

Medical School Preparation for LCME Accreditation

AAMC Annual Meeting
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LCME

Introduction

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LCME Co-Secretary
2010-2011
AAMC

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Don't Shoot Yourself in the Foot

“Clerkship directors have been **encouraged** to set up appointments to give mid-point feedback and to record students who do not attend these sessions.

However, documenting the midway feedback systematically **has been challenging**, as many rotations are not completing the form appropriately.”

Status report submitted by school for ED-30

Don't Make it a Shell Game for the Survey Team

“During the survey visit, there were instances that the team felt that earlier and fuller disclosures of information would have been desired.”

Excerpt from survey report

Provide Correct and Timely Information

“ At the time of the visit, the team learned that the objectives for some rotations, and all of the ED-2 lists provided in the database were not current; also, the information about the new admissions process was not described in the database. ”

Excerpt from survey report

You Need to Take the Self-Study Seriously

The XXXX School of Medicine did not use the approach recommended by the LCME to conduct the Institutional Self-study, but instead used an alternate process that did not directly engage as many faculty members. The survey team learned that this approach was chosen because, **“given the many demands on faculty time, participation in Self-Study subcommittees would be low”**.

Excerpt from Team Report

On Taking it Seriously

The database was incomplete and required multiple contacts with the school (both prior to, and during the survey visit) for the production of all pertinent information. There were multiple areas of inconsistency within the database specifically related to the ED section. The self-study was superficial and not a critical analysis of the issues that the school was facing.

Excerpt from Team Report

Pay Attention to the Student Report

There was a difference between the student independent analysis (which identified multiple issues of concern) and the institutional self-study (which did not include an analysis of these issues).

Excerpt from Team Report

PLEASE pay attention to the Student Report

The Student Self-Study, unlike the institution self-study, identified a number of areas/standards that the survey team concluded were non-compliant.

Except from Team Report

Preparing for the Survey Visit

Barbara Barzansky, PhD, MPHE
LCME Co-Secretary
(2009-2010)
AMA

Goals of the Self-study

- Institutional assessment of compliance with accreditation standards
- Continuous Quality Improvement
- Allows the opportunity to correct areas of self-identified weakness (potential areas of non-compliance) before the LCME survey visit

Self-study Process: The Central People at the School

- Two key school people in the coordination role:
 - The Self-study Coordinator - usually a faculty member - should be:
 - Knowledgeable about the institution & credible to the participants
 - The main point of contact with the Secretariat and survey team
 - The Survey Visit Coordinator – usually an experienced staff person - should be:
 - Familiar with the school
 - Adept at managing large databases
 - Organized

To Ensure a Smooth Self-Study Process

The Self-study Coordinator and the Survey Visit Coordinator should be provided with sufficient time to devote to the process

Self-Study Process: The Timeline

- Review the *Guide to the Institutional Self-study*
- Consult with survey team secretary
- For a full visit:
 - Begin database collection ~ 15-18 months before visit
 - Begin Self-study committees ~ 9-11 months before visit
 - Submit database and Self-study 3 months before visit
 - Begin developing visit schedule 2-3 months before visit
 - Send data updates to team & Secretariat about 1 month before visit

You will know the membership of your team about 3 months before the visit

- Chair (Usually a dean)
- Secretary (Educator or administrator)
- 1-3 Members (Educators, practitioners, administrators)
- Fellow (Faculty member from different school who will be responsible for er/his school's future self-study)

Self Study Process

Preparing the Database

- Use a SINGLE BASE YEAR (most recently completed)
- Be accurate, answer all questions, & provide all data requested
- Avoid excessive documentation
- Large documents can be made available to the team on site or, if necessary, provide PDF files on CD
- Submit a paper copy and CD of the database & appendix to team members, both LCME Secretariat offices, & CACMS office for Canadian schools
- Update team and Secretariat on students, finances, & faculty one month before visit

Review the Database and Self-study Before Submission

- The Self-study Coordinator should check the database for accuracy and consistency before sending it to the Secretariat and the survey team:
 - Use of a consistent base year
 - Presence of complete responses, including all documentation
 - Consistency with summary findings
 - Clarity and readability

Database Structure: Limited Visit

- The school is sent instructions about what to include in a “mini-database” ~ 6-8 months before the visit
- Submit the mini-database about 6 weeks before the visit
- Check for completeness and accuracy, as for a full visit

Additional Suggestions for Preparation

- BE COMPLETE AND BE ACCURATE
- Review the visit schedule and the topics to be discussed in each session with all participants
 - Make sure everyone is familiar with the Database and Self-study
 - Prepare school personnel for meetings with the survey team
- Keep key individuals “on call” to supply additional information requested by the team

During and After the Survey Visit

The Purpose of a Survey Visit: The Survey Team's Perspective

- Answer questions regarding compliance with accreditation standards raised by the database and Self-study
- Fill in gaps in information
- Verify information and impressions from the database and Self-study
- Collect updated information

Visit Schedule

- Typical visit length
 - Full visit: Sunday evening to Wednesday
 - Limited visit: Sunday evening to Tuesday
- Self-study Coordinator works with team secretary to develop the visit schedule
 - Begin to work on schedule soon after the Database is submitted
- Size of groups with the team meets should be as small as possible (6-8, except for students/junior faculty)
- Build in breaks in the schedule

Visit Schedule (cont'd)

- Consult *Guidelines for the Conduct of Accreditation Survey Visits* for a sample visit schedule,

BUT

- The visit schedule can vary based on institutional characteristics (e.g., regional campuses)
 - Decide if regional campuses can be visited “virtually”
- If there is a need for a longer survey visit, contact the LCME Secretariat office early

Visit Schedule (cont'd)

- Avoid lengthy presentations during meetings with the team
 - Allow the most time for the team to ask questions
- For a limited visit
 - Structure the schedule around the specific areas to be covered

Visit Logistics

- Choose a convenient hotel in consultation with the team secretary and Secretariat office; consider cost
- Inform hotel that team members will be paying their own hotel bills
- LCME pays team members' travel to and from survey visit
- School pays for travel incurred during the survey visit
 - Arrange daily team transport to and from the hotel
 - Arrange travel to other campuses
- Make restaurant suggestions; provide local maps

Survey Team Findings

- During a full visit, survey team will review compliance with all accreditation standards
- During a limited visit, survey team will assess progress in coming into compliance with previously cited areas of noncompliance and in resolving areas of transition

Survey Team Findings (cont'd)

- Areas of Strength:
 - Particularly noteworthy areas that contribute in a major way to the achievement of a school's mission OR are worthy of emulation
- Areas of partial or substantial noncompliance with specific accreditation standards
- Areas in Transition
 - Areas of current compliance where circumstances may affect future compliance

After the Visit

- Review the draft survey team report carefully
 - The final report will become the formal record of the visit and will be used by the LCME as the basis for its accreditation decision
- Provide timely feedback on any errors of fact in the draft report to the survey team secretary
- If there is a disagreement with the “tone” of the report:
 - Discuss with the team secretary or chair
 - If no resolution, address issues in a letter to the LCME, which will be included on the LCME agenda with the team’s report
 - Communication at all stages must be in writing

The Exit Interview Is Not the Final Word

- During 2005-2008, there were 57 full LCME surveys
 - In 72% of these survey reports, the LCME changed one or more of the team-determined findings reported in the exit interview
 - Within a given school, the LCME added or deleted an average of 2.7 areas of non-compliance

Panelists

Richard Hoppmann, MD, Dean
University of South Carolina School of Medicine

Joyce Fried, Assistant Dean
David Geffen School of Medicine at UCLA

Panta Rouhani, MD, MPH, Fourth-year medical student,
University of Miami Miller School of Medicine

LCME Self-Study: Lessons Learned and Tips to Share

Richard Hoppmann, MD
University of South Carolina
School of Medicine

LCME

Importance of the Self-Study Process

- Everyone at all sites must be engaged in the process
- How to get everyone engaged:
 - Must come from the highest level of the administration and leadership
 - Must be heard often
 - Self-study updates on the agendas of all major meetings
 - Should be an ongoing sense of urgency – not panic

(A Sense of Urgency by John Kotter)

Opportunities and Benefits of the Process

- All great organizations engage in self-assessment
- Can be used for strategic planning
- An opportunity to get leverage for change (parent institution, clinical partners, curricular change, budget/financial support, etc)
- Promote the outstanding things the school is doing
- A faculty development opportunity - great experience for faculty – looks good on CV

Keys to Success

- Time is of the essence
- The right people in the right roles
- Use all available resources

Timing

- Start early and set firm timelines (build in cushion)
- Strict schedule of LCME committee meetings will help everyone stick to timelines
- Projects of this magnitude always take longer than expected (like submitting a big grant, writing a book chapter, etc)

Timing (cont.)

- Consultation and mock surveys must be done well in advance (~ 1 year before visit) to reap the benefit and have time to implement changes
- Some reviews must be started very early because change can get bogged down for months in bureaucracy and legal issues (governance charts, affiliation agreements, etc)

The Right People

- Self-study coordinator
 - experienced in LCME process
 - knows the institution well
 - lots of people owe him/her favors
- Right-hand assistant to the coordinator
 - also experienced in LCME process
 - good relationships with course/clerkship directors
 - meet weekly (religiously) with the coordinator

More Right People

- Administrative assistant
 - Good organizational and computer skills
 - Knows the curriculum and the major players
 - Ensures reports from the start are in LCME format
 - Helps to be a little O/C
- Database person
 - Knows the school's database and also good web skills
 - Works on putting all materials on the CD to be submitted in easy to use format

It's All about the Right People

- Student leader
 - Well respected M3 to see whole process to completion
 - Good organizational skills and writes well
 - Not easily frustrated, very diplomatic
- LCME Task Force
 - True institutional leaders (can make things happen)
 - Represent all major areas covered by the Self-study (include alumni, university officials, partners, etc)
 - Possess institutional memory

Use All Available Resources

- LCME Publications (look at Survey Report Guide early in the process – work backwards)
- LCME Staff – when in doubt, ask
- Faculty who have served as site-visitors
- Annual Reports (AAMC/LCME – Longitudinal Statistical Summary Report, GQ, etc)
- Previous site visit reports and all correspondence with LCME since last site visit
- Colleagues at institutions recently site-visited
- Two offices with full set of all above documents

Educate & Inform

- Education must be on-going throughout the process (with crescendo the last six months)
- Leadership must play a major role in educating all faculty, staff, students, partners, university, etc
- A retreat early in the process can be very beneficial – all sites
- Use modern technology
 - School website: post committee meeting, minutes, reports, survey results, links to LCME
 - Video conferencing to separate sites

Two Weeks Prior to Site Visit

- Pre-site visit small group meetings with everyone who is scheduled to meet with the site visit team
- Materials for everyone:
 - General statements – code of conduct, timeliness, not to give presentations, do not argue, these are busy people...
 - Executive (Institutional) Summary
 - Facts sheet on changes since last site visit
 - Questions that affect everyone – budget, faculty development, etc
 - Background checks on all site visitors (area of expertise and school curriculum)

Meeting Specific Information

- Information specific to the small group
 - Pertinent standards
 - Relevant issues from student and institutional self-study
 - Relevant sections of the Survey Report Guide
 - Likely questions based on self-study, GQ, hot topics
 - Have positive aspects of the program to highlight

The Actual Site Visit

- Make hotel reservations early (months in advance)
- Work closely with site team secretary to ensure the team has everything they need in advance and on-site
- Reservations at the best restaurants (send links ahead of time), provide professional, friendly drivers and timely transportation
- Email reminder and phone call the day before each person is to meet with the site visit team

More on Site Visit

- Team room on site
 - Fully equipped and wired for internet
 - Convenient and comfortable
 - All relevant documents are available
 - Table to showcase school's programs
 - Have staff check frequently to see if anything is needed
- All faculty should be available to meet with the team if necessary and should respond to requests for additional information expeditiously

The Team Boards the Plane to Leave

- Celebrate!!!!!!
- Party!!!!!!
- Everyone should be included and thanked

Top 10 Hints: Organizing Your School's LCME Survey Visit

Joyce Fried
Assistant Dean
David Geffen School of Medicine
at UCLA

Number 10

- Read the “*Guidelines for the Conduct of Accreditation Survey Visits*”
- And then read them again
- And again and again
- And once more

Number 9

- As soon as survey visit dates are selected, put holds on calendars of all key participants:
 - University chief executive
 - Medical school leadership/deans
 - Department chairs
 - Course / clerkship directors
 - Curriculum committee members
 - Student affairs directors
 - Heads of affiliated hospitals

Number 8

- Reserve meeting rooms throughout your medical school for the visit days
 - Main conference room
 - Rooms for concurrent sessions
 - Rooms for breakfasts and lunches with students and faculty
 - Educational space to be toured

Number 7

- Reserve hotel rooms for survey team members
 - Proximity important
 - Provide choices with rates (institutional discount)
 - Dialogue with survey team secretary
 - Charges paid by team members
 - Arrange for suite for team chair for evening meetings with the dean and team discussions

Number 6

- Draft survey visit schedule
 - Utilize template
 - Adjust topics to accommodate distinctive characteristics of the school
 - Dialogue with survey team secretary
 - Identify session participants
 - Distribute schedule to all participants

Number 5

- Identify students from each class who will meet with the survey team
 - Students should be representative of the student body:
 - Leaders
 - Diversity
 - Gender
 - Arrange for approved absences for students
 - Give students material to read

Number 4

- Arrange survey team logistics:
 - Team members responsible for making their own airline reservations
 - Arrange for airport transportation or provide options
 - Provide restaurant list
 - Plan to meet survey team daily at hotel to escort team members to school and then back to hotel

Number 3

- Coordinate visit details
 - Provide transportation if visiting branch campuses
 - Order breakfasts, lunches, breaks
 - Arrange for AV — laptops, LCD projector, telephone, Internet connectivity
 - Anticipate information that might be requested — copies of database, other materials to review
 - Send out reminders to all participants with explicit information on dates, times, and locations

Number 2

- Arrange final rehearsal / preparation
 - Schedule mandatory meetings for everyone participating in survey visit
 - Provide everyone with copies of standards, self-study, database, student report
 - Hold mock visit and/or information-sharing sessions
 - The three “Cs”: consistency, communication, collaboration

Number 1

Have fun!!!

If you have done all of your
prep work correctly,
the survey visit will be seamless
and you will be congratulated
on a job well done!

Medical School Preparation for LCME Accreditation



Student Involvement

Panta Rouhani, PhD, MPH

Fourth-year Medical Student

University of Miami Miller School of Medicine

LCME

Overview

- Timeline
- Organizational Structure - Subcommittees
- Survey Design
- Data Analysis and Report Preparation
- If I had known then what I know now...
 - Successes
 - Challenges
 - Pearls



Timeline: Survey Visit in February 2009

- T-16 Months (Nov 2007):
 - Medical Student Administration appointed Student Committee Co-chairs:
 - Megha Garg, MS-2, AAMC Organization of Student Representatives (OSR)
 - Panta Rouhani, MD/PhD, Student Government President
 - As Co-Chairs of the Student Committee, we sat on the overall Steering Committee
 - Enabled us to grasp the 'big picture' and effectively understand our role in the process
 - Allowed us to contribute the student perspective

Timeline: Survey Visit in February 2009

- T-16 Months (Nov 2007):
 - Faculty Advisor, Dr. Hilit Mechaber
 - Compiled names of recommended students
 - Recommendations from other student leaders, faculty, and administration
 - Students with diverse backgrounds who we felt could be responsible and honest were invited
 - Critical to include traditional and non-traditional students, those involved vs. less involved
 - Selected 60 students to join our Student Committee
 - Extended formal invitation to our first meeting

Overview of Process

First Student Committee Meeting

- T-15 Months (Dec 2007):
- As Co-Chairs, we charged our committee members with this extremely important endeavor
- Requesting the unique experience of each student
- All 60 students accepted the challenge
- Provided students “The Role of Students” pdf on LCME website, includes sample survey & list of 10 areas to be included in Student Analysis

Ten Areas to be Included in the Student Analysis → Subcommittees

- Facilities (5)
- Information Resources & Library Services (6)
- Admissions (5)
- Student Services (6)
- Academic Guidance & Mentoring (6)
- Minority Affairs & Student-Faculty-Administration Relationships (6)
- Curriculum (7)
- Professionalism & Evaluations (6)
- Student Life (7)
- Extracurricular Academic Opportunities (6)

Survey Design

- At first meeting, students indicated subcommittee preference
- Subcommittee Chairs arranged meetings and compiled survey questions by deadline
- Received 463 suggested questions
- Obtained assistance from Faculty Advisor and psychologist at our medical school, unbiased resource in survey design
- Included 180 items in final instrument:
 - 165 (general survey)
 - 15 (class-specific questions)

Survey Design & Survey Administration

- Designed survey for LCME Student Analysis & for internal use by student leadership
- Surveys were Web-based, with added security for anonymity
- Qualitative data:
 - Offered multiple free-response options throughout survey
 - Held multiple focus groups and open study body forums
- **T-10 Months (Mar 2008)**
- Extensive publicity by the entire Student Committee
- Survey was only available for 2 weeks

Data Analysis and Report Preparation

- Overall response rate for student body = 71.2% (n=457)
- Over half of each class completed the survey
 - 113 (75.3%) MS-1 students
 - 117 (78.0%) MS-2 students
 - 117 (64.6%) MS-3 students
 - 101 (55.8%) MS-4 students
- An Epidemiology graduate student assisted with data analysis
- The Co-Chairs wrote the first draft & Subcommittees edited their respective components of the final report

Timeline: Survey Visit in March 2008

- T-5 Month (Oct 2008):
 - Student Report available on school website
- T-1 Month (Jan 2009):
 - Co-Chairs oriented 10 MS-1 students to join
 - Re-cap with Committee & formed Student Lunch Groups
- T-1 Week (Feb 2009):
 - Continued publicity to student body to maintain transparency
 - Mock visit with tours and small groups
- Feb 2009: LCME survey visit

Successes

- Early involvement of broad group of students
- Early publicity of upcoming LCME site visit to entire student body with continual updates
- Subcommittees, each student played a major role in survey design and in final report
- Publicity of survey, focus groups, and open forums
 - Word of mouth, email, screen savers in computer lab, flyers, announcements at all student organization meetings and events

Pearls

- Offered survey for limited time
 - Incentive for students to complete survey while available
- Selection of the two-week window was critically important
 - Between Rank List due date and Match Day
 - Good time of year for all students
 - Close to Spring Break (for MS-1 students)
 - Before Step 1 frenzy (for MS-2 students)
 - MS-4 students have time & are eager to offer their opinions

Challenges

- Time required of student committee members
- Reminding students of the task at hand
- Being “middle person”
- Diplomacy



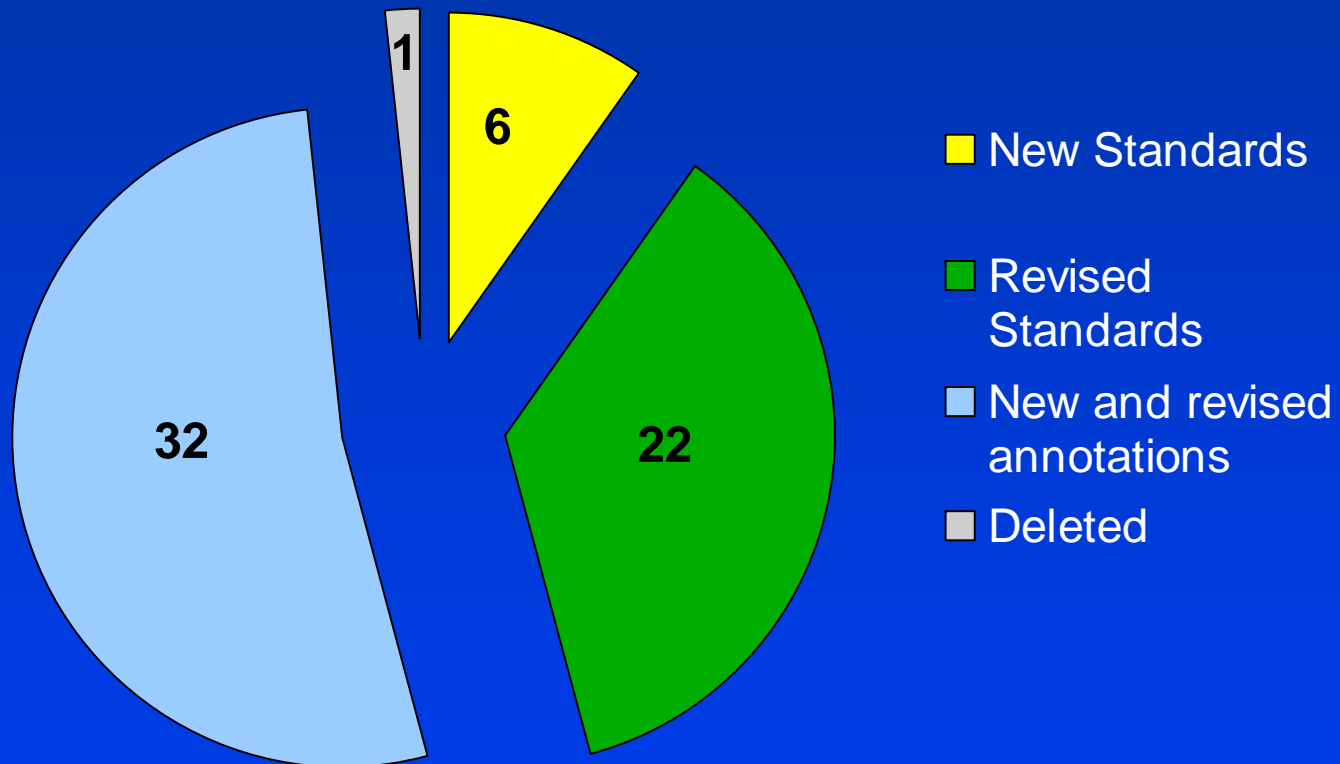
Thank you

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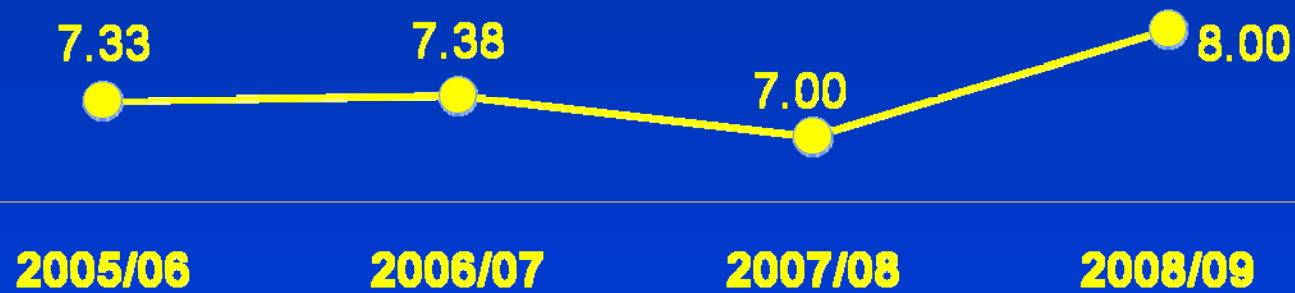
Update on New LCME Standards and Policies

Dan Hunt, MD, MBA
LCME Co-Secretary
(2010-2011)
AAMC

New and Revised Standards and Annotations since 2002



Average Number of Citations by Year of Survey Review



New Standards Effective July 2008

- MS-31-A: Learning Environment
- IS-14-A: Service Learning
- ED-17-A: Clinical and Translational Research
- IS-16 and MS-8 New Diversity Standards

New Standard Effective July 2008: MS-31-A, Learning Environment

Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students.

Selected Portions of the Annotation for MS-31A

The learning environment includes formal learning activities as well as attitudes, values, and informal "lessons" conveyed by individuals with whom the student comes into contact.

In addition to defining the attributes of professionalism expected of the academic community, the school and its faculty, staff, students, and residents should regularly assess the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct, and develop appropriate strategies to enhance the positive and mitigate the negative influences.

New Standard Effective July 2008: IS-14-A, Service Learning

Medical schools should make available sufficient opportunities for medical students to participate in service learning activities, and should encourage and support student participation.

Selected Portions of the Annotation for IS-14-A

"Service-learning" is defined as a structured learning experience that combines community service with preparation and reflection.

Support for student participation could include offering or providing information about financial and social support for student service-learning (such as stipends, faculty preceptors, community partnerships).

New Standard Effective July 2008: ED-17-A, Translational Research

The curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.

Selected Portions of the Annotation for ED-17-A

There are several ways in which programs can meet the requirements of this standard. They range from separate required coursework in the subject, to the establishment of appropriate learning objectives and instructional activities within existing, patient-focused courses or clerkships (for example, discussing the application of new knowledge from clinical research in bedside teaching activities, offering mentored projects, or conducting journal club sessions that allow students to explore the development or application of clinical and translational research).

New Diversity Standards: IS-16 and MS-8

- IS-16. Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds
- MS-8. Each medical school must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission

Selected Portions of the Annotation for IS-16

Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

Revised ED-1

Effective February 2007

The medical school faculty must define the objectives of its educational program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.

Revised ED-2 Effective February 2007

There must be system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.

Revisions in ED-24, Resident Teaching and Evaluation

Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.

(Read the annotation carefully)

Selected Portions of the Annotation for ED-24

- Provide written copy of course / clerkship objectives
- Provide guidance from course / clerkship director re: roles in teaching and evaluation
- Institution / departments provide workshops to enhance teaching and evaluation skills
- **Central** monitoring of the level of resident's /other instructors' participation

Canadian Accreditation Issues

Nick Busing, MD
CACMS Secretary
AFMC

The Canadian Perspective and Contribution

- Collaborative process
- Consolidated letter
- Inputs to standards and policy
- Committee on Accreditation of Canadian Medical Schools (CACMS) Secretariat

The Canadian Perspective and Contribution

- **Interim review process (AFMC initiative)**
 - **mid-cycle internal review process**
 - **Standards-based**
 - **Checklists and templates**
 - **Process of Continuous Quality Improvement**

The Canadian Perspective and Contribution

- **Information tools**
 - **Financial Questionnaire**
 - **Student Data**
 - **GQ questionnaire – bilingual**
 - **Surveyor training workshops**

The Canadian Perspective and Contribution

- **“Canadianizing” forms and templates**
 - **Financial Aid Questionnaire**
 - **Database tables**
 - **LSSR**

The Canadian Perspective and Contribution

- **Information tools**
 - **Financial Questionnaire**
 - **Student Data**
 - **GQ questionnaire - bilingual**

The same lessons....

- Pay attention to self study
- Look clearly at prior non compliant standards
- Engage the Dean and all the faculty

Most Common Noncompliances from full surveys (n = 68) reviewed October, 2005 - June, 2009

1. ED-2
Central oversight clinical objectives
2. ED-30
Course & clerkship evaluation
3. ER-9
Affiliation agreements
4. ED-33
Integrated institutional responsibility
5. MS-19
System to assist students' career & electives choice and residency apps
6. FA-1
Faculty Diversity
7. ED-8
Comparability of educational experience & evaluation
8. ED-24
Non-faculty teachers
9. ED-35
Curriculum subject to periodic faculty review & revision
10. MS-24
Student indebtedness

LCME Documents

- All relevant LCME documents are on the LCME Web site: www.lcme.org
- Documents are updated regularly (so always check for the most recent version)