



# **The Role of Students in the Accreditation of U.S. Medical Education Programs**

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For U.S. Medical Education Programs with  
Full Accreditation Surveys in the 2023-24 Academic Year**

LCME® *The Role of Students in the Accreditation of U.S. Medical Education Programs*  
For Medical Education Programs with Full Accreditation Surveys in the 2023-24 Academic Year

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## Introduction

Accreditation is widely used in higher education to evaluate the quality of educational programs. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, state medical licensing boards require students from U.S. MD-granting medical schools to have graduated from a program accredited by the Liaison Committee on Medical Education (LCME) as a condition for receiving a license to practice.

For an individual medical school, accreditation also serves the important purpose of promoting institutional self-evaluation leading to the improvement of educational program quality. The accreditation process requires that a medical education program conducts a critical self-assessment of its strengths and challenges, and that it undergoes a review by a team of external peer experts. This process confirms the strengths of a program and focuses the attention of school and institutional sponsor leaders on addressing any areas in need of improvement.

Medical students play a prominent role in the accreditation process. This document provides details about the accreditation process and how medical students contribute to it. See [Appendix A](#) for a summary that includes some frequently asked questions about accreditation.

## About the LCME

The United States Department of Education recognizes the LCME as the responsible authority for the accreditation of medical education programs leading to the MD degree. The LCME's scope is limited to the accreditation of complete and independent medical education programs for which students are geographically located in the United States for their education and that are operated by universities or medical schools that are chartered in the United States. The LCME typically reviews medical education programs every eight years.

The LCME is a committee that includes medical educators, medical school administrators, medical practitioners, medical students, and representatives of the public. There are two LCME offices, one based at the AAMC in Washington, DC and one at the AMA in Chicago, IL. The LCME is administered by a Secretariat, consisting of a Co-Secretary, Assistant Secretary, and professional staff at each office. The LCME Secretariat is responsible for coordinating the development of accreditation standards, policies, and procedures and for managing the accreditation reviews of medical education programs.

Currently, there are more than 150 LCME-accredited medical education programs in the U.S. See the Medical School Directory on the LCME website ([lcme.org/directory](http://lcme.org/directory)) for a list of all LCME-accredited programs.

## The Accreditation Process

### A Quick Overview of the Accreditation Process

The full accreditation process takes about two years for most medical education programs. The program's follow-up activities based on LCME determinations may require additional years, depending on how quickly a program can address the concerns as a result of the review. The review of a medical education program is based on 93 elements that are associated 12 accreditation standards. The major steps in the accreditation process for medical education programs with full accreditation survey visits during the 2023-24 academic year are as follows:

1. An institutional self-study, which is a data-based self-analysis by the medical school of its

performance in the 93 accreditation elements, including data from a survey of students in all classes (the independent student analysis) that is conducted and analyzed by students.

2. A survey visit, which is an evaluation of all 93 elements by a survey team composed of external peer experts that results in a report of the survey team's findings for each accreditation element.
3. The LCME's review of the survey team's report.
4. The LCME's determination of the program's performance in accreditation elements, its compliance with the 12 accreditation standards, its accreditation status, and any necessary follow-up to address identified problem areas.

### **What a Medical Education Program Prepares as the Basis for the Accreditation Review**

The medical education program compiles and submits to the LCME Secretariat a "survey package" that is reviewed by the survey team. The survey package consists of the following documents, many of which include data and information from students:

- The **data collection instrument (DCI)** contains quantitative and descriptive responses to questions for each accreditation element. It is organized by accreditation standard and element
- The **institutional self-study summary report** is the program's own analysis of its performance in the accreditation elements
- The **independent student analysis (ISA)** contains the results and analysis of a student-developed survey that contains LCME-required survey items where students in all class years identify strengths and areas for improvement at their institution
- The **AAMC Medical School Graduation Questionnaire (AAMC GQ) Individual School Report** is a survey completed by final-year medical students that contains both the medical school's results and national data.

### **The Institutional Self-Study Process**

About 18-24 months before the survey visit, the LCME Secretariat contacts the medical school to establish the specific survey visit dates. Soon after that, the DCI and other documents that the medical school will use to conduct its self-study are published on the LCME website ([lcme.org/publications](http://lcme.org/publications)).

Once the survey visit date has been scheduled, the medical school dean notifies the student body and provides information about the accreditation process and timeline. The dean appoints a faculty accreditation lead (FAL) to oversee the medical school's self-study process and its preparation for the survey team visit. The dean, FAL, or both should meet with student leaders to discuss the role of students in the self-study process and to mobilize the student body to start the ISA.

The medical school dean and FAL, in collaboration with student leadership, should identify students to include on the institutional self-study task force. The institutional self-study task force reviews and analyzes the information in the DCI, ISA, and AAMC GQ. Based upon its analysis, the task force develops a comprehensive, self-study summary report that identifies the most notable strengths and accomplishments of the program, the challenges that it faces related to performance in accreditation elements, and the strategies that have been or will be used to address the challenges.

### **The Independent Student Analysis (ISA) Process**

The ISA process consists of the creation and dissemination of a student opinion survey and the development of the ISA report that includes the survey results and an analysis and interpretation of the responses. At the same time that the medical education program begins completing the DCI, the student leadership should start to review the items that the LCME requires to be included in the student survey ([Appendix C](#)) and identify any topics to be added. Members of student government often initially

organize the ISA process. Then students from all years in the curriculum are added to form a student committee with responsibility for designing the survey, conducting the survey, analyzing response data, and preparing the data tables and the narrative of the ISA report. A broad-based committee is important to ensure that all perspectives are represented in the final ISA report.

The student committee will need to ensure that the survey is sent to students in all classes to develop a comprehensive picture of students' perceptions of their medical school. **The LCME requires at a minimum that the student survey include all of the items in [Appendix C](#).** The LCME requires that the ISA student survey use specific wording in these required items because data from the ISA are used for the school to respond to questions in the DCI. The data must be reported in tables using the specified format in time for the tables to be incorporated into the DCI.

*Note that the FAL may ask for the survey and the ISA to be redone if they do not contain the required items or the data are not reported in the required format.* See Appendices B, C and D for specific information on and requirements for survey development, content, data analysis, and data reporting.

The FAL should provide the same type of administrative support for the ISA process that is supplied to the self-study task force. **Although medical school officials can provide logistical support and technical advice to help the student committee conduct the survey and analyses, medical school officials must not participate in student survey development, survey data analysis, or ISA report preparation.** The student group should also review the results of the most recent AAMC GQ which the medical school should provide to the student committee. The student group can use this information as another source of input in developing the final ISA report narrative.

The student committee should complete survey development, data collection, and analysis in time for the results to be included in the medical school's DCI. The final ISA report should include summary data from survey responses and a narrative of student perceptions of the program's strengths, achievements, and areas needing improvement. The institutional self-study task force will need to consider relevant data and summary findings from the ISA. Therefore, the student committee should provide the institutional self-study task force with the complete ISA (data, summary findings, and analysis) by about nine months before the survey visit so that student opinion can be fully incorporated into the program's final self-study summary report.

### **The Survey Team Visit**

The LCME Secretariat appoints a survey team composed of experienced medical school administrators, faculty, and members of the medical practice community. Most survey teams consist of 5-6 members: a survey team chair, a survey team secretary, and three or four survey team members. Survey teams typically are led by a medical school dean or LCME member. Survey team members come from a variety of medical school positions (e.g., associate deans of curriculum and student affairs, leaders of research programs or of clinical practices, experts in faculty affairs) and whenever possible, include at least some members from medical schools with characteristics similar to those of the medical school being reviewed. Occasionally survey teams include additional members, such as a student member of the LCME or an observer from another accrediting group or organization.

Approximately three months before the survey visit, the survey team receives the survey package. The survey team reviews that information and develops a preliminary assessment of the program's performance in accreditation elements before arriving at the medical school for the survey visit.

During the visit, the survey team meets with groups within the academic community, including academic and administrative leaders, department chairs, course and clerkship directors, faculty, residents, and

students. During the visit, survey team members will inspect educational and student facilities on the main campus and may tour major teaching hospitals, with students serving as guides for these tours. This provides an opportunity for informal discussions about the program. During all of these discussions, the survey team gathers additional information, clarifies, and updates the information it has already received, and makes assessments of how well the medical education program complies with the requirements of each of the accreditation elements. Within a week of the conclusion of the survey visit, the survey team provides a summary of its initial findings to the medical school dean.

### **Preparation and Review of the Survey Team Report**

In the two to three months immediately after the survey visit, the survey team prepares a survey report narrative that includes information related to each of the accreditation elements and a summary document with its findings. A draft version of this survey team report and the survey team findings are reviewed by the LCME Secretariat and then sent to the medical school dean so that any factual errors can be corrected. After making any needed corrections, the survey team secretary sends the final survey report to the LCME Secretariat for consideration at a regularly scheduled LCME meeting.

During the LCME meeting, LCME members, including the LCME's medical student members, review the survey report, finalize citations related to the program's compliance with accreditation standards and elements, and determine the medical education program's accreditation status. The LCME also identifies any follow-up that may be needed to ensure that the program achieves satisfactory performance in all elements cited by the LCME and comes into compliance with LCME standards.

There are various types of decisions for accreditation status and follow-up. The LCME may continue the medical education program's accreditation for an eight-year term, in which case the date of the next full survey visit is posted on the LCME website. If there are relatively minor areas of concern associated with the program's performance in one or more of the accreditation elements, the LCME asks the medical school dean to submit one or more written "status reports." A status report describes what the program has done to address the LCME areas of concern.

If the LCME determines that there are more significant areas of concern, it has several additional options for follow-up depending on their extent and nature. For example, the LCME may place a program on an "indeterminate term," on "warning" status, or on "probation" status. A program placed on indeterminate term, warning, or probation status remains fully accredited, and enrolled students have all of the rights and privileges associated with accreditation. The LCME notifies all medical education programs, including those that are on warning or probation status, that if all areas of noncompliance with accreditation standards are not resolved within a specified period of time, the committee may withdraw accreditation. Because the quality of U.S. medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is low.

### **Student Participation in the Accreditation Process**

#### **Getting Started: The Medical School Dean's Notification to Students**

The medical school dean informs the student body and meets with student leadership soon after the LCME sets the date of the school's full survey visit. At this initial meeting, the dean and students should discuss the roles of students in the creation of the ISA, the institutional self-study, and the survey visit process. It will be helpful if the student leadership meets with the dean, the FAL, or both, at the very beginning of the process to discuss how students can best organize their efforts related to all aspects of their participation in the accreditation review.



## Instructional Documents

Students with responsibility for the ISA will find the following documents to be useful. They are available on the LCME website ([lcme.org/publications](http://lcme.org/publications)). Since many of the documents are revised annually, review the documents for the year in which the survey visit will occur.

- The *Functions and Structure of a Medical School* contains the accreditation standards and elements that will be used to review a program in that academic year.
- The *Data Collection Instrument (DCI) for full accreditation surveys* contains the data and information that the school must provide for each element.
- The *Checklist of Requirements for Completing the Independent Student Analysis* should be consulted as a quick summary of the requirements for preparing the independent student analysis (ISA). There are versions of the checklist for full and provisional surveys.

## The Independent Student Analysis (ISA): Timing, Support, Materials

The LCME considers the independent review conducted by students to be a critical part of the accreditation process. Student leadership should begin work on the ISA around the time that the medical school initiates the overall self-study process and should complete it by about nine months before the survey visit date so that the institutional self-study task force can use the ISA data and narrative in developing its list of institutional strengths and challenges. The medical school dean's office or support staff should offer any reasonable logistical and financial support and/or technical advice to help students, particularly with the conducting of, and analysis of data from, the survey described below. The administration also can provide incentives to support a good response rate to the survey.

The medical school dean's office should also provide appropriate background materials to the students who will be managing the ISA. Such materials may include a copy of the medical school's results from the most recent AAMC GQ; a copy of the program's most recent accreditation survey report (or at least relevant sections of that report); and any other information that the program and students mutually agree would be helpful in conducting the student review.

The ISA is one of three major sources of student-based information that the survey team will use when it evaluates the medical education program. It is based on a comprehensive survey of students from all years of the curriculum. It is critical for the credibility of the data to have a response rate to the survey of at least 70-80% in total and for each class year. The other two sources of information are the AAMC GQ, and the students who meet with survey team members during the survey visit, who will help to clarify issues for the survey team.

**[Appendix B](#) outlines some logistical considerations related to the collection and reporting of data for the ISA.**

**[Appendix C](#) contains the LCME-required survey items. These items relate directly to data that the medical school must provide in the DCI and, therefore, must be included as written.**

The student committee should develop a survey to collect quantitative satisfaction data for each item, adding items as needed to reflect specific characteristics of the school's medical education program. The student committee should analyze the survey response data and develop a narrative summary and set of findings and conclusions. **The ISA should contain the sections listed in the *Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Full Accreditation Visits* available on the "Guidelines & Procedures" section of the LCME website ([lcme.org/publications](http://lcme.org/publications)). In summary, the ISA should include a methods section, an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each general**

**topic covered (e.g., the curriculum, student services, the learning environment), a section presenting conclusions and recommendations, and a data table for each survey item, formatted as described in Appendix D.**

The ISA methods section should summarize the process used to develop and distribute the survey, and the dates the survey was administered. Include the response rate to the survey **for each class year and the overall response rate**. See [Appendix B](#) for specific information on calculating the required response rates.

[Appendix D](#) contains the template for reporting survey results. Create a table for each survey item with the response rate by class for the item and the **number and percent** of respondents from each respondent class year that have selected the indicated response options (i.e., number and percent choosing not applicable; number and percent choosing dissatisfied and very dissatisfied (combined); and number and percent choosing satisfied and very satisfied (combined) such that the data for all four class years are included in the same table. Note that the DCI tables for items applicable only to students in the clerkship years (typically years three and four, but in some schools, years two to four) have been adapted so that the data can be presented in the row for the appropriate year (see Appendix D). When reporting response data, print column headers on each new page. This makes it easier for the survey team to read. **Do not use histograms, boxplots, or pie charts, and do not present data in color.**

**IMPORTANT NOTE: Be certain to provide the ISA, including the data tables, in a Microsoft Word document so that survey team members can easily copy its tables into the team report.**

### Survey Administration

The students responsible for the ISA should inform the student body about the importance of completing the survey and the seriousness with which the survey team and the LCME regard the ISA results. If the initial response rate for the student survey is less than 70-80% total or for any class year, it is recommended that the response rate be increased by either leaving the survey open longer or by conducting a follow-up survey. You may use incentives to enhance participation and, in developing the narrative analysis, may supplement the survey results with other data, such as focus group results, input from student organizations, or similar kinds of information. These data sources may be helpful in explaining the survey results but should not be used to replace survey results.

Members of the medical school administration must not influence the ISA findings or edit the ISA report. Nevertheless, both the program and the students will benefit if a draft of the ISA is shared with the FAL to ensure that the analysis does not contain any inconsistencies with the survey data or individual student comments that may not be representative of the full student body. The final version of the ISA must be made available to the individuals finalizing the DCI and the self-study task force so that its findings can be considered in the medical school's self-study summary report.

Students responsible for the ISA may find it helpful to learn from the experiences of students at other medical schools who have recently completed an accreditation survey visit or who are further along in the ISA planning and development process. Each year, one of the monthly [Connecting with the Secretariat](#) webinars focuses on the ISA, with presentations by students from medical schools that have recently completed the process.

### Student Participation During the LCME Survey Visit

After the medical school's survey package has been completed and submitted, the survey team begins to review the school's information, and the survey team secretary works with the program's FAL to develop the schedule for the survey visit. The survey visit agenda usually will include two student meetings, one

with pre-clerkship phase students and the other with clerkship phase students. If the visit takes place early in the academic year (particularly in September or October), recent graduates doing their residency at the medical school may be included to ensure that the survey team meets with students or recent graduates who have knowledge about and experience in all years of the curriculum.

The sessions with students allow for informal and open discussions about the medical school. One purpose of these meetings, from the survey team's point of view, is to identify and reconcile, if possible, any differences in student opinion between the ISA and the AAMC GQ and between those surveys and the institutional self-study. Sometimes such differences are easily explained by timing differences in data collection. There also may be genuine differences of opinion, and part of the survey team's task is to determine if and why that is the case. The survey team will use their sessions with students to clarify and explore in more depth issues of student concern identified in the ISA and the AAMC GQ, and to determine if any new issues of concern to students have surfaced. For these reasons, it is necessary that student participants in these sessions are familiar with the ISA and AAMC GQ results for their program.

It is expected that a representative group of students, not just student leaders, is included in these sessions. When possible, each session should include one or more students who were responsible for conducting or managing the ISA. Students who meet with the survey team should feel comfortable in speaking openly about both the strong and weak areas of the medical education program. The survey report never quotes student comments directly nor are student comments attributed to any individual in discussions with school faculty or leadership. The survey team will not make any determinations based solely on what an individual student (or faculty member or dean) says. However, the team will explore any potential issues that arise in discussions with students or others, and in such cases, will look for corroborating evidence during the survey visit.

During survey visits, a few medical students guide the survey team on tours of classrooms, laboratories, the library, and computer learning and/or testing facilities, lounge and relaxation areas, and study space. Students also may serve as guides if the survey team tours one or more teaching hospitals or ambulatory care sites. These tours provide an informal opportunity for students to share information and opinions with the survey team. As it does during meetings with students, the survey team interprets what it learns during tours in the context of other information obtained before or during the survey visit.

### **Complaints and Grievances**

An accreditation survey is not an opportunity for individual students, faculty members, deans, or anyone else to involve the LCME in discussions about personal or academic grievances with the medical school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about the medical education program's performance related to the accreditation standards and elements.

Any student who believes that a medical education program's actions or policies indicate noncompliance with accreditation standards or unsatisfactory performance in one or more accreditation elements can bring the issue to the LCME's attention by submitting a formal complaint about the program at any time. This can be done by emailing the LCME Secretariat office ([lcme@aamc.org](mailto:lcme@aamc.org)) with relevant details, a list of any standards/elements related to the complaint, and a signed consent form available on the LCME website ([lcme.org/publications/#Forms](http://lcme.org/publications/#Forms)). Further information about the LCME's complaint policy can be found in the LCME *Rules of Procedure* and on the LCME website ([lcme.org/contact/complaints](http://lcme.org/contact/complaints)). In response to a complaint the LCME will only make a determination regarding the program's compliance with accreditation standards/performance in accreditation elements. The LCME will not intervene on behalf of a complainant to resolve grievances.

## **Other Opportunities for Student Involvement with the LCME**

### **LCME Student Members**

There are two final-year medical students who are full voting members of the LCME and provide the student perspective in accreditation standards/elements, policies, and actions. Student members participate in the discussions and decision-making on accreditation matters during LCME meetings, including in reviews of accreditation surveys and medical school follow-up reports, and consideration of new or revised accreditation standards/elements and policies. Student members participate in one accreditation survey visit during their year of service on the LCME.

The two LCME student members are appointed annually, one through the AMA and one through the AAMC. Calls for nominations of LCME student members are sent to medical school deans in the fall of each year. Because of the time required to participate in LCME work, applicants for student membership must be final-year students who have completed most or all their required coursework and clerkships and who are familiar with student issues across the entire curriculum. Student members serve a one-year term that begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup> of the following year.

The LCME pays all expenses incurred by student members related to their service on the LCME. Newly appointed student members are invited to attend an orientation session and the June meeting of the LCME as observers immediately prior to the July 1<sup>st</sup> start of their one-year term.

Although student members are appointed through the LCME's sponsoring organizations, student members, like professional members, do not have any formal responsibilities to the sponsoring organizations regarding their service on the LCME. Student members may convey to the LCME issues of interest to the sponsoring organizations (such as the desire for new policies or accreditation standards), but they do not function as representatives of the sponsors in any LCME discussions or decisions. Student members are subject to the same expectations as professional members regarding confidentiality and not publicly disclosing LCME discussions and decisions. Students interested in serving on the LCME should contact their medical school deans, contact the LCME Secretariat offices, or visit the LCME website to learn more about the process for becoming a student member of the LCME.

### **Student Feedback on Accreditation Standards**

The LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions for and feedback on its accreditation standards and elements. For example, the expectation that there be education about culturally competent care was brought to the LCME by the Minority Affairs Section of the AAMC Group on Student Affairs, and the requirement related to the learning environment and student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives. Students with ideas for new accreditation standards and/or elements should email the LCME Secretariat at [lcme@aamc.org](mailto:lcme@aamc.org).

## Appendix A: Frequently Asked Questions

This section uses frequently asked questions to summarize and expand upon the information provided earlier in this document.

### General Questions

#### *How often does the LCME review my medical education program?*

The standard term of accreditation is eight years, but it is five years following the first full survey for new medical education programs.

#### *Does the LCME just evaluate the medical curriculum or does the LCME examine all aspects of a medical education program?*

The LCME bases its assessment on all of its accreditation standards and associated elements. Some of these cover areas that touch on the medical student experience, including the educational program, student services, the learning environment, and educational resources. See the *Functions and Structure of a Medical School* document on the LCME website: [lcme.org/publications](http://lcme.org/publications).

#### *What happens when a program does not fully comply with LCME accreditation standards?*

Depending on the number and nature of the citations involved, the LCME may ask a program to provide one or more status reports documenting how the program has addressed the concerns or it may send a limited survey team to the program to verify that the concerns have been satisfactorily addressed.

#### *What happens if the LCME places a program on probation status?*

Probation status represents the LCME's judgement that a medical education program is not in compliance with its accreditation standards, and that the quality of the program will be seriously compromised if the noncompliance issues are not addressed promptly. A program on probation status remains fully accredited, and students have all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation status. If a program on probation status does not achieve compliance with accreditation standards within the time period established by the LCME, the LCME may withdraw its accreditation.

#### *If an important medical student concern exists at a medical school, how can that school's students ensure that it is addressed by the LCME?*

If the medical education program is scheduled for an LCME accreditation review, the concern should emerge from the medical school's institutional self-study and the ISA if it is related to the program's performance in one or more accreditation elements. If the issue involves noncompliance with accreditation standards or unsatisfactory performance in accreditation elements, which is confirmed by the survey team, the LCME will require the program to resolve the problem by requiring a follow-up report or limited survey visit.

Occasionally, an area of medical student concern does not relate to LCME accreditation elements (e.g., scarce, or expensive on-campus parking). In such a case, the survey team may comment on the problem in its report, but the LCME cannot compel the program to take corrective measures because the issue does not involve performance in accreditation elements.

If a major concern surfaces and a program is not scheduled for an upcoming LCME review, students can bring it to the attention of the LCME by submitting a formal complaint as described earlier. Details of the complaint procedure are contained in the LCME *Rules of Procedure* publication on the LCME website: [lcme.org/publications](http://lcme.org/publications).

### **Medical Student Participation in LCME Accreditation**

#### ***What role do students play in the LCME accreditation process and/or in a medical school's survey visit by the LCME?***

Students conduct an independent student analysis (ISA) of the medical education program in parallel with the institutional self-study that the medical school conducts. The LCME reviews the ISA along with the school's DCI. The survey team meets with students selected from all class years and, during on-site visits, tours educational facilities with assistance from student guides. The survey team includes student opinion taken from the ISA, from the AAMC GQ, and from students it meets on-site when making its determinations about the program's performance in accreditation elements, strengths, weaknesses, and opportunities for improvement.

Two members of the LCME are medical students in their final year of study. Students also play a role in developing and revising accreditation standards, frequently by way of comments received from national medical student organizations.

### **Medical Student Participation in the LCME Survey Visit**

#### ***How should students be selected to participate in the survey visit process?***

From the survey team's perspective, it is important to meet with a representative group of students from all class years, including some who were directly involved in ISA survey design, response analysis, and write-up and who are familiar with the ISA results. For the team to better understand how the program functions, it may also be desirable to include students who have experience with the medical school's student services, such as academic and career counseling, financial aid services, and personal counseling, as well as students who are involved with medical school committees, such as the Curriculum Committee. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in MD/PhD or other joint degree programs, involved in research or community service programs, and learning at regional campuses.

In summary, it is necessary that the survey team meet with a breadth of students, not just class leaders. The medical school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school administrators and faculty and the student body. A survey team would be concerned if students had no voice at all in deciding which of them met with the survey team.

## **The Independent Student Analysis (ISA)**

***Is there a template that students can use as a guide to develop their student opinion survey for the ISA?***

[Appendix C](#) contains a survey for collecting student opinion data. The LCME requires that the survey contains all of these items. You can add items to address issues of particular importance at your medical school. See [Appendix D](#) for how to report the student response data. The medical school should, if requested, supply technical assistance in preparing the survey for dissemination to students and in data analysis.

***Should medical school administrators/faculty be provided with the ISA?***

Medical school officials should have an opportunity to review the ISA and to discuss any perceptions that it contains factual errors or internal inconsistencies. They incorporate ISA data into the DCI and ISA findings into the larger institutional self-study summary report. However, medical school officials must not edit or revise the ISA or exert influence on students to change its content or conclusions.

***What type of student feedback is most useful to the LCME?***

The best student feedback is analytical, candid, constructive, and based on a synthesis of student opinion related to the intent of the accreditation elements. In the ISA, students should include both a program's particular strengths and challenges. That is, it should accurately identify all relevant areas of concern and do so in a way that also indicates how students think the medical education program can improve. A survey team finds most useful student feedback that is consistent across all information sources and is supported by appropriate quantitative and other evidence-based documentation. Do not include the comments of an individual student in the ISA narrative; instead, synthesize and include similar comments from a number of students.

***Is there a certain percentage of students who should respond to the student opinion survey for the information to be useful to the LCME?***

A high response rate is necessary to ensure the credibility of the information. The LCME has determined that, to be credible, the student opinion survey should achieve a minimum of a 70-80% response rate for each class year. The students responsible for the survey may use incentives supplied by the medical school administration to support a good response rate.

## Appendix B: Data Collection and Reporting Logistics

A small and representative student committee, preferably selected or approved by the student body, should coordinate survey creation, data analysis of the responses, and development of the ISA narrative. This committee could include student council representatives, class officers, and medical school representatives to national medical student organizations. Ideally, these students should come from all class years.

Use methods that ensure broad input and reflect student body opinion. To accomplish this goal, the ISA committee should develop and disseminate a student opinion survey to each medical student class, using the required items in [Appendix C](#) and adding items to address issues of particular importance at your medical school. The survey should include items that directly relate to LCME accreditation standards and elements, and the survey should have space for students to add comments.

In addition to conducting a survey of student opinion, the ISA committee may also choose to hold one or more class meetings or focus groups to discuss student concerns or to gain clarification on survey results. If ISA leaders use any of these methods, they should report the number of participants in the “Methods” section of the ISA introduction.

Once the ISA committee has collected its data, the committee or a subgroup of its members should analyze and summarize the data and prepare the ISA. When reporting the results of the survey, include the response rate for EACH class year and the overall response rate. **To determine the response rate for a given class year, use the total number of students in that class year to whom the survey was made available as the denominator and use the total number of students from that class year that filled out the survey as the numerator. Similarly, for the overall response rate, use the total number of students in all class years to whom the survey was made available as the denominator and use the total number of students from all class years that filled out the survey as the numerator.** There are some required survey items that are not relevant to certain classes (e.g., supervision in clinical clerkships will not be relevant to first- and second-year students). Consider organizing data collection so that students only receive the items to which they can respond and see Appendix D for an illustration of how to report such data.

**Use tables to present the data as illustrated in [Appendix D](#). The LCME requires that you calculate all response data percentages using the total number of responses, including N/A responses, as the denominator, and the type of response (e.g., satisfied/very satisfied) as the numerator.**

**Only present the data as tables. Do not display the data in a complex way (i.e., do not use bar graphs, histograms, or color data displays). It is not necessary to use sophisticated statistical analyses. The number and percent of respondents choosing each option for each survey item in each class year is most useful, as the survey team will be able to clearly see the range of student opinion.**

Collect and analyze the data as the DCI is being finalized and complete the final version of the ISA by or before the time that the self-study task force begins its work. The following are some guidelines for writing the ISA:

1. Title the ISA sections “Methods”, “Executive Summary”, “Narrative”, “Summary and Conclusions”, and “Numerical Tables.” See the ISA Report Development section in the “Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Full Accreditation Visits” document.



2. Begin by describing the methods used to gather student opinion data. Include the number and percent of students responding both by class year and overall and indicate the dates the survey was administered. If applicable, include the number of students who participated in class meetings or focus groups.
3. In the executive summary, highlight the major findings organized by accreditation elements or by some other framework (e.g., curriculum, student services).
4. In the narrative concisely summarize the results of the student opinion survey, organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the medical school is doing well and areas in which it needs improvement, documenting conclusions using data from the survey. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class rated an item.
5. In the “Numerical Tables” section, include a table for each item on the survey. For each item, the LCME requires providing the number and percent of students who selected n/a, dissatisfied and very dissatisfied combined, and satisfied and very satisfied combined. These must be presented in total and by class year. **DO NOT SEND** data from individual students and **DO NOT** include individual student comments. However, you may synthesize and include in the narrative as illustrations comments that are representative of the responses from a large number of students or similar comments from a number of students.

## Appendix C: Required Student Opinion Survey Items

**The LCME requires that the student opinion survey include, at a minimum, the following items and that you use the scale below.**

**This is so that the response data includes topics that relate to LCME accreditation requirements and that are required for your medical school's DCI.**

**You may add survey items as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to your medical school's students.**

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*Please indicate your level of satisfaction, using the following scale:*

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/Have not experienced this

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**Note: Data from items indicated by an asterisk (\*) should only be included for students in the required clerkship years of the curriculum (typically years 3 and 4, but in some schools, years 2 to 4).**

### STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS

#### Office of the Associate Dean of Students/Student Affairs

1. Accessibility	a	b	c	d	N/A
2. Awareness of student concerns	a	b	c	d	N/A
3. Responsiveness to student problems	a	b	c	d	N/A

#### Office of the Associate Dean for Educational Programs/Medical Education

4. Accessibility	a	b	c	d	N/A
5. Awareness of student concerns	a	b	c	d	N/A
6. Responsiveness to student problems	a	b	c	d	N/A
7. Accessibility of medical school faculty	a	b	c	d	N/A
8. Participation of students on key medical school committees	a	b	c	d	N/A

### LEARNING ENVIRONMENT AND FACILITIES

9. Clarity of the medical school's student mistreatment policy	a	b	c	d	N/A
10. Satisfaction with the processes to report student mistreatment	a	b	c	d	N/A
11. Satisfaction with medical school activities to prevent student mistreatment	a	b	c	d	N/A
12. Adequacy of medical school actions on reports of student mistreatment	a	b	c	d	N/A
13. Adequacy of safety and security at medical school campus	a	b	c	d	N/A
14. Adequacy of safety and security at clinical sites*	a	b	c	d	N/A
15. Adequacy of lecture halls, large group classroom facilities	a	b	c	d	N/A
16. Adequacy of small group teaching spaces on campus	a	b	c	d	N/A
17. Adequacy of educational/teaching spaces at hospitals*	a	b	c	d	N/A

18. Adequacy of student relaxation space at the medical school campus	a	b	c	d	N/A
19. Adequacy of student study space at the medical school campus	a	b	c	d	N/A
20. Adequacy of student study space at hospitals/clinical sites*	a	b	c	d	N/A
21. Adequacy of secure storage space for personal belongings at the medical school campus	a	b	c	d	N/A
22. Adequacy of secure storage space for personal belongings at hospitals/clinical sites*	a	b	c	d	N/A
23. Adequacy of relaxation space at hospitals/clinical sites*	a	b	c	d	N/A
24. Administration and faculty diversity	a	b	c	d	N/A
25. Student diversity	a	b	c	d	N/A
26. Access to research opportunities	a	b	c	d	N/A
27. Support for participation in research	a	b	c	d	N/A
28. Access to service learning/community service opportunities	a	b	c	d	N/A

### LIBRARY AND INFORMATION RESOURCES

29. Ease of access to library resources and holdings	a	b	c	d	N/A
30. Quality of library support and services	a	b	c	d	N/A
31. Ease of access to technology support	a	b	c	d	N/A
32. Access to online learning resources	a	b	c	d	N/A

### STUDENT SERVICES

33. Accessibility of student health services	a	b	c	d	N/A
34. Availability of personal counseling/mental health services	a	b	c	d	N/A
35. Confidentiality of mental health services	a	b	c	d	N/A
36. Availability of student well-being programs	a	b	c	d	N/A
37. Adequacy of career counseling	a	b	c	d	N/A
38. Adequacy of counseling about elective choices	a	b	c	d	N/A
39. Quality of financial aid administrative services	a	b	c	d	N/A
40. Adequacy of debt management counseling	a	b	c	d	N/A
41. Availability of academic counseling	a	b	c	d	N/A
42. Availability of tutorial help	a	b	c	d	N/A
43. Adequacy of education to prevent exposure to infectious and environmental hazards	a	b	c	d	N/A
44. Adequacy of education about procedures to follow after a potential exposure to infectious and environmental hazards	a	b	c	d	N/A

### MEDICAL EDUCATION PROGRAM

45. Utility of the medical education program objectives to support learning	a	b	c	d	N/A
46. Quality of the pre-clerkship phase	a	b	c	d	N/A
47. Clinical skills instruction in the pre-clerkship phase	a	b	c	d	N/A
48. Amount of formative feedback in the pre-clerkship phase	a	b	c	d	N/A
49. Quality of formative feedback in the pre-clerkship phase	a	b	c	d	N/A
50. Fairness of summative assessments in pre-clerkship phase	a	b	c	d	N/A
51. Opportunities for self-directed learning in the pre-clerkship phase§	a	b	c	d	N/A
52. Adequacy of unscheduled time for self-directed learning in the pre-clerkship phase§	a	b	c	d	N/A

53. Overall student workload in the pre-clerkship phase	a	b	c	d	N/A
54. Coordination/integration of content in the pre-clerkship phase	a	b	c	d	N/A
55. Utility of the pre-clerkship phase as preparation for required clerkships*	a	b	c	d	N/A
56. Quality of the required clerkships*	a	b	c	d	N/A
57. Access to patients during the required clerkships*	a	b	c	d	N/A
58. Student workload in the required clerkships*	a	b	c	d	N/A
59. Adequacy of supervision in clinical settings*	a	b	c	d	N/A
60. Amount of formative feedback in the required clerkships*	a	b	c	d	N/A
61. Fairness of summative assessments in the clerkship phase <sup>*</sup>	a	b	c	d	N/A
62. Quality of formative feedback in the required clerkships*	a	b	c	d	N/A
63. Clarity of policies for advancement/graduation	a	b	c	d	N/A
64. Access to student academic records	a	b	c	d	N/A
65. Clinical skills assessment in the clerkship phase*	a	b	c	d	N/A
66. Medical school responsiveness to student feedback on courses/clerkships	a	b	c	d	N/A
67. Adequacy of education to diagnose disease	a	b	c	d	N/A
68. Adequacy of education to manage disease	a	b	c	d	N/A
69. Adequacy of education in disease prevention	a	b	c	d	N/A
70. Adequacy of education in health maintenance	a	b	c	d	N/A
71. Adequacy of education in caring for patients from different backgrounds	a	b	c	d	N/A
72. Adequacy of education related to interprofessional collaborative skills <sup>√</sup>	a	b	c	d	N/A

§ Self-directed learning (Element 6.3) includes self-assessment of learning needs, identification of information to meet those needs from credible sources, and feedback on this skill.

√ Interprofessional collaborative skills (Element 7.9) prepare students to function collaboratively on health care teams with students/health professionals from other professions

## Appendix D: Reporting of Results – Required Tables in the Independent Student Analysis

Use the following scale for each survey item:

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/Have not experienced this

Use the following table for each survey item where data come from students in all years of the curriculum: In creating the table, please add dissatisfied + very dissatisfied (a + b) and satisfied + very satisfied (c + d)

The column titled “Number of Total Responses/Response Rate to this Item” shows the total number of students responding to the item (N) divided by the total number of students in the class (%). For the remaining columns, the LCME requires that you calculate all response data percentages using the total number of responses, which includes N/A responses, as the denominator, and using the type of response (e.g., satisfied/very satisfied as the numerator).

<b>Table Title*</b>								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

\*The table title should match the items listed in Appendix C: Required Student Opinion Survey Items. For example, the table title for #1 in the Required Student Opinion Survey Items would be “Accessibility of the Office of the Associate Dean of Students/Student Affairs.”

If an item is directed to students in the clerkship years, the following table format should be used:

<b>Table Title</b>								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

\* Delete any rows that include students who have not experienced the required clerkships.