

# **SURVEY REPORT GUIDE**

FOR LCME & CACMS SURVEY VISITS  
CONDUCTED IN THE 2008-2009 ACADEMIC YEAR

## **LIAISON COMMITTEE ON MEDICAL EDUCATION**

[www.lcme.org](http://www.lcme.org)

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*Survey Report Guide 2008-09*  
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 during a survey visit. 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).

Each survey team must take the utmost care to ensure that its 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 survey visit took place. If the dean of the medical education program involved disagrees with the tone of the report or the findings of the survey team, 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 would 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. Survey 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.

Typically, each school completes a comprehensive, fair, and accurate self-study. There may be cases, however, in which 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 by surveyors to validate the medical education database and the bases of conclusions drawn by the school's self-study task force. Because some of this information was compiled as long as a year before the accreditation visit, 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 feedback about the preliminary report and making any necessary adjustments, the team secretary should circulate the report to team members and the dean for final review and any corrections.

## **RESPONSIBILITIES OF TEAM SECRETARY**

Portions of the survey report specifically assigned to individual team members should be completed on site or sent to the team secretary within 7-10 days of the visit. The team secretary and the chair should require team members to use this guide when preparing their individual sections. Team secretaries should use the survey report template provided by the LCME Secretariat, including embedded tables, to ensure consistency across survey team reports. The team secretary is expected to complete the draft report shortly after the visit (4 to 6 weeks is optimum). The secretary is responsible for organizing and editing the contributions from the other team members to ensure that the overall report is 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. Although team members and the team secretary should feel free to include additional appendix material, this material should be selected judiciously.

It is essential that the team secretary compare the body of the draft report with the set of strengths and noncompliance and transition issues identified by the survey team for two reasons: to ensure that all summary findings are well documented in the text and to ensure that the reported strengths and noncompliance and transition issues are internally consistent. The team chair and secretary should edit the report for the propriety of any attributions to individual faculty members, administrators, or students. Although the commentary of individuals who met 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, for reports of Canadian programs, to the CACMS secretary. After the team secretary has received feedback from the Secretariat, the report should be modified, as necessary, and then distributed to each member of the survey team and to the dean of the medical school. The team secretary should ask for return of any comments within 7 to 10 working days. If feedback from team members requires changes in the report's findings, tone, or content that the dean has not had an opportunity to review, the secretary should call the dean or send revised pages for decanal review before finalizing the report. The team secretary should be aware of two important timing issues regarding survey reports: that LCME meetings are held in the first week of October, February, and June and that LCME members must receive the final printed report two weeks before the meeting.

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 that year. That letter would be included with the printed report on the LCME meeting agenda.

The final, corrected report (with all appendices) should be sent to the LCME office indicated in the team mailing, along with copies of all correspondence 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 Eastchester School of Medicine was conducted on December 1-4, 2008, 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, 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*, which is accessible from the LCME Web site at: [www.lcme.org](http://www.lcme.org).

### *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: the number and text of the standard, followed by 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 increased 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. On average, student indebtedness now exceeds \$130,000, 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 that, 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 (e.g., 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 the relative magnitude of the problem, indicate if the problem has persisted for a lengthy period, and identify any progress that has been made toward resolution of the problem.

### **PRIOR ACCREDITATION SURVEY(S) AND STATUS REPORT(S)**

Summarize the key findings and recommendations of the most recent accreditation survey. If there was a recent limited survey, summarize both this and the earlier full survey of the school. Briefly describe any status reports, as well as 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 any progress made 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 medical education database. Indicate whether quantitative data (e.g., applicant numbers, admissions data, USMLE scores, financial information, etc.) were updated for 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 analyses; 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 program's self-study.

Comment on the methods used in the independent student analysis, including the level of student participation attained. Note whether/how the results of the student analysis 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 (GQ), will be used (and provide the response rate for the AAMC GQ, if GQ data are reported). 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 relationships 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 the Body of the Report

The body of the report should include the team's narrative description and comments, referring as needed to database items or other documents collated sequentially in the Appendix at the end of the report. The report should carefully differentiate materials that represent team commentary from content provided by 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 handouts, database pages, and other information 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 font style be conventional (e.g., 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 medical education database in the Appendix:

- Current entry in AAMC *Directory of American Medical Education, and any necessary changes*
- Organizational chart(s) showing relationship of medical school to university and clinical affiliates
- Dean's role and brief résumé
- 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. Report on whether the school has 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 include 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 describe the dean's reporting relationship to that individual. Indicate the administrative mechanisms that 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 on the consistency of its leadership and direction since the last full survey. Describe the organization of the dean's office. Assess whether the staffing is adequate and whether the division of responsibility is reasonable, effective, and understood by the faculty and students. Report on whether the students and faculty perceive the dean's staff to be accessible and able to solve problems.

Indicate whether department chairs are appointed for a fixed period. Describe the mechanisms that exist for the periodic review of departments and chairs. Note current department chair vacancies or long-standing acting/interim arrangements.

Evaluate the basic science departments collectively regarding 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 those clinical departments with major responsibilities for medical student education. Comment on the extent of budgetary authority and the adequacy of departmental budgets to achieve institutional goals. Based on the institutional self-study or meetings with school administrators or faculty, report any departments that are experiencing significant problems (e.g., due to administrative instability, faculty numbers, budgetary constraints). Specific problem areas (e.g., faculty, finances) should be identified in this component of the report and described in more detail in the corresponding section(s) of the report.

## **B. Academic Environment**

Describe the graduate program(s) in basic sciences, including their organization (e.g., departmental, interdepartmental, inter-school), total enrollment, and funding sources. Indicate whether the institution conducts a regular and systematic review of its graduate programs and evaluates 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 the size, adequacy of funding, and value of the graduate programs to research and education in the medical school.

Briefly describe the size of the residency programs. Report on whether the medical school provides central oversight of the quality of its graduate medical education programs. Comment on whether the institutions that sponsor graduate medical education programs meet the Institutional Requirements of the ACGME (or the corresponding requirements in Canada). Note whether the institution or any graduate medical education programs are on probation or are in danger of losing their accreditation. Identify any major disciplines with required clerkships in which 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. Indicate whether there is an appropriate infrastructure to support research, as well as whether an explicit strategy has been defined to pursue specific research directions or to accomplish a specific level of research productivity. Report on the presence or absence of departmental or individual research incentives. Comment on the breadth of research involvement in basic science and clinical departments. Identify any "centers of excellence" or interdisciplinary research institutes that exist on the campus or are affiliated with the institution. Describe the extent of medical student participation in research.

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

## **II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE**

Insert the following items from the medical education database in the Appendix:

- A schematic showing the placement of courses and clerkships within each academic period
- The table (from ED-10) indicating the presence in the curriculum and the amount of structured teaching time devoted to subjects required for accreditation
- The organizational chart for management of the curriculum (from item ED-33)
- USMLE Step 1 and Step 2 performance data (number of students 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 program<sup>1</sup>, as defined by the school. If the objectives are lengthy, include them in an Appendix. Describe the extent to which the institutional learning objectives reflect general physician competencies such as those delineated by ACGME and ABMS or by the CanMEDS 2000 report. Report on any specific criteria established by the school regarding the types of patients that students must encounter, expected levels of student responsibility, and appropriate clinical

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<sup>1</sup> 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.

settings needed for instruction required of students to meet the learning objectives for clinical education. Report on whether a system is in place to monitor student clinical encounters. Indicate the means by which medical students and faculty members are made aware of the educational program objectives. Assess whether the objectives are used in curricular (course and clerkship) planning and evaluation.

## **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).

Describe opportunities that are in place for active learning and independent study. Indicate whether the educational program explicitly fosters 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. Report on whether the same objectives, evaluation methods, and policies for determination of grades are used across educational sites.

Comment on any recent changes in the curriculum and on whether the curriculum is in flux. If the curriculum is being revised, describe the changes that were or are being made and the timetable for completion of any ongoing revisions.

If separate educational tracks<sup>2</sup> are available, briefly describe the objectives, general content emphases, and methods of instruction and student evaluation used. Describe any differences between the curriculum of the track and the school's basic curriculum.

### **2. Content**

Indicate whether all of the subjects required for accreditation are included in the curriculum, as well as whether the coverage of these subjects is sufficient to meet accreditation standards.

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

For the required courses in years one and two, complete the tables in the report template or copy and insert the tables from the school's database ("Required Courses and Clerkships, Part A") that include 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 one or more separate tracks exist, create similar tables and descriptions of the courses in each track.

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<sup>2</sup> 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 for the track may use instructional settings or formats that differ from those of the standard program. A track may be located on the main campus or at a geographically separate 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. Although 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 2007 AAMC GQ rated the course as excellent or good in preparing them for clinical clerkships. The student analysis 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 was done previously for 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 of formal instruction**	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 of formal instruction**	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 learning objectives and, if so, how they are distributed to students. Note if criteria have been defined for student clinical encounters to meet the clerkship objectives and how student clinical encounters are monitored (e.g., through patient logs). Comment on any mechanisms in place (e.g., 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 to prepare them for their roles in medical student 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. Report whether students are observed performing core clinical skill. Note whether mid-clerkship feedback is provided. Note any concerns about student “workload” (e.g., duty hours, amount of time required in clinical activities of low educational value) indicated in the student analysis or in student interviews. Evaluate the effectiveness of 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 at the VA Hospital. 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. Although 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 be on duty longer hours than residents were. Student performance in the NBME subject examination is at the 40<sup>th</sup> percentile. In the 2007 AAMC GQ, 65% of respondents agreed that their time on the wards was productive. Successes described in the database included good exposure to general surgical problems and surgical specialties and high levels of student satisfaction with resident teaching. Major problems identified 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, evaluate whether the curriculum is designed to allow students to achieve the objectives of the educational program. Comment on general student satisfaction with the educational program. Note whether appropriate balance exists 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**

Indicate whether 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 medical student 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 & evaluation 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 to indicate that that 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 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 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. Comment on whether the evaluation methods in place assess the 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. Indicate whether students regularly receive formal mid-course and mid-clerkship feedback. If so, comment on the form of this feedback (e.g., 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. Assess the effectiveness of the school's curriculum management processes. Report on any evidence that there is integrated institutional responsibility for the curriculum. Cite any evidence that the curriculum is coherent and coordinated. For example, note the extent of content integration among courses and across academic periods, and describe how this integration is achieved.

Indicate whether a regular (systematic) review takes place of the segments of the curriculum and of the curriculum as a whole, including a review of learning objectives, content, and methods of teaching. Describe how these reviews are conducted and which individuals and/or groups participate in the review process and receive the results. Comment on whether an effective system is in place to ensure that problems identified during curricular reviews are corrected. Indicate how curricular content is monitored to ensure that there are no gaps or unintended redundancies. Report on the existence of a formal curriculum inventory. Assess whether the educational workload of students is monitored to ensure that there is appropriate time for independent learning and that duty hours in the clinical years are appropriate.

Note if, in the opinion of the survey team, the chief academic officer has sufficient and appropriate resources to support the design, implementation, and evaluation of the curriculum. If not, summarize the nature of the problem and describe any issues in greater detail in Section IV (Faculty) and/or V (Educational Resources).

### **2. Geographically Separate Programs<sup>3</sup>**

*[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 (i.e., 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

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<sup>3</sup> 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 those of the standard program, and mechanisms must be in place to ensure educational comparability.

functional integration among the instructional sites (at all levels, including administrative, departmental, and faculty) in order to ensure comparable levels of educational quality and similar methods of student evaluation. Indicate whether students at the various sites have access to the same levels of support services, including academic and career counseling and whether the standards for promotion and graduation are 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). Indicate whether standardized evaluations are used for courses and clerkships. Provide a summary of those individuals or groups that receive the data on each measure of program effectiveness and report on how the data are used for educational program review and change.

Cite evidence for educational program effectiveness, including data on program outcomes. Comment on the presence of any evidence indicating 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 Step 1 and Step 2 CK and CS performance, as well as on Step 3 performance, if available. For Canadian schools, provide the results of the Part I MCC Qualifying Examination.

## **III. MEDICAL STUDENTS**

Insert the following items from the medical education 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 a leave of absence
- Sample Medical Student Performance Evaluation (“dean’s letter”)
- Tables of financial aid support
- Narrative section of the student analysis and data from the student-administered survey

### **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 and the processes for review of initial applications, for selection of applicants to receive supplementary application materials and to be interviewed, and for selection of applicants to receive offers of admission. 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, as well as in terms of premedical GPAs, MCAT scores, and any other relevant data predicting academic success in medical school. Comment on how well the school has articulated its expectations of diversity across the academic community and how well the school is achieving its student diversity goals consistent with its expectations, mission, and environment. Note the existence of any programs, partnerships, and/or processes in place (e.g., pipeline programs, institutional collaborations) to support the school’s diversity goals. Note whether the school possesses and disseminates technical standards for admission. Comment on the accuracy of the school catalog or equivalent materials in portraying the educational program and admission requirements. Indicate how informational materials about the school and its requirements are disseminated (e.g., hard-copy and/or electronic formats).

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

## **B. Student Services**

### **1. Academic and Career Counseling**

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

Describe the system for counseling students on their choice of electives, on their career options, and on their residency application, including student perceptions of the efficacy of these efforts. Report on how well students perform in the NRMP or CaRMS. Briefly summarize the process for generating the annual 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. Indicate whether it has sufficient staff to meet the needs of enrolled medical students. Briefly summarize the formal and informal programs and services for counseling students about financial aid and debt management, and provide data on student perceptions of the availability and utility of such efforts.

Describe recent trends in tuition and fees and the overall cost of attending the medical school. Report on whether the school's policies for tuition and fee refunds are reasonable, equitable, and appropriate. Indicate whether the loans and scholarships that are available to students meet their needs. Note any trends in the amount of institutional funding for grants and scholarships, and describe any institutional initiatives for enhancing funding for student 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 educational debt.

### **3. Personal Counseling and Health Services**

Enumerate the personal counseling services available to students, and comment on their accessibility and confidentiality. Describe the school's efforts to ensure that those responsible for providing psychiatric or psychological counseling and other sensitive health services to medical students are not also involved in their academic evaluation or decisions about their promotion. Provide an assessment of the effectiveness of those efforts, and summarize student opinion on that matter. Report on any programs available to promote student well-being and/or facilitate their adjustment to the demands of medical school.

Summarize the health services available to students, and evaluate their cost, accessibility, and confidentiality. Note the school's requirements for student health insurance, including the availability of insurance for students' dependents, and the cost of insurance for students and their dependents. Note also the availability and cost of disability insurance for students. Report whether students are adequately

screened for immunization status, have access to appropriate vaccinations, and are properly instructed about infectious disease prevention and protocols for treatment after exposure during the process of medical education.

### **C. The Learning Environment**

Comment on the school's student mistreatment policies and educational efforts implemented by the school to prevent mistreatment. Note whether standards of conduct have been adopted for the teacher-learner relationship and whether students, faculty, and residents are familiar with these standards. Assess whether students perceive that the school's policies and procedures regarding mistreatment are effective.

Judge the clarity and appropriateness of the school's standards and procedures for student evaluation, advancement, graduation, disciplinary action, dismissal, and appeal. Note whether the standards and procedures are widely understood by students, faculty members, and members of the administration. Describe the 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 the confidentiality of student records and for making student records readily accessible to students who wish to review them. Note any impediments to student review or challenge of examinations 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 of the educational experience it provides, based on the information contained in the student analysis, AAMC Graduation Questionnaire, and discussions with students on site. If not mentioned elsewhere in the report, describe the specific strengths of the school and any concerns identified by the students. Report on the extent to which the administration and the faculty are perceived as responsive to student concerns. Report also on the extent to which students believe that they have adequate representation in decision-making bodies that directly affect their education.

## **IV. FACULTY**

Insert the following items from the medical education database in the Appendix:

- Tables showing the current numbers of full-time, part-time, and volunteer faculty members in basic science and clinical disciplines, by department and total
- The table of teaching responsibilities by department (from FA-2 in the database)
- The 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 are appropriate for the educational and other missions of the medical school. Assess whether all basic science and clinical disciplines necessary for medical student education are appropriately staffed. Indicate whether any anticipated decrease in the number of faculty is anticipated in the near future (e.g., through a significant number of

retirements). Describe how well the school has articulated its expectations regarding diversity across its academic community, as well as any institutional goals related to faculty diversity, and comment on the achievement of these goals.

Describe whether the teaching skills of faculty members are evaluated by medical students and/or by peers. Note whether a formal evaluation of faculty members exists as part of the course and clerkship review process and whether faculty members are notified about the results of these evaluations. Describe any mechanisms that exist to remedy identified problems with faculty teaching or supervision skills. Note both informal and formal programs that are in place to assist faculty members and, if relevant, residents and others who teach medical students, in improving their teaching and evaluation skills. Indicate whether the school provides faculty development programs focused on other areas (e.g., research enhancement, grant acquisition) and whether these programs are regularly utilized by faculty, residents, and others.

Report on the extent to which the faculty maintains a commitment to scholarly productivity. Comment on the extent to which scholarship is valued and fostered by the medical school.

## **B. Personnel Policies**

Indicate whether the policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal are widely disseminated and understood by the faculty. If there are separate faculty tracks, note how well the policies related to these tracks are understood by the faculty. Comment on the presence of a medical school or parent university policy on faculty conflict of interest.

Evaluate whether faculty members in all tracks receive formal notification about their terms of appointment and their responsibilities in teaching and other areas. Note whether faculty members appeared aware of the availability of this information. Describe the system for providing all faculty members with systematic feedback about their performance and their progress toward promotion. Note the presence of medical school or university policies that require that such feedback be given to faculty members.

## **C. Governance**

Evaluate, in general, the medical school committee structure in terms of its functionality and the level of faculty participation. Individual committees (e.g., curriculum, admissions) should be described in the relevant sections of the report. Note the mechanisms in place by which the dean obtains input from department heads and faculty leadership groups. Comment, in general, on the sufficiency of individual faculty members' input into organizational decision-making, either through a committee structure or directly (e.g., through individual access to the dean or access at general faculty meetings). Note the dean's ability to communicate with the faculty at large, and indicate how and how often such communication occurs.

## V. EDUCATIONAL RESOURCES

Insert the following items from the medical education database in the Appendix:

- Four-year Revenue and Expenditure Summary and current Annual Financial Questionnaire
- The table(s) of teaching facilities
- The table of faculty offices and research labs
- Summary data and associated tables for each clinical teaching site
- The 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 the school's public or private status

Briefly describe recent trends in the school's 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 might suggest present or future problems. If there is a current or potential fiscal imbalance, assess whether the school has a credible plan to address it. Evaluate whether the school's educational programs are suffering or being endangered by underfinancing, by undue productivity pressures for faculty research or patient care, or by other factors.

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, the faculty practice plan, and the clinical faculty/hospital staff). Describe the condition of the healthcare market in which the school is located and the strength of the school's position in that market.

Note whether the school is planning or is 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 Institutional Setting section 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). Assess whether the space available for teaching and research is adequate for the current number of students and for the current or desired curriculum structure, as well as for the number of existing and anticipated faculty and for current research activity and any anticipated research expansion. Describe any changes that are anticipated in either enrollment or curriculum structure that could affect the adequacy of the space dedicated to education. Comment on whether the space for faculty, research, and educational activities is organized to best advantage (i.e., distributed vs. consolidated). If new construction is planned or underway, describe the proposed new facilities and the timetable for completion. Summarize student opinion data 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 (e.g., conference and classrooms, on-call quarters, library, computers, Internet access, etc.). Note any clinical services without accredited residency training programs.

Report on whether affiliation agreements are up-to-date and explicit on the role of and expectations for medical students. Describe whether the clinical service chiefs are appointed by or with the concurrence of the medical school. Note whether, in clinical affiliations, the medical school faculty have control and authority for the educational programs. Describe any identified problems intrinsic to the clinical facilities themselves, in the relationship of the medical school with its affiliated hospitals, or from the impact of the medical student teaching program on teaching hospital operation or funding. Comment on any 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. Assess whether the library is meeting the needs of the faculty, residents, and students and whether library resources are accessible to students who are off-site. Note whether there is adequate study and small-group conference space. Describe the quality of the library's automated databases and bibliographic search, computer, and audiovisual capabilities. Indicate whether the library is adequately funded and whether an effective mechanism is in place to ensure faculty and student input to the 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 in and ability to use it. Note whether support is available to assist faculty in developing and utilizing information technology. Report on the school's use of computer-assisted instruction in required or optional learning experiences and/or in the evaluation of students. Describe the adequacy of school efforts to cultivate self-learning behaviors and of school 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. Indicate whether 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 survey 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 examined and reported by the team.

### **BACKGROUND**

In preparation for the limited survey, the school is sent a letter by the LCME Secretariat six months prior to the survey visit 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, including prior survey and status reports. They should organize the visit schedule 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 [School Name]".

**Table of contents.** Organize by category of concern, listed in the order that the items would appear in the full-survey database (i.e., 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**

The format of this summary differs from the list of institutional strengths and noncompliance and transition issues presented in a regular full survey report. This summary is a listing of the issues addressed by the limited survey, including any new areas explored during the survey visit, arranged in the same order as the sections in *Functions and Structure of a Medical School*, which is accessible from the LCME Web site at: [www.lcme.org](http://www.lcme.org). It describes the team's findings on each issue separately in summary terms; the detailed discussion is presented later in the report. An example of summary statements in a limited survey report follows (items in brackets are used to show the 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 for 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 for LCME discussion and decision-making.

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 status reports and the nature (in summary terms) of the school's 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 of long-standing or more recent duration.

Describe in specific terms any steps that have been taken to address the issue. Provide evidence showing how well it has been resolved. Indicate any additional actions needed or any future plans related to the concern. Provide a survey team evaluation indicating if full compliance has been achieved, satisfactory progress has been made toward 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 2000 survey visit, the academic leadership of the medical school was 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 analysis 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 for bringing critiques and plans to the attention of the committee, and no inventory of the curriculum to identify unnecessary redundancies and opportunities 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 a conventional font similar to that used with official correspondence and legal documents. Preferably, use an 11-point, Times New Roman font as in the report template.
3. Original or copied material should be on one side of the page only. One-sided originals will facilitate printing by the LCME Secretariat.
4. 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 has been completed and assembled, put page numbers 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."
  - Discipline names (e.g., "Physiology," "Biochemistry," "Medicine,") 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 appendices) which can be numbered with lowercase Roman numerals in the bottom center of the page. (See sample attached.)
8. Following the Table of Contents (including that for the appendices) is the covering memorandum from the team secretary. (See sample attached.) Number with lowercase Roman numerals.
9. Carefully proofread the draft report to correct typographical, grammatical, and punctuation errors; at a minimum, the narrative portion of the report should be spell-checked before the draft report is submitted to the LCME Secretariat.
10. The draft report (a full copy, including the Appendix pages ) should be sent first to both LCME Secretaries and to the CACMS Secretary in Canada, where appropriate. After receiving and incorporating the feedback from the LCME Secretariat, 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 the narrative and appendices, should be sent to the Secretariat office responsible for production and distribution of the report. Copies of all correspondence between the dean and the team secretary should also be included with the final report. An electronic copy of the final report should be sent to both LCME Secretariat offices, as well as to the CACMS Secretariat office 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,

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[Name], Secretary