

REPORT GUIDE FOR A PRELIMINARY ACCREDITATION SURVEY

FOR LCME & CACMS PRELIMINARY SURVEY VISITS
CONDUCTED IN THE 2011-2012 ACADEMIC YEAR

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

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Report Guide for a Preliminary Accreditation Survey, 2011-2012
Liaison Committee on Medical Education
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CONTEXT OF A SURVEY FOR PRELIMINARY ACCREDITATION

The report of a survey for preliminary accreditation is meant to inform the LCME as to whether planning at the institution is at a sufficiently advanced stage to give confidence that the school will be ready to admit a charter class and deliver the first year of instruction at the selected date. The visit will take place some time before the charter class would enter. Therefore, for many areas, plans will have been made, but implementation will have not yet occurred.

The survey report, therefore, is both descriptive of the current status of the institution at the time of the visit and predictive of the time when the first class would enter if accreditation is granted. Evidence to predict eventual success comes from the quality of the school's planning, the availability of current and anticipated resources to support accomplishment of the plans, the expertise of institutional leadership and existing faculty, and what has been accomplished to date.

Since this survey focuses on readiness to admit a charter class and provide the first period of instruction, not all LCME accreditation standards apply. **The survey team must only evaluate the school on the basis of the standards in the Database for Preliminary Accreditation.** Compliance with the full spectrum of standards will be evaluated during future visits.

Please pay particular attention to the section in this document that defines the substance of the team's findings. Since this survey is "forward looking," the traditional definitions of "strengths," "areas of noncompliance," and "areas in compliance that require monitoring" do not apply. Instead, the survey team will be collecting information to allow judgments to be made about the school's potential for achieving compliance based on what it has accomplished to date and the quality of its planning effort.

The report of an accreditation survey stands as the formal record of the survey team's findings and observations. It serves as the primary source of information for accreditation decisions by the Liaison Committee on Medical Education (LCME) and, for Canadian medical schools, the Committee on the Accreditation of Canadian Medical Schools (CACMS).

Teams must take the utmost care to ensure that their summary findings are fully explained and documented in the body of the report, and that all relevant accreditation standards are accounted for. The school or college should take great care in verifying that the information contained in the report is factually correct for the time during which the survey visit took place. If the dean of the medical education program involved disagrees with the tone of the report or the findings of the survey team, the areas of disagreement should be communicated to the team secretary when the draft report is reviewed. If a disagreement persists after the team has had an opportunity to discuss the dean's concerns, the dean may send a letter to the LCME Secretariat describing any objections and the rationale for disputing the team's findings or the report's tone. That letter will then be considered along with the survey report when the LCME evaluates the program's accreditation status.

BACKGROUND

The school has invested considerable effort in the preparation of the medical education database and the planning self-study. Survey visitors are expected to have carefully reviewed this material before the visit. While on site, the team may also want to review the unabridged self-study committee reports.

It is expected that the school will have completed a fair and accurate self-study. There may be cases, however, where the self-study may not accurately portray prevailing circumstances, or may express greater optimism about the likelihood of success than seems evident to the surveyors. The team should take care

to validate the information in the medical education database and to confirm the conclusions drawn in the planning self-study.

The LCME Secretariat staff is available to assist team secretaries in finalizing the survey report. Both U.S. LCME Secretaries (and the CACMS Secretary, for Canadian schools) should receive a copy of the draft report before the draft is sent to the team or the school. The Secretariat will provide feedback on the draft report, which the team secretary and chair should carefully consider. After making any necessary revisions, the team secretary should circulate the report to team members and the dean for final review and any corrections.

RESPONSIBILITIES OF TEAM SECRETARY

Portions of the survey report specifically assigned to individual team members should be completed on site or sent to the team secretary within 7-10 days of the visit. **The team secretary and the chair should require team members to use this guide when preparing their individual sections.** Team secretaries should use the survey report template provided by the LCME Secretariat, including embedded tables, to ensure consistency across survey team reports. The team secretary is expected to complete the draft report shortly after the visit (4 to 6 weeks is optimum). The secretary is responsible for organizing and editing the contributions from the other team members to ensure that the overall report is complete, coherent, logical, and internally consistent. If important areas have been omitted from a team member's write-up, it is the team secretary's responsibility either to contact that member for additional details or to supply the missing content.

This guide includes some suggested figures and tables from the preliminary medical education database that should be included in the report as appendices. Team members and the team secretary should feel free to judiciously add other appendix material.

The team secretary must ensure that all the summary team findings identified during the visit are well documented in the text of the report. The team chair and secretary should edit the report for the propriety of any attributions. While the comments of individuals who meet with the team may be important for the team's deliberations, citation of such comments in the report should be avoided, wherever possible.

The draft survey report should first be sent for initial review to the two LCME Secretaries (and the CACMS secretary for reports of Canadian programs). After the team secretary receives feedback from the Secretariat, the report should be revised, as necessary, and sent on to: (1) each member of the survey team and (2) the dean of the medical school. The team secretary should ask for return of any comments within 7 to 10 working days. If feedback from team members requires changes in findings, tone, or content that the dean has not had an opportunity to review, the secretary should call the dean or send revised pages for decanal review before finalizing the report.

The dean should specifically be asked to correct any errors of fact and respond to the draft report in writing, even if there are no corrections. The team chair and secretary should attempt to resolve any disagreement that the dean may have with the tone or findings of the report. If significant irreconcilable differences remain, the dean should be invited to write a letter to the principal LCME Secretary for inclusion with the printed report on the LCME meeting agenda.

The final, corrected report (with all appendices) should be sent to the LCME office indicated in the team mailing, along with copies of all correspondence (including both letters and e-mails) between the team secretary and the dean regarding the draft report. See "Style Guide for Report Preparation" later in this document for details.

THE REPORT FOR A PRELIMINARY ACCREDITATION SURVEY

COVER PAGE. Use the cover page from the survey report template, adding specific details such as school name and survey date.

TABLE OF CONTENTS (including that for the Appendix). See sample at the end of this document.

MEMORANDUM (from survey team secretary to LCME). Use the memo from the template.

INTRODUCTION AND COMPOSITION OF THE SURVEY TEAM (including ACKNOWLEDGEMENTS). Use the model from the template.

SUMMARY OF SURVEY TEAM FINDINGS

The summary of team findings should begin with the following text:

DISCLAIMER: The summary findings that follow represent the professional judgment of the *ad hoc* survey team that visited [school name] from [visit dates], based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME. The LCME may come to differing conclusions when it reviews the team's report and any related information.

The summary of the survey team's findings should be organized under the headings of the sections in *Functions and Structure of a Medical School*: Institutional Setting, Educational Program for the M.D. Degree, Medical Students, Faculty, and Educational Resources. Under each of these sections, use the subheadings "Areas of Strength," "Areas of Insufficient Progress Toward Compliance with Relevant Accreditation Standards," and "Areas in Compliance with Monitoring." Note that there may not be findings in each section or subheading.

Areas of Strength

For preliminary accreditation, an area of strength is considered to be a particularly noteworthy existing or planned aspect of the medical school that is worthy of emulation by other institutions or that will contribute significantly to the institution's success. Strengths should relate to actual or potential positive institutional outcomes and should not simply reflect the school's compliance with accreditation standards.

Strengths should be listed in bulleted format, and do not require citation of relevant accreditation standards.

Areas of Insufficient Progress Toward Compliance with Relevant Accreditation Standards

These findings represent the team's best judgment that the program has not made sufficient progress toward compliance with a standard included in the Database for Preliminary Accreditation, given (1) the current status of planning and implementation and (2) the length of time to the admission of the charter class. The degree of expected progress will depend on the category of standard. For example, it is likely that a school will begin its student recruitment process soon after achieving preliminary accreditation. Therefore, policies and procedures related to student recruitment, selection, and admission should be available at the time of the survey visit. Other areas may not be as complete. For example, a school may not have implemented a complete curriculum management system, but it should have developed a plan for such a system.

While not labeled as "noncompliance" as in a survey of an already accredited program, a citation of

insufficient progress toward compliance represents an area that must be corrected by the school in a timely manner and may constitute grounds for an adverse action (such as denial of accreditation).

The format for citation of an area of insufficient progress toward compliance should include the number and text of the relevant standard and a paragraph or bulleted list indicating the evidence for a citation of insufficient progress.

Examples of the preferred format follow:

EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

Areas of Insufficient Progress Toward Compliance

ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

Finding: The first year curriculum will consist of eight interdisciplinary blocks. Each block is being developed in isolation, with only informal communication and coordination among the block leaders. No curriculum management tools exist to allow determination of content gaps and unplanned redundancies. Curriculum planning is being overseen by the senior associate dean for medical education, with no faculty participation through a formally-constituted curriculum committee. There are plans to develop a formal charge to a curriculum committee, but this has not yet occurred.

MEDICAL STUDENTS

Areas of Insufficient Progress Toward Compliance

MS-9. A medical education program must develop and publish technical standards for admission, retention, and graduation of applicants or students with disabilities, in accordance with legal requirements.

Finding: The school has a draft technical standards policy that is not yet ready for dissemination to applicants.

MS-26. A medical education program must have an effective system of personal counseling for its medical students that includes programs to promote the well-being of medical students and facilitate their adjustment to the physician and emotional demands of medical school.

Finding: The medical school administration has not identified a source of confidential personal counseling services for medical students.

EDUCATIONAL RESOURCES

Areas of Insufficient Progress Toward Compliance

ER-4. A medical education program must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.

Finding: The survey team was shown architectural drawings for classroom space to support the

anticipated entering class size. However, funding for construction and renovation has not been finalized so that it is unlikely that facilities will be ready by the time the charter class matriculates.

There has been only sketchy contingency space planning, in the event that the anticipated facilities are not available.

Areas in Compliance, with Monitoring

For surveys for preliminary accreditation, areas in compliance, with monitoring are defined as falling into the following two categories:

1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it will be achieved and will be effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance [replaces the previous finding of “area in transition”].

Findings of in compliance, with monitoring require identification of the relevant accreditation standard. The number and text of the standard should be followed by a paragraph or bulleted list labeled “Finding” delineating the situation that could lead to noncompliance in the future.

Examples of the preferred format follow:

FACULTY

Areas in Compliance, with Monitoring

FA-2. A medical education program must have a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs and missions of the program.

Finding: The number of basic science faculty members is below the number specified in the school’s planning documents. A recruitment strategy is being implemented and there are contractual relationships with neighboring universities to supply basic science faculty to teach the curriculum on an interim basis, if necessary.

If areas of insufficient progress or in compliance, with monitoring relate to multiple standards, the team should identify that standard which most closely reflects the underlying issue. Any related standards can be mentioned in the body of the report. **It is essential all areas of insufficient progress and areas in compliance that require monitoring be fully documented in the body of the report.** Where possible, the basis for judging an item as an institutional strength should also be adequately documented in the narrative of the report. The documentation in the body of the report regarding insufficient progress toward compliance should provide a sense of the relative magnitude of the problem.

THE MEDICAL EDUCATION DATABASE AND PLANNING SELF-STUDY

Comment on the organization, completeness, and internal consistency of the database. Comment on the Planning Self-study in terms of the quality, completeness, and feasibility of the planning. Has the school identified the major challenges that it must overcome in order to be ready for the charter class? Are the plans to address these challenges realistic?

HISTORY OF THE SCHOOL'S DEVELOPMENT

Briefly summarize the history of the school's development, including the year that the charter class would be admitted. Describe the setting of the medical school in terms of its public or private status and its relationship with the parent university/health sciences center (if applicable) and/or other partners. Note the current or potential clinical affiliates. Describe the proposed entering class size and any plans for short-term (2-3 years) class size expansion.

Note on Organization of Report Body

The body of the report should include the team's narrative description and comments, referring, as needed, to database items or other documents collated sequentially in the appendices at the end of the report. In the report, team members' comments should be carefully differentiated from those of institutional representatives.

Please make a reference in the narrative text to material that is included in the appendix (e.g., "See charts of organization in the Appendix" or "See Appendix X for membership of admissions committee and characteristics of applicants and matriculants"). The Table of Contents should show the title and page number of each appendix document.

The team secretary should retain original copies of handouts, database pages, and other relevant documents for incorporation, as appropriate, in the final report sent to the LCME Secretariat for distribution. Please follow carefully the "Style Guide for Report Preparation" at the end of this guidebook, especially the requirements that material be on one side of the page only and that the font style be conventional (i.e., Times New Roman, 11pt, as in the survey report template).

Note that the individual standards from *Functions and Structure of a Medical School* are linked to the items in this *Survey Report Guide for Preliminary Accreditation*. This is meant to assist the writer to be complete in addressing the specific item. Do not include the reference to the standard number in the actual report write-up.

(The Roman numerals and titles below match those in the medical education database and corresponding sections of the planning self-study)

I. INSTITUTIONAL SETTING

In an introductory paragraph, briefly summarize the institution's mission and goals. Describe if the school has developed a strategic planning process distinct from its plan for the creation of the medical education program (IS-1).

A. Governance and Administration

Note whether the school or university is chartered to grant the M.D. degree and if it holds (or is part of an institution that holds) regional accreditation or preaccreditation status, the name of the accrediting body, and the year of the next survey for regional accreditation (IS-2, IS-3). Comment on the development or adoption of bylaws applicable to the medical school (IS-4).

Briefly describe the oversight board of the medical school, including the procedure for appointing or renewing members (IS-5, IS-6). Note any policies addressing potential conflicts of interest related to appointment and functioning of the governing board, as well as any evidence that existing policies are being followed (IS-5). Summarize the role of the board in reviewing or approving medical school policies and procedures, including administrative and faculty appointments (IS-7).

Summarize the dean's responsibilities and his or her relationship to university officials (IS-8, IS-9). If the dean does not hold the title of vice president for health affairs (or equivalent), identify the person who holds that title and describe the dean's reporting relationship to this individual (IS-9). Summarize any compensation arrangements that the dean or other academic leadership have that are dependent upon medical school financial success (IS-8). Describe any administrative mechanisms that will link the dean with the heads of major teaching hospitals owned or operated by the medical school (IS-8).

Succinctly describe the credentials of the founding dean and the date of his or her appointment (IS-10). Describe the organization of the dean's office. Has a cadre of associate and assistant deans been appointed or is recruitment underway? Address the appropriateness of the timeline for recruitment in the context of program planning needs. Evaluate the effectiveness of the administrative group in facilitating and carrying out planning activities (IS-11).

Describe the departmental structure of the medical school. Are department chairs in place or is recruitment underway? Will department chairs be appointed for a fixed period? Describe how the performance of chairs will be evaluated (IS-11).

B. Academic Environment

Describe any master's or doctoral degree programs in the basic sciences or other disciplines that exist in the parent university/health sciences center, as well as the anticipated participation of the medical school. Will the medical school be creating its own graduate programs? Does the institution conduct a regular and systematic review of the existing graduate programs, evaluating research productivity, the strength of the faculty, and the accomplishments of trainees (IS-12)?

Describe whether there will be residency programs sponsored by the medical school or at affiliated institutions where medical students will complete required clinical clerkships. In which required clinical clerkships will students interact with residents? If residency programs do not currently exist, describe plans for their establishment. Are any existing residency programs on probation? Do the institutional sponsors of the residency programs hold institutional accreditation from the ACGME (IS-12)?

Indicate whether the medical school or its clinical affiliates have continuing medical education programs accredited by the ACCME. Note the opportunities that medical students will have to participate in CME offerings (IS-12).

Describe the extent to which research is an institutional priority. Has there been planning for the research enterprise in the context of the institution's mission (IS-13)? What opportunities are being planned for medical students to participate in research (IS-14)?

Describe plans to make service-learning available and how medical students will be informed about opportunities for service learning (IS-14-A).

Describe the institutional policies related to diversity. Summarize how the institution characterizes diversity for its students, faculty, and staff, and how the definition of diversity was developed. Briefly summarize how the institution uses or plans to use the definition of diversity in its current or developing policies and practices related to: 1) student recruitment, selection, and retention; 2) financial aid; 3) the educational program; 4) faculty/staff recruitment, employment, and retention; 5) faculty development; and 6) liaison activities with community organizations. Assess the congruence of the current composition of the faculty and staff with the school's defined mission (IS-16).

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

Insert the following items from the database in the appendix:

- A schematic showing the planned placement of courses and clerkships within each academic period (ED-5)
- The table illustrating the linkages among general competencies, educational program objectives, and outcome measures (ED-1, ED-1-A)
- The table indicating the anticipated presence in the curriculum of subjects required for accreditation (ED-10)
- An organizational chart for the planned system for management of the curriculum (ED-33)
- An organizational chart describing the relationship between the medical school and branch campus administrations (if relevant) (ED-40)

A. Educational Objectives

Summarize the status of development of the objectives of the educational program¹, as defined by the school (ED-1). If the objectives exist and are lengthy, include them in an appendix. To what extent do institutional learning objectives reflect general physician competencies, such as those delineated by ACGME and ABMS or by the CanMEDS 2005 report (ED-1-A)? How will medical students, faculty members, and others involved in the educational program be made aware of the educational program objectives (ED-3)?

Describe the status of planning to identify the types of patients/clinical conditions that students should encounter, the level of student responsibility, and the setting. Has a system been designed that will allow the school to monitor student clinical experiences (ED-2)?

¹ Educational program objectives are the general knowledge, skills, behaviors, and attitudes/values that students are expected to acquire and demonstrate. They are not the mission or goals of the school, nor are they the objectives of individual courses.

B. Structure of the Educational Program

1. General Design

Describe the general structure of the curriculum (ED-5). Include the total weeks of instruction and the weeks of scheduled instruction in each academic year (ED-4). How will courses in the first two years provide opportunities for students to learn through self-directed, independent study, including opportunities for students to assess their own learning needs; identify, analyze and synthesize information relevant to these learning needs; and assess the credibility of information sources. In the report narrative, provide several examples of active learning that meet the requirements of the standard. (ED-5-A)?

Describe where in the curriculum students will be introduced to and assessed on their development of the skills of critical judgment based on evidence and of medical problem-solving (ED-6). Will there be opportunities for students to acquire knowledge and understanding of societal needs and demands on health care (ED-7)? Will there be opportunities for students to directly apply the scientific method and make observations of biomedical phenomena (ED-12)?

For any course or clerkship that will be offered at more than one site, evaluate the plans to ensure that educational experiences and methods of evaluation will be comparable. Will the same objectives, assessment methods, and policies for determination of grades be used? Will there be opportunities for communication among faculty at the different sites?

If separate educational tracks² are anticipated, briefly describe the objectives, general content emphases, and methods of instruction and student assessment to be used. How does the curriculum of the track differ from the school's basic curriculum?

2. Content

Are there plans to ensure that all the subjects required for accreditation will be included in the curriculum? Will all organ systems and the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care be appropriately represented (ED-13)? Note whether the coverage of these subjects will be sufficient, in the judgment of the survey team, to meet accreditation standards (ED-10 to ED-11, ED-14 to ED-15, ED-17, ED-19 to ED-23).

Note that methods used to assess student performance are included in another section.

YEARS ONE AND TWO

For the required courses in year (academic period) one and year (academic period) two, insert the tables from the school's database (Required Courses, Part A) that include the anticipated total scheduled hours and hours by instructional format. If one or more courses employ other instructional methods not accounted for in the table, describe them in the narrative for those courses. Also refer to the schematic diagram of the curriculum, which may be included as a figure in the text or in the appendix. If separate tracks exist, create similar tables and descriptions of the courses in the track.

² A separate educational track is designed to meet specific educational goals in addition to those of the standard curriculum. Part or all of the educational program may use instructional settings or formats that differ from those in the standard program. A track may be located on the main campus or at a geographically-separate instructional site. The faculty of the track may be distinct or shared with the faculty of the standard program.

YEAR ONE (ACADEMIC PERIOD ONE)

Anticipated formal instructional hours						
Course	Lecture	Lab	Small Group*	Patient Contact	Other†	Total

* Includes case-based or problem solving sessions

† Describe

YEAR ONE (ACADEMIC PERIOD ONE)

Course	Objectives (Y/N) ¹	Formative Assessment ² (Y/N)	Narrative Assessment ³ (Y/N)	Residents/Graduate Students used as Teachers/Supervisors ⁴ (Y/N)

1. Are there objectives for the courses (ED-3)?
2. Will students have opportunities for formative assessment to test their knowledge/skills? For example, are there study questions or practice quizzes/tests (ED-31)?
3. Will students receive a narrative assessment for either formative or summative purposes (ED-32)?
4. Are residents and/or graduate students used as teachers/supervisors (ED-24)?

For any introductory courses designed to teach basic clinical skills (e.g., history-taking, communication skills, physical examination), describe and evaluate the appropriateness of the settings to be used for teaching. Note if standardized patient or other simulation methods will be used in teaching and/or assessment, and if there will be sufficient and appropriate space for clinical skills teaching.

YEAR THREE (ACADEMIC PERIOD THREE)

Clerkship	Total wks	% Amb.	# Sites used*	Typical Hrs/Wk Formal Instruct.**	Clinical Encounter Criteria† (Y/N)	Patient Log (Y/N)

- *Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient
- **Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites
- † Have criteria for the kinds of patients, clinical conditions, or procedural skills been defined?

Describe the status of planning for the third year of the curriculum, including the current and anticipated availability of inpatient and outpatient clinical sites (ED-14, ED-16) and of clinical faculty (FA-2). Will the curriculum provide experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery (ED-15)?

Describe the amount of elective time available and if there are existing (or planned) policies that will regulate student choices (ED-18).

Summary of Curriculum Structure

In summary, is the total curriculum designed so as to allow students to achieve the objectives of the educational program? Has planning progressed sufficiently? Does there appear to be an appropriate balance among the methods of instruction and student assessment that will be used?

C. Teaching and Evaluation

Describe whether residents, graduate students, or postdoctoral fellows will be used to teach/supervise/assess medical students. If so, how will they be prepared for their responsibilities (ED-24)?

Complete the following table indicating support for resident participation in medical student education and assessment (ED-24):

Clerkship	Describe how clerkship objectives will be provided to resident physicians who will participate in student teaching and assessment.

Will all physicians who teach/supervise/assess medical students have faculty appointments (ED-25)?

Complete the following tables for years one to three or copy or insert the tables from the database that summarize methods for assessing student performance. Place an “x” in each cell where the assessment method is used. The table is contained in Part A (Summary Data) in the Required Courses Form.

PLANNED YEAR ONE (ACADEMIC PERIOD ONE)

Course	# of Exams	Contribute to Grade (Check all that apply)						
		Internal Exams	Lab or Practical Exams	NBME Subject Exams	Faculty/Resident Rating*	OSCE/SP Exam	Paper or Oral Pres.	Other†

* Include assessments by faculty members or residents in clinical experiences and also in small group sessions (e.g., a facilitator assessment in small group or case-based teaching)

† Describe the specifics in the report narrative

PLANNED YEAR TWO (ACADEMIC PERIOD TWO)

Course	# of Exams	Contribute to Grade (Check all that apply)						
		Internal Exams	Lab or Practical Exams	NBME Subject Exams	Faculty/Resident Rating*	OSCE/SP Exam	Paper or Oral Pres.	Other†

* Include assessments by faculty members or residents in clinical experiences and in small group sessions (E.G., a facilitator assessment in small group or case-based teaching)

† Describe the specifics in the report narrative

PLANNED YEAR THREE (ACADEMIC PERIOD THREE)

Course or Clerkship	Contribute to Grade (Check all that apply)						Clinical Skills Observed (Y/N)†	Mid-Course Feedback (Y/N)
	NBME Subject Exams	Internal Exams	Oral Exam or Present	Faculty/Resident Rating	OSCE/SP Exams	Other*		

* Describe the specifics in the report narrative

† Are all students observed performing core clinical skills? (Yes or No)

Summarize the methods that will be used to assess student performance in the preclinical and clinical disciplines. Note how the methods of assessment and standards of achievement were set (ED-29). Comment on whether the methods will assess the problem solving, clinical reasoning, communication, and other skills, behaviors, and attitudes needed in subsequent medical training and practice (ED-28). Summarize whether and how students will be systematically observed performing core clinical skills, behaviors, and attitudes (ED-27). Indicate whether students will have opportunities for formative assessment in the preclinical years (ED-31). Comment on the plans to ensure that there is timely reporting of final grades in the preclinical years (ED-30). List the preclinical courses in which narrative assessments will be provided and the reasons that narrative assessment is not provided in courses that would permit such assessment (ED-32).

Describe the expertise that is available (or anticipated) to assist faculty in designing a comprehensive student assessment system. Will there be faculty development activities related to assessment of student knowledge and skills (ED-30)?

D. Curriculum Management

1. Roles and Responsibilities

Describe the mechanisms being used for curriculum planning, including a description of the individuals or groups involved. Refer, as needed, to the organizational chart for curriculum management, which should be included in the appendix. Has an interim or permanent curriculum committee been created? If so, describe its membership and the process by which committee appointments are made. Describe the current and planned responsibilities of the curriculum committee and any subcommittees. Evaluate whether planning to date is likely to result in integrated institutional responsibility for the curriculum. How will the school ensure that the entire curriculum is coherent and coordinated (ED-33)?

Will there be regular (systematic) review of courses and of curriculum segments? Describe how reviews will be conducted (ED-35). How will curriculum content be monitored to ensure that there are no gaps or unintended redundancies (ED-37)? How will the educational workload of students be monitored (ED-38)?

In the opinion of the survey team, will the chief academic officer have sufficient and appropriate resources to support the design, implementation, and evaluation of the first-year curriculum by the time the charter class enters? If not, summarize the problem in this section and describe any relevant issues in greater detail in Section IV (Faculty) and/or Section V (Educational Resources) (ED-36).

2. Geographically Separate Instructional Sites³

[Complete this section if the school plans to operate one or more geographically separate instructional sites.]

For each geographically separate campus, describe the phase(s) of the curriculum involved (e.g., the first two years, the third and fourth years, all four years) and the average number of students (proportion of a given class) who will be located at each site, including the “main campus,” for each curricular year. Comment on the planned administrative relationship between the school and its geographically separate instructional sites (ED-ER, ED-40). An organizational chart describing the relationship between the medical school and the geographically separate instructional site administrations should be included in the appendix. Describe the mechanisms that are being planned to support functional integration among the geographically separate instructional sites (at all levels, including administrative, departmental, and faculty), in order to ensure comparable levels of educational quality and similar methods of student assessment (ED-41). Describe how students will be assigned to the campuses and if students have an opportunity to request an alternate assignment (ED-43). Will students at the various sites have access to the same levels of support services, including academic and career counseling (ED-44)? Will the standards for promotion and graduation be consistent across sites (ED-42)?

³ A geographically separate instructional site (campus) is a site that offers a significant portion of the curriculum at a distance from the main campus of the medical school. If a common curriculum is offered, the educational program objectives at the geographically separate instructional site must not differ substantially from those of the standard program, and mechanisms must be in place to assure educational comparability.

E. Evaluation of Program Effectiveness

Describe the methods and measures that will be used to evaluate the effectiveness (outcomes) of the educational program (ED-46). For student evaluations of their courses and clerkships, describe how and by whom the data will be collected (e.g., by a central Office of Medical Education, by individual departments) and by whom (individuals and/or committees) it will be reviewed (ED-47).

III. MEDICAL STUDENTS

A. Admissions

Summarize the planned requirements for admission, including any courses or topics that are recommended, but not required (MS-1, MS-2). Describe the process that will be used for student selection, including the selection criteria (MS-3, MS-6). How will the school ensure that the selection process is free from political or financial influences (MS-7). Who has final responsibility for the selection of students (MS-4)? Note if there are there technical standards for admission and how these are disseminated (MS-9).

How will the selection criteria be disseminated (MS-3)? How will the school ensure that there will be a sufficient pool of applicants (MS-5). Describe how the admissions committee will be constituted, and describe anticipated committee membership (MS-4). Note whether the school's print or online catalogue or comparable informational materials describe the requirements for the M.D. degree, the required curriculum, criteria for student selection, and the application and admission processes (MS-10, MS-11).

Describe the programs and partnerships that exist or are planned to broaden the diversity of the medical school applicant pool. Are there sufficient or planned institutional resources to support the creation and maintenance of these programs and partnerships (MS-8)?

B. Student Services

1. Academic and Career Counseling

Summarize the system that is being developed for academic advising and comment on the adequacy of the planning, to date. Does it appear that appropriate personnel and other resources for student academic support will be in place by the time that the charter class would be admitted (MS-18)?

Describe plans for the system of career counseling and for advising about elective choices (MS-19).

2. Financial Aid Counseling and Resources

Comment on the planned organization and accessibility of financial aid services. Will there be sufficient knowledgeable staff to meet the needs of the medical students? Are formal and informal financial aid and debt management counseling sessions or programs being planned? (MS-23)

Describe any efforts that are underway to secure scholarship support and other financial aid for medical students, along with success of those efforts to date (MS-24). Comment on the appropriateness of the school's policies for refund of tuition, fees, and other allowable educational payments (MS-25).

3. Personal Counseling and Health Services

Describe the personal counseling services that will be available to medical students, including their accessibility and confidentiality (MS-26). How will the school ensure that those persons responsible for psychiatric or psychological counseling and the provision of other sensitive health services will not also be involved in the academic assessment or promotion of medical students (MS-27-A)?

Summarize the health services that will be available to medical students and their dependents (MS-27). Note the school's requirements for student health insurance, including the costs to students and their dependents (MS-28). What measures will the school take to make disability insurance available to students (MS-28)? Does the school have, or is it developing, immunization policies (MS-29)? Describe the status of development of policies on exposure to infectious and environmental hazards. When in the curriculum will students learn to prevent such exposure and to deal with exposures that occur (MS-30)?

C. The Learning Environment

Does the school have anti-discrimination policies (MS-31)? Comment on the development of student mistreatment policies. Have standards of conduct in the teacher-learner relationship been developed or are they in progress? How will allegations of mistreatment be handled (MS-32)?

Describe the school's progress in creating the list of professional attributes that medical students will be expected to develop. Where in the curriculum will students learn about these attributes and how will these attributes be assessed? Is the school working with its clinical partners to create an appropriate learning environment for students, including incorporating the collective responsibility expectations for a positive learning environment in affiliation agreements (MS-31-A)?

Judge the clarity and appropriateness of the school's standards and procedures for student assessment, advancement, and graduation, as well as for disciplinary action, dismissal, and appeal. Have these policies been finalized? If not, what is the timeline for their completion and the process for their approval (MS-33)? Describe the due process mechanisms that will apply in cases of possible adverse action regarding a student (MS-34).

Describe the system that will be used for ensuring the confidentiality of student records. Will records be readily accessible to students who wish to review them (MS-35, MS-36)?

Comment on the quality, quantity, and availability of planned study space, student lounge and relaxation areas, and secure storage facilities for personal belongings. When will these be completed and ready for student use (MS-37)?

IV. FACULTY

Insert the following items from the database in the appendix:

- The table showing current numbers of full-time, part-time, and volunteer faculty members in the basic science and clinical disciplines, for the survey year and following year (FA-2)
- The table of faculty numbers, by discipline, and anticipated teaching responsibilities by department (FA-2)
- The table showing the major medical school faculty committees (FA-12)

A. Number, Qualifications, and Functions

Summarize the anticipated trends in the total number of basic science and clinical faculty members from the year of the survey visit to the year the charter class would be admitted. Evaluate whether the current and anticipated (next two years) size and composition of the faculty are appropriate to deliver the first year of the educational program and plan for the second and third years. Are all the basic science and clinical disciplines needed for preclinical education appropriately represented or is there a reasonable timeline for recruitment (FA-2, FA-3)?

Describe whether the teaching skills of faculty members will be evaluated by medical students and/or by peers. What types of faculty development will be available, including mechanisms that will exist to remedy identified problems in faculty teaching or supervisory skills (FA-4, FA-11).

Describe the school's expectations for faculty scholarship. How will faculty scholarship be fostered (FA-5)?

B. Personnel Policies

Have policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal been created or are they under development? Will there be separate faculty tracks? If so, briefly summarize them (FA-7).

Does the medical school or parent university have a faculty conflict of interest policy? If so, what does the policy cover (FA-8)?

How will faculty members in all tracks receive formal notification about their terms of appointment and about their responsibilities in teaching and other areas (FA-9)? Describe the system for providing faculty members with feedback about their performance and progress toward promotion. Will all faculty members receive such information? Are there medical school or university policies that require that such feedback be given (FA-10)?

C. Governance

Describe the current medical school committee structure and explain how it will evolve as the number of faculty members increases. Evaluate, in general, the plans for a medical school committee structure in terms of its functionality and the level of faculty participation (FA-6). Note if all faculty committees are operational. Individual committees (e.g., curriculum, admissions) should be described in the relevant sections of the report. Note the mechanisms in place by which the dean will obtain input from department heads and faculty leadership groups (FA-12). Comment, in general, on the sufficiency of individual faculty members' input into organizational decision-making, either through a committee structure or directly (e.g., through individual access to the dean or access at general faculty meetings) (FA-6, FA-13). Note the mechanisms the dean uses or will use to communicate with the faculty at large, and indicate how often such communication occurs or will occur (FA-14).

V. EDUCATIONAL RESOURCES

Insert the following items from the database in the appendix:

- The table(s) of teaching facilities (ER-4)
- The tables of clinical teaching facilities (ER-6)
- The tables of library and information technology facilities, library holdings, and library/IT staff (ER-11)

Using the number of students in the charter class as a baseline, describe any anticipated increases in the entering class size over the subsequent three to five years. Provide the team's assessment about the adequacy of resources to support the anticipated class size increases (ER-1).

A. Finances

Describe the current and anticipated sources of revenue for the medical school. Is there an appropriate balance among funding sources? Indicate any anticipated changes in either the amount of revenue and/or revenue sources over the first three years of program operation (counting the year the charter class is admitted as the first year). Does the anticipated revenue seem appropriate to support the educational program and other missions of the medical school in the short-term, in the context of potential class size increases? Comment on the school's capital needs and the funding sources to meet them (ER-2). Comment on the balance between the financial and other resources of the educational program and student enrollment (ER-3).

B. General Facilities

Begin the section with a brief discussion of the timetable for development/completion of facilities needed for the educational program and other missions of the medical school. Is the timetable realistic? Are there contingency plans in the event that facilities completion is delayed? Will the space for teaching and research be adequate for the number of students in the charter class and for planned increases in class size (ER-4)? Will there be appropriate security on campus (ER-5)?

C. Clinical Teaching Facilities

Describe the status of the development of clinical affiliations. Have sites for the clinical education of medical students been identified (ER-6)? Note if there are signed affiliation agreements with clinical sites to be used for the inpatient portions of required clinical clerkships and if the completed agreements contain the required elements (ER-9).

D. Library Services and Information Resources

Describe and evaluate the adequacy of the library facilities that will be available for medical students, including their location and staffing (ER-11). Will there be adequate study and small-group conference space? What is/will be the quality of the library's automated databases and bibliographic search, computer, and audiovisual capabilities? Is the library likely to be adequately funded (ER-11)?

Will students have access to educational materials and online databases from off-site locations (ER-13)? Is there appropriate IT support for the development of the educational program? Are there resources to help the faculty identify or develop educational software (ER-14)?

Are library and IT staff appropriately involved in educational program planning (ER-12, ER-14)?

STYLE GUIDE FOR REPORT PREPARATION

Reports should be prepared using the template supplied by the LCME Secretariat.

1. Use one-inch margins throughout since the pages will be printed front and back by the LCME Secretariat office.
2. Use a conventional font similar to that used with official correspondence and legal documents. Preferably, use an 11-point Times New Roman font as in the report template.
3. Original or copied material should be on one side of the page only. One-sided originals will facilitate printing by the LCME Secretariat.
4. Carefully check the quality of all photocopying. Copy machines may produce distortions, low contrast, or crooked pages. Be sure that originals are of high resolution to ensure high quality reproduction.
5. After the entire report has been completed and assembled, put page number in the bottom center of each page, including database pages and appendices. Do not number each section separately.
6. Please use common style conventions:

The word "dean" is not capitalized except when it begins a sentence or stands as "Dean Robert Jones." The same is true for associate/assistant dean, vice president, provost, president, and chair.

The words "medical school", "college", and "university" are not capitalized unless they begin sentences or are used as the school's full name (such as Dartmouth Medical School).

The word "faculty" is not capitalized unless it begins a sentence or refers to the Canadian equivalent of "school" (e.g., "the president intends to allocate more funds to the Faculty for laboratory construction").

"Physiology", "Biochemistry", "Medicine", etc. are capitalized when they refer to departments. Note that "department" is not capitalized unless it is "Department of Medicine."

7. Immediately following the title page is the Table of Contents (including that for the Appendix) which can be numbered with lower case Roman numerals in the bottom center of the page. (See sample attached.)
8. Following the Table of Contents (including that for the Appendix) is the covering memorandum from the team secretary. (See sample attached.) Number with upper case Roman numerals.
9. Carefully proofread the draft report to correct typographical, grammatical, and punctuation errors; at a minimum, the narrative portion of the report should be spell-checked before the draft is submitted to the Secretariat.
10. The draft report should be sent first to both LCME Secretaries (and to the CACMS Secretary in Canada, where appropriate) in electronic format to lcme@aamc.org or to each Secretary individually; it should contain a full copy of the narrative. The appendix materials may be sent as a separate document, on request, if the appendix is large, in order to avoid its being rejected by the email system on the basis of size. After receiving feedback from the Secretariat and making any necessary changes, the team secretary should circulate the revised draft to team members and the dean for review and correction of any factual errors.

11. The team secretary should sign the cover memo before submitting the final printed copy to the LCME Secretariat offices.

12. A clean, one-sided copy of the final report, including both the narrative and the appendices, should be sent to the Secretariat office responsible for production and distribution of the report. **Copies of all correspondence between the dean and the team secretary should also be sent along with the final report.** An electronic copy of the *narrative* portion of the final report should be sent to both LCME Secretariat offices (and to the CACMS Secretariat, for reports of Canadian programs).

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