



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

How Does the LCME Evaluate Performance in Elements and Compliance with Standards?

April 14, 2022

1:30 pm – 3:00 pm ET

Welcome!

**Thank you for joining us for today's webinar. The program will begin shortly.
You will not hear audio until we begin.**

If you have technical questions, please email aamc@commpartners.com.

Today's Webinar in Context: A Panoramic View and a Local Roadmap

- LCME Accreditation and Re-accreditation
 - Institutional self-study (internal)
 - Analyze data and make judgments based upon those data
- Peer Review (external)
 - Analyze data and make judgments based upon those data

From the School's Perspective (Internal Self-Study Process)

- Which data are analyzed?
 - Data collection instrument (DCI)
 - Independent student survey and analysis
 - Other internal data
 - CQI data and surveys
 - Course and clerkship evaluations
 - Focus groups (“root causes”)
 - Mini-surveys to evaluate the effects of implementation of action plans
 - External data
 - AAMC GQ and other surveys

From the School's Perspective (Internal Self-Study Process)

- How are data analyzed and judgments made?
 - Within and against the intent of each element
 - Within and against YOUR context
 - Beware of “national benchmarking”
- What is the product of this analysis and judgment?
 - Institutional self-study report

From the Survey Team's Perspective (Peer Review Process, Part I)

- Which data are utilized?
 - DCI
 - Institutional self-study summary report
 - Independent student survey and analysis
 - Preliminary and/or “surrogate marker” data related to specific elements
 - School-generated updates
 - Team-requested updates
 - Information obtained during survey visit sessions with colleagues at the school

From the Survey Team's Perspective (Peer Review Process, Part I)

- How are data analyzed and judgments made?
 - Within and against the intent of each element
 - Within and against YOUR context
 - Beware of “national benchmarking”
- What is the product of this analysis and judgment?
 - Survey team report and team findings document (elements only)

From the LCME's Perspective (Peer Review Process, Part II)

- Which data are utilized?
 - Survey team report
 - Survey team findings document (elements only)
 - School's accreditation history sheet
- How are data analyzed and judgments made regarding element performance?
 - Within and against the intent of each element
 - Within and against YOUR context
 - Beware of “national benchmarking”

From the LCME's Perspective (Peer Review Process, Part II)

- How are judgments made regarding compliance with standards?
 - In aggregate, does performance in each of the elements associated with a given standard allow the expectations of that standard to be met?
- What is the product of these analyses and judgments by the LCME?
 - LCME accreditation letter
 - Findings for all elements with less than satisfactory performance
 - Compliance determinations for each standard based upon the aggregated performance in each element associated with that standard
 - Accreditation status of the program
 - Any required follow-up



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Judging Performance in 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 insufficient evidence of effectiveness; OR
2. The requirements of the element currently are met but anticipated circumstances could negatively impact performance.

Unsatisfactory

One or more requirements of the element is/are not met. Required policy, process, resource, system not in place or ineffective. Formal evidence of effectiveness/sustainability is absent.



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Element 5.5 (resources for clinical instruction)

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

The number and types of patients at each of the clinical teaching sites is adequate for the number of students in each rotation to ensure that the learning objectives and required clinical encounters can be met

Satisfactory!



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Element 5.5 (resources for clinical instruction)

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A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

The number and types of patients at each of the clinical teaching sites is currently adequate; however, the survey team was informed that the primary clinical affiliate will be significantly reducing obstetric services over the next 18 months. The school is currently securing alternate clinical teaching sites for the OB/GYN clerkship.

Satisfactory with a Need for Monitoring

(The requirements of the element currently are met but anticipated circumstances could negatively impact performance.)



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Element 5.5 (resources for clinical instruction)

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A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

The DCI indicated, and the school confirmed, that the average daily inpatient census for the Pediatric rotation was 2 (range 0-6) for 5 students/inpatient portion of the Pediatrics clerkship. Data from the DCI also showed that students are only able to complete 45% of the required experiences in pediatrics by way of live patient encounters.

Unsatisfactory!

Element 11.1 (academic advising and academic counseling)

11.1 Academic Advising and Academic Counseling

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

The school has a system to identify, triage, and provide counseling to students at risk for academic difficulty. The system is also available to any student who requests academic counseling. The system includes trained faculty and staff in the Office of Student Affairs and a full-time academic counselor/adviser with no role in teaching or assessing students. Data from the ISA demonstrate a high level of respondent satisfaction with the availability of academic advising.

Satisfactory!

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Data from the 2020 and 2021 AAMC GQ demonstrated low levels of satisfaction (59% and 66%) with academic advising/counseling. (National 82%). In response the school redesigned the system and added additional dedicated academic advisors. The 2022 AAMC GQ data demonstrated a satisfaction level (75%) slightly below the national average (81%). An internal survey performed six months after the changes were enacted demonstrated more than 85% respondent satisfaction for the M1 and M2 classes, 70% respondent satisfaction for the M3 class, and 65% respondent satisfaction for the M4 class.

Satisfactory with a Need for Monitoring!

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A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

Students in need of academic counseling self-identify to either the office of Academic Affairs or the Office of Student Affairs. In either case, a block director is assigned to provide academic counseling throughout the pre-clerkship curriculum, or until the student achieves satisfactory performance in two successive courses. The school does not have a system to proactively identify students in need of academic advising/counseling. Data from the ISA demonstrate a high level of respondent dissatisfaction (average 45% dissatisfied) with the availability of academic advising. The school has a plan to hire additional counselors within the next 12 months.

Unsatisfactory!



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Compliance with Standards – LCME Definitions

- **Compliance:** Taken as a whole, the expectations of the standard are being met.
- **Compliance with a Need for Monitoring:** While there are concerns based on the performance in individual elements, those concerns do not seriously compromise meeting the expectations of the standard.
- **Noncompliance:** Taken as a whole, the performance in elements does not permit the expectations of the standard to be met.



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Types of Accreditation Actions

Types of Accreditation Actions*

- Grant an accreditation status (accredited; accredited, provisional status; accredited, preliminary status)
- Continue an accreditation status (with or without specifying a term)
- Continue accreditation, place the program on warning
- Continue accreditation, place the program on probation
- Deny accreditation
- Withdraw accreditation

Some of these actions have pre-defined follow-up (e.g., an action plan, a limited survey visit)

* From LCME *Rules of Procedure*, April 2022, pages 18-21



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Accreditation Term

For “mature” medical education programs with full accreditation, the standard term is eight years

- For developing medical education programs, the first term after award of full accreditation is five years

If a medical education program is awarded continuing accreditation, the academic year of the next full survey is specified in the letter of accreditation EXCEPT in the case of a severe action (i.e., indeterminate term, warning, probation), which result in the LCME not specifying the date of the next full survey.



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Accreditation Actions – Indeterminate Term

Accreditation with Indeterminate Term

An INDETERMINATE TERM is awarded if the LCME identifies a need for the medical education program to document **credible and timely plans** to address LCME findings of noncompliance and unsatisfactory performance before it sets the date of the next full survey.

Indeterminate term may be awarded alone but always accompanies actions of “warning” or “probation” (i.e., the date of the next full survey is not specified). When the LCME rescinds indeterminate term, the next full survey will be eight years from the previous one.

An action for indeterminate term is private.



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Accreditation Actions - Warning

Accreditation with Warning

Warning is awarded if the LCME has identified areas of noncompliance with standards that are of recent origin and, if not corrected within 1-2 years, will compromise the ability of the medical school to conduct the medical education program OR areas that were identified in a previous survey visit and have re-emerged in noncompliance.

An action for warning is not listed on the LCME web site but will be reported to the U.S. Department of Education.



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Accreditation, on Probation

Accredited, on Probation

The LCME may grant accreditation with probation if in its summative judgment the medical education program is **not in substantial compliance with LCME standards** because:

- 1) areas of noncompliance have seriously compromised the quality of the medical education program OR
- 2) that the program has failed to make satisfactory progress toward compliance after having been granted opportunity to do so.

An action for probation is subject to reconsideration. Final action for probation is reported to the U.S. Department of Education, the relevant institutional accreditor, the relevant state medical licensing board and is posted on the LCME web site. Programs must also notify enrolled students and applicants of the probation action.



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Withdrawal of Accreditation

Withdrawal of Accreditation

Withdrawal of accreditation is defined as an “adverse action” by the U.S. Department of Education.

The LCME may act to withdraw accreditation if it determines that an accredited medical education program exhibits deficiencies in compliance with accreditation standards that raise concerns about the sustainability of the program and/or about the program’s quality such that it is uncertain whether graduates of the program are competent to enter the next stage of training.

Withdrawal of accreditation is subject to appeal. The U.S. Department of Education and others must be notified of an initial action (i.e., prior to the appeal) to withdraw accreditation.

How the LCME Determines Accreditation Status and Follow-up

THERE IS NO FORMULA

The LCME considers patterns of unsatisfactory performance and noncompliance with standards to reach a decision about accreditation status. For example:

The same number of Unsatisfactory findings may result in different actions if they are scattered across standards vs concentrated in certain standards.

All decisions to award a “severe action” (i.e., indeterminate term, warning, probation) have a consistent set of steps for follow-up:

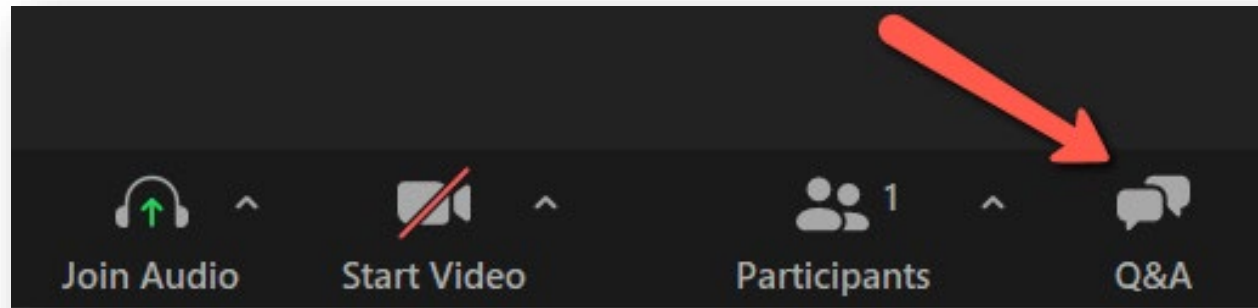
- Preparation of an action plan describing the steps taken and planned to address the finding of unsatisfactory and satisfactory with a need for monitoring performance
- Secretariat consultation
- Limited survey visit to address elements in unsatisfactory and satisfactory with a need for monitoring performance

LCME® Open Q&A

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How to ask questions in Zoom:

Participants can ask questions by hovering their mouse at the bottom of the screen to bring up their toolbar.



Click the Q&A icon and a box will open where you can submit a question.

Participants will not see other participants' questions. Only speakers will see the questions submitted.

Effective AY 2022-23, all full, provisional, and preliminary accreditation visits will be in-person; all limited survey visits will be virtual.



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Announcements: 2023-24 F&S

The 2023-24 *Functions and Structure of a Medical School* is now available on the LCME website ([lcme.org/publications](https://www.lcme.org/publications))

Document Type	Document	Effective Academic Year	Publication Date (click to download)
Standards	Functions and Structure of a Medical School - (contains the LCME Standards)	2023-24	March 2022
Standards	Functions and Structure of a Medical School - (contains the LCME Standards)	2022-23	October 2021
Standards	Functions and Structure of a Medical School - (contains the LCME Standards)	2021-22	March 2020



Next Webinar: Thursday, June 30, 2022

There will be no May 2022 webinar.

Topic of the Month:

**Regional Campuses and Distributed Learning:
the Whys, the Hows, and the Bumps along the Way**

Email lcme@aamc.org with element or topic suggestions.