

# **SURVEY REPORT GUIDE**

FOR FULL AND LIMITED LCME & CACMS SURVEY VISITS  
CONDUCTED IN THE 2009-2010 ACADEMIC YEAR

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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

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

*Survey Report Guide 2009-2010*

Liaison Committee on Medical Education  
Committee on the Accreditation of Canadian Medical Schools

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**For additional information, contact:**

LCME Secretariat  
Association of American Medical Colleges  
2450 N Street N.W.  
Washington, DC 20037  
Telephone: 202-828-0596 Fax: 202-828-1125

LCME Secretariat  
American Medical Association  
515 North State Street  
Chicago, IL 60654  
Telephone: 312-464-4933 Fax: 312-464-5830

Secretariat  
Committee on Accreditation of Canadian Medical Schools  
Association of Faculties of Medicine of Canada  
265 Carling Avenue, Suite 800  
Ottawa, Ontario, Canada K1S 2E1  
Telephone: 613-730-0687 Fax: 613-730-1196

**Visit the LCME Web site at  
[www.lcme.org](http://www.lcme.org)**

## INTRODUCTION

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*The first section of this document describes the format and content of the report of a full survey visit. The second section describes the format and content of the report of a limited (focused) survey. The Appendix to this document contains details related to report style and format. Survey teams are expected to follow the instructions in this report guide as the survey report is being developed.*  
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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 the 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 medical 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 and, for Canadian programs, the CACMS Secretariat describing any objections and the rationale for disputing the team's findings. That letter would then be included in the meeting agenda and considered along with the survey report when the LCME and CACMS for Canadian programs evaluate 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 team members 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 and other relevant documentation.

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 existing state of affairs than seems evident to the surveyors. It is expected that survey teams will use the school's self-study as a key source of information before and during the survey visit. However, direct quotation from the self-study document should be limited and clearly identified as either a paraphrase or a direct quotation. Care should be exercised by surveyors to validate the information in 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 Secretariat staff is available to assist team secretaries in preparing the draft report. Both LCME Secretaries, and the CACMS Secretary (for Canadian programs) 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 to the team secretary 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 (six 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.

Each section of this guide includes some suggested figures and tables from the medical education database to include in the report appendix. In general, all suggested documents should be included in the survey report. Team members and the team secretary should feel free to include additional appendix material; however, 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, areas of noncompliance, and areas in 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 secretary should edit the report for the propriety of any attributions of comments made during the survey visit 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 specific 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. It is expected that the team chair and secretary will take the Secretariat(s) comments very seriously. The report should then be 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. Normally, the team secretary and the team chair will review the feedback from the dean and determine whether the report should be revised.

The team secretary should be aware of the schedule of LCME meetings for U.S. schools and of CACMS and LCME meetings for Canadian schools. Completed reports must be available for review by committee members a minimum of two weeks before the meeting.

The dean should specifically be asked to correct any errors of fact in writing by letter or electronic mail. When there are no corrections, the dean also should state that fact in writing.. 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 team secretary should invite the dean to write a letter to the principal LCME Secretary for that year and, for Canadian programs to the CACMS Secretary.. That letter would be included with the printed survey report on the LCME (and, if relevant, the CACMS) meeting agendas.

The final, corrected report (with all appendices) should be sent in hard copy for printing to the AMA Secretariat office of the LCME and in electronic format to both LCME offices, for U.S. schools and also to the CACMS office for Canadian schools. The electronic submission should include 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 in the survey report template.

**MEMORANDUM** (from the survey team secretary to the LCME and, when relevant, to the CACMS). See sample in the survey report template..

### 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. Dorothea 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, as well as their roles on 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:	(Specialty/Discipline)
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Member:	(Specialty/Discipline)
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Faculty Fellow:	(Specialty/Discipline)
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## 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 the LCME document *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 Institutional Strength*

An area of strength is generally considered by the LCME and CACMS 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 contribute 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*

Findings of noncompliance 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.**

Finding: 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. Student indebtedness has increased proportionally. On average, student indebtedness now exceeds \$175,000, 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*

Areas in transition 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), uncertainties regarding reorganization of the school's administrative leadership, or anticipated decreases in the number of faculty (e.g., through retirements). Items, such as an anticipated curriculum change, which are not explicitly linked to accreditation standards, should not be included among

transition areas. 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. The basis for judging an item as an institutional strength should also be adequately documented. 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 full 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 or indicate if sufficient progress has not been made.

### **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) for U.S. schools and the Canadian Graduation Questionnaire (CGQ) for Canadian schools, will be used in the report (and provide the response rate for the AAMC GQ or the GGQ, if these 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. A summary of the school's history may be found in the medical education database in Section I. Describe 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:

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

	[Previous Full Survey Year]†	[Current Full Survey Year*]
Entering class size		
Total enrollment		
Residents & fellows		
Full-time basic science faculty		
Full-time clinical faculty		
(\$ in Millions)		
Total revenues		
Tuition and fees		
Parent University and state appropriations		
Research/training grants, direct		
Indirect cost recoveries		
Professional fee income		
Revenue from clinical affiliates		
Gifts and endowment		
Other revenues	\$5.9	\$8.2

\* Data from (year)

† Note that this information is available in the report of the previous full survey.

#### 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 between 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"). Every document included in the appendix should be explicitly referenced. The Table of Contents should show the title and page number of each Appendix document.

Before and during the visit, the team secretary should collect 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 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 at least the following items from the medical education database in the Appendix:

- Summary of the medical school strategic plan (standard IS-1)
- 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 position description and brief résumé (standard IS-10)
- Organizational chart for dean's office (standard IS-11)
- Table showing enrollment in graduate programs in basic sciences (standard IS-12)
- Table(s) showing number of residents by specialty (standard IS-12A)
- Table from standard IS-16 illustrating the diversity categories chosen by the school and the percentage of students, faculty, and staff in each category

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**

For U.S. schools, 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.

Note if there are medical school or university bylaws and describe how these are made available to the faculty.

Summarize the dean's credentials and his/her responsibilities and 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 staffing and 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; include relevant data documenting these findings.

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

Using data from various sections of the database and institutional self-study, briefly 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) and indicate whether these problems are being addressed. Specific problem areas (e.g., faculty, finances) should be noted 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 total enrollment and funding sources. Note if other degree programs (e.g., M.P.H, masters of clinical science) also are the responsibility of medical school faculty. Indicate whether the institution conducts a regular and systematic review of its graduate programs and the content and process of these reviews. Describe the participation of medical students in graduate programs, such as in joint MD/PhD programs. Evaluate the appropriateness of the size, adequacy of funding, and value of the graduate programs to research and education in the medical school, including medical education.

Briefly describe the size of the residency programs. Report on whether the medical school or some other unit provides central oversight of the quality of the graduate medical education programs. Comment on whether the institutions that sponsor graduate medical education programs meet the Institutional Requirements of the Accreditation Council for Graduate Medical Education (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.

Describe the extent of medical student participation in research and whether participation in research is required or optional. Describe how medical students are informed about research opportunities?

Describe whether there are opportunities for medical students to participate in service learning activities. Indicate whether service learning is required or optional. Describe how medical students are informed about opportunities for service learning.

Note if diversity is explicitly referenced in the medical school mission statement. Describe how the medical school has characterized diversity for its students, faculty, and staff. Briefly describe how the policies related to diversity are reflected in: 1) student recruitment, selection, and retention; 2) financial

aid; 3) the educational program; 4) faculty/staff recruitment, employment, and retention; 5) faculty development, and 6) community liaison activities. Summarize the school's success in achieving diversity in the categories that it has defined for medical students, faculty, and staff (define staff).

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

Insert at least 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 educational program objectives linked to competencies expected of a physician (standard ED-1A)
- The required clinical experiences expected of students (total) (standard ED-2)
- The table (standard ED-10) indicating the presence in the curriculum and the number of required sessions addressing the subjects required for accreditation
- The organizational chart for management of the curriculum (standard ED-33)
- The outcomes used to determine educational program effectiveness (ED-46)
- 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, or MCC Part 1 performance 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. Describe the extent to which the institutional learning objectives reflect general physician competencies such as those delineated by the ACGME and the American Board of Medical Specialties (ABMS) or in the CanMEDS 2005 report. Report on the specific criteria established by the school for the types of patients that students must encounter, the expected levels of student responsibility, and appropriate clinical settings needed for instruction required of students to meet the learning objectives for clinical education. Describe the system is in place to monitor student clinical encounters and to assure that all students have the expected encounters. Indicate the means by which medical students and faculty members are made aware of the educational program objectives. Describe how 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 and evaluates the outcome.

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

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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.





in the first year. Major successes noted in the database include the high quality of the teachers and the 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, whether student clinical skills are observed, 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 for all students; 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, describe the internal structure of the clerkship, including the amount of time spent in rotations. Note if there are written learning objectives and, if so, whether they are stated in

outcome-based terms. Were the objectives developed internally or adopted from an external group? Describe how the objectives 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 and procedures. 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 and provide data on whether students are observed performing core clinical skill. Note the percent of students who report receiving mid-clerkship feedback. 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 internal examinations, NBME subject examinations, or specific sections of the licensure examinations[USMLE Step 2CK or MCC part 1]), measures of student satisfaction (the AAMC GQ or the CGQ, student clerkship evaluations, the student self-study analysis), and comments from the database regarding clerkship successes and challenges. Use the same measures of student satisfaction and performance for all clerkships.

*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 Hospital). 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. Resident attendance is mandatory and attendance is taken. 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. This log is reviewed by the student’s preceptor at time of 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 in the final academic year 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, as evidenced from the independent student self-study analysis and/or the AAMC GQ/CGQ. 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 the specialties.

## C. Teaching and Evaluation

Indicate whether faculty members provide an appropriate level of supervision during students' clinical experiences and describe any situations in which students are supervised by physicians who do not hold faculty appointments. 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 and describe if such programs are mandatory. 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 (e.g., 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 (e.g., 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 on observation of clinical skills 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 format of this feedback (e.g., oral, written) and the system(s) in place to assure that such feedback is provided. Include specific examples from the course/clerkship write-ups, as appropriate. Comment on the timeliness of reporting of final grades. Note any preclinical courses in which narrative evaluations are provided. Also 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. Provide evidence of 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 courses and clerkships, as well as of segments of the curriculum and 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 whether there is a formal curriculum inventory and on how it is used. 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 deficiency 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 "central campus," for each curricular year. Comment on the administrative relationship between the school and its geographically separate campuses. An organizational chart describing the relationship between the central medical school campus and

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<sup>3</sup> A geographically separate campus is an instructional site that offers a significant portion of the curriculum at a distance from the central campus of the medical school. If a common curriculum is used, the educational program objectives at the geographically separate campus must not differ substantially from those of the standard program, and mechanisms must be in place to ensure educational comparability.

distributed 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) 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, financial aid advising, and health services, and whether the standards for promotion and graduation are consistent across sites. Summarize the appropriateness of the infrastructure to support education at each geographically-separate campus. For example, if distance learning is used to deliver didactic instruction across campuses, describe how well this technique functions.

### **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 and note the general level of student participation in these evaluations. 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 at least 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
- Table of the number of students who left school, exhibited academic difficulty, or took a leave of absence (standard MS-18)
- Sample Medical Student Performance Evaluation (“dean’s letter”)
- Tables of financial aid support from the LCME Part IB Financial Aid Questionnaire (standard MS-24)
- Narrative section of the student analysis and data from the student-administered survey (if not included previously)

### **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 the perceived integrity of the admissions process.

Note the existence of programs, partnerships, and/or processes in place (e.g., pipeline programs, institutional collaborations) to support development of a pool of well-qualified applicants to medical school. Describe how the school is tracking the success of these programs.

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 identify and 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 experiencing academic difficulty and on the efficacy of remediation activities. Identify how the school assures that there are mechanisms in place to prevent conflicts of interest in the academic advisory system.

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 availability and utility of the career advising program. 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 and note if the office serves students enrolled in other schools in addition to the medical school. 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 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**

Describe 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 in decisions about their promotion or graduation. 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 (including visiting 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. Summarize the school's policies related to exposure to infectious and environmental hazards and note whether students become familiar with the policies and procedures to follow after exposure before they are at risk (include data from the AAMC GQ/CGQ).

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

Comment on the school's efforts in partnership with its clinical affiliates to create an appropriate learning environment for medical students. Is the shared responsibility codified in affiliation agreements or other formal documents? Note whether the medical school has defined the professional attributes that students are expected to develop and describe how students are informed of these attributes. Describe how the school is working with its clinical partners to evaluate the learning environment and to mitigate any negative influences. Note whether formal standards of conduct in the teacher-learner relationship have been developed and whether students, faculty, and residents are familiar with these standards. Provide data on the incidence of student mistreatment. Comment on the educational efforts implemented by the school to prevent mistreatment. Assess whether students perceive that the school's policies and procedures regarding mistreatment are effective.

Describe the school's standards and procedures for student evaluation, advancement, graduation, disciplinary action, dismissal, and appeal and assess their clarity. 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 and provide student satisfaction data about the quality, quantity, and availability of study space, student lounge and relaxation areas, and the adequacy and security of 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 GQ or CGQ, and on discussions with students on site. If not mentioned elsewhere in the report, describe the specific strengths of the school from the student perspective 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 at least 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 (standard FA-2 in the database)
- The table on faculty scholarly productivity (standard FA-5 in the database)
- The table (standard 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 and whether the educational program is appropriately staffed. Indicate whether any decrease in the number of faculty is anticipated in the near future (e.g., through a significant number of retirements).

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 and on the extent to which mentoring programs exist to support the development of faculty skills in this area.

### **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 provided 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 mechanisms used by the dean to communicate with the faculty at large, and indicate how often such communications occur.

## **V. EDUCATIONAL RESOURCES**

Insert at least 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 and faculty offices/research laboratories (standard ER-4)
- Summary data and associated tables for each clinical teaching site (standard ER-6)
- Instructional facilities at clinical sites (standard ER-7)
- Master affiliation agreement or sample copy (standard ER-9)
- The tables of library and information technology facilities, library holdings, and library/IT staff (standards ER-11 and ER-12)

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 (available from the Secretariat) based on the school's public or private status available

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 or anticipated changes in revenue sources or reliance 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 being adversely affected or endangered by underfinancing, by undue productivity pressures for faculty research or patient care, by the need to increase class size to enhance tuition revenue, 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 to engage or is currently engaged in any major construction or renovation projects or other initiatives that require substantial capital investment. If so, describe how capital needs are being or 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 experiencing 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). Provide information from the institutional self-study and other sources to 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 need for or adequacy of the space currently dedicated to education or result in the need for additional space. 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 the quality of educational space as well as 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 patient admissions and numbers of patient visits. Evaluate the overall quality of the educational resources for student education (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 authority of the medical school faculty over the educational program. Describe if all required elements are present in affiliation agreements. Describe whether the clinical service chiefs are appointed by or with the concurrence of the medical school. 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. Evaluate whether medical students, resident, and faculty reliably have access to library resources from off-site locations. Note whether the library facility includes 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 and the curriculum. Describe the adequacy of school efforts to cultivate self-learning behaviors and of school resources to help the faculty identify or develop educational software.

Evaluate whether the faculty are well supported to use audiovisual and information technology. Note any problems or discontinuities in the integration of information technology on the main campus with distributed clinical affiliated and campuses. Indicate whether medical students have access to electronic educational resources from off-campus locations. Evaluate the quality and reliability of audiovisual and information technology.

## THE REPORT OF A LIMITED SURVEY

### INTRODUCTION

An interim, limited survey is conducted when concerns of a serious nature have arisen and the LCME or the CACMS believes that a survey visit is necessary to review the corrective actions that have been taken.

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 Secretariat six months prior to the survey visit describing the elements of a “briefing book” of information addressing areas of noncompliance and, where relevant, areas in transition. 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 briefing book.

### LIMITED SURVEY REPORT FORMAT

**Cover page.** Use the cover page from the survey report template, but title the report “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 a full report, but note that this is a limited/focused survey.

**Composition of survey team.** Organize the introduction and team composition as in a full report.

### Summary of Findings and Conclusions

Disclaimer (as in a full survey).

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 that emerged during the survey visit. The summary findings are arranged in the same order as the sections in the *Functions and Structure of a Medical School* document, which is accessible from the LCME Web site at: [www.lcme.org](http://www.lcme.org) under Publications.

The summary lists each area of noncompliance with the relevant accreditation standard. 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 OF FINDINGS AND CONCLUSIONS FROM THE 2009 LIMITED SURVEY**

### *Areas of Partial or Substantial Noncompliance*

IS-9. There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university.

Finding: 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.

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

Finding: 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 (standard ED-33).

MS-23. A medical school must provide students with effective financial aid and debt management counseling.

Finding: 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 for medical students; the number of lost applications continues to be high; and delays in processing applications, distributing checks, and handling problems continue unabated.

### *Areas in Transition*

#### 1. Creation of a new distributed campus in Capital City

Finding: The first and second years of the curriculum have been implemented and planning for the clinical years is well underway.

## **BACKGROUND AND PRIOR ACCREDITATION SURVEY**

The LCME and CACMS do 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 and CACMS, including requests for status reports and the nature (in summary terms) of the school's response(s).

## **SURVEY TEAM 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. This section should be brief.

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 (standard IS-9).

*Findings from the 2007 full survey visit*

The academic leadership of the medical school was critical of the duality of reporting relationships to senior institutional administrators. Undergraduate medical 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.

*Findings from the 2009 limited survey visit*

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

*2009 Survey Team Conclusion*

Based on the changes that have been made, the survey team believes that the school now is in full compliance with standard IS-9.

2. Oversight and management of the curriculum (accreditation standard ED-33)

*Findings from the 2007 full survey visit*

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 there was no inventory of the curriculum to identify unnecessary redundancies and opportunities for innovation.

*Findings from the 2009 limited survey visit*

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 (see Appendix C). 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.

*2009 Survey Team Conclusion*

The survey team finds this a commendable new beginning that will need to be followed closely, but does not consider the school to have yet achieved full compliance with standard ED-33.

Continue with the areas of partial or substantial noncompliance and then with the transition areas. Add new noncompliance or transition issues in the appropriate section.

## APPENDIX STYLE GUIDE FOR REPORT PREPARATION

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

1. Use one-inch margins throughout since the pages will be printed front and back by the LCME office.
2. Use the font of the survey report template supplied by the Secretariat (11-point, Times New Roman).
3. Original or copied material should be on one side of the page only. One-sided originals will facilitate printing by the LCME Secretariat.
4. Carefully check the quality of all photocopying. Copy machines may produce distortions, low contrast, or crooked pages. Be sure that originals are of high resolution 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.
8. Following the Table of Contents (including that for the appendices) is the covering memorandum from the team secretary.
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 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 Secretariat offices.

(continued)

12. A clean, one-sided copy of the final report, including both the narrative and appendices, should be sent to the LCME Secretariat office at the AMA for printing and distribution. Send electronic versions of the report to each LCME office and to the CACMS office for Canadian schools. For the electronic version, send the report as one document or send the narrative portion and Appendix as separate documents. **DO NOT** send portions of the Appendix as separate documents. Copies of all correspondence between the dean and the team secretary should also be included with the final report.