GUIDE TO THE INSTITUTIONAL SELF-STUDY

FOR PROGRAMS OF MEDICAL EDUCATION LEADING TO THE M.D. DEGREE

(For Full Accreditation Surveys Scheduled in 2008-2009)

Liaison Committee on Medical Education

Guide to the Institutional Self-Study

Liaison Committee on Medical Education

For further information, contact:

LCME Secretariat
Association of American Medical Colleges
2450 N Street, N.W.
Washington, DC 20037
Phone: 202-828-0596   Fax: 202-828-1125

LCME Secretariat
American Medical Association
515 North State Street
Chicago, IL 60610
Phone: 312-464-4933   Fax: 312-464-5830

CACMS Secretariat
Committee on Accreditation of Canadian Medical Schools
Association of Canadian Medical Colleges
774 Echo Drive
Ottawa, Ontario, Canada K1S 5P2
Phone: 613-730-0687   Fax: 613-730-1196

Visit the LCME Web site at:
www.lcme.org

GUIDE TO THE INSTITUTIONAL SELF-STUDY
Table of Contents

Table of Contents (continued)

GUIDE TO THE INSTITUTIONAL SELF-STUDY

OVERVIEW OF THE ACCREDITATION PROCESS

The Purposes of Accreditation and Self-Study

The accreditation process adopted by the Liaison Committee on Medical Education (LCME) has two general aims: to certify that a medical education program meets prescribed standards, and to promote institutional self-evaluation and improvement. The institutional self-study is central to the accreditation process. In the 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 programs, (2) identify institutional strengths and issues requiring action, and (3) define strategies to ensure that the strengths are maintained and any problems are addressed.

The summary report resulting from the self-study process provides an evaluation of the quality of the medical education program and the adequacy of resources that support it. The usefulness of the self-study as a guide for planning and change will be enhanced if participation is broad and representative, and if the resulting analysis and conclusions are widely disseminated. Because of the time and resources required to conduct a self-study, schools should give careful thought to other purposes that may be served by the process. For example, the activity might serve as a vehicle to acquaint a new dean about the environment and operation of the school, or provide the academic community at large with an opportunity to reaffirm the school's mission and goals or set new strategic directions. A self-study that serves multiple institutional purposes is likelier to have a productive outcome than one that is conducted simply to satisfy accreditation requirements.

The self-study is directly linked to the standards for accreditation. The standards for accreditation of U.S. and Canadian medical education programs are contained in the document *Functions and Structure of a Medical School*, available from the LCME offices or the LCME web site (www.lcme.org). These standards have been endorsed by the medical education community and by the organizations that sponsor the LCME and its Canadian counterpart, the Committee on Accreditation of Canadian Medical Schools. The U.S. Secretary of Education recognizes the LCME as the responsible national authority for accreditation of educational programs leading to the M.D. degree.

General Steps in the Accreditation Process

Accreditation assures that medical education programs are in compliance with defined standards. In general, accreditation asks three questions:

- Has the institution clearly established its mission, goals, and institutional learning objectives?

- Are the institution's programs and resources organized to meet its mission, goals, and objectives?

- What is the evidence that the institution is achieving them?

In the accreditation process, institutional data are analyzed in relation to accreditation standards. The general steps in the process are:

- Completion of the LCME medical education database, and compilation of other supporting documents.

- Analysis of the database and other information sources by an institutional self-study task force and committees, development of self-study reports, and synthesis of the topical reports into an institutional summary report.

- Visit by an LCME *ad hoc* survey team and preparation of the survey team report.

- Action on accreditation by the LCME.

Each of the steps is summarized below and in the accompanying schedule, which shows the usual timetable for completion of each step.

Completion of the database and compilation of other documents. The items contained in the database relate to specific accreditation standards. Each section of the database should be completed by the persons most knowledgeable about the corresponding topics. Care should be taken to ensure the accuracy and consistency of data across sections of the database (for example, by using a consistent base year for data). The person overseeing the self-study process (the self-study coordinator) should make sure that the completed database undergoes a comprehensive review to identify any missing items or inconsistencies in reported information.

The school will also need to assemble additional materials for examination by the self-study groups and later by the site visit team. For example, the school's medical students are asked to conduct an independent evaluation of the medical education program, student services, and the learning environment. Their analysis and other information sources (such as the most recent AAMC Graduation Questionnaire, and the school's catalog or bulletin) should be reviewed by the relevant self-study groups.

Self-study analysis. An institutional self-study task force and its committees are responsible for conducting the self-study. The project as a whole should be guided by a self-study coordinator who has extensive knowledge of the school and its programs, and who has been granted the authority to assure the timely completion of data collection efforts. Each committee should review information from the database and other sources related to its specific charge (e.g., EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE, MEDICAL STUDENTS, etc.) and generate a report. The task force will synthesize the individual committee reports into a final summary self-study report that includes a statement of institutional strengths, and issues that require attention either to assure compliance with accreditation standards or to improve institutional quality. The self-study summary report is submitted to the LCME offices and to the survey team, along with the database and other documents, about three months prior to the survey visit.

The survey visit and preparation of the survey report. An *ad hoc* LCME survey team usually visits the institution for two and a half days. Prior to the visit, the survey team will review the database, self-study summary report, and other relevant materials. At the time of the visit the school should have copies of the individual self-study committee reports available for the survey team. During the visit, the survey team will develop a list of strengths, areas of partial or substantial noncompliance with accreditation standards, and any areas in transition (activities in progress whose outcome is uncertain, but could affect compliance with standards). These summary findings will be reported orally to the dean and the university chief executive at the end of the survey visit. The survey team's findings and conclusions are held confidential, since they are subject to subsequent review and consideration by the LCME. The report of the survey team does not include any recommendations about the accreditation status of the medical education program or desired follow-up actions to be taken by the school -- those decisions are the exclusive province of the LCME itself.

Within four to six weeks after the visit, a draft survey report is prepared according to the format described in the *Survey Report Guide*. The survey report includes information from the database and self-study summary report, as well as the survey team's findings and conclusions. A draft of the survey report is sent to the dean for correction of any factual errors. If the dean objects to the tone or content of the report, and the concerns cannot be addressed through discussion with the survey team chair and secretary, he or she may submit a letter to the LCME Secretariat. The Secretariat will include the dean's letter as an appendix to the report.

Action on accreditation by the LCME. The final report is considered by the LCME at its next regular meeting (in October, February, or June), at which time the decision about accreditation is made. Accreditation is normally granted or renewed for a period of eight years. As a condition for granting or renewing accreditation, the LCME may (1) require that the dean submit one or more written progress reports; (2) schedule a limited site visit; (3) direct its Secretariat to conduct a visit; or (4) order a full survey before the completion of the eight-year term. If major problems exist, the LCME may decide to place the program on probation, and it may withdraw accreditation if such problems are not corrected within a reasonable period of time.

TYPICAL SCHEDULE FOR AN LCME-REQUIRED INSTITUTIONAL SELF-STUDY

Time in Relation to
Survey Visit (+/-months)   **Activity**

-18/16   LCME Secretary establishes survey visit dates with the dean.

-15   LCME Secretary mails instructions and forms to the dean. School appoints self-study coordinator, who initiates data collection activities. School also designates a site visit coordinator who will be responsible for logistical details of the on-site survey (this person may also be the self-study coordinator, who oversees the self-study process and database compilation, if the school chooses).

-15   School appoints the institutional self-study task force. The task force establishes its objectives, scope of study, and methods of data collection, and identifies needed committees. Task force recommends or appoints members of committees and initiates student analysis. Various individuals or groups begin completing questions in medical education database.

-12/6   Self-study coordinator distributes completed database sections to the self-study task force and appropriate committees. Committees review and analyze the database and prepare reports that are forwarded to task force.

-6/3   Self-study task force reviews committee reports, and prepares the summary self-study report. The report should conclude with a list of institutional strengths, issues requiring attention, and recommendations for addressing any identified problems. It should also include a plan and timetable indicating how institutional strengths will be maintained and problems addressed.

-3   LCME Secretary sends instructions for the visit and list of survey team members to the dean. The self-study coordinator reviews the database, self-study summary report, and other required documents for accuracy, consistency, and currency. After any needed updating is done, the documents are sent to each member of the survey team and to each LCME Secretary. The secretary of the survey team will contact the self-study coordinator shortly after receiving the school's accreditation materials, to begin work on the schedule and planning for the site visit.

-1   School sends any database additions or changes to survey team and to both LCME Secretaries. Team secretary and school finalize the visit schedule.

 0   Survey team visits the school.

+1/2   Draft survey report is prepared and sent to the dean for comments.

+2/4   Final report is circulated to LCME members for review prior to the next quarterly meeting.

+2/4   Final LCME action on accreditation status. The dean and university president are notified of the LCME decision regarding accreditation and sent copies of the final survey report.

MANAGEMENT OF THE SELF-STUDY

The self-study requires the time and effort of administrators, faculty members, students, and others associated with the medical school and its clinical affiliates. Much of the quantitative data called for in the database can be obtained from information provided by the school in the LCME annual questionnaires (Part IA Annual Financial Questionnaire; Part IB Student Financial Aid Questionnaire; Part II Annual Medical School Questionnaire). Copies of these questionnaires should be kept for use in database preparation. Data from previous years may also be obtained from the AAMC Medical School Profile System, and from the Longitudinal Statistical Summary Report prepared annually for the dean of each school by the AAMC Section for Institutional, Faculty, and Student Studies.

A person who is familiar with the medical school and the medical education process should be appointed as coordinator for the self-study. The coordinator's responsibilities include distributing and collecting the database forms, supervising the final compilation of the database and insuring its accuracy and consistency, answering questions during database preparation, coordinating the activities of the self-study committees, staffing the self-study task force, and communicating with the LCME Secretariat and the survey team secretary to obtain answers to questions. The school should assure that the self-study coordinator has appropriate support to accomplish these tasks. The ideal self-study coordinator would be a senior academic who can identify institutional policies and information sources, explain institutional conventions, and assure wide administrative, faculty, and student participation.

The deans and staff of medical schools scheduled for survey visits are invited to attend an LCME orientation session, either during the AMA annual meeting in June or the AAMC annual meeting in October or November. These sessions provide general information about accreditation and the self-study process and give participants an opportunity to ask questions. Information about orientation sessions is available on the LCME web site and questions about the orientation sessions or about the self-study process may be directed to either Secretariat office at any time.

COMPLETING THE DATABASE

The sections of the database are as follows:

> I.   INSTITUTIONAL SETTING
>
> II. EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE
>
> III. MEDICAL STUDENTS
>
> IV. FACULTY
>
> V.   RESOURCES
>
> VI. REQUIRED COURSES AND CLERKSHIPS

The student analysis and most recent copy of the AAMC Graduation Questionnaire are assembled in a separate binder that forms part of the database material to be reviewed by the self-study groups and the survey team.

Ordinarily the database forms are sent to the dean at least 15 months prior to the survey visit. The self-study coordinator should distribute the forms to those best able to provide accurate and current information. For example, Section II. EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE might be completed by the assistant/associate dean for curriculum, with input from the chairs of relevant committees and the directors of

required courses and clerkships. All forms should be completed and returned within two or three months to the self-study coordinator, who is responsible for ensuring that they are prepared promptly, accurately, and consistently.

The time period covered by the data should be clearly indicated, and should be consistent throughout (usually the most recent complete academic year). Since the database likely will have been prepared six to nine months before the survey visit, portions may need to be updated for the survey team. The team will want current financial information, student enrollment data, educational program changes, and any other significant new information. These updates should be made just before the database is sent to the survey team and LCME Secretaries, about three months before the visit. Any late updates or corrections should be received by the Secretaries and survey team at least a month beforehand, so as to guide the visit schedule and priorities.

CONDUCTING THE SELF-STUDY

The self-study task force. The self-study requires the participation of all the constituents of the medical school. The ultimate responsibility for conducting the self-study and preparing the final report rests with the self-study task force. This group determines the objectives of the self-study and sets the timetable for the completion of activities.

Composition of the self-study task force. The self-study task force should be broadly representative of the constituents of the medical school, and include some combination of the following: administrators of the medical school (academic, fiscal, managerial), department chairs and heads of sections, junior and senior faculty members, medical students, medical school graduates, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees (regents) of the medical school/university. Additionally, the task force could include graduate students in the basic biomedical sciences, house staff involved in medical student education, and community physicians. While the general guidelines about the composition of the task force should be followed, each school must make its own decisions about membership based on its specific environment and circumstances. The self-study task force might be chaired by the dean, or by a senior associate dean, department chair, or senior faculty member. The self-study coordinator should provide any needed staff assistance to the task force to facilitate the timely completion of their work.

Committees of the task force. The task force should appoint a series of committees to prepare reports on specific areas. Every major area of the database should be addressed by a committee. Schools may wish to create additional committees or 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. For example, a school with multiple clinical campuses may want to create a separate committee to review each campus, or a school with a particularly strong research mission may want to create a distinct committee to review how that mission relates to the educational program.

Each committee should have appropriate membership, including administrators, faculty members, and where appropriate, students. It also would be useful to have one or more members of the task force on each committee, to provide continuity and facilitate communication. Each committee should review the relevant portions of the database and address the questions described later in this guidebook. Committees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data, etc.).

The task force should also commission an appropriate group of students to conduct their own review of the institution, following the guidelines described in the document *The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada*. The self-study coordinator should provide the same kind of administrative support for the student review that is afforded to other self-study groups. The committee or group that reviews database sections and standards dealing with medical students should include the independent student analysis in its materials, along with the relevant database sections.

The committees should take two or three months to complete their data gathering, analysis, and reporting. The committee reports should be forwarded to the chair of the task force or the self-study coordinator. The reports should be organized around the questions contained in the section of this guidebook titled COMPONENTS OF THE SELF-STUDY REPORT (see below), as well as the accreditation standards contained in *Functions and Structure of a Medical School*. In addition, the committee reports may contain other relevant topics, reflecting any circumstances specific to the medical school. The committee reports should not simply summarize the database. They should be thoughtful analyses of each area, based on the combined perceptions and expertise of the committee members. The analyses should lead to conclusions about strengths and challenges (including potential or suspected areas of partial or substantial noncompliance with accreditation standards), and to recommendations for action to alleviate any problems. In the event that a consensus cannot be reached, a minority report may be included.

Preparation of the final self-study report. It is the job of the task force to synthesize and summarize the work of the committees, and to prepare the final summary self-study report. This entails looking across the committee reports, to determine how individual components contribute to the ability of the school to achieve its aims and educate its students. For example, a number of committee reports will address the issues of graduate medical education and resident teaching skills as they relate to medical student training. The summary should combine these into a comprehensive assessment that not only addresses the questions indicated in this guidebook, but also presents the institution's perspective on noteworthy accomplishments and challenges that have emerged from the self-study process. Areas of strength and weakness from the committee reports should be reviewed, and then synthesized into a summary of major institutional strengths and problems needing attention. For any problem areas that are identified, possible solutions and strategies for change should be suggested. Any steps taken to address an identified problem area should be described.

The final summary report, which ideally should not exceed 35 pages, should be sent to both LCME Secretaries and to the members of the survey team, along with the medical education database, about three months prior to the survey visit. Copies of the individual committee reports should be available for review by the LCME survey team at the time of the visit.

COMPONENTS OF THE SELF-STUDY REPORT

INTRODUCTION

The introduction to the report should begin with a summary of what the school has done to address all areas of concern or noncompliance with accreditation standards that were identified in the previous full accreditation survey. The introduction also should provide a brief overview of how the self-study was conducted, including the level of participation by the various sectors of the academic community and the methods for disseminating the findings and summary report of the task force. Include a list of participants as an appendix. Note if the self-study process was incorporated as part of institutional planning, or served some other purpose(s) beyond meeting requirements for LCME accreditation.

I.   INSTITUTIONAL SETTING

A.   Governance and Administration

1.   Describe how institutional priorities are set. Evaluate the success of institutional planning efforts and discuss how planning has contributed to the accomplishment of the school's academic purpose, research prospects, and goals of the clinical enterprise.

2.   Evaluate the role of the governance structure in the administrative functioning of the medical school. Is the governance structure appropriate for an institution of this size and characteristics? Are there appropriate safeguards in place to prevent conflict of interest and do these safeguards work? Describe any situations that

require review by or approval of the governing board (board of trustees) of the school or university prior to taking action.

3. Evaluate the relationship of the medical school to the university and clinical affiliates with respect to:

    a. The effectiveness of the interactions between medical school administration and university administration.
    b. The cohesiveness of the leadership among medical school administration, health sciences center administration, and the administration of major clinical affiliates.

4. Assess the organizational stability and effectiveness of the medical school administration (dean, dean's staff). Has personnel turnover affected medical school planning or operations? Are the number and types of medical school administrators (assistant/associate deans, other dean's staff) appropriate for efficient and effective medical school administration?

B. Academic Environment

5. Evaluate the graduate program(s) in basic sciences, including involved departments, numbers and quality of graduate students, quality of coursework, adequacy of financial support, and overall contribution to the missions and goals of the medical school. Describe the mechanisms for reviewing the quality of the graduate program(s) in basic sciences and comment on their effectiveness. Assess whether the graduate programs have an impact (positive or negative) on medical student education.

6. Evaluate the impact of residency training programs and continuing medical education activities on the education of medical students. Describe any anticipated changes in graduate medical education programs (numbers of residents, shifts in sites used for training) that may affect the education of medical students.

7. Evaluate research activities of the faculty as a whole, including areas of emphasis, level of commitment, quality, and quantity, in the context of the school's missions and goals.

8. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate any trends in the amount of intramural support for research and the level of assistance available to faculty members in securing extramural support.

9. Assess the impact of research activities on the education of medical students, including opportunities for medical students to participate in research.

10. Comment on opportunities for students to participate in community service activities, and the extent to which such activities are incorporated into medical student education.

II. EDUCATIONAL PROGRAM FOR THE MD DEGREE

A. Educational Objectives

1. Describe the level of understanding of the school-wide objectives for the educational program among administrators, faculty members, students, and others in the medical education community. Do these objectives serve as effective guides for educational program planning, and for student and program evaluation?

2. Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. Summarize results from any associated outcome measures that demonstrate how well students are being prepared for the next stage of their training.

3. Comment on the effectiveness of the mechanisms in place for assuring that all students encounter the specified types of patients/clinical conditions needed for the clinical objectives to be met.

B.   Structure of the Educational Program

4. Delineate the mechanisms ensuring that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.

5. Discuss the types and sufficiency of educational activities to promote self-directed learning and development of the skills and habits of lifelong learning.

6. Evaluate the adequacy of the system for ensuring consistency of educational quality and of student evaluation when students learn at alternative sites within a course or clerkship.

7. Comment on how well all content areas required for accreditation are addressed in the curriculum.

8. Assess the balance between inpatient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences.

C.   Teaching and Evaluation

9. Comment on the adequacy of the supervision of medical students during required clinical experiences. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including resident physicians, graduate students, and volunteer faculty members, are prepared for their teaching responsibilities.

10. Evaluate the adequacy of methods used to evaluate student attainment of the objectives of the educational program. How appropriate is the mix of testing and evaluation methods? Do students receive sufficient formative assessment in addition to summative evaluations? Discuss the timeliness of performance feedback to students in the preclinical and clinical years.

11. Describe the system for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Evaluate its adequacy. Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed?

D.   Curriculum Management

12. Assess the adequacy of mechanisms for managing the curriculum and ensuring a coherent and coordinated curriculum. Do the curriculum as a whole and its component parts undergo regular, systematic review? Provide evidence that the school monitors the content covered in the curriculum to ensure that gaps or unwanted redundancies do not occur. Does the chief academic officer have sufficient resources and authority to assure that the educational program can achieve institutional goals and learning objectives?

13. Judge the effectiveness of curriculum planning at your institution. Describe efforts to ensure that there is appropriate participation in planning and that resources needed to carry out the plans will be available. How effective are the procedures to rectify any problems identified in the curriculum, and in individual courses and clerkships? Describe and evaluate, and provide illustrative examples.

14. How does the curriculum committee assure that students have sufficient time for learning? Evaluate the workload and balance between education and service in the clinical years, as well as the effectiveness of the mechanisms used to monitor student duty hours. Do students receive sufficient formal teaching during their clinical clerkships?

15. For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to assure that educational quality and student services are consistent across sites.

E. Evaluation of Program Effectiveness

16. Describe the evidence indicating that institutional objectives are being achieved by your students.

17. Discuss how information about your students and graduates is used to evaluate and improve the educational program.

III. MEDICAL STUDENTS

(Note: The self-study committee or group responsible for developing the report on medical students should review the results of the student analysis and the school's most recent AAMC Medical School Graduation Questionnaire data, in addition to the material contained in the medical education database.)

A. Admissions

1. Critically review the process of recruitment and selection of medical students, and evaluate the results of that process. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality? How do you validate your selection criteria?

2. Evaluate the number of students of all types (medical students, residents, visiting medical students, graduate students in basic sciences, etc.) in relation to the constellation of resources available for teaching (number of faculty members, space, clinical facilities, patients, educational resources, student services, etc.).

3. Describe your goals for gender, racial, cultural, and economic diversity of students. How well have they been accomplished? Are there student recruitment and support programs and professional role models appropriate for the school's diversity goals?

4. Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational program of regular students (i.e., in the context of competition with the school's own students for available resources, patients, educational venues, etc.).

B. Student Services

5. Comment on the levels of student attrition and academic difficulty in relation to your school's admission requirements, academic counseling efforts, and remediation programs. How effective are counseling and remediation systems?

6. Analyze the pattern of career choice among your recent graduates. Is the pattern congruent with your school's mission and goals? Evaluate the effectiveness of your systems of career counseling, residency preparation, and the selection of elective courses.

7.   Evaluate the level of tuition and fees in relation to the size of graduates' accumulated debt, and to the level of financial aid needed and available. What is the school doing to minimize student indebtedness and comment on the effectiveness of these efforts? Comment on the effectiveness of debt counseling programs.

8.   Evaluate the adequacy of student support in the following areas:

   • Personal counseling and mental health services.
   • Preventive and therapeutic health services, including immunizations and health and disability insurance.
   • Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.

C.   The Learning Environment

9.   Comment on the effectiveness of school policies for addressing allegations of student mistreatment, and for educating the academic community about acceptable standards of conduct in the teacher-learner relationship.

10. Evaluate the familiarity of students and course/clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal. Review the adequacy of systems for providing students with access to their records, and assuring the confidentiality of student records.

11. Discuss the school's expectations for professionalism on the part of students, faculty members, and staff. To what extent does the school monitor the learning environment (especially the clinical setting) to determine how well the informal ("hidden") curriculum conforms with and reinforces those expectations?

12. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities. Do available resources for study contribute to an environment conducive to learning?

IV.   FACULTY

A.   Number, Qualifications, and Functions

1.   Describe factors that facilitate and hinder the recruitment and retention of faculty members at your institution. Is the current size and mix of faculty (gender, ethnicity, academic discipline) appropriate for the attainment of your institutional goals?

2.   Evaluate the availability of opportunities for both new and experienced faculty members (full-time, part-time, and volunteer) to improve their skills in teaching and evaluation. Is institutional or departmental-level assistance, such as training sessions from education specialists, readily available?

B.   Personnel Policies

3.   Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of faculty members. Are the policies clear, widely understood, and followed?

4.   Assess the adequacy of institutional and departmental conflict of interest policies relating to faculty members' performance of their academic responsibilities.

5.   Describe the extent of feedback provided to faculty members about their academic performance and progress toward promotion. Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion?

6. Discuss the extent to which education is valued in the institution. How are the degree and quality of participation in medical student education factored into decisions about faculty retention and promotion?

C. Governance

7. Evaluate the effectiveness of mechanisms for organizational decision-making. Are necessary decisions made in a timely and efficient manner with appropriate input from concerned parties? Assess the relative roles of committees of the faculty, department heads, and medical school administrators in decision-making.

8. Assess the effectiveness of the methods used to communicate with the faculty. Do faculty perceive themselves to be well informed about important issues at the institution? Do faculty believe that they have sufficient opportunities to make themselves heard?

V. EDUCATIONAL RESOURCES

A. Finances

1. Discuss the appropriateness of the balance between the various sources of financial support for the school (i.e., state and local appropriations, income from patient care, endowments, tuition income, research income, hospital revenues). Are revenue sources stable? How do you view the financial prospects for the medical school over the next five years? Are there any departments in financial difficulty? Are there systems/policies in place to address departmental financial difficulties?

2. Comment on the degree to which pressures to generate revenue (from tuition, patient care or research funding) affect the desired balance of activities of faculty members. If so, what mechanisms are in place to protect the accomplishment of the educational mission?

3. Describe how the school has positioned the clinical enterprise (faculty practice plan/organization and structure of healthcare system) for best results in the local health care environment. Is planning related to the clinical enterprise occurring?

4. Describe how present and future capital needs are being addressed. Is the financial condition of the school such that these needs can be met?

B. General Facilities

5. Evaluate the adequacy of the general facilities for teaching, research, and service activities of the medical school. Is the opportunity for educational excellence or educational change (e.g., introduction of small group teaching) or for the attainment of other medical school missions constrained by space concerns? is there planning occurring to address any need for additional space?

6. Discuss the adequacy of security systems on each campus and at affiliated sites.

C. Clinical Teaching Facilities

7. Analyze the clinical resources available to the medical school. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites? Is the patient mix appropriate? Are clinical facilities, equipment, and support services appropriate for exemplary patient care? Discuss the availability, quality, and sufficiency of ambulatory care facilities for teaching.

8. Describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration. Does the level of cooperation promote the education of medical students?

9. Describe and evaluate the level of interaction/cooperation between the staff members of the hospitals/clinics used for teaching and medical school faculty members and department heads, related especially to the education of medical students.

D. Information Resources and Library Services

10. Evaluate the quantity, quality**,** and accessibility of the library collection as a resource for medical students, graduate students, and faculty members.

11. Comment on the adequacy of information technology services, particularly as they relate to medical education. Are resources adequate to support the needs of the educational program? Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to assure achievement of medical school missions? Note any problems.

12. Evaluate the usability and functional convenience of the library. Are hours appropriate? Is assistance available? Is study space adequate? Is equipment, such as computers or workstations, adequate? Does the library provide space or common areas that facilitate the exchange of ideas and generation of knowledge?

13. Assess the library and information technology staff contributions to the education of medical students and the professional development of faculty members in the following areas:

    *   Information management, responsible literature searching, research data management, and evidence-based practice.
    *   Planning and coordination of knowledge management skills across the curriculum.
    *   Participation in educational program planning and assessment relating to educational needs and support of curricular activities.

SUMMARY

1. Summarize the school's strengths and problem areas, and prioritize the latter. If the self-study has identified problems that are identical or similar to those noted at the time of the last survey, explain why the corrective measures did not succeed, or why the problems are different from those identified at the time of the last survey. Have new strengths or problems emerged? Are changing conditions likely to cause problems in the near future?

2. Note major recommendations for the future. How can the strengths be maintained and the most pressing problems addressed? Be brief but specific in describing actions that will need to be (or already have been) taken.

APPENDIX

List members (with institutional titles/positions) of the self-study task force.