



LIAISON COMMITTEE ON
MEDICAL EDUCATION

OVERVIEW OF THE SELF-STUDY PROCESS

TULANE UNIVERSITY SCHOOL OF MEDICINE

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DISCLAIMER

- The presenter does not claim to represent the views of the LCME.
- 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.

SESSION GOALS

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

- Describe the purposes of accreditation
- Discuss the steps prior to and following 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 OF ACCREDITATION



Accreditation is a review of an institution or program using a defined set of standards.

The accreditation process includes self-assessment and peer review.

The purposes of accreditation are to determine if a program meets standards and to foster program improvement.

Structure of the Accreditation Process

For visits during the 2018-19 academic year:

- **Standards (12) and elements (93)**
 - Standard revision (effective 2015-16) eliminated duplication and redundancy in elements and in requests for information.
- **All relevant expectations included in the elements**
- **No “must” and “should” standards/elements**
 - The elements are statements of expectations
- **LCME website contains information for schools and survey teams, including documents**

Revised documents for 2018-19 (DCI/Self-study Guide/Role of Students) have been posted.

Structure of the Accreditation Process (con't)

- In the DCI, schools provide information/data for each element. Schools do not provide information related to the standards.
- Elements are reviewed by survey teams; findings are developed; survey teams make recommendations to the LCME about the status of elements.
- The LCME determines the 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 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 impact performance.

- **UNSATISFACTORY**

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

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 summary report
 - Independent student analysis
- **Institutional judgments of performance related to elements/areas of strength and challenges**

Preparing the THE DCI

- Read the element **carefully** (that indicates the information that the team and the LCME will be looking for).
- **Answer all questions** clearly and completely and provide all the data/narrative responses requested. Do not simply refer to documents (e.g., policies), but describe them and note how they are relevant.
- Avoid including excessive documentation
 - The DCI specifies some documents to include in the Appendix; add documents to explain describe specific issues at the school.

The “C’s” OF DCI Preparation

- **Complete but concise**
 - Answer all questions
 - Do not include information not pertinent to the element
- **Coherent**
 - Make sure information is accurate, up-to-date, and consistent across sections
- **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

Goals of the Self-study

- Institutional 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 change
- A good self-study is when the findings of the school and the survey team are consistent
- A self-study is most useful when it meets multiple purposes (not just accreditation)

Organizing the Self-study

- Each self-study committee reviews the relevant sections of the DCI and associated documents and develops a narrative based on questions in the *Guide to the Institutional Self-Study*.
- The narrative of subcommittee reports should be grounded in, but not repeat, DCI and related information.
- Ensure that the self-study subcommittee reports are evaluative and the DCI and related documents serve as the “evidence” for the self-study.

Self-Study Executive Summary

- A synthesis of the self-study committee reports; answers the questions and looks across sections to address issues that apply broadly (e.g., resources)
- 35 pages single-spaced narrative, including summary of strengths and challenges
- Appendix of self-study participants (not counted in the page total)
- Should be **EVALUATIVE** and evidence-based; Emphasis on thoughtful **ANALYSIS**
- Should NOT simply copy information in the DCI

Independent Student Analysis (ISA)

- Data collected via a student-managed survey to all students
 - Participation by as many students as possible is **important**
- Students must include the model survey questions in the *Role of Students* document
- Student committee analyzes survey data and independently composes a summary analysis, including areas of strength and concern
 - Results used in DCI data tables
 - School should consider the results of the ISA (both data and conclusions) in the self-study process
- Dean's office can offer support to students for data analysis, but otherwise this is an **independent** student effort

Types of Updates After the DCI has been Submitted

- Missing information
 - The LCME Secretariat will review the DCI for gaps
 - The survey team secretary may ask for additional information
- Institutional changes
- Corrections/data updates/new data



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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.
- **Unsolicited information (e.g., policies, documents, data) may NOT be provided to the survey team later than 2 weeks before a visit.**
- Team-requested information may not be provided after the team leaves the school (even if the information existed prior to the end of the visit).

Peer Review/During and After the Visit

The peer review component consists of the following

- 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 elements
 - develop the survey report
- Review of the team findings and survey report by the LCME



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

- Answer questions raised by the DCI and Self-study
- Fill in gaps in information/Collect updated information
- Verify information and impressions from the DCI, Self-study, and Independent Student Analysis
- Reconcile inconsistencies

Visit Organization

- Once the visit date is set:
 - There is a model visit schedule, linked to standards and elements, on the LCME website.
 - Use the model survey schedule to identify who will likely meet with the team and get the dates on their calendars (send reminders).
- Reserve meeting rooms well in advance
- Make sure that the individuals the team will meet with are familiar with the DCI/self-study and the LCME standards/elements.
- Make sure that the dean is familiar with the results of the last full survey and how problems were addressed.



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Visit Schedule

- The dean will receive a list of survey team members 3-4 months before the visit to review for potential conflicts of interest.
- The survey visit schedule allows the survey team to interact with a variety of groups (faculty, administrators, students) related directly to standards/elements.
- The model visit schedule can be adapted to meet school characteristics (e.g., a regional campus).

Visit Schedule (con't)

- Faculty Accreditation Lead and Survey Team Secretary are the points of contact for visit planning. They:
 - finalize the visit schedule, including visits to campuses and what to see on tours
 - determine the timing of updates to DCI
 - determine the number of people in each meeting
- The Faculty Accreditation Lead/Staff Visit Coordinator make sure relevant documents and people are available when the team is on-site in case of questions/information requests from the team

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 expectations of the element and/or 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





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LCME ACCREDITATION

<http://medicine.tulane.edu/lcme>

LCME ACCREDITATION

Leadership Team

L. Lee Hamm, III, MD, FACP

Senior Vice President and Dean of the School of Medicine

James R. Doty Distinguished Professor and Chair

Self-Study Task Force Chair

N. Kevin Krane, MD, FACP, FASN, Vice Dean for Academic Affairs, Professor of Medicine

Faculty Accreditation Lead

Crystal Forte, MBA, Accreditation Project Manager

Staff Visit Coordinator

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Independent Student Analysis

Independent Student Analysis Lead

Charlotte McLean, Class of 2019

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Self-Study Task Force

L. Lee Hamm, III, MD, FACP

*Senior Vice President and Dean of the School of Medicine
James R. Doty Distinguished Professor and Chair*

Self-Study Task Force Chair

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Self-Study Sub-Committee Chairs

Standard 1: Mission, Planning, Organization, and Integrity

Standard 2: Leadership and Administration

- *L. Lee Hamm, III, MD, FACP
Senior Vice President and Dean of the School of Medicine
James R. Doty Distinguished Professor and Chair*
- *Sue Pollack, MS, MPH, Assistant Dean for Administration & Operations*

Standard 3: Academic and Learning Environments

- *Mary T. Killackey, MD, FACS, Robert & Viola Lobrano Chair of Surgery, Chair, Department of Surgery, Associate Professor of Surgery & Pediatrics, Co-Director, Abdominal Transplant*
- *Brian G. Rowan, Ph.D., Associate Professor and Chair, Department of Structural & Cellular Biology, Gerald & Flora Jo Mansfield Piltz Endowed Professor of Cancer Research*

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Self-Study Sub-Committee Chairs

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

- *M.A. “Tonette” Krousel-Wood, MD, MSPH, FACPM, FAHA, Professor of Medicine and Epidemiology, Senior Associate Dean for Faculty Affairs, Associate Provost for the Health Sciences, Associate Dean for Public Health and Medical Education*
- *Gabriella Pridjian, MD, MBA, Associate Dean for Surgical Services, Professor and Chairman Obstetrics & Gynecology*

Standard 5: Educational Resources and Infrastructure

- *N. Kevin Krane, MD, FACP, FASN, Vice Dean for Academic Affairs, Professor of Medicine*
- *Jennifer Gibson, Ph.D., Director, Office of Medical Education*

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Self-Study Sub-Committee Chairs

Standard 6: Competencies, Curricular Objectives, and Curricular Design

Standard 7: Curricular Content

- *Byron E. Crawford, MD, Associate Dean of Academic Affairs, Vice Chair and Professor of Pathology*
- *N. Kevin Krane, MD, FACP, FASN, Vice Dean for Academic Affairs, Professor of Medicine*

Standard 8: Curricular Management, Evaluation, and Enhancement

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

- *N. Kevin Krane, MD, FACP, FASN, Vice Dean for Academic Affairs, Professor of Medicine*
- *Jennifer Gibson, Ph.D., Director, Office of Medical Education*

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Self-Study Sub-Committee Chairs

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

- *Marc J. Kahn, MD, MBA, FACP, Senior Associate Dean for Admissions and Student Affairs, Peterman-Prosser Professor of Medicine*
- *Cindy A. Morris, Ph.D., Assistant Dean for Admissions, Professor*