GUIDE TO THE SELF-STUDY
FOR PROVISIONAL ACCREDITATION

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

(For Accreditation Surveys for Provisional Accreditation)

LIAISON COMMITTEE
ON MEDICAL EDUCATION

COMMITTEE ON ACCREDITATION OF
CANADIAN MEDICAL SCHOOLS

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Guide to the Self-Study for Provisional Accreditation

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OVERVIEW OF THE ACCREDITATION PROCESS FOR PROVISIONAL ACCREDITATION

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 purpose of the self-study for provisional accreditation is slightly different from the self-study for an established program, although the core goals are identical to those articulated above. The report resulting from the self-study for provisional accreditation should assess the status of program implementation to date and articulate the plans and timetables for the development of the complete medical education program leading to the MD degree, in the context of the medical school's vision and goals.

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 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 (CACMS). The U.S. Secretary of Education recognizes the LCME as the national authority responsible 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 program clearly established its mission, goals, and institutional learning objectives?

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

- What is the evidence that the program is currently achieving its mission, goals, and objectives and is likely to continue to meet them in the future?

In the accreditation process, institutional data are analyzed in relation to accreditation standards. For new and developing medical schools, the process involves a step-wise review of institutional maturation at three distinct checkpoints: (1) prior to the admission of a charter class of medical students; (2) during implementation of the first ("pre-clinical") stage of the educational program, but prior to the onset of clinical (clerkship) training; and (3) near the conclusion of clinical training, but prior to graduation. In preparation for each of these reviews, the school will compile and, as necessary, update sections of a medical education database to indicate its progress in achieving compliance with accreditation standards. Each phase of the step-wise review entails an on-site survey visit and report to the LCME.

Completion of the database for provisional accreditation and compilation of other documents. The items contained in the database are linked 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 (e.g., by using a consistent base year for data).

The self-study coordinator who oversees the self-study process should make sure that the completed database undergoes a comprehensive review to identify any missing items or inconsistencies in reported information.

The program also will need to assemble additional materials. For example, the program's medical students should conduct an independent survey of the medical education program and student services. Their analysis should be reviewed by the relevant self-study groups.

Self-study analysis. An institutional self-study task force and its subcommittees are responsible for conducting the self-study. The project as a whole should be guided by the self-study coordinator, an individual 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 subcommittee should review information from the database and other sources related to its specific area of responsibility (e.g., EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE, MEDICAL STUDENTS, etc.) and should generate a report summarizing programmatic accomplishments to date and programmatic goals for the future. The task force synthesizes the individual subcommittee reports into a final summary self-study report. The self-study summary report is submitted to both LCME Secretariat offices and to the survey team, along with the completed database and other documents, about two to three months prior to the survey visit.

The survey visit and preparation of the survey report. An *ad hoc* LCME survey team will visit the institution for about two 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 subcommittee 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 of insufficient progress toward compliance. 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 must be held confidential, since they are subject to subsequent review and potential revision when they are considered 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 prerogative of the LCME itself.

Within one to two months after the visit, a draft survey report is prepared according to the format described in the *Survey Report Guide for Provisional Accreditation*. The survey report includes information from the database and self-study summary report, as well as from the survey team's perceptions and findings. A draft of the survey report is sent to the dean for correction of any factual errors before it is submitted to the LCME. If the dean believes that the report contains factual errors, and if the concerns cannot be resolved through discussion with the survey team chair and secretary, he or she may submit a letter to the LCME Secretariat. The dean's letter will be placed on the LCME meeting agenda, and the LCME will review the letter along with the survey report.

Action on accreditation by the LCME. The final survey report is considered by the LCME at its next regular meeting (in October, February, or June), at which time a decision about the program's accreditation status is made. The LCME will decide to grant or to deny provisional accreditation status (see LCME *Rules of Procedure,* accessible at www.lcme.org/pubs.htm). As a condition for granting provisional accreditation, the LCME may (1) require that the dean submit one or more written status reports, (2) schedule a limited survey visit, or (3) direct its Secretariat to conduct a visit

TYPICAL TIMELINE FOR A SELF-STUDY FOR PROVISIONAL ACCREDITATION

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

-18/16	LCME Secretary establishes survey visit dates with the dean.
-15/12	LCME Secretary distributes instructions and database forms to the dean. School appoints self-study coordinator, who is responsible for data collection activities. School also designates a survey visit coordinator who will be responsible for logistical details of the on-site survey. If the school chooses, this person may also be the self-study coordinator.
-10	School appoints the institutional self-study task force. The task force establishes its objectives, scope of study, and identifies needed committees. Task force recommends or appoints members of subcommittees. Various individuals or groups begin completing questions in medical education database.
-6	Student survey is completed. Self-study coordinator distributes completed database sections to the self-study task force and appropriate subcommittees. Subcommittees review and analyze the database and prepare reports that are forwarded to task force.
-5/3	Self-study task force reviews subcommittee reports, and prepares the summary self-study report. The report should conclude with a list of institutional strengths, issues of potential noncompliance that require attention, areas of insufficient progress toward compliance, and recommendations for addressing any identified problems. It also should include a plan and timetable indicating how institutional strengths will be maintained and problems addressed.
-3/2	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. The documents are sent simultaneously to each member of the survey team and to each LCME Secretary (and to the CACMS Secretary, for Canadian surveys) . Shortly after receiving the school's accreditation materials, the secretary of the survey team will contact the self-study coordinator to begin work on the schedule and planning for the survey visit.
-1	School sends any database additions or changes to survey team and to both LCME Secretaries (and to the CACMS Secretary, for Canadian surveys). 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 LCME Secretaries for review.
+1/2	Draft survey report is sent to the medical school dean and to all team members for review.
+2/4	Team's survey report is circulated to LCME members for review prior to the next quarterly LCME meeting.
+2/4	Final LCME action on accreditation status. The dean and appropriate university official are notified, in writing, of the LCME decision regarding accreditation and sent a copy of the survey report.

MANAGEMENT OF THE SELF-STUDY

The self-study for provisional accreditation requires the time and effort of administrators, faculty members, students, and others associated with the medical education program, its clinical affiliates, and, if relevant, its parent university. A person who is familiar with the medical school and the medical education process should be appointed as coordinator for the self-study. The self-study 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 subcommittees, 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 specific questions. Information about orientation sessions is available on the LCME web site (www.lcme.org). Representatives of developing medical education program also may visit either of the LCME Secretariat offices for individual consultations or invite the LCME Secretariat to visit their campuses. Schools are encouraged to contact the LCME Secretariat offices at any time with questions.

COMPLETING THE DATABASE

The sections of the database for provisional accreditation 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 results of the student survey should be included under "Medical Students."

Typically, 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 about two 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 the year when the charter class is in the first year of the curriculum. Since the database likely will have been prepared more than six months before the survey visit, portions may need to be updated for the survey team. The timing for providing updated information should be worked out between the survey team secretary and the visit coordinator.

CONDUCTING THE SELF-STUDY

Focus of the self-study and the survey visit. The provisional self-study focuses on success in implementing the first year of the curriculum and on planning for the curriculum as a whole, as well as on the status of planning and resources for medical school development.

The self-study task force. The self-study requires the participation of all the constituents of the medical education program. The ultimate responsibility for conducting the self-study and preparing the final self-study 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 education program. It should thus 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, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees (regents) of the medical school or 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 its work.

Subcommittees of the task force. The task force should appoint a series of subcommittees to prepare reports on specific areas. Every major area 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. For example, a school that is planning to add joint degree programs might want to review the potential impact of those joint programs on institutional resources for the medical education program and the status of identification of appropriate partners

Each subcommittee 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 subcommittee to provide continuity and facilitate communication. Each subcommittee should review the relevant portions of the database and address the questions described later in this guidebook. Subcommittees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data).

The task force should also commission an appropriate group of students to conduct a survey on various areas related to the educational program and student life. The self-study coordinator should provide the same kind of administrative support for the student review as that afforded to other self-study groups. The results of the student survey should be forwarded to the appropriate subcommittees. For information on the student survey, consult *The Student Survey for Provisional Accreditation*, which will be available on the LCME web site (www.lcme.org) by June 2009.

The task force subcommittees should take two or three months to complete their data gathering, analysis, and reporting. The subcommittee reports should be forwarded to the task force chair or the self-study coordinator. The reports should be organized around the questions contained in the section of this guidebook entitled COMPONENTS OF THE SELF-STUDY REPORT (see below), as well as around the accreditation standards contained in *Functions and Structure of a Medical School*. In addition, the subcommittee reports may address other relevant topics, reflecting any circumstances specific to the medical school. The subcommittee reports should not simply summarize the database. They should represent thoughtful analyses of each area, based on the

combined perceptions and expertise of the subcommittee members. The analyses should lead to conclusions about progress to date in the development of the medical school and the appropriateness and feasibility of the school's future plans. 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 its subcommittees and to prepare the final summary self-study report. This entails looking across the different subcommittee reports to determine how individual components contribute to the ability of the program to achieve its aims and educate its students. Areas of strength and weakness from the subcommittee reports should be reviewed, and then synthesized into a summary of major institutional strengths, progress in planning, and challenges needing attention. For any problem areas that are identified, possible solutions and strategies for improvement and 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 30 pages, should be sent with the medical education database to both LCME Secretaries (and to the CACMS Secretary, for Canadian schools) and to the members of the survey team about two to three months prior to the survey visit. Copies of the individual subcommittee reports should be available for review by the survey team at the time of the visit.

COMPONENTS OF THE SELF-STUDY REPORT

INTRODUCTION

As an introduction to the report, the author(s) should provide a brief history of the development of the medical school, to date. The introduction should summarize how far and how well the school has progressed in its development and what additional planning is required. 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. Include a list of task force and subcommittee participants as an appendix. Note if the self-study process was incorporated as part of overall institutional planning or whether it served some other purpose(s) beyond meeting the requirements for LCME accreditation.

I.   INSTITUTIONAL SETTING

A.   Governance and Administration

1.   Describe how institutional priorities are set. Evaluate the process for and success of institutional planning efforts to date.

2.   Evaluate the role of the governance structure in the administrative functioning of the medical school. Comment on the appropriateness of the governance structure. Assess whether appropriate safeguards are in place to prevent conflicts of interest at the level of the governing board, and whether these safeguards are effective. Describe the situations that require review by or the approval of the governing board (board of trustees) of the school or university prior to action being taken.

3.   Evaluate the current status of the relationship of the medical school to the university and to current clinical affiliates.

4.   Evaluate the organizational effectiveness of the medical school administration (dean, dean's staff). Note whether an effective decision-making structure at the leadership level has emerged. Report on whether the numbers and types of medical school administrators (assistant/associate deans, other dean's staff) are appropriate for the efficient and effective management of the medical school. Identify any changes in the

administrative structure of the medical school that are planned or needed.

5.   Indicate whether all planned departments have been formed and their leadership selected. Assess if any gaps in departmental leadership are negatively affecting the school's development.

B.   Academic Environment

6.   Evaluate the status of development of graduate program(s) in the basic sciences and other disciplines. Note whether appropriate and feasible timelines are in place for the introduction of such programs into the medical school. Report whether appropriate mechanisms are planned or in place for review of graduate programs.

7.   Evaluate the adequacy of plans for residency training programs sponsored either by the medical school or by its clinical affiliates. Note whether medical students will have sufficient contact with residents.

8.   Evaluate the current development of research at the institution, including areas of emphasis and level of commitment, in the context of the school's missions and goals. Assess the current adequacy of the resources (equipment, space, graduate students) for research.

9.   Assess the current availability of and plans for growth in opportunities for medical students to participate in research.

10.   Describe programmatic and institutional goals for diversity. Indicate whether recruitment and support programs are being developed that will contribute to the educational environment and prepare students for meeting the health care needs of a diverse society?

II.   EDUCATIONAL PROGRAM FOR THE M.D. 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. Evaluate whether educational program objectives are serving as effective guides for educational program planning and for student and program evaluation.

2.   Report if educational program objectives have been effectively linked to physician competencies expected by the medical profession and the public. Evaluate the status of planning to utilize the educational program objectives in student and program evaluation.

3.   Comment on the effectiveness of planning to date to assure that all students encounter the specified types of patients and clinical conditions needed to meet the clinical objectives.

B.   Structure of the Educational Program

4.   Delineate the mechanisms for ensuring that the educational program will provide a general professional education that prepares students for all career options in medicine. Indicate whether all subjects required for accreditation are appropriately and sufficiently included in the curriculum.

5.   Evaluate the appropriateness of the educational formats used for instruction in the first two years of the curriculum. Comment on whether sufficient opportunities exist for students to engage in active learning and independent study.

6. Summarize the systems that are or will be used to ensure consistency in educational quality and student evaluation across all sites used for education. If these systems are already in place, provide evidence for their effectiveness.

7. Note whether plans for clinical instruction include an appropriate balance between inpatient and ambulatory teaching. Assess whether the curriculum includes, in general, appropriate objectives and teaching sites for clinical education.

C. Teaching and Evaluation

8. Comment on plans to assure adequate supervision of medical students during required clinical experiences.

9. Describe whether all individuals who participate in medical student teaching and supervision, including resident physicians, graduate students, and volunteer faculty members, are adequately prepared for their teaching responsibilities.

10. Evaluate the adequacy of methods that are or will be used to evaluate student attainment of the objectives of the educational program, as well as the appropriateness of the mix of testing and evaluation methods.

11. Evaluate the sufficiency of opportunities for students to receive formative feedback during the preclinical years. Indicate whether a system has been developed to assure that there will be formative feedback during clerkships.

12. Describe the system that will be used for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Describe any anticipated limitations in the school's ability to ensure that the clinical skills of all students are being or will be appropriately assessed.

D. Curriculum Management

13. Assess the adequacy of the system in place for planning and managing the curriculum and for ensuring that it is coherent and coordinated. Note whether the elements of the system, such as the committee structure, are already in place or are still being created.

14. Describe how the content covered in the curriculum will be monitored to ensure that all desired content is covered and that gaps or unwanted redundancies do not occur. Assess whether appropriate tools are available, such as a curriculum database, to support the monitoring of curriculum content.

15. Report on whether the chief academic officer has sufficient resources and authority, to date, to assure that the educational program can achieve institutional goals and learning objectives. Evaluate whether sufficient resources are likely to be available to support the implementation of the full curriculum.

16. Describe how the curriculum committee is assuring that students have sufficient time for learning. Evaluate the educational "workload" in the preclinical years.

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

E. Evaluation of Program Effectiveness

18. Comment on the adequacy, to date, of the process to evaluate the effectiveness of the educational program. Describe the procedures to identify and rectify any problems in individual courses. Evaluate the effectiveness of these procedures, and provide specific illustrative examples of how appropriate changes were made.

19. Summarize the kinds of outcome measures that will be used to evaluate the effectiveness and outcomes of the educational program. Describe how the school will document that institutional objectives are being attained.

III. **MEDICAL STUDENTS**

A. **Admissions**

1. Critically review the processes for recruitment, assessment, and selection of medical students. Evaluate the results, to date, of those processes. Assess how well the medical education program's selection criteria are being validated in the context of its mission and other mandates.

2. Evaluate the quality of the applicant pool to date.

3. Describe the school's plans for broadening diversity among medical school applicants. Report on the adequacy of resources (finances, personnel, other resources) that the school has committed to develop and implement programs to enhance the diversity of the medical school applicant pool.

B. **Student Services**

4. Comment on the levels of student attrition and academic difficulty, to date, in relation to the medical education program's admission requirements, academic counseling efforts, and remediation programs. Comment on the effectiveness of the system for early identification of students in academic difficulty. Evaluate also the effectiveness of the counseling and remediation systems that are in place. Report on any changes that are anticipated.

5. Describe the implementation, to date, of the system of career counseling and assess the school's readiness to expand the system as students proceed through the educational program.

6. Evaluate the level of tuition and fees in relation to the anticipated level of debt among indebted graduates. Describe the efforts in place minimize student indebtedness. Comment on the adequacy and availability of financial education and debt management programs.

7. Evaluate the adequacy and availability of student support in the following areas:

   - Personal counseling and mental health services, including their confidentiality and accessibility
   - Preventive and therapeutic health services, including immunizations and health and disability insurance
   - Education of students about bodily fluid exposure, needlestick policies, and other infectious and environmental hazards associated with learning in a patient care setting

C. **The Learning Environment**

8. Assess the adequacy of plans to create an effective learning environment for students. Identify the ways in which the medical school is preparing its faculty and others to support a positive learning environment and to mitigate negative factors. Comment on the amount and quality of interactions that have occurred, to date, between the medical school and its clinical partners related to this issue.

9. Assess the effectiveness of the school's policies for addressing allegations of student mistreatment and for educating all members of the academic community about acceptable standards of conduct in the teacher-learner relationship.

10. Evaluate the familiarity of students and faculty 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 for assuring the confidentiality of student records.

11. Assess the current and anticipated adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities. Note whether available resources for study contribute to an environment conducive to learning.

IV.   FACULTY

A.   Number, Qualifications, and Functions

1. Indicate whether the current size and mix of faculty is appropriate for the delivery of the pre-clerkship phase of the curriculum. Evaluate the current availability of faculty to plan and deliver the clerkships. Report on any additional recruitments that are planned or underway to support clerkship education.

2. Describe and evaluate the availability of opportunities for both new and experienced faculty members (full-time, part-time, and volunteer) to improve their skills in medical student teaching and evaluation. Comment on the availability of institutional or departmental-level assistance (e.g., training sessions from education specialists). Report on the current and desired levels of faculty participation in such programs.

3. Describe whether faculty receive appropriate support and mentorship related to scholarship and whether formal institutional programs are available or planned to support faculty research.

B.   Personnel Policies

4. Evaluate the systems for the appointment, renewal of appointment, promotion, granting of tenure, and dismissal of faculty members. Note whether the policies are clear, widely understood, and followed.

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

6. Assess the implementation of policies and systems designed to assure that faculty members receive feedback about their academic performance and progress toward promotion and/or retention. Describe whether faculty members are regularly informed about their job responsibilities and the expectations that they must meet for promotion and/or retention.

7. Discuss the extent to which education is valued in the institution. Describe how the degree and quality of participation in medical student education are factored into decisions about faculty rewards, retention, and promotion.

C.   Governance

8. Evaluate the current mechanisms for organizational decision-making. Assess whether necessary decisions are currently being made in a timely and efficient manner and with appropriate input from faculty and other concerned parties.

9. Comment whether the current committee structure is mature (i.e., whether all planned committees been formed and have begun to function). Describe and assess the relative roles of committees composed of the faculty, of department heads, and of medical school administrators in school-related decision-making.

10. Assess the effectiveness of the methods used to communicate with and among the faculty. Note whether faculty perceive themselves to be well informed about important issues at the institution. Assess whether faculty believe that they have sufficient opportunities to make themselves heard.

V.   **EDUCATIONAL RESOURCES**

A.   **Finances**

1.   Discuss the current sufficiency of funding for the medical school. Describe the current balance among the various sources of financial support for the medical education program and school (i.e., state and local appropriations and income from patient care, endowments, tuition income, research income, hospital revenues). Comment on any anticipated changes in funding sources or their balance over the next three years.

2.   Evaluate whether any departments or units are in financial difficulty and whether there adequate systems and policies in place to address any departmental financial difficulties.

3.   Comment on the degree to which pressures to generate revenue (from tuition, patient care, or research funding) are affecting or have the potential to affect the desired balance of activities of faculty members. Describe the mechanisms that are in place to protect the accomplishment of the educational mission.

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

B.   **General Facilities**

5.   Evaluate the current and projected adequacy of the general facilities for teaching, research, and service activities of the medical school. Assess whether the fulfillment of any of the medical schools missions (e.g., education, research, clinical service) is being constrained by space concerns. If so, describe how these constraints are currently being addressed.

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

C.   **Clinical Teaching Facilities**

7.   Analyze the adequacy of resources for clinical teaching that currently are available for both the preclinical and clinical phases of the curriculum. Describe any additional clinical resources that are needed, as well as the timeline for their acquisition. Comment on the current and future adequacy of the number of patients and supervisors available at all sites for the current and anticipated size of the student body. Assess the appropriateness of the patient mix. Note whether clinical facilities, equipment, and support services are appropriate for exemplary patient care. Discuss the availability, quality, and sufficiency of ambulatory care facilities for teaching.

8.   Describe and evaluate the interactions between the administrators of clinical affiliates that will be used for teaching and the medical school administration. Evaluate whether the level of cooperation is sufficient to result in a smoothly operating and effective clinical education program.

D.   **Information Resources and Library Services**

9.   Evaluate the quantity and quality of the current print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members. Describe the general types of additions to resources, if any, that are anticipated in the next three years.

10.   Comment on the adequacy of information technology resources and services, particularly as they relate to medical student education. Assess the adequacy of these resources to support the needs of the educational program in the preclinical years. Comment on the adequacy of planning to support clinical education.

11. Assess the status of integration of the information systems of the medical school and its major clinical affiliates. Note any problems, and describe any plans in place to address those problems.

12. Evaluate the usability and functional convenience of the library and of information resources. Note the appropriateness of hours, the availability of assistance, and the adequacy of study space and resources, such as computers and audiovisual equipment. Comment on whether students can access information from affiliated hospitals or from home

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

    *   Teaching specific skills, such as instruction in computer usage and bibliographic search
    *   Retrieving and managing information
    *   Interaction with the curriculum committee to coordinate various library and information resources with planned curricular design

SUMMARY

1. Summarize the medical education program's strengths and challenges, including potential areas of noncompliance and insufficient progress toward compliance with accreditation standards. Analyze progress that has been made since the survey visit for preliminary accreditation. Describe whether the school is where it wishes to be in its development at this point in time. Indicate whether any changing conditions within or external to the school are likely to cause problems in the near future.

2. Note major recommendations for the future. Comment on how institutional strengths can best be maintained and how pressing institutional challenges can best be 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.