



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

How Does the LCME Evaluate Resource Sufficiency?

July 21, 2022

1:30 pm – 3:00 pm ET

Welcome!

Thank you for joining us for today's webinar. The program will begin shortly.

You will not hear audio until we begin.

If you have technical questions, please email aamc@commpartners.com.



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Goal of the LCME's Evaluation of Resource Sufficiency

Ensure that resources are sufficient for the medical school to carry out the educational program successfully and to sustain program quality



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Guiding Principles for Evaluation of Resource Sufficiency

1. Enumeration of resources (e.g., their absolute number or amount) is not equal to demonstration that the resources meet the specific need/expectation of the accreditation element and are sufficient to ensure program quality.
2. Evaluation of resource sufficiency often requires analysis and synthesis across several elements to determine the functional effectiveness of the available resources and the root cause(s) of any functional deficiencies.
3. Evidence = data (not opinion).
4. End-user satisfaction is, in some cases, the ultimate measure of the sufficiency and effective deployment of the resources for the educational program. Are there situations in which there are valid interim or “surrogate” markers of progress from insufficiency toward sufficiency?



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Resource Categories and Measures of Sufficiency

1. People/services

- quantitative data coupled with end-user satisfaction data
- surrogate marker data

2. Structure and infrastructure

- quantitative data coupled with end-user satisfaction data
- surrogate marker data

3. Finances

- quantitative data plus functional examples
- cross-analysis of data from elements in the above two resource categories



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Resources: Faculty

Element 4.1 Sufficiency of Faculty

A medical school has in place a sufficient cohort of faculty with the **qualifications** and **time required** to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

- Absolute number of faculty is not the same as availability of faculty to teach
 - Competition between teaching role and other expectations for faculty activity
- Discipline distribution of faculty may not be congruent with the needs of the curriculum
 - Hiring decisions may be based on research or clinical needs rather than curricular needs

Are the needs for delivery of the curriculum being met?

Are student satisfied with program quality?

Are faculty accessible/prepared for their roles?



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Resources: Administration

Element 2.4 Sufficiency of Administrative Staff

A medical school has in place a **sufficient number** of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to **commit the time necessary** to accomplish effectively the missions of the medical school.

- Are student satisfied with access to/availability of administrators?
 - Insufficient numbers
 - Insufficient time for administrative role vs other duties
- Are the duties of administrative offices clear and being accomplished?
 - Inefficient/unclear organization of administrative roles/responsibilities
 - Students have insufficient information and insufficient access
 - Insufficient coverage of administrative areas (gaps in areas of responsibility)

Are there sufficient administrators to cover all roles?

Are administrative offices organized so that all roles are covered?



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Resources: Student Services (e.g., Health Care Services)

Element 12.4 Student Access to Health Care Services

A medical school provides its medical students with **timely access** to needed diagnostic, preventive, and therapeutic health services at sites **in reasonable proximity** to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

- Student concerns about access may arise from various sources
 - Inability to get/make an appointment/crowding
 - Inconvenient location of services/lack of information about provider locations
 - Inconvenient hours of operation of services
 - Insurance issues
- Evaluation of quality/availability may use outcomes in addition to student satisfaction
 - Wait time for an appointment/ease of access to making an appointment
 - Changes in utilization levels of services



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Resources: Counseling Services (e.g., Career Advising)

Element 11.2 Career Advising

A medical school has an effective **career advising system** in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist students in **choosing elective courses, evaluating career options, and applying to residency programs.**

- Organized system across all years of the curriculum vs individual random sessions
Need for coordination of the system (who manages/ensures all needs/roles are covered)
System includes student support for all areas, including electives counseling
- Need for individuals with appropriate expertise and time for each role
General career advisors/Careers in Medicine, specialty advisors, etc.
Training for the various categories of advisors/ensuring information is up-to-date

Sources of dissatisfaction could include lack of/limited formal sessions, lack of time-relevant advising, lack of access to knowledgeable advisors



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Resources: Structure and Infrastructure

Evaluating the sufficiency of structure and infrastructure to support the medical education program includes consideration of numerous accreditation elements under Standard 5 that address space (for teaching, study, and relaxation), clinical instruction (number and types of patients), and information technology/equipment.



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Resources: Structure and Infrastructure

Element 5.4 Sufficiency of Buildings and Equipment

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

- What educational spaces used for required classes in the pre-clerkship medical curriculum are available for medical students?
- Are these educational spaces shared across medical student year groups and/or students from other school/programs? If so, who is responsible for scheduling the use of these spaces?
- Does the school collect data regarding the adequacy of large and small group teaching spaces on campus? Who reviews these data, and what steps has the school taken to address areas of concern?



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Resources: Structure and Infrastructure

Element 5.5 Resources for Clinical Instruction

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

- Does each clerkship site have adequate numbers and types of patients for the number of students assigned to the site? Are these clerkship sites shared with students from other schools/programs?
- Are there sites where students have difficulty meeting requirements for the patient type/clinical condition or required procedure/skill that they are required to encounter? (Element 6.2)



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Resources: Structure and Infrastructure

Element 5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

- For each site used for required clerkships, are information resources and instructional facilities sufficient for medical student education?
- Does the school collect data regarding the adequacy of educational/teaching spaces at clinical sites? Who reviews these data, and what steps has the school taken to address areas of concern?



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Resources: Structure and Infrastructure

Element 5.11 Study/Lounge/Storage Space/Call Rooms

A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

- For each campus and affiliated clinical site, how does the school ensure that study space, relaxation space, secure storage space, and secure call rooms are adequate?
- Who reviews data regarding these types of spaces, and what steps does the school take to address areas of concern?



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Financial Resources I

Element 5.1 Adequacy of Financial Resources

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

- Quantitative data (Table 5.0-1, Annual Financial Questionnaire) – focused on revenue sources
- Revenue sources for which entity?
- Revenue distribution among other programs and institutional goals
- Medical education program expenditures – LCME Planning Subcommittee pilot study

Element 5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the management and evaluation of the medical curriculum.

Examples of:

- How the dean/CAO participates in **institution-level/system-level planning** to ensure that the resource needs of the medical education program are considered (people, structure/infrastructure)
- How the dean/CAO leads the development and allocation of the **medical school's budget** to support the planning and delivery of the school's medical education program (people, structure/infrastructure)



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Financial Resources III

Element 5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

- Pressures to increase class size and/or to develop non-MD-granting programs
- Pressures to generate clinical revenue
- Pressures to expand educational, clinical, or research footprint
- Pressures to vertically integrate educational and student services

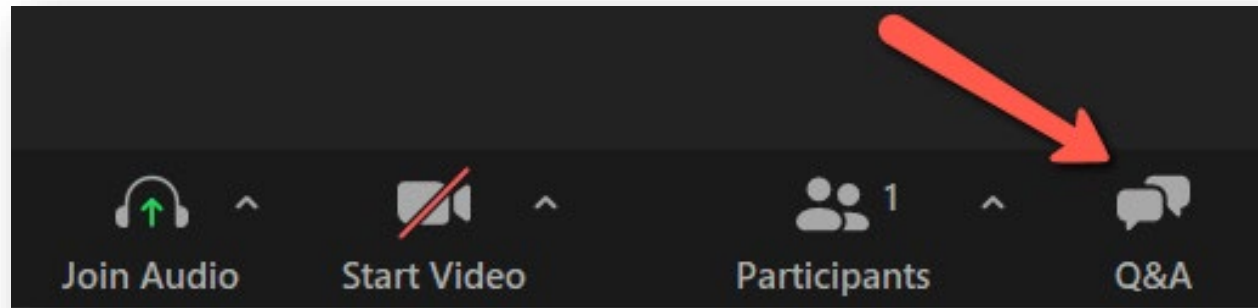
Do these compromise any of the three categories of resources?

LCME® Open Q&A

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How to ask questions in Zoom:

Participants can ask questions by hovering their mouse at the bottom of the screen to bring up their toolbar.



Click the Q&A icon and a box will open where you can submit a question.

Participants will not see other participants' questions. Only speakers will see the questions submitted.



LCME Secretariat Private Consultations at Learn, Serve, Lead 2022: The AAMC Annual Meeting

LCME Private Consultations are available November 12-14, 2022, by appointment (submit and complete the online form to schedule:

<https://www.jotform.com/lcme/lcme-consultation-request>

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Secretariat Consultations

LCME Secretariat Private
Consultations during Learn,
Serve, Lead 2022

November 12-14, 2022, the LCME
Secretariat will host private
consultations during LSL in Nashville,
TN.

Click on the link below to request a
consultation.

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Next Webinar: Thursday, August 18, 2022

Topic of the Month:

**Converting Data to Information: the Big Systems
of LCME Accreditation**

Email lcme@aamc.org with element or topic suggestions.