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LCME®
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March 13, 2014

James R. Ramsey, PhD
President
University of Louisville
Grawemeyer Hall
Louisville KY 40292

Re: Reconsideration Hearing, February 26, 2014

Dear President Ramsey:

The purpose of this letter is to inform you of the action taken by the Liaison Committee on Medical Education (LCME) following the February 26, 2014 reconsideration hearing regarding its prior decision to place the medical education program leading to the MD degree at the University of Louisville School of Medicine on probation. Based on the totality of the information before it, the LCME voted to affirm its original decision to place the medical education program on probation, effective immediately. This decision constitutes the final action of the LCME.

The LCME carefully reviewed the information presented by the representatives of the University of Louisville School of Medicine who attended the reconsideration hearing, as well as the following documentation:

- The report of the April 14-17, 2013 full survey visit.
- The October 11, 2013 Letter of Accreditation to President James R. Ramsey with the notification of the decision to place the medical education program on probation.
- The December 4, 2013 report resulting from the *ad hoc* Independent Review Committee's review.
- The January 28, 2014 response from Dean Toni M. Ganzel to the LCME's probation decision and cited areas of noncompliance.

After its review of the information, the LCME reconsidered whether each of the areas of noncompliance with accreditation standards cited in the October 2013 letter of accreditation was supported by substantial credible evidence. The LCME's determinations are set forth below:

I. NONCOMPLIANCE WITH STANDARDS

The LCME affirmed that substantial credible evidence supports the findings and determination of noncompliance with each of the following accreditation standards, as contained in the May 2012 edition of *Functions and Structure of a Medical School* document, which is in effect for the 2013-2014 academic year.

A. ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

B. ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

C. ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment.

D. ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

E. ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.

F. ED-41. The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms.

G. 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.

H. 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.

I. 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.

II. COMPLIANCE WITH A NEED FOR MONITORING

Based on the information supplied in association with the reconsideration, the LCME rescinded its original finding of noncompliance and determined instead that the medical education program is in compliance with the following standard, but there is a need for monitoring.

A. ED-31. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship (or, in Canada, clerkship rotation) to allow sufficient time for remediation.

REQUIRED FOLLOW-UP

The Secretariat will contact Dean Toni M. Ganzel to establish the date of a Secretariat consultation visit. During the visit, the Secretariat will discuss the development of an action plan to address the areas of noncompliance and those in compliance with a need for monitoring, as defined in this letter, as well as the following areas in compliance with a need for monitoring as contained in the October 2013 letter of accreditation from LCME Co-Secretaries Barbara Barzansky and Dan Hunt to President James R. Ramsey:

A. IS-11. The administration of an institution that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s).

B. IS-14-A. An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in service-learning activities and should encourage and support medical student participation.

C. 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.

D. ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.

E. MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.

F. MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.

G. 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.

H. 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.

I. 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.

Instructions for the action plan are enclosed.

The dean should submit the action plan no later than August 1, 2014 for consideration at the October 7-9, 2014 meeting of the LCME. The LCME will review the action plan to determine if the steps for addressing each area of noncompliance and each area that is in compliance but requires monitoring are feasible and have the potential to resolve each area of concern in a timely manner. Following its review of the action plan, the LCME will review the accreditation status of the medical education program. It also will set a date for a limited survey to assess the areas of noncompliance and areas in compliance with a need for monitoring, as cited in this letter.

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.

A copy of this letter is being sent to Dean Toni Ganzel.

Sincerely,

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary

Dan Hunt, MD, MBA
LCME Co-Secretary

Enc: Action Plan instructions

CC: Toni M. Ganzel, MD, MBA, FACS, Dean, School of Medicine, University of Louisville

INSTRUCTIONS FOR ACTION PLAN

Please use the following format for the action plan to be submitted to the LCME. As you develop the plan, please consider its purpose. It will be used by the LCME to determine if the school has a realistic approach to each area, appropriate resources, and a seriousness of intent. The action plan will not be used to judge current compliance with accreditation standards and it will not be shared with the team that will be conducting a follow-up visit to evaluate compliance with accreditation standards.

The action plan should include the following four sections:

- A brief introduction (generally, a cover letter from the dean);
- A narrative summary of the overall strategy to address each area of noncompliance and area that is in compliance with a need for monitoring;
- A grid with a list of the specific steps that have been or will be taken in each area, along with the individual(s)/group(s) responsible, the anticipated date when the action will be completed, and the indicator(s) that the action has been completed successfully. This can refer to the narrative summary; and
- An Appendix (only if necessary).

Introduction

The introduction should set the stage for the action plan, noting at a high level the changes that have been and will be made to support accomplishment of the different elements of the plan. The introduction could look across individual standards to summarize overall institutional strategies, including such elements as obtaining funding for one or more changes, recruitment or deployment of personnel, and/or formation of committees/workgroups.

Narrative Summary

For each area of noncompliance and area that is in compliance but requires monitoring, briefly summarize the steps that already have been and will be taken to address the area. Describe the timeline for the completion of the action plan for that area, the desired outcome, and how the institution will determine that the outcome has been achieved.

Action Grid

Complete the attached grid with an outline of the steps that were and will be taken for each area. Start a new sheet for each area of noncompliance and area that is in compliance but requires monitoring.

Appendix

If included at all, the appendix should brief and limited only to attachments that are necessary to understand the elements of the plan.

ACTION GRID

Copy this page for each area of noncompliance and area in compliance with a need for monitoring.
Include action steps (specific tasks) that will lead to the desired outcome(s)

STANDARD:

FINDING (from the LCME Letter of Accreditation):

TASKS List the steps that will lead to the outcome(s) required by the standard	INDIVIDUAL(S)/ GROUP(S) RESPONSIBLE	INDICATORS THAT THE SPECIFIC TASK HAS BEEN ACCOMPLISHED	EXPECTED DATE OF ACCOMPLISHMENT OF THE TASK	DESIRED OUTCOME(S) THAT ILLUSTRATE COMPLIANCE WITH THE STANDARD