



LIAISON COMMITTEE ON
MEDICAL EDUCATION

OVERVIEW OF THE SELF-STUDY PROCESS

MEDICAL UNIVERSITY OF SOUTH CAROLINA
COLLEGE OF MEDICINE

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DISCLAIMER

- The presenter remains silent during LCME deliberations, does not vote during LCME meetings, and will have no influence on the LCME's considerations and deliberations regarding this school.
- The presenter does not claim to unerringly predict the actions of the LCME.

Session Goals

By the end of this session, participants will be able to:

- Describe the purposes of accreditation
- Discuss the steps prior to and during a full LCME accreditation survey
- Describe trends in and causes of LCME “severe” accreditation actions



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Overview of the Accreditation Process



Definition and Purposes of Accreditation

Accreditation is a review of an institution or program “**using a pre-defined set of standards.**”

The accreditation process includes **institutional self-assessment and peer review.**

The purposes of accreditation are to determine if a program is compliant with standards and to foster program improvement.

Structure of the Accreditation Process/ Changes Since the Last Full Visit

For visits during the 2020-2021 academic year:

- Standards (12) and elements (93)
Revisions in place for 2015-16 and 2020-21 eliminated duplication and redundancy in elements and in requests for information.
- All relevant expectations are included in the language of the elements
- No “must” and “should” language in standards/elements
- LCME website contains information for schools and survey teams, including relevant documents

Documents for 2020-2021 (*Functions and Structure of a Medical School/DCI/Self-study Guide*) have been posted on the LCME website. Other relevant documents (e.g., *Role of Students*) coming soon.

Decision-making Process

- In the DCI, schools provide narrative information and supporting data for each element. Schools do not provide separate information related to the standards.
- Elements are reviewed by survey teams; team findings related to performance in elements are reported to school leadership at the conclusion of the visit (*note that these may change during report review*); survey teams make recommendations to the LCME about the status of elements.
- The LCME determines the final status of elements; decides if there is compliance with standards; determines accreditation status and follow-up.

Performance Categories for Elements

- **SATISFACTORY**

The policy, process, resource, or system required by the element is **in place** and, if required, there is **sufficient** evidence that it is effective.

- **SATISFACTORY WITH A NEED FOR MONITORING**

1) The policy, process, resource, or system required by the element exists but there is, as yet, **insufficient evidence** of sustainability and/or effectiveness; or
2) The requirements of the element currently are met but current or anticipated circumstances could impact future performance.




- **UNSATISFACTORY**

One or more aspects of the element is/are not met.

Defining Satisfactory Performance

- All requirements of the element are met
 - For example, elements with multiple components
- All units meet the requirements of the element
 - For example, all courses/clerkships/campuses/departments

School Activities

- Collection of information/data for elements
 - Data Collection Instrument (DCI)
 - Student survey
- Analysis of data/information by institutional stakeholders
 - Self-study committee reports
 - Self-study executive summary
 - Independent student analysis
- Institutional judgments of performance related to elements, including areas of strength, challenges to be addressed, and strategies
 - Self-study executive summary

Preparing the DCI

- Read the element carefully
 - The element language indicates the information that the team and the LCME will be looking for
- Answer DCI items for an element by providing all the data and narrative responses requested. Taken together, the answers allow a judgment of performance in the element .
 - Demonstrating understanding of the intent of elements is important
- Avoid including excessive narrative and documentation
 - The DCI specifies some documents to include in the Appendix; add relevant documents to explain/describe specific circumstances at the school

The "C's" OF DCI Preparation

- **Complete but concise**
 - Answer all questions/provide all requested data
 - Do not include information not pertinent to the questions
- **Coherent**
 - Make sure information is accurate, up-to-date, consistent across sections; make sure tenses are accurate and current
- **Clear**
 - Write for the reader who does not know your institution
 - Tables can be modified to reflect institutional characteristics, but ensure that the question is answered to meet the expectations of the element

THE DCI SHOULD BE REVIEWED (BY THE FAL) BEFORE SUBMISSION TO ENSURE THAT IT IS COMPLETE AND COHERENT/CONSISTENT

Independent Student Analysis (ISA)

- Data collected via a student-managed survey to all classes
 - A high response rate is **important** (e.g., response rate of 80% or higher)
- Students must use the model survey questions and format the tables as in the *Role of Students* document; additional questions can be added
- Student committee analyzes survey data and independently prepares a summary narrative and data tables, noting areas of strength and concern in the narrative summary
 - Survey results are used in DCI data tables; the ISA is submitted with the DCI
 - School considers the results of the ISA (data and conclusions) in the self-study
- Dean's office can offer logistical support to students, but otherwise this is an independent student effort

Goals of the Self-study

- Candid and evidence-based institutional self-assessment of how well the expectations of each element are being met
 - Schools are expected to identify strengths and challenges/areas needing improvement
- This allows schools to prospectively develop plans and strategies to address problem areas before the visit and, if possible, implement and begin to evaluate the needed changes
 - The CQI process should support early identification of and action on problem areas



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Organizing the Self-study: Subcommittees

- Each self-study committee reviews the relevant sections of the DCI and associated background documents and develops a narrative based on questions in the *Guide to the Institutional Self-Study*. Questions in the Self-Study Guide are linked to the relevant elements.
- The narrative of the subcommittee reports should be based in, but not repeat, DCI and related information..
- Ensure that the self-study subcommittee reports are evaluative; the DCI and related documents serve as the “evidence” for the self-study.
- Explicitly address timing issues (e.g., if things have changed since the DCI was completed, if things will change at a “time certain”).

Self-Study Executive Summary

- The executive summary is a synthesis of the self-study committee reports; it answers the questions in the self-study guide and looks across sections to address issues that apply broadly (e.g., resources)
 - A 35-page single-spaced narrative
- Should include a summary that highlights areas of strength and challenges (and strategies to address identified concerns)
- Should be **EVALUATIVE** and evidence-based; the emphasis is on thoughtful **ANALYSIS**
 - It should NOT simply copy information in the DCI
- It should attempt to **RECONCILE INCONSISTENCIES** across data sources (e.g., the ISA/AAMC GQ and the DCI) and time periods

Types of Updates After the DCI has been Submitted

The DCI, self-study, ISA, and AAMC GQ are submitted 12 weeks before the visit begins. Updates may be based on:

- Missing information
 - The LCME Secretariat will review specific areas in the DCI for gaps
 - The survey team secretary may ask for additional information
 - The school may notice areas that had been omitted/are out of date
- Institutional changes
- Corrections/new data

Ensure DCI and Self-study are Complete

- All information must be included in the DCI/accreditation package or provided to the team prior to or during the visit.
- **One unsolicited update can be provided. Unsolicited information (e.g., policies, documents, data) may NOT be provided to the survey team later than 30 calendar days before a visit.**
 - Policies must be **formally adopted** and, if relevant, implemented
- Team-requested information may be provided until the team leaves the school
 - Information may not be provided after the team leaves, even if it existed prior to the end of the visit

Peer Review/During and After the Visit

The 2 components of the peer review process

1. The visit by an *ad hoc* survey team specifically selected for the school. The role of the team is to:
 - review all elements
 - identify findings related to each element
 - develop the survey report
2. Review of the team findings and survey report by the LCME and decision-making on accreditation status and follow-up

Survey Team Composition

- The team for a full survey typically consists of 5-6 members
 - Chair, who typically is a dean and/or a member of the LCME
 - Secretary who may be a member of the LCME Secretariat or a "field secretary" (experienced surveyor who is a contract employee)
 - Members who are medical school senior faculty/administrators
 - There may be a student member of the LCME
- The team will be selected by the LCME Secretariat to reflect the characteristics of the school
- The dean will receive a draft list of survey team members about 4 months before the visit to review for potential conflicts of interest



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The Purpose of a Visit from the Survey Team's Perspective

- Fill in gaps in information/Collect updated information
- Answer questions raised by and verify information and impressions from the DCI, self-study, and Independent Student Analysis
- Reconcile inconsistencies in data and interpretation within and across documents

The Visit Schedule

- The model survey visit schedule allows the survey team to interact with a variety of groups (faculty, administrators, students).
- The model schedule for a full survey visit (located on the LCME website) can be adapted to meet school characteristics. The visit schedule and school participants are finalized by discussion between the Faculty Accreditation Lead and the survey team secretary.
- The sessions in the model visit schedule are explicitly linked to accreditation elements.

Visit Organization

- The model visit schedule allows early identification of individuals who will likely meet with the team
- Well before the visit, the individuals meeting with the team should become familiar with the content of the DCI/self-study and the expectations of the relevant LCME elements
- The dean should be familiar with the results of the last full survey and how any identified problems were addressed
 - The initial meeting with the dean allows the dean to “set the stage” (e.g, describe recent changes, address self-study findings)



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The LCME

The LCME is a committee jointly sponsored by the AMA and the AAMC, which has the following composition:

- 15 professional members (14 administrators and/or senior faculty members from US medical schools and the chair of the Canadian accrediting body)
- 2 fourth-year medical students
- 2 public members with no ties to medical schools

The LCME is supported by a Secretariat (2 Co-Secretaries and 2 Assistant Secretaries) and staff at each office



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Research on "Severe Actions"



" Severe" Actions

Severe actions are:

- accreditation for an indeterminate term,
- warning, and
- probation

Research has been conducted to identify the factors that are statistically associated with a severe action.*

* The research is based on the previous 132 standards
(Hunt et al, *Academic Medicine*, January 2016)

What has been statistically associated with a severe action?

1. Total number of standards out of compliance
2. Chronic noncompliance with one or more standards (noncompliance in two consecutive full surveys)
3. Insufficient response to questions in the DCI/insufficient self-analysis
 - Likely resulting from problems in understanding the intent and expectations of an element and/or identifying and providing relevant data related to performance
4. Noncompliance with standards ED-33/curriculum management (now 8.1) and ED-8/comparability across instructional sites (now 8.7)

Questions/Discussion

