**New or expanded Regional Campus**

**Notification Form**

**Before submitting this form, schools planning to create or expand a regional campus must contact the LCME Secretariat at** **lcme@aamc.org** **to schedule a (virtual) Secretariat consultation involving personnel from the administrative (central campus) and the regional campus.**

Provide the date(s) of the consultation that was held with the LCME Secretariat. **Note that the form will not be accepted without this information.**

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| Click here to enter text. |

Please use this form to notify the Liaison Committee on Medical Education (LCME) of the creation of a new regional campus or the expansion of an existing regional campus to include additional years in the curriculum. A regional campus is defined as a site where a student cohort completes at least one full year of the curriculum.

Select which of the following applies related to the campus:\*

[ ]  A new campus is being formed

[ ]  One or more curriculum years are being added at an existing campus

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*\* If there will only be an increase in the number of students in one or more years at an existing regional campus, but the years of instruction at the campus will not change, use the Class Size Increase Notification Form.*

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**SUBMISSION INSTRUCTIONS**

Please email lcmesubmissions@aamc.org a dated and signed cover letter from the medical school dean addressed to the LCME Co-Secretaries and the completed notification form in a single PDF.

The cover letter and notification form must be submitted in time for the LCME to review the information prior to implementation of the change. Notification forms are reviewed as part of regularly scheduled LCME meetings. Use the table below to determine when the notification will be reviewed.

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| **Date Form Received** | **Date Notification will be Reviewed by the LCME** |
| August 2 – December 1\* | February LCME meeting |
| December 2 – April 1\* | June LCME meeting |
| April 2 – August 1\* | October LCME meeting |

\*If the 1st of these months falls on weekend or holiday, submission will be accepted the next

non-holiday business day.

Please do not include hyperlinks within the document(s) of the submission. If a reference to a website is necessary, create an appendix with a table of contents and include PDFs of the webpages and/or screenshots.

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| Date of Submission | Click here to enter text. |
| School Name | Click here to enter text. |
| Date or academic year change will become effective | Click here to enter text. |
| Name and title of the program official submitting the information | Click here to enter text. |

**Please complete the following questions with as much detail as possible. The available space will expand. Relevant documents may be attached, if needed.**

**OVERVIEW**

Include the location of the campus and the year(s) of the curriculum that will be offered at the site. This includes all years that will be offered when the current change goes into effect, including those years of the curriculum that had been offered previously at the campus if the campus is not new.

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| Click here to enter text. |

Provide a projection of the total number of students who will be located at the regional campus by curriculum year [for a campus expansion, include the total number of students in a given year including the number who previously were at the campus in that year ]. If instruction will not be offered each curriculum year, leave the corresponding cells blank. Copy this table if more than one new or expanded regional campus is being proposed.

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| Total number of students to be enrolled at the regional campus during each academic year (start with the first academic year in which students will be enrolled following implementation of the proposed change). Please list academic year in **20##-##** format.  |
| Curriculum Year | Academic Year  | Academic Year | Academic Year | Academic Year |
| First Year |  |  |  |  |
| Second Year |  |  |  |  |
| Third Year |  |  |  |  |
| Fourth Year |  |  |  |  |

Describe how and when students will be selected for the regional campus (e.g., at admission, during the pre-clerkship phase of the curriculum).

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| Click here to enter text. |

Describe how and by whom the total number of students who will be based at the regional campus in each year of the curriculum was determined.

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| Click here to enter text. |

**CURRICULUM AT THE REGIONAL CAMPUS**

1. **Curriculum Structure and Delivery**

a. Will the curriculum at the regional campus be the same as or different from that on the central/administrative (for example, if there will be a parallel curriculum with additional objectives)? If different, please describe the major differences.

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| Click here to enter text. |

b. Will the didactic portions of the curriculum during the pre-clerkship and/or clerkship phases at the regional campus be delivered solely by campus faculty, by central/administrative campus faculty (e.g., by videoconferencing or other forms of distance learning), or by a combination of on-site and central-campus faculty? Describe, in general, how the content will be delivered.

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| Click here to enter text. |

c. Describe, in general, how students will be assessed at the regional campus. Will the assessment methods at the regional campus be the same as or different from those at the central/administrative campus? How and by whom will grades for students at the regional campus be assigned?

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| Click here to enter text. |

1. **Curriculum Governance**

a. Will faculty at the regional campus have the opportunity to be included in medical school committees? Is there a requirement (e.g., in the bylaws) that certain committees will have representation from the regional campus?

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| Click here to enter text. |

b. Describe how the regional campus is/will be incorporated into the curriculum governance structure. How will the curriculum at the regional campus be managed?

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| Click here to enter text. |

* If the curriculum at the regional campus will be the same as that at the central/administrative campus, describe the means by which comparability of educational experiences and methods of assessment will be ensured.

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| Click here to enter text. |

* If there will be a parallel curriculum at the regional campus that includes additional objectives to the core objectives for all students, describe the means by which the ultimate authority of the curriculum committee for the full curriculum will be ensured.

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| Click here to enter text. |

**RESOURCES FOR THE EDUCATIONAL PROGRAM**

Only complete the sections below that are relevant to the educational program at the regional campus. In the responses, include both information about planned future instruction and instruction that has been ongoing at an existing regional campus.

**1. Educational Facilities**

1. Complete the following table describing the educational space to be used for required courses in the pre-clerkship curriculum, expanding the number of rows as necessary:

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| --- | --- | --- |
| Type of Room¹ | Seating Capacity | Main Educational Use(s)² |
|  |  |  |

¹Includes lecture hall, multidisciplinary lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, indicate the total number of such rooms in parentheses.

²Includes lectures, small-group discussion, dissection, slide study, wet lab, simulations, clinical skills practice or testing, etc.

b. Describe and evaluate the adequacy of the other physical facilities, including library resources, information technology or services, clinical skills learning and evaluation areas, and study space to accommodate the number of students at the regional campus. Note how students at the campus will have access to library and curriculum resources.

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| Click here to enter text. |

**2. Instructional Staff1**

a. Complete the following table for each required course and clerkship offered at the regional campus, expanding the number of rows as necessary. Include the number of teaching staff who will be available when instruction begins in that course/clerkship who are based at the campus (CB) and the number teaching at a distance, such as from the central/administrative campus (AC):

|  |  |  |
| --- | --- | --- |
| Course or Clerkship Title | Number of Staff1 | Instructional Responsibilities of Staff2 |
|  |  |  |

¹Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities.

²Includes lectures, small group presenting, lab or clinical supervision, etc.

b. Describe additional hiring that is planned, including the timetable for recruitment.

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| Click here to enter text. |

c. Describe the opportunities for faculty development that will be available for faculty at the regional campus, whether provided on site or at another location (e.g., virtually or based at the central/administrative campus).

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| Click here to enter text. |

d. Describe the availability of resident physicians at the clinical facilities associated with the regional campus. Will each student have the opportunity to interact with residents during a required clinical experience?

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| Click here to enter text. |

**3. Clinical Facilities**

a. List the clinical teaching sites that will be used for required clinical clerkships/LIC at the regional campus and check (X) which clerkships will be offered at the site.

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|  | Used For Required Clerkships In |
| Facility Name and Campus | FamilyMedicine | InternalMedicine | Neurology | Ob/Gyn | Pediatrics | Psychiatry | Surgery |
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b. For each inpatient facility noted in the preceding table, provide the following information:

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| --- | --- | --- | --- | --- | --- |
| Facility Name | No. of Beds | Avg. Daily Occupancy Rate | No. of Admissions/Yr. | No. of Outpatient Visits/Yr. | No. of ER Visits/Yr. |
|  |  |  |  |  |  |

1. For each inpatient clinical teaching site used for block clerkships or an LIC, provide the average number of students per clinical rotation in each discipline with a required clinical clerkship/LIC discipline at the site.

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| --- | --- |
|  | Average No. of Students per Rotation |
| Facility Name and Campus | FamilyMedicine | InternalMedicine | Neurology | Ob/Gyn | Pediatrics | Psychiatry | Surgery |
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d. For each required clerkship/LIC discipline, provide a brief assessment of the adequacy of patient volume and mix to accommodate the students at the regional campus.

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| Click here to enter text. |

**4. STUDENT SERVICES**

Provide a brief narrative assessment of the capacity of each of the following student service areas for students at the regional campus. Note if these resources will be available on site and/or through the central/administrative campus.

a.Financial aid administrative services and counseling

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| Click here to enter text. |

b. Student health

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| Click here to enter text. |

c. Personal counseling

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| Click here to enter text. |

d. Tutorial assistance

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| Click here to enter text. |

e. Career advising

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| Click here to enter text. |

**5. FINANCIAL SUPPORT**

Describe how the regional campus will be financed (e.g., through revenue from central medical school funds, government sources, the parent university/sponsoring organization, clinical partners, and/or other sources) to accommodate the proposed new or expanded regional campus.

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| Click here to enter text. |

**6. ADDITIONAL SUPPORTING DATA**

Note any additional relevant data that the LCME should take into consideration when evaluating the adequacy of resources to support the proposed new or expanded regional campus.

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