

GENERAL INSTRUCTIONS FOR COMPLETING THE DATABASE

Each question in the database is preceded by the relevant LCME accreditation standard. In some cases, two standards are closely related and the questions are germane for documenting compliance with each of the two standards. Additional related information is sometimes contained in the responses to questions that deal with other standards; in those cases, cross-references to the additional information are included in italics. The cross-references are intended to help self-study groups and the survey team to identify all relevant data for assessing compliance with standards.

For comprehensive instructions regarding database completion, refer to the document “Background and Instructions for Completing the LCME Medical Education Database and Institutional Self-Study,” which is included on the CD and mailed with the hard copy of the database.

- The medical school should maintain a master copy of the database. When it becomes necessary to update database sections after the self-study report has been completed, but prior to the survey visit, the school should create separate database pages containing the updated information only.
- Most questions require a narrative answer or the completion of a table; in some cases, it will be necessary to duplicate a blank table (e.g., to summarize each of the medical school’s clinical teaching sites). Use as much space as necessary to answer each question completely or to complete the tables. The tables may be modified to fit school-specific circumstances.
- Any supporting documents that are requested in the database (e.g., bylaws, organizational charts, policy documents) should be compiled in a separate red binder, divided by tabs for each section of the database; do not include such appended materials in the individual database sections. If the documents are large, you may send the URL (see the instructions document).
- The header on each page should indicate the most recent academic year for which information is available at the time of the self-study, not the academic year in which the database is being completed. For visits during 2012-2013, the most-recently-completed academic year might be 2010-2011 or 2011-2012 (for example, July 1, 2010- June 30, 2011) for self-studies concluding in 2012-2013. When the requested data are for a different time period than that indicated in the header, the applicable time period should be included in the response to the question.

If database information is updated after completion of the self-study, the academic year listed in the header should be changed accordingly and marked with the word “Update” in the header along with the year shown (e.g., “Update 2011-2012”). Note that changing the header will affect all pages of a database section; therefore, a fresh (blank) copy of the database section should be used for updates.

- If requested information is available from the medical school’s Web site, print a copy of the Web site information for the master database maintained by the school. Changes to such documents after completion of the self-study should be printed, stamped “Updated” to indicate that they have been revised, and included in the updated database. In addition, database pages that list URLs of modified Web pages should indicate that the Web site information has been altered from the original data available to the self-study groups.
- The database copies sent to the LCME Secretariat should include printed copies of any information referred to by Web site URL. If the document is long, please include the table of contents and only the relevant sections. The Secretariat is required to maintain complete print records of all database information.

- For U.S. medical schools, the Longitudinal Statistical Summary Report (LSSR) referred to in the Key Quantitative Indicators (Part A of each database section) is prepared annually by AAMC Mission Support staff and sent directly to the dean.

SPECIAL INSTRUCTIONS FOR SECTION V: EDUCATIONAL RESOURCES

- All clinical teaching facilities listed in response to the questions for standard ER-6 should also be included in the response to the questions for standards ER-7 through ER-10.

SECTION V. EDUCATIONAL RESOURCES

Part A: Key Quantitative Indicators
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Please provide the following information. For U.S. medical schools, use the school's copy of the Longitudinal Statistical Summary Report (LSSR) as the data source, unless otherwise indicated. For Canadian medical schools, use the Canadian Faculty of Medicine Financial Summary as the data source, as appropriate.

a. **Total revenues** (in millions, to one decimal place)

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11

b. **Total expenditures** (in millions, to one decimal place)

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11

c. **Total state (provincial) and university appropriations** (in millions, to one decimal place)

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11

d. **Professional fee (practice plan) revenues** (in millions, to one decimal place)

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11

e. **Direct federal grants and contracts** (in millions, to one decimal place)

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11

SECTION V. EDUCATIONAL RESOURCES

Part B. Narrative Data and Tables

ER-1. A medical education program must notify the LCME and the CACMS, when applicable, of any substantial change in the number of enrolled medical students or in the resources available to the institution, including the faculty, physical facilities, or finances.

If the medical education program plans to increase its entering medical student enrollment above the threshold of 10% or 15 medical students in one year, or 20% in three years, the program is required to provide prior notification to the LCME and the CACMS, when applicable. Notification to the LCME must occur by January 1st of the year preceding expansion; notification to the CACMS must occur by September 1st of the year preceding the planned expansion. This notification is required for a medical education program planning to increase class size on its main campus and/or in existing functionally separate instructional sites (without any expansion in the curriculum years that the functionally separate instructional site covers).

A medical education program that plans to start a new functionally separate instructional site or to expand an existing functionally separate instructional site (e.g., from a one-year or two-year program to a four-year program) is required to provide notification of the plans to the LCME and to the CACMS, when applicable, by January 1st of the year preceding the planned creation or expansion of the functionally separate instructional site.

ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

The costs of conducting an accredited educational program leading to the M.D. degree should be supported from diverse sources (e.g., income from tuition, endowments, and earnings by the faculty, support from the parent institution, annual gifts, grants from organizations and individuals, appropriations by government). Evidence for compliance with this standard will include documentation of adequate financial reserves to maintain the medical education program in the event of unexpected revenue losses and demonstration of effective fiscal management of the medical education program’s budget.

a. Complete the following table for the anticipated number of new medical students to be admitted in each of the indicated years. If the number is unknown, use “N/A.”

	2012	2013	2014	2015	2016
# of New Students					

NOTE: Unless the school states otherwise, the LCME will assume that the program uses the fiscal year of July 1 - June 30.

b. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Using data from the Longitudinal Statistical Summary Report (LSSR) or other documentation, explain any substantive changes during the PAST three years for the medical school in the following areas:

- i. Total revenues
- ii. Operating margin

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- iii. Revenue mix
 - iv. Market value of endowments
 - v. Debt service
 - vi. Outstanding debt
 - vii. Departmental reserves
- c. Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:
- i. Total revenues
 - ii. Revenue mix
 - iii. Obligations and commitments
 - iv. Reserves (amount and sources)
- d. Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:
- i. Number of faculty
 - ii. Faculty mix
 - iii. Hospital and other clinical affiliations
 - iv. Graduate medical education programs
 - v. Physical facilities
- e. Describe the medical school's annual budget process and the budgetary authority of the medical school dean. Does the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan, and/or the health system? Describe the roles and membership of any committees involved in budget planning. Is the medical school's budget approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical education program, by the corporate parent of the institution? Is the approval of the governing board required for tuition and fee rates for undergraduate medical students?
- f. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the dean and department chairs in managing departmental resources.
- g. Describe the role of medical school management and administrative systems (e.g., financial, human resources, student information, room inventory, and sponsored programs) in serving the information needs of the medical school leadership. Describe any plans to replace outdated systems and any

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improvements made since the last full survey visit. Describe the nature and frequency of the financial reports provided to the medical school dean. In the Appendix, provide three examples of recent reports.

h. Describe the ways in which current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

i. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.

j. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.

k. Provide a revenue and expenditures history for the current fiscal year (based on budget projections) and for each of the past three fiscal years. For U.S. medical schools, the format for the history and the data for the three completed fiscal years should be obtained from the "Rev_Exp_History" tab of the school's completed LCME Part I-A Annual Financial Questionnaire. For Canadian medical schools, use the Canadian Faculty of Medicine Financial Summary as the data source, as appropriate.

l. In the Appendix, provide a copy of the most recent LCME Part I-A Annual Financial Questionnaire, including the Signature Page and excluding the Scratch Pad page (a total of 8 pages). Also, please provide the school's responses to the Web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics." For Canadian medical schools, provide a copy of the Canadian Faculty of Medicine Financial Summary.

m. If tuition and fees comprise more than 50% of the medical school's total annual revenues, describe the school's plan to reduce dependence on tuition and fees.

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ER-3. Pressure for institutional self-financing must not compromise the educational mission of the medical education program or cause it to enroll more medical students than its total resources can accommodate.

Reliance on medical student tuition should not be so great that the quality of the medical education program is compromised by the need to enroll or retain inappropriate numbers of medical students or medical students whose qualifications are substandard.

- a. Briefly describe the extent to which faculty productivity requirements in research or clinical service have affected the medical school's ability to maintain its commitment to medical student education.
- b. Describe whether the medical school's need to generate revenue is affecting decisions related to current and anticipated student enrollment.

Also see Section III, Part A (g. and h.) and information for standard FA-2 in Section IV: Faculty.

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ER-4. A medical education program must have, or be assured the use of, buildings and equipment appropriate to achieve its educational and other goals.

The facilities of the medical education program should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; medical student classrooms and laboratories; lecture hall(s) sufficiently large to accommodate a full year's class and any other students taking the same courses; space for medical student use, including medical student study space; space and equipment for library and information access; and space for the humane care of animals when animals are used in teaching or research.

a. Complete the following table of teaching facilities for each building in which medical students participate in regularly scheduled classes, including laboratories. Do not include classrooms located in clinical facilities.

Building:		
Year Constructed:		Year of Last Major Renovation:
Type of Room*	Seating Capacity	Main Educational Use(s)**

*Lecture hall, science lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, simply indicate the total number of such rooms in parentheses.

**Lectures, small-group discussion, dissection, wet labs, slide study, etc.

b. Indicate the title and organizational placement of the school staff member responsible for scheduling and coordinating the use of these facilities. Indicate whether these facilities are shared with other educational programs. Describe any recurrent problems in gaining access to needed teaching space.

c. Summarize the number and locations of rooms used for small-group teaching and for laboratories. If there has been an increase in class size, describe whether small-group and laboratory teaching space has expanded to accommodate the increased enrollment.

d. Describe the facilities used for teaching physical examination skills, conducting standardized patient examinations, and administering OSCEs. Describe any special facilities that are used only for clinical skills instruction or assessment of medical students (i.e., not used for patient care). Note any recurrent problems or shortcomings with the facilities used to teach and assess students' clinical skills.

e. Complete the table below showing the number of faculty offices, research laboratories, and net square footage for each academic department of the medical school. Add rows as needed.

Department Name	# of Offices	Total Net Sq Ft (Offices)	# of Research Labs	Total Net Sq Ft (Labs)

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f. If the school's animal care facilities are accredited by the American Association for Laboratory Animal Care (AALAC), provide the date of last review and the accreditation status of the facility. Describe the safeguards in place to ensure adequate space for the humane care of animals used in teaching and research.

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ER-5. A medical education program should have appropriate security systems in place at all instructional sites.

- a. Describe the security systems and personnel that are used to provide a safe study and learning environment for medical students during and outside of regular duty and class hours on campus and at clinical teaching sites.
- b. Describe any special protections available to medical students if they are exposed to physical danger in the learning environment (e.g., during interactions with patients in detention facilities).
- c. Describe existing and proposed initiatives to prepare for natural and other disasters and emergencies, including planning activities, mandatory training, and resources available to the medical school's students, faculty, and staff.

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ER-6. A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.

The clinical resources at the medical education program should be sufficient to ensure the breadth and quality of ambulatory and inpatient teaching. These resources include adequate numbers and types of patients (e.g., acuity, case mix, age, gender) and physical resources.

a. List each inpatient teaching site at which the medical school's students take one or more of the listed required clerkship rotations* and check the clerkship rotation(s) offered:

Inpatient Facility Name (list)	Check [√]					
	Family Medicine	Internal Medicine	Ob/ Gyn	Pediatrics	Psychiatry	Surgery

* If the medical school offers major core clerkship rotations in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health), please modify the headings accordingly.

b. For each inpatient facility listed in the preceding table, provide the following information: (Use a separate page for each institution)

Facility Name: _____

Name of Chief Executive Officer: _____

Year Appointed: _____

Number of beds	
Average occupancy rate	
Average length of stay	
Number of annual admissions	
Number of outpatient visits/year	
Number of ER visits per year	

Clinical Service	# of Beds	Average Daily Census	# of Students per Rotation	
			The School's Medical Students	Visiting Medical Students
Family Medicine				
Internal Medicine				
Obstetrics/Gynecology				
Pediatrics				
Psychiatry				
Surgery				

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c. Complete the following table for each ambulatory site* used for required medical student education:

Site Name:		Site Type**:	
Course or Clerkship Rotation Offered	Academic Period (Year) When Offered	Duration (Weeks)	# of Students per Rotation

*If groups of doctors' offices or preceptorial sites are used, list the total number of such sites used for a given required course or clerkship experience.

**Stand-alone clinic, private offices, etc.

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ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

a. Complete the following table for each clinical facility that is used for any inpatient portion of a required core clerkship rotation. Check the appropriate columns indicating if the listed resource is generally available to students during the clerkship rotation.

Facility Name (list)	Check [<input type="checkbox"/>]						
	Library	Lecture or Conference Room(s)	Study Area(s)	Computers	Call Rooms	Shower or Changing Area	Lockers

b. Comment on the adequacy at each facility of the educational resources checked above and the adequacy of library and information technology services (i.e., Internet access, access to the medical education Web sites, library holdings, interactive databases, etc.) at each facility.

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ER-8. Required clerkship rotations at a medical education program should be conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students.

It is understood that, at some medical education programs, there may not be resident physicians at some community hospitals or community clinics or the offices of community-based physicians. In those cases, medical students must be adequately supervised by attending physicians.

Refer to information for standard IS-12-A in Section I: Institutional Setting.

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ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Written agreements are necessary with hospitals that are used regularly as inpatient sites for core clinical clerkship rotations. Additionally, affiliation agreements may be warranted with other instructional sites that have a significant role in the clinical education program.

Affiliation agreements should address, at a minimum, the following topics:

- The assurance of medical student and faculty access to appropriate resources for medical student education.
- The primacy of the medical education program over academic affairs and the education/assessment of medical students.
- The role of the medical education program 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.

If department heads of the medical education program are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to ensure faculty and medical student access to appropriate resources for medical student education.

The medical education program should advise the LCME and the CACMS, when applicable, of anticipated changes in affiliation status of the program's clinical facilities.

ER-10. In the relationship between a medical education program and its clinical affiliates, the educational program for medical students must remain under the control of the program's faculty at each instructional site.

Regardless of the location in which clinical instruction occurs, department heads and faculty of the medical education program must have authority consistent with their responsibility for the instruction and assessment of medical students.

The responsibility of the clinical facility for patient care should not diminish or preclude opportunities for medical students to undertake patient care duties under the appropriate supervision of the medical education program's faculty and residents.

a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations*, insert a copy of the current affiliation agreement with the medical school in the Appendix (red binder).

*Does not include clinical selectives, subspecialty, or widely dispersed, purely ambulatory clerkship rotations (e.g., at individual preceptors' offices).

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b. For each inpatient clinical teaching site in (a) above, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Signed Affiliation Agreement	Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/Assignment	Specification of Responsibility for Treatment/Follow-up of Student Occupational Exposure

c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.

See also information for standards MS-30 and MS-31-A in Section III: Medical Students.

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ER-11. An institution that provides a medical education program must provide ready access to well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions.

Students, faculty, and others associated with an institution that provides a medical education program should have physical or electronic access to the current and prior volumes of leading biomedical, clinical, and other relevant periodicals, self-instructional materials, and any other information resources required to support the institution's missions, including the educational program.

a. Provide the name and year of appointment for the director of the principal library for the medical school and the title of the person to whom the library director reports. Note any other schools or programs served by the library.

b. Briefly summarize any campus-wide or consortium agreements that extend the library's access to information resources. Describe whether the library interacts with other university and affiliated hospital libraries and the means by which those interactions take place.

c. Complete the following table, as appropriate, for the library:

Total user seating	
Number of small-group study rooms	
Number of public workstations	
Number of computer classrooms	
Number of computers or workstations in computer classrooms	

d. Complete the following table showing library collections for the current and preceding two academic years:

	Current Academic Year	One Year Prior	Two Years Prior
Total current journal subscriptions (all formats)			
Total journal subscriptions (print only)			
Number of book titles (all formats)			
Number of book titles (print only)			
Number of databases			
Number of external documents provided to users			
Total collection expenditures			

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ER-12. The library services at an institution that provides a medical education program must be supervised by a professional staff that is responsive to the needs of the students, faculty, and others associated with the institution.

The library staff serving an institution that provides a medical education program should be familiar with current regional and national information resources and data systems.

a. Complete the following table describing full-time equivalent (FTE) staffing for the library:

	Library Services
Number of professional staff	
Number of technical and paraprofessional staff	
Number of clerical support staff	
Number of student or hourly support staff	

b. Describe the mechanisms used to ensure the ongoing development and maintenance of the professional skills of staff members in the library.

c. Describe the means by which the library supports medical education. How does the library interact with other education support units (e.g., the office of medical education or curriculum planning group, the information services unit)? Describe the ways in which staff members in the library are involved in curriculum planning and curriculum delivery. For example, do library services staff members teach in any courses that are required for medical students or serve as members or *ex officio* members of the medical school curriculum committee or its subcommittees?

d. Describe the means by which the library:

i. Addresses institutional faculty and student needs for quiet and collaborative group and individual study.

ii. Provides public access workstations and printing.

e. List the hours during which the library building and the public access computers are available to faculty members, residents, and students during the academic year.

f. Describe the methods used to provide faculty members, residents, and students with access to library resources from off-campus sites.

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ER-13. An institution that provides a medical education program must provide access to well-maintained information technology resources sufficient in scope and expertise to support its educational and other missions.

- a. Provide the name and year of appointment for the director of the information technology (IT) services unit and the title of the individual to whom the director reports. List any other schools or programs serviced by the director's unit.
- b. Briefly summarize any campus-wide or consortium agreements that extend the IT service unit's access to information resources (e.g., university data network, Internet-2 connection). Describe whether the IT services unit interacts with university and affiliated hospital information networks and the means by which those interactions take place.
- c. Concisely describe any improvements in facilities and equipment since the last full accreditation survey that address the changing physical and virtual learning environments for medical students and faculty members. Describe, for example, the availability of telecommunications technology that links to clinical sites or regional instructional sites/campuses.
- d. Note if there is a wireless network on campus and whether wireless capability is available in the library, in classrooms, and in student study areas.
- e. Note if the capability exists for medical students, residents, and faculty to access educational resources (e.g., curriculum materials, library resources) from off-campus sites.

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ER-14. The information technology staff serving an institution that provides a medical education program must be responsive to the needs of the medical students, faculty, and others associated with the institution.

The information services staff should facilitate the timely access of medical students, faculty, and others associated with the institution at each instructional site to information resources required by the curriculum and other missions of the institution and have sufficient expertise to facilitate their use.

a. Complete the following table describing full-time equivalent (FTE) staffing of the information technology (IT) services unit:

	Information Technology Services
Number of professional staff	
Number of technical and paraprofessional staff	
Number of clerical support staff	
Number of student or hourly support staff	

- b. Describe the mechanisms used to assure the ongoing development and maintenance of the professional skills of information technology services staff members.
- c. Describe how the information technology and services unit supports medical education, including support for instructional development and curriculum delivery. For example, are there resources available for faculty members seeking to develop or maintain Web-based teaching materials or for faculty to learn to use technology for distance education?

END OF SECTION V