LCME®

LIAISON COMMITTEE ON MEDICAL EDUCATION

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

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For U.S. Medical Education Programs with
Full Accreditation Surveys in the 2020-21 Academic Year

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

My program will be having an accreditation review for full accreditation by the LCME. What is 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.

From the point of view of an individual medical school, accreditation also serves the important purpose of promoting institutional self-evaluation leading to the improvement of educational program quality. The accreditation process requires that a medical education program conduct a critical self-assessment of its strengths and challenges, and that it undergo a review by a team of external peer experts. This process confirms the strengths of a program and focuses the attention of school and university leaders on addressing any obstacles that may prevent quality improvement.

Students play a prominent role in the accreditation process. This document provides details about the accreditation process and how students contribute to it. See Appendix A 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. Under usual circumstances, medical education programs are reviewed by the LCME every eight years.

After many years of evaluating medical schools independently, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) 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) 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 with full accreditation survey visits during the 2020-21 academic year are as follows:

1. An institutional self-study, which is a data-based self-analysis by the medical school of its performance in the 93 accreditation elements.
2. A survey visit, which is an on-site evaluation by a survey team of external peer experts that results in a report of the survey team's findings for each element.
3. The LCME's review of the survey team's report.
4. The LCME's final determination of the program's performance in accreditation elements, its compliance with the 12 accreditation standards, its accreditation status, and any necessary follow-up to address identified problem areas.

The full accreditation review process takes about two years for most medical education programs. The medical school's follow-up activities based on LCME findings may require additional years, depending on how quickly a program can address concerns identified by the institution or by the LCME during the review. The LCME also monitors each program every year through several questionnaires that medical schools must complete. A more detailed description of the accreditation process highlighting areas in which student participation is important follows.

What a Medical School Submits as the Basis for the On-Site Evaluation

The medical school compiles and submits a "survey package" to the LCME Secretariat that is reviewed by the survey team. The survey package includes a number of documents, many of which include data and information from students:

- DCI: The data collection instrument includes the medical school's responses to questions for each accreditation element. It is organized by accreditation standard and element.
- The institutional self-study summary report is the medical school's own analysis of its performance in each of the accreditation elements.
- 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 in all class years to identify strengths and areas for improvement at their institution.
- The AAMC Medical School Graduation Questionnaire (AAMC GQ) is a survey completed by fourth-year medical students that contains both the medical school's results and national comparison data.

In addition to the documents being submitted as part of the survey package, data from both the ISA and the AAMC GQ are incorporated into the DCI.

The Institutional Self-Study

This section includes an overview of the institutional self-study process, including an explanation of the different sources of information that are reviewed by the school and by the survey team to enable them to make judgments about performance in elements.

Conducting the institutional self-study and preparing for the survey team's visit to the medical school take a significant amount of effort and participation by many members of the medical education community, including students.

The accreditation review process begins approximately one and a half to two years before the survey visit. See Appendix B for a summary of and timeline for the events leading up to and following the survey visit. At the beginning of that time interval, the LCME will contact the medical school to establish the dates for the survey visit. Soon after that, the materials that the medical school will use to conduct its self-study will be made available to the medical school.

Once the survey visit date has been set, the medical school dean notifies the student body and provides information about the accreditation process and timeline. The dean appoints a faculty accreditation lead (FAL) to oversee the medical school's self-study process and its preparation for the survey team visit. The dean, FAL, or both should meet with student leaders to discuss the role of students in the medical school's self-study process and to mobilize the student body to start the ISA.

The review of a medical education program is based on the 93 elements that are associated with the following 12 accreditation 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)
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)

As noted above, the completed DCI consists of responses to questions for each accreditation element. The DCI, when final, includes data from the ISA and from the medical school's AAMC GQ.

A medical school task force or steering committee manages the institutional self-study and forms subcommittees to review and analyze information in the DCI for each element within the 12 accreditation standards. Medical schools organize the subcommittees as they see fit, often grouping several related standards. For example, the medical school may create a subcommittee for the medical student-related standards (standards 10, 11, and 12) to focus on medical student issues. The medical school dean and FAL, in collaboration with student leadership, should appoint one or more students to the institutional self-study task force and to appropriate self-study committees. The subcommittee(s) addressing medical student issues will not be directly involved in the creation of the ISA but will receive and consider the results.

The institutional self-study committees complete their analyses and prepare reports of their findings by approximately six months before the survey visit takes place. The individual committee findings and conclusions are then synthesized by the task force or steering committee into a final, comprehensive, self-study summary report that identifies the most notable strengths and accomplishments of the program and the challenges that it faces.

The Independent Student Analysis (ISA)

At the same time that the medical school initiates its self-study, the student leadership should begin a process to collect and review topic areas relevant to students, including the medical education program, student services, the learning environment, and the adequacy of facilities and other educational resources. The ISA process consists of the creation and dissemination of a student opinion questionnaire and the development of a report (the ISA) that includes the questionnaire results and an analysis and interpretation of the responses. See Appendices C, D, and E for specific information on and requirements for survey development, content, data analysis, and data reporting.

The group leading the ISA process will need to ensure that the questionnaire survey includes 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 Sample Student Opinion Survey (Appendix D),** This is important because these items relate directly to accreditation elements and therefore, the results are included in the medical school's DCI. In addition, the medical school's performance in these elements is reviewed during the self-study process.

The ISA process is often initially organized by members of student government. Then students from all years in the curriculum are added to form a student committee with responsibility for designing the questionnaire, conducting the survey and data analysis, and preparing the ISA report. A broad-based and representative committee is important to ensure that all perspectives are represented in the final ISA report.

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 self-study groups**. Although medical school officials can provide logistical support and technical advice to help the student committee conduct the survey and analyses, medical school officials must not participate in student survey development, survey data analysis, or ISA report preparation**. The student group should also review the results of the most recent AAMC GQ which the medical school should provide to the student committee. The student group can use this information as another source of input in developing the final ISA report.

Various data from the ISA questionnaire responses will need to be included in the medical school's DCI, so questionnaire development, data collection, and analysis should be completed at least 10 months before the survey visit. The final ISA report should include summary data from questionnaire responses and a narrative of student perceptions of the program's strengths, achievements, and areas for improvement. The institutional self-study task force or subcommittee(s) for DCI accreditation elements and standards relating to medical students will also need to consider and include relevant data and summary findings from the ISA. Therefore, the complete ISA (data, summary findings, and analysis) should be made available to the institutional self-study task force at the same time as are the reports of the various self-study committees (about six months before the survey visit) so that student opinion can be fully incorporated into the program's final self-study summary report.

The Survey Team Visit

The LCME Secretariat appoints a survey team drawn from a pool of knowledgeable, experienced medical school administrators, faculty, and members of the medical practice community. Most survey teams consist of 5-6 members: a survey team chair, a survey team secretary, and three or four survey team members. Survey teams typically are led by a medical school dean or LCME 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. Occasionally survey teams include additional members, one of whom may be a student member of the LCME or an observer from another accrediting group or organization.

At least three months before the survey visit, the members of the survey team receive all of the information that the program collected and analyzed in its self-study process (as noted previously, this is termed the "survey package"), consisting of the completed DCI, an appendix of supporting documents for each section, the final self-study summary report, the ISA, and the results of the most recent AAMC GQ. The survey team reviews that information and develops a preliminary assessment of the program's performance in accreditation elements before arriving at the medical school for the

survey visit.

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 functioning or operations.

A survey team visit most often lasts two and a half days, usually ending by midday on Wednesday. For medical schools with one or more regional campuses, the visit may be extended by one day. During the visit, the survey team meets with the medical school's academic and administrative leaders, representatives from its affiliated hospitals, department chairs, course and clerkship directors, faculty, residents, and students. The survey team meets formally with students during extended luncheon sessions on Monday and Tuesday of the survey visit. During the visit, survey team members will inspect educational and student facilities on the main campus and also may tour major teaching hospitals, with students serving as guides for these tours. This provides an opportunity for informal discussions about the program. During all of these discussions, the survey team gathers additional information, clarifies the data it has already received, and makes assessments of how well the medical education program complies with the requirements of each of the accreditation elements. At the end of the survey visit, the survey team provides a summary of its findings to the medical school dean.

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 accreditation elements and a summary document with 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 survey 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 comes into compliance with all standards and achieves satisfactory performance in all elements cited by the LCME.

There are various types of decisions for accreditation status and follow-up. The LCME may continue the medical education program's accreditation for an eight-year term, in which case the date of the next full survey visit is posted on the LCME website. 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 of unsatisfactory or satisfactory with a need for monitoring performance in elements.

If the LCME determines that there are more significant areas of concern, it has several additional options for follow-up depending on their extent and nature. For example, the LCME may place a program on an "indeterminate term", on "warning" status, or on "probation" status. Indeterminate term means that a program must correct its deficiencies before being awarded an eight-year accreditation term. A program placed on indeterminate term, warning or probation status remain fully accredited, and enrolled students have all of the rights and privileges associated with accreditation. Any citation of noncompliance with a standard requires that a medical education program to achieve compliance within two years. The LCME notifies all medical education programs, including those that are on warning or probation status, that if all

areas of noncompliance with accreditation standards are not resolved in a limited period of time, the committee may withdraw accreditation. Because the quality of U.S. medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is low.

Student Participation in the Accreditation Process

The following 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 the student body and meets with student leadership soon after the LCME sets the date of the visit (see Appendix B for a typical timeline). At this initial meeting, the dean and students should discuss the roles of students in the creation of the ISA, the institutional self-study and the survey visit processes. 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 related to all aspects of the accreditation review.

Various documents with information about medical school accreditation are available from the "Standards, Publications, & Notification Forms" section of the LCME website (lcme.org/publications). In addition to this *Role of Students* document, important publications are *Functions and Structure of a Medical School*, which contains the LCME accreditation standards and associated accreditation elements; *Data Collection Instrument*, which includes the questions that the school must answer related to each element; and the *Guide to the Institutional Self-Study*, which describes the institutional self-study process. Students should consult the documents for the year in which the survey visit will occur.

Appointment of Students to the Institutional Self-Study Task Force and to Committees

Students should be included on the institutional self-study task force and on any committees on which they can provide meaningful input. Each review committee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. At most medical education programs with an upcoming full survey visit, students serve on committees reviewing accreditation standards and elements related to the medical educational program, medical students, and educational and clinical facilities.

The Independent Student Analysis (ISA)

The LCME considers the independent review conducted by students a critical element of the accreditation process. Work on the ISA should begin around the time that the medical school initiates the overall self-study process, and it should be completed around the time that the individual self-study committees are completing their reports. 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 of, and analysis of data from, the questionnaire survey described below.

The medical school dean's office should also provide appropriate background materials to the students who will be managing the ISA. Such materials may include a copy of the medical school's results from the most recent AAMC GQ, a copy of the program's most recent accreditation survey report (or at least relevant sections of that report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

The ISA is one of three major sources of student-based information that the survey team will use when it evaluates the medical education program. The other two sources of information are the AAMC GQ,

which is completed by fourth-year medical students, and the students who meet with survey team members during the survey visit. These students will come from all years of the curriculum but may not necessarily constitute a representative sample of students' opinions. To complement these other information sources, the ISA should be based on a comprehensive survey of students in all four years and cover a wide range of subjects important to students. An effective ISA is based on data from the entire student body. A high response rate (at least 70-80% in total and by year) to the questionnaire survey is critical for the credibility of the data.

The medical student committee members 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 year of the medical education program's survey visit.

The LCME strongly encourages students to at a minimum address the following general areas in the ISA:

- Accessibility of dean(s) and faculty members
- Participation of students on medical school committees
- Curriculum including the following:
    - workload
    - organization
    - instructional formats
    - adequacy of content
    - adequacy of balance between scheduled class time and time for independent learning
- Student assessment, including quality and timeliness of feedback
- Opportunity for students to evaluate courses, clerkships, teachers, and whether student input is acted upon such that identified problems are corrected
- Student support services and counseling systems (personal, academic, career, financial aid), including their accessibility and adequacy
- Student personal counseling and health services, including their adequacy, availability, cost, and confidentiality
- The learning environment, including policies and procedures to prevent or respond to mistreatment or abuse
- Facilities, including quality of educational space, availability of study and relaxation space, and security both on campus and at affiliated clinical sites
- Library facilities and information technology resources, including access to and quality of holdings and resources

Appendix C **of this document 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 D **contains a sample 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 supply 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's 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 topic covered (e.g., the curriculum, student services, the learning environment), and a section presenting**

conclusions and recommendations.

The introduction to the ISA should include a summary of the process used to develop and distribute the questionnaire. Include the response rate to the questionnaire **for each of the four class years and the overall response rate. See Appendix C for specific information on calculating the required response rates.**

To report the questionnaire results, develop a table for each survey question with the **number and percent** of respondents from each respondent class year that have selected the indicated response options (i.e., % choosing not applicable; % choosing dissatisfied and very dissatisfied (combined); and % choosing satisfied and very satisfied (combined) such that the data for all four class years are included in the same table. See Appendix E for an example of how to report the data. When reporting response data, print column headers 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**. Report your results 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 the ISA results. If the initial response rate for the student survey is low (i.e., less than 70-80% total or for any class), 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.

Members of the medical school administration 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 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 committee(s) reviewing standards related to student issues and to the institutional self-study task force, so that the findings can be incorporated into the medical school's self-study summary report.

Students responsible for the ISA may find it helpful to learn from the experiences of students at other medical schools who have recently completed an accreditation survey visit or who are further along in the ISA planning and development process. Each year, one of the monthly *Connecting with the Secretariat* webinars focuses on the ISA, with presentations by students from medical schools that have recently completed the process.

Student Participation During the LCME Survey Visit

After the medical school's self-study and the ISA have been completed and submitted, the survey team begins to review the school's survey package, and the survey team secretary works with the program's FAL to develop the schedule for the survey visit. A sample visit schedule template for a full accreditation survey can be found on the LCME website (lcme.org/publications). Most survey team secretaries follow the sample schedule or slightly modify it to accommodate any special circumstances, such as the presence of a regional campus. The survey team will meet for lunch on the Monday of the survey visit with students from the first and second-year classes and for lunch on that Tuesday with students from the third- and fourth-year classes. If the survey visit takes place early in the academic year (particularly in September or October), the Monday meeting may include a few third-year students and the Tuesday meeting may include recent graduates now doing their residency at the medical school. Those students or

recent graduates would be included so that some students in each session will have knowledge about the entire second and fourth years of the curriculum.

The lunch sessions with students allow 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 between the ISA and/or the AAMC GQ and the medical school's own self-study. Sometimes such differences are easily explained by timing differences in data collection. There also may be genuine differences of opinion, and part of the survey team's task is to determine if and why that is the case. The survey team will use the lunch session to explore in more depth issues of student concern identified in the ISA and the AAMC GQ, and to determine if any new issues of concern to students have surfaced. For these reasons, it is necessary that students at these lunch sessions are familiar with the information contained in the ISA and in the AAMC GQ. It is very useful to ensure that a representative group of students is included in these lunch sessions, not just student leaders. When possible, each 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 in speaking openly about both the strong and weak areas of the medical education program. The survey report never quotes student comments directly nor are student comments attributed to any individual in discussions 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 during the survey visit.

In addition to participating in the lunch sessions on Monday and Tuesday during the survey visit, a few medical students guide the survey team on tours of classrooms, laboratories, the library and computer learning and/or testing facilities, lounge and relaxation areas, and study space. Students also may serve as guides if the survey team tours one or more teaching hospitals or ambulatory care sites. These tours provide an informal opportunity for students to share information and opinions with the survey team. As with the lunch meetings, the survey team interprets what it learns during tours in the context of other information obtained before or during the survey visit.

Complaints and Grievances

An accreditation survey 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.

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) 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). 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). In response to a complaint the LCME will only make a determination regarding the program's compliance with accreditation standards/performance in accreditation elements. It 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 in reviews of accreditation surveys and medical school follow-up reports, and consideration of new or revised accreditation standards/elements and policies. Each student member participates in one accreditation survey visit during the year of his or her service on the LCME.

The two LCME student members are appointed annually, one by the AMA and one by the AAMC. Calls for nominations of LCME student members are sent to medical school deans in the fall of each year. Because of the time required to participate in LCME work, applicants for student membership must be fourth-year students who have completed most or all their required coursework and clerkships and who are familiar with student issues across the entire curriculum. Student members serve a one-year term that begins on July 1st and ends on June 30th of the following year.

The LCME pays all expenses incurred by student members related to their service on the LCME. Newly appointed student members are invited to attend an orientation session and the June meeting of the LCME as observers immediately prior to the July 1st start of their one-year term.

Although student members are appointed through the LCME's sponsoring organizations, they do not have any formal responsibilities to the sponsoring organizations regarding their service on the LCME, which is also true for professional members. Student members may convey to the LCME issues of interest to the sponsoring organizations (such as new policies or accreditation standards), but they do not function as representatives of the sponsors in any LCME discussions or decisions. In the same way, student members are not official LCME representatives to sponsoring organizations, and they are subject to the same expectations as professional members regarding confidentiality and not publicly disclosing LCME discussions and decisions. Students interested in serving on the LCME should contact their medical school deans, the LCME Secretariat offices, or visit the LCME website to learn more about the process for becoming a student member of 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 for and feedback on its accreditation standards and elements. For example, the expectation that there be education about culturally competent care was brought to the LCME by the Minority Affairs Section of the AAMC Group on Student Affairs, whereas 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 accreditation standards and/or elements should email the LCME Secretariat at 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.

General Questions

How often does the LCME review my medical education program?

The standard term of accreditation is eight years, except it is five years following the first full survey for new medical education programs.

Does the LCME just evaluate the medical curriculum or does the LCME examine all aspects of a medical education program?

The LCME's assessment is based on all its accreditation standards and associated elements; some of these cover several areas that touch on the medical student experience, including student services, the learning environment, and educational resources. See the *Functions and Structure of a Medical School* document on the LCME website: lcme.org/publications.

What happens when a program does not fully comply with LCME accreditation standards*?*

Programs have a maximum of two years to demonstrate that they have achieved compliance with the LCME accreditation standards on which they were cited as a result of their survey visit. Depending on the number and nature of the citations involved, the LCME may ask a program to provide one or more status reports documenting how the program has addressed its concerns, or it may send a limited survey team to the program to verify that the concerns have been satisfactorily addressed. The solutions to some areas of concern may require more than two years (e.g., if a new building is needed to expand educational space). In such cases the LCME can extend the two-year period for good cause if it determines that satisfactory progress is taking place toward achieving compliance.

What happens if the LCME places a program on probation status?

Probation status represents the LCME's judgement that a medical education program is not in substantial compliance with its accreditation standards, and that the quality of the program will be seriously compromised if the noncompliance issues are not addressed promptly. A program on probation status remains fully accredited, and students have all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation status. If a program on probation status does not achieve compliance with accreditation standards within the time period established by the LCME, the LCME may withdraw its accreditation.

If an important medical student concern 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 concern should emerge from the medical school's institutional self-study and the 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 resolve the problem by requiring a follow-

up report or limited survey visit.

Occasionally, an area of medical student concern 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 concern surfaces and a program is not scheduled for an upcoming LCME review, students can bring it to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the LCME *Rules of Procedure* publication on the LCME website: lcme.org/publications.

Medical Student Participation in LCME Accreditation

What role do students play in the LCME accreditation process and/or in a medical school's survey visit by the LCME?

Students conduct an independent student analysis (ISA) of the medical education program in parallel with the institutional self-study. The LCME reviews the ISA along with the school's DCI. The survey team meets with students selected from all class years and tours educational facilities with assistance from student guides. The survey team includes student opinion taken from the ISA, from the AAMC GQ, and from students it meets on-site when making its determinations about the program's performance in accreditation elements, strengths, weaknesses, and opportunities for improvement.

Two of the 19 members of the LCME are medical students in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national medical student organizations.

Medical Student Participation in LCME Survey Visits

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 from all class years, including some who were directly involved in the questionnaire design, data analysis, and the drafting of the ISA and who are familiar with the ISA results. For the team to better understand how the program functions, it may also be desirable to include students who have experience with student services, such as with the medical school's academic counseling and tutorial services, financial aid services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in MD/PhD, or other joint degree programs, and students involved in research or community service programs. In summary, it is desirable that the survey team meet with a breadth of students, not just class leaders. The medical 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.

The Independent Student Analysis (ISA)

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

Appendix D 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 E for an example of how to report the student response data. The medical school should, if requested, supply technical assistance in preparing the questionnaire for dissemination to students and in analyzing the data.

Should medical school administrators/faculty be provided with the ISA?

Yes. Medical school officials should have an opportunity to review the ISA and to discuss any perceptions that it contains factual errors or internal inconsistencies. They should also incorporate ISA data into the DCI and ISA findings into the larger institutional self-study summary report. 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 comprehensive student opinion. Students should indicate both a program's particular strengths and its particular challenges That is, it should accurately identify all relevant areas of concern and do so in a way that also indicates how students think the medical education program can improve. A survey team finds most useful student feedback that is consistent across all information sources and is supported by appropriate documentation. 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, comments reflecting the opinion 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 for each class year. The students responsible for the survey may use incentives supplied by the medical school administration to support a good response rate.

Appendix B: Typical Timeline for the LCME Institutional Self-study, Student Involvement, and the Accreditation Survey Visit

(Student involvement denoted by **bold text**)	Months Before (-)/after (+) Survey Visit
LCME Secretariat sets survey visit dates with medical school dean. Dean appoints FAL. **Dean informs student body of pending survey. Interested students meet with dean to discuss student role. ISA Task Force is established.**	-18
ISA Task Force incorporates the questions in *The Role of Students in the Accreditation of U.S. Medical Education Programs with Full Accreditation Surveys* and adds any questions particular to the medical school.	-16
LCME Secretariat releases DCI and institutional self-study information. **ISA Task Force distributes questionnaire survey to the student body.**	-18/15
Medical school dean appoints members of institutional self-study task force and subcommittees, **including student representatives**.	-15
Students provide data from the ISA questionnaire survey to the group(s) compiling the DCI. ISA Task Force begins analysis of ISA questionnaire data.	-14
FAL distributes completed DCI sections to the institutional self-study task force and appropriate subcommittees. **Data include the results of the student questionnaire survey.**	-13
ISA Task Force provides final ISA report to the FAL for distribution to appropriate institutional self-study task force members.	-12
Institutional self-study task force and subcommittees review and analyze relevant sections of completed DCI and prepare survey report.	-12/-10
Institutional self-study task force reviews and analyzes subcommittee and ISA reports, prepares the self-study summary report, and implements changes to correct issues identified in the self-study process.	-10/-5
Medical school submits the completed self-study package to the LCME Secretariat office.	-3
Survey team visits campus, conducts interviews and inspections, and writes survey report for the LCME. Team meets with administrators, faculty, **and groups of students. Student representatives are expected to be well informed about major issues and concerns of the student body.**	Survey visit
Draft survey team report is circulated for review and correction to LCME Secretariat, survey team members, and the medical school dean.	+2
The LCME reviews the survey team report and makes accreditation decision.	+2/+6
Medical school dean and university president are sent survey report and notified of the LCME's decision about accreditation status. Schedule of any follow-up reporting or return visits is established. The survey report and LCME action are shared by the dean with the faculty and **student body** at the dean's discretion.	Within 30 days of LCME meeting

Appendix C: 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 and representative student committee, preferably selected or approved by the student body. This committee could include, among other members, student council representatives, class officers, and medical school representatives to national medical student organizations. Ideally, these students should come from all class years.

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 to each medical student class, using the required items in Appendix D and adding items relevant to the school. The survey should include questions that directly relate to LCME accreditation standards and elements and the survey 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, or request that each class submit reports delineating areas that require attention. 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 members should analyze and summarize the data and prepare the ISA. When reporting the results of the survey, include information about the response rate for EACH class year 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.** There are some required questions that are not relevant to certain classes (e.g., supervision in clinical clerkships will not be relevant to first- and second-year students). Consider organizing data collection so that students only receive the items to which they can respond.

Use tables, as illustrated in Appendix E, in presenting the data. Do not use complex ways of displaying 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 in each class year 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 as the DCI is being finalized, and the final version of the ISA should be completed at or before the deadline for the relevant institutional self-study committees to complete their respective reports. This final version of the ISA should be forwarded to the medical school's self-study leadership so that its findings can be incorporated into the medical school's self-study summary report, as appropriate. The following guidelines are suggested for writing the ISA:

1. Begin with a description of the methods used to gather student opinion data. Include the number and percent of students responding both by class year and overall. If applicable, include 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 (e.g., curriculum, student services).
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. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.

4. Include a numerical summary of response data from the student opinion survey. For each question, the LCME Secretariat requires providing the number and percent of students who have selected n/a, dissatisfied and very dissatisfied combined, and satisfied and very satisfied combined. These much be presented in total and by class. DO NOT SEND 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 or synthesized comments may be included in the narrative as illustrations.

Appendix D: 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. You may add questions as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to your medical school's students.

Please circle the letter 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/No opinion/Have not experienced this yet

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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 Educational Programs/Medical Education

4.	Accessibility	a	b	c	d	N/A
5.	Awareness of student concerns	a	b	c	d	N/A
6.	Responsiveness to student problems	a	b	c	d	N/A
7.	Accessibility of medical school faculty	a	b	c	d	N/A
8.	Participation of students on key medical school committees	a	b	c	d	N/A

LEARNING ENVIRONMENT AND FACILITIES

9.	Adequacy of the medical school's student mistreatment policy	a	b	c	d	N/A
10.	Adequacy of the mechanisms to report mistreatment	a	b	c	d	N/A
11.	Adequacy of medical school activities to prevent mistreatment	a	b	c	d	N/A
12.	Adequacy of medical school actions on reports of mistreatment	a	b	c	d	N/A
13.	Adequacy of safety and security at medical school campus	a	b	c	d	N/A
14.	Adequacy of safety and security at clinical sites	a	b	c	d	N/A
15.	Adequacy of lecture halls, large group classroom facilities	a	b	c	d	N/A
16.	Adequacy of small group teaching spaces on campus	a	b	c	d	N/A
17.	Adequacy of educational/teaching spaces at hospitals	a	b	c	d	N/A
18.	Adequacy of student relaxation space at the medical school campus	a	b	c	d	N/A
19.	Adequacy of student study space at the medical school campus	a	b	c	d	N/A
20.	Adequacy of student study space at hospitals/clinical sites	a	b	c	d	N/A
21.	Access to secure storage space for personal belongings at the medical school campus	a	b	c	d	N/A
22.	Access to secure storage space for personal belongings at hospitals/clinical sites	a	b	c	d	N/A
23.	Administration and faculty diversity	a	b	c	d	N/A
24.	Student diversity	a	b	c	d	N/A
25.	Ease of access to research opportunities	a	b	c	d	N/A

26. Support for participation in research	a	b	c	d	N/A
27. Access to service learning/community service opportunities	a	b	c	d	N/A

LIBRARY AND INFORMATION RESOURCES

28. Ease of access to library resources and holdings	a	b	c	d	N/A
29. Quality of library support and services	a	b	c	d	N/A
30. Access to technology support	a	b	c	d	N/A
31. Access to online learning resources	a	b	c	d	N/A
32. Accessibility of computer support	a	b	c	d	N/A

STUDENT SERVICES

33. Accessibility of student health services	a	b	c	d	N/A
34. Availability of mental health services	a	b	c	d	N/A
35. Confidentiality of mental health services	a	b	c	d	N/A
36. Availability of student well-being programs	a	b	c	d	N/A
37. Adequacy of career counseling	a	b	c	d	N/A
38. Adequacy of counseling about elective choices	a	b	c	d	N/A
39. Quality of financial aid administrative services	a	b	c	d	N/A
40. Adequacy of debt management counseling	a	b	c	d	N/A
41. Availability of academic counseling	a	b	c	d	N/A
42. Availability of tutorial help	a	b	c	d	N/A
43. Adequacy of education about prevention and exposure to infectious and environmental hazards	a	b	c	d	N/A
44. Adequacy of education about procedures for care and treatment after exposure to infectious and environmental hazards	a	b	c	d	N/A

MEDICAL EDUCATION PROGRAM

45. Utility of the medical education program objectives to support learning	a	b	c	d	N/A
46. Quality of the pre-clerkship (first year/second year)	a	b	c	d	N/A
47. Clinical skills instruction in the pre-clerkship (first/second year)	a	b	c	d	N/A
48. Amount of formative feedback in the pre-clerkship (first/second years)	a	b	c	d	N/A
49. Quality of formative feedback in the pre-clerkship (first/second years)	a	b	c	d	N/A
50. Opportunities for self-directed learning in the pre-clerkship (first/second years)	a	b	c	d	N/A
51. Adequacy of unscheduled time for self-directed learning	a	b	c	d	N/A
52. Overall workload in the pre-clerkship (first/second years)	a	b	c	d	N/A
53. Coordination/integration of content in the pre-clerkship (first/second years)	a	b	c	d	N/A
54. Utility of the pre-clerkship first and second years as preparation for clinical clerkships	a	b	c	d	N/A
55. Quality of the third-year clerkships	a	b	c	d	N/A
56. Access to patients during the third-year clerkships	a	b	c	d	N/A
57. Workload in the third-year clerkships	a	b	c	d	N/A
58. Supervision in third-year clerkships	a	b	c	d	N/A
59. Amount of formative feedback in the third/fourth years	a	b	c	d	N/A
60 Quality of formative feedback in the third/fourth years	a	b	c	d	N/A
61. Quality of the fourth-year required clerkships	a	b	c	d	N/A
62. Clarity of policies for advancement/graduation	a	b	c	d	N/A
63. Access to student academic records	a	b	c	d	N/A

64. Clinical skills assessment in the third/fourth years	a	b	c	d	N/A
65. Medical school responsiveness to student feedback on courses/clerkships	a	b	c	d	N/A
66. Adequacy of education to diagnose disease	a	b	c	d	N/A
67. Adequacy of education to manage disease	a	b	c	d	N/A
68. Adequacy of education in disease prevention	a	b	c	d	N/A
69. Adequacy of education in health maintenance	a	b	c	d	N/A
70. Adequacy of education in caring for patients from different backgrounds	a	b	c	d	N/A
71. Adequacy of interprofessional education experiences	a	b	c	d	N/A

Appendix E: Reporting of Results - Tables in the Independent Student Analysis

(see also the section, The Independent Student Analysis)

As described previously in this document, the following is a suggested approach to presenting the quantitative data from the student survey. A table such as the one below, which uses the following scale, should be created for each item:

a = Very dissatisfied
b = Dissatisfied
c = Satisfied
d = Very satisfied
N/A = No opportunity to assess/No opinion/Have not experienced this yet

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

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								
M3								
M4								
Total								