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**Guide to the**

**Development of the**

**Institutional Self-study**

**Summary Report**

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**For Medical Education Programs with**

**Full Accreditation Surveys in the 2021-22 Academic Year**

LCME® *Guide to the Development of the Institutional Self-study Summary Report*

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

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# Overview

This document contains information related to developing the summary report of the institutional self-study prior to a full accreditation survey. It should be made available to individuals participating in the self-study process.

## Purposes of Accreditation and Self-study

Obtaining Liaison Committee on Medical Education (LCME) accreditation ensures that medical education programs are in compliance with defined standards and their associated elements. The accreditation process has two general and related aims: to promote self-evaluation by members of the medical education community and resulting improvement and to determine whether a medical education program meets prescribed standards.

In the process of conducting its self-study, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to: (1) collect and review data about the medical school and its educational program, (2) identify both institutional strengths and challenges that require attention, and (3) define strategies to ensure that the strengths are maintained and any problems are addressed effectively.

The usefulness of the self-study summary report as a guide for planning and change is enhanced when participation in its development and review is broad and representative, when the participants have engaged in a thoughtful process of institutional self-analysis and reflection, and when the results and conclusions are widely disseminated for review and consideration.

## Accreditation Standards

The self-study is directly linked to the LCME accreditation elements. The LCME standards and elements used for accreditation of U.S. medical education programs are contained in the annual LCME publication, *Functions and Structure of a Medical School*, available on the LCME website ([lcme.org/publications](file:///C%3A%5CUsers%5Crmargolis%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6KSHZQH7%5Clcme.org%5Cpublications%5C)). Medical education programs with survey visits during the 2021-22 academic year should use the version of the *Functions and Structure of a Medical School* effective for that academic year. These standards and related elements have been widely reviewed and endorsed by the medical education community.

For the 2021-22 academic year, there are 12 overarching standards with 93 elements. Medical schools are expected to demonstrate compliance with each of the 12 standards. Compliance with a standard, as determined by the LCME, will be based on performance in the elements associated with the standard.

# General Steps in the Self-Study Process

The accreditation process consists of institutional self-assessment and peer review. Information provided by the medical school is considered by both the institution and survey team in the context of the elements associated with each accreditation standard. The general steps in leading to the creation of the self-study summary report are as follows:

1. Completion of the data collection instrument (DCI) and the independent student analysis (ISA), and compilation of supporting documents
2. Analysis of the DCI and other information sources, including the ISA, by an institutional self-study task force and creation of a self-study summary report that identifies institutional strengths, challenges related to performance in accreditation elements, and strategies to address these challenges.

Each step is described below.

## Completion of the DCI and Compilation of Supporting Documents

**Use the DCI version for full accreditation surveys that will take place during the 2021-22 academic year, available on the LCME website (**[lcme.org/publications](file:///C%3A%5CUsers%5Crmargolis%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6KSHZQH7%5Clcme.org%5Cpublications%5C)**)**.

There are questions in the DCI that are linked to each of the elements. The questions should be answered, and the relevant documents compiled by the persons most knowledgeable about each of the topics. In completing the DCI, the school should take care to ensure that the data and descriptive information are current and accurate, and that the terminology used is consistent across the DCI (e.g., consistent abbreviations, consistent names and abbreviations for committees). It is critical that the faculty accreditation lead ([FAL](#_Faculty_Accreditation_Lead)) who oversees the school’s accreditation process ensure that the completed DCI undergoes a comprehensive review to identify any inaccuracies, missing data or question responses, or inconsistencies in reported information. See the *Glossary of Terms for LCME Accreditation Standards and Elements* (at the end of the DCI) for the LCME’s definitions of terms used in the DCI.

When responding to questions in the DCI, describe changes made during an academic year because of constraints due to the COVID-19 pandemic and be specific about the student experience for any given class. For example, in the description of the curriculum (DCI, Standard 6.0) make clear exactly what the curriculum was for the M1, M2, M3, and M4 classes over the period of time that encompasses the self-study. This can be done with a schematic for each class of students over the academic years covered by the self-study, or in any other way that accomplishes the same purpose. Make clear if/how and for what period of time changes due to COVID-19 affected the clerkship length and format, the grading system, and the availability of final grades in some or all clerkships).

While the DCI is being completed, medical students will carry out their own survey of student satisfaction with the educational program, student services, the learning environment, and other areas of relevance to students. Students should independently collect and analyze the data from the survey of students in all classes and reach independent conclusions about areas of strength and areas that require attention. This report is termed the independent student analysis (ISA). While the administration may provide logistical support, the ISA is the responsibility of the students. Medical school leadership should direct students to the LCME publication *The Role of Students in the Accreditation of U.S. Medical Education Programs for Full Accreditation,* available on the LCME website ([lcme.org/publications](file:///C%3A%5CUsers%5Crmargolis%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6KSHZQH7%5Clcme.org%5Cpublications%5C)). Select the version for the 2021-22 academic year.

The school also should assemble additional relevant materials for review by the self-study task force and later by the survey team. The ISA and other information sources, such as the responses to the most recent AAMC Medical School Graduation Questionnaire (AAMC GQ) Individual School Report and the school’s catalog or bulletin, should be utilized in the development of the self-study summary report.

## Self-study Analysis and Summary Report Development

The self-study task force is responsible for conducting the self-study, supported by the FAL. The task force should review the accreditation standards and elements, information from the DCI, data from the medical students’ survey and the ISA report, and other sources to create the final set of strengths, challenges/concerns about performance related to elements, and strategies to address the identified concerns. The self-study summary report is submitted along with other documents for review by the survey team and the LCME.

# Management of the Self-study Process

The self-study process requires the participation of administrators, faculty members, students, and others associated with the medical education program, its clinical affiliates, and, if relevant, its parent university and/or sponsoring institution.

## Survey Personnel

Deans must designate a faculty accreditation lead (FAL) and survey visit coordinator (SVC) to manage the self-study process. It is critical that both positions be staffed by individuals who have a deep understanding of the program and who will be able to work with stakeholders across the medical school, university (if relevant), and affiliated hospitals and other health care settings. Designated personnel will need the authority and experience to gather accurate information and ensure widespread participation among faculty, staff, and students. Please refer to the full position descriptions below before making these designations.

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| **PLEASE NOTE:** Approximately 24 months before the survey visit, the dean should appoint an FAL and SVC (see descriptions below) using the [LCME Survey Personnel Designation Form.](https://www.jotform.com/lcme/lcme-survey-personnel-form) The dean will receive a request via email to complete the form.  |

## Faculty Accreditation Lead (FAL)

The FAL should be a senior faculty member who may also hold an administrative position and who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the LCME accreditation elements. This individual may previously have served as an LCME faculty fellow, a role that allows the individual to participate in a survey visit.

The FAL should be able to identify institutional policies and information sources, and to ensure participation by members of the administration, faculty, and student body. The school must ensure that the FAL has appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role.

The FAL has a wide variety of responsibilities related to the self-study and survey visit processes. Those specifically related to the self-study are summarized below:

* Answer questions during DCI preparation
* Assign specific questions/sections of the DCI to individuals with the appropriate institutional knowledge
* Coordinate and ensure adequate support for the ISA
* Ensure that each aspect of multi-part DCI questions are fully addressed
* Synthesize all narrative DCI responses into a cohesive, factually- and stylistically consistent document that accurately reflects the institution
* Ensure factual accuracy, consistency among the sections, and typographical/grammatical clarity in the DCI
* Coordinate the activities of the self-study task force
* Ensure that the self-study summary report is evidence-based

## Survey Visit Coordinator (SVC)

The SVC should be an experienced senior staff member whose main responsibility is to manage the logistics prior to and during the survey visit. The SVC may assist in formatting and submitting the DCI and other documents to the LCME Secretariat before the visit. The SVC is not responsible for developing or reviewing the content of the DCI. As with the FAL, the SVC should have appropriate protected time.

## Assistance from the LCME Secretariat

The FAL is encouraged to contact the LCME Secretariat with questions about the self-study process and/or the DCI. School personnel with core responsibilities should attend the preparation sessions available to schools with upcoming visits. These include monthly [*Connecting with the Secretariat*](http://lcme.org/events/secretariat-webinar/)webinars and a [Survey Prep Workshop](http://lcme.org/events/workshop/). The webinars provide general information about accreditation and the self-study process and give participants an opportunity to discuss specific issues with members of the Secretariat.

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| Contact the LCME Secretariat via email at lcme@aamc.org or visit the LCME website, for [a list of upcoming events](http://lcme.org/events/) or for more information on the [*Connecting with the Secretariat*](http://lcme.org/events/secretariat-webinar/)webinars.  |

# Completing the *Data Collection Instrument* (DCI)

The DCI is organized according to the 12 LCME 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)

Typically, the DCI for a given year is available from the LCME at least 15 months prior to the survey visit. The FAL should distribute sections of the DCI (by standard, element, or questions) to those individuals best able to provide accurate and current information. Individuals should then complete and return their sections of the DCI to the FAL within two or three months. The FAL will then review the DCI responses to ensure the information is complete and accurate and all questions are answered; the FAL will then use the submissions to complete a draft DCI.

Much of the quantitative data requested in the DCI are available from information previously provided by the school in the form of LCME or AAMC annual questionnaires (i.e., the LCME Part I-A Annual Financial Questionnaire and web-based companion survey, the Overview of Organization and Financial Characteristics, the AAMC Medical School Graduation Questionnaire (AAMC GQ), the LCME Part I-B Student Financial Aid Questionnaire, and the LCME Part II Annual Medical School Questionnaire). Copies of the school’s responses to these questionnaires should be kept for use in DCI preparation. Also, data tables with much of the trend data to be included in the DCI are sent by the AAMC to the dean of each LCME-accredited medical school annually (the document titled LCME Data Tables: Information for Potential Use in the LCME Data Collection Instrument).

## Date Range

Provide data for all of the academic years requested in the DCI tables (as available). While the self-study process should consistently focus on data from a specific academic year (usually the most recently completed academic year), the DCI should be completed with all requested historical data. The time period covered by the data and information, both in tables and the narrative, should be clearly indicated.

Because the DCI will likely have initially been prepared a number of months before the survey visit, the school should update certain information prior to submission of the DCI and associated documents by 12 weeks before the date the survey visit begins. The FAL is responsible for ensuring that the relevant updates are made after the material is submitted. The survey team will want current financial information, student enrollment data, changes in the educational program, and any other significant new information. These updates should be made before the DCI is finalized and submitted (i.e., 12 weeks before the scheduled survey visit).

# Conducting the Self-study

## The Self-study Task Force

The ultimate responsibility for preparing the final self-study summary report rests with the self-study task force, coordinated by the FAL. This group is responsible for reviewing the information in the documents described above and creating the final list of strengths, challenges, and strategies.

The LCME expects that the self-study task force is broadly representative of the constituencies of the medical school and its medical education program. It should include some combination of the following personnel:

* Medical school administrators (academic, fiscal, managerial)
* Department chairs and heads of sections
* Junior and senior faculty members
* Medical students
* Medical school graduates in residency programs at the institution
* Faculty members and/or administrators of the general university (if relevant)
* Representatives of clinical affiliates
* Trustees (regents) of the medical school/university.

Additionally, the task force could include graduate students in the basic biomedical sciences, other residents involved in medical student education, and community physicians. The self-study task force might be chaired by the dean or by a vice dean, senior associate dean, department chair, or senior faculty member. The FAL should manage the self-study process to facilitate the timely completion of task force work.

## Preparation of the Self-study Summary Report

It is the responsibility of the task force to review the documentation (e.g., DCI, ISA) so as to make an evidence-based determination about performance in accreditation elements. This analysis is the basis of the self-study summary report, which contains a description of institutional strengths, challenges related to performance in elements, and strategies to address the specific identified challenges. As part of the description of strategies, it should include a summary of how the identified problems will be addressed.

Members of the self-study task force may find it helpful to refer to the *Survey Report Template for Full Survey Visit Reports,* which is used by survey team members to compile the survey report. The document is available on the publications page of the LCME website ([lcme.org/publications](file:///C%3A%5CUsers%5Crmargolis%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6KSHZQH7%5Clcme.org%5Cpublications%5C)).

**The final self-study summary report should be written in a Times New Roman, black, and size 11 font, and should not exceed 5 pages of single-spaced narrative, excluding the list of task force members contained in the Appendix.**

# Structure of the Self-study Summary Report

The report should begin with a brief introduction describing how the self-study process was conducted and include the membership categories of self-study task force members (with a reference to the complete list of task force members in the Appendix). The institutional self-study summary report should then include the same time-anchoring related to the effects of the COVID-19 pandemic as was done in the DCI. For relevant elements related to the curriculum, student services, facilities, finances, and other areas that might have been affected by the COVID-19 pandemic, incorporate pre-COVID, during COVID, and post-COVID context in interpreting data to judge the school’s performance in the accreditation elements. Include these considerations in your evaluation and interpretation of student satisfaction data from the independent student analysis and the AAMC Medical School Graduation Questionnaire.

The remainder of the self-study summary report should be organized into sections of institutional strengths, challenges/areas of concern related to performance in accreditation elements, and specific activities undertaken or planned to address each of the challenges/areas of concern. The concerns may reference a single element or group of related elements (e.g., elements related to curriculum management).

If the self-study summary report was developed by a subset of the task force, the full task force should review it and must affirm that they agree with its conclusions.

# Appendix

The Appendix should include the name and title/role of each member (e.g., medical student, chair of the Department of X, associate dean for X).