

**INFORMATION FOR SURVEY TEAMS AND MEDICAL SCHOOL DEANS:  
REVISED PROCESS FOR THE EXIT CONFERENCE  
AND FOR  
PREPARATION OF THE SURVEY VISIT REPORT  
[Effective for Survey Visits during the 2010-2011 Academic Year]**

DEVELOPMENT OF THE SURVEY TEAM'S FINDINGS

During the survey visit, survey teams should identify areas of institutional strength, areas of partial or substantial noncompliance with accreditation standards, and areas in transition. These should be phrased as specific statements that clearly describe each finding. The survey team should assure that findings indicative of noncompliance are related to an accreditation standard. Ideally, the team also should consider how areas in transition relate to potential future noncompliance with one or more standards, even though this linkage will not be reported at any point.

PREPARATION OF THE EXIT CONFERENCE REPORT

During the exit conference, the survey team should only report its findings. The team should not categorize or label the findings as to whether they are strengths, areas of partial or substantial noncompliance, or areas in transition. The standards related to areas of noncompliance will not be reported. The findings related to strengths, areas of partial or substantial noncompliance, and transition should be organized according to the sections of *Functions and Structure of a Medical School*.

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**SAMPLE FINDINGS**

**Institutional Setting**

- In the independent student analysis and in the AAMC GQ, medical students report that the associate dean for student affairs and his staff are accessible 24/7 and have introduced various programs aimed at supporting student needs.
- The medical school has been highly successful in recruiting and retaining a diverse student body and faculty due to significant commitment of institutional resources and the introduction of innovative outreach and pipeline programs.
- There are no medical school faculty bylaws.
- Medical students report that opportunities for participation in research are limited and that they have difficulty in identifying research opportunities.

**Educational Program**

- There is an innovative centralized program to prepare residents as teachers.
- In the first and second years of the curriculum, more than 60% of time is devoted to lecture and students spend from six to eight hours per day in scheduled activities. Opportunities for active and self-directed learning are available in only two courses.
- State budget reductions have jeopardized the Office of Medical Education, which is responsible for managing many aspects of educational infrastructure and providing support for curriculum development and evaluation activities.

This list of findings should be completed by the time of the exit conference. During its deliberations, the team should link the findings believed to represent noncompliance to the appropriate accreditation standard. The

team secretary is responsible for maintaining this list of linked findings and accreditation standards, as it will be needed for the preparation of the survey visit report.

### CONDUCT OF THE EXIT CONFERENCE

Exit conferences should be held first with the dean and then with the university leadership. The purpose of the exit conference is for the team chair to report the team's findings. There should be no discussion, consultation, or explanations offered during or after the exit conference.

Each exit conference should be structured according to the following format:

- The team chair introduces the purpose of the conference and describes the organization of the findings. The team chair also informs the dean that he/she will receive a copy of the team findings at the end of the team chair's verbal report. The copy contains a disclaimer that states that the report represents the findings of the survey team and that the list may be changed by the LCME.
- The team chair reads the findings.
- The team chair then describes the next steps:
  1. A draft report will be prepared in which findings are linked to accreditation standards for areas of noncompliance.
  2. The draft report will be reviewed by the LCME Secretariat, and also by the CACMS Secretariat for Canadian medical schools. This Secretariat feedback will be used by the team secretary and chair to revise the report.
  3. The dean will then be sent the draft report, which he/she will review carefully for errors of fact and for "tone." The comments from the dean should be returned to the team secretary within a specified time.
  4. The team secretary and chair will consider the feedback from the dean and make those revisions believed to be appropriate. The dean will be informed of the changes that have been made.
  5. If the dean has any remaining concerns about the factual content of the report or about its "tone," he/she should write a letter to the LCME Secretariat, and to the CACMS Secretariat for Canadian schools. The dean should be reminded that the response should be limited to the time of the survey visit. The dean's letter will be considered by the LCME and by CACMS, when relevant, at the time the accreditation committees review the survey report.
- At the end of the exit conference, the team chair will provide a copy of the written findings to the dean.
- The survey team should not engage in discussion during or after either exit conference and should not explain the reasons for or defend the team findings.

### DEVELOPMENT OF THE SURVEY REPORT

The survey report should be prepared according to the instructions in the *Survey Report Guide*. In the survey report, findings of noncompliance should be linked to the relevant accreditation standards. This linkage should be made based on the consensus discussions of the team during the visit. The team findings should remain organized according to the sections of *Functions and Structure of a Medical School*: Institutional Setting, Educational Program for the M.D. Degree, Medical Students, Faculty, and Educational Resources. Within each section, findings should be organized as strengths, areas of partial or substantial noncompliance, and areas in

transition. These findings should be labeled as subheadings within each section of *F&S*. Note, that there may not be findings in each subheading.

The draft report should first be sent by email to the two LCME Secretaries, and to the CACMS Secretary for Canadian medical schools, in Microsoft Word. The Secretariat will review the report to assure that it addresses all required areas, that it is clear and well-documented, and that the findings are linked to the appropriate standards. Based on the text of the report, the Secretariat review may: 1) identify additional areas of strength, additional areas of partial or substantial noncompliance with accreditation standards, or areas in transition and/or 2) may suggest that existing findings be better documented in the text of the report or deleted. The team secretary and the chair are expected to carefully consider the comments of the Secretariat and to make appropriate revisions to the report draft.

The team secretary then sends the draft report to the dean and to the members of the survey team. The dean should be cautioned to carefully review the report, as the final version will constitute the final and formal record of the visit. The dean should send his or her comments to the survey team secretary by mail, FAX, or e-mail.

The team secretary, in consultation with the team chair and other members of the survey team, as appropriate, should review the factual corrections and other comments sent by the dean and make those corrections believed to be appropriate. The survey team secretary should inform the dean of the changes to the report that were made, with a copy to the LCME Secretariat. The team secretary and chair should not engage in debate or discussion with the dean about areas such as report findings or tone. The final report should be sent to the LCME Secretariat for dissemination to the LCME, and to the CACMS Secretariat for Canadian schools.

If the dean is not satisfied with the changes that were made, he/she may send a letter to the LCME Secretariat, and to the CACMS Secretariat for Canadian medical schools, with his/her concerns about the remaining issues. This letter will be included with the survey report on the LCME agenda when it is considered by the LCME, and by the CACMS for Canadian schools.

All communication between the team, the dean, and the Secretariat should be conducted by mail or e-mail so that there is a formal record of the communication.