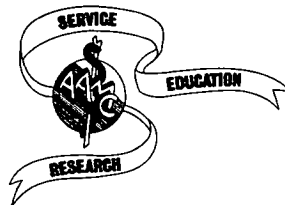


self-instructional programs, advising system, exposure to out-patient and emergency room services, primary care program, length of degree program, student/patient ratio, elective programs, student participation in curriculum development, integration of preclinical and clinical curriculum, relevance of clinical services performed by students, innovative teaching programs, faculty/student ratio.

**MINORITIES AND WOMEN:** Socio/economic heterogeneity of student body, minority and female enrollment, recruitment and retention programs, adequacy of on-call rooms and other facilities for women, counseling and support programs for women and minorities, role models.

**STUDENT AFFAIRS AND ADMINISTRATION:** Availability of personal counseling, general accessibility of student affairs personnel, student representation on committees, student government, student participation in institutional governance.



# OSR ACCREDITATION ● HANDBOOK

«Designed to assist medical students participating in accreditation site visits.»

● ●

Association of American Medical Colleges  
One Dupont Circle, N.W.  
Washington, D.C. 20036

2. Stick for the most part to *factual* support materials. If the counseling system is ineffective at your school, and this is a major concern of the student body, provide a factual description of the existing system pointing out its weaknesses. Anecdotal data may be helpful but ensure that such data is representative.
3. *Focus* on key issues. Selection of the concerns which are most vitally linked to the structure and content of the education program at your school is more effective than an "a through z" listing of minor deficiencies.

Generally the site visit team will schedule a meeting with student representatives of 1-1½ hours in length. Since each major departmental chairman usually allotted only an hour or less—sometimes with only half of the team present—this time allotment should be sufficient if your representatives have prepared in advance. If it is apparent during the meeting that this time is not sufficient, you may wish to request an extension or an additional meeting. Keep in mind, however, that the team has a very compact schedule, and your requests for additional time may not be realistic.

### III. Review Factors for Accreditation Site Visit

In preparation for the site visit, you may wish to consider the following student-related areas as possible foci for your discussions with the LCME accreditation team. This list is not all-inclusive; likewise, many of the topics listed may not be particularly significant in an evaluation of your own school's educational program.

**EVALUATION:** Methods of basic science and clinical evaluations, examination and grading systems, evaluations for residency application, adequacy of feedback from instructors, record-keeping system and accessibility of records, opportunity for student review of evaluations, utilization of NBME scores.

**TEACHING:** Quality of instruction, academic assistance programs, relevance and flexibility of curriculum,

## FOREWORD

opinions. Since the accreditation process ultimately affects all medical students, this initial attempt to gather "grass-roots" input should be as broadly-based as possible.

After initial discussions, several options are available; among them:

1. Disseminate a concise but thorough questionnaire, polling students about the pros and cons of their educational program. (You should be prepared to cite the percentage of the student body responding.)
2. Hold class meetings to discuss student concerns and request each class to submit reports delineating problems and assigning priorities to them.
3. Choose several representatives of each class to form a committee which will identify the issues of highest concern to the student body.

Once issues have been identified, a small working group (which should include the six to eight students who will actually meet with the site visit team) can begin to organize and develop student input. Discussion with the student affairs officer of issues of concern which have surfaced during the gathering of student opinion may be beneficial at this point in terms of internal communication.

You should preferably organize your input in the form of a written report, and this should be received by the dean's office at least one month in advance of the site visit so that it may be forwarded to the LCME with other materials compiled by the dean and department chairmen. In order to keep the OSR informed of student concerns on a general level and also to provide feedback as to how this system is working, you may wish to send a written evaluation of your experience with the accreditation process to the OSR National Chairperson.

Some guidelines in regard to written background materials are as follows:

1. Keep background materials *concise*. The LCME team reads thick volumes of material about each school before its visit, and concise summaries of issues of concern to students will have a greater impact than will a lengthy or repetitive expose.

For obvious reasons, medical school accreditation is one of the most important functions of the Association of American Medical Colleges and the American Medical Association. Unfortunately, in past years, students have been relatively unaware of the procedures involved in medical school accreditation and the outcomes of accreditation reviews of their own institutions.

It is the opinion of the Organization of Student Representatives that medical students should be able to participate optimally and to provide input to the accreditation review of their medical schools. Since few students experience more than one accreditation site visit (they occur at intervals of up to seven years), the OSR felt that background information should be developed which would enable students to effectively participate in the accreditation process.

With this purpose in mind, the OSR Administrative Board began in 1973 to collect information about medical school accreditation and compiled the opinions of many medical students who had actually participated in accreditation site visits. The culmination of these efforts is this handbook which we hope will assist you and your student body in presenting a concise and informed consensus of student concerns at your medical school to the accreditation site visit teams.

As with any document which is based in part on personal opinions, there may be omissions or errors in judgement. We hope that after you have taken part in an accreditation site visit, you will give the OSR feedback regarding information we may add to future editions of this handbook.

Finally, we hope that this handbook will aid you during the accreditation of your medical school and that medical education will consequently be optimized for future medical students and for health care in general.

Dan Clarke-Pearson, M. D.  
Past OSR National Chairperson  
June, 1976

## I. Explanation of Procedures and Student Roles

Medical school accreditation is the process by which the public is assured that medical school graduates are qualified to be granted the M.D. degree and to provide, when fully trained, optimum quality health care to society. It also guarantees to medical students a sound and valid educational experience. The organization which is charged with the responsibility of accrediting medical schools is the Liaison Committee on Medical Education (LCME).

The LCME was formed in 1942 as a joint committee of the AAMC and the AMA, and its membership consists of six representatives from AAMC, six representatives from AMA, and two public representatives. The operational structure of the LCME and the process by which schools are accredited is complex. Essentially, accreditation of a medical school is based upon careful study of detailed background and descriptive materials submitted by the school to the LCME, a site visit of the school by an *ad hoc* LCME accreditation team, and a written report submitted to the LCME by the site visit team.

The team usually consists of four individuals whose composite backgrounds include expertise gained at a variety of medical schools in major areas of medical education such as basic science, clinical education, medical school administration, and student affairs. Membership of each team always includes at least two individuals who have participated in many accreditation inspections and have a broad knowledge of and experience with the process. One member of the site visit team is designated as the secretary, and this individual is primarily responsible for compiling the opinions and judgements of the team about the school into a report which is reviewed by the other team members. The report is then submitted to the LCME secretary who distributes it to the LCME, the AAMC Executive Council, and the AMA Council on Medical Education (about 45 individuals) for review and reaction. The spectrum of possible actions the LCME can take in response to the review of the site visit report and any additional background material submitted by the school ranges from denial of accreditation to the granting of full accreditation for a period of seven years. Usually, the actions taken

by the LCME fall somewhere in between, and accreditation may be granted for a portion of the maximum seven years with progress reports due at specified intervals. Final accreditation decisions reached by the LCME are ratified by the Executive Council of the AAMC and the Council on Medical Education of the AMA for legal licensure purposes.

Site visit teams generally spend three days interviewing members of the faculty, administrators, and all departmental chairmen. Student representatives are usually invited to spend an hour or more with the site visit team discussing aspects of the educational program which are of particular concern to the student body. Since a primary function of accreditation is to ensure medical students a valid educational experience and since the LCME's accreditation review and the subsequent report submitted to the medical school can have a major impact on a school's educational program, it is essential that students optimally participate in the process.

As a student representative, you should have been informed of the pending site visit of your school far enough in advance to prepare for a concise but thorough interview with the site visit team. In the following segments of this pamphlet, suggestions are made as to how to organize background materials and to obtain a student consensus about important aspects of the educational program at your school so that you can present representative student views to the accreditation team.

## II. Guidelines for Implementation

There are, of course, a variety of ways to determine what issues your fellow students would most like to have considered by the LCME accreditation team. You may wish to meet with representatives of each class or with an already existing student committee to discuss the pending site visit. Class officers and representatives of the American Medical Student Association (AMSA), the Student National Medical Association (SNMA), and the Student Business Session of AMA might serve as resource people and coordinators when you are beginning your plans for gathering student