

Glossary

AAMC Graduation Questionnaire (GQ)

The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience. The GQ includes questions related to: pre-clinical experiences, clinical experiences, general medical education, student services, medical school experiences, diversity, special topics, financial aid, including indebtedness, career intentions, including specialty choice, and strengths and weaknesses.

Accreditation letter

Within 30 days of any final LCME action on the reports of full or limited surveys, the Secretariat will send 1) a Letter of Accreditation conveying the LCME action, and 2) a copy of the final survey team report, to the president or equivalent chief executive of the university, with a copy to the dean of the medical school. The Accreditation letter includes the LCME action, its findings regarding the program's strengths, areas of noncompliance with accreditation standards, and areas in compliance with a need for monitoring, and any required follow-up. The Accreditation letter and final team report are held confidential by the LCME, but may be disclosed by the program at its discretion. Within 30 days of any LCME action on status reports, the Secretariat will send a letter to the dean of the medical school conveying the LCME action and any required follow-up.

Accreditation withdrawn

Withdrawal of accreditation is an action based on the determination by the LCME, and the CACMS for Canadian schools, that an accredited program exhibits substantial deficiencies in compliance with accreditation standards, and the deficiencies are sufficiently serious, in the LCME's judgment (and the judgment of the CACMS for Canadian schools), to raise concern whether graduates of the program are competent to enter the next stage of their training. Under normal circumstances, a program will have an opportunity to correct serious problems of noncompliance through the mechanisms of limited visits or probationary status before the LCME and the CACMS for Canadian schools take action to withdraw accreditation. However, rapid and precipitous deterioration in the quality of an educational program may be sufficient grounds for withdrawal of accreditation, whether or not a limited visit or probationary period has preceded the decision to withdraw accreditation.

Accredited

After obtaining provisional accreditation, a program may obtain full accreditation when all of the following are completed: 1) The program obtains provisional accreditation. 2) The program submits a modified medical educational database and a self-study summary to the LCME. 3) An LCME team completes a full accreditation survey visit that takes place late in the third year or early in the fourth year of the curriculum, and prepares a report of its findings for consideration by the LCME at its next regularly scheduled meeting. 4) The LCME reviews the survey team's report and determines that the program leading to the M.D. degree fully complies with all LCME accreditation standards. 5) The LCME votes to grant full accreditation to the program for the balance of an eight-year term that begins when the program was granted preliminary accreditation status.

Accredited, on probation

Accreditation with probation is an action based on determination by the LCME, and the CACMS for Canadian schools, that an accredited program is not in substantial compliance with accreditation standards. Such a determination may be based on the LCME's judgment,

and the judgment of CACMS for Canadian schools, that the areas of noncompliance have seriously compromised the quality of the medical education program, or that the program has failed to make satisfactory progress in achieving compliance after having been granted ample opportunity to do so. Programs placed on probation retain their accredited status with all of the rights and privileges conveyed by such status, but are subject to withdrawal of accreditation if noncompliance issues are not satisfactorily addressed by the completion of a period not to exceed twenty-four months, unless the period for achieving compliance is extended for good cause by the LCME and by the CACMS for Canadian schools. Any program placed on probation must promptly notify all enrolled students, those newly accepted for enrollment, and those seeking enrollment, of this accreditation status; failure to do so may result in withdrawal of accreditation. More information is available in the LCME Rules of Procedure; see “Accreditation with Probation” and Appendix B.

Accredited, on warning

Warning is an action that may be taken based on identification of: 1) one or more areas of noncompliance of recent origin that will, if not corrected promptly (within 12-24 months as determined by the LCME), seriously compromise the ability of the school to conduct the educational program; or 2) one or more areas of noncompliance identified in a previous survey visit that have not been adequately addressed in the interim or have re-emerged as areas of noncompliance. For Canadian medical education programs, warning by the LCME and/or the CACMS will be binding on both. Warning is not subject to appeal. An educational program is not required to notify students and the public about a “warning” action, but is free to do so. The LCME must notify the U. S. Department of Education and the relevant regional (institutional) accreditor that a program has been placed on warning. An educational program given a warning will be informed of the timeframe for correction of identified areas of noncompliance. At the conclusion of that time, the LCME will make a decision about accreditation status. If in the judgment of the LCME, sufficient progress has not been made in a U.S. program by the time specified for correction, probation or withdrawal of accreditation will be imposed. For a Canadian program, if the LCME and/or the CACMS does/do not believe that sufficient progress has been made, probation or withdrawal of accreditation will be imposed.

Accredited, preliminary status

A program may obtain preliminary accreditation when all of the following are completed: 1) The program obtains Candidate School status. 2) An LCME survey team completes a survey visit and prepares a report of its findings for consideration by the LCME at its next regularly scheduled meeting. 3) The LCME reviews the survey team's report and determines that the program meets the standards outlined in the LCME document, Guidelines for New and Developing Medical Schools. 4) The LCME votes to grant preliminary accreditation to the program for an entering class in an upcoming academic year. Once preliminary accreditation is granted, the program may begin to recruit applicants and accept applications for enrollment.

Accredited, provisional status

A program may obtain provisional accreditation when all of the following are completed: 1) The program obtains preliminary accreditation. 2) The program submits a modified medical educational database and a self-study summary to the LCME. 3) An LCME survey team completes a limited survey visit prior to the midpoint of the second year of the curriculum to review implementation progress and the status of planning for later stages of the program. The survey team prepares a report of its findings for consideration by the LCME at its next regularly scheduled meeting. 4) The LCME reviews the survey team's report and determines that the program meets the standards outlined in the LCME document, Guidelines for New and Developing Medical Schools. 5) The LCME votes to grant provisional accreditation to the program. Once provisional accreditation has been granted, students enrolled in the program may continue into their third and fourth years of medical education, and the program may continue to enroll new students.

Action plan

The action plan is a document prepared by the school to describe how they will address the issues identified in the accreditation letter informing them that they are on probation. This takes place prior to the post-probation visit.

Active learning

A type of learning where the student 1) independently, or collaboratively with peers, identifies learning objectives and seeks the information necessary to meet the objectives and/or 2) independently identifies, prepares, and discusses information in a way that contributes to group learning. In active learning, the learner has a role in defining his or her own learning outcomes and/or those of his or her peers.

Adverse action

Denial or withdrawal of accreditation.

Appeal:

Programs may appeal adverse actions (these include denial or withdrawal of accreditation), and may request a Reconsideration when placed on probation. More information about appeals and reconsiderations is available in Appendix B of the LCME Rules of Procedure.

Applicant school

A program obtains “Applicant School” status after: 1) The program remits the \$25,000 application fee to the LCME in order to begin the process of applying for preliminary accreditation, and 2) the LCME and CACMS Secretariat determine that the school meets the basic eligibility requirements to apply for accreditation (i.e., a current or anticipated charter in the U.S. or Canada and plans to offer the educational program in the U.S. or Canada). Applicant Schools are not accredited and may not recruit or advertise for applicants or accept student applications.

Branch campus

Any affiliated location where one or more students may spend six or more months engaged in undergraduate medical education. Factors to assess when determining a program's readiness to open a branch campus include the adequacy of systems that will allow students to access support services while away from the main campus and whether the program has demonstrated consistent central authority across campuses.

Branch campus expansion proposal

Programs are required to notify the LCME of any plans to create a new campus or if the educational program at an existing distributed campus is being expanded to include more years of the curriculum. Programs are asked to submit documentation supporting the adequacy of resources to support this change. The LCME will determine if changes in the program's accreditation status or term are warranted, or if any follow-up is needed.

Candidate School

A program obtains "Candidate School" status when all of the following are completed: 1) The program submits a completed Modified Medical Education Database and self-study document to the LCME for review. 2) Those documents are favorably reviewed by the LCME (and, for Canadian schools, also by the CACMS). 3.) The LCME approves the program to be granted a survey visit for preliminary accreditation. Candidate Schools are not accredited and may not recruit or advertise for applicants or accept student applications.

Class size increase proposal

Accreditation is awarded to a program of medical education based on the judgment that there is an appropriate balance between student enrollment and the total resources of the institution, including its faculty, physical and clinical facilities, patient population, and available

funding. Prior notification to the LCME (and the CACMS for Canadian programs) is required when an accredited program plans to modify the educational program, becomes aware that the resources supporting it may change, or wishes to increase student enrollment, such that the balance between enrollment and resources would be substantially altered. Unplanned loss of facilities or clinical teaching sites necessary to deliver the medical education program must be reported immediately. With respect to student enrollment, notification of the LCME and, for Canadian programs, the CACMS, is required by January 1st of the year preceding the anticipated increase if: 1) the entering class size will increase by 10% or greater or by at least 15 students OR there is a cumulative increase of 20% or more over three years. A template is available on the LCME web site to allow schools to document the resources available to support the increase. Notification of class size increases of lesser magnitude should occur before the expanded class matriculates. Changes in the balance between educational resources and class size may trigger a request for additional written information or an unplanned accreditation review or survey.

Clerkship rotation (only relevant for Canadian medical schools)

A period of time within a discipline as part of the clerkship year. Synonymous with clerkship for U.S. medical schools.

Compliance

The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

Compliance with a need for monitoring (formerly known as Area in Transition)

1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved. 2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance.

Curriculum year

An academic period of study usually, but not necessarily, corresponding to an academic year. In most cases, curriculum years correspond to the blocks of time that end with medical students being considered for promotion or graduation.

Domestic violence and abuse

Includes intimate partner violence, child abuse and neglect, and elder abuse and neglect.

Educational program (institutional learning) objectives:

Statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement. Educational program objectives should be stated in outcome-based terms that describe what medical students are expected to demonstrate as a result of their participation in the educational program; they are not statements of what is to be taught nor are they statements of mission or broad institutional

purpose. Educational program objectives may include quantitative specifications of desired outcomes (although quantification of learning outcomes is more typical of objectives at the course or clerkship rotation level than those at the programmatic or institutional level). Educational program objectives are a subset of more broadly defined **physician competencies**, which represent general domains of performance for which the profession and the public hold physicians accountable.

Engaged learning

A type of learning where the student participates in the educational process (is not simply a passive recipient of information) but where a faculty member determines what and how a student should learn. This could include formats such as the audience response (“clicker”) system and faculty-led group discussions.

Fact-finding (Secretariat) visit

A Secretariat fact-finding visit is a type of limited survey. It is conducted by Secretariat staff for purposes of fact-finding and assessment of compliance with accreditation standards and resolution of areas found to be in compliance with a need for monitoring. The team conducting the visit will consist of two members of the LCME Secretariat staff. For a Canadian school, the visit team will consist of one member of the CACMS Secretariat staff and one member of the LCME Secretariat staff. The Secretariat will provide the program with a summary of the documentation required for the Secretariat visit.

Faculty Accreditation Lead

The Faculty Accreditation Lead is typically a faculty member or senior administrator with extensive knowledge of the school and its programs. This individual manages the self-study process, coordinates the collection of data for the Medical Education Database, and develops the survey visit schedule with the team secretary. The Faculty Accreditation Lead will be the

primary point of contact with the LCME Secretariat and the survey team secretary. Prior to July 2012, this individual was known as the Self-study Coordinator.

Faculty Fellow

Established in 1988, the goal of the Faculty Fellow program is to provide schools preparing for a survey visit with first-hand insight into the process and to develop future leaders in medical education and accreditation. By nominating a faculty member to serve on a full survey visit team, the program gains understanding of the Functions and Structure of a Medical School and about how teams evaluate the quality of educational programs.

Fellows are typically assistant or associate deans, department chairs, or senior faculty members who will take a lead role in their program's survey visit, frequently as the Faculty Accreditation Lead. Fellows should be experienced medical school administrators or faculty members who have not participated in an LCME accreditation survey. Fellows will receive guidance and feedback from team members as they are assigned areas of responsibility during the survey visit and in the preparation of the survey report.

Nominees receive training at the LCME-hosted surveyor workshop held during the AAMC Annual Meeting. After participating in their first survey visit, Fellows are eligible to serve on future survey teams. Hotel and travel expenses incurred by Fellows are either their own responsibility or the responsibility of their sponsoring institution. The Faculty Fellow program is limited to schools with upcoming accreditation surveys and to one nominee per school.

Full survey report

After concluding the survey visit, survey team members compile a written report of their findings. The survey team makes neither recommendations nor decisions regarding the program's accreditation status; the determination of accreditation status is the purview of the LCME and, for Canadian schools, of the CACMS and the LCME. A draft version of the report is sent to both Secretariat offices, and to the CACMS Secretariat for Canadian schools, for a preliminary review to verify that the report is complete and adequately documents the team's findings. It is then circulated to team members and to the dean for review.

Full survey visit

Programs are normally subject to review on an eight-year cycle. However, the LCME may vote to advance the date of a full survey visit, so that the school has a full review in less than eight years, if there are questions about the sustainability of educational program quality. The survey visit for a full accreditation survey typically begins on Sunday evening with an entrance conference with the dean, and concludes early Wednesday afternoon at exit conferences with the dean and with the chief executive or academic officer of the university.

Full survey visit team

For schools undergoing a full accreditation survey (requiring self-study and completion of the Medical Education Database), the survey team will normally consists of five to six members. The team typically will include at least one representative of the LCME (either voting member or member of the professional Secretariat staff), at least one physician actively engaged in medical practice (“practitioner”), and one or more medical educators who possess a doctoral-level graduate or professional degree and have held a faculty appointment at an LCME-accredited medical school (“educator”). One of the team members is designated as the chair of the team. The team chair, typically a current or recent medical school dean or LCME member, functions as the official voice of the team and leads its deliberations. Another member is designated as team secretary, and is responsible for visit preparations and logistics and the compilation of the survey report. The remaining team members will generally include a “faculty fellow” (as noted previously) who functions as a regular team member. In appointing full survey teams, the LCME Secretary responsible will make all reasonable efforts to balance the team in terms of accreditation experience, gender, race, ethnicity, professional expertise, practitioner/educator status, and familiarity with the type of institution being surveyed. Survey teams for Canadian medical schools follow the same guidelines, however the team is appointed by the CACMS Secretariat with the exception of the LCME-appointed member.

Full-time faculty

All faculty members who are considered by the medical school to be full-time, whether funded by the medical school directly or supported by affiliated institutions and organizations.

Reporting of full-time faculty members should include those who meet the preceding definition and who are based in affiliated hospitals or in schools of basic health sciences, or who are research faculty. Do not include residents and clinical fellows or faculty members who do not receive full-time remuneration from institutional sources (i.e., medical school, parent university, or an affiliated hospital or healthcare organization).

Geographically separate/distributed campus

An instructional site/campus that is distinct from the main campus of the medical school and at which at least one student spends a significant portion of the educational program (i.e., at least six consecutive months or a complete year, as defined above, or more). *Complete questions for standards ED-39 through ED-44 only if the medical school operates one or more geographically separate/distributed campuses.*

History sheet

A compilation of school's accreditation history, including date of accreditation, visits and actions.

LCME Part I-A Annual Financial Questionnaire (AFQ) and Overview of Organization and Financial Characteristics

The AFQ collects data on the revenues and expenditures for U.S. medical colleges. The annual financial questionnaire is administered by the AAMC's Medical School and Faculty Studies team. The AFQ is a customized Excel workbook that is administered annually to all medical schools with preliminary, provisional, or full LCME accreditation. The questionnaire is mailed each year in mid-September to medical school deans and designated principal business officers with a due date of mid-December. The data are used as a part of the LCME's accreditation efforts as well for benchmarking. Participation is required.

LCME Part I-B Student Financial Aid Questionnaire

The LCME I-B is an annual, required survey that collects institutional level data on financial assistance, grants, loans, work-study, and educational indebtedness for medical students. Responses are compiled for the Annual Student Financial Aid Report distributed to medical school financial aid representatives each spring. The Part I-B questionnaire is administered by the AAMC jointly by the Medical School and Faculty Studies and the Student Financial Aid teams, and is mailed to medical school financial aid administrators in mid-July, with a due date of mid-September.

LCME Part II Annual Medical School Questionnaire

The LCME Part II Annual Medical School Questionnaire collects data on operational characteristics of the educational program leading to the M.D. degree, including details of the curriculum, the demographics and academic antecedents of students admitted to the program, and resources (faculty, residents, educational sites, library, etc.) involved with the educational program. Collective data are summarized in an annual report published in the Journal of the American Medical Association (JAMA) in September. The Part II questionnaire is a web-based survey administered by the American Medical Association's Department of Data Acquisition Services. Information about the questionnaire is emailed to the medical schools each February, with a due date of mid-April.

Limited survey

Limited surveys are on-site evaluations conducted by ad hoc survey teams to evaluate the compliance of a medical education program with standards where the program was previously found to be in noncompliance or to be in compliance with a need for monitoring. Generally, the Secretariat will provide the program with instructions regarding the briefing book required for the limited survey about six months prior to the visit. The timeframe for emergent situations may be shorter. However, members of a limited survey team may determine that areas in addition to those noted in the pre-survey materials require evaluation and may include findings regarding those additional areas in the survey report for action by the LCME. The findings of limited surveys and supporting documentation are compiled in a report to the LCME and the dean is given an opportunity to review and comment on the draft report in the same manner as for full accreditation surveys.

Longitudinal Statistical Summary Report (LSSR)

The Longitudinal Statistical Summary Report (LSSR) is an annual report that presents eight years of data in four categories: School Characteristics, Medical Students, Faculty, and Educational Resources. The data come from the LCME Part I-A, LCME Part I-B, LCME Part II, Tuition and Student Fees Questionnaire, Graduation Questionnaire, Faculty Roster, and SRS. The data displayed in the LSSR are intended to give a snapshot of a medical school in several categories, including enrollment, MCAT scores, graduate indebtedness, tuition and fees, number of faculty, medical school revenues and expenditures, and the length of the curriculum.

Medical School Profile System

The AAMC's Medical School Profile System (MSPS) houses descriptive data collected from U.S. medical schools by the LCME questionnaires and is maintained by the AAMC's Medical

School and Faculty Studies team. MSPS reports may be requested by the AAMC's constituency and staff, and by others who have a legitimate need for medical school information.

Naming convention

Survey package files should be numbered with clear file names of less than 200 characters.

An example file structure would be:

- 1_of_8_self_study_summary_Example_University.doc
 - 2_of_8_independent_student_analysis_Example_University.doc
 - 3_of_8_database_section_1_Example_University.doc
 - 4_of_8_database_section_2_Example_University.doc
 - 5_of_8_database_section_3_Example_Universit.doc
 - 6_of_8_database_section_4_Example_University.doc
 - 7_of_8_database_section_5_Example_University.doc
 - 8_of_8_appendix_Example_University.pdf
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Narrative description

Written comments from course or clerkship/clerkship rotation supervisors that assess student performance and achievement in meeting the objectives of the course or clerkship/clerkship rotation, including objectives related to professionalism.

Noncompliance

The medical education program has not met one or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

Observer

Occasionally, the Secretariat will ask the dean for permission to allow an observer to participate on the survey. Observers may include representatives from the U.S. Department of Education, a regional accrediting agency, or a state education authority, or senior staff from one of the LCME's sponsoring organizations. All observers must affirm that they will adhere to the LCME's confidentiality policies.

Parallel curriculum (track)

A distinct educational program component for a subset of medical students that: 1) is designed to meet specific educational goals and objectives in addition to the objectives for the standard curriculum, 2) includes additional content and/or methods of assessment from the standard curriculum, and 3) is offered to some medical students during one or more years of the curriculum. For example, a medical school may offer a "rural track" to some medical students as an alternative to some or all of the clerkship rotations completed by students in the standard curriculum. A parallel curriculum may be located at the main campus of the medical school or at a geographically separate/distributed campus.

Preclinical courses

Courses covering the sciences basic to medicine and introductory clinical skills courses that typically are taught in the first and second years of the curriculum.

Presenter worksheet

Interactive PDF form used by members to prepare recommendations for each LCME meeting. A sample template for a full survey and status report are available on the Resources tab.

Program

Short for Medical Education Program. The LCME is a “programmatically accreditor,” rather than an “institutional accreditor.” This means that the LCME accredits the medical education program at a given institution, or medical school, rather than the school itself.

Self-study summary report

The final self-study summary report is written by the self-study task force. It synthesizes and summarizes the work of its subcommittees. This requires a comprehensive evaluation of the subcommittee reports to determine how individual components contribute to the ability of the program as a whole to achieve its aims and educate its students. The summary should be analytical, not simply descriptive.

Self-study task force

The self-study task force. The self-study requires participation from all the constituencies of the medical education program. The ultimate responsibility for conducting the self-study and preparing the final self-study summary report rests with the self-study task force. The task force establishes its objectives, scope of study, data collection methods and timeline, and it recommends or appoints members of the various subcommittees. The task force reviews subcommittee reports and prepares the self-study summary report. The self-study task force should be broadly representative of the constituencies of the medical education program.

Self-study task force subcommittees

Subcommittees are appointed by the self-study task force to prepare reports on specific areas. Each section of the database should be addressed by a subcommittee. Schools may wish to create additional subcommittees to review specific topics within the five major categories of accreditation standards, either to undertake a more detailed review or to

accommodate distinctive institutional needs. Each subcommittee should have appropriate membership, including administrators, faculty members, and, where appropriate, students. It is helpful to have one or more members of the task force serving on each subcommittee in order to provide continuity and to facilitate communication. Each subcommittee should review the relevant portions of the database and respond to the questions included later in this guide. Subcommittees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data).

Staff Visit Coordinator

The Staff Visit Coordinator is typically an experienced staff member. This individual manages the logistics of the survey visit, including hotel reservations, ground transportation, and restaurant recommendations. The Staff Visit Coordinator often manages the production and mailing of the completed Medical Education database. Prior to July 2012, this individual was known as the Survey Visit Coordinator.

Status report

A program may be asked to submit one or more status reports documenting steps taken to correct specific areas of noncompliance or to resolve areas deemed to be in compliance with a need for monitoring. Status reports are reviewed at the next regularly scheduled LCME meeting following their receipt and at the next CACMS meeting for Canadian schools. If the requested documentation in the status report is sufficiently complete, the LCME may take an accreditation action as described previously, with or without additional follow-up. If the documentation is inadequate (either because requested information was not provided or the information provided was insufficiently detailed or ambiguous), the LCME will defer action pending receipt of additional or clarifying information for consideration at the next LCME meeting.

Team Chair

The survey team chair, typically a current or recent medical school dean or LCME member, functions as the official voice of the survey team, and leads its deliberations. The team chair works closely with the team secretary to review the school's accreditation history, including the survey report from the most recent survey visit and any status reports. During the survey visit, the chair makes introductions and explains the purpose of the survey. The Chair leads the discussions as the team develops its findings about the program's compliance with accreditation standards. The chair reports the team's findings to institutional executives at the conclusion of the survey visit.

Team Secretary

The survey team secretary is responsible for developing the visit agenda, coordinating visit arrangements with the school, and producing the survey report. The secretary handles oral and written communication with the school, other team members, and the LCME Secretariat. The secretary is responsible for compiling the survey report from the written findings prepared by survey team members. The team secretary works closely with the team chair.

Team Members

Teams are drawn from a pool of experienced educators, practitioners, and administrators. Members are selected based on areas of expertise, familiarity with a given academic environment. The Secretariat makes all reasonable efforts to balance the team in terms of accreditation experience, gender, race, ethnicity, professional expertise, practitioner/educator status, and familiarity with the type of institution being surveyed.

A similar effort is made to avoid appointing team members with any substantive prior affiliation with the school in order to avoid the perception of a conflict of interest. Once the Secretariat has assigned team members, the dean will have the opportunity to review the team roster. If the dean has reason to believe that a member has a conflict of interest that should disqualify the person from evaluating the program, the dean may contact the Secretariat to determine whether an alternate member can be appointed. Final decisions about survey team membership will be made by the Secretariat.