

Glossary of Terms for LCME Accreditation Standards and Elements 2023-2024 accreditation years

Academic advising: The process between the medical student and an academic advisor of reviewing the services and policies of the institution, discussing educational and career plans, and making appropriate course selections. (Element 11.1)

Academic counseling: The process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student acquire more effective and efficient abilities in areas such as study skills, reading skills, and/or test-taking skills. (Element 11.1)

Adequate numbers and types of patients (e.g., acuity, case mix, age, gender): Medical student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, modules, and clerkships. (Element 5.5)

Admission requirements: A comprehensive listing of both objective and subjective criteria used for screening, selection, and admission of applicants to a medical education program. (Standard 10)

Admission with advanced standing: The acceptance by a medical school and enrollment in the medical curriculum of an applicant (e.g., a doctoral student), typically as a second or third-year medical student, when that applicant had not previously been enrolled in a medical education program. (Element 10.7)

Affiliation agreement: A document which describes the roles and responsibilities between a medical education program and its clinical affiliates. (Element 1.4)

Any related enterprises: Any additional medical school-sponsored activities or entities. (Element 1.2)

Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician. (Standard 9; Elements 1.4, 4.5, 6.1, 8.3, 8.7, 9.1, 9.4, 9.5, 10.3, 10.8, 11.1, 11.3, and 12.5)

Benefits of diversity: In a medical education program, the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities. (Standard 3)

Central monitoring: Tracking by institutional (e.g., deans) level offices and/or committees (e.g., the curriculum committee) of desired and expected learning outcomes by students and their completion of required learning experiences. (Elements 8.6 and 9.1)

Clinical affiliates: Those institutions providing inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students. (Elements 1.4 and 3.5)

Clinical research: The conduct of medical studies involving human subjects, the data from which are intended to facilitate application of the studies' findings to medical practice in order to enhance the prevention, diagnosis, and treatment of medical conditions. (Element 7.3)

Coherent and coordinated medical curriculum: The design of a complete medical education program, including its content and modes of presentation, to achieve its overall educational objectives. Coherence and coordination include the following characteristics: 1) the logical sequencing of curricular segments, 2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the student's level of learning and to the achievement of the program's educational objectives. (Element 8.1)

Community service: Services designed to improve the quality of life for community residents or to solve particular problems related to their needs. Community service opportunities provided by the medical school complement and reinforce the medical student's educational program. (Element 6.6)

Comparable educational experiences: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur. (Element 8.7)

Competency: Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in areas including, but not limited to, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery at an appropriate level prior to completion of the medical education program and receipt of the MD degree. (Standards 3 and 6; Element 6.1)

Core curriculum: The required components of a medical curriculum, including all required courses/modules and clinical clerkships/rotations that a student must complete for graduation. (Element 7.9)

Core standards for the advancement and graduation of all medical students across all locations: The academic and non-academic criteria and levels of performance defined by a medical education program and published in programmatic policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year or curriculum phase for advancement to the next academic year/phase or at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

Critical judgment: The consideration, evaluation, and organization of evidence derived from appropriate sources and related rationales during the process of decision-making. The demonstration of critical thinking requires the following steps: 1) the collection of relevant evidence; 2) the evaluation of that evidence; 3) the organization of that evidence; 4) the presentation of appropriate evidence to support any conclusions; and 5) the coherent, logical, and organized presentation of any response. (Element 7.4)

Cultural competency: Refers to the ability of health professionals to function effectively within the context of the cultural beliefs, behaviors, and needs of patients from disparate environments and communities. (Element 7.6)

Curricular management: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference, 2) monitoring of content and workload in

each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

Direct educational expenses: The following educational expenses of an enrolled medical student: tuition, mandatory fees, books and supplies, and a computer, if one is required by the medical school. (Element 12.1)

Direct faculty participation in decision-making: Faculty involvement in institutional governance wherein faculty input to decisions is provided by the faculty members themselves or by representatives chosen by faculty members. (Element 1.3)

Diverse sources [of financial revenues]: Multiple sources of predictable and sustainable revenues that include, but are not unduly dependent upon any one of the following: tuition, gifts, clinical revenue, governmental support, research grants, endowment, etc. (Element 5.1)

Effective: Supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s). (Standard 1, 10, and 12; Elements 1.1, 1.2, 1.3, 2.2, 3.3, 3.6, 7.6, 8.8, 10.3, 11.1, 11.2, and 12.3)

Eligibility requirements [for initial and continuing accreditation]: Receipt and maintenance of authority to grant the MD degree from the appropriate governmental agency and initial and continuing accreditation by one of the six regional accrediting bodies. (Element 1.6)

Equivalent methods of assessment: The use of methods of medical student assessment that are as close to identical as possible across all educational sites at which core curricular activities take place within a given discipline, but which may not occur in the same timeframe. (Element 8.7)

Evaluation: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a program is fulfilling its mission(s) and achieving its goal(s). (Standard 8; Elements 3.3, 3.5, 4.3, 4.5, 5.2, 8.1, 8.3, 8.4, 11.3, 11.4, and 11.6)

Fair and formal process for taking any action that may affect the status of a medical student: The use of policies and procedures by any institutional body (e.g., student promotions committee) with responsibility for making decisions about the academic progress, continued enrollment, and/or graduation of a medical student in a manner that ensures: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student's abilities, professionalism, and/or suitability to become a physician; and 2) that the student has received timely notice of the proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; the right to participate in and provide information or otherwise respond to participants in the proceedings; and an opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

Fair and timely summative assessment: A criterion-based or normative determination, made as soon as possible after the conclusion of a curricular component (e.g., course/module, clinical clerkship/rotation) by individuals familiar with a medical student's performance, regarding the extent to which he or she has achieved the learning objective(s) for that component such that the student can use the information provided to improve future performance in the medical curriculum. (Element 9.8)

Final responsibility for accepting students to a medical school rests with a formally constituted admission committee: Ensuring that the sole basis for selecting applicants for admission to the medical

education program are the decisions made by the faculty committee charged with medical student selection in accordance with appropriately approved selection criteria. (Element 10.2)

Formative feedback: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve subsequent learning and performance in the medical curriculum. (Element 9.7)

Full-time faculty: Full-time faculty includes 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. Residents, clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or healthcare organization) should not be included as full-time faculty. (Elements 3.3, 3.6, and 4.1)

Functionally integrated: Coordination of the various components of the medical school and medical education program by means of policies, procedures, and practices that define and inform the relationships among them. (Element 2.6)

Healthcare disparities: Differences between groups of people, based on a variety of factors including, but not limited to, race, ethnicity, residential location, sex, sexual orientation, gender identity, age, socioeconomic status, educational status, and disability status, that affect their access to health care, the quality of the health care they receive, and the outcomes of their medical conditions. (Element 7.6)

Health inequities: Are avoidable differences in health status between different groups of people. These widespread differences are often the result of unfair systems that negatively affect people's living conditions, access to healthcare, and overall health status. (Element 7.6)

Independent study: Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)

Learning objectives: A statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do) of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives. (Elements 6.1, 8.2, 8.3, and 9.1)

Major location for required clinical learning experiences: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students. (Element 5.6)

Medical education program objectives: Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion. (Standards 6 and 11; Elements 6.1, 8.2, 8.3, 8.4, 8.7, and 9.4)

Mental health services: A range of diagnostic, therapeutic, and rehabilitative services used in treating mental disability or emotional disorders. (Element 12.3)

Mission-appropriate diversity: The inclusion, in a medical education program's student body and among its faculty and staff and based on the program's mission, goals, and policies, of persons from different racial, ethnic, economic, and/or social backgrounds and with differing life experiences to enhance the educational environment for all medical students. (Element 3.3)

Narrative assessment: Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism, clinical reasoning. (Element 9.5)

National norms of accomplishment: Those data sources that would permit comparison of relevant medical school-specific medical student performance data to national data for all medical schools and medical students (e.g., USMLE scores, AAMC GQ data, specialty certification rates). (Element 8.4)

Need to know: The requirement that information in a medical student's educational record be provided only to those members of the medical school's faculty or administration who have a legitimate reason to access that information in order to fulfill the responsibilities of their faculty or administrative position. (Element 11.5)

Outcome-based terms: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior). (Element 6.1)

Parallel curriculum (track): A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students. (Elements 5.12, 9.9, and 10.9)

Personal counseling: Counseling on a small-group or individual basis for students expressing difficulties dealing with relationships, personal concerns, or normal developmental tasks; this includes assisting students in identifying problems, causes, alternatives, and possible consequences to initiate appropriate action. (Element 12.3)

Pre-clerkship curriculum: The curriculum year(s) before the start of required clinical clerkships. (Standard 6; Elements 2.6, 4.1, 5.10, 5.11, 6.3, 7.2, 7.4, 7.7, 8.3, 9.5, 9.7, 9.8, and 10.9)

Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students: The affirmation and acknowledgement that all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students are, first and foremost, the prerogative of the medical education program. (Element 1.4)

Principal academic officer at each campus is administratively responsible to the dean: The administrator identified by the dean or the dean's designee (e.g., associate or assistant dean, site director) as having primary responsibility for implementation, management, and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

Problem-solving: The initial generation of hypotheses that influence the subsequent gathering of information. (Element 7.4)

Programs aimed at developing a diverse pool of medical school applicants: These programs are directed at students from selected level(s) of the educational continuum (middle school-level through college) and intended to support their becoming qualified applicants to a medical school and/or,

depending upon the level of the program, to another health professions program or a STEM/biomedical graduate program. (Standard 3, Element 3.3)

Publishes: Communicates in hard-copy and/or on-line in a manner that is easily available to and accessible by the public. (Standard 10; Elements 5.7 and 10.5)

Regional accrediting body: The six bodies recognized by the U.S. Department of Education that accredit institutions of higher education located in their regions of the U.S.: 1) Higher Learning Commission; 2) Middle States Commission on Higher Education; 3) New England Association of Schools and Colleges Commission on Institutions of Higher Education; 4) Northwest Commission on Colleges and Universities; 5) Southern Association of Colleges and Schools Commission on Colleges; and 6) Western Association of Schools and Colleges Senior Colleges and University Commission. (Element 1.6)

Regional campus: A regional campus is an instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years. (Standards 11 and 12; Elements 2.5, 2.6, and 5.12)

Regularly scheduled and timely feedback: Information communicated periodically and sufficiently often (based on institutional policy, procedure, or practice) to a faculty member to ensure that the faculty member is aware of the extent to which he or she is (or is not) meeting institutional expectations regarding future promotion and/or tenure. (Element 4.4)

Scientific method: A method of procedure consisting in systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses. Typically, the method consists of the following steps: 1) identifying and defining a problem; 2) accumulating relevant data; 3) formulating a tentative hypothesis; 4) conducting experiments to test the hypothesis; 5) interpreting the results objectively; and 6) repeating the steps until an acceptable solution is found. (Element 7.3)

Self-directed learning: Includes all of the following components as a single unified sequence that occurs over a relatively short time: 1) the medical student's self-assessment of his/her learning needs; 2) the medical student's independent identification, analysis, and synthesis of relevant information; and 3) the medical student's appraisal of the credibility of information sources; and 4) the facilitator's assessment of and feedback to the student on his/her information seeking skills. (Element 6.3)

Senior administrative staff: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites. Many, if not most, of these people also have faculty appointments, and for tracking purposes should only be counted in one category when completing tables such as those listed in the DCI under Element 3.3. (Standard 2; Elements 2.1, 2.4, and 3.3)

Service-learning: Educational experiences that involve all of the following components: 1) medical students' service to the community in activities that respond to community-identified concerns; 2) student preparation; and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals. (Element 6.6)

Sponsoring organization: The entity (e.g., university, health system) associated with the functioning of the medical school.

Standards of achievement: Criteria by which to measure a medical student's attainment of relevant learning objectives and that contribute to a summative grade. (Element 9.6)

Structural competency: Refers to the capacity for health professionals to recognize and respond to the role that social, economic, and political structural factors play in patient and community health. (Element 7.6)

Technical standards for the admission, retention, and graduation of applicants or medical students: A statement by a medical school of the: 1) essential academic and non-academic abilities, attributes, and characteristics in the areas of intellectual-conceptual, integrative, and quantitative abilities; 2) observational skills; 3) physical abilities; 4) motor functioning; 5) emotional stability; 6) behavioral and social skills; and 7) ethics and professionalism that a medical school applicant or enrolled medical student must possess or be able to acquire, with or without reasonable accommodation, in order to be admitted to, be retained in, and graduate from that school's medical educational program. (Element 10.5)

Transfer: The permanent withdrawal by a medical student from one medical school followed by that student's enrollment (typically in the second or third year of the medical curriculum) in another medical school. (Elements 5.10 and 10.7)

Translational research: Translational research includes two areas of investigation. In the first, discoveries generated during research in the laboratory and in preclinical studies are applied to the development of trials and studies in humans. In the second, the efficacy and cost-effectiveness of prevention and treatment strategies are studied to accelerate adoption of best practices in communities and populations. (Element 7.3)

Visiting students: Students enrolled at one medical school who participate in clinical (typically elective) learning experiences for a grade sponsored by another medical school without transferring their enrollment from one school to the other. (Elements 5.10, 10.8, and 12.8)

Well-being program: An organized and coordinated program designed to maintain or improve physical, emotional and mental health through proper diet, exercise, stress management, and illness prevention. (Element 12.3)