



Medical School Advisory Group

Advising Medical Education Leaders

ACCREDITATION RESOURCE

7 suggestions for a strong and effective DCI

Is there any component of the LCME accreditation process that creates more stress for medical accreditation administrators than the DCI? Probably not. And understandably so.

The DCI, or [Data Collection Instrument](#), documentation can total 500 pages, with hundreds of additional pages of appendices. And yet this document is crucial to the success of the LCME site visit than this document.

The DCI provides a framework for the entire self-study. It allows the LCME and site visit team to fully understand how the program meets the standards and can highlight the work that an institution has done to prepare for the site visit. The DCI can also demonstrate how the school incorporates ongoing review and improvement over time.

Institutions that approach the DCI with the appropriate level of focus and due diligence are far more likely to experience positive outcomes. Here are seven recommendations from MSA Group consultants.

- 1 Take the DCI seriously:** Given the importance of the DCI to the accreditation process, this should be a given, but not all institutions place the necessary level of importance on this document. Different self-study committees have responsibility for various parts of the DCI, and they must take their portions on as a serious commitment. Gathering information, formulating answers, meeting deadlines and submitting high-quality responses will go far.
- 2 Pull the necessary information at the start:** Make a list of all the necessary information for the DCI early in the process, and start gathering it right away. For example, in places where the DCI asks for information regarding a certain institutional policy, pull the policy for review early in the process. Review it as a team; make certain the policy is current; ensure that the policy and the practice in the institution match; and consider whether any changes in policy are necessary. Pulling the policy early in the process allows time for these activities to occur.
- 3 Document everything:** Right from the beginning of your self-study, begin an electronic or paper file for each of the standards and elements you are reviewing. Keep copies of key information, relevant meeting minutes and materials for the appendices together in each file. This will reduce mad scrambles months later and will provide an important documentation of the process.
- 4 Manage the process:** Project management is key to a successful self-study. Develop clear statements of responsibility, a generous timeline and accountability metrics. Remember to build in times for celebration through the process!
- 5 Answer every part of every question:** Read every question carefully and note everything it asks for. Some questions have many parts — each component must be clearly and fully answered. If you respond to four parts of a six-part question, the reviewer is likely to focus on what an answer doesn't address than what it does include.
- 6 Have an external reviewer:** After working for many months on a document, especially one as important as the DCI, it can become difficult to see what works, what doesn't and what is missing. An outside content reviewer who understands the importance of the DCI and its role in the medical accreditation process can pinpoint holes and other problems, provide feedback on organization and readability, and help your team understand how the DCI can be strengthened. MSA Group clients have identified this as an especially high-value service we provide.
- 7 Engage an editor:** Many DCIs contain excellent information, yet are difficult to read because of poor grammar, typos and lack of clarity. An outside editor can catch these issues and clean up the language to ensure your message is clear and conveyed to the LCME review team. Don't let your institution be defined by easily fixed language deficiencies. This is another of the highly valued services that MSA Group provides.