



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

# *Connecting with the Secretariat Webinar*

**April 25, 2019**

**1:30 pm – 3:00 pm ET**

**Participants should hear music until the start time.**

If you don't hear anything, call CommPartners at 800-274-9390 or email [aamc@commpartners.com](mailto:aamc@commpartners.com).

## Element 7.9 (interprofessional collaborative skills)

The faculty of a medical school ensures that the **core curriculum** of the medical education program **prepares** students to **function collaboratively on health care teams that include health professionals from other disciplines** as they **provide coordinated services to patients**. These curricular experiences include **practitioners and/or students** from the other health professions.



## Guidance Document: LCME Principles For Education To Develop Interprofessional Collaborative Skills

Approved in June 2018 and available on the LCME website:  
[lcme.org/publications/#White-Papers](https://www.lcme.org/publications/#White-Papers)

In the curriculum, there are educational experiences with learners and/or practitioners from one or more health professions that **introduce medical students to and prepare them for** working in interprofessional teams.



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## The Learning Experiences

- Are based on learning objectives that have **measurable outcomes** and relate to the **medical education program objectives/competencies**
- Include required sessions covering **foundational knowledge**
- Include participation in practical real or simulated **collaborative patient care experiences**
- Are designed for the **learning level of the students** and **appropriately placed** in the curriculum in **settings** determined by the objectives
- Utilize **appropriate instructional formats**



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## The Learning Experiences (continued)

- Include participation by students and/or practitioners from other health professions **that are relevant to the learning objectives** of the experience
- Include **assessment of every student's attainment** of the learning objectives of the experience

*Medical students may be supervised in the specific IPE experience by health professionals who are not members of the medical school faculty as long as the supervisor is acting within his/her scope of practice. Development of the final summative evaluation of a student in a course/clerkship is the responsibility of a member of the medical school faculty.*



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## 2019-20 DCI Items

**Table 7.9-1 | Collaborative Practice Skills in Learning and Program Objectives**

Illustrate the linkage between course and clerkship learning objectives related to collaborative practice skills and the medical education program objectives.

Course/Clerkship Learning Objective(s) Related to Collaborative Practice Skills	Medical Education Program Objective(s)

**Table 7.9-2 | Interprofessional Collaborative Skills in the Curriculum**

Complete the following table with information on required experiences where medical students are brought together with students and/or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. Add rows as needed.

Name and Curriculum Year of the Course or Clerkship Where the Experience Occurs	Objectives of the Experience	Duration of the Experience (e.g., single session)	Setting(s) Where the Experience Occurs	Other Health Professions Students (S) or Practitioners (P)	Assessment Method(s)



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## 2019-20 DCI Items

### **Narrative Response**

Describe how the educational sessions to prepare medical students for interprofessional collaborative practice were developed, including the individuals internal and external to the medical schools who participated.

## Placement of Required IPE Experiences in the Curriculum, 2017-18 <sup>1</sup>

Only one year of the curriculum	
Year 1 or 2	12 (8%)
Year 3 or 4	5 (4%)
Two years of the curriculum	
Years 1 and 2	24 (17%)
Years 3 and 4	4 (3%)
Other combination	22 (15%)
Three years of the curriculum	42 (29%)
Four years of the curriculum	34 (24%)

<sup>1</sup> *JAMA* 230 (10): page 1044. Based on data from 143 schools.



## General Goals of Required IPE Experiences, 2017-18 (LCME Part II Questionnaire)

Familiarize medical students with the roles of other health professions	141 schools
Teach specific content related to team functioning	134 schools
Practice clinical skills for a health care team	118 schools
Teach clinical and interdisciplinary content areas (team-based care, patient safety, evidence-based practice)	116 schools
Provide supervised care to patients within required clinical experiences or service learning	66 schools
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Teach specific content areas (e.g., humanities/ethics/law)	49 schools



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## Would the Following Meet the Intent of Element 7.9?

1. Medical and PA students work together in dissection teams in the gross anatomy laboratory
2. Medical students hear a lecture from a pharmacist on the role of the pharmacist in the hospital
3. On ward rounds, a patient's nurse follows the team that includes medical students
4. Medical students in a subinternship participate in interprofessional discharge planning



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# Submitted Questions for the Secretariat



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## Submitted Question 1

In terms of an acceptable process to address student feedback from preclerkship years, is it acceptable to the LCME if the concerns are discussed at an end-of-year curriculum retreat followed by a formal voting at the Medical Education Committee on any changes?

## Submitted Question 2

Does LCME expect the student ratings in the preclerkship years for courses to be at or above 85% (between strongly agree and agree on course evaluation items)? How does LCME balance student ratings and student performance in exams?

### **Element 11.1 – Academic Advising**

Is it acceptable for a clerkship director to serve as a core advisor to a student if they do not directly evaluate that student and do not assign grades to that student? Instead of the clerkship director evaluating the student and assigning grades, it would be the responsibility of the assistant clerkship director to perform those duties for that student (and for any student the clerkship director advises).

### **Standard 12 – Medical Student Health Services, Personal Counseling, and Financial Aid Services**

In the DCI section for Standard 12.0, Table 12.0-2 asks the school to provide data from the AAMC Part I-B Financial Aid Questionnaire on the median reported medical school indebtedness of all medical school graduates with medical school debt. We have been advised, however, that the data on the AAMC FAQ is reported as mean medical school indebtedness. How should this table be completed given this?

Is there discussion about raising the debt cap from \$200,000 to \$250,000?



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# Submitted Question 6

**In Table 4.2-1 Scholarly Productivity, do we only count articles/book chapters, etc., produced by faculty members who have a role in the medical education program? Only those articles/book chapters, etc., produced by paid faculty members? Should we be collecting these data from every person with a faculty appointment, or from just a subset of these faculty members? What criteria does the LCME use to determine whether scholarly productivity data is “characteristic of an institution of higher learning”?**

<b>Table 4.2-1   Scholarly Productivity</b>				
Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school’s accounting of faculty scholarly efforts). Only count each article/book chapter once per department.				
Department	Articles in Peer-Review Journals	Published Books/ Book Chapters	Faculty Co-Investigators or PI’s on Extramural Grants	Other Peer-Reviewed Scholarship*
*Provide a definition of “other peer-reviewed scholarship,” if this category is used:				
Provide the year used for these data:				



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# Questions from webinar chat



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## Announcements: 2020-21 Publications

The following publications have been posted to the LCME website:

[lcme.org/publications](https://www.lcme.org/publications)

- ***2020-21 Guide to the Institutional Self-study for Full Accreditation***
- ***Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits***
- ***2020-21 DCI for Full Accreditation Surveys***



**Next Webinar: Thursday, June 13, 2019**

**Element of the Month:**

**Element 3.3 (diversity/pipeline programs and partnerships)  
and**

**LCME White Paper “LCME Consensus Statement Related to Satisfaction with  
Element 3.3, Diversity/Pipeline Programs and Partnerships”**

**There will be no May 2019 webinar**

Email your questions and element or topic suggestions to [lcme@aamc.org](mailto:lcme@aamc.org).