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February 21, 2017

Fred P. Pestello, PhD  
 President  
 Saint Louis University  
 One North Grand Boulevard, DB204  
 St. Louis, MO 63103

RE: Survey visit for full accreditation on October 2-5, 2016

Dear President Pestello:

The purpose of this letter is to inform you of the decisions made by the Liaison Committee on Medical Education (LCME) at its February 14-15, 2017 meeting regarding the accreditation status of the medical education program leading to the MD degree at the Saint Louis University School of Medicine and to transmit to you the determinations regarding compliance with accreditation standards and performance in elements on which the decisions were based. Enclosed<sup>†</sup> with this letter is the report of the LCME survey team that conducted a survey visit for full accreditation on October 2-5, 2016.

After reviewing the survey report and survey team findings, the LCME voted as follows:

<b>LCME Determination:</b>	Place the medical education program leading to the MD degree at Saint Louis University School of Medicine on probation <sup>§</sup>
<b>Required Follow-Up:</b>	<p>If the medical education program wishes the LCME to undertake a reconsideration of its probation action, the dean must notify both LCME Co-Secretaries through a signed letter sent by email <b>within 30 calendar days</b> of the date of this letter (by March 23, 2017). If the school requests reconsideration, a hearing would be held during the June 7-9, 2017 meeting of the LCME in Chicago, IL.</p> <p>If the dean notifies the LCME that the school will not request reconsideration or if no written notice indicating the intent to request reconsideration is received by the LCME Co-Secretaries within 30 calendar days from the date of this letter, the LCME action to place the medical education program on probation will be final and the accreditation status on the Medical School Directory on the LCME website, <a href="http://lcme.org/directory/">http://lcme.org/directory/</a>, will be updated to be "Full, on Probation." If the decision to impose probation is finalized, the program must make its accreditation status known to all enrolled students, all students accepted for enrollment, and those seeking enrollment. The LCME will hold its action confidential until such time as the decision is final.</p>
<b>Next Full Survey Visit:</b>	Date pending

§ Probation is an action reflecting the summative judgment that a medical education program is not in substantial compliance with accreditation standards (LCME *Rules of Procedure*, March 2016). The LCME took this action based on the constellation of standards with which the school is out of compliance, which has compromised the quality of the medical education program. If there is not sufficient progress toward compliance with the cited accreditation standards within 24 months, the LCME may choose to withdraw accreditation.

Following final action by the LCME, the Medical School Directory on the LCME website, <http://lcme.org/directory/>, will be updated to reflect the change in the next full survey date to “Pending.”

Section I of this letter summarizes the medical education program’s compliance with each of the 12 LCME standards, based on the program’s performance in the elements that collectively constitute each standard. Sections II and III of this letter summarize the LCME’s findings for accreditation elements. Section IV of this letter describes the process related to reconsideration. Section V of this letter contains additional information important for the medical education program.

## I. LCME DETERMINATIONS OF COMPLIANCE WITH ACCREDITATION STANDARDS

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	*NC
Standard 2: Leadership and Administration	C
Standard 3: Academic and Learning Environments	*NC
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	C
Standard 6: Competencies, Curricular Objectives, and Curricular Design	*NC
Standard 7: Curricular Content	CM
Standard 8: Curricular Management, Evaluation, and Enhancement	*NC
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	*NC
Standard 10: Medical Student Selection, Assignment, and Progress	*NC
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	C
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

\* United States Department of Education regulations require that the LCME document compliance with all LCME accreditation standards **within two years of the LCME meeting at which the initial noncompliance determination was made.** Therefore, the LCME requires timely follow-up on all determinations of noncompliance. Please see section IV of this letter for details.

**II. ACCREDITATION ELEMENTS IN WHICH THE PROGRAM’S PERFORMANCE IS SATISFACTORY WITH A NEED FOR MONITORING**

<b>Element</b>	<b>LCME Finding</b>
Element 1.2 (conflict of interest policies)	No documentation was provided to the survey team that the Board of Trustees conflict of interest policy was being followed.
Element 7.4 (critical judgment/problem-solving skills)	Although a number of courses during the first two years of the curriculum were listed as including teaching and assessment of the skills of critical judgment and problem-solving, the expected level of student attainment of these skills was not clearly specified for second-year courses. These skills were not regularly specified as learning objectives for required clinical clerkships.

**III. ACCREDITATION ELEMENTS IN WHICH THE PROGRAM’S PERFORMANCE IS UNSATISFACTORY**

<b>Element</b>	<b>LCME Finding</b>
Element 1.1 (strategic planning and continuous quality improvement)	The school’s leadership and faculty created the “School of Medicine Strategic Outlook 2016-2017.” While this document contains a list entitled “measures of progress” under five headings, the majority of these measures are not quantified. Completion dates are not included and responsible individuals/groups are not identified. The survey team reviewed the school’s continuous quality improvement process and determined that it does not establish short- and long-term programmatic goals.
Element 1.4 (affiliation agreements)	The school’s affiliation agreements with its affiliated clinical sites do not specify the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury. Many of the agreements do not include a statement of the shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment. The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching is not delineated in many of the agreements.
Element 3.3 (diversity/pipeline programs and partnerships)	The medical school does not engage in ongoing, systematic, and focused recruitment and retention activities for the following school-identified diversity categories for students: lower socioeconomic status and first family college graduate.
Element 3.5 (learning environment/professionalism)	The medical school and its clinical affiliates do not share responsibility for the learning environment in clerkships. They have not conducted periodic evaluations 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.
Element 3.6 (student mistreatment)	Procedures for reporting student mistreatment are not clearly known by students, faculty, clerkship directors, or residents. For example, only 57.4% of respondents to the 2016 AAMC Graduation Questionnaire reported that they were familiar with reporting procedures, as compared with 82.3% nationally. There is no evidence of central monitoring of the extent and types of mistreatment.

Element 6.1 (program and learning objectives)	The faculty has defined its medical education program objectives, and these objectives are known to medical students, faculty, and residents. However, many of the school's medical education program objectives are not stated in outcome-based terms and the school is not using the objectives to assess medical students' progress in developing those competencies that the profession and the public expect of a physician.
Element 6.2 (required clinical experiences)	In identifying the types of patients and clinical conditions that medical students are required to encounter, the faculty has not identified the expected levels of medical student responsibility.
Element 6.3 (self-directed and life-long learning)	The medical curriculum does not include self-directed learning experiences to allow medical students to develop the skills of lifelong learning.
Element 7.3 (scientific method/clinical/translational research)	No examples were provided to the survey team where students explicitly collected or used data to test and/or verify hypotheses about biomedical phenomena. No evidence was provided that the curriculum included the basic scientific and ethical principles of clinical and translational research.
Element 8.1 (curricular management)	The Curriculum Management Committee has institutional responsibility for the overall design and management of the educational program, but it is not being utilized for the management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.
Element 8.2 (use of medical educational program objectives)	Currently, the responsibility for linking and mapping learning objectives to educational program objectives and outcome assessments is at the level of individual courses and clerkships. Neither the Curriculum Management Committee nor the Curriculum Oversight Committee has an effective, centralized system in place for ensuring linkage of course/clerkship objectives to educational program objectives or outcomes across the curriculum.
Element 8.3 (curricular design, review, revision/content monitoring)	The medical school does not have a centralized process in place for ongoing monitoring, review, and revision of medical education program objectives, learning objectives, content, and instructional and assessment methods.
Element 8.4 (program evaluation)	The medical school does not have a process in place to utilize outcome data to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality.
Element 8.6 (monitoring of completion of required clinical experiences)	The medical school does not have a system in place with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and ensures that identified gaps are remedied.
Element 9.2 (faculty appointments)	Students in the family medicine clerkship may be supervised by physicians who are not medical school faculty members. In addition, teaching and assessment of medical students in the internal medicine clerkship are provided by individuals without faculty appointments.
Element 9.4 (assessment system)	There is not a centralized system in place that employs a variety of measures for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills, behaviors, and attitudes specified in the medical education program objectives.
Element 9.5 (narrative assessment)	There have been no steps taken to remedy the barriers to providing narrative assessment in pre-clerkship courses that include small-group instruction.

Element 9.7 (formative assessment and feedback)	Both the 2016 AAMC Graduation Questionnaire and the Independent Student Analysis reported low ratings for both the frequency and quality of formative feedback in the required courses and clinical clerkships. Students who met with the survey team confirmed these findings.
Element 9.8 (fair and timely summative assessment)	Maximum times for submitting summative final grades are as much as 30 weeks for some clerkships and average 8.1 weeks in the year one course Applied Clinical Skills 1, and 7.6 weeks in the year two course Bedside Diagnosis.
Element 10.2 (final authority of admission committee)	The medical school's bylaws state that the Committee on Admissions recommends to the dean acceptable candidates for admission to the medical education program.

#### IV. REQUEST FOR RECONSIDERATION

The LCME's decision to place a medical education program leading to the MD degree on probation is subject to reconsideration. The process for reconsideration is described in the attached excerpt from *LCME Rules of Procedure*, March 2016, Appendix B. Please review this document carefully. If the medical education program wishes the LCME to undertake a reconsideration of its decision, it must notify both LCME Co-Secretaries through a signed letter sent by email **within 30 calendar days** of the date of this letter (by March 23, 2017). Please review the first page of the enclosed excerpt from *LCME Rules of Procedure*, March 2016, Appendix B for more information on the requirements for such a notice.

Note that reconsideration is **limited to the time and circumstances that triggered the LCME action and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered** (*LCME Rules of Procedure*, March 2016, page 28).

**If no written notice indicating the intent to request reconsideration is received by the LCME Secretaries within 30 calendar days from the date of receipt of the notice of the LCME action, the LCME action to place the medical education program on probation will be final. The LCME will hold its action confidential until such time as the decision is final.**

If the school requests reconsideration, a hearing would be held during the June 7-9, 2017 meeting of the LCME in Chicago, IL.

If no reconsideration is requested, a consultation visit will be conducted in the spring of 2017 to assist the dean in developing an action plan to address the issues described above. If a reconsideration hearing does take place at the June 2017 meeting, the timing of the consultation visit will be determined following the final action of the LCME. **Prompt action to correct the areas of noncompliance is required, whether or not the decision for probation is upheld.**

A medical school on probation remains accredited, with all attendant rights and privileges. However, if the decision to impose probation is finalized, the program must make its accreditation status known to all enrolled students, all students accepted for enrollment, and those seeking enrollment.

## **V. IMPORTANT INFORMATION FOR THE MEDICAL EDUCATION PROGRAM**

### **NOTIFICATION TO THE U.S. DEPARTMENT OF EDUCATION OF ACCREDITATION STATUS**

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 is also required by the USDE to make available to the public all final determinations of “Accredited” and “Accredited, on Probation.” The determination “Accredited, on Probation” is only final after a program has exercised its right to waive or undergo reconsideration by the LCME.

### **ACCREDITATION STANDARDS**

To review the current list of LCME accreditation standards and elements, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME website, <http://lcme.org/publications/>. Programs that have follow-up items are responsible for aligning those items with the *Functions and Structure of a Medical School* document whose effective academic year corresponds with the academic year in which the items will be reviewed.

### **CHANGES THAT REQUIRE NOTIFICATION TO THE LCME**

The LCME awards accreditation 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 either student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive advance 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 website, <http://lcme.org/about/accreditation-process-overview/#maintaining-accreditation>.

A copy of this letter and of the survey team report are being sent to Dean Kevin Behrns via postal mail. The survey report is for the use of the Saint Louis University School of Medicine and the university, and any public sharing of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE  
LCME Co-Secretary



Veronica M. Catanese, MD, MBA  
LCME Co-Secretary

Enclosures<sup>‡</sup> (2): Team report of the full survey of the medical education program leading to the MD degree at the Saint Louis University School of Medicine, October 2-5, 2016

*LCME Rules of Procedure*, March 2016, Appendix B (excerpt)

<sup>‡</sup> Please note that the team report is enclosed only with the printed version of this letter that you will receive by postal mail.

CC: Kevin Behrns, MD  
Dean, Saint Louis University School of Medicine

**APPENDIX B (EXCERPT)**  
**MARCH 2016 LCME RULES OF PROCEDURE**

The following actions affecting accreditation by the LCME are subject to reconsideration:

- Actions to grant accreditation with probation

**RECONSIDERATION OF ACTIONS TO GRANT ACCREDITATION WITH PROBATION**

**The reconsideration shall be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered.**

**Notice of LCME Action**

Upon a finding that a program of medical education is not in substantial compliance with the LCME's published accreditation standards, and an action by the LCME to grant accreditation with probation, the LCME Secretariat shall promptly notify the sponsoring institution in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The Secretariat also shall inform the sponsoring institution of the right to reconsideration.

The LCME process for reconsideration of actions to grant accreditation with probation consists of two steps: (1) review by an independent *ad hoc* review committee and (2) LCME review with or without a hearing. The institution may waive review by an independent *ad hoc* review committee by providing a written waiver to the LCME Secretariat. **At the end of the reconsideration process, the LCME will make a final decision whether to affirm, modify, or reverse its initial accreditation decision.**

**Request for Reconsideration**

If the sponsoring institution wishes to request reconsideration of the LCME's decision to grant accreditation with probation, it must notify the LCME Secretariat within thirty (30) calendar days from the date of receipt of the notice of the LCME action. Such Request for Reconsideration must be addressed to the LCME Secretariat and must contain a concise statement of why the institution believes that the LCME's action was improper.

**If a Request for Reconsideration is not received by the LCME within thirty (30) days, the LCME's initial action shall constitute the final action by the LCME.**

**Step 1: Review by an Independent Review Committee**

The first step in the reconsideration process is review by an independent *ad hoc* Review Committee, which will be advisory to the LCME. The Review Committee shall be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME and shall consist of three individuals who are former LCME members or who otherwise meet the qualifications for membership on the LCME. No person shall be included on a Review Committee for a given program if he or she has participated in a survey visit that triggered the LCME action; has reviewed recent survey findings, progress reports, or other LCME findings or conclusions regarding that program on behalf of the LCME; or has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

The LCME Secretariat shall forward to each of the members of the Review Committee the following materials, which shall constitute the Review Record: a complete file of all documents concerning the program that were available to the LCME and upon which the LCME relied in the action that is the subject of the reconsideration.



The Review Committee shall make one of the following recommendations to the LCME:

1. Affirm the initial LCME action; or
2. Recommend that the LCME modify its action.

If the Review Committee determines that there is no reason to alter the initial LCME action, it shall recommend that the action be affirmed. If the Review Committee determines that the LCME's action is not supported by the evidence, or was not made in substantial accordance with LCME policies and procedures, it shall recommend that the LCME modify its action. The Review Committee shall forward a written report of its recommendation, and the reasons therefore, to the LCME.

The institution shall not receive a copy of the report or recommendation of the Independent Review Committee.

## **Step 2: Hearing before the LCME**

The second step of the reconsideration process is a hearing before the LCME. No person shall be present for or participate in a hearing if he or she has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

### **LCME Hearing**

The LCME Secretariat shall schedule the reconsideration hearing in conjunction with a regularly scheduled LCME meeting.

The LCME Secretariat shall notify the institution in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution that:

1. it may send representatives to appear before the LCME;
2. it may be represented by legal counsel; and
3. it may submit a written response to the LCME's cited areas of noncompliance. Such response must be based solely on the information contained in the final survey report unless otherwise provided herein; and
4. the reconsideration will be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and will be based solely on the information contained in the final survey report or status report). Descriptions of changes made since that time will not be considered.

The institution's written intent to send representatives to appear before the LCME, the names of the representatives and, if any, the legal counsel who will attend the hearing, and the institution's written response to the cited areas of noncompliance must be received by the LCME Secretariat no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The Secretariat shall send to each member of the LCME who shall participate in the hearing the following materials, which shall constitute the Reconsideration Record: the Review Record and the Review Committee's report and recommendation, and the institution's request for review and written response to the LCME's cited areas of noncompliance.

## **Conduct of the Hearing Before the LCME**

The hearing before the LCME shall be chaired by the LCME Chair or, at his or her discretion, the Chair-elect.

The hearing will be limited to a consideration of the time and circumstances that triggered the initial LCME decision. Descriptions of changes made since that time shall not be considered.

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

1. Introductory statement of the Chair
2. Oral presentation by the institution (one hour)
3. Questions by LCME members and staff
4. LCME executive session
5. Additional questions by LCME members and staff
6. Closing statement by the institution (15 minutes)
7. Adjournment

A record of the hearing shall be kept by a certified court reporter.

If the institution, without good cause, fails to appear or fails to advise the LCME Secretariat in writing more than ten (10) calendar days before the scheduled date of the hearing that it will not appear, the LCME may elect to notify the institution that no further opportunity for a personal appearance will be provided.

## **Decision of the LCME**

At the conclusion of the hearing, the LCME shall meet in executive session to review the proceedings and to reach a decision. The LCME shall consider the Reconsideration Record and the information presented during the hearing. The LCME shall determine, by the affirmative vote of a majority of those members present, whether substantial evidence supports the existence of each of the cited areas of noncompliance with accreditation standards. The LCME then will determine whether the initial LCME action should be affirmed, modified or reversed. **Such determination shall constitute final action by the LCME.**

The LCME Secretariat shall notify the institution in writing of the LCME decision, including the reasons therefore, within thirty (30) calendar days after the hearing.

## **LCME Review Without A Hearing**

An institution may inform the LCME in writing that it does not wish to appear before the LCME. In such event, the LCME will consider the accreditation status of the program at the next regularly-scheduled meeting. The LCME shall rely on the Reconsideration Record for information. The LCME shall determine by the affirmative vote of a majority of those members present whether to affirm, modify or reverse its initial action. The LCME Secretariat shall notify the institution in writing of the LCME's decision, including the reasons therefore, within thirty (30) calendar days after the LCME meeting. **Such determination shall constitute the final action by the LCME.**

## **RESPONSIBILITY FOR THE COST OF RECONSIDERATIONS AND APPEALS**

The costs of the reconsiderations and appeals conducted by the LCME shall be allocated in the following manner:

1. The LCME shall bear all of the administrative and meeting costs, including the travel and other expenses of the Review Committee or Appeals Panel.
2. The institution or program appealing an LCME decision shall bear all of the costs involved in its presentation at the reconsideration or appeal hearing, as well as the travel and other expenses of its representatives present for the hearing.
3. The LCME shall bear the cost of transcribing the hearing. The institution or program shall be required to pay for any copies of the transcript it desires.