team): First-year Courses (Team A) and Second-year Courses (Team B)

(NOTE: Each team member's writing assignments should be considered when scheduling appointments for the split team, to ensure that a team member is present for discussions that apply to his/her assigned topic areas.)

2:30 (Split team): Complete First-year Courses (Team A) and Second-year Courses (Team B)

3:30 Break

3:45 (Split team) Required Clerkships

Tuesday: Students, Educational Resources, Finances, Departments

7:45 am Team is collected at hotel

8:30 (Split team) Group A: Academic counseling & learning environment (including student promotion and dismissal policies and due process issues)

Effectiveness of academic counseling; policies and procedures for student advancement and graduation and for disciplinary actions; review standards of conduct and policies for addressing student mistreatment

Group B: Career counseling; Electives; Fourth-year courses

Career guidance strategies; advanced and subspecialty clerkships and electives for rounding out clinical education of medical students

9:15 (Split team) Group A: Admissions; financial aid & debt management counseling and services

² All Monday afternoon sessions are reserved for review of required courses and clerkships. The team secretary has full discretion to determine if that review should be organized by academic year or some other organizing principle, and whether the team needs to split to cover all of the required course and clerkship offerings.

Discussion of admissions process, selection criteria, quality of applicant pool and matriculants; policies and goals for diversity; financial aid services and debt counseling;

Group B: Personal counseling; health services

Review of student health services; health and disability insurance; personal counseling and mental health services; immunizations and policies regarding exposure to infectious diseases and environmental hazards

10:15 Break

10:30 Special programs; MD/PhD and joint degree programs; research for medical students or educational innovations³

Discussion of special educational opportunities; MD/PhD and other joint degrees, research opportunities

11:00 Hospital tour⁴ (led by student guides)

Inspection of clinical, educational, and student support facilities

Noon⁵ Lunch with junior and senior students

Discussion of student life; personal, academic, career and financial counseling; financial aid; health services; infection control education and counseling; the learning environment and student mistreatment policies; student perspective of the curriculum, teaching, and evaluation/grading; students' role and perceived value of student input in institutional planning, implementation, evaluation

1:30 pm Finances⁶

Adequacy of finances for the achievement of the school's missions; recent financial trends and projections for various revenue sources; financial health of and market conditions for the clinical enterprise

2:15 Resources for clinical education

Meeting with the leadership of major clinical education facilities, focused on the adequacy of resources for medical student education (e.g., physical facilities, patient numbers and variety, regulatory or compliance constraints, etc.). The team may split to allow for individual meetings or the team may meet with all affiliates as a group.

³ This session may be used to cover special educational opportunities (e.g., community service programs, rural health education programs, etc.) or educational topics or strategies of which the school is particularly proud

⁴ Team members should NOT review student write-ups of patients or patient charts during the hospital tour. The tour should focus on the areas of student learning and support (conference rooms, library, on-call rooms, etc.).

⁵ If a visit to a geographically remote site is needed, half of the team should use the Tuesday afternoon block for that purpose, while the remaining half reviews departments and institutional finances.

⁶ If the major teaching hospital is owned by the school/university, finances and clinical affiliates may be combined.

3:00 Break

3:15 Basic science departments

Successes and ongoing challenges in administrative functioning of departments; adequacy of resources for all missions (research, scholarship, teaching); departmental support for faculty and graduate programs; balancing of research and other academic demands on faculty

4:15 Clinical departments⁷

Successes and ongoing challenges in administrative functioning of departments; adequacy of resources for all missions (clinical, research, scholarship, teaching); departmental support for faculty and residents; balancing of clinical and academic demands on faculty

Wednesday: Faculty, Academic Environment, Exit Conferences

7:30 am Team is collected at hotel

8:00 Light breakfast with junior faculty

Discussion of faculty development and mentoring; positioning for promotion and tenure; teaching and evaluation skills; perceptions of curriculum and students; understanding of institutional goals; role in faculty governance; faculty life

9:00 Institutional faculty issues (Tenure and promotion, faculty governance, faculty development, etc.)

Discussion of faculty appointment, promotion, and tenure policies; faculty development opportunities; effectiveness of faculty governance; faculty compensation and incentives; opportunities for collegial interaction among faculty

10:00 Break

10:15 Graduate program in basic sciences; basic science and clinical research

Discussion of funding, quality, and review of graduate training programs in basic sciences; levels of scholarly productivity and health of the research enterprise

11:00 Team Caucus and Lunch (Private Session)

1:00 pm Exit Conference with Dean

1:45 Exit Conference with University Leadership and the Dean

⁷ The team secretary and chair and the school should determine if it is necessary to meet all of the clinical department chairs, or only those whose departments offer the major required clerkships. In the former case, the team may need to split to provide adequate coverage.

Additional notes on the prototype visit schedule:

- a. Because of the limited time available for the initial team caucus on Sunday evening, team members may be asked to submit their preliminary assessments of strengths and potential problems to the secretary in advance of their arrival. The secretary can then assemble a preliminary list of findings for discussion during the initial caucus.
 - b. If a visit to one or more geographically remote sites is required, the meeting to discuss finances should be conducted late in the morning on Tuesday (where the hospital tour is indicated in the schedule). The team can then divide to visit the remote campus before or after lunch with third-year and fourth-year students.
 - c. If the visit takes place very early in the academic year, it may be more sensible in the Monday lunch meeting to substitute two or three third-year students for a corresponding number of first-year students, since the latter group will have had very limited exposure to the school, its educational program, and most student services. For similar reasons, two or three residents who are recent graduates of the school can be included in the Tuesday lunch.
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SUGGESTED SCHEDULE FOR A LIMITED ACCREDITATION SURVEY

The Sunday meetings preceding the first full day of a limited visit should be structured in a format similar to that of a full survey – team caucus and entrance conference with the dean, with a team dinner after the meeting with the dean. The organization of each day during the visit will depend on the issues to be addressed. The team secretary should work closely with the school coordinator to determine the content of individual sessions and the participants in each session. The survey visit will conclude in the same manner as a full survey visit, at consecutive exit conferences with the dean and the university executive.

EXPENDITURE REPORT PROCESSING

Survey team chairs, secretaries, and members will be reimbursed for all reasonable out-of-pocket expenses incurred during the trip, in accordance with LCME or CACMS travel policies (see below). The two LCME offices divide responsibility for expense reimbursement. When survey team members receive their mailing from the LCME Secretariat three months prior to the survey, the cover letter will indicate which sponsoring organization (AAMC or AMA) will reimburse expenses for that particular visit, and the appropriate reimbursement form will be included as an enclosure. Any questions regarding reimbursable expenses should be directed to the LCME office responsible for the reimbursement. Canadian surveyors are reimbursed by the CACMS.

All participants are expected to arrange their own (coach) air travel. In order to obtain the most economical fare, reservations should be made well in advance of the visit. If a discount fare requires staying over an extra night, the LCME will reimburse the participant for the additional hotel and meal expenditures, if the savings warrant. The school should reserve hotel accommodations for survey team members, but the team members are responsible for all hotel charges. Team members should use a credit card for hotel and food expenses, and obtain receipts for cab fares or any other applicable expense incurred. Team members must pay their hotel bill upon check-out, as the medical school is not allowed to pay these expenses for the team.

Hotel and travel expenses for Faculty Fellows and observers are the responsibility of their own institutions or agencies and will not be reimbursed by the AAMC, AMA, or CACMS.

LCME TRAVEL REIMBURSEMENT POLICY

In order to quickly process reimbursement, original receipts must be provided, particularly for hotel charges and airfare.

General

The LCME travel/reimbursement policy conforms to the policies of its AAMC and AMA sponsors. The general policy of both sponsors is that arrangements should provide the most economical combination of expense, time, and convenience. The LCME expects its representatives to travel in reasonable comfort and assumes that good judgment will be exercised in distinguishing between comfort and extravagance.

While it is understood that strict adherence to these regulations will not always be possible, significant departures from the regulations must be justified and approved by the principal LCME Secretary before travel reimbursement are made.

Reimbursable Travel Expenses

Travelers on LCME business may be reimbursed for all actual travel expenses that are reasonable and necessary. Claims for reimbursement of travel expense should be submitted as soon as possible after the completion of the travel on the form provided by the LCME Secretariat.

Air and train travel. Air and train travel must be by coach or economy class transportation, whenever available. If this class of transportation is not available, notation to this effect must be made on the copy of the ticket.

Reimbursement for air and train travel cannot be made unless the original ticket stub accompanies the claim for reimbursement. If electronic tickets were used, stamped boarding passes and the flight itinerary should be submitted in place of a ticket stub. Tickets issued using free mileage coupons cannot be reimbursed.

Travel by private car. Travel by personal car is authorized when this mode of travel is preferred by the traveler and is less expensive than air or train fare. Reimbursement will be at the rate determined by the AMA or the AAMC, not to exceed the cost of economy airfare between the points traveled.

Rental cars. The use of a rental car is discouraged, and its use should be limited to those circumstances which make other transportation modes impractical or unsatisfactory. The LCME Secretariat office should be consulted prior to making arrangements for a rental car.

Taxi cabs. Taxi cabs should generally be used for relatively short distances. For transportation to and from airports, if airport limousine or bus is available and convenient, it should be used in lieu of a taxi. Charges should be described on the expense reimbursement form.

Hotel accommodations. The dean's staff of the school being surveyed should make hotel reservations for survey team members, including a suite for the chair or a conference room for team use (whichever is less expensive), guaranteed for late arrival. Each surveyor is expected to pay his or her hotel bill upon departure. **The school being surveyed cannot pay for the surveyors' hotel costs.** The school should

check with the principal LCME Secretariat office if there any questions regarding reasonable room rates, especially in expensive cities.

Restaurant expenses. Restaurant expenses are fully reimbursable, as long as reasonable judgment is exercised about costs. In general, it should be rare for dinner expenses, including beverages, to exceed \$100 per person.

Telephone, e-mail, and faxing. Reimbursement for telephone charges and electronic communication is appropriate for the conduct of business activities. Whenever possible, advantage should be taken of the reduced rates available at certain hours.

Tipping. Appropriate tips (e.g., for waiters, taxis, housekeeping services) are an allowable expense.

Non-reimbursable expenses. The following personal charges are not reimbursable:

- a. Laundry and valet services
- b. Travel insurance
- c. Exercise facilities
- d. Entertainment (i.e., hotel in-room movies)

Prorating expenses. If the traveler combines business for another organization with travel for the LCME, expenses should be prorated between the organizations. Photocopies of receipts are acceptable in this case. Submitted documentation should include a brief note stating that the expenses were shared with another trip.

Required Receipts. Requests for reimbursement must be accompanied by the following original receipts:

- The ticket stub for all commercial transportation, or stamped boarding passes and itinerary when electronic tickets are used.
- Hotel charges.
- Car rental charges.
- Any other expenditure of \$25 or more, including taxi fares.

SCHOOL RESPONSIBILITIES

Please read the General Information section for important information.

Survey Visit Coordinator

When the school receives pre-survey materials from the LCME about 15 months prior to the date of the site visit, the dean should select a person to serve as “survey visit coordinator” to handle the logistics of the survey visit. The survey visit coordinator need not be the coordinator of the school’s self-study process (the “self-study coordinator”), although the two roles can be combined. The survey visit coordinator designated by the school will serve as the liaison with the survey team secretary about scheduling and visit arrangements.

Survey Team Membership

A list of survey team members, with titles and contact information, will be sent to the dean at least three months prior to the survey visit. The dean should contact the LCME Secretary promptly if any team member is deemed to be inappropriate due to conflict of interest or other valid reasons.

Hotel Arrangements

The dean's office should make hotel reservations for each member of the survey team, obtaining an institutional or educational discount, if available. The school should instruct the hotel to guarantee the rooms for late arrival and to send a reservation confirmation directly to each team member. **The hotel also should be notified that team members will be paying their own bills.** Each team member will need a single room, with either a suite for the chair or a conference room for the team to work in during the evenings of the visit (Sunday, Monday, and Tuesday).

The team will arrive during the day on Sunday, staying three nights for a full survey and two or three nights for a limited survey. The team should use a quality, full-service hotel, preferably near the campus and convenient to restaurants, taxi service, etc. The hotel should be of appropriate quality, but not extravagant in cost.

Ground Transportation

LCME survey visitors will make their own travel arrangements. Instructions about transportation options from airport to hotel should be provided. In cases where the airport is a substantial distance from the medical school or where taxicabs are not readily available at the airport, it may be necessary for the dean's office to arrange ground transportation between the airport and hotel. If so, these arrangements should be coordinated with the survey team secretary.

The dean’s office should decide how to transport team members between their hotel and the medical school and to any distributed education sites (e.g., affiliated hospitals, branch campuses) they will visit. The survey team secretary and survey visit coordinator should determine where and when the team will be picked up or met at the hotel, and this information should be included in the survey visit schedule.

Meals

The school should provide appropriate meals (i.e., continental breakfast, lunch) and snacks during the time the survey team is at the school. Providing these meals ensures the efficient use of time during the survey visit by permitting survey team members to leave the hotel each morning without taking time for breakfast and to remain at the school during the lunch period. The costs of other meals (i.e., dinners) are the responsibility of the survey team.

The Team's "Home Room" at the School

The team will need a "home room" at the school equipped with a computer and printer compatible with the operating system used by the team secretary, or access to this equipment in an adjacent area. The home room should have a large conference table and be close to the dean's office, so that staff can control access and adjust the schedule, as needed. The dean's office should provide any additional material the team may need in the home room, including copies of self-study subcommittee reports and any other documents requested by the team, such as course evaluations, syllabi, etc.

It is helpful to provide tent cards for each team member and for those with whom they will meet, to assist with introductions as they converse around the conference table. Survey team members should also have name tags that clip on or hang from a neck chain.

Gifts to Survey Team Members

The school should not provide gifts to team members (e.g., food baskets at the hotel, school memorabilia).

Completion and Mailing of Pre-Survey Materials

About three months prior to the site visit, the dean's office should send a copy of (a) the medical education database, (b) the summary report of the institutional self-study task force, and (c) copies of all bulletins and catalogs **to each team member and to both LCME Secretariat offices:**

Barbara Barzansky, Ph.D., M.H.P.E.
LCME Secretary, 2009-2010
American Medical Association
515 North State Street
Chicago, IL 60654

Dan Hunt, M.D. M.B.A.
LCME Secretary, 2010-2011
Association of American Medical Colleges
2450 N Street, NW
Washington, DC 20037

Canadian schools also should send a copy of these materials to:

Nick Busing, M.D.
CACMS Secretary
Association of Faculties of Medicine of Canada
265 Carling Avenue, Suite 800
Ottawa, Ontario, Canada K1S 2E1

Please note that electronic copies of the above should be provided on CD as well.

At this time, the school also should provide the survey team secretary with the name and contact information for the survey visit coordinator. The survey visit coordinator is the main point of contact between the school and the members of the survey team.

Both the survey team members and the LCME Secretariat will review the database and self-study summary as soon as practical after receipt, to ensure that the materials are complete and up-to-date. If any updating is required prior to the site visit, the principal LCME Secretary or the team secretary will communicate the details to the visit coordinator; updated materials can usually be sent to the team and the LCME Secretaries in a single mailing with the finalized visit schedule.

Maps

Along with the database, self-study report, and school bulletin or catalog, the dean's office should mail to the team members and LCME Secretaries a map of the city or state marked with the location of the medical school and principal teaching hospitals, and a campus guide.

Student Involvement

A well-conducted student survey, with high response rate, provides important information for the deliberations of the survey team (see *Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada*, found on the LCME Web site at: www.lcme.org). All full survey teams and almost all limited survey teams meet with students. Students should be selected and briefed well in advance of the survey so they may provide truly representative student input. The survey team will seek student opinions about a variety of topics, including the quality and adequacy of the educational program, student academic and personal counseling, health services, financial aid, and the role of students in institutional policy-making and feedback. Students should serve as guides in the visits to the library, classrooms, laboratories, learning centers, and clinical facilities.

The Visit Schedule

Shortly after receiving the database and self-study, the survey team secretary will contact the survey visit coordinator about the schedule, planned along the lines of the example in this document, but customized for the characteristics of the institution. Some team secretaries prefer that the school develop the preliminary schedule, while others will choose to do so themselves.

The schedule should be finalized with the survey team secretary three weeks before the team arrives, so that a copy can be sent in advance to each member. The starting time of the visit and the concluding conference with the university chief executive (president, provost, or chancellor) should be scheduled as soon as possible so that survey team members are able to plan their travel itineraries. When the schedule is finalized, the school should send a copy to each member of the survey team.

The administrators of affiliated clinical facilities should be advised that surveyors may be visiting patient care units. The team will not be meeting with the directors of facilities during the tours, unless the team secretary agrees to such meetings as part of the visit schedule. Student guides will conduct the tours. Please note that survey teams will not view or inspect patient records while touring clinical facilities.

Entrance Conference

The survey team secretary should contact the dean before the visit to review the team's expectations and needs for the entrance conference, and to decide if any other parties will accompany the dean.

Exit Conference/Survey Report

Before departing, the survey team chair will give the dean and the university chief executive (president, provost, chancellor) an oral report of summary findings that will be incorporated into the written survey report to the LCME (and for Canadian schools, the CACMS). Within four to six weeks, a report will be sent to the LCME Secretariat, to survey team members, and to the dean. The dean will be asked to correct errors of fact and to convey the school's response, in writing (even if there are no corrections), to the team secretary. Any disagreement with the tone or conclusions of the report should be discussed with the survey team secretary, who will inform the team chair of the issues and report back to the dean on the outcome. If any items in the survey report remain in contention after informal discussions with the survey team secretary and chair, the dean may submit written comment directly to the LCME Secretariat for inclusion on the LCME meeting agenda with the survey team's report.

The report does not necessarily represent the final report from the LCME/CACMS. The final report will be transmitted subsequent to action by the LCME/CACMS. The report must be held in confidence and not released to anyone unless authorized by the principal LCME Secretary. The dean and university chief executive (president, provost, or chancellor) should wait until receipt of the survey report and the accompanying letter of accreditation from the LCME before making any public comments on the survey visit. The dean and university executive are provided with copies of the survey report for public disclosure, as they deem appropriate.

Survey Visit Evaluation

After the survey visit has concluded, the dean should obtain feedback from school representatives about the visit and, if desired, about the accreditation process itself. An evaluation form for that purpose is sent to the dean at the time the survey visit takes place. Completed evaluation forms should be returned to the LCME's electronic mailbox (lcme@aamc.org). The evaluation data are not made available to the LCME as it makes its decision about the school's accreditation status.

DUTIES OF THE SURVEY TEAM CHAIR

Please read the General Information section for additional information.

The Role of the Survey Team Chair

The chair should consult with the survey team secretary prior to the survey visit about the organization of the visit and development of the visit schedule. The chair serves as the leader of the survey team's activities on site and speaks for the team during the survey visit. The chair should see that the team paces its work, consolidating its observations and findings at the end of each day so that the identification of strengths and problems is refined each evening. The chair should ensure that individual team members are introduced at meetings with various groups and that the purpose and focus of the accreditation visit are stated briefly.

The chair gives the dean and university executive the final oral report summarizing the team's findings and perceptions. The chair's exit report should contain all summary findings (strengths, noncompliance issues, and items of transition) to be embodied in the written report prepared by the survey team secretary. No written information is presented to the school at the time of the exit interview. The dean and university executive should be advised that the survey team's findings are subject to possible modification in the completed survey report and LCME/CACMS action, and that the findings should be kept confidential until they are finalized by the LCME/CACMS.

Review of Pre-Survey Materials

The survey team chair should, as soon as possible, review the school's database and self-study summary report. Any potential strengths, noncompliance issues, or transition areas should be communicated to the survey team secretary before the survey visit begins so that they can be compiled into a preliminary set of summary findings to be discussed at the initial team caucus. The chair should also note any areas in which additional information is needed and should communicate this information to the team secretary.

The Survey Visit Schedule

The survey team chair should review the draft schedule with the team secretary to assure that all relevant issues reflected in the database and self-study summary report are appropriately explored on site. In the event that the survey team is divided, the chair should lead one group and the secretary the other.

The Survey Report

As with other team members, the survey team chair is responsible for writing sections of the survey report. Report sections should address the questions posed in the *Survey Report Guide*, available from the LCME Web site. The team chair should closely review the completed survey report to confirm that summary findings are sufficiently documented and supported in the report narrative and appendices.

If the school's dean objects to the tone or conclusions of the report, the survey team secretary should review the objections with the team chair. The secretary may then communicate the outcome of that discussion to the dean and/or the LCME Secretariat, as needed.

DUTIES OF THE SURVEY TEAM SECRETARY

Please read the General Information section for additional information.

Pre-Survey Materials

The medical education program will send a copy of the database and the summary report of the self-study task force directly to each survey team member about three months prior to the survey visit. The survey team secretary should review the database for completeness and currency; if important omissions are discovered, the team secretary should ask the school's visit coordinator to supply the missing materials. The LCME Secretariat will also screen databases and self-study reports for general completeness and currency, but will not review these materials in detail.

The survey team secretary should be familiar with the major findings of the self-study report and students' opinion of the school, its programs, and its services. Reference to the previous survey report and accreditation history and study of the current materials will allow the team secretary to adjust the schedule to focus attention on important issues.

Visit Logistics

Survey visit coordinator. Immediately after receipt of the pre-survey material, the survey team secretary should contact the school's survey visit coordinator to discuss the visit logistics. The dean should have designated a staff member to be the contact person (survey visit coordinator) regarding arrangements for the visit, and the survey team secretary should obtain this person's direct telephone and fax numbers and e-mail address.

Survey schedule. The survey team secretary should work with the survey visit coordinator to develop a draft schedule soon after reviewing the database and self-study summary report. Early study of the pre-survey materials will assist in modifying the sample schedule outlined in the "Suggested Schedule for an LCME Accreditation Survey" presented in this document. Schools with geographically remote campuses may require a longer visit than the sample schedule indicates; in this event, the team secretary should contact the principal LCME Secretary to see if the length of the visit should be extended. The survey team secretary should review the draft schedule with the team chair, who may wish to propose changes to reflect appropriate emphases during the survey visit. Once the final schedule has been established, the team secretary should ask the survey visit coordinator to distribute copies of the schedule to all survey team members.

Hotel reservations. The survey team secretary should confirm that the dean's office has booked a hotel reservation for each member of the team, with reservations guaranteed for late arrival. A suite for the chair (or a conference room) should have been reserved, as well, for daily team meetings. The hotel should have been instructed to send reservation confirmations directly to each survey team member. Any questions or concerns about the appropriateness of lodging costs should be conveyed to the principal LCME Secretary for resolution early in the planning for the survey visit.

Ground transportation. The school's survey visit coordinator will arrange for the survey team's transportation during the survey, including transportation between the hotel and the campus each day. The survey team secretary should ask team members for their travel itineraries. After reviewing the surveyors' travel arrangements, it may be possible to arrange for group transportation to or from the airport.

Contacting Survey Team Members

Logistics. The survey team secretary should contact the members of the survey team soon after receiving the database and other materials to inform them about arrival and departure times, writing assignments, and any other preparations required for the survey visit. The team secretary should assure that members have received their hotel confirmations. It is helpful to know the planned arrival time of all team members.

The team secretary should furnish his or her telephone number and e-mail address to the team members, and communicate any special travel instructions or unusual arrangements necessary for reaching the hotel. The team secretary should also coordinate the activities of any observer(s).

Writing Assignments. The survey team secretary should examine the pre-survey materials and divide up the items to be written in the survey report among the team members, asking each to concentrate on specified areas and to write a concise section on each topic for inclusion in the team's survey report. Survey team members also should be responsible for leading the discussion of their assigned content areas during meetings with school representatives.

It sometimes will be necessary to divide the team into two groups in order to cover more subject areas. Each group should be led either by the survey team chair or secretary. Team writing assignments should take into account the splits in team meetings to ensure that a survey team member is not assigned any topics for which he or she will not be present.

Preliminary Findings. The survey team secretary should ask each team member to identify any potential strengths, areas of partial or substantial noncompliance, and transition items for his or her assigned topics. Such preliminary findings should be communicated to the team secretary at least a week in advance of the survey visit to allow the secretary to assemble an initial list of summary findings for discussion during the initial team caucus on Sunday evening.

Contacting the LCME Secretariat

The survey team secretary may want to call the principal LCME Secretariat before the survey visit to confer on the status of the database and the self-study report, the visit arrangements, or the role of an observer from a regional accrediting agency or state education department (if applicable). Any problems arising during the survey visit that cannot be resolved by the survey team chair and secretary should be communicated immediately to the principal LCME Secretary.

Work with Faculty Fellows and Inexperienced Team Members

Full survey teams usually include an LCME Faculty Fellow or others who may be new to the role of survey team member. The survey team secretary should contact such members prior to the survey visit to provide a briefing about expectations and assignments. Inexperienced members should be informed about relevant materials to bring along to the survey visit. As with regular survey team members, Faculty Fellows should be given responsibility for writing sections of the survey report. During the survey visit, the team secretary should provide mentoring and constructive feedback to the Fellow. After the conclusion of the survey visit, the team secretary should provide feedback to LCME Secretariat staff on the Fellow's performance.

Conduct of the Survey

Team caucus/entrance conference. The survey team should assemble before meeting the dean on the first evening of the visit to make any adjustments in the schedule, confirm responsibilities and review ground rules, and prioritize areas needing particular attention over the course of the visit (e.g., potential areas of noncompliance with accreditation standards or common questions to be asked for all required clerkships). At this initial caucus, the survey team should review the preliminary findings developed by team members based on the review of pre-survey materials.

Collecting Information. The survey team secretary should inform team members of the timetable for preparing their sections of the survey report. Members should write the narratives for their assigned areas while on site or submit them within seven to ten days of the survey visit. The team secretary should bring a copy of the *Survey Report Guide* (available on the LCME Web site) to the survey visit.

The most immediate priority of the survey visit is the development of the list of institutional strengths, noncompliance issues, and transition items to be presented by the survey team chair at the exit conferences with the dean and university executive. The preferred practice is for the survey team to successively develop and refine its summary findings, beginning with the arrival caucus and continuing at work sessions each evening after returning from the school and before dining.

The Survey Report and Deadlines

A table showing the timetable for completing the survey report can be found in the General Information section of this document. Survey team members should submit their assigned write-ups to the team secretary no later than 7-10 days following the completion of the survey visit.

The survey team secretary should send the draft report and accompanying appendices to both LCME Secretariat Offices (and the CACMS Secretary, if applicable) within three to four weeks after the survey visit. After receiving comments from the LCME Secretariat and making needed changes, the team secretary should send the draft report to team members and to the medical school dean within four to six weeks after the survey visit. The dean should be instructed to send written comments to the team secretary, even if there are no suggested changes to the draft report. In each case, comments on and suggested corrections to the draft report should be returned to the team secretary within ten days after receipt.

If feedback from survey team members requires any changes in the report findings, tone, or content that the dean has not had an opportunity to review, the survey team secretary should contact the dean or send revised pages for decanal review before completing the team's report. If the dean objects to the tone or conclusions of the draft report, the team secretary should review the issues with the team chair and communicate the outcome to the dean or, if necessary, the LCME Secretariat. The dean should be informed electronically or in writing if any of the factual corrections were not incorporated in the report. The dean should also be informed electronically or in writing regarding the disposition of any objections to the tone or conclusions of the survey report after they have been discussed with the team chair.

The survey team secretary should send a clean copy of the team's completed report, in one-sided printed format, to the AMA Secretariat office of the LCME for printing. An electronic copy of the team's report should be sent to both LCME Secretaries. The team secretary should send the principal LCME Secretary a copy of the dean's response to the draft report, and include any communications from the team secretary in response to the dean's comments.

DUTIES OF SURVEY TEAM MEMBERS

Please read the General Information section for additional information.

Logistics and Schedule

The survey team secretary will provide information to team members about the arrangements, visit schedule, and writing assignments. Team members should arrive in time for the team caucus and entrance conference with the dean, and they should remain through the exit conference with the dean and university executive on the last day of the survey visit. For full surveys, the team usually arrives on a Sunday afternoon and holds exit conferences on Wednesday afternoon.

Review of Pre-Survey Materials

All survey team members should review the school's database and self-study summary report, as soon as possible, in the areas for which each is responsible. Any potential strengths, noncompliance issues, or transition areas should be communicated to the survey team secretary before the survey visit begins so that they can be compiled into a preliminary set of summary findings to be discussed at the initial team caucus. If there are any notable omissions or inconsistencies in the database or self-study report, the team member should inform the team secretary about them so that the team secretary can request additional information from the school. **Team members should not communicate directly with the school for any reason.**

Main Responsibilities

Survey team members are expected to evaluate the educational program and the resources supporting it, leading to an assessment of the level of compliance with LCME's standards set out in the *Functions and Structure of a Medical School* document. The team members:

- Review the medical education database and self-study report provided by the medical education program, noting deficiencies or ambiguities in the information and forming preliminary judgments about institutional strengths and possible noncompliance or transition issues.
- Collect and record additional data and impressions during the visit.
- Contribute to development of the list of institutional strengths, areas of partial or substantial noncompliance with accreditation standards, and areas in transition. These findings are presented orally by the survey team chair to the dean and university chief executive at the end of the survey visit.
- Provide to the team secretary the assigned written sections of the survey report, either at the conclusion of the survey visit or within seven to ten days thereafter. The *Survey Report Guide* (available on the LCME Web site) should be used as a template for evaluation and reporting.
- Review and correct the draft survey report prepared by the team secretary as expeditiously as possible so that the team's completed report can be formatted and forwarded to LCME members.

DUTIES OF THE FACULTY FELLOW

Please read the General Information and Duties of Survey Team Members sections for additional information.

The LCME Faculty Fellow program was established in 1988 to stimulate faculty interest and involvement in medical education and the accreditation process and to develop future leadership in these areas. Fellows gain understanding of the functions and structure of a medical school, learn how experts evaluate the quality of educational programs, and gain valuable insights applicable to their own institutions. Faculty Fellows are selected from institutions with upcoming survey visits so that they can serve as resources during their own school's accreditation process.

Faculty Fellows participate fully as members of the survey team and are assigned areas of responsibility during the survey visit and in the preparation of the survey report. Fellows' responsibilities are similar to those enumerated for regular survey team members. **(See section labeled "Duties of Survey Team Members.")** Prior to the survey visit, Fellows will be contacted by the survey team secretary to review expectations and assignments. Fellows also should receive guidance and feedback from the team secretary or chair during the survey visit.

Please note that hotel and travel expenses incurred by Faculty Fellows are either their own responsibility or the responsibility of their sponsoring institution.

OBSERVERS ON SURVEY VISITS

At times the survey team may include an observer, who may represent a regional or state accreditation agency or oversight body, a staff member of one of the LCME's sponsoring organizations, or a medical education leader from a foreign country interested in developing an accreditation system. The dean of the school being visited must authorize the participation of any observers.

Generally, observers are there to see the process and not to participate in it. Under some circumstances, the survey team secretary may assign limited areas of responsibility to an observer. In that event, the observer will participate in discussions with school representatives in the assigned area(s) of responsibility. Representatives of other accrediting agencies or oversight bodies will not participate in the survey team's evening work sessions, although they may be invited to join the survey team for dinner. Such representatives are not authorized to participate in the exit conferences with the dean and university executive.