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

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



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Teaching Medical Students....



...We've been doing this a long time.

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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

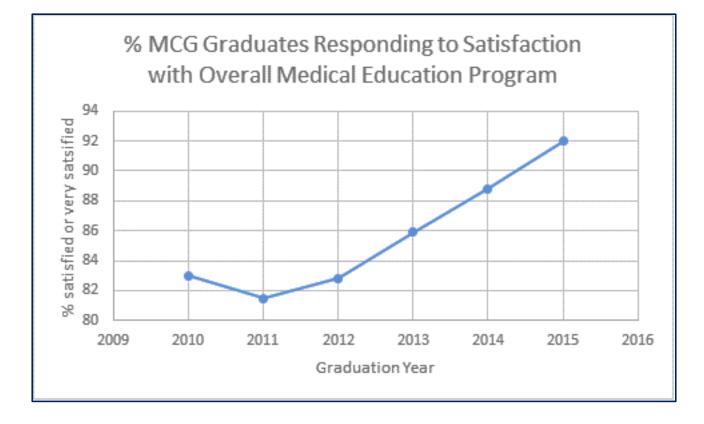
Strengths Going Into Review

- 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

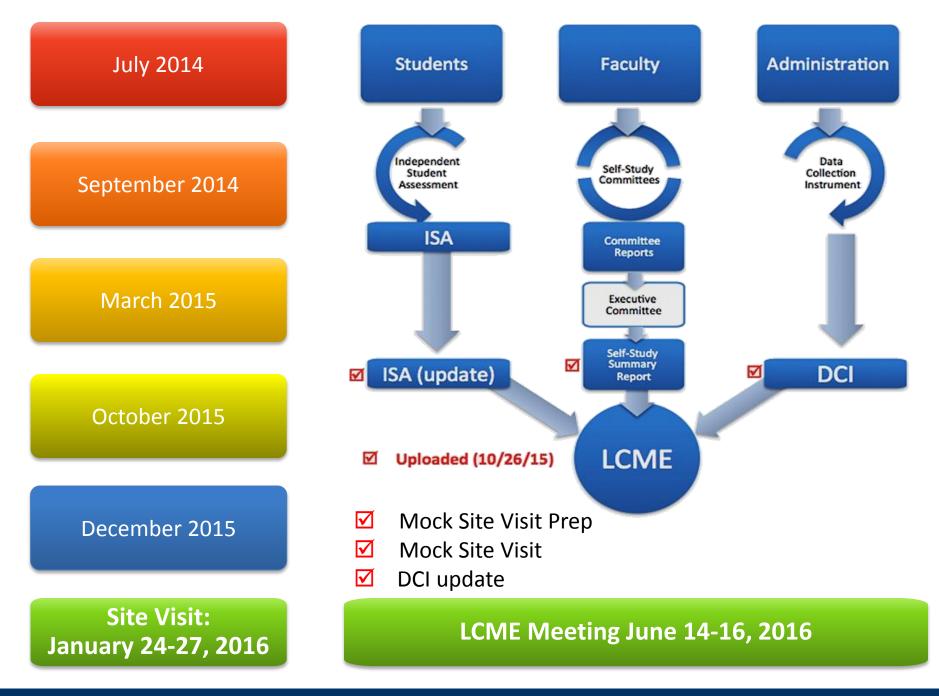


Our Preparation Was Relentless

- 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

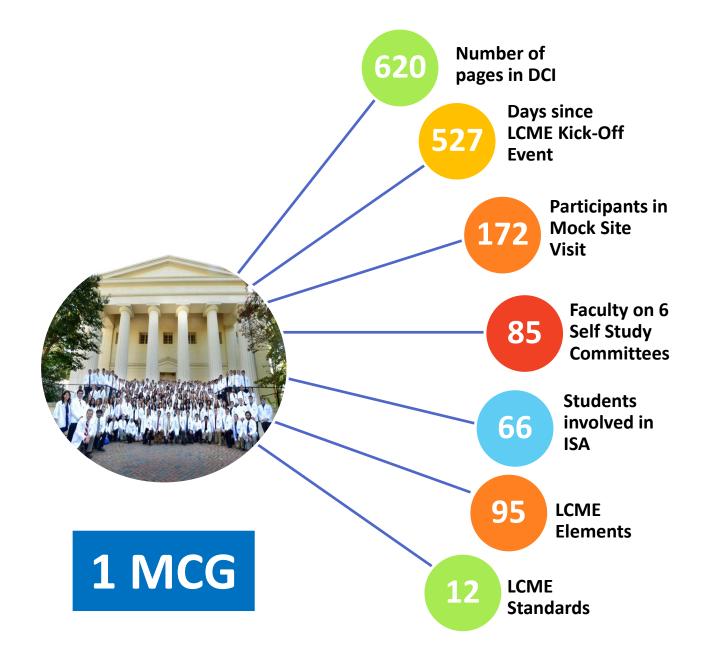
LCME Accreditation Team Was Complimentary of Our Performance and Activities





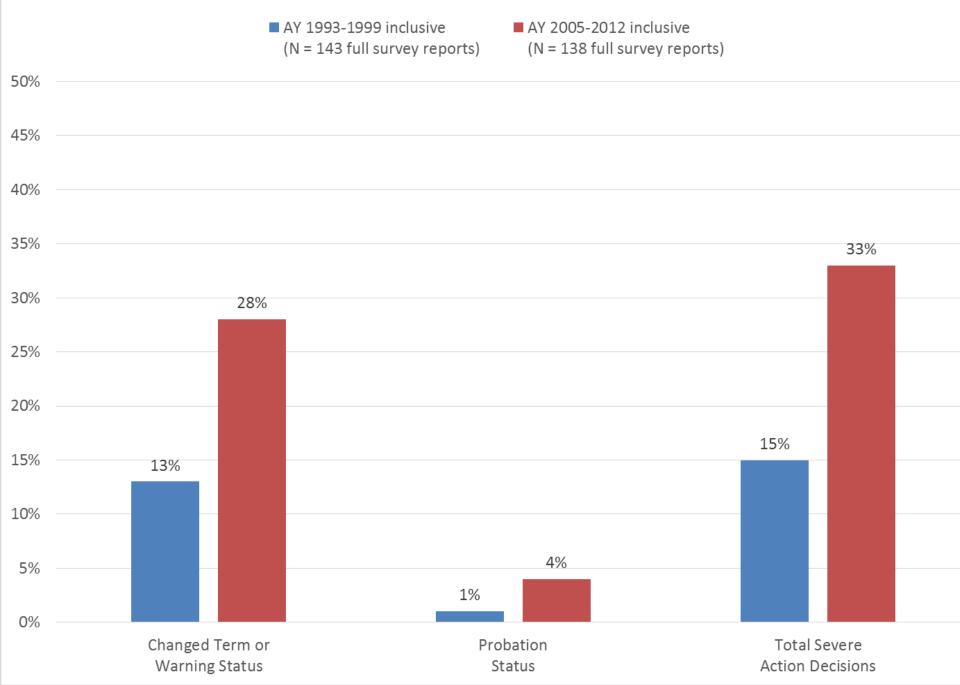
LCME by the Numbers





Trends in LCME Outcomes

LCME Severe Action Decisions



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

Standard	The Biggies	Most Common	Previous Citations	Regional Campus
1.2			Х	
1.4		Х		X
2.5				X X
2.6				Х
3.1/6.7				X X
3.3		Х	Х	
3.5		X X		
3.6		Х		
4.3				X X
4.5				X
5.5/5.6 5.7			Х	X X
5.7				X
5.11			Х	
5.12			X X X	
6.1			Х	X
6.2		Х		X
6.3		X X X X X	Х	
7.6		Х		
8.1	Х	Х		X
8.2				X
8.3		Х		X X
8.4				X
8.6		Х		X
8.7	Х	X X X		X X X X X
9.1		X		X
9.2				X
9.4				X X
9.5		X X		
9.7/9.8		X		X
10.11				X X X
11.1/11.2				X
12.1			Х	
12.4				X X
12.8				Х

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 Augusta University • Medical College of Georgia • LCME Results

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

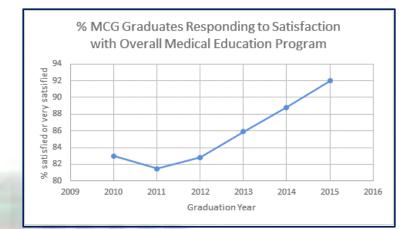
Areas for Improvement

	Locus	Element	Outcome	Comment
1	University	10.2	U	BOR policy regarding appeal of admissions decisions
2	University	12.1	SM	Financial Aid and Debt Management
3	Bylaws/Regs	1.3	U	Communication about process for faculty committee appointments
4	Bylaws/Regs	9.9	U	Promotions committee is advisory to vice dean vs separate appellate level
5	University	12.3	SM	Personal Counseling/Wellbeing
	Student Affairs			Wellbeing/Personal Counseling
6	Student Affairs	11.1	U	Academic Advising
7	Student Affairs	11.2	SM	Career Advising
8	Curriculum Office	2.4	SM	Awareness of and responsiveness to Student Concerns by Curriculum Dean
9	Curriculum Office	7.9	SM	Inter-professional education
10	Curriculum Office	9.8	SM	Clerkship grades due within 6 weeks

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)



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