

Understanding the LCME Accreditation Process

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QUILLEN
COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Disclosure

- Neither I nor any members of my immediate family have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters of this activity.



Educational Objectives

1. Describe the function and organization of the Liaison Committee on Medical Education (LCME)
2. Summarize the LCME Standards
3. Explain the LCME Accreditation Process
4. Explain the roles of the faculty, institutional bodies, and administrative units in satisfying LCME accreditation standards



Liaison Committee on Medical Education

- The U. S. Department of Education recognized accrediting body for MD degree programs in the U.S.
- Jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA).



LCME Members

- 15 medical educators, administrators, and practicing physicians
- 2 public members
- 2 fourth year medicals students



LCME Purpose

- Peer-reviewed quality assurance process that determines whether the medical education program meets established standards
- Fosters institutional and programmatic self-evaluation and improvement
- Establishes standards
- Requires programs to demonstrate that graduates exhibit professional competencies appropriate for the next stage of training and that serve as the foundation for lifelong learning and proficient medical care



Standards

- Standard 1: Mission, Planning, Organization, and Integrity
- Standard 2: Leadership and Administration
- Standard 3: Academic and Learning Environments
- Standard 4: Faculty Preparation, Productivity, Participation, and Policies
- Standard 5: Educational Resources and Infrastructure
- Standard 6: Competencies, Curricular Objectives, and Curricular Design



Standards

- Standard 7: Curricular Content
- Standard 8: Curricular Management, Evaluation, and Enhancement
- Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
- Standard 10: Medical Student Selection, Assignment, and Progress
- Standard 11: Medical Student Academic Support, Career Advising, and Educational Records
- Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services



Standard 1 Mission, Planning, Organization, and Integrity

- 1.1 Strategic Planning and Continuous Quality Improvement
- 1.2 Conflict of Interest Policies
- 1.3 Mechanisms for Faculty Participation
- 1.4 Affiliation Agreements
- 1.5 Bylaws
- 1.6 Eligibility Requirements



Standard 2 Leadership and Administration

- 2.1 Administrative Officer and Faculty Appointments
- 2.2 Dean's Qualifications
- 2.3 Access and Authority of the Dean
- 2.4 Sufficiency of Administrative Staff
- 2.5 Responsibility of and to the Dean
- 2.6 Functional Integration of the Faculty



Standard 3: Academic and Learning Environments

- 3.1 Resident Participation in Medical Student Education
- 3.2 Community of Scholars/Research Opportunities
- 3.3 Diversity/Pipeline Programs and Partnerships
- 3.4 Anti-Discrimination Policy
- 3.5 Learning Environment/Professionalism
- 3.6 Student Mistreatment



Standard 4: Faculty Preparation, Productivity, Participation, and Policies

- 4.1 Sufficiency of Faculty
- 4.2 Scholarly Productivity
- 4.3 Faculty Appointment Policies
- 4.4 Feedback to Faculty
- 4.5 Faculty Professional Development
- 4.6 Responsibility for Educational Program Policies



Standard 5: Educational Resources and Infrastructure

- 5.1 Adequacy of Financial Resources
- 5.2 Dean's Authority/Resources
- 5.3 Pressures for Self-Financing
- 5.4 Sufficiency of Buildings and Equipment
- 5.5 Resources for Clinical Instruction
- 5.6 Clinical Instructional Facilities/Information Resources
- 5.7 Security, Student Safety, and Disaster Preparedness



Standard 5: Educational Resources and Infrastructure

- 5.8 Library Resources/Staff
- 5.9 Information Technology Resources/Staff
- 5.10 Resources Used by Transfer/Visiting Students
- 5.11 Study/Lounge/Storage Space/Call Rooms
- 5.12 Required Notifications to the LCME



Standard 6: Competencies, Curricular Objectives, and Curricular Design

- 6.1 Program and Learning Objectives
- 6.2 Required Clinical Experiences
- 6.3 Self-Directed and Life-Long Learning
- 6.4 Inpatient/Outpatient Experiences
- 6.5 Elective Opportunities
- 6.6 Service-Learning
- 6.7 Academic Environments
- 6.8 Education Program Duration



Standard 7: Curricular Content

- 7.1 Biomedical, Behavioral, Social Sciences
- 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors
- 7.3 Scientific Method/Clinical/Translational Research



Standard 7: Curricular Content

- 7.4 Critical Judgment/Problem-Solving Skills
- 7.5 Societal Problems
- 7.6 Cultural Competence and Health Care Disparities
- 7.7 Medical Ethics
- 7.8 Communication Skills
- 7.9 Interprofessional Collaborative Skills



Standard 8: Curricular Management, Evaluation, and Enhancement

- 8.1 Curricular Management
- 8.2 Use of Medical Educational Program Objectives
- 8.3 Curricular Design, Review, Revision/Content Monitoring
- 8.4 Program Evaluation
- 8.5 Medical Student Feedback



Standard 8: Curricular Management, Evaluation, and Enhancement

- 8.6 Monitoring of Completion of Required Clinical Experiences
- 8.7 Comparability of Education/Assessment
- 8.8 Monitoring Student Time



Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

- 9.1 Preparation of Resident and Non-Faculty Instructors
- 9.2 Faculty Appointments
- 9.3 Clinical Supervision of Medical Students
- 9.4 Assessment System
- 9.5 Narrative Assessment



Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

- 9.6 Setting Standards of Achievement
- 9.7 Formative Assessment and Feedback
- 9.8 Fair and Timely Summative Assessment
- 9.9 Student Advancement and Appeal Process



Standard 10: Medical Student Selection, Assignment, and Progress

- 10.1 Premedical Education/Required Coursework
- 10.2 Final Authority of Admission Committee
- 10.3 Policies Regarding Student Selection/Progress and Their Dissemination
- 10.4 Characteristics of Accepted Applicants



Standard 10: Medical Student Selection, Assignment, and Progress

- 10.5 Technical Standards
- 10.6 Content of Informational Materials
- 10.7 Transfer Students
- 10.8 Visiting Students
- 10.9 Student Assignment



Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

- 11.1 Academic Advising
- 11.2 Career Advising
- 11.3 Oversight of Extramural Electives
- 11.4 Provision of MSPE
- 11.5 Confidentiality of Student Educational Records
- 11.6 Student Access to Educational Records



Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

- 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt
- 12.2 Tuition Refund Policy
- 12.3 Personal Counseling/Well-Being Programs
- 12.4 Student Access to Health Care Services



Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

- 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records
- 12.6 Student Health and Disability Insurance
- 12.7 Immunization Requirements and Monitoring
- 12.8 Student Exposure Policies/Procedures



LCME Timeline

- *Oct 27-30, 2019 - Next accreditation survey visit*
- 2015-2016 - Comprehensive review of curriculum
- 2016-2017 - Develop implementation plans for curricular changes
- 2017-2018 – Academic year reported in self-study and DCI. Implement curricular changes
- 2018-2019 – Refine curricular changes



LCME Timeline

- Jan 2018 – students began independent student analysis (ISA) – data collection April 2018
- Summer 2018 – institutional self-study task force formed
- Summer 2018 data collection instrument (DCI) completion begins – based on 2017-2018 academic year
- Summer 2019 – survey visitors and schedule announced
- Survey visit October 27-30, 2019



Role of students

- Organize and participate in ISA
- Serve as members of self-study committees
- Meet with survey visitors



Role of Faculty

- Ensure educational program is conducted in compliance with standards
 - Define learning objectives
 - Deliver excellent educational experience
 - Ensure curricular elements fit into a cohesive whole
 - Assess students
 - Participate in relevant institutional committees
- Participate in self-study process
- Participate in survey visit



Mock Survey Visit

September 8-10, 2019

- Abbreviated visit – Sunday-mid-day
Tuesday
- Visitors
 - Lois M. Nora, MD, JD, MBA
 - Managing Consultant, MSA Group
 - Former Dean Northeast Ohio Medical University & Commonwealth University
 - Kevin Dorsey, MD, PhD
 - Dean and Provost Emeritus, Southern Illinois University School of Medicine
 - Interim President, Southern Illinois University



General Observations

- Importance of responding positively
 - “We worry about not having sufficient faculty to teach with impending retirements” vs. “We have sufficient faculty to teach and our recruitment plans account for needing to replace retiring faculty.”
 - “We struggle with competition with DO students for clinical placements” vs. “We have sufficient clinical placements to meet our educational objectives” or “We are aware of competition with DO students and are managing it”
 - “We had a strategic plan which we put on the shelf” vs. “We used our 2013 strategic plan to guide many aspects of our development but due to the changing climate are in the process of engaging faculty in developing a new strategic plan”



General Observations

- Feel comfortable talking about successes
- Think about how the different parts of our system work together as a whole
- Look for opportunities to talk about mission – what we do in our educational program to try and fulfill our mission
- When asked about problems think about how you could respond to show we use problems as an opportunity for continuous quality improvement – especially if you can cite data.



General Observations

- The visit helps the team to verify and triangulate the information in our written materials-- having people able to cite specific examples of things they are involved with and be familiar with actions taken will be helpful.
- E.g. in preclerkship course director meeting it helped that faculty could verify what action MSEC had taken in addressing problem courses.
- Be familiar with relevant policies (like the workload/time policy including required outside of class prep for flipped classrooms - there was some initial concern about 28 hours per week of required activities).



Areas for improvement

- Have more ready examples of CQI
- Have prepared 3 minute description of RPCT.
- Approach this seriously – a few people seemed inappropriately casual
- Require all faculty to sign annual COI disclosure
- Ensure students are aware of student health options and resources
- Ensure all students have information about needle sticks and other occupational exposures



Areas for improvement

- Make sure faculty understand relationship between IEOs and course objectives – mapping
- Understand that competencies refer to the 8 main headings in our IEOs



Areas of Vulnerability

- Strategic planning
- Diversity
- Competition with DO & PA program
- Curricular concerns more likely to relate to individual courses rather than curriculum as a whole



Student Mistreatment

- Policy is found in QCOM catalog online
- Dr. Patti Amadio is QCOM grievance officer
- Anonymous online reporting available starting in July 2019



Student Mistreatment

- Publicly embarrassment
- Publicly humiliation
- Physical harm (threatened or actual)
- Required to perform personal services
- Denied opportunities for training based on gender, race/ethnicity, sexual orientation or religion
- Receiving lower grades based on gender, race/ethnicity, sexual orientation or religion
- Subjected offensive remarks based on gender, race/ethnicity, sexual orientation or religion
- Subjected to unwanted sexual advances
- Asked to exchange sexual favors for grades
- Been subjected to negative or offensive behavior based on personal beliefs or characteristics



Survey Team Composition

- Chair – usually a dean, leads discussions
- Secretary – works to coordinate visit and writes report
- Members – review data, lead discussion on assigned elements
- Faculty fellow – faculty accreditation lead for upcoming visit at own school, participates as team member



Survey Team Composition

- Chair - Robert DiPaola, MD, Dean University of Kentucky Oncology
- Secretary - Tina L. Thompson, PhD, Sr Assoc Dean of Academic Affairs Central Michigan Univ, Neuroscience
- Team Member - Deborah Whittaker Vaughan, PhD, Prof of Anatomy & Neurobiology, Boston University
- Team Member - Julie Niedermier, MD, Assoc Prof of Clinical Psychiatry Ohio State University
- Faculty Fellow - Geoffrey Talmon, MD, Assistant Dean for Medical Education, Pathology



Beyond the Survey Visit

- Survey team prepares report
- 6-8 weeks LCME Secretariat reviews draft
- Draft report goes to team members
- Draft report goes to dean
- Report goes to LCME 4-5 weeks prior to meeting
- LCME reviews at convened meeting
- LCME Secretariat notifies school of accreditation within 30 days of meeting



Possible LCME Findings

- Satisfactory
 - Satisfactory with need for monitoring
 - Unsatisfactory
-
- Continued full accreditation
 - Warning
 - Probation
 - Withdrawal of accreditation



Questions?

