

**The Role of Students in the Accreditation of U.S. Medical Education Programs**

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**For U.S. Medical Education Programs with**

**Surveys for Provisional Accreditation in the 2021-22 Academic Year**

LCME® *The Role of Students in the Accreditation of U.S. Medical Education Programs*

For Medical Education Programs with Surveys for Provisional Accreditation in the 2021-22 Academic Year

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**Table of Contents**

[Introduction 1](#_Toc38270288)

[Facts about the LCME 1](#_Toc38270289)

[The Accreditation Process 1](#_Toc38270290)

[A Quick Overview of the Accreditation Process 1](#_Toc38270291)

[The Independent Student Analysis (ISA) 2](#_Toc38270292)

[The Survey Team Visit 3](#_Toc38270293)

[Preparation and Review of the Survey Team Report 3](#_Toc38270294)

[Student Participation in the Accreditation Process 4](#_Toc38270295)

[Getting started: The Medical School Dean's Notification to Students 4](#_Toc38270296)

[The Independent Student Analysis (ISA) 4](#_Toc38270297)

[Student Participation During the LCME Survey Visit 5](#_Toc38270298)

[Complaints and Grievances 6](#_Toc38270299)

[Other Opportunities for Student Involvement with the LCME 6](#_Toc38270300)

[LCME Student Members 6](#_Toc38270301)

[Student Feedback on Accreditation Standards 6](#_Toc38270302)

[Appendix A: Frequently Asked Questions 7](#_Toc38270303)

[Medical Student Participation in LCME Accreditation 7](#_Toc38270304)

[Medical Student Participation in the LCME Survey Visit 7](#_Toc38270305)

[Independent Student Analysis (ISA) 8](#_Toc38270306)

[Appendix B: Logistics for Development of the Independent Student Analysis 9](#_Toc38270307)

[Appendix C: Required Student Opinion Survey Items for the Independent Student Analysis 11](#_Toc38270308)

[Appendix D: Reporting of Results Tables in the Independent Student Analysis 13](#_Toc38270309)

# Introduction

***My program will be having a review for provisional accreditation by the LCME. What is provisional accreditation and why does it matter?***

Accreditation is widely used in higher education to evaluate the quality of educational programs. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, state medical licensing boards require students from U.S. MD-granting medical schools to have graduated from an LCME-accredited program as a condition for receiving a license to practice.

An LCME review for provisional accreditation typically occurs when the first entering class of a new medical school is in the second year of the curriculum. The purpose of this review is to evaluate the delivery of the initial (pre-clerkship) phase of the curriculum and the planning for the clinical clerkships, including the availability of resources needed for clinical training.

Students play a prominent role in the accreditation process. This document provides details about the process for provisional accreditation and how students can contribute to it. See [Appendix A](#_Appendix_A:_Frequently) for a summary that includes some frequently asked questions about accreditation.

# Facts about the LCME

The United States Department of Education recognizes the Liaison Committee on Medical Education (LCME) as the responsible authority for the accreditation of medical education programs leading to the MD degree. The LCME's scope is limited to the accreditation of complete and independent medical education programs for which students are geographically located in the United States or Canada for their education and that are operated by universities or medical schools that are chartered in the United States or Canada.

After many years of evaluating medical schools independently, the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) jointly formed the LCME in 1942. The LCME is a committee that includes medical educators, medical school administrators, medical practitioners, medical students, and representatives of the public. There are two LCME offices, one based at the AAMC in Washington, DC and one at the AMA in Chicago, IL. The LCME is administered by a Secretariat, consisting of a Co-Secretary and Assistant Secretary at each office. There also is a professional staff at each office. The LCME Secretariat is responsible for coordinating the development of accreditation standards and policies, and for managing the accreditation reviews of medical education programs.

Currently, there are more than 150 LCME-accredited medical education programs in the U.S. See the Medical School Directory on the LCME website ([lcme.org/directory](http://lcme.org/directory/)) for a list of all LCME-accredited programs.

# The Accreditation Process

## A Quick Overview of the Accreditation Process

The major steps in the accreditation process for medical schools being reviewed for provisional accreditation during the 2021-22 academic year are as follows:

1. The school’s completion of data-gathering related to the accreditation elements the LCME has determined to be relevant to a review for provisional accreditation, including a survey conducted by students of their peers (the independent student analysis).
2. A survey visit, which is an on-site evaluation by a survey team composed of external peer experts that results in a report of the survey team’s findings for each accreditation element that is reviewed for provisional accreditation.
3. The LCME’s review of the survey team’s report.
4. The LCME’s determination of the program’s performance in accreditation elements, its compliance with accreditation standards, its accreditation status, and any necessary follow-up to address identified problem areas.

**What a Medical School Submits as the Basis for the Review**

The medical school compiles and submits a “survey package” that the survey team reviews. The survey package includes the following documents that include data and information from students:

* DCI: The data collection instrument (DCI) includes the medical school’s quantitative and/or narrative responses to questions for each of the accreditation elements that are reviewed for provisional accreditation. It is organized by accreditation standard and element.
* ISA: The independent student analysis (ISA) contains the results and analysis of a student-developed questionnaire that contains LCME-required questions and which allows students to identify strengths and areas for improvement at their institution.

In addition to the documents being submitted as part of the survey package, data from the ISA are used to respond to questions asked in the DCI, which is why the LCME requires specific wording in its required ISA questions.

## The Independent Student Analysis (ISA)

The LCME considers the independent review conducted by students to be a critical element of the accreditation process. At the end of the first year of the curriculum for the charter (first entering) class, the student leadership should begin a process to identify relevant topic areas, including the medical education program, student services, the learning environment, and the adequacy of educational resources*.*

The group leading the ISA process will need to design and conduct a questionnaire survey of all enrolled students in order to develop a comprehensive picture of students’ perceptions of their medical school. **The LCME requires at a minimum that the student survey include all of the items in the Student Opinion Survey (**[**Appendix C**](#_APPENDIX_C:_Sample)**).** This is important because these items relate directly to the elements for provisional accreditation and the results from these items must be included in the medical school’s DCI. See Appendices [B](#_APPENDIX_B:_Suggested), [C](#_Appendix_C:_Required), and [D](#_Appendix_D:_Reporting) for specific information on questionnaire development, content, and data analysis. This survey likely will be conducted when the charter class is at the beginning of the second year of the curriculum, with data analysis completed early in that year. There should be a student committee tasked with designing the survey and managing the collection and analysis of the survey data. A broad-based and representative committee is important to ensure that the ISA report represents all perspectives.

The medical school’s faculty accreditation lead (FAL) should provide the same type of administrative support for the ISA process as that afforded to other individuals and groups collecting data for the DCI**. Although medical school officials can provide logistical support and technical advice to help the student committee conduct and analyze the results of its survey, medical school officials must not participate in student survey development, survey data analysis, or ISA report preparation.**

Various data from the ISA questionnaire responses will be included in the medical school’s DCI, so data collection and analysis should be completed in time for that to occur. The final ISA report should include summary data tables from the questionnaire responses and a narrative that includes student perceptions of the program’s strengths and areas needing improvement. The complete ISA (data, summary findings, and analysis) should be made available to the individuals responsible for DCI preparation by the time that document is being finalized.

The survey package with the completed DCI and ISA will be sent to the survey team conducting a visit to the school when the charter class is in the second year of the curriculum. The FAL will be sent specific instructions related to the timing of the school’s submission.

## The Survey Team Visit

The LCME Secretariat will appoint a survey team drawn from a pool of knowledgeable, experienced medical school administrators, faculty, and members of the medical practice community. Most survey teams for provisional accreditation consist of three or four members: a survey team chair, a survey team secretary, and one or two survey team members. Survey teams typically are led by a medical school dean or LCME member and may include an LCME member (if not the chair) or an LCME Secretariat member. Survey team members come from a variety of backgrounds (e.g., associate deans of curriculum and student affairs, leaders of research programs or of clinical practices, experts in faculty affairs) and, whenever possible, include at least some members from medical schools with characteristics similar to those of the medical school being reviewed.

The survey visit typically begins late on a Sunday afternoon, when the survey team gathers to review its impressions and to identify any major issues that need additional information, clarification, and follow-up during the visit. The survey team then meets with the medical school dean to discuss his or her perceptions of the program, including its strengths and the challenges that it faces, and any current issues that could affect the program’s continued development, functioning or operations.

A survey visit most often lasts about two and a half days, usually ending by mid-day on Wednesday. During the visit, the survey team will meet with the school’s academic and administrative leaders, faculty, and others who can supply information related to the accreditation elements that are the focus of the visit. The survey team also will meet formally with students during an extended luncheon session.

## Preparation and Review of the Survey Team Report

In the two months immediately after the survey visit, the survey team prepares a survey report narrative that includes information related to each of the elements reviewed during the visit and a summary of its findings. A draft version of this survey team report and the team findings are reviewed by the LCME Secretariat and then sent to the medical school dean so that any factual errors can be corrected. After making any needed corrections, the survey team secretary sends the final report to the LCME Secretariat for consideration at a regularly-scheduled LCME meeting.

During the LCME meeting, the members of the LCME, including the LCME’s medical student members, review the survey report, finalize citations related to accreditation standards and elements, and determine the medical education program’s accreditation status. The LCME also identifies any follow-up that may be needed to ensure that the program has come into compliance with the specified standards and has achieved satisfactory performance in all elements cited by the LCME.

If the LCME determines that the medical education program is in compliance with or has made sufficient progress toward compliance with relevant accreditation standards, it will grant provisional accreditation and the date of the next survey visit (the program’s first full survey) will be posted on the LCME website ([lcme.org/directory](http://lcme.org/directory/)). If there are relatively minor areas of concern associated with one or more of the accreditation elements, the LCME asks the medical school dean to submit one or more written “status reports”. A status report describes what the program has done to address the LCME citations. If the LCME determines that there are more significant concerns, LCME may continue the program’s preliminary accreditation and may place the program on “warning” or “probation” status. A program placed on warning or on probation status remains fully accredited, and students have all of the rights and privileges associated with being enrolled in an accredited program, including the ability to enter into a residency program upon graduation. More details about the accreditation decisions are available on the LCME website ([lcme.org/about/accreditation-process-overview](http://lcme.org/about/accreditation-process-overview/)).

# Student Participation in the Accreditation Process

This section describes in greater detail the roles that students may play at various stages of the LCME accreditation process.

## Getting started: The Medical School Dean's Notification to Students

The medical school dean informs student leadership about the upcoming LCME review. It will be helpful if the student leadership meets with the dean, the FAL, or both, at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

## The Independent Student Analysis (ISA)

**Be sure** to read the “Checklist of Requirements for Completing the Independent Student Analysis (ISA)” available on the “Guidelines & Procedures section of the LCME website [(lcme.org/publications](file:///C:\(lcme.org\publications\)). The LCME considers the independent review conducted by students a critical part of the accreditation process. Work on the ISA should be completed around the time that the DCI is being finalized. The medical school dean’s office or support staff should offer any reasonable logistical and financial support and/or technical advice to help students, particularly with the conducting and analyzing data from the questionnaire survey described below.

The ISA is the major source of student-based information that the LCME will use when it evaluates the medical education program. An effective ISA is based on comprehensive data from the student body. A high response rate to the questionnaire survey (at least 70-80%) is critical for the credibility of the data.

The medical students responsible for the ISA should familiarize themselves with the *Functions and Structure of a Medical School* publication, which contains the LCME accreditation standards and elements that apply to the academic year of the program’s review for provisional accreditation.

[**Appendix B**](#_APPENDIX_B:_Suggested) **outlines some logistical considerations related to the collection and reporting of data for the ISA**. In general, the student committee members planning the ISA should define the areas to be covered, including the topics listed above.

[**Appendix C**](#_APPENDIX_C:_Sample) **contains a questionnaire with items that the LCME requires to be included in the student survey. These items relate directly to data that the medical school must provide in the DCI and, therefore, must be included as written.** The student committee should develop a survey to collect quantitative data about each area, adding questions as needed to reflect specific characteristics of the school, including its medical education program. The student committee should analyze the survey response data and develop a narrative summary and set of findings and conclusions. **The ISA document should contain data tables for each survey item and an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each general topic covered (e.g., the curriculum, student services, the learning environment), and a section presenting conclusions and recommendations.**

At the beginning of the ISA, include a summary of the process used to develop and distribute the questionnaire. Include the response rate to the questionnaire for each of the respondent class years and the overall response rate if more than one class participated. **To determine the response rate for a given class year, use the total number of students in that class year to whom the survey was made available as the denominator and use the total number of students from that class year that filled out the survey as the numerator. Similarly, for the overall response rate, use the total number of students in all class years to whom the survey was made available as the denominator and use the total number of students from all class years that filled out the survey as the numerator.**

To report the questionnaire results, develop a table for each survey question ([Appendix D](#_APPENDIX_E:_Sample_1))with the **number and percent** of respondents from each respondent class year that responded to the item and selected each response option (i.e., % choosing not applicable; % choosing dissatisfied and very dissatisfied (combined); and % choosing satisfied and very satisfied (combined)) such that all respondent class years are included in the same table. [Appendix D](#_APPENDIX_E:_Sample_1) contains a guide for how to report the student response data. Response data should be reported with column headers printed on each new page. This makes it easier for the survey team to read. **Do not use histograms, boxplots, or pie charts, and to not present data in color**.

**IMPORTANT NOTE: Be certain to provide the ISA, including the data tables, in a Microsoft Word document so that survey team members can easily copy tables into the team report.**

The students responsible for the ISA should inform the student body about the importance of completing the questionnaire survey and the seriousness with which the survey team and the LCME regard its results. If the initial response rate for the student survey is low (i.e., less than 70-80% total and by class, if relevant), it may be necessary to conduct a follow-up survey or to extend the time that the survey is left open to improve the response rate. Incentives may be used to enhance participation. The results from the survey may also be supplemented with other data, such as the results of focus group studies, input from student organizations, or similar kinds of information. These data sources may be helpful in explaining the results of the survey but should not be used to replace the data derived from the questionnaire.

Medical school officials must not influence the ISA findings or edit the report. Nevertheless, both the program and the students will benefit if a draft of the ISA document is shared with the FAL to ensure that the analysis does not contain any inconsistencies with the survey data or individual student comments that may not be representative of the full student body. The final version of the ISA must be made available to the individuals completing the DCI.

## Student Participation During the LCME Survey Visit

The survey team secretary works with the program’s FAL to develop the visit schedule based on the specific elements to be reviewed. There will be a lunch session scheduled with students.

The lunch session with students allows for informal and open discussions about the medical school. One purpose of these meetings, from the survey team’s point of view, is to identify and reconcile, if possible, any differences in student opinion found between the ISA and the medical school’s own DCI responses. Sometimes such differences are easily explained by timing differences in data collection. There may also be genuine differences of opinion, and part of the survey team’s task is to identify if and why that is the case. The survey team will use the lunch session to explore in more depth issues of concern identified in the ISA, and to determine if any issues that were not mentioned in the ISA have surfaced. For these reasons, it is necessary that students at the lunch session are familiar with the information contained in the ISA. It is very useful to ensure that a representative group of students is included in these lunch sessions, not just student leaders. When possible, the session should include one or more students who were responsible for conducting or managing the ISA. The survey team may have a particular interest in talking to certain categories of students. For example, the survey team may want to meet with one or more students who have had some experiences in accessing student services, such as academic counseling and tutorial services or health services. Students who meet with the survey team should feel comfortable speaking openly about both the strong and weak areas of the medical education program. Under no circumstances are student comments quoted directly or attributed to any individual in the survey team report or in discussion with school faculty or leadership. The survey team will not make any determinations based solely on what an individual student (or faculty member or dean) says. However, the team will explore any potential issues that arise in discussions with students or others, and in such cases, will look for corroborating evidence while on the survey visit.

## Complaints and Grievances

An accreditation review is not an opportunity for individual students, faculty members, deans, or anyone else to involve the LCME in discussions about personal or academic grievances with the medical school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about whether the medical education program is performing in a satisfactory way related to the accreditation standards and elements that form the basis of the visit.

Any student who believes that a medical education program’s actions or policies indicate noncompliance with accreditation standards or unsatisfactory performance in one or more accreditation elements can bring the issue to the LCME’s attention by submitting a formal complaint about the program at any time. This can be done by emailing the LCME Secretariat office, [lcme@aamc.org](mailto:lcme@aamc.org), with relevant details, a list of any standards/elements related to the complaint, and a signed consent form, available on the LCME website ([lcme.org/publications/#Forms](http://lcme.org/publications/#Forms)). Further information about the LCME’s complaint policy can be found in the LCME *Rules of Procedure* and on the LCME website ([lcme.org/contact/complaints](http://lcme.org/contact/complaints/)). In response to a complaint, the LCME will only make a determination regarding the program’s compliance with accreditation standards/performance in accreditation elements. The LCME will not intervene on behalf of a complainant to resolve grievances.

# Other Opportunities for Student Involvement with the LCME

## LCME Student Members

There are two fourth-year medical students who are full voting members of the LCME. The medical student members of the LCME ensure that accreditation standards/elements, policies, and actions include the student perspective. Student members participate in the discussions and decision-making on accreditation matters during LCME meetings, including reviews of accreditation surveys and medical school follow-up (status reports), consideration of new or revised accreditation standards/elements and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member typically participates in one accreditation survey visit during the year of his or her service on the LCME.

## Student Feedback on Accreditation Standards

The LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions and feedback regarding its accreditation standards and elements. For example, the expectation that there be education about culturally competent care was brought to the LCME’s attention by the Minority Affairs Section of the AAMC Group on Student Affairs and the requirement related to the learning environment and student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives. Students with ideas for new standards or elements should email the LCME Secretariat at [lcme@aamc.org](mailto:lcme@aamc.org).

# Appendix A: Frequently Asked Questions

This section uses frequently asked questions to summarize and expand upon the information provided earlier in this document.

***In a review for provisional accreditation, does the LCME only evaluate the medical curriculum or does the LCME examine all aspects of a medical education program?***

The LCME’s assessment is based on the medical education program’s performance in a subset of accreditation elements, many of which cover areas that touch on the medical student experience. See the *Functions and Structure of a Medical School* document on the LCME website: [lcme.org/publications](http://lcme.org/publications/).

***If an important issue for students exists at a medical school, how can that school’s students ensure that it is addressed by the LCME?***

If the medical education program is scheduled for an LCME accreditation review, the issue should emerge from the program’s ISA if it is related to the program’s performance in one or more accreditation elements. If the issue involves noncompliance with accreditation standards or unsatisfactory performance in accreditation elements, which is confirmed by the survey team, the LCME will require the program to demonstrate it has resolved the problem by requiring a follow-up report or limited survey visit.

Occasionally, an issue considered important by medical students does not relate to LCME accreditation elements (e.g., scarce or expensive on-campus parking). In such cases, the survey team may comment on the problem in its report, but the LCME cannot compel the program to take corrective measures because the issue does not involve performance in accreditation elements.

If a major issue surfaces and a program is not scheduled for an upcoming LCME review, students can bring the issue to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the *LCME Rules of Procedure.* Additional information regarding complaints can be found on the LCME website: [lcme.org/contact/complaints](http://lcme.org/contact/complaints/).

## Medical Student Participation in LCME Accreditation

***What role do students play in the review of a program for provisional accreditation?***

Students conduct an independent student analysis (ISA) of the institution. The survey team includes information from the ISA and from students it meets on-site when making its determinations about the program’s performance in the relevant accreditation elements.

## Medical Student Participation in the LCME Survey Visit

***Does the LCME meet with students? Is any student invited to attend meetings to talk with the LCME?***

The survey team evaluating a medical education program for provisional accreditation will meet with a group of students over lunch during the survey visit. The program and its students will determine which students meet with the survey team.

***How should students be selected to participate in the survey visit process****?*

From the survey team’s perspective, it is desirable to meet with a representative group of students, including some who were directly involved in the development of the ISA and who are familiar with the data collected by the student opinion survey. It is desirable that the survey team meet with a breadth of students, not just class leaders. The school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (administrators and faculty) and the student body. A survey team would likely be concerned if students had no voice at all in deciding which of them met with the survey team.

## Independent Student Analysis (ISA)

***Is there a template that students can use as a guide to develop their student opinion survey for the independent student analysis?***

[Appendix C](#_APPENDIX_C:_Sample) contains a questionnaire survey for collecting student opinion data. The LCME requires that all of these questions be included. Additional questions can be added to address issues of particular importance at a given medical school. See [Appendix D](#_APPENDIX_E:_Sample_1) for how to report the student response data. The medical school should, if requested, supply technical assistance in editing survey questions and in analyzing the data.

***Should medical school administrators/faculty review the ISA?***

Yes. Medical school officials should have an opportunity to review the ISA and discuss any perceptions that it contains factual errors or internal inconsistencies. They should also have an opportunity to incorporate ISA data into the DCI. However, medical school officials must not edit or revise the ISA or pressure students to change its content or conclusions.

***What type of student feedback is most useful to the LCME?***

The best student feedback is analytical, candid, constructive, and based on a synthesis of student opinion. That is, it should accurately identify all problems relevant to the elements to be addressed in the provisional accreditation review and do so in a way that also indicates how students think the medical education program can improve. Students should indicate both a program’s particular strengths and its particular challenges. A survey team finds student feedback that is consistent across all information sources and is supported by appropriate documentation to be most useful. For example, if the results of the student questionnaire survey are contradicted by the students who meet with the survey team, the team will have difficulty reconciling student opinion and not know which source is more credible. Also, the comments of an individual student should not be included in the ISA narrative; similar comments from a number of students can be synthesized and included.

***Is there a certain percentage of students who should respond to the student opinion survey for the information to be useful to the LCME?***

A high response rate is necessary to ensure the credibility of the information. The student opinion survey should achieve a minimum of a 70-80% response rate. The students responsible for the survey may use incentives supplied by the medical school administration to support a good response rate.

# Appendix B: Logistics for Development of the Independent Student Analysis

The process for creating the questionnaire, analyzing the survey data, and constructing the ISA should be coordinated by a small representative student committee, preferably selected or approved by the student body. This committee could include, among other members, student council representatives and class officers.

Methods used should ensure that there is broad input that reflects student body opinion. To accomplish this goal, the ISA committee should develop and disseminate a student opinion survey, using the required items in [Appendix C](#_APPENDIX_C:_Sample) and adding items relevant to the school. The survey should include questions that directly relate to LCME accreditation elements for provisional accreditation and should have space for students to add comments.

In addition to conducting a survey of student opinion, the ISA committee may also choose to hold one or more class meetings or focus groups to discuss student concerns. If ISA leaders use any of these methods, they should report the number of participants in the “methods” section of the ISA introduction.

Once the ISA committee has collected its data, the committee or a subgroup of its members should analyze and summarize the data and prepare the ISA. When reporting the results of the survey, include the response rate to the questionnaire for EACH of the respondent class years (if more than one) and the overall response rate. **To determine the response rate for a given class year, use the total number of students in that class year to whom the survey was made available as the denominator and use the total number of students from that class year that filled out the survey as the numerator. Similarly, for the overall response rate, use the total number of students in all class years to whom the survey was made available as the denominator and use the total number of students from all class years that filled out the survey as the numerator.**

**Use tables in presenting the data. The LCME requires that you calculate all response data percentages using the total number of responses, including N/A responses, as the denominator, and the type of response (e.g., satisfied/very satisfied as the numerator).**

**Do not use complex ways of providing the data (i.e., do not use color-coded bar graphs or histograms). Sophisticated statistical analyses are not necessary. The number and percent of respondents choosing each option for each question (broken down by class year if more than one class participated) is most useful, as the survey team will be able to clearly see the range of student opinion.**

The data should be collected and analyzed and the final version of the ISA completed as the DCI is being finalized. The following are some guidelines for writing the ISA:

1. Begin with a description of the methods used to collect data or gather student opinion. Include the response rate to the questionnaire by class year (if more than one class participated) and, if applicable, the number of students who participated in class meetings or focus groups.
2. Follow the “methods” section with an executive summary. The executive summary should highlight the major findings organized by accreditation elements or by some other framework (such as the educational program, student services, the learning environment).
3. In the narrative that follows the executive summary, concisely summarize the results of the student opinion survey organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the medical school is doing well and areas in which it needs improvement, documenting conclusions using data from the survey. The narrative should end with recommended changes to address areas of student concern.
4. Include a table for each question on the survey. For each question, the LCME Secretariat requires providing the number and percent of students who responded to the item and selected n/a, dissatisfied and very dissatisfied combined, and satisfied and very satisfied combined. These much be presented in total and by class if more than one class participated. Please DO NOT SEND response data from individual students and DO NOT include individual student comments. However, comments that are representative of the responses from a large number of students may be included in the narrative as illustrations.

# Appendix C: Required Student Opinion Survey Items for the Independent Student Analysis

**The LCME requires the student opinion questionnaire include, at a minimum, the items below and that you use the scale below.**

**This is because the medical school cannot complete its DCI without the ISA responses to these specific items. You may add questions as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to the medical school’s students.**

----------------------------------------------------------------------------------------------------------------------------

***Please circle the number indicating your level of satisfaction, using the following scale:***

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/Have not experienced this yet

------------------------------------------------------------------------------------------------------------------

**STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS**

**Office of the Associate Dean of Students/Student Affairs**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A

**Office of the Associate Dean for Education**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A
4. Accessibility of faculty a b c d N/A

**LEARNING ENVIRONMENT AND FACILITIES**

1. Adequacy of the medical school student mistreatment policy a b c d N/A
2. Adequacy of the mechanisms to report student mistreatment a b c d N/A
3. Adequacy of medical school activities to prevent mistreatment a b c d N/A
4. Adequacy of lecture halls, large group classroom facilities a b c d N/A
5. Adequacy of small group teaching spaces a b c d N/A
6. Adequacy of student relaxation space at the medical school

campus a b c d N/A

1. Adequacy of student study space at the medical school campus a b c d N/A
2. Adequacy of secure storage space for personal belongings at

the medical school campus a b c d N/A

1. Administration and faculty diversity a b c d N/A
2. Student diversity a b c d N/A
3. Access to research opportunities a b c d N/A
4. Support for participation in research a b c d N/A

**STUDENT SERVICES**

1. Accessibility of student health services a b c d N/A
2. Confidentiality of mental health services a b c d N/A
3. Availability of mental health services a b c d N/A
4. Availability of programs to support student well-being a b c d N/A
5. Adequacy of career counseling a b c d N/A
6. Quality of financial aid administrative services a b c d N/A
7. Adequacy of debt management counseling a b c d N/A
8. Availability of academic counseling a b c d N/A
9. Availability of tutorial help a b c d N/A
10. Adequacy of education about prevention of exposure

to infectious and environmental hazards a b c d N/A

1. Adequacy of education about procedures to follow after

potential exposure to infectious and environmental hazards a b c d N/A

**MEDICAL EDUCATION PROGRAM**

1. Utility of the medical education program objectives to

support learning a b c d N/A

1. Quality of the first year a b c d N/A
2. Amount of formative feedback in the first year a b c d N/A
3. Quality of formative feedback in the first year a b c d N/A
4. Opportunities for self-directed learning in the first year a b c d N/A

39. Adequacy of unscheduled time for self-directed learning a b c d N/A

1. Overall workload in the first year a b c d N/A
2. Coordination/integration of content in the first year a b c d N/A
3. Medical school responsiveness to student feedback

on courses and teaching a b c d N/A

# Appendix D: Reporting of Results Tables in the Independent Student Analysis

(see also the section, [The Independent Student Analysis](#_The_Independent_Student))

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/Have not experienced this yet

In creating the table, please add dissatisfied +very dissatisfied (a + b) and satisfied + very satisfied (c +d)

The column titled “Number of Total Responses/Response Rate to this Item” shows the total number of students responding to the item (N) divided by the total number of students in the class (%). For the remaining columns, the LCME requires that you calculate all response data percentages using the total number of responses, which includes N/A responses as the denominator, and the type of response (e.g., satisfied/very satisfied as the numerator).

USE THIS FORMAT IF ONLY ONE CLASS OF STUDENTS (THE CHARTER CLASS) IS RESPONDING:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table Title** | | | | | | | | |
| Question | Number of Total Responses/Response Rate to this Item | | Number and % of  N/A  Responses | | Number and % of Combined  Dissatisfied and Very Dissatisfied  Responses | | Number and % of  Combined  Satisfied and  Very Satisfied Responses | |
| N | % | N | % | N | % | N | % |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

USE THIS FORMAT IF MORE THAN ONE CLASS OF STUDENTS IS RESPONDING:

Question:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table Title** | | | | | | | | |
| Medical School Class | Number of Total Responses/Response Rate to this Item | | Number and % of  N/A  Responses | | Number and % of Combined  Dissatisfied and Very Dissatisfied  Responses | | Number and % of  Combined  Satisfied and  Very Satisfied Responses | |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |