

SURVEY REPORT GUIDE

FOR LCME & CACMS SITE VISITS
CONDUCTED IN THE 2007-2008 ACADEMIC YEAR

LIAISON COMMITTEE ON MEDICAL EDUCATION

www.lcme.org

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Survey Report Guide 2007-8
Liaison Committee on Medical Education

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INTRODUCTION

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 the Committee on 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 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 site visit took place. If the dean of the program involved disagrees with the tone of the report or the findings of the survey team, that 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. 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 institutional self-study. Site visitors are expected to have reviewed this material before the visit. While on site, the team may also want to review the unabridged self-study committee reports.

For the most part, schools do 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 state of affairs than seems evident to the surveyors. Care should be exercised to validate the medical education database and the basis of conclusions drawn by the self-study task force. Some of this information was compiled as long as a year before the accreditation visit, and it is important to note whether major issues have been addressed in the interim and whether any new concerns have emerged.

The LCME Secretariat staff is available to assist team secretaries in preparing the draft report. Both LCME Secretaries should receive a copy of the draft report with appendices before the draft is sent to the team or the school. The Secretariat will provide feedback based on a review of the preliminary report. After receiving the Secretariat review of the report and making any necessary adjustments, the team secretary should circulate the report to team members and the dean for final review and 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 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, based on the medical education database, to be included in the report as appendices. Team members and the team secretary should feel free to include additional appendix material, but this should be selected judiciously.

It is necessary for the team secretary to compare the body of the draft report with the set of strengths, noncompliance, and transition issues identified by the survey team, to ensure that all summary findings are well documented in the text. The team chair and secretary should edit the report for the propriety of any attribution to individual faculty members, administrators, or students. While the commentary of individuals who meet with the team may be important for documentation, 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 modified 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 comments to be returned 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. Secretaries should keep in mind that (a) LCME meetings are held in the first week of October, February, and June, and (b) LCME members must receive the final printed reports two weeks before the meetings.

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 conclusions 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.

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 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 OF A FULL 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). See sample at the end of this document.

INTRODUCTION AND COMPOSITION OF THE SURVEY TEAM

A typical example:

A survey of the University of Larchmont School of Medicine was conducted on December 1-4, 2004, by an ad hoc team representing the Liaison Committee on Medical Education (LCME). The team expresses its appreciation to Dean William Osler and the administrative staff, faculty, and students for their interest and candor during the survey visit. Associate Dean Benjamin Rush and Ms. Dorothy Dix deserve special thanks for the smooth coordination of the visit, tactful management of scheduling changes, and timely provision of additional items of information requested during the visit.

After the paragraph introduction, list the members of the survey team, giving their names, titles and institutions, and their roles in the survey team as chair, secretary, member, or faculty fellow. For example:

Chair:

Abraham Lincoln, M.D. (Medicine)
Dean, School of Medicine
University of New Columbia
Washington, DC

Secretary:

Edwin Booth, M.D. (Psychiatry)
Associate Dean for Curriculum
University of Baltimore School of Medicine
Baltimore, MD

Member:

Member:

LCME Faculty Fellow:

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.

Summarize the survey team's findings under the following headings: "Areas of Strength," and "Areas of Partial or Substantial Noncompliance" (and, if appropriate, "Areas in Transition"). Findings within each of these categories should be listed in the order of the sections in *Functions and Structure of a Medical School*.

Areas of Strength

An area of strength is generally considered by the LCME to represent either (1) an aspect of the medical school that is deemed critical for the successful achievement of one or more of the school's missions or goals, or (2) a truly distinctive activity or characteristic that would be worthy of emulation. Strengths should relate to 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 Partial or Substantial Noncompliance

These findings represent the team's judgment that a program does not fully comply with an accreditation standard at the time of the survey visit. Findings of noncompliance should use the following format: (1) the number and text of the standard and (2) a paragraph or bulleted list delineating the principal evidence indicating noncompliance. An example of the preferred format follows:

MS-24. To the extent possible, a school should develop its own resources for providing financial aid to students, thereby reducing their dependence upon external sources.

Tuition has gone up by an average of seven percent in each of the past four years, while the level of institutional funding for grants and scholarships has decreased by an average of three percent per year over that period. Student indebtedness now exceeds \$130,000 on average, with federal loans comprising over 90% of the student debt portfolio.

If a noncompliance issue relates 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.

Areas in Transition

These findings indicate significant events or activities taking place which, depending on their final outcome, could result in noncompliance with one or more accreditation standards. Examples of such events include recurring decreases in a major funding source (like state allocations or practice plan revenues), reorganization of the school's administrative leadership, or fundamental changes in the structure or implementation of the educational program. Items in transition should be listed in bulleted format, and do not require citation of relevant accreditation standards.

It is essential that noncompliance and transition issues 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 noncompliance and transition issues should give a sense of relative magnitude of the problem, indicate if it has persisted for a lengthy period, and identify any progress towards resolution.

PRIOR ACCREDITATION SURVEY(S) AND PROGRESS REPORT(S)

Summarize the key findings and recommendations of the most recent survey. If there was a recent limited survey, summarize both this and the earlier full survey of the school. Briefly describe any progress reports, and the resulting LCME action. Give the dates of the prior survey(s) and reports. Feel free to use bullets, paraphrase, or combine items as needed to be succinct. Summarize progress since the previous survey in addressing the areas of noncompliance and areas in transition.

THE MEDICAL EDUCATION DATABASE AND INSTITUTIONAL SELF-STUDY

Comment on the organization, completeness, and internal consistency of the database. Were quantitative data (applicant numbers, admissions data, USMLE scores, financial information, etc.) updated to the current year? Comment on the self-study, in terms of the degree of participation by medical school faculty, administrators, students, and others; the comprehensiveness and depth of analysis; the organization and quality of the conclusions and recommendations; and the dissemination of the report's findings to the academic community. Note the degree to which the survey team's major conclusions are concordant with those of the self-study.

Comment on the methods used in the students' self-study, including the level of student participation obtained. Note whether/how the results of the student self-study will be used in the survey report. Also note if other sources of data, such as the Association of Medical Colleges Medical School Graduation Questionnaire (AAMC GQ), will be used (provide the response for the AAMC GQ). Include in the Appendix a listing of the various self-study task forces and committees, and a copy of the overall or executive summary of the self-study findings (not the complete self-study report).

HISTORY AND SETTING OF THE SCHOOL

Briefly summarize the history of the school. 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, geographically separate campuses/programs, and principal teaching hospital(s). Describe the geographic relationships of the main campus to major clinical teaching sites and, where appropriate, remote campuses; include relevant maps in the Appendix.

Conclude with a table comparing selected data for the reference years used for the current and past database. For example:

The table below compares selected data for the reference years used in the databases compiled for the previous and current full accreditation surveys.

	[Previous Survey Year]	[Current Survey Year*]
Entering class size	132	145
Total enrollment	541	550
Residents & fellows	729	986
Full-time basic science faculty	142	184
Full-time clinical faculty	739	1,140

(\$ in Millions)

Total revenues	\$190.3	\$398.3
Tuition and fees	\$9.0	\$14.9
Parent University and state appropriations	\$5.6	\$6.4
Research/training grants, direct	\$42.2	\$108.8
Indirect cost recoveries	\$12.4	\$26.9
Professional fee income	\$64.8	\$128.5
Revenue from clinical affiliates	\$47.6	\$100.0
Gifts and endowment	\$2.8	\$4.6
Other revenues	\$5.9	\$8.2

* data from (year)

Note on Organization of Report Body

The body of the report should give the team's narrative description and comments, referring as needed to database items or other documents collated sequentially in the Appendix at the rear of the report. The report should be careful to differentiate team commentary from that of the institution.

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 reserve original copies of hand-outs, database pages, etc. for incorporation, as appropriate, in the final report sent to the LCME Secretariat for printing. 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 type style be conventional (for example, Times New Roman, 11pt as in the survey report template).

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

I. INSTITUTIONAL SETTING

Insert the following items from the database in the Appendix:

- Current entry in AAMC *Directory of American Medical Education, and any changes*
- Organizational chart(s) showing relationship of medical school to university and clinical affiliates
- Dean's role and brief resumé

- Organizational chart for dean's office
- Table showing enrollment in graduate programs in basic sciences
- Table(s) showing number of house officers by specialty

In an introductory paragraph, briefly summarize the institution's mission and goals. Comment on the school's planning process in relation to its mission and goals. Has the school developed a timetable and appropriate outcome measures to judge progress in achieving its aims?

A. Governance and Administration

Note whether the school or university holds regional accreditation, the name of the accrediting body, and the year of the next survey for regional accreditation. Briefly describe the procedure for appointing or renewing members of the oversight board for the medical school. Note any policies addressing potential conflicts of interest in the appointment of board members (and any evidence that existing policies are being followed). Summarize the role of the board in reviewing or approving medical school policies and procedures, including administrative and faculty appointments.

Summarize the dean's responsibilities and his or her relationship to university officials. If the dean does not hold the title of vice president for health affairs (or equivalent), identify the person who holds that title and the dean's reporting relationship to this individual. What administrative mechanisms link the dean with the heads of major teaching hospitals owned or operated by the medical school? Evaluate the effectiveness of these relationships and note any problems. Briefly summarize the mechanisms for organizational decision-making affecting the medical school and comment on their effectiveness.

Succinctly describe the credentials of the dean, and the date of his or her appointment. Comment on the school's decanal stability and the consistency of its leadership and direction since the last full survey. Describe the organization of the dean's office. Is the staffing adequate and the division of responsibility reasonable, effective, and understood by the faculty and students? Do students and the faculty perceive the dean's staff to be accessible and able to solve problems?

Are department chairs appointed for a fixed period? What mechanisms exist for periodic review of departments and chairs? Note department chair vacancies or long-standing acting/interim arrangements.

Evaluate the basic science departments collectively, in regard to their understanding of and contributions to the school's mission and goals, as well as their resources (financial, faculty, facilities), academic strength, and achievements. Provide a similar assessment for the clinical departments with major responsibilities for medical student education. Comment on the extent of budgetary authority and adequacy of departmental budgets to achieve institutional goals. Based on the institutional self-study or meetings with school administrators or faculty, are there any departments experiencing significant problems (e.g., due to administrative instability, faculty numbers, budgetary constraints)? Specific problem areas (e.g., faculty, finances) should be identified here and described in more detail in the corresponding section of the report.

B. Academic Environment

Describe the graduate program(s) in basic sciences, including organization (departmental, interdepartmental, inter-school), total enrollment and funding sources. Does the institution conduct a regular and systematic review of the graduate programs, evaluating research productivity, the strength of the faculty, accomplishment of trainees, and the role of the graduate program in the education of medical students? Evaluate the appropriateness of size, adequacy of funding, and the value of the graduate programs to research and education in the medical school.

Briefly describe the size of the residency programs. Does the medical school provide central oversight of graduate program quality? Do the institutions that sponsor graduate medical education programs meet the Institutional Requirements of the ACGME (or the corresponding requirements in Canada)? Is the institution or any programs on probation or in danger of losing their accreditation? Note any major disciplines with required clerkships where students have little or no contact with residents. Briefly summarize opportunities for medical students to participate in or learn about continuing medical education programs sponsored by the school or its clinical affiliates.

Evaluate the trend in research funding over the past three years and indicate the extent to which research is an institutional priority. Is there an appropriate infrastructure to support research? Is there an explicit strategy to pursue specific research directions or accomplish a particular level of research productivity? Are there departmental or individual research incentives? How broad is the research involvement of basic science and clinical departments? Are there "centers of excellence" or interdisciplinary research institutes on the campus or affiliated with the institution? To what extent do medical students participate in research?

Summarize institutional efforts to promote collaboration across the faculty for achieving the school's missions and goals.

II. EDUCATIONAL PROGRAM FOR THE MD DEGREE

Insert the following items from the database in the Appendix:

- A schematic showing the placement of courses and clerkships within each academic period
- Table (from ED-10) indicating the presence in the curriculum and the amount of structured teaching time devoted to subjects required for accreditation
- Organizational chart for management of the curriculum (from item ED-33)
- USMLE Steps 1 and 2 performance data (number examined, percent passing, mean total score, mean national total score) for first-time takers for the three most recently-available years

A. Educational Objectives

Summarize the objectives of the educational program¹, as defined by the school. If the objectives 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 2000 report? Are there specific criteria for the types of patients students must encounter, the level of student responsibility, and the appropriate clinical settings needed for instruction in order for students to meet the objectives for clinical education? Is there a system to monitor student clinical encounters? How are medical students and faculty members made aware of the educational program objectives? Are the objectives used as part of curriculum (course and clerkship) planning and evaluation?

¹ Educational program objectives are the general knowledge, skills, behaviors, 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. Include the total weeks of instruction, the weeks of scheduled instruction in each year, and the number of scheduled instructional hours in years one and two (the preclinical years).

Are there opportunities for active learning and independent study? Is there an explicit attempt to foster the skills of lifelong learning?

If instruction takes place at more than one educational site within a given discipline, evaluate whether processes and procedures are in place to ensure that educational experiences and methods of evaluation are comparable. Are the same objectives, evaluation methods, and policies for determination of grades used?

Has the curriculum changed recently, or is it in the process of changing? If so, describe the changes that were or are being made and the timetable for completion of any current curriculum revision.

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

2. Content

Are all the subjects required for accreditation included in the curriculum? Is the coverage of these subjects sufficient to meet accreditation standards?

Organize the description of the courses and clerkships in the educational program by year or academic period. Note that methods used to evaluate student performance are included in another section.

Years One and Two

For the required courses in years one and two, fill in the tables in the report template or copy and insert the tables from the school's database ("Required Courses and Clerkships, Part A) that includes 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 the standard program. A track may be located on the main campus, or at a geographically-remote site. The faculty of the track may be distinct or shared with the faculty of the standard program.

Sample course write-up for a basic science course:

Cell Structure and Function is managed by the Department of Biochemistry and includes participation from the Departments of Cell Biology/Anatomy, Physiology, Genetics, and Pathology. Faculty members from the Departments of Medicine and Pediatrics are involved in small group sessions. While sufficient faculty expertise is available for the lecture portion of the course, staffing the small group sessions has been challenging. Written objectives for the course are contained in a syllabus, which is available in hard copy and online. The course aims to provide an introduction to the fundamentals of cell biology, through the integration of content from relevant disciplines. The course objectives stress interdisciplinary problem solving, which is addressed during the small-group, case-based teaching sessions that are co-facilitated by basic science and clinical faculty members. Space for small group teaching is sufficient, and the lecture hall and teaching rooms have Internet access and other appropriate teaching aids. Over 90% of students responding to the 2002 AAMC GQ rated the course as excellent or good in preparing them for clinical clerkships. The student self-study reported that this was “among the best” courses in the first year. Major successes noted in the database include the high quality of the teachers and clinical integration achieved with the case-based sessions. The biggest obstacle is recruitment and retention of small-group facilitators from clinical departments.

For the introductory courses designed to teach basic clinical skills (e.g., history-taking, communication skills, physical examination) also describe and evaluate the appropriateness of the settings used for teaching, the level of teaching and supervision, and the adequacy of the patient base. Note if standardized patient or other simulation methods are used in teaching, and if there is sufficient and appropriate space for clinical skills teaching.

Years Three and Four

For the required clerkships in years three and four, copy the tables from the database (as in years one and two). “Formal instruction” refers to the sum of lecture hours, conference time, and teaching rounds; report either an average or range as appropriate, and note any major site-specific variations in the narrative description of the clerkship.

YEAR THREE

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk formal instruct.**	Patient 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 student clinical encounters been defined?

‡ Is a log kept of patients seen?

YEAR FOUR

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk formal instruct.**	Patient 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 patient encounters been defined?

‡ Is a log kept of patients seen?

For each required clerkship, note if there are written objectives and how they are distributed to students. Note if there are criteria for student clinical encounters to meet the clerkship objectives, and how student clinical encounters are monitored (e.g., through patient logs). Are there mechanisms (such as mid-clerkship review of logs) to ensure that students are having the required clinical encounters? Summarize the internal structure of the clerkship, including the amount of time spent in various rotations, and comment on the consistency of instruction across sites. Note the mechanisms employed to familiarize residents with the clerkship objectives and enhance their skills in teaching and evaluation. Evaluate the adequacy of the settings used for teaching, the amount and types of didactic instruction offered across sites, and the level of supervision provided by faculty members (full-time and volunteer) and resident physicians. Are students observed performing core clinical skills? Is mid-clerkship feedback available? Note any concerns about student workload (work hours, amount of time in clinical activities of low educational value) from the student self-study or interviews. How effective is the clerkship? Cite evidence of student performance (e.g., from NBME subject examinations), measures of student satisfaction (the AAMC Graduation Questionnaire, student course evaluations, student self-study), and comments from the database regarding clerkship successes and challenges.

Sample clerkship write-up:

The surgery clerkship uses the objectives developed by the Association of Surgery Clerkship Directors. The objectives are contained in introductory materials distributed to students during the clerkship orientation. Students spend half of the eight-week clerkship in general surgery either at the University Hospital or the VA. For the remaining four weeks, students can choose among two-week rotations in a number of surgical subspecialties offered at three sites (the University Hospital, Gardner Community Hospital, and the VA). There is a common lecture series for the general surgery portion of the clerkship but the didactic teaching during the subspecialty rotations is variable across sites. Students at the University Hospital note that supervision is provided mainly by residents and that contact with attending physicians is limited. The department holds a one-day retreat each year for residents that is focused specifically on improving their teaching and evaluation skills. Students receive a list of patient conditions they should see during the clerkship. While students do not keep a general log of patients seen, a procedural log has been introduced, which is reviewed by the student's preceptor at the mid-

clerkship evaluation . Mid-clerkship evaluation appears to be consistently provided across sites, as noted in the clerkship evaluations. In the AAMC GQ, 60% of respondents indicated that they had been observed by faculty. Students noted that at two of the clerkship sites, they were being expected to work longer hours than residents. Student performance in the NBME subject examination is at the 40th percentile. In the 2002 AAMC GQ, 65% of respondents agreed that their time on the ward s was productive. Successes described in the database include good exposure to general surgical problems and surgical specialties, and high levels of student satisfaction with resident teaching. Major problems include the limited time available for the clerkship, inconsistent time for observation by faculty, and the lack of exposure to surgery in an ambulatory setting.

Elective Courses

Summarize the amount of elective time available in each year of the curriculum. Indicate the maximum number of weeks that students may spend taking electives at another institution and the average number of weeks the most recent graduating class spent in away electives.

Summary of Curriculum Structure

In summary, is the curriculum designed so as to allow students to achieve the objectives of the educational program? Is there general student satisfaction with the educational program? Is there an appropriate balance among the methods of instruction used, between inpatient and outpatient clinical experiences, and between clinical experiences in primary care and specialties?

C. Teaching and Evaluation

Do faculty members provide an appropriate level of supervision during students' clinical experiences? Describe the roles of graduate students in the biomedical sciences, postdoctoral fellows, and residents in medical student teaching. Note any institutional programs available to residents or other instructional staff for improving their skills in teaching and evaluation. Complete the following table indicating support for resident participation in medical student education.

Clerkship	Objectives provided to residents (yes or no)	Departmental programs for teaching & eval. Skills (yes or no)

Complete the following tables in the report template or copy and insert the tables from the database that summarize methods for evaluating student performance. Place an "x" in each cell where the evaluation method is used. The tables are contained in Part A (Summary Data) in the Required Courses and Clerkships Form.

YEAR ONE

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

* Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching)

† Describe the specifics in the report narrative

YEAR TWO

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

* Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching)

† Describe the specifics in the report narrative

YEARS THREE AND FOUR

Contribute to Grade (Check all that apply)							Clinical Skills Observed (Y/N)†	Mid-Course Feedback (Y/N)
Course or Clerkship	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 used to evaluate student performance in the preclinical and clinical disciplines. Do the evaluation methods assess problem solving, clinical reasoning, communication, and other skills, behaviors, and attitudes needed in subsequent medical training and practice? Summarize whether and how students are systematically observed performing core clinical skills, behaviors, and attitudes (the basic information should be provided in the course and clerkship write-ups). Do students regularly get formal mid-course and mid-clerkship feedback? If so, what form does this feedback take (oral, written)? Include specific examples from the course/clerkship write-ups, as appropriate. Comment on the timeliness of reporting of final grades. Note any clerkships that do not include narrative evaluations as part of their assessment of student performance.

D. Curriculum Management

1. Roles and Responsibilities

Describe the mechanisms used for curriculum planning, implementation, evaluation, management, and oversight, including the roles of faculty committees (e.g., the curriculum committee and its subcommittees, if any), the departments, and the central medical school administration. Refer as needed to the organizational chart for curriculum management, which should be included in the Appendix. How effective are the school's curriculum management processes? What is the evidence that there is integrated institutional responsibility for the curriculum? Cite evidence as to whether the curriculum is coherent and coordinated. For example, note the extent of content integration among courses and across academic periods and describe how this is achieved.

Is there regular (systematic) review of the segments of the curriculum and the curriculum as a whole, including review of objectives, content, and methods of teaching? Describe how reviews are conducted and what individuals or groups participate in the review process and receive the results. Is there an effective system in place to assure that problems identified during reviews are corrected? How is curriculum content monitored, to ensure that there are no gaps or unintended redundancies? Is there a formal curriculum inventory? Is the workload of students monitored to ensure that there is appropriate time for independent learning and that work hours in the clinical years are appropriate?

In the opinion of the survey team, does the chief academic officer have sufficient and appropriate resources to support the design, implementation, and evaluation of the curriculum? If not, summarize the problem here and describe any issues in more detail in Section IV (Faculty) and/or V (Educational Resources).

2. Geographically-Separate Programs³

[Complete this section if the school operates one or more geographically-separate programs]

For each geographically separate program, 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) at each site, including the "main campus," for each curricular year. Comment on the administrative relationship between the school and its geographically-separate branch campus programs. An organizational chart describing the relationship between the medical school and branch campus administrations should be included in the Appendix. Describe the mechanisms that exist to support functional integration among the instructional sites (at all levels, including administrative, departmental, and faculty), so as to ensure comparable levels of educational quality and similar methods of student

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

evaluation. Do students at the various sites have access to the same levels of support services, including academic and career counseling? Are the standards for promotion and graduation consistent across sites?

E. Evaluation of Program Effectiveness

Describe the measures that are used to evaluate the effectiveness of the educational program. For student evaluations of their courses and clerkships, describe how and by whom the data are collected (e.g., by a central Office of Medical Education, by individual departments). Are there standardized course and clerkship evaluation forms? Summarize what individuals or groups receive the data on each measure of program effectiveness, and how the data are used for educational program review and change.

Cite evidence for educational program effectiveness, including data on program outcomes. Is there evidence that the objectives of the educational program are being met? Provide data on student performance in the framework of national norms of accomplishment. Include data for the past three years on USMLE Steps 1 and 2 performance, as well as performance on Step 3, if available. For Canadian schools, provide the results of the Part I MCC Qualifying Examination.

III. MEDICAL STUDENTS

Insert the following items from the database and student analysis in the Appendix:

- Student enrollment by class year
- Mean MCAT scores and premedical GPAs for past three entering classes
- Gender, racial, and ethnic distribution of medical students
- Table of students who left school, exhibited academic difficulty, or took leave of absence
- Sample Medical Student Performance Evaluation (“dean’s letter”)
- Tables of financial aid support
- Narrative section of student self-study analysis and data from student self-study questionnaire

A. Admissions

Summarize the requirements for admission, including any courses or topics that are recommended but not required. Review the admissions process, including the composition, organization and operation of the admissions committee. Comment on the appropriateness of selection criteria in light of the school’s mission, goals, and educational objectives. Evaluate the sufficiency of qualified applicants in relation to the number of students matriculated, and in terms of premedical GPAs, MCAT scores, and any other relevant antecedents predicting academic success in medical school. Is the school achieving student diversity consistent with its mission, goals, and environment? Are there programs and processes in place (for example, pipeline programs) to support diversity goals? Note whether the school possesses and disseminates technical standards admission. Comment on the accuracy of the school catalog or equivalent materials in portraying the educational program and admissions requirements. How are informational materials about the school and its requirements disseminated (paper format, online)?

Evaluate the total number of students enrolled (including students in combined or joint degree programs) relative to available resources for their education. Has enrollment changed recently or is it likely to in the near future? Are adequate resources available to accommodate the numbers of transfer and visiting students accepted by the school? Discuss the academic qualifications of transfer students relative to enrolled students. Evaluate the effectiveness of the system for verifying credentials and registering visiting students.

B. Student Services

1. Academic and Career Counseling

Summarize the academic advisory system, including any programs designed to assist potentially high-risk students in the entering class or students who experience academic difficulty throughout the curriculum. Discuss the attrition rate and the proportion of students on leave of absence. Comment on the effectiveness of the school's efforts to identify students with academic difficulty, and the efficacy of remediation activities.

Describe the system for counseling students on choice of electives and on career choice and residency application, including student perceptions of efficacy. How well do students perform in the NRMP (or CaRMS)? Briefly summarize the process for generating the Medical Student Performance Evaluation ("dean's letter"). Comment on the mechanisms used by the school to prevent the residency application process from interfering with scheduled academic activities.

2. Financial Aid Counseling and Resources

Comment on the organization, operation, and accessibility of the financial aid office. Does it have sufficient staff to meet the needs of the medical students? Briefly summarize programs or services for counseling students about financial aid and debt management, and provide data on student perceptions of the availability and utility of such counseling..

Describe recent trends in tuition and fees, and the overall cost of attending medical school. Is the policy for tuition refund reasonable and appropriate? Does the availability of loans and scholarships meet the needs of the school's students? Note any trends in the amount of institutional funding for grants and scholarships and describe any institutional initiatives for enhancing funding for scholarship support. Cite the average debt of indebted students in comparison with national norms, and comment on trends in debt levels in the context of institutional initiatives to limit debt.

3. Personal Counseling and Health Services

Describe the personal counseling services available to students, including their accessibility and confidentiality. How does the school ensure that those responsible for psychiatric or psychological counseling, and the provision of other sensitive health services, are not also involved in the academic evaluation or promotion of medical students? Summarize any programs to promote student well-being or facilitate their adjustment to the demands of medical school.

Summarize the health services available to students, and evaluate their cost and accessibility. Note the school's requirements for student health insurance, including the costs to students and their dependents. What measures does the school take to make disability insurance available to students? Are students adequately screened for their immunization status, given appropriate vaccinations, and properly instructed about infectious disease prevention and protocols for treatment after exposure?

C. The Learning Environment

Comment on the school's student mistreatment policies, and educational efforts to prevent mistreatment. Are there standards of conduct in the teacher-learner relationship and are students, faculty, and residents familiar with these standards? Do students perceive that the school's policies and procedures are effective?

Judge the clarity and appropriateness of the school's standards and procedures for student evaluation, advancement, graduation, disciplinary action, dismissal, and appeal. Are the standards and procedures widely understood by students, faculty members, and administration? Describe due process mechanisms that apply in cases of possible adverse action regarding a student, including timely notice of the charge or action, specification of the particulars of the situation, and opportunity for a fair and impartial hearing. Briefly summarize the options for appealing recommendations for dismissal or disciplinary action. Describe the system for assuring confidentiality of student records. Are student records readily accessible to students who wish to review them? Note any impediments to student review or challenge of examination or course grades.

Comment on the quality, quantity, and availability of study space, student lounge and relaxation areas, and storage facilities for personal belongings.

D. Student Perspective on the Medical School

Briefly summarize general student opinion of the medical school and the educational experience it provides, based on information contained in the student analysis, AAMC Graduation Questionnaire, and discussions with students on site. If not mentioned elsewhere in the report, describe particular strengths and concerns identified by the students. To what extent are the administration and faculty responsive to student concerns? Do students believe that they have adequate representation in decision-making bodies that directly affect their education?

IV. FACULTY

Insert the following items from the database in the Appendix:

- Tables showing current numbers of full-time, part-time, and volunteer faculty members in the basic science and clinical disciplines, by department and total
- Table of teaching responsibilities by department (from FA-2 in the database)
- Table (from FA-12 in the database) showing the major medical school faculty committees

A. Number, Qualifications, and Functions

Summarize trends in the total number of basic science and clinical faculty members since the previous survey visit. Evaluate whether the size and composition of the faculty is appropriate for the educational and other missions of the medical school. Are all basic science and clinical disciplines necessary for medical student education appropriately staffed? Is there any anticipated decrease in the number of faculty in the near future (for example, through a significant number of retirements)? Describe any institutional goals related to faculty diversity and comment on their achievement.

Describe whether the teaching skills of faculty members are evaluated by medical students and/or by peers. Is there formal evaluation of faculty as part of the course and clerkship review process? How are faculty members notified about the results of these evaluations? What mechanisms exist to remedy identified problems with faculty teaching or supervision skills? Describe both informal and formal programs to assist faculty members and, if relevant, residents and others who teach medical students, in improving their teaching skills. Are there faculty development programs focused on other areas, such as research enhancement? Are these programs regularly utilized by faculty, residents, and others?

Does the faculty maintain a commitment to scholarly productivity? Is scholarship valued and fostered by the medical school?

B. Personnel Policies

Are the policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal widely disseminated and understood by the faculty? If there are separate faculty tracks, are the policies related to these understood by the faculty? Does the medical school or its parent university have a faculty conflict of interest policy?

Do faculty members in all tracks get formal notification about their terms of appointment and about their responsibilities in teaching and other areas? Do faculty appear aware of the availability of this information? Describe the system for providing faculty members feedback about their performance and progress toward promotion. Is this feedback systematic, and do all faculty members receive such information? Are there medical school or university policies that require that such feedback be given?

C. Governance

Evaluate, in general, the medical school committee structure in terms of functionality and level of faculty participation. Individual committees (e.g., curriculum, admissions) can be described in the relevant sections of the report. What mechanisms exist for the dean to obtain input from departments heads and faculty leadership groups? In general, do individual faculty members have sufficient input into organizational decision-making, either through a committee structure or directly (e.g., through access to the dean or at general faculty meetings)? How does the dean communicate with the faculty at large?

V. EDUCATIONAL RESOURCES

Insert the following items from the database in the Appendix:

- Four-year Revenue and Expenditure Summary and current Annual Financial Questionnaire
- Table(s) of teaching facilities
- Table of faculty offices and research labs
- Summary data and associated tables for each clinical teaching site
- Tables of library and information technology facilities, library holdings, and library/IT staff

If relevant, begin the section with a brief discussion of any planned changes in medical student enrollment or institutional resources.

A. Finances

Complete the following table from the survey report template describing the breakdown of revenue sources for the medical school as a whole compared to relevant norms. Select the appropriate table (for public or private schools) from the template.

MEDICAL SCHOOL REVENUE SOURCES
(\$ in Millions)

Source	(Indicate year)	% of Total Revenues	% of Total Revenues All (Private/Public) Schools*
Tuition and fees	\$	%	%
State appropriation	\$	%	%
University allocation	\$	%	%
Grants & contracts (direct)	\$	%	%
Indirect cost recoveries	\$	%	%
Practice plans	\$	%	%
Gifts and endowments	\$	%	%
Hospitals	\$	%	%
Other revenues	\$	%	%
Total revenue	\$		
Total expenses & transfers	\$		

* Insert appropriate national percentages based on whether the school or public or private

Briefly describe recent trends in revenue sources and expenditures, and describe the current and anticipated fiscal condition of the school. Note any major changes in revenue sources or dependencies on particular revenue sources that suggest present or future problems. If there is a current or potential fiscal imbalance, does the school have a credible plan to address it? Are the school's educational programs suffering or endangered by underfinancing, or by undue productivity pressures for faculty research or patient care?

Using the Annual Financial Questionnaire and information obtained on site, briefly describe the clinical enterprise, (i.e., the system linking the principal hospital(s), the related healthcare system, faculty practice plan, and clinical faculty/hospital staff). What is the condition of the healthcare market and the strength of the medical school's position in that market?

Is the school planning or engaged in any major construction or renovation projects, or other initiatives that require substantial capital investment? If so, describe how capital needs will be addressed.

Comment on the general adequacy of funding to support department missions. If any departments were noted in the section on Institutional Setting as having financial problems, provide the specifics here, including departmental or school plans to resolve the financial issues.

Conclude with a statement about the school's overall financial status and prospects.

B. General Facilities

Make brief summary comments about the age, size, appearance and quality of the school's general facilities (not including hospitals). Is available space for teaching and research adequate for the current number of students and for the current or desired curriculum structure? Are any changes anticipated in either enrollment or curriculum structure that could affect the adequacy of educational space? For the number of existing and needed faculty? For current research activity and anticipated research expansion?

Comment on whether space for faculty, research and education activities is organized to advantage, i.e., distributed vs. consolidated. If new construction is planned or underway, describe the proposed new facilities and timetable for completion. Summarize student opinion regarding safety and security both on campus and at clinical teaching sites.

C. Clinical Teaching Facilities

Provide a summary description of the network of teaching facilities and comment on the overall quality and the collective sufficiency of resources for the clinical education of medical students.

Describe in serial paragraphs the major hospitals and ambulatory-care facilities utilized for medical student education. If not included in the Appendix, provide data on admissions and numbers of patient visits. Evaluate the overall quality of the educational resources for students (conference and classrooms, on-call quarters, library, computers and Internet access, etc.). Note any clinical services without accredited residency training programs.

Are affiliation agreements up to date and explicit on the role of and expectations for medical students? Are the clinical service chiefs appointed by or with the concurrence of the medical school? In clinical affiliations, does the medical school faculty have control and authority for the educational programs? Are there any problems intrinsic to the clinical facilities themselves, in the relationship of the school with affiliated hospitals, or from the impact of the medical student teaching program on teaching hospital operation or funding? Are there adverse clinical teaching effects attributable to declining hospital utilization, shorter length of stay, increased patient acuity, and/or changed case mix?

D. Library Services and Information Resources

Evaluate the adequacy of the library's hours, services, holdings, staff, and facilities. Does it meet the needs of the faculty, residents, and students? Are library resources accessible to students who are off site? Is there adequate study and small-group conference space? What is the quality of the library's automated databases and bibliographic search, computer and audiovisual capabilities? Is the library adequately funded? Is there an effective mechanism to assure faculty and student input to school/university administration on matters of library policy and procedures?

Evaluate the school's use of computer-assisted learning. Comment on the availability and accessibility of hardware and software, and on the faculty's interest and ability to use it. Is there support available to assist faculty in developing and utilizing information technology? Is the school using computer-assisted instruction in required or optional learning experiences and/or in the evaluation of students? Is the school cultivating self-learning behaviors? Are there resources to help the faculty identify or develop educational software?

Note any problems or discontinuities in the integration of information technology on the main campus with remote campuses and clinical training sites. Do medical students have access to electronic educational resources from off-campus locations?

THE REPORT OF A LIMITED SURVEY

INTRODUCTION

An interim, limited survey is conducted when concerns of a serious nature arise and the LCME believes that a site visit is necessary to validate the corrective actions. In general, the team conducting a limited survey should focus on these specific areas during the visit. However, any substantive new problems that have emerged in the interim should also be pursued by the team.

BACKGROUND

In preparation for the limited survey, the school is sent a letter by the LCME Secretariat six months beforehand describing the elements of a “mini-database” of information addressing noncompliance and (where appropriate) transition issues identified by the LCME. This information is used to provide supporting documentation for the text and appendices of the limited survey report. The survey team chair and secretary are expected to review carefully the school’s previous accreditation history (survey and progress reports). They should organize the visit and discussions around the issues highlighted in the letter to the school outlining the areas to be documented in the database.

LIMITED SURVEY REPORT FORMAT

Cover page. Use the cover page from the survey report template, but title the report “Final Team Report of the Limited Survey of the...”

Table of contents. Organize by category of concern, listed in the order that the items would appear in the full-survey database (e.g., Institutional Setting, Educational Program, Medical Students, etc.). Include a table of contents for the Appendices, as well.

Memorandum from survey team secretary to LCME. As with a full report.

Brief introduction. As with full report.

Composition of survey team. As with full report.

Summary of Findings and Conclusions

This is different from the list of institutional strengths, noncompliance issues, and transition areas of the regular, full report. This summary is a listing of the issues addressed by the limited survey, including any new areas explored during the survey, arranged in the same order as the sections in *Functions and Structure of a Medical School*. It describes the team’s findings on each issue separately in summary terms (the detailed discussion comes later). An example of summary statements in a limited survey follows [items in brackets are used to show order of citation by denoting sections in *Functions and Structure of a Medical School*):

Summary Findings and Conclusions

1. [Institutional Setting] With the reassignment of the previous vice president for health affairs, the confusion about responsibilities and reporting relationships has been eliminated by consolidating the offices of dean and vice president.
2. [Educational Program for the M.D. Degree] The previous barrier to curricular renewal has been eliminated as the dean has appointed a new curriculum committee and the Faculty Council has

adopted new bylaws to empower it with responsibility for implementation and management of changes agreed to by the Council.

3. [Educational Program for the M.D. Degree] The new faculty bylaws provide membership on the curriculum committee of representatives from the affiliated programs in Land's End and Lake Wobegone. The committee is reconciling differences in clerkship duration, faculty supervision, and methods of evaluating and grading students.

4. [Medical Students] The school has made no appreciable progress in the administration of student financial aid. The hours of business of the university's centrally-administered office are not convenient to medical students; the number of lost applications continues to be high; and delays in processing applications, distributing checks, and handling problems continue unabated."

Prior Accreditation Survey(s)

The LCME does not routinely review the previous full survey report in its entirety when considering a limited survey. Therefore, this section should contain enough relevant information about the history and setting of the school to serve as a frame of reference.

Summarize the findings and conclusions of the previous full survey (and any other interim limited survey), quoting or paraphrasing the major strengths and problems identified by earlier observers. Describe the actions of the LCME, including requests for progress reports and the nature (in summary terms) of the response(s).

Survey Findings and Conclusions

Address each issue separately. For each topic, first describe the situation at the time of the previous survey visit, providing enough supporting data from the previous survey report to document its seriousness. Indicate whether the problem is long-standing or has arisen recently.

Describe in specific terms the steps that have been taken to resolve the issue. Provide evidence showing how well it has been addressed. Indicate any further actions needed or future plans related to the concern. Provide a team evaluation indicating if full compliance has been achieved, satisfactory progress has been made towards full compliance, or insufficient evidence of progress was apparent..

If any substantive new issue is identified during the limited survey, describe it and provide the team's assessment of any institutional plans or initiatives to address the matter.

Examples of the more detailed exposition of issues follow below, based on two of the items in the summary above:

1. *Confusion about responsibilities and reporting relationships of institutional executives.* At the time of the April 1990 survey visit, the academic leadership of the medical school were critical of the duality of reporting relationships to institutional executives. Undergraduate education issues were discussed with the dean of the medical school, but if they had clinical implications they were expected to be taken to the vice president for health affairs. Moreover, the vice president's office had exclusive responsibility for hospital affairs and graduate medical education, sectors obviously interfacing with the clinical components of medical student education. The hospital's medical staff organization, largely composed of the clinical faculty of the medical school, was yet a third forum acting on matters affecting the medical education program. The survey team found that the absence of a common ground for planning resulted in high degrees of opportunism, fragmentation, and lack of coordination between departments.

Since the previous survey, the board of visitors authorized the president to combine the offices of dean and vice president for health affairs, eliminating a major dichotomy. A change in the hospital's medical staff bylaws has made the dean an ex officio member of the medical staff executive committee. In the survey team's opinion, reinforced by discussions with faculty leaders, the "interlocking directorate" now engaged in program planning and analysis is resulting in significantly improved coordination and collegiality, and the school is in full compliance with the relevant accreditation standard.

2. *Oversight and management of the curriculum.* The previous survey showed that curricular reform, endorsed in general terms by the Faculty Council several years previously, had not been implemented. The student self-study was extremely critical of the lecture-driven curriculum in the first two years and the virtual absence of opportunities for independent- and group learning. The curriculum committee was meeting on a quarterly basis, largely concerned with the review of new course offerings. There was no staff support bringing critiques and plans to the attention of the committee, and no inventory of the curriculum to identify unnecessary redundancy and opportunity for innovation.

Since the last visit, the dean has appointed a new curriculum committee and staffed it with a newly recruited associate dean from the Peter Whimsey School of Medicine. A curriculum inventory is being built, using input from the student note service and a key words/phrases check list completed by students in classes. The Faculty Council has adopted changes in the faculty bylaws empowering the curriculum committee with greater responsibility for curriculum management and implementation. The committee is meeting every other week and expects to have a slate of first-phase curricular changes ready for review by the Faculty Council in the next month. The faculty will be asked to agree with a goal of 25% reduction in didactic teaching in the coming year. The survey team finds this a commendable new beginning that will need to be followed closely, but does not consider the school to have achieved full compliance yet."

STYLE GUIDE FOR REPORT PREPARATION

In general, 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 office.
2. Use conventional type styles (fonts) similar to that used with official correspondence and legal documents. Preferably, use 11-point type (Times New Roman) 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. Please 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 for quality reproduction.
5. After the entire report is 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 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 is 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 small 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 Roman numerals.
9. Do a careful proofreading of the draft report to correct typographical, grammatical, and punctuation errors; at a minimum, the narrative portion of the report should be run through a spell-check before submitting the draft to the Secretariat.
10. The draft report should be sent first to both LCME Secretaries (and the CACMS Secretary in Canada where appropriate); it should be a full copy, including the Appendix pages. 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.

(continued)

12. A clean, one-sided copy of the final report, including both narrative and appendix, 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 included 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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MEMORANDUM

TO: Liaison Committee on Medical Education

FROM: The ad hoc Survey Team That Visited [name of school] on [dates]

RE: Final Team Survey Report

On behalf of the ad hoc LCME survey team that visited the [name of school] on [dates], the following final report of the team's findings and conclusions is provided.

Respectfully,

[Name], Secretary