LCME:
Liaison Committee on Medical Education

June 20, 2006

USF HEALTH
The LCME

• The accrediting agency for medical education programs in U. S. and Canada

• Purpose is to certify that the educational program for MD meets the prescribed LCME standards and to promote institutional self-evaluation and improvement.

• Requires adherence to over 125 “standards”.
Accreditation Cycle for USF

- Last full accreditation in 1999.
- Awarded continued full accreditation status through 2006, but required to send updates on a number of issues.
- Since March 2003, no further updates required.
- Extended to 8 years from 7 years in the interim.
Previous Findings: 1999

Education

- Continuing evolution of the educational program, including greater content integration, more effective use of computer based learning, more student engagement in active learning.
- More active direction by Office of Curriculum and Medical Education.
- Expand upon the linkage between educational objectives, educational program, and outcome measures.
- Augmentation and enhancement of facilities for the educational program.
Previous findings: 1999

Research

- Development of strategies to enhance institutional research.
- Appointment of associate dean for research.
- Improve and increase space for research.
- Address proportion of indirect costs retained by the University.
Previous findings: 1999

Clinical

- Measures to enhance the management of the practice plan.
- Appointment of chairs of neurology and ophthalmology.
Previous findings: 1999
Faculty and Administration

- Enhancement of faculty career development.
- Address faculty attrition and interim leadership.
- No process for periodic review of departments.
- Dissemination of promotion and tenure guidelines.
The LCME Process

1. Submit materials to LCME.
2. Team of LCME site visitors come to verify and elucidate the information previously sent.
3. Deficiencies are “cited” relative to a specific standard.
4. Possible outcomes include:
   - continued reaccreditation for 8 years
   - continued reaccreditation with the need to provide updates as requested
   - continued reaccreditation with the need for an addition site visit
   - probation
## LCME Timeline

<table>
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<th>Date</th>
<th>Event Description</th>
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<tr>
<td>September 2005</td>
<td>Self Study Committees Appointed and Committees Began Meeting</td>
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<td>Summer 2006</td>
<td>Create Executive Summary from 10 Self Study Committees</td>
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<td>November 2006</td>
<td>Mail Databases and Executive Self Study Summary to LCME</td>
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<td>Early January 2007</td>
<td>Mock Site Visit</td>
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<tr>
<td>February 25-28, 2007</td>
<td>LCME Site Team Visit</td>
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<td>April 2007</td>
<td>Report to USF from LCME</td>
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The Five Database Sections with Associated “Standards”

1. **Institutional Setting**: Governance and Administration and Academic Environment (15 standards)

2. **Medical Students**: Admissions, Student Services, The Learning Environment (37 standards)

3. **Faculty**: Number, Qualifications, and Functions, Personnel Policies (14 standards)

4. **Educational Resources**: Finances: General Facilities, Clinical Teaching Facilities, Information Resources and Library Services (12 standards)

5. **The Educational Program for the MD**: Educational Objectives, Structure of the Educational Program, Teaching and Evaluation, Curriculum Management, Evaluation of Program Effectiveness. (48 standards)
The “Educational Program for the MD” is the heart of the review. All other information is reviewed in terms of whether it supports or detracts from the educational program for the MD degree.
Examples of Specific Standards

Institutional Settings:

IS – 5 The governing board responsible for oversight of the medical school must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the school, its associated hospitals or any related enterprises.
Medical Students:

MS – 3 The faculty of each school must develop criteria and procedure for the selection of student that are readily available to potential applicants and to their collegiate advisors.
Faculty:

FA – 2 There must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational program and the other missions of the medical school.
Educational Resources:

ER – 4 A medical school must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.
Educational Program leading to the MD:

ED – 3 The objectives of the educational program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education.
USFCOM Response to ED - 3:

USFCARES – The MD Educational Program Objectives:

Understanding needs and uniqueness of patients. Utilization of empathy, honesty, and integrity in providing care.

Scientific approach to medical management and decision-making.

Formulation of effective diagnostic, therapeutic and preventive care plans.

Collaboration with others on the health care team and an understanding of system based practice.

Attitudes and values: exemplifying professionalism and patient advocacy.

Reflection and renewal: commitment to self analysis, lifelong learning and the teaching of others.

Ethics: utilization of principles governing ethical medical practice.

Skills: competent performance of skills and tasks.
Most Frequently Cited Standards

**ED – 2** The objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met.

**ED – 30** The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

**ED – 33** There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

**ER – 4** A medical school must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.
Other Standards that Often Cause Concern

**IS – 5** The governing board responsible for oversight of the medical school must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the school, its associated hospitals, or any related enterprises.

**ED – 5** The medical faculty must design a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.

**ED – 24** Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.

**FA – 4** Members of the faculty must have the capability and continued commitment to be effective teachers.
The LCME Process at USF COM

- Faculty Co-Chairs named to ensure faculty owned process;
- Over 100 faculty members participating in ten self study committees;
- Each committee has basic scientists, clinicians and many have students;
- Engaging conversations and critical analyses of strengths, weaknesses, opportunities and threats;
- Development of a written document that can be used for strategic and tactical purposes.

“By improving the learning journey of our students . . . we will improve the medical journey for our patients.”