



Institutional Setting Subcommittee Membership

AY 2022-23

James B. Kaper, PhD, *Co-Chair*
Vice Dean for Academic Affairs; Professor
and Chair, Microbiology and Immunology

Sarah B. Dubbs, MD, *Co-Chair*
Associate Professor and Residency
Director, Emergency Medicine

Paul Han, MD
Chief Resident of Medicine

Michael C. Bond, MD
Professor, Emergency Medicine; Associate
Designated Institutional Official; Director
of Multimedia and Virtual Education

Shannan M. Dixon, MS
Assistant Professor, Pediatrics; Program
Director, Master's in Genetic Counseling

Kevin Enright
Executive Director for Administration

Erin Golembewski, PhD
Senior Associate Dean & Chief Student
Affairs Officer, UMB Graduate School

David J. Ingle, MBA
Associate Dean for Academic
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Joseph P. Martinez, MD
Associate Professor, Assoc. Dean for
Medical Education and Learning
Environment, Emergency Medicine

Margaret M. McCarthy, PhD
Professor and Chair, Pharmacology;
Director, Program in Neuroscience

Ada I. Offurum, MD
Assistant Professor, Medicine; Assistant
Dean for Faculty Affairs and Professional
Development

Nicholas P. Pietris, MD
Assistant Professor, Pediatrics

Sandra M. Quezada, MD, MS
Associate Dean for Admissions and
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Associate Professor, Epidemiology &
Public Health; Program Director, MPH;
Vice Chair, EPH Education Programs

Shelby Stewart, MD
Assistant Professor, Surgery

Eric D. Strauch, MD
Professor and Clerkship Director, Surgery

Roger J. Ward, EdD, JD, MSL, MPA
Provost, Executive Vice President, and
Dean of the Graduate School

Radhika Gholap, MS2

Jason Lynch, MS3

Trisha Miglani, MS4

I. Overview of Subcommittee's Scope of Work

Institutional Setting Committee Standards and Elements included:

Standard 1 – Mission, Planning, Organization, and Integrity, *Elements 1.1-1.2, 1.4-1.6*

Standard 2 – Leadership and Administration, *Elements 2.1-2.4*

Standard 3 – Academic and Learning Environments, *Elements 3.1-3.6*

The Institutional Setting subcommittee commenced its work on the DCI in September 2022. The Institutional Setting subcommittee is one of six subcommittees created to assess the current state of compliance with the LCME Standards and Elements for the University of Maryland School of Medicine scheduled for a full accreditation survey visit April 14-17, 2024. The subcommittee was assigned to collect the relevant data, supporting documentation and respond to the narrative questions for each the LCME Standards and Elements listed above. The Institutional Setting subcommittee examined the organization mission, planning, integrity, leadership and administration for the School of Medicine, and academic environments. (Attachment A – Subcommittee Charge)

There were a variety of data and information sources identified for use in the development of the DCI response for the Elements assigned to the subcommittee. The specific sources and resources used to document compliance with each Element included:

- ISA Survey and Report Data
- Y2Q
- Clinical Learning Environment Surveys
- UMB Strategic Plan 2022-2026
- UME CQI Policy
- Maryland Public Ethics Law
- Financial Relationship Between Veteran Health Administration Health Care Professional and Industry Standard Operating Procedure
- Veterans Affairs Maryland Health Care System Financial Conflict of Interest Forms
- University System of Maryland (USM) Policy on USM and Institutional Boards and Commissions
- USM Policy on Identifying and Addressing Institutional Conflicts of Interest
- USM Policy on Professional Commitment of Faculty
- University of Maryland School of Medicine Conflict of Interest Policy
- University of Maryland Medical System Conflict of Interest Policy
- Principles for LCME-accredited medical schools sharing faculty at an instructional site
- Affiliation Agreements: University of Maryland Medical System, Anne Arundel Medical Center, Greater Baltimore Medical Center, Mercy Medical Center, Sheppard Pratt, Spring Grove Hospital Center, Sinai Hospital of Baltimore, Veterans Affairs Maryland Health Care System
- University of Maryland School of Medicine Bylaws
- Middle States Commission on Higher Education Accreditation
- USM Policy on Appointment, Rank, and Tenure of Faculty

- Dean's Curriculum Vitae
- UMSOM-UMMS-UMB Organization Chart
- UMSOM Equitable Faculty Search Policy
- USM Policy on Non-Discrimination and Equal Opportunity
- UMB Notice of Non-Discrimination
- UMB Student Sexual Orientation Non-Discrimination Policy and Procedures
- UMB Employee Sexual Orientation Non-Discrimination Policy and Procedures
- USM Academic Integrity Policy
- University of Maryland School of Medicine Academic Handbook
- University of Maryland Medical Center Code of Professional Conduct

II. General Findings and Conclusions of the Subcommittee

BASED ON THE INVESTIGATION AND REVIEW BY THE SUBCOMMITTEE, THE FOLLOWING ELEMENTS ARE SUBMITTED AS "SATISFACTORY" BASED ON PRODUCED EVIDENCE.

- **Element 1.2 (Conflict of Interest Policies)** – *A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.*

The Conflict of Interest Policies required by Element 1.2 were reviewed by the subcommittee. These policies and procedures are numerous and are applicable to the board members, faculty members, and other decision-makers that form our institution and institutional relationships (such as the University System of Maryland, the University of Maryland Medical System, and the Veterans Affairs Maryland Healthcare System). The conclusion of the subcommittee is that the policies and procedures required by this element are in place and effective.

- **Element 1.4 (Affiliation Agreements)** – *In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:*
 - *The assurance of medical student and faculty access to appropriate resources for medical student education*
 - *The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students*
 - *The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching*
 - *Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury*
 - *The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment*

The subcommittee reviewed the Affiliation Agreements for each clinical site, ensuring that they address the key requirements of access to appropriate resources, primacy of the medical education program's authority, role of the medical school in the appointment and assignment of faculty, responsibility for treatment of environmental hazards, and shared responsibility for creating and maintaining an appropriate learning environment.

- **Element 1.5 (Bylaws)** – *A medical school promulgates bylaws or similar policy documents that describe the responsibilities of the dean and the faculty and the charges to the school's standing committees.*

The University of Maryland SOM bylaws describe the responsibilities and privileges of its administrative officers, faculty, and committees, and are available publicly on the SOM's website. The bylaws were revised and approved by the SOM Council in 2023.

Commented [DS1]: I checked this out, and the bylaws online are not up to date (2015)- need to fix

- **Element 1.6 (Eligibility Requirements)** – *A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body of either the medical school or its sponsoring organization.*

This Element is satisfied with the UMSOM's full accreditation by the Middle States Commission on Higher Education, with the next accreditation survey occurring in academic year 2024-2025.

- **Element 2.1 (Administrative Officer and Faculty Appointments)** – *The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.*

The President of the University of Maryland Baltimore (UMB) recommends the appointment of the Dean to the Chancellor of the University System of Maryland (USM) and its Board of Regents. The Board of Regents has no other direct role in the faculty appointment process, apart from approving policy which delegates authority in the appointment of medical school officers and faculty. With respect to senior members of the medical school administration (Vice Deans, Senior Associate Deans, Associate Deans, and Assistant Deans), the Dean recommends the appointment to the President, with the President holding final approval authority. All other Dean's staff appointments are made with final authority of the Dean. The University System of Maryland Policy on Appointment, Rank, and Tenure of Faculty is in place to regulate the process for all other faculty appointments.

- **Element 2.2 (Dean's Qualifications)** - *The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.*

The experience and qualifications of Dean Gladwin confirm his fitness for the formal leadership responsibilities of the Dean in the education, research, and clinical missions of the SOM. He is an academic leader, physician-scientist and educator. His research interests are in heart, vascular and lung diseases with a focus on sickle cell disease and the role of nitrous oxide as a signaling molecule. He maintains an active research lab and is the principal investigator of multiple R01 and other awards. As an educator, he has trained and mentored all levels of learners and junior faculty. A physician at heart, he continues to serve clinically as an intensivist in the medical intensive care unit. Dean Gladwin brings experience as a clinical leader with former positions as chief of the Division of Pulmonary, Allergy and Critical Care Medicine, director of the Vascular Medicine Institute, and Chair of the Department of Medicine at the University of Pittsburgh prior to appointment as the Vice President for Medical Affairs at the

University of Maryland, Baltimore and the John Z. and Akiko K. Bowers Distinguished Professor and Dean of the School of Medicine.

- **Element 2.3 (Access and Authority of the Dean)** - *The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.*

The Dean of the School of Medicine has clear definitions of authority and responsibility as well as access to the university president and other institutional officials. The supporting documentation includes the institutional organizational chart and bylaws. Access to institutional officials occurs in formal, regularly scheduled meetings as well as informal interactions with evidence provided in the form of meeting and event frequencies. Several examples of how the Dean's access to institutional officials has ensured the needs of the medical education program provide evidence of effectiveness in this element.

- **Element 2.4 (Sufficiency of Administration Staff)** - *A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.*

Comprehensive listings of Department Chair Staffing and Dean's Administrative staff demonstrate a robust structure of administrative leadership to support the missions of the medical school. Percent effort towards administrative roles are listed for the Dean's Administrative staff, further supporting satisfaction of this element. The subcommittee reviewed data from the 2021 and 2022 AAMC GQ and ISA in regard to student satisfaction with the Office of the Associate Dean. The percentage of students who were *satisfied/very satisfied* with the Accessibility, Awareness of student concerns, and Responsiveness to student problems decreased in 2022 compared with the prior year. The latter two categories were slightly below the national average. The 2023 Survey is pending at the time of this report.

- **Element 3.1 (Resident Participation in Medical Student Education)** - *Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.*

There are 65 ACGME-accredited programs at UMMC, the main clinical site for students. 100% of medical students will complete one or more required clinical experiences where residents participate in medical student teaching and supervision.

- **Element 3.2 (Community of Scholars/Research Opportunities)** - *A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry*

Commented [DS2]: As of July 2023, this Element 2.4 is a work in progress- will need update as personnel and processes change. Also if 2023 student surveys are to be included? Would also like to discuss survey data with steering committee- note trend in "dissatisfied" responses for M3/M4s and PhD students. Should that bump the category to Sat w/ monitoring or Unsatisfactory?

Commented [DS3R2]: however, the question asks about sufficient numbers, does providing the survey data TMI and therefore make us vulnerable?

Commented [KJ4R2]: I wonder how much of the student's reduced satisfaction with accessibility, etc. was due to issues with 12.1? These numbers should go up with the next GQ

appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

There is ample evidence to support satisfactory compliance with this Element. Multiple mentorship programs are in place to mentor and foster scholarly work and research in faculty and students. The mission of the Center for Advanced Research Training and Innovation is to grow and nurture rising biomedical and clinician scientists with an array of courses, workshops, mentoring programs, and consultation services. In addition to programs supporting the community of scholars and research, there is evidence of significant financial investment in research structure and support from the School. Medical students are required to participate in research, through the Foundations in Research and Critical Thinking course, and many take the requirement further by presenting their work on and off-campus and publishing manuscripts.

- **Element 3.3 (Diversity Programs and Partnerships)** - *A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.*

The recruitment and retention of a diverse medical student community and future physician workforce is of paramount importance to the University of Maryland School of Medicine. This value is reflected through the work of the Office of Admissions, the Committee on Admissions, and the Offices of Student Affairs and Medical Education. The position of Director of Student Diversity and Inclusion was initiated in 2019, with subsequent advancement to the position of Assistant Dean for Student Diversity and Inclusion in 2022. The purpose of this role is to serve as the point person within the Office of Student Affairs responsible for developing, coordinating, and evaluating student diversity and inclusion initiatives designed to achieve inclusive excellence for all medical students. The School of Medicine annually documents and reports to the Executive Committee and the SOM Council concerning the admission of students from diverse backgrounds to assure that the admissions process is holistic and in line with school-defined definitions of diversity. In 2020, the SOM disseminated its Equitable Faculty Search Policy which is publicly available online and outlines clear recommendations to support recruitment of diverse faculty and senior administrative staff through establishing diverse search committees trained on implicit bias, developing gender-inclusive job announcements, employing strategies to diversify the candidate pool, and consistent candidate evaluation methods. In addition to these processes and policies, the SOM has invested in partnerships aimed at achieving diversity in medicine- these include NIH-funded multi-institutional partnerships, philanthropically-funded and government-funded partnerships.

- **Element 3.4 (Anti-Discrimination Policy)** - *A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.*

The School of Medicine follows the USM Policy on Non-Discrimination and the UMB Notice of Non-Discrimination. The University notice makes the USM policy effective for the University and its offices, schools, and other organizational functions and services. The congruence of these two policies is further reinforced by the core UMB core values. UMB also has two specific policies regarding non-discrimination for employees and students based on sexual orientation (3-04 UMB Employee Sexual Orientation Non-Discrimination Policy and Procedures and 3-04 UMB Student Sexual Orientation Non-Discrimination Policy and Procedures). Both these policies and related procedures extend the protections provided under the USM and UMB Non-Discrimination policies.

- **Element 3.5 (Learning Environment/Professionalism)** - *A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.*

The Dean, the Senior Associate Dean for Academic Affairs, the Senior Associate Dean for Undergraduate Medical Education, the Associate Dean for Medical Education and Student Experience, and the Associate Dean for Student Affairs, along with the Chairs of the Curriculum Coordinating Committee and its subcommittees, are empowered to ensure that there is an appropriate learning environment in all settings. The Office of Medical Education conducts end-of-clerkship Clinical Learning Environment Surveys (CLES) of behavior experienced and/or witnessed by students on required clerkships. The CLES asks for examples of positive behavior and perceived mistreatment, mirroring the AAMC GQ questions. The Associate Dean for Medical Education and Student Experience collates the information and discusses it with a group that includes other School of Medicine leaders, Human Resource personnel, and UMMC leadership. This committee decides on action plans and monitors for patterns across surveys over time. The CLES is collected anonymously through Microsoft Forms. The Clinical Years Committee (CYC) reviews Graduation Questionnaire data annually and carefully reviews the School's performance on professionalism items. Actionable recommendations based on GQ data are developed and assigned by the Chair of the CYC for tracking and follow-up. The CYC conducts periodic reviews of clerkships to ensure a supportive learning environment on clinical rotations. Review results are discussed in CYC, and actionable recommendations are made to the clerkship directors responsible. Data from the GQ is also monitored through the MECQI which can also refer a particular clerkship to the CYC for targeted review or intervention. The School of Medicine, as part of its Professionalism Enhancement Initiative (PEI), has also conducted focus groups in selected clinical sites across the University of Maryland, Baltimore campus to assess the professional environment. The students are exposed to curriculum on professional behaviors, and are assessed using methodologies such as standardized patient interactions, direct clinical observations, and the Mini-Clinical Evaluation Exercise (Mini-CEX). The School of Medicine's chapter of the Gold Humanism Honor Society promotes humanism and professionalism through

Commented [KJ5]: I remember from our last visit that the reviewers sometimes wanted a specific SOM policy on an issue, not just a reference to a campus or system policy. Do we need to have a specific SOM policy that is essentially a duplicate of the campus policy?

Commented [6R5]: This is one of those policies that accreditors will often allow programs to defer to institutional policies to avoid inconsistency across multiple policies. Having a procedure document for recruiting and hiring for SOM personnel (faculty and staff) in the Dean's office which references the institutional policy would demonstrate we use and follow the campus policy. I will check the language of the system and campus policies again next week to see if there is any incongruence, and to determine if the system/campus level policies will suffice. Also adding this to a list of questions for the Secretariat prior to, or during our meeting with them in Seattle.

various activities on campus and in the community, including facilitating student discussions around ethical behavior and leading community service projects in Baltimore City.

BASED ON THE INVESTIGATION AND REVIEW BY THE SUBCOMMITTEE, THE FOLLOWING ELEMENTS ARE SUBMITTED AS “SATISFACTORY WITH MONITORING” BASED ON PRODUCED EVIDENCE.

- **Element 1.1 (Strategic Planning and Continuous Quality Improvement)** - *A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.*

The SOM engages in ongoing strategic planning and continuous quality improvement processes. A formal policy is in place to codify the committees and processes for CQI. The planning and CQI processes are mission-driven towards providing excellence in biomedical education, basic and clinical research, quality patient care and service to the health of the citizens of Maryland and beyond. There are robust procedures in place for CQI, through committees such as the Medical Education Continuous Quality Improvement Committee (MECQI), Curriculum Coordinating Committee, Pre-clerkship Curriculum Committee, and Clinical Years Committee. A long-term strategic plan is developed every 5 years, and a new plan is currently in development under the leadership of the new Dean. The development of this strategic plan involves a multi-phased approach with the involvement of numerous stakeholders, and for the first time, it is a joint plan with the University of Maryland Medical System. Since the new strategic plan is still being developed, there is no current data for evidence available about progress toward medical education-focused goals. Once enacted, the Executive Committee in the Dean’s office will monitor the plan and ensure measurement milestones are followed. The subcommittee does cite two examples of goals achieved in the 2017-2022 Strategic Plan: Achievement of educational and curricular innovation, and prioritizing recruitment and retention of an outstanding, highly qualified and diverse body of faculty and students.

- **Element 3.6 (Student Mistreatment)** - *A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.*

The Office of Medical Education introduces the policy on student mistreatment and options for reporting during the Introduction to Medical School orientation course. This is reinforced at multiple points in time as students progress through their education. There are a variety of mechanisms which students, faculty and residents may use to report incidents of mistreatment or unprofessional behavior. These include at a minimum: Clinical Learning Environment Surveys, directly to the teaching resident, clerkship director, or department administrator, hospital

Commented [CD7]: I think the 2023 GQ data is very important for us to review prior to making a final judgment about how we should categorize our performance with this element. However, I tend to lean towards Satisfactory with Monitoring since the prevalence of mistreatment is significant in both the surgery and OB/GYN clerkships. I do not think we have a specific CQI plan outlined yet but we will be working on one once the Steering Committee has a chance to weigh in on the final report from the subcommittee.

professionalism reporting mechanisms, the Ethicspoint hotline (especially for Title IX and discrimination violations), the Office of Human Resources, the Office of Student Affairs, the Office of Medical Education, or a faculty mentor. It is the policy of the School of Medicine that concerns, problems, questions, and complaints may be discussed, without fear of retaliation, with any member of the faculty or administration of the School of Medicine. Data from the Clinical Learning Environment Surveys are reviewed monthly at a meeting with participants from the School, the HR department, and the main teaching center, UMMC. Data from the Y2Q and the GQ are reviewed annually at MECQI meetings (both workgroup and full meetings) and data are presented annually at the CCC and subcommittees. The 2021 and 2022 AAMC GQ on mistreatment experiences and ISA survey on satisfaction with mistreatment policies were reviewed and show improvement from 2021 to 2022, however, monitoring is required because internal surveys show a prevalence of mistreatment in the Surgery and OB/GYN clerkships. The 2022 AAMC GQ reflects that awareness of mistreatment reporting procedures and policies is slightly below national average (awareness of mistreatment reporting procedures- 87.3% UMSOM, 90.2% National, awareness of mistreatment reporting policies- 94.9% UMSOM, 97.6% National).

BASED ON THE INVESTIGATION AND REVIEW BY THE SUBCOMMITTEE, THERE ARE NO ASSIGNED ELEMENTS TO SUBMITTED AS "UNSATISFACTORY" BASED ON PRODUCED EVIDENCE.

III. Recommendations for Further Action or Study of Opportunities and Challenges

BASED ON THE INVESTIGATION AND REVIEW BY THE SUBCOMMITTEE, THE FOLLOWING ELEMENTS WOULD BENEFIT FROM FURTHER ACTION OR STUDY OF OPPORTUNITIES AND CHALLENGES.

- **Element 1.1 (Strategic Planning and Continuous Quality Improvement)** - *A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.*

As mentioned above, the 5-year strategic plan is in process, thus further action steps would be completion of the plan and study of measurable outcomes. Once the strategic plan is finalized, a monitoring plan should be established by the SOM to periodically review all aspects of the strategic plan in all areas, not just medical education, to ensure that the goals and objectives of the strategic plan are being met.

- **Element 3.3 (Diversity Programs and Partnerships)** - *A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.*

While this Element is likely satisfactory, the recent US Supreme Court decisions on the consideration of an applicant's racial or ethnic background in the higher education admissions presents potential challenges to our current processes for admissions and recruitment, and potentially other diversity programs and partnerships through the institution. Action items would be to review policies and practices that may be affected by this court decision, and to consider creating a taskforce or work group charged with ensuring that the policies and practices remain true to our missions and values while remaining in compliance with the element.

Commented [KJ8]: I deleted the comment about short term objectives and added text about an overarching monitoring process for all areas of the strategic plan.

ATTACHMENT A

LCME Full Accreditation Survey AY2023-2024 Institutional Setting Subcommittee Charge

I. Purpose

The University of Maryland School of Medicine (UMSOM) is preparing for its next full accreditation survey by the Liaison Committee on Medical Education (LCME) with the submission of a self-study report in January 2024, to be followed with a survey visit in April 2024. The importance of accreditation cannot be overstated as it relates to accountability, integrity, and quality which are also exemplified through the undergraduate medical education program (UME) offered by the University. Through accreditation, the LCME process provides assurance to medical students and graduates, the medical profession, healthcare institutions, and the public that:

- Educational programs culminating in the award of the MD degree meet reasonable, generally accepted, and appropriate national standards for educational quality and
- Graduates of such programs have completed a comprehensive educational experience sufficient to prepare them for the next stage of their training.

The development of the self-study report and supporting documentation/data requires full participation of all UME stakeholders at the University. All voices must be accurately and fully represented in the preparation process to fully explore and identify strengths and compliance risks of the program, and additional opportunities to build on a longstanding tradition of excellence.

While each committee and/or sub-committee will have specific standards and elements to respond to in the development of the self-study report, it is important to focus not only on compliance with the standards, but also continuous quality improvement (CQI) efforts/opportunities for each of the elements while conducting the required work.

Preparation for a full accreditation survey by the LCME should also further clarify the CQI program to ensure it regularly and consistently fosters innovation, change, and improvements for the faculty, curriculum, student services, learning environments, and educational resources. Finally, the focus on compliance and CQI collectively allows committees to fully assess the state of UME as it relates to the overall mission, strategic planning initiatives and direction for the organization.

II. Charge

Timeframe for completion of primary committee work: ~6 months with final deliverable due to Steering Committee on or before March 31, 2023

Time Commitment: 1 monthly meeting (as needed); timely response to e-mails, online tasks, and other requests for information

A. Write and/or review narrative responses and collect relevant supporting data to substantiate compliance with the following Standards and Elements from the LCME Data Collection Instrument (DCI) for Full Accreditation Surveys (2023-2024):

Standard 1: Mission, Planning, Organization, and Integrity (except for 1.3)

Standard 2: Leadership and Administration (except for 2.5 and 2.6)

Standard 3: Academic and Learning Environments

Additional Elements from other Standards: N/A

B. Complete the subcommittee report template for submission to the Steering Committee by the established deadline

C. Identify areas of compliance risk, and unrealized opportunities to improve or enhance the UME experience, discovered while collecting and reviewing data

D. Provide recommendations and next steps for UME stakeholders to take for the development and implementation of actionable plans

- Addressing areas of compliance risk
- Capitalizing on unrealized opportunities for improvement or enhancement

E. Participate in the LCME events including mock site visits (TBD), on-site visit with the Survey team, campus celebrations related to accreditation