

# CHALLENGES, 2011-12

## STANDARDS IDENTIFIED IN 2012 ACCREDITATION VISIT

Beginning in the 2015-16 academic year, LCME began the implementation of a new framework of accreditation standards aimed at streamlining the existing 132 standards by utilizing meaningful groupings of standards with common themes. The current framework consists of 12 standards with each comprised of a varying number of elements. Addressing the Department of Education's recognition requirement of a "two-year limit for accredited institutions and programs to achieve compliance with accreditation standards," <sup>1(p161)</sup> the current framework allows for compliance with a standard even if there are unsatisfactory findings for individual elements.

Below is the list of standards identified as in "compliance, with a need for monitoring." Such a determination requires ongoing monitoring to ensure continued compliance. In general, follow-up activities may include one<sup>2</sup> or more of the following: (a) limited survey visits, (b) consultations or (c) completion of an action plan and/or status reports.

Standard 2011/12	Current Standard	Current Element	Element Description
ED-30	9	9.8	<b>Fair and Timely Summative Assessment:</b> A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.
ED-32	9	9.5	<b>Narrative Assessment:</b> A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.
MS-23	12	12.1	<b>Financial Aid/Debt Management Counseling/Student Educational Debt:</b> A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.
FA-5	4	4.2	<b>Scholarly Productivity:</b> The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.
ER-6	5	5.5	<b>Resources for Clinical Instruction:</b> A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

## References

1. Eaglen RH. *Academic Quality and Public Accountability in Academic Medicine: The 75-Year History of the LCME*. Washington, DC: Liaison Committee on Medical Education; 2017.
2. Liaison Committee on Medical Education. LCME rules of procedure. 2017. [http://lcme.org/publications/2017\\_Rules-of-Procedure\\_2017-09-15.doc](http://lcme.org/publications/2017_Rules-of-Procedure_2017-09-15.doc). Accessed November 14, 2017.