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March 11, 2014

Bernadette Gray-Little, PhD
Chancellor
University of Kansas
Strong Hall, Room 230
1450 Jayhawk Boulevard
Lawrence, KS 66045

RE: Full survey visit, October 20-24, 2013

Dear Chancellor Gray-Little:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its February 25-27, 2014 meeting regarding the accreditation status of the medical education program leading to the MD degree at University of Kansas School of Medicine and to transmit to you the enclosed report of the LCME survey team that conducted a full survey visit on October 20-24, 2013.

After reviewing the report of the full survey team, the LCME voted to continue accreditation of the medical educational program leading to the MD degree at University of Kansas School of Medicine for an eight-year term. The program's next full survey will take place during the 2021-2022 academic year.

DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

I. STRENGTHS

In its review of the team report, the LCME determined that the following items are institutional strengths:

- A. *IS-1. An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.*

Finding: The University of Kansas School of Medicine has been successful through its planning process in establishing innovative educational programs to address the state's needs for rural physicians.

- B. *FA-11. A medical education program must provide opportunities for professional development to each faculty member to enhance his or her skills and leadership abilities in education and research.*

Finding: The school has a robust faculty professional development program at the Kansas City, Wichita and Salina campuses to prepare faculty for their roles as educators, clinicians and researchers.

II. COMPLIANCE, WITH A NEED FOR MONITORING

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required to ensure continued compliance:

NOTE: As the revised accreditation standards and elements, approved by the LCME at its February 2014 meeting, are due to go into effect beginning on July 1, 2015, both the current standard and the related element(s) are listed below.

- A. *IS-8. The chief official of a medical education program, who usually holds the title "dean," must have ready access to the university president or other official of the parent institution who is charged with final responsibility for the program and to other institutional officials as are necessary to fulfill the responsibilities of the dean's office.*

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

Finding: As University of Kansas School of Medicine moves forward in reorganizing the leadership for the school, monitoring is required to ensure that the executive dean has adequate access to the executive vice chancellor.

- B. *ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.*

Element 9.1. In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

Finding: There is evidence of dissatisfaction with resident teaching in several clerkships. Systems have recently been put into place to improve resident teaching. The effects of these changes will need further monitoring.

- C. *ED-30. The directors of all courses and clerkship rotations in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.*

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.

Finding: There have been improvements in the timeliness of grade reporting. All clerkships report 100% compliance with grade submission since July 2013. Monitoring is required to ensure the sustainability of timely grade reporting.

- D. *ED-44. In a medical education program, medical students assigned to each instructional site should have the same rights and receive the same support services.*

Standard 12. A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

Finding: Multiple data sources reveal that students on the Wichita campus are less satisfied with student health, personal counseling, academic support services, and financial aid counseling. Systems are now in place, which are leading to improvements in the provision of student services on the Wichita campus. It is too early to determine the effect of these changes.

- E. *ED-47. In assessing program quality, a medical education program must consider medical student evaluations of their courses, clerkship rotations, and teachers, as well as a variety of other measures.*

Element 8.5. In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

Finding: Student response rates on evaluations of courses and clerkships have been low and inconsistent. There have been recent improvements in response rates, however, it is unknown if this will be sustained. Evaluations over time have shown need for improvement in several clerkships. Recent efforts have been made to address these areas, however it is too early to determine the effect of these changes.

- F. *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.*

Element 5.4. A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

Finding: Students and faculty express dissatisfaction with the current state of facilities, including inadequate seating, particularly in the first year lecture hall and the number of small group classrooms that limit the school's ability to fully incorporate active learning on the Kansas City campus. There is currently a plan for a new educational building; however, the funding for the facility has not yet been secured.

III. NONCOMPLIANCE WITH STANDARDS

The LCME determined that the medical education program is currently out of compliance with the following accreditation standards:

NOTE: As the revised accreditation standards and elements, approved by the LCME at its February 2014 meeting, are due to go into effect beginning on July 1, 2015, both the current standard and the related elements are listed below.

- A. *IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.*

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.

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

Element 5.5. A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Finding: There are neither call rooms nor dedicated storage facilities for medical students at the University of Kansas Hospital.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by August 1, 2015 containing the information listed below. Please refer to <http://www.lcme.org/survey-connect-followup-reports.htm> for current LCME submission requirements.

STATUS REPORT DUE AUGUST 1, 2015

I. COMPLIANCE, WITH A NEED FOR MONITORING

A. *IS-8 (access to university officials)/Element 2.3 (access and authority of the dean)*

Provide evidence, such as frequency of meetings, that documents that the dean has adequate access to the executive vice chancellor.

B. *ED-24 (resident preparation)/Element 9.1(preparation of resident and non-faculty instructors)*

1. Describe the actions taken since the full survey in October 2013 to address the variability of student satisfaction with resident teaching across the required clerkships.
2. Provide information from the 2014 AAMC Graduation Questionnaire (AAMC GQ) and/or from a school initiated student survey related to student satisfaction with resident teaching in each required clinical clerkship.

C. *ED-30 (formative and summative assessment)/Element 9.8 (fair and timely summative assessment)*

For each required clinical clerkship, provide the average time for students to receive their final clerkship grades during the 2013-2014 and 2014-2015 academic years and the number/percent who did not receive grades within six weeks.

Required clerkship	Average time (in weeks) for students to receive clerkship grades		Minimum and maximum number of weeks (range) for students to receive clerkship grades		Number (percent) of students who did not receive grades within six weeks	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15

- D. *ED-44 (equivalence of student services/Standard 12 (Medical Student Health Services, Personal Counseling, and Financial Aid Services))*
1. Describe the actions taken since the full survey in October 2013 to address student dissatisfaction with student health, personal counseling, academic support services, and financial aid counseling. Note the specific changes made at the Wichita campus.
 2. Provide data from a school initiated survey to students in all classes and campuses on satisfaction with student health, personal counseling, academic support services, and financial aid counseling. Provide the data by class and campus.
- E. *ED-47 (use of student evaluation data in program evaluation)/Element 8.5 (use of student evaluation data in program improvement)*
1. Describe the actions taken since the full survey in October 2013 to address low student response rates on evaluations of courses.
 2. Provide a table showing student response rates for all course evaluations for the 2013-2014 and 2014-2015 academic years.
- F. *ER-4 (sufficient buildings and equipment)/Element 5.4 (sufficiency of buildings and equipment)*
1. Describe the actions taken since the full survey in October 2013 to address student and faculty dissatisfaction with lecture hall seating and the adequacy of the number of small group rooms to facilitate active learning.
 2. Provide an update on the status of plans for a new education building.

II. NONCOMPLIANCE WITH STANDARDS

- A. *IS-16 (diversity)/Element 3.3 (diversity/pipeline programs and partnerships)*
1. Based on the institution's definition of diversity and the LCME standard that "medical schools should consider in their planning elements of diversity including, but not limited to, gender, racial, cultural and economic diversity," report in the tables below information regarding the current number and percentage of faculty in each of the categories included in the institution's definition of diversity.

School Identified Diversity Categories	Full-Time Faculty Number and (%)			
	Basic Science Faculty		Clinical Faculty	
	2014 -2015	2015 - 2016	2014 - 2015	2015 - 2016

Offers Made to Applicants for Faculty Positions						
School identified diversity categories	2014			2015		
	Number of Offers Declined	Number of Faculty Hired	2014 Total Offers	Number of Offers Declined	Number of Faculty Hired	2015 Total Offers

2. Provide an update on activities designed to increase faculty diversity, including the resources available for new and expanded initiatives.

- B. *ER-6 (resources for clinical instruction)/Element 5.5 (resources for clinical instruction)*

Describe the call rooms and dedicated storage facilities for medical students at the University of Kansas Hospital.

COMPLIANCE TERMINOLOGY

In reviewing the compliance determinations above, please refer to the attached memorandum for an overview of LCME compliance terminology and note the October 2011 implementation of a new category of compliance called *compliance, with a need for monitoring*, which indicates that the program is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance. A determination of *noncompliance* indicates that the program does not meet one or more of the requirements of the cited standard.

UNITED STATES DEPARTMENT OF EDUCATION REGULATIONS

The LCME is required by United States Department of Education regulations to document compliance with all LCME accreditation standards **within two years of a program's initial notification of noncompliance determinations**. Therefore, the LCME will require timely follow-up on all determinations of *noncompliance*. Please see the "Required Follow-Up" section above for details.

NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all of its final accreditation determinations, including determinations of "Accredited," "Accredited, with Warning," and "Accredited, on Probation." The LCME will also make final determinations of "Accredited" and "Accredited, on Probation" available to the public. Note that the determination "Accredited, on Probation" is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME Web site at <http://www.lcme.org/standard.htm>. Programs asked to submit status reports are responsible for aligning the follow-up items in the report with the *Functions and Structure of a Medical School* document that is current at the time the status report is due.

CHANGES THAT REQUIRE NOTIFICATION TO THE LCME

Accreditation is awarded to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. More specific information about notification requirements is available on the LCME Web site at <http://www.lcme.org/change-notification.htm>.

Bernadette Gray-Little, PhD

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A hard copy of the survey report is being sent to Interim Dean Douglas A. Girod, MD. The survey report is for the use of the School of Medicine and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary

Enc (2): New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology Memorandum

Team report of the full survey of the medical education program leading to the MD degree at University of Kansas School of Medicine, October 20-24, 2013

CC: Douglas A. Girod, MD, Interim Dean, University of Kansas School of Medicine



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Memorandum

SUBJECT: New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology

In its review of survey reports and follow-up status reports, the Liaison Committee on Medical Education (LCME) determines a medical education program's compliance with individual accreditation standards.

Historically, the LCME has used the terms *compliance* and *noncompliance* to describe a program's conformance with accreditation standards. At its June 2011 meeting, the LCME approved a third term called *compliance, with a need for monitoring*, which falls under the category of *compliance with accreditation standards* (implemented October 2011). The LCME also adopted formal definitions for the three compliance terms. These three terms are defined below.

COMPLIANCE WITH ACCREDITATION STANDARDS

Compliance:

The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

Compliance, with a Need for Monitoring:

- 1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

OR

- 2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance (*formerly "area in transition"*).

NONCOMPLIANCE WITH ACCREDITATION STANDARDS

The medical education program has not met one or more of the requirements of the standard: The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

Updated October 2012