LCME Results... At Last... the End of a 4-Year Journey...

...actually, on to the next part of the Journey...

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Vice Dean for Academic Affairs and Professor of Medicine, Medical College of Georgia
Augusta University

Peter F. Buckley, M.D.
Dean, Medical College of Georgia
Interim Executive VP for Health Affairs, Augusta University
Interim CEO, AU Medical Center & AU Medical Associates
Teaching Medical Students....

...We’ve been doing this a long time.
LCME 2023-24
LCME Steering Committee

- Paul Wallach (chair)
- Peter Buckley
- Andria Thomas
- Kelli Braun
- William Pearson
- Andy Albritton
- Jeanette Balotin
- Vaughn McCall
- Leslie Petch-Lee
- Amyn Rojiani
Overview of LCME

- Organized by AMA and AAMC in 1942
- Accredits medical school educational programs in US and Canada
- Without accreditation, students not eligible
  - For federal financial aid (>90% of ours receive) or
  - To take USMLE licensing exams
- Successful accreditation usually every 8 years
  - MCG’s last 2008; January 24-27, 2016
- Stringent new standards enacted
LCME Is All About Students

- Are we teaching our students ‘the right stuff’?
- Are we teaching our students ‘the right way’?
- How does research affect student education?
- Enough research opportunities for students?
- Are there enough clinical resources to support student education?
- Are there enough and varied enough funding sources to sustain educational programs?
The Stakes Are Rising…

• New standards

• New diversity definition

• More stringent about compliance with standards

• More interim reports and site visits required
  – Lack of evidence of comparability across instructional sites
  – Absence of strong central management of curriculum

• Prediction of severe action decisions
**Strengths Going Into Review**

- Robust system for CQI and new strategic planning process implemented
- Overall student satisfaction with educational program improved dramatically in the last 3 years
- Enhanced support for students and educational program through expansion of the Office of Student and Multicultural Affairs and Curriculum Office
- Longstanding student diversity pipeline programs successful in bringing students into health professions and matriculating diverse students to MCG
- Successful AHEC efforts for new law providing tax credit for voluntary faculty regularly participating in clerkship program
- Core educator fund ensuring salary support for participation in critical elements of educational program
Strengths Going Into Review

- Addition $5.7 million in recurring state revenues to support new faculty serving UME mission

- Expanded opportunities, venues, and modalities used for faculty development

- Outstanding educational and clinical facilities provide high degree of customer service and strategic alignment, e.g. new J. Harold Harrison Medical Education Commons Building

- Excellent student aggregate performance on USMLE Step 1 and Step 2CK, and NBME Subject Exams, with average scores and pass rates at or above the national average for each of the last 8 years

- $66M Harrison gift provides 48 scholarships a year ($1.08M in new scholarships annually)
We Achieved an Unprecedented and Steady Increase In Student Satisfaction
Our Preparation Was Relentless

- Sequential LCME reviews were held at Dean’s Staff meetings
- Communicating widely
  - Continuously ‘top of mind’
- LCME task force
- Targeted efforts on key areas
  - Most common
  - Last visit
- Mock visit occurred in December by outstanding team
The LCME Accreditation Team was complimentary of our performance and activities.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>H. Roger Hadley, MD</td>
<td>Urological Surgery</td>
</tr>
<tr>
<td>Executive Vice President, Medical Affairs and Dean</td>
<td>Loma Linda University School of Medicine</td>
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<tr>
<td>David R. Lambert, MD</td>
<td>Internal Medicine</td>
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<td>Professor of Medicine</td>
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<tr>
<td>Sr. Associate Dean for Medical Student Education</td>
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<td>Georgette A. Dent, MD</td>
<td>Pathology Hematology</td>
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<td>Associate Dean for Student Affairs</td>
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<td>Julie Story Byerley, MD, MPH</td>
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Site Visit: January 24-27, 2016

LCME Meeting June 14-16, 2016
LCME by the Numbers
620 Number of pages in DCI
527 Days since LCME Kick-Off Event
172 Participants in Mock Site Visit
85 Faculty on 6 Self Study Committees
66 Students involved in ISA
95 LCME Elements
12 LCME Standards
1 MCG
Trends in LCME Outcomes
Predictors of Adverse Decisions

Significant predictors of severe action decisions based on binary logistic regression. A severe action decision becomes increasingly likely with more predictors present.

1. Total non-compliances
2. Element 8.7: Comparability of Education/Assessment (Formerly ED-8)
3. Element 8.1: Curricular Management (Formerly ED-33)
4. Chronic noncompliance
5. Insufficient response to the requirements of the Data Collection Instrument/Self-study
Distributed Network Model is Inherently More Challenging for LCME Review

- 1.4 Affiliation agreements
- 2.5 Responsibility of and to the dean
- 2.6 Functional integration of the faculty
- 3.1/6.7 Resident participation in medical student education
- 4.3 Faculty appointment policies
- 4.5 Faculty professional development
- 5.5/5.6 Resources for clinical instruction
- 5.7 Student safety
- 6.1 Dissemination of program objectives
- 6.2 Required clinical experiences
- 8.1 Curricular management
- 8.2 Use of medical education program objectives
- 8.3 Curricular design, review, revision/content monitoring
  - 8.4 Program evaluation
  - 8.6 Monitoring of completion of required clinical experiences
- 8.7 Comparability of education/assessment
- 9.1 Preparation of residents to teach
- 9.2 Faculty appointments
- 9.4 Direct observation of clinical skills
- 9.7/9.8 Formative feedback/Fair and timely assessment
- 10.11 Student assignment
- 11.1/11.2 Academic/Career advising
- 12.4 Student access to health care services
- 12.8 Student exposure policies/procedures
# 34 Critical Standards for MCG

<table>
<thead>
<tr>
<th>Standard</th>
<th>The Biggies</th>
<th>Most Common</th>
<th>Previous Citations</th>
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MCG Previous Citations (2008)

- 1.2 (IS-5): Conflict of interest policies: at time of visit the BOR did not appear to have formal COI policies or evidence of implementation

- 5.5 (ER-6): Appropriate resources for the clinical instruction of medical students: number of patients available for education inadequate in some cases

- 5.11 (MS-37): Adequacy of study space, lounge areas, and personal lockers: campus security was a concern and several clinical sites did not have secure places for students to store belongings.

- 5.12 (ER-9): Written and signed affiliation agreements between the medical school and its clinical affiliates: missing agreements for some sites and several agreements did not define the responsibility of each party clearly.
MCG Previous Citations (2008)

- 6.1 (ED-3): Objectives known to all students, faculty, residents: residents were unaware of program objectives; Memorial hospital was a concern due to Mercer students being there as well.

- 6.3 (ED-5A): Active learning and independent study: curriculum was too lecture heavy

- 12.1 (MS-23): Effective financial aid and debt management counseling: student survey noted concerns with debt management counseling and there were few in-person educational sessions on debt management

- 3.3 (IS-16): Faculty and Student Diversity (in transition)
Cost of Probation… Millions

- Cost of a new self-study
- Additional resources
- Recruiting faculty, students, and residents
- Impact on grants
- Reputation… *priceless*
Predictors of Adverse Decisions

Significant predictors of severe action decisions based on binary logistic regression. A severe action decision becomes increasingly likely with more predictors present.

1. Total non-compliances

2. Element 8.7: Comparability of Education/Assessment (Formerly ED-8)

3. Element 8.1: Curricular Management (Formerly ED-33)

4. Chronic noncompliance (Financial Aid/Debt Management (SM))

5. Insufficient response to the requirements of the Data Collection Instrument/Self-study
Most Commonly Cited Elements

- 8.1 Curricular Management
- 8.7 Comparability of Education/Assessment
- 8.3 Curricular Design, Review, Revision/Content Monitoring
- 6.3 Self-Directed and Life-Long Learning
- 6.2 Required Clinical Experiences
- 9.1 Preparation of Resident and Non-Faculty Instructors
- 9.7 Formative Assessment and Feedback
- 9.8 Fair and Timely Summative Assessment (SM)
- 9.5 Narrative Assessment
- 3.5 Learning Environment/Professionalism
- 3.6 Student Mistreatment
- 3.3 Diversity/Pipeline Programs and Partnerships
- 7.6 Cultural Competence/Health Care Disparities/Personal Bias
- 1.4 Affiliation Agreements
Clean Bill of Health

• Progressive statewide campus model affirmed

• SOM mission and leadership affirmed

• New Harrison Commons and campus facilities are exemplary

• Partnerships with hospitals and clinicians to teach Georgia’s future doctors are effective

• Fundamentals of medical education endorsed
# Areas for Improvement

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<th>Locus</th>
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<th>Outcome</th>
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<td>1</td>
<td>University</td>
<td>10.2</td>
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<td>BOR policy regarding appeal of admissions decisions</td>
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<td>2</td>
<td>University</td>
<td>12.1</td>
<td>SM</td>
<td>Financial Aid and Debt Management</td>
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<td>3</td>
<td>Bylaws/Regs</td>
<td>1.3</td>
<td>U</td>
<td>Communication about process for faculty committee appointments</td>
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<td>Bylaws/Regs</td>
<td>9.9</td>
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<td>Promotions committee is advisory to vice dean vs separate appellate level</td>
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<td>University</td>
<td>12.3</td>
<td>SM</td>
<td>Personal Counseling/Wellbeing</td>
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<td>Curriculum Office</td>
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<td>Awareness of and responsiveness to Student Concerns by Curriculum Dean</td>
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<td>Clerkship grades due within 6 weeks</td>
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Building on Our Positive Momentum

• Continuous Quality Improvement
  – Address areas under consideration
  – Build on our successes
  – Continue functional integration
  – Seek additional improvements

• Update to LCME in 1 year

• Campuswide maturation action plan (C-MAP)
LCME Results... At Last... the End of a 4-Year Journey...

...actually, on to the next part of the Journey...

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