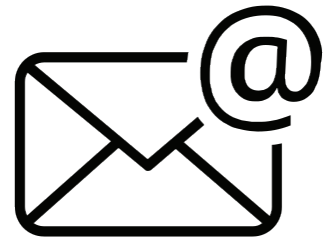




**VCU** School of Medicine

# **The** **Standard** **Bearer**



# **Newsletter** **Archives**

# The Standard Bearer

Updates on our ongoing accreditation effort

## Key dates to remember

- Mock site visit: Aug. 21-23, 2023
- Official LCME site visit: Feb. 18-21, 2024



## Oversight of M.D. curriculum

*Element 8.3 - Curricular Design, Review, Revision/Content Monitoring*

**What:** A faculty committee is responsible for overseeing and implementing all components of the medical education curriculum. At our School of Medicine, that's called the Curriculum Council.



**Why:** Faculty, through the Curriculum Council, are responsible for detailed development, design and implementation of all components of the medical education program, which are subject to ongoing monitoring, review and revision.

**Call to Action:** Take a moment to see the faculty members and student representatives who serve on the Curriculum Council, and review the School of Medicine's policy on the council's operating standards.

## LCME Element 8.3

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.



## The Standard Bearer

Updates on our ongoing accreditation effort

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### Oversight of student learning objectives

*Elements 6.1 and 8.2 – Institutional Learning Objectives*

**What:** Session-level and course-level objectives are driven by the institutional learning objectives.

Faculty leading learning experiences (e.g., courses, clerkships) are responsible for developing objectives, and ensuring that students and faculty are aware of both the institutional learning and course/clerkship level objectives.

Institutional Learning Objectives (ILOs)



Course/Clerkship Level Objectives



Session Level Objectives



The **Curriculum Council** ensures that the medical education objectives guide the curriculum content.

**Why:** If you're teaching medical students, whether in a classroom or in a clinic, your lessons must contain measurable objectives for learners.

**Call to action:** Familiarize yourself with the School of Medicine's policies on the institutional learning objectives review and revision process and the distribution of course and clerkship learning objectives.



### LCME Element 6.1

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

### LCME Element 8.2

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.



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## Oversight of clinical education

*Elements 6.2 and 8.6 – Required clinical experiences*

**What:** Faculty are responsible for defining the types of patients and clinical conditions that medical students are required to encounter, and a system is in place to ensure successful completion by all students.



**Why:** Required clinical experiences ensure that students have a robust and diverse learning environment in which to develop clinical skills.

**Call to action:** All residents and faculty responsible for teaching must be aware of the required clinical experiences of their clerkship. Familiarize yourself with the School of Medicine's **policy on completion of required clinical experiences.**



### LCME Element 6.2 - Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

### LCME Element 8.6 - Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.





# The Standard Bearer

Updates on our ongoing accreditation effort

## Key dates to remember

- **THIS WEEK!** Mock site visit: Aug. 21-23, 2023
- Official LCME site visit: Feb. 18-21, 2024



## Oversight of assessments

*Element 9.8 – Fair and timely assessments*

**What:** Medical educators are responsible for providing fair and timely assessment of medical student achievement, with final grades made available to students within six weeks of the end of the course or clerkship.



**Why:** Fair and timely assessments ensure that students receive feedback that highlights strengths and identifies areas of growth to enhance their learning experience.

**Call to action:** Faculty, please submit your evaluations and assessments on time, a critical piece of the timely assessments. Course and clerkship directors, please familiarize yourself with the School of Medicine's policies on student assessments and grade timeliness.



## LCME Element 9.8

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.



# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- Official LCME site visit: Feb. 18-21, 2024



## Oversight of learning environment

*Element 3.5 – Learning environment/professionalism*

**What:** Medical educators are responsible for maintaining a learning environment that promotes appropriate behaviors and professional standards for all students, faculty and staff.



**Why:** The School of Medicine is committed to providing an equitable and inclusive environment that fosters professionalism and mutual respect among all learners and educators.

## Call to action:

Visit the Office of Medical Education's [learning environment page](#) on the School of Medicine's website, where you can [report a concern](#) or [recognize an exemplar](#).



Please also familiarize yourself with the [learning environment and student mistreatment reporting and response policy](#).

## LCME Element 3.5

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 Standard Bearer

Updates on our ongoing accreditation effort

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## Oversight of student mistreatment

*Element 3.6. – Student mistreatment*

**What:** Medical educators and administrators are responsible for creating and maintaining a learning environment that prevents mistreatment, and providing a mechanism through which students can report violations without fear of retaliation.

**Why:** In order to maintain a positive and professional learning environment for everybody, the School of Medicine provides support and transparency for students to address and resolve any concerns.



## Call to action:

Please familiarize yourself with the school's policy on **learning environment and student mistreatment reporting and response**.

All School of Medicine policies are **available on our medical education policies webpage**.



[Report a concern or recognize an exemplar](#)

## LCME Element 3.6

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 Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Strategic planning and continuous quality improvement

*Element 1.1. – Strategic planning and continuous quality improvement*

**What:** Medical schools must have a strategic plan and a way to ensure process improvement so that the medical education program complies with accreditation standards.

**Why:** A strategic plan supports aligning the missions of the School of Medicine and promotes collaboration across the departments and dean's office units for shared goals. Continuous quality improvement in medical education ensures that we maintain optimal standards, thus providing students with the best learning experience possible.



## Call to action:

Familiarize yourself with the [School of Medicine's 2021-2025 Strategic Plan](#).



[Learn more about our LCME efforts](#)

## LCME Element 1.1

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 Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Overview of technical standards

### *Element 10.5 – Technical Standards*

**What:** Students must meet various technical standards upon admission, during their medical school experience and at graduation.

**Why:** VCU School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of entering residency training and meeting all requirements for medical licensure. The established technical standards represent the minimum observational, communication, clinical, cognitive and behavioral/social capabilities required for completion of the undergraduate medical education curriculum. The continued ability to meet these standards, either with or without reasonable accommodation(s), is a requirement of all students.



## Call to action:

Review and understand the School of Medicine's technical standards for the M.D. program.



[Learn more about our LCME efforts](#)

## LCME Element 10.5

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- Official LCME site visit: Feb. 18-21, 2024



## Overview of curricular management

*Element 8.1 –Curricular Management*

**What:** The LCME requires that faculty of a medical school engage in curricular revision and program evaluation to maintain and enhance the quality of the medical education program. Coherence includes the logical sequencing of curricular segments, coordinated content across periods of study and methods of instruction and assessment appropriate to the student's level of learning and to the program's objectives.



**Why:** Through ongoing curriculum management, we ensure that medical students achieve all program objectives and participate in required clinical experiences and settings.

## Call to action:

Familiarize yourself with the School of Medicine's Curriculum Council and its operating standards.



[Explore our updated LCME policies](#)

## LCME Element 8.1

A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.



# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- **Official LCME site visit:** Feb. 18-21, 2024



## Overview of medical educational program objectives

*Element 8.2 – Use of Medical Educational Program Objectives*

**What:** The VCU School of Medicine Curriculum Council ensures that our medical education program has formal objectives for the overall program, known as institutional learning objectives (ILOs). Learning objectives for each course and clerkship must link to the ILOs.



**Why:** The LCME defines learning objectives as statements of the specific, observable and measurable expected outcomes of each specific component of a medical education program. Learning objectives define the content of the course, module, clerkship or rotation and assessment methodology.

## Call to action:

Familiarize yourself with the School of Medicine's policy on the institutional learning objectives review and revision process.

Faculty must ensure that course-level and clerkship-level learning objectives are linked to the ILOs.



[Learn more about our LCME efforts](#)

## LCME Element 8.2

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.



# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- **Official LCME site visit:** Feb. 18-21, 2024



## Monitoring Student Time

*LCME Element 8.8*

**What:** The Curriculum Council and the Office of Medical Education develop and implement the policies and procedures related to the time medical students spend in required educational and clinical activities during all four years of the M.D. program.



**Why:** Through effective curriculum management and time monitoring, the School of Medicine can ensure that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

## Call to action:

Familiarize yourself with the policies related to monitoring student time.



[Academic Workload in the Pre-Clinical Curriculum](#)

[Student Clinical Duty Hours](#)

## LCME Element 8.8

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities



# The Standard Bearer

Updates on our ongoing accreditation effort

## Conflict of Interest and Learner Assessments

*LCME Element 1.2 - Conflict of Interest Policies*

*LCME Element 12.5 - Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records*

**What:** The LCME requires that medical schools have and follow policies and procedures to address conflict of interest with individuals and the operation of the medical education program, including providing health care to medical students and learner assessments.



**Why:** It is important to mitigate situations in which individuals' aims are incompatible or an individual might gain something personally for a decision or action.

### Call to action:

Read and understand the following policies:



Conflict of Interest in Educational Settings

Non-involvement of Health Care Providers in Student Assessment and Promotion

Administration and Review of Student Assessments

Disclose any potential conflicts of interest per the above policies.

### LCME Element 1.2

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.

### LCME Element 12.5

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.





# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- Official LCME site visit: Feb. 18-21, 2024

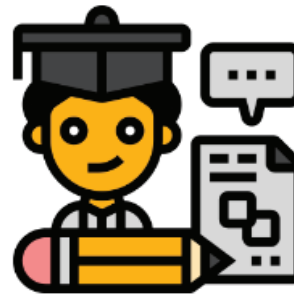


## Evaluation of Educational Program Outcomes

*LCME Element 8.4*

**What:** The School of Medicine collects data during enrollment and after completion of the M.D. program and uses it to determine how students perform and how to improve the curriculum.

**Why:** Evaluation data are important to demonstrate students' achievement of educational objectives and to use for continuous quality improvement.



## Call to action:

Faculty must provide course and clerkship grades in a timely manner.

View the School of Medicine's [policy on grade timeliness](#).



## LCME Element 8.4

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.



# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Diversity, Equity and Inclusion Standards

*LCME Element 3.3 - Diversity Programs and Partnerships*

**What:** Medical schools must have effective policies and practices in place, and engage 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.



**Why:** Having medical students and faculty from a variety of socioeconomic backgrounds, racial and ethnic groups and other life experiences can enhance the quality and content of interactions for students and prepare a physician workforce that is more culturally aware, more competent and better prepared to improve access to health care and address health disparities.

## Call to action:

Familiarize yourself with the School of Medicine's [diversity statement](#), the [Inclusion Council](#) and [initiatives and events](#) that demonstrate our commitment to a diverse, equitable and inclusive environment.



## LCME Element 3.3

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 Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Overview of Assessment Systems

*LCME Element 9.4 - Assessment System*

**What:** We have a variety of assessment strategies to assess clinical skills, including direct observation of entrustable professional activities, to ensure students meet institutional learning objectives.

**Why:** Centralizing the assessments supports continuous quality improvement and ensures that all medical students achieve the same educational objectives.



## Call to action:

It is imperative that all medical students are directly observed performing a history and physical exam during each clerkship of the M3 year.



[Review the policy on direct observation](#)

## LCME Element 9.4

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Overview of Formative Assessment and Feedback

*LCME Element 9.7 - Formative Assessment and Feedback*

**What:** The Curriculum Council ensures that each student receives feedback at the midpoint of each course or clerkship.

**Why:** This supports students' learning and allows them to course-correct if their performance is lower than they desire.



## Call to action:

Course and clerkship directors need to ensure their learning experiences include midpoint feedback. If a learning event is less than four weeks long, they can offer other ways for students to assess their progress.

Clinicians in the clerkships should also provide frequent, high-quality feedback to students on an ongoing basis.



[Review the Formative Assessment and Feedback Policy](#)

## LCME Element 9.7

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.



# The Standard Bearer

Updates on our ongoing accreditation effort

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## Overview of Self-Directed Learning

*LCME Element 6.3 – Self-Directed Learning*

**What:** Per the LCME, self-directed learning includes the following components as a single unified sequence that occurs over a relatively short time:

- The medical student's self-assessment of their learning needs, independent identification, analysis and synthesis of relevant information, and appraisal of the credibility of information sources
- The facilitator's assessment of and feedback to the student on their information seeking skills



**Why:** As lifelong learners, physicians need to practice self-directed learning to stay current on advances in medicine. The ability to understand their learning needs, seek opportunities to meet those needs, determine source credibility and receive feedback prepares students to be effective lifelong learners.

## Call to action:

Familiarize yourself with the School of Medicine's **academic workload policy**. We encourage faculty to incorporate self-directed learning with students whenever there is an opportunity.



## LCME Element 6.3

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.





# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

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## Overview of Academic Advising and Academic Counseling

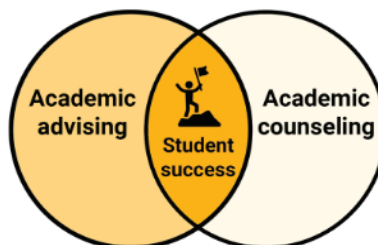
*LCME Element 11.1 – Academic Advising and Academic Counseling*

**What:** An effective system of student support provides both academic advising and academic counseling.

According to the LCME, academic advising is the process between a medical student and an academic adviser of reviewing the services and policies of the institution, discussing educational and career plans and making appropriate course selections.

The LCME defines academic counseling as the process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student develop stronger abilities in areas such as studying and test-taking.

**Why:** Advising and counseling work best when integrated as part of a comprehensive model of support for students.



## Call to action:

Familiarize yourself with the **academic counseling services** provided by the Division for Academic Success, and the **student support services** provided by the Office of Medical Education, including **Careers in Medicine**, the four-year integrated program that guides students through each stage of their medical education.



## LCME Element 11.1

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.



# The Standard Bearer

Updates on our ongoing accreditation effort

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## Overview of Career Advising

*LCME Element 11.2 - Career Advising*

**What:** Different from academic advising and academic counseling, career advising supports medical students as they explore and select specialties, apply for residency and determine long-term career goals.



**Why:** There are more than 120 specialties in medicine for students to choose from, and residency matching has become extremely competitive. With our four-year integrated Careers in Medicine Program, which will soon be enhanced by four new faculty career advisers, we consistently match students at or above the national average in the National Residency Matching Program and other residency matches.

## Call to action:

We encourage physicians to make themselves available to students as they explore the many specialties our institution has to offer.



Please consider becoming a specialty adviser during residency application season, and making research and other career exploration opportunities available to students as they begin forming their professional identities.

## LCME Element 11.2

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors and student affairs staff to assist medical students in choosing elective courses, evaluating career options and applying to residency programs.

# The Standard Bearer

Updates on our ongoing accreditation effort

## Overview of faculty participation

*LCME Standard 1 – Mission, Planning, Organization, and Integrity  
(Elements 1.3: Faculty Participation and 1.5: Bylaws)*

**What:** The School of Medicine bylaws outline faculty membership, leadership structure and participation in the school's governance. The following groups, which meet on a regular basis, are involved in governance:



- The dean/executive vice president for medical affairs delegates daily operations and oversight of undergraduate medical education to the senior associate dean of medical education and student affairs.
- The **Executive Committee** shares strategy and operations information across departments and dean's office units.
- The **Curriculum Council** is charged with the design, management, integration and evaluation of the curriculum.
- The **Faculty Advisory Council** guides and advises the dean on matters related to the school's function.
- Faculty are elected by their peers (through a nomination process led by SOM Faculty Affairs) to serve on multiple committees, including the Faculty Advisory Council, Curriculum Council, and the Promotion and Tenure Committee.
- The dean's cabinet reviews and approves non-curricular policies and recommends changes to the dean.

**Why:** Faculty participation governance is critical to the health and success of the school. Faculty members are guaranteed the right to freely express opinions related to the welfare and functioning of the school in areas including admissions standards, graduation eligibility, educational policies and processes related to faculty appointments.

### Call to action:

We encourage faculty to engage in governance by voicing concerns and suggestions directly to SOM leadership and participating in meetings (general faculty meetings occur twice a year), forums and committees.





# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- Official LCME site visit: Feb. 18-21, 2024



## Overview of Mental Health and Well-Being

*Element 12.3 – Personal Counseling/Mental Health/Well-Being Programs*

**What:** The LCME requires an effective system of counseling services for its medical students that includes programs to promote, maintain and improve physical, emotional and mental health through proper diet, exercise, stress management and illness prevention. VCU uses a **seven-dimension model of wellness**, with more than 50 programs and offerings available to students, faculty and staff.



**Why:** Wellness and well-being programs can help students, faculty and staff manage the challenges of learning and working in an academic medicine environment.

## Call to action:

We encourage faculty and staff to explore the School of Medicine's compendium of resources that can help prioritize and enhance health and wellness. Please also familiarize yourself with services and opportunities for students.



[Resources for faculty and staff](#)

[Resources for students](#)

## LCME Element 12.3 – Personal Counseling/Mental Health/Well-Being Programs

A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

# The Standard Bearer

Updates on our ongoing accreditation effort

## LCME lingo

Medical education program accreditation has its own language. Here are the top 10 terms and acronyms to be familiar with before the LCME visit in February:



- **Medical education program:** The curriculum that leads to successful completion of a doctor of medicine (M.D.) degree; the LCME accredits the medical education program, not the School of Medicine broadly.
- **Liaison Committee on Medical Education (LCME):** The accrediting body for medical education programs, co-sponsored by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC).
- **Functions and Structure of a Medical School:** The document published by the LCME containing the 12 standards and related elements for accreditation of medical education programs; topics include everything from lockers to learning environment.
- **Data collection instrument (DCI):** The report we submitted that addressed each of the standards and elements of medical education accreditation.
- **Independent student analysis (ISA):** Submitted as part of the DCI, the survey and report conducted by our medical students to discern strengths and opportunities from their perspective.
- **Institutional self-study summary report:** The executive summary of the DCI, which outlines major findings of the instrument.
- **Survey visits:** The site visit conducted by the LCME survey team to ascertain compliance with the accreditation standards, with questions formulated from the submitted DCI document.
- **Survey team:** The team, usually consisting of five or six members, that conducts the survey; teams may also include a faculty fellow, nominated by the dean, who plays a significant role in their school's accreditation preparation in the future.
- **Continuous quality improvement (CQI):** The approach the LCME requires to maintain a high-quality medical education program; our CQI committee reviews our compliance with LCME standards on a regular basis.
- **Curriculum Council:** The School of Medicine body that oversees the curriculum of the medical education program.





# The Standard Bearer

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## We have a policy for that!

VCU School of Medicine maintains a series of policies that reflect the regulatory standards and mandates that students and faculty follow for LCME compliance. Some policies pertain specifically to students, while others pertain to educators, administrators and specific units within the medical school.



## Curricular policies

Our curricular policies are approved by the SOM Curriculum Council and cover a variety of topics, including, but not limited to:

- [Academic Workload in the Pre-Clinical Curriculum](#)
- [Administration and Review of Student Assessments](#)
- [Clinical Supervision of Students](#)
- [Committee on LCME Standards and Continuous Quality Improvement](#)
- [Competency Based Graduation](#)
- [Completion of Required Clinical Experiences](#)
- [Confidentiality, Maintenance and Amendment of Student Records](#)
- [Conflicts of Interest in Educational Settings](#)
- [Course and Clerkship Director Responsibilities](#)
- [Curricular Changes Requiring Curriculum Council Approval](#)
- [Curriculum Council Operating Standards](#)
- [Curriculum Review and Evaluation Policy](#)
- [Degree Requirements for the M.D. Program](#)

## LCME newsletter archive: Feb. 5, 2024 (cont.)

- [Direct Observation](#)
- [Distribution of Course and Clerkship Learning Objectives](#)
- [Elective Opportunities](#)
- [Formative Assessment and Feedback](#)
- [Grade Appeals in the Clerkship Phase](#)
- [Grade Appeals in the Pre-Clinical Phase and Longitudinal Curriculum](#)
- [Grade Timeliness](#)
- [Immunization Requirements and Monitoring](#)
- [Institutional Learning Objectives Review and Revision Process](#)
- [Learning Environment and Student Mistreatment Reporting](#)
- [Leave of Absence](#)
- [Medical Student Exposure to Infectious and Environmental Hazards](#)
- [Medical Student Performance Evaluation](#)
- [Narrative Assessment](#)
- [NBME Shelf Exam Scoring and Remediation](#)
- [Non-Involvement of Healthcare Providers in Student Assessment and Promotion](#)
- [Oversight of Extramural Electives for Visiting Students](#)
- [Professionalism Policy](#)
- [Requesting an Alternative Educational Site](#)
- [Student Appeal Procedures for Promotion and Advancement Committee Decisions](#)
- [Student Attendance](#)
- [Student Clinical Duty Hours](#)
- [Student Health and Disability Insurance](#)
- [Student Promotion and Advancement Committee Policy](#)
- [Technical Standards for the M.D. Program](#)
- [Transfer and Admission with Advanced Standing](#)
- [USMLE Step Examinations Policy](#)

[View all medical education policies](#)

### Non-curricular policies

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- [Bylaws of the School of Medicine Faculty](#)
- [Outside Professional Activities](#)

# LCME newsletter archive: Feb. 5, 2024 (cont.)

## Committee Decisions

- Student Attendance
- Student Clinical Duty Hours
- Student Health and Disability Insurance
- Student Promotion and Advancement Committee Policy
- Technical Standards for the M.D. Program
- Transfer and Admission with Advanced Standing
- USMLE Step Examinations Policy

[View all medical education policies](#)

## Non-curricular policies

- Bylaws of the School of Medicine Faculty
- Outside Professional Activities
- Promotion and Tenure
- VCU Code of Conduct
- VCU Conflicts of Interest in Research
- VCU Health Standards of Conduct
- Creating, Approving, and Maintaining Policies
- VCU Faculty Handbook

[View all non-curricular policies](#)

### LCME Element 1.5: Bylaws

A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, and committees.

### LCME Element 4.6: Responsibility for Medical School Policies

At a medical school, the dean and a committee of relevant medical school administrators and faculty representatives determine the governance and policymaking processes within their purview.

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# The Standard Bearer

Updates on our ongoing accreditation effort

## Key date to remember

- **NEXT WEEK!**  
Official LCME site visit: Feb. 18-21, 2024



## Areas of strength

We are just days away from hosting our survey team for the reaccreditation visit. As we look forward to their arrival, we would like to highlight the many strengths of our medical education program, which shone through as the LCME task force subcommittees assessed our M.D. program against the 12 standards for accreditation.



The many great aspects of our program are below:

- Accessibility, awareness and responsiveness of the Office of Student Affairs
- Accessibility of the Associate Dean for Medical Education
- Adequacy of lecture halls, large group classrooms and small group teaching spaces
- Campus and clinical site safety and security
- Library resources, support and resources
- Study space and storage space on the medical school campus
- Self-directed learning in the pre-clerkship phase
- Access to service learning and community service
- Adequacy of education in caring for patients from different backgrounds
- Quality of the pre-clerkship phase and assessment in the clerkship phase
- Accessibility of student health services
- Accessibility of medical school faculty
- Administration, faculty and student diversity
- Utility of medical education program objectives to support learning
- Fairness of summative assessments in the pre-clerkship phase
- Access to patients in required clerkships
- Availability and quality of peer-assisted learning resources

**Call to action:** Please share these points of pride as you engage with the survey team during the visit.

