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**The Role of Students in the Accreditation of U.S. Medical Education Programs**

**Published March 2018**

**For U.S. Medical Education Programs with**

**Full Accreditation Surveys in the 2019-20 Academic Year**

LCME® *The Role of Students in the Accreditation of U.S. Medical Education Programs*

For Medical Education Programs with Full Accreditation Surveys in the 2019-20 Academic Year

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# Introduction

***My program will be having an accreditation review by the LCME. What is accreditation and why does it matter?***

The United States Department of Education recognizes the Liaison Committee on Medical Education (LCME) as the responsible authority for the accreditation of medical education programs leading to the MD degree. The LCME's scope is limited to the accreditation of complete and independent medical education programs for which students are geographically located in the United States or Canada for their education and that are operated by universities or medical schools that are chartered in the United States or Canada. Under usual circumstances, medical education programs are reviewed by the LCME every eight years.

Accreditation is widely used in higher education to evaluate the quality of educational programs and institutions. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, state medical licensing boards require students from U.S. MD-granting medical schools to have graduated from accredited programs as a condition for receiving a license to practice.

From the point of view of an individual medical school, accreditation also serves the important purpose of promoting institutional self-evaluation leading to the improvement of educational program quality. The accreditation process requires that a medical education program conduct a critical self-assessment of its strengths and challenges, and that it undergo a review by a team of external peer experts. This process confirms the strengths of a program and focuses the attention of school and university leaders on addressing any obstacles that may prevent quality improvement.

Students play a prominent role in the accreditation process. This document provides details about the accreditation process and how students contribute to it. See [Appendix A](#_APPENDIX_A:_SUMMARY) for a summary that includes some frequently asked questions about accreditation.

# Facts About the LCME

After many years of evaluating medical schools independently, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) jointly formed the LCME in 1942 to certify the quality of U.S. medical education programs. The LCME is a committee that includes medical educators, medical school administrators, medical practitioners, medical students, and representatives of the public. The LCME is administered by two Co-Secretaries, one based at the AMA in Chicago, IL and the other based at the AAMC in Washington, DC. The Co-Secretaries head professional staffs at each office. The LCME Secretariat is responsible for coordinating the development of accreditation standards and policies, and for managing the reviews of medical education programs.

Currently, there are more than 150 medical education programs in the U.S. that are accredited by the LCME. A list of all LCME-accredited programs can be found in the Medical School Directory on the LCME website ([lcme.org/directory](http://lcme.org/directory/)).

# The Accreditation Process

## A Quick Overview of the Accreditation Process

The major steps in the accreditation process for medical schools with full accreditation survey visits during the 2019-20 academic year are as follows:

1. An institutional self-study, which is a data-based self-analysis by the medical school of its performance based on the 12 accreditation standards and accompanying 93 accreditation elements
2. A survey visit, which is an on-site evaluation by a survey team of external peer experts that results in a report of the survey team’s findings for each element
3. The review by the LCME of the survey team’s findings related to each accreditation element
4. The LCME’s final determination of the program’s performance in accreditation elements, its compliance with accreditation standards, its accreditation status, and any necessary follow-up to address identified problem areas

The full accreditation review process takes about two years for most medical education programs. The medical school’s follow-up activities based on LCME findings may require additional years, depending on how quickly a program can address concerns identified by the institution or by the LCME during the review. The LCME also monitors each program every year through several questionnaires that medical schools must complete. A more detailed description of the accreditation process highlighting areas in which student participation is important follows.

**What a Medical School Sends to the Survey Team as the Basis for the On-Site Evaluation**

The medical school compiles and submits a “survey package” to the survey team that includes a number of documents, many of which include data and information from students:

* The data collection instrument (DCI) includes questions for each accreditation element. It is organized by accreditation standard and element. In response to the questions, the medical school completes a narrative and data tables for each accreditation element.
* The institutional self-study summary report is the medical school’s own analysis of its performance in each of the accreditation elements.
* The independent student analysis (ISA) contains the results of a student-developed questionnaire, which allows students in all class years to identify strengths and areas for improvement at their institution.
* The AAMC Medical School Graduation Questionnaire (AAMC GQ) is a survey completed by fourth-year medical students that contains both the medical school’s results and national comparison data.

Data from both the ISA and the AAMC GQ are incorporated into the DCI, and these documents also are sent to the survey team as part of the survey package. An overview of the institutional self-study process follows. This section includes an explanation of the different sources of information that are reviewed by the school and the survey team so that judgments about performance in elements can be made.

## The Institutional Self-Study

Conducting the institutional self-study and preparing for the survey team visit to the medical school take a significant amount of effort and participation by many members of the medical education community, including students.

The accreditation review process begins approximately one and a half to two years before the survey visit. See [Appendix B](#_APPENDIX_B:_Typical) for a summary of and timeline for the events leading up to and following the survey visit. At the beginning of that time interval, the LCME will contact the program to establish the dates for the survey visit. Soon after that, the materials that the medical school will use to conduct its self-study will be made available to the medical school.

Once the survey visit date has been set, the medical school dean notifies the student body and provides information about the accreditation process and timeline. The dean appoints a faculty accreditation lead (FAL) to oversee the medical school’s self-study process and its preparation for the survey team visit. The dean, FAL, or both should meet with student leaders to discuss the role of students in the medical school’s self-study process and to mobilize the student body to start the ISA.

In the descriptions below, items in *italics* are tasks that involve medical students.

The review of a medical education program is based on the following 12 accreditation standards:

Standard 1 (mission, planning, organization, and integrity)

Standard 2 (leadership and administration)

Standard 3 (academic and learning environments)

Standard 4 (faculty preparation, productivity, participation, and policies)

Standard 5 (educational resources and infrastructure)

Standard 6 (competencies, curricular objectives, and curricular design)

Standard 7 (curricular content)

Standard 8 (curricular management, evaluation, and enhancement)

Standard 9 (teaching, supervision, assessment, and student and patient safety)

Standard 10 (medical student selection, assignment, and progress)

Standard 11 (medical student academic support, career advising, and educational records)

Standard 12 (medical student health services, personal counseling, and financial aid services)

As noted above, the DCI consists of questions for each accreditation element related to the 12 standards. The DCI, when final, includes data from the ISA and from the medical school’s Association of American Medical Colleges Medical School Graduation Questionnaire (AAMC GQ), an annual survey that is completed by fourth-year medical students.

A medical school task force or steering committee manages the institutional self-study and forms subcommittees to review and analyze information in the DCI associated with the accreditation elements in each of the 12 accreditation standards. Medical schools organize the subcommittees as they see fit, often grouping several related standards. For example, the medical school may create a subcommittee for the medical student-related standards (standards 10, 11, and 12) to focus on the medical student issues. *The medical school dean and FAL, in collaboration with student leadership, should appoint one or more students to the institutional self-study task force and to appropriate self-study committee(s).* The subcommittees addressing medical student issues will not be directly involved in the creation of the separate ISA but will receive and consider the results.

The institutional self-study committees complete their analyses and prepare reports of their findings by approximately six months before the survey visit takes place. The individual committee findings and conclusions are then synthesized by the task force or steering committee into a final, comprehensive, self-study summary report that identifies the most notable strengths and accomplishments of the program and the challenges that it faces.

## The Independent Student Analysis (ISA)

*At the same time that the medical school initiates its self-study, the student leadership should begin an independent review of topic areas relevant to students, including the medical education program, student services, the learning environment, and the adequacy of educational resources.* The ISA process consists of the creation of a student opinion questionnaire and the creation of a report (the ISA) that includes results of the student opinion questionnaire and an analysis and interpretation of responses to that questionnaire. See Appendices [C](#_APPENDIX_C_:), [D,](#_Appendix_D:_Sample_1) and [E](#_Appendix_E:_Sample) for specific information on and requirements for survey development, content, data analysis, and data reporting.

The *group leading the ISA process will need to develop and conduct a questionnaire survey of all enrolled students in order to develop a comprehensive picture of students’ perceptions of their medical school.* ***The LCME requires at a minimum that the items in the Sample Student Opinion Survey (***[***Appendix D***](#_Appendix_D:_Sample_1)***) will be included in the medical school’s student questionnaire survey****, because these items relate directly to accreditation elements and, therefore, are included in the medical school’s DCI and reviewed during the self-study process.* The ISA process is often initially organized by members of student government. Then students from all years in the curriculum are added to form a student committee with responsibility for designing the questionnaire and conducting the survey and data analysis. A broad-based and representative committee is important to ensure that all perspectives are represented in the final ISA report.

The FAL should provide the same type of administrative support for the ISA process as that afforded to other self-study groups**. Although medical school officials can provide logistical support and technical advice to help the student committee conduct the survey and help it to analyze the results, medical school officials must not participate in the development of the student survey, the analysis of survey data, or the preparation of the ISA report**. The student group should also review the results of the most recent AAMC GQ which the medical school should provide to the student committee. The student group can use this information as another source of input in developing the final ISA report.

Because various data from the ISA questionnaire responses will need to be included in the medical school’s DCI, questionnaire development, data collection, and analysis should be completed at least 10 months before the survey visit. The final ISA report should include summary data from questionnaire responses and a narrative of student perceptions of the program’s strengths, achievements, and areas for improvement. The institutional self-study task force or subcommittee(s) for DCI accreditation elements and standards relating to medical students will also need to consider and include relevant data and summary findings from the ISA. Therefore, the complete ISA (data, summary findings, and analysis) should be made available to the institutional self-study task force at the same time as are the reports of the various self-study committees (about six months before the survey visit) so that student opinion can be fully incorporated into the program’s final self-study summary report.

## The Survey Team Visit

The LCME Secretariat appoints a survey team drawn from a pool of knowledgeable, experienced medical school administrators and faculty. Most survey teams consist of 5-6 members: a survey team chair, a survey team secretary, and 3 or 4 survey team members. Survey teams typically are led by a medical school dean or LCME member. Survey team members come from a variety of backgrounds (e.g., associate deans of curriculum and student affairs, leaders of research programs or clinical practices, experts in faculty affairs) and, whenever possible, include at least some members from medical schools with characteristics similar to those of the medical school being reviewed. Occasionally survey teams include additional members, one of whom may be astudent member of the LCMEor an observer from another accrediting group or organization.

At least three months before the survey visit, the members of the survey team receive all of the information that the program collected and analyzed in its self-study process (as noted previously, this

is termed the “survey package”), consisting of the completed DCI, an appendix of supporting documents for each section, the final self-study summary report, the ISA, and the results of the most recent AAMC GQ. The survey team reviews that information and develops a preliminary assessment of the program before arriving at the medical school for the survey visit.

The survey visit typically begins late on a Sunday afternoon, when the survey team gathers to review its impressions and to identify any major issues that need additional information, clarification, and follow-up during the visit. The survey team then meets with the medical school dean to discuss his or her perceptions of the program, including its strengths and the challenges that it faces, and any current issues that could affect the program’s functioning or operations.

A survey team visit most often lasts two and a half days, usually ending by midday on Wednesday. For medical schools with one or more regional campuses, the visit may be extended by one day. During the visit, the survey team meets with the medical school’s academic and administrative leaders, representatives from its affiliated hospitals, department chairs, course and clerkship directors, faculty, residents, and students. *The survey team meets formally with students during extended luncheon sessions on Monday and Tuesday of the survey visit.* During the visit, survey team members will inspect educational and student facilities on the main campus and also may tour major teaching hospitals, *with students serving as guides for these tours. This provides an opportunity for informal discussions about the program.* During all of these discussions, the survey team gathers additional information, clarifies the data it has already received, and makes assessments of how well the medical education program complies with accreditation requirements, as specified in each of the accreditation elements. At the end of the survey visit, the survey team provides a summary of its findings to the medical school dean.

## Preparation and Review of the Survey Team Report

In the two months immediately after the visit, the survey team prepares a survey report narrative that includes information related to each of the accreditation elements and a summary document with its findings. A draft version of this survey team report and the team findings are reviewed by the LCME Secretariat, and then sent to the medical school dean so that any factual errors can be corrected. After making any needed corrections, the survey team secretary sends the final survey report to the LCME Secretariat for consideration at the next regular LCME meeting (these take place in October, February, and June).

During the LCME meeting, the members of the LCME, *including the LCME’s medical student members*, review the survey report, finalize citations related to accreditation standards and elements, and determine the medical education program’s accreditation status. The LCME also identifies any follow-up that may be needed to ensure that the program comes into compliance with all standards and achieves satisfactory performance in all elements that were cited by the LCME.

There are various types of decisions for accreditation status and follow-up. The LCME may continue the medical education program’s accreditation for a term of eight years; in that case, the date of the next full survey visit is posted on the LCME website. For most medical education programs with relatively minor areas of concern associated with one or more of the accreditation standards/elements, the LCME asks the medical school dean to submit one or more written reports (termed “status reports”). A status report describes what the program has done to address the LCME citations of unsatisfactory or satisfactory with a need for monitoring performance in elements. The first status report typically is due one year from the date of the LCME accreditation action. Follow-up status reports or visits may extend over several years, depending on the nature of the citation(s) and the timing typically needed to address it/them (e.g., if a new building is needed to provide appropriate classroom and lab space, it may take several years to complete). Such follow-up continues until all citations have been addressed to the LCME’s satisfaction.

However, when warranted, the LCME has several additional options for follow-up depending on the extent and nature of the problems. These options include awarding an “indeterminate term” or placing the program on “warning” status or on “probation” status. Indeterminate term means that a program must correct its deficiencies before being awarded an eight-year term of accreditation. For both warning and probation statuses, the LCME typically schedules a limited survey visit to verify how the program has corrected its problems. Warning status is a confidential status that is not shared with the public; whereas probation is a public status. Although decisions to place a program on probation status are infrequent, they do occur. Programs placed on warning or probation status remain fully accredited, and enrolled students have all of the rights and privileges associated with accreditation. Any citation of noncompliance with a standard requires that medical education programs come into compliance within two years. The LCME notifies medical education programs on warning or probation status that if all areas of noncompliance with accreditation standards are not resolved in a limited period of time, the committee may withdraw accreditation. Because the quality of U.S. medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is low.

# Student Participation in the Accreditation Process

The following section describes in greater detail the roles that students may play at various stages of the LCME accreditation process.

Getting Started: The Medical School Dean's Notification to Students

The medical school dean informs the student body of and meets with student leadership about the upcoming survey team visit soon after the LCME sets the date of the visit (see [Appendix B](#_APPENDIX_B:_Typical) for a typical timeline). At this initial meeting, the dean and students should discuss the roles of students in the institutional self-study and survey visit processes. It will be helpful if the student leadership meets with the dean, the FAL, or both, at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

Various documents with information about medical school accreditation are available from the “Standards, Publications, & Notification Forms” section of the LCME website [(lcme.org/publications](file:///C:\(lcme.org\publications\)). Important publications are *Functions and Structure of a Medical School*, which contains the LCME accreditation standards and associated elements; *Data Collection Instrument*, which includes the questions that the school must answer related to each element; *Guide to the Institutional Self-Study*, which describes the institutional self-study process; and the *Survey Report Template*, which details the information that the survey team includes in its report to the LCME. Students should consult the documents for the year in which the survey visit will occur.

Appointment of Students to the Institutional Self-Study Task Force and to Committees

*Students should be included on the institutional self-study task force and on any committees on which they can provide meaningful input.* Each review committee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. At most medical education programs with an upcoming full survey visit, students serve on committees reviewing accreditation standards and elements related to the educational program, medical students, and educational and clinical facilities.

## The Independent Student Analysis (ISA)

The LCME considers the independent review conducted by students a critical element of the accreditation process. Work on the ISA should begin around the time that the medical school initiates the overall self-study process, and it should be completed around the time that the individual self-study committees are completing their reports. The medical school dean’s office or support staff should offer any reasonable logistical and financial support and/or technical advice to help students, particularly with the conduct and analysis of data from the survey described below.

The medical school dean’s office should also provide appropriate background materials to the students

who will be managing the ISA. Such materials may include a copy of the medical school’s results from

the most recent AAMC GQ, a copy of the program’s most recent accreditation survey report (or at least relevant sections of that report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

When students are in the early stages of their work on the ISA, they may find it useful to contact their peers at other medical schools that either have just recently completed an accreditation review or are in the process of preparing for one. The next section provides additional details on networking with students at other medical schools.

The ISA is one of three major pieces of student-based information that the survey team will utilize when it evaluates the program. The other two sources of information are the AAMC GQ, which is completed by fourth-year medical students, and the students who meet with survey team members during the survey visit (these students will come from all years of the curriculum but may not necessarily constitute a representative sample of students’ opinions). To complement these other information sources, the ISA should be based on a comprehensive survey of students in all four years and cover a wide range of subjects important to students. An effective ISA is based on data from the entire student body. A high response rate (at least 70-80% in total and by year) to the questionnaire survey is critical for the credibility of the data.

The committee members responsible for the ISA should familiarize themselves with the *Functions and Structure of a Medical School* publication, which contains the LCME accreditation standards and elements that apply to the year of the medical education program’s survey visit.

The LCME strongly encourages students to at a minimum address the following general areas in the ISA:

* Accessibility of dean(s) and faculty members
* Participation of students in medical school committees
* Curriculum including the following:
  + workload
  + organization
  + instructional formats
  + adequacy of content
  + adequacy of balance between scheduled class time and time for independent learning
* Student assessment, including quality and timeliness of feedback
* Opportunity for the evaluation of courses, clerkships, teachers, and whether identified problems are corrected
* Student support services and counseling systems (personal, academic, career, financial aid), including their accessibility and adequacy
* Student personal counseling and health services, including their adequacy, availability, cost, and confidentiality
* The learning environment, including policies and procedures to prevent or respond to mistreatment or abuse
* Facilities, including quality of educational space, availability of study and relaxation space, and security both on campus and at affiliated clinical sites
* Library facilities and information technology resources, including access to and quality of holdings and resources

[**Appendix C**](#_Appendix_C:_Suggested) **of this document outlines some logistical considerations related to the collection and reporting of data for the ISA.** In general, the committee of students planning the ISA should define the areas to be covered, including the topics listed above.

[**Appendix D**](#_Appendix_D:_Sample_1) **contains a sample questionnaire with items that the LCME expects will be included in the student survey. These items relate directly to data that the medical school must supply in the DCI and, therefore, must be included.** The student committee should develop a survey instrument to collect quantitative data about each area, adding questions as needed to reflect specific characteristics of a program. The student committee should analyze the survey response data and develop a narrative summary and set of findings and conclusions. **The ISA should contain an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each topic covered (e.g., the curriculum, student services, the learning environment), and a section presenting conclusions and recommendations.**

At the beginning of the ISA, include a summary of the process used to develop and distribute the questionnaire. Include the response rate to the questionnaire **for each of the four class years and the overall response rate. See Appendix C for specific information on calculating the required response rates.**

To report the questionnaire results, develop a table for each survey question with the **number and percent** of respondents from each respondent class year that have selected the indicated response options (i.e., % choosing not applicable; % choosing very dissatisfied and dissatisfied (aggregated); and % choosing satisfied and very satisfied(aggregated)) such that the data for all four class years are included in the same table. See [Appendix E](#_Appendix_E:_Sample) in this document for an example of how to report the student response data. When reporting response data, print column headers on each new page. This makes it easier for the survey team to read. **Do not use histograms, boxplots, or pie charts, and to not present data in color**.

The students responsible for the ISA should inform the student body about the importance of completing the questionnaire survey and the seriousness with which the survey team and the LCME regard the results. If the initial response rate for the student survey is low (i.e., less than 70% for any class), it may be necessary to conduct a follow-up survey or to extend the time that the survey is left open to improve the response rate. Incentives may be used to enhance participation. The results from the survey may also be supplemented with other data, such as the results of focus group studies, input from student organizations, or similar kinds of information. These data sources may be helpful in explaining the results of the survey but should not be used to replace the data derived from the questionnaire.

Medical school officials must not influence the ISA findings or edit the report. Nevertheless, both the program and the students will benefit if a draft of the ISA is shared with the FAL to ensure that the analysis does not contain any inconsistencies with the survey data. The final version of the ISA must be made available to the committee(s) reviewing student issues and to the institutional self-study task force, so that the findings can be incorporated into the medical school’s self-study summary report.

Networking with Students at Other Medical Schools

When students begin their review of the medical education program, they may find it helpful to learn from the experiences of students at other medical schools who have recently completed an accreditation survey visit or who are further along in the process of ISA planning and development. Each year, one of the monthly [*Connecting with the Secretariat*](http://lcme.org/events/secretariat-webinar/) webinars focused on the ISA, with presentations by students from medical schools that have recently completed the process.

To network with students at other medical schools, it is first necessary to know which schools have recently completed an accreditation survey or are scheduled for a survey visit in the near future. The LCME website includes a page titled Medical School Directory ([lcme.org/directory](http://lcme.org/directory/)) that lists the next survey dates for all LCME-accredited programs. Because full accreditation surveys occur every eight years, a program whose next full survey date is in seven or eight years will have recently completed the institutional self-study process for a full accreditation survey, whereas a program whose next full survey date is the current academic year will likely be in the midst of its self-study process. Based on the academic years listed, it should be possible to find medical schools that have just completed or will soon complete their accreditation surveys or schools that are in the middle of preparations for a survey visit. Students at those other institutions can be contacted to learn how they completed or are planning to complete their own ISA.

Students who are most knowledgeable about the process used at a given medical school may be involved in national medical student organizations. The easiest way to reach those students is to contact one of the national student organizations through its local student representative, who can supply contact information for the representative of his or her organization at the medical school(s) of interest. The local representatives at the medical school(s) of interest should then be able to help identify the best sources of information about how students at that school are conducting their survey, or what they have learned from having recently completed the process. Relevant medical student organizations whose local representative might be able to provide referral information include the AAMC Organization of Student Representatives, the AMA Medical Student Section, and the American Medical Student Association. The current student members of the LCME also may be of assistance. Contact information for LCME student members is available on the LCME website ([lcme.org/about/meetings-members](http://lcme.org/about/meetings-members/)).

Student Participation During the LCME Survey Visit

After the medical school’s self-study and the ISA have been completed and submitted, the survey team begins to review the materials prepared by the program, and the survey team secretary works with the program’s FAL to develop the schedule for the survey visit. A sample schedule for a full accreditation survey can be found on the LCME website ([lcme.org/publications](file:///C:\Users\creicks\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\STNUVVGD\lcme.org\publications)). Most survey team secretaries follow the sample schedule or slightly modify it to accommodate any special circumstances, such as the presence of a regional campus. *The survey team will meet for lunch on the Monday of the survey visit with students from the first and second-year classes and for lunch on that Tuesday with students from the third- and fourth-year classes.* If the survey visit takes place early in the academic year (particularly in September or October), the Monday meeting may include a few third-year students and the Tuesday meeting may include recent graduates now doing their residency at the medical school. Those students or recent graduates would be included so that some students in each session will have knowledge about the entire second and fourth years of the curriculum.

The lunch sessions with students allow for informal and open discussions about the medical school. One purpose of these meetings, from the survey team’s point of view, is to identify and reconcile, if possible, any differences in student opinion between the ISA and/or the AAMC GQ and the medical school’s own self-study. Sometimes the differences are easily explained by timing differences in data collection. There also may be genuine differences of opinion, and part of the survey team’s task is to determine if and why that is the case. The survey team explores in more depth issues of concern identified in the ISA and the AAMC GQ and determines if any issues that were not mentioned in those sources have surfaced. For those reasons, it is extremely helpful if the students at these lunch sessions are familiar with the information contained in the ISA and in the AAMC GQ. *It is very useful to ensure that a representative group of students is included in these lunch sessions, not just student leaders. When possible, each session should include one or more students who were responsible for conducting or managing the ISA.* The survey team may have a particular interest in talking to certain categories of students. For example, the survey team may want to meet with one or more students who have had some academic difficulties and are therefore familiar with the medical school’s systems for academic counseling and tutorial services. Students who meet with the survey team should feel comfortable in speaking openly about both the strong and weak areas of the medical education program. Under no circumstances are student comments quoted directly or attributed to any individual in the survey team report or in discussion with faculty or school leadership during the visit. The survey team does not make any determinations based solely on what an individual student (or faculty member or dean) says. However, the team does explore any potential issues that arise in discussions with students or others, and in such cases, will look for corroborating evidence while on the survey visit.

In addition to participating in the lunch meetings on Monday and Tuesday during the survey visit, a few students guide the survey team on tours of classrooms, laboratories, the library and computer learning or testing facilities, lounge and relaxation areas, and study space. Students also may serve as guides if the survey team visits one or more teaching hospitals or ambulatory care sites. These tours provide an informal opportunity for students to share information and opinions with the survey team. As with the lunch meetings, the survey team interprets what it learns during the tours in the context of other information obtained before or during the survey visit.

Complaints and Grievances

An accreditation survey is not an opportunity for individual students (or faculty members, deans, or anyone else) to involve the LCME in discussions about personal or academic grievances with the medical school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about whether the medical education program is performing in a satisfactory way related to the accreditation standards and elements.

Any student who believes that a medical school’s actions or policies indicate noncompliance with accreditation standards or unsatisfactory performance related to one or more accreditation elements can bring the issue to the LCME’s attention by submitting a formal complaint about the program at any time. This can be done by contacting the LCME Secretariat office via email, [lcme@aamc.org](mailto:lcme@aamc.org), with relevant details, a list of any standards/elements related to the complaint, and a signed consent form (available online: [lcme.org/publications/#Forms](http://lcme.org/publications/#Forms)). Further information about the LCME’s complaint policy can be found in the LCME *Rules of Procedure* and on the LCME website ([lcme.org/contact/complaints](http://lcme.org/contact/complaints/)). In the case of complaints, the LCME will only make a determination regarding the program’s compliance with accreditation standards/performance in accreditation elements. It will not intervene on behalf of any complainant in the resolution of grievances.

# Other Opportunities for Student Involvement with the LCME

LCME Student Members

*There are two medical students who are full voting members of the LCME*. The medical student members of the LCME ensure that accreditation standards/elements, policies, and actions include the student perspective. Student members participate in the discussions and decision-making on accreditation matters during LCME meetings, including reviews of accreditation surveys and medical school follow-up (status reports), consideration of new or revised accreditation standards/elements and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member participates in one accreditation survey visit during the year of his or her service on the LCME.

The two LCME student members are appointed annually, one by the AMA and one by the AAMC. Calls for nominations of LCME student members are sent to medical school deans in the fall of each year. Because of the time required to participate in LCME work, applicants for student membership must be fourth-year students who have completed most or all their required coursework and clerkships and who are familiar with student issues across the entire curriculum. Student members serve a one-year term that begins on July 1st and ends on June 30th of the following year.

The LCME pays all expenses incurred by student members related to their service on the LCME. Newly appointed student members are invited to attend an orientation session and the June meeting of the LCME as observers immediately prior to the July 1st start of their one-year term.

Although student members are appointed through the LCME’s sponsoring organizations, they do not have any formal responsibilities to the sponsoring organizations regarding their service on the LCME, as is also true for professional members. Student members may convey to the LCME issues of interest to the sponsoring organizations (such as new policies or accreditation standards), but they do not function as representatives of the sponsors in any LCME discussions or decisions. In the same way, student members are not official LCME representatives to sponsoring organizations, and they are subject to the same expectations as professional members regarding confidentiality and public disclosure of LCME discussions and decisions. Students interested in serving on the LCME should contact their medical school deans, the LCME Secretariat offices, or the LCME website to learn more about the process for becoming a student member of the LCME.

## Student Feedback on Accreditation Standards

The LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions and feedback regarding its accreditation standards and elements.

The LCME conducts reviews of its existing accreditation elements and considers the development of new or revised elements. For many reviews of and changes to elements, students constitute a relevant stakeholder group.

Suggestions for new accreditation elements or modifications to existing ones may come from any source at any time. Although, in most cases, they arise from the organizations involved in medical education, occasionally suggestions come from individuals. Several recent additions to accreditation requirements were developed and adopted in response to requests from organizations involved in medical education. For example, the expectation that there be education about culturally competent care was brought to the LCME by the Minority Affairs Section of the AAMC Group on Student Affairs, whereas the requirement related to the learning environment and student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives. Students with ideas for new accreditation standards and/or elements should email the LCME Secretariat directly ([lcme@aamc.org](mailto:lcme@aamc.org)).

# Appendix A: Summary and Frequently Asked Questions

## General Questions

***How often is my medical education program reviewed by the LCME?***

The standard term of accreditation is eight years, except it is five years following the first full survey for new schools. If the LCME identifies significant problems after a medical education program’s full accreditation review, the committee may continue accreditation for an indeterminate term until the LCME reviews the results of a limited survey or status report that demonstrates that the program has addressed its problems. The LCME conducts limited surveys within two years of the program’s full accreditation review. If the program has made satisfactory progress or fully resolved its problems, the LCME will continue accreditation for the balance of the regular term. In the instances in which a program has not made satisfactory progress and/or has not resolved its problems, the LCME may shorten the term of accreditation.

***Does the LCME just evaluate the medical curriculum or does the LCME examine all aspects of a medical education program?***

The LCME’s assessment is based on all its accreditation standards and associated elements; some of these cover several areas that touch on the medical student experience. See the *Functions and Structure of a Medical School* publication on the LCME website ([lcme.org/publications](http://lcme.org/publications/)).

***What happens when a program does not fully comply with LCME accreditation standards and elements****?*

Programs have a maximum of two years to demonstrate that they have achieved compliance with the LCME accreditation standards on which they were cited as a result of their survey visit. Depending on the number and nature of the citations involved, the LCME may ask a program to provide one or more status reports documenting how the program has addressed its problems, or it may send a limited survey team to the program to verify that problems have been satisfactorily addressed. The solution to some problems may exceed two years (e.g., if a new building is needed to expand educational space). In such cases the LCME can extend the two-year period for good cause if it determines that satisfactory progress is taking place toward achieving compliance.

***What happens if the LCME places a program on probation status?***

Probation status represents a judgment by the LCME that a program is not in substantial compliance with its accreditation standards, and that the quality of the medical educational program will be seriously compromised if the noncompliance issues are not addressed promptly. A program on probation status remains fully accredited, and students have all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation status. If a program on probation status does not achieve compliance with accreditation standards within the time period established by the LCME, the LCME may withdraw its accreditation.

***How can medical students ensure that issues of importance to them at their medical school are addressed by the LCME?***

If the medical education program is scheduled for an LCME accreditation review, the issue should emerge from the medical school’s institutional self-study and the ISA. If the issue involves noncompliance with accreditation standards or unsatisfactory performance in accreditation elements, which is confirmed by the survey team, the LCME will require the program to resolve the problem by requiring a follow-up report or limited survey visit.

Occasionally, an issue considered important by medical students does not relate to LCME accreditation standards (e.g., scarce or expensive on-campus parking). In such cases, the survey team may comment on the problem in its report, but the LCME cannot compel the program to take corrective measures because the issue does not involve accreditation standards/elements. If a major issue surfaces and a program is not scheduled for an upcoming LCME review, students can bring the issue to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the LCME *Rules of Procedure* publication on the LCME website ([lcme.org/publications](http://lcme.org/publications/)).

## Medical Student Participation in LCME Accreditation

***What role do students play in the LCME accreditation process and/or in a medical school’s survey visit by the LCME?***

Students conduct an independent student analysis (ISA) of the medical education program in parallel with the institutional self-study. The survey team that reviews a program meets with students selected from all class years and tours educational facilities with assistance from student guides. The survey team includes student opinion taken from the ISA, from the AAMC GQ, and from students it meets on-site when making its determinations about the program’s strengths, weaknesses, and opportunities for improvement.

Two of the nineteen members of the LCME are medical students in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national medical student organizations.

## Medical Student Participation in LCME Survey Visits

***How should students be selected to participate in the survey visit process?***

From the survey team’s perspective, it is desirable to meet with a representative group of students from all class years, including some who were directly involved in the questionnaire design, data analysis, and drafting of the ISA and who are familiar with the ISA results. For the team to better understand how the program functions, it may also be desirable to include students who have experience with student services, such as with the medical school’s academic counseling and tutorial services, financial aid services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in MD/PhD, or other joint degree programs, and students involved in research or community service programs. In summary, it is desirable that the survey team meet with a breadth of students, not just class leaders. The medical school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (administrators and faculty) and the student body. A survey team would likely be concerned if students had no voice at all in deciding which of them met with the surveyors.

## The Independent Student Analysis (ISA)

***Is there a template that students can use as a guide to develop their student opinion survey for the ISA?***

[Appendix D](#_Appendix_D:_Sample_1) in this document contains a questionnaire survey for collecting student opinion data. Although the LCME requires that all of these questions be included, additional questions can be added to address issues of particular importance at a given medical school. See [Appendix E](#_Appendix_E:_Sample) in this document for an example of how to report the student response data. The medical school should, if requested, supply technical assistance in editing survey questions and in analyzing the data.

***Should medical school administrators/faculty be provided with the ISA?***

Yes. Medical school officials should have an opportunity to see the ISA and to discuss any perceptions that it contains factual errors or internal inconsistencies. They should also have an opportunity to incorporate the data from the student survey into the DCI and the findings of the ISA into the larger institutional self-study summary report. Medical school officials must not, however, edit or revise the analysis or pressure students to change its content or conclusions.

***What type of student feedback is most useful to the LCME?***

The best student feedback is analytical, candid, and constructive and is based on a synthesis of student opinion. That is, it should accurately identify all relevant problems and do so in a way that also indicates how students think the medical education program can improve. Students should indicate both a program’s particular strengths and its particular challenges. A survey team finds student feedback that is consistent across all information sources and is supported by appropriate documentation most useful. For example, if the results of the student questionnaire survey are contradicted by the students who meet with the survey team, the team will have difficulty reconciling student opinion and not know which source is more credible. Also, the comments of an individual student should not be included in the ISA narrative; similar comments from a number of students can be synthesized and included.

***Is there a certain percentage of students who should respond to the student opinion survey for the information to be useful to the LCME?***

A high response rate is necessary to ensure the credibility of the information. The student opinion survey should ideally achieve a minimum of a 70-80% response rate for each class year. The students responsible for the survey may use incentives, supplied by the medical school administration, to support a good response rate.

# Appendix B: Typical Timeline for the LCME Institutional Self-study, Student Involvement, and the Accreditation Survey Visit

| (Student involvement denoted by ***italic and bold text***) | Months Before (-)/after (+) Survey Visit |
| --- | --- |
| LCME Secretariat sets survey visit dates with medical school dean. Dean appoints FAL. ***Dean informs student body of pending survey. Interested students meet with dean to discuss student role. ISA Task Force is established.*** | -18 |
| ***ISA Task Force incorporates the questions in “The Role of Students in the Accreditation of US Medical Education Programs” for Full Accreditation Survey Visits and adds any questions particular to the medical school.*** | -16 |
| LCME Secretariat releases DCI and institutional self-study information. ***ISA Task Force distributes survey to the student body.*** | -18/15 |
| Medical school dean appoints members of institutional self-study task force and subcommittees, ***including student representatives****.* | -15 |
| ***Students provide data from the ISA questionnaire survey to the group(s) compiling the DCI. ISA Task Force begins analysis of survey data.*** | -14 |
| FAL distributes completed DCI sections to the institutional self-study task force and appropriate subcommittees. ***Data include the results of the student survey.*** | -13 |
| ***ISA Task Force provides final ISA report to the FAL*** for distribution to appropriate institutional self-study task force members. | -12 |
| Institutional self-study task force and subcommittees review and analyze relevant sections of completed DCI and prepare survey report. | -12/-10 |
| Institutional self-study task force reviews and analyzes subcommittee and ISA reports, prepares the self-study summary report, and implements changes to correct issues identified in the self-study process. | -10/-5 |
| Medical school submits the completed self-study package to the LCME Secretariat office. | -3 |
| Survey team visits campus, conducts interviews and inspections, and writes survey report for the LCME. Team meets with administrators, faculty, ***and groups of students. Student representatives are expected to be well informed about major issues and concerns of the student body*.** | Survey visit |
| Draft survey team report is circulated for review and correction to LCME Secretariat, survey team members, and the medical school dean. | +2 |
| The LCME considers the survey team report and makes accreditation decision. | +2/+6 |
| Medical school dean and university president are sent survey report and notified of the LCME's decision about accreditation status. Schedule of any follow-up reporting or return visits is established. The survey report and LCME action are shared by the dean with the faculty and ***student body***at the dean’s discretion. | Within 30 days of LCME meeting |

# Appendix C: Suggested Logistics for Development of the Independent Student Analysis (ISA)

There are many ways to collect and report student opinion in the accreditation survey process. The process for creating the questionnaire, analyzing the survey data, and constructing the narrative of the ISA should be coordinated by a small committee composed of students that are representative and who preferably are selected or approved by the student body. This committee could include, among other members, student council representatives, class officers, and medical school representatives to national medical student organizations. Ideally, these students should come from all class years.

Methods used to solicit input from students should ensure that there is broad input that reflects student body opinion. To accomplish this goal, the ISA committee should develop and disseminate a student opinion survey to each medical student class, using the items from [Appendix D](#_Appendix_D:_Sample_1) as a basis, though additional items may be added. The survey should include questions that directly relate to LCME accreditation standards and elements and the survey should have space for students to add comments.

In addition to conducting a survey of student opinion, the leaders of the ISA may also choose to hold class meetings to discuss student concerns or request that each class submit reports delineating areas that require attention. If ISA leaders use any of these methods, they should provide information on the number of participants.

Once data have been collected, the ISA committee or a subgroup of members should analyze and summarize the data and prepare the ISA. When reporting the results of the survey, include information about the response rate for EACH class year and the overall response rate**. To determine the response rate for a given class year, use the total number of students in that class year to whom the survey was made available as the denominator and use the total number of students from that class year that filled out the survey as the numerator. Similarly, for the overall response rate, use the total number of students in all class years to whom the survey was made available as the denominator and use the total number of students from all class years that filled out the survey as the numerator.**

**Use tables in presenting the data. Do not use complex ways of displaying the data (i.e., do not use color-coded bar graphs or histograms). Sophisticated statistical analyses are not necessary. The number and percent of respondents choosing each option for each question in each class year is most useful, as the survey team will be able to clearly see the range of student opinion.**

The data should be collected and analyzed as the DCI is being finalized, and the draft summary document should be completed at or before the deadline for the relevant institutional self-study committees to complete their respective reports. The final version of the ISA should be forwarded to the medical school’s self-study leadership so that its findings can be incorporated into the medical school’s self-study summary report, as appropriate. The following guidelines are suggested for writing the ISA:

1. Begin with a description of the method(s) used to gather student opinion data. Include the number and percent of students responding both by class year and overall. If applicable, include the number of students who participated in discussions or focus groups.
2. It is helpful to begin with an executive summary that highlights the major findings organized by accreditation standards or by some other framework. In the narrative, concisely summarize the results of the student opinion survey, organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the medical school is doing well and areas in which it needs improvement, documenting conclusions using data from the survey. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.
3. Include a numerical summary of response data from the student opinion survey. For each question, the LCME Secretariat requires providing the number and percent of students who have selected each response option, in total and by class. DO NOT SEND data from individual students and DO NOT include individual student comments. However, comments that are representative of the responses from a large number of students or synthesized comments may be included in the narrative as illustrations.

# Appendix D: Sample Student Opinion Survey for the Independent Student Analysis (ISA)

**The LCME requires the student opinion questionnaire include, at a minimum, the items below You may add questions to this sample survey, as needed, to reflect the distinctive characteristics of your medical school or to address other issues that may be of particular importance to your medical school’s students.**

***Please circle the letter indicating your level of satisfaction, using the following scale:***

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess / No opinion / Have not experienced this yet

**STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS**

**Office of the Associate Dean of Students**

1. Accessibility a b c d N/A

2. Awareness of student concerns a b c d N/A

3. Responsiveness to student problems a b c d N/A

**Office of the Associate Dean for Medical Education**

4. Accessibility a b c d N/A

5. Awareness of student concerns a b c d N/A

6. Responsiveness to student problems a b c d N/A

7. Accessibility of medical school faculty a b c d N/A

8. Participation of students on key medical school committees a b c d N/A

**LEARNING ENVIRONMENT AND FACILITIES**

9. Adequacy of the medical school’s student mistreatment policy a b c d N/A

10. Adequacy of the mechanisms to report mistreatment a b c d N/A

11. Adequacy of medical school activities to prevent mistreatment a b c d N/A

12. Adequacy of school actions on reports of mistreatment

13. Adequacy of safety and security at instructional sites a b c d N/A

14. Adequacy of lecture halls, large group classroom facilities a b c d N/A

15. Adequacy of small group teaching spaces on campus a b c d N/A

16. Adequacy of educational/teaching spaces at hospitals a b c d N/A

17. Adequacy of student relaxation space at the medical school

campus a b c d N/A

18. Adequacy of student study space at the medical school campus a b c d N/A

19. Adequacy of student study space at hospitals/clinical sites a b c d N/A

20. Access to secure storage space for personal belongings at the

medical school campus a b c d N/A

21. Access to secure storage space for personal belongings at

hospitals/clinical sites a b c d N/A

22. Administration and faculty diversity a b c d N/A

23. Student diversity a b c d N/A

24. Access to opportunities to participate in research a b c d N/A

25. Access to service learning/community service opportunities a b c d N/A

**LIBRARY AND INFORMATION RESOURCES**

26. Ease of access to library resources and holdings a b c d N/A

27. Quality of library support and services a b c d N/A

28. Adequacy of computer learning resources a b c d N/A

29. Ease of access to electronic learning materials a b c d N/A

30. Accessibility of computer support a b c d N/A

**STUDENT SERVICES**

31. Accessibility of student health services a b c d N/A

32. Accessibility of personal counseling a b c d N/A

33. Confidentiality of personal counseling a b c d N/A

34. Availability of mental health services a b c d N/A

35. Availability of programs to support student well-being a b c d N/A

36. Adequacy of career counseling a b c d N/A

37. Adequacy of counseling about elective choices a b c d N/A

38. Quality of financial aid administrative services a b c d N/A

39. Adequacy of debt management counseling a b c d N/A

40. Availability of academic counseling a b c d N/A

41. Availability of tutorial help a b c d N/A

42. Availability of student health insurance a b c d N/A

43. Availability of disability insurance a b c d N/A

44. Adequacy of education about prevention and exposure a b c d N/A

to infectious and environmental hazards

**MEDICAL EDUCATION PROGRAM**

45. Utility of the educational program objectives to

support learning a b c d N/A

46. Quality of the first year/first academic period a b c d N/A

47. Quality of the second year/second academic period a b c d N/A

48. Clinical skills instruction in the first/second years/periods a b c d N/A

49. Amount of formative feedback in the  
first/second years a b c d N/A

50. Quality of formative feedback in the   
first/second years a b c d N/A

51. Opportunities for self-directed learning in the  
first/second years a b c d N/A

52. Overall workload in the first/second years a b c d N/A

53. Coordination/integration of content in the  
first/second years a b c d N/A

54. Utility of the first and second years as  
preparation for clinical clerkships a b c d N/A

55. Quality of the third-year clerkships a b c d N/A

56. Access to patients during the third-year clerkships a b c d N/A

57. Workload in the third-year clerkships a b c d N/A

58. Supervision in third-year clerkships a b c d N/A

59. Amount of formative feedback in the third/fourth years a b c d N/A

60 Quality of formative feedback in the third/fourth years a b c d N/A

61. Quality of the fourth-year required clerkships a b c d N/A

62. Clarity of policies for advancement/graduation a b c d N/A

63. Access to student academic records a b c d N/A

64. Clinical skills assessment in the third/fourth years a b c d N/A

65. Medical school responsiveness to student feedback on courses/

clerkships a b c d N/A

66. Adequacy of education to diagnose disease a b c d N/A

67. Adequacy of education to manage disease a b c d N/A

68. Adequacy of education in disease prevention a b c d N/A

69. Adequacy of education in health maintenance a b c d N/A

70. Adequacy of education in caring for patients from  
different backgrounds a b c d N/A

71. Adequacy of experiences with electronic health records a b c d N/A

72. Adequacy of interprofessional education experiences a b c d N/A

# Appendix E: Sample Reporting of Results - Tables in the Independent Student Analysis (ISA)

(see also the section, [The Independent Student Analysis](#_The_Independent_Student))

As described previously, in this document, the following is a suggested approach to presenting the quantitative data from the student survey. A table such as the one below, which uses the following scale, should be created for each item:

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/No opinion/Have not experienced this yet

In creating the table, please add dissatisfied +very dissatisfied (a + b) and satisfied + very satisfied (c +d)

| Medical School Class | Number of Total Responses to this item | Number and % of N/A Responses | | Number and % of combined  Very Dissatisfied (a) and Dissatisfied (b)  responses | | Number and % of combined  Satisfied (c) and  Very Satisfied (d) responses | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |