



Connecting with the Secretariat Webinar

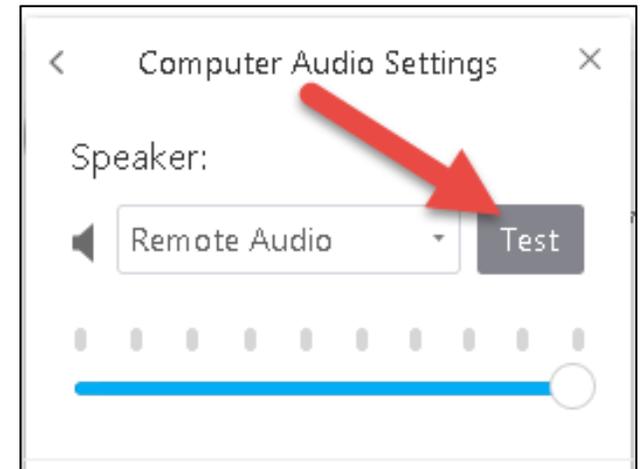
July 20, 2017

1:30 pm – 3:00 pm ET

Welcome!

Please remember to connect to audio.

- You will not hear audio until the webinar begins at 1:30.
- An audio connection pop-up box should appear on your screen (if you closed it, click on the “Communicate” tab in the upper left of WebEx then click “Audio Connection”). Then select an option: “I Will Call In,” “Call Using Computer,” or “Call Me.”
- If you select “Call Using Computer,” you will have the option to test your microphone and speakers first. If they are disabled, please call in instead.
- If you call in, be sure to dial the access code and “Attendee ID” so your name will be linked to your phone and we can unmute you if you have a question.





LIAISON COMMITTEE ON
MEDICAL EDUCATION

Guest Speaker



David A. Acosta, MD

Chief Diversity and Inclusion Officer
Association of American Medical Colleges
(AAMC)



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Diversity in the Learning Environment: LCME Guidance Principles



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

Element 3.3: Diversity/Pipeline Programs and Partnerships (LCME Intent)

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

* Policies, processes, efforts/activities, outcomes

LCME Consensus Statement on Diversity/Pipeline Programs and Partnerships (1)

Satisfactory = all of the following:

- Mission-appropriate policies that identify diversity groups for students, faculty, and senior administrative staff
- Ongoing, systematic recruitment and retention activities (e.g., pipelines and partnerships) to achieve diversity outcomes for each identified group
- Methods to evaluate effectiveness of those activities in achieving those outcomes
- Evidence of effectiveness of efforts
 - Offers made and accepted
 - Evaluation of “sufficiency” depends on institutional context, reasonable timelines

LCME Consensus Statement on Diversity/Pipeline Programs and Partnerships (2)

Satisfactory with a Need for Monitoring = satisfactory findings in most areas, but with one or more of the following:

- Policies and/or activities that are appropriate, but recent, and therefore do not yet have demonstrable outcomes
- Evidence of early progress in recruiting and retaining identified diversity groups for students, faculty, and senior administrative staff, but longer-term effectiveness/effort sustainability not yet apparent

LCME Consensus Statement on Diversity/Pipeline Programs and Partnerships (3)

Unsatisfactory = lacking one or more of the following:

- Mission-appropriate policy that identifies diversity groups for students, faculty, and senior administrative staff
- Ongoing, systematic recruitment and retention activities to achieve diversity outcomes for each of the above groups
- Methods to evaluate effectiveness of those activities in achieving those outcomes
- Evidence of effective recruitment and retention programs (e.g., offered and accepted positions) for students, faculty, and senior administrative staff
- Sufficient progress toward meeting its mission-appropriate diversity outcomes



Tomorrow's Doctors, Tomorrow's Cures®

LCME Element 3.3 & Faculty Diversity

Learn

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Lead

David Acosta, M.D., FAAFP

July 20, 2017



Association of
American Medical Colleges

Agenda

- Common pitfalls for Element 3.3 regarding faculty diversity
- Overcoming the common pitfalls
- Response from LCME Secretariat
- Q&A

Element 3.3 & Faculty Diversity: Common Pitfalls

Faculty Diversity: Common Pitfalls

- Not a clear understanding of what LCME is looking for
- Diversity has not been clearly defined, or the definition has been self-limiting
- Too much reliance on numbers and percentages

Faculty Diversity: Common Pitfalls

- Lack of demonstrated efforts to diversify faculty
- Lack of a documented strategic plan to diversify faculty
- Lack of outcomes reported as a result of any initiatives

Element 3.3 & Faculty Diversity: Ideas to Overcome the Common Pitfalls

Ideas to Overcome the Common Pitfalls

- Define diversity clearly
- Develop a strategic plan to diversify your faculty workforce
 - Identify promising practices
- Document all of your diversity efforts
- Measure and document the outcomes from your efforts (effectiveness of your plan)

Examples of demonstrated efforts to diversify faculty include:

- Targeted outreach & recruitment, e.g. HBCU, MSI, HSI, COE, HSHPS
- Diversity of your search committees
- Use of equity advisors
- Diversity of your applicant pool
- Number of diverse applicants that are invited to interview
- Number of diverse applicants that make it to the final stage
- Number of diverse applicants given offers & accepted
- Demonstrated equity in start-up packages



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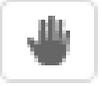


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MEDICAL EDUCATION

Q&A for Guest Speaker

How to Ask Questions

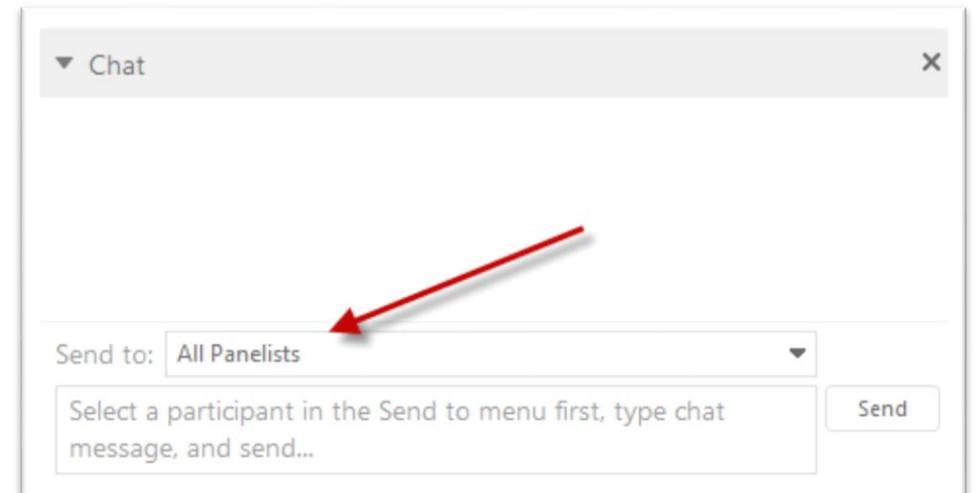
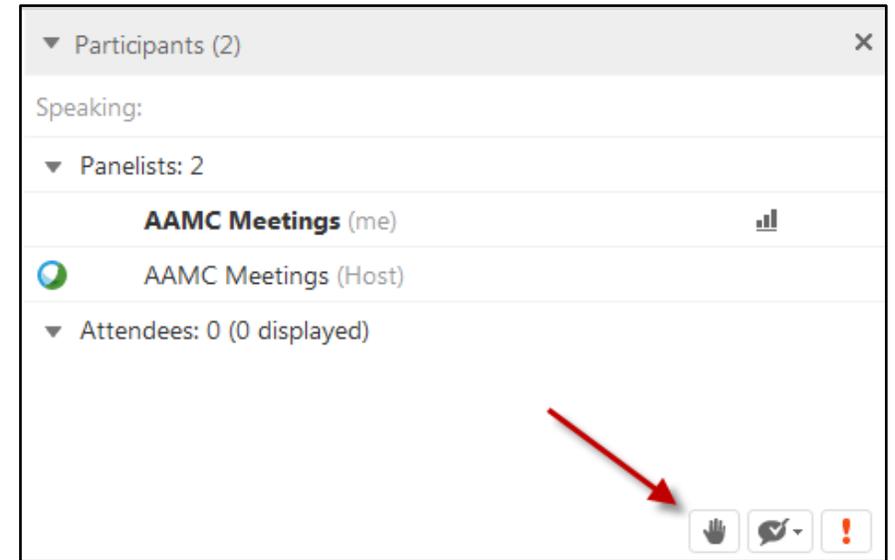
Verbal

Click the “Raise Hand” icon () to ask a question over the teleconference line. Your name will be called and your phone line will be unmuted.

Then click the  again so we know you are finished.

Chat

To open the Chat panel, click on the Chat icon. Type your question in the chat box. Make sure “Send to” is set to “All Panelists.”





LIAISON COMMITTEE ON
MEDICAL EDUCATION

Questions for our Guest Speaker



David A. Acosta, MD

Chief Diversity and Inclusion Officer
Association of American Medical Colleges
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LIAISON COMMITTEE ON
MEDICAL EDUCATION

Submitted Questions for the Element 3.3

Element 3.3 (diversity/pipeline programs and partnerships)

Regarding 3.3 NARRATIVE RESPONSE

- c. *Describe the means by which the medical school monitors and evaluates the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff. Provide evidence of program effectiveness in terms of program outcomes.*

Please provide guidance on how to best respond to 3.3.c. in terms of scope. For example, the “means of monitoring and evaluating effectiveness” and “evidence of effectiveness of the programs in terms of outcomes” could be described for a) each program or b) cumulatively across the medical school.



LIAISON COMMITTEE ON
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Submitted Questions for the Secretariat

Submitted Questions

Element 9.1 Preparation of Resident and Non-Faculty Instructors

Please provide a little more detail regarding the need for preparation programs(s) for residents to prepare for their roles of teaching and assessing medical students in required clerkships.

For example, would an initial meeting with residents in their internship year followed by electronically providing material annually to residents to address their roles with a electronic sign off meet the expectation?



Submitted Questions

Clarification on Element 11.3: Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- *Potential risks to the health and safety of patients, students, and the community*
- *The availability of emergency care*
- *The possibility of natural disasters, political instability, and exposure to disease*
- *The need for additional preparation prior to, support during, and follow-up after the elective*
- *The level and quality of supervision*
- *Any potential challenges to the code of medical ethics adopted by the home school*

We have a centralized process in place to review the goals and objectives of electives of host institutions to which our students have been offered a slot for an extramural /away elective; we receive an assessment on the student's performance which includes the grade assigned for the away elective; and we provide students the opportunity to evaluate the elective experience.

Are we to have information on all the bulleted points prior to approving a student for all away electives? The question the site visit team must to complete is: *Describe how, in the review, the school evaluates and determines any risks to students that an elective may pose related to each of the bulleted items in Element 11.3.*

The bulleted points seem more appropriate for non-LCME accredited programs and International programs.

Can we assume that most LCME accredited programs, by virtue of the accreditation status, will meet these standards? If not, do we need to obtain this information prior to approving a student to participate in an extramural elective? Can you provide examples of the type of information you are expecting particularly for bullet points 1, 4 and 6? How do you determine *quality* of supervision?

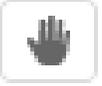


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Other Questions for the Secretariat?

How to Ask Questions

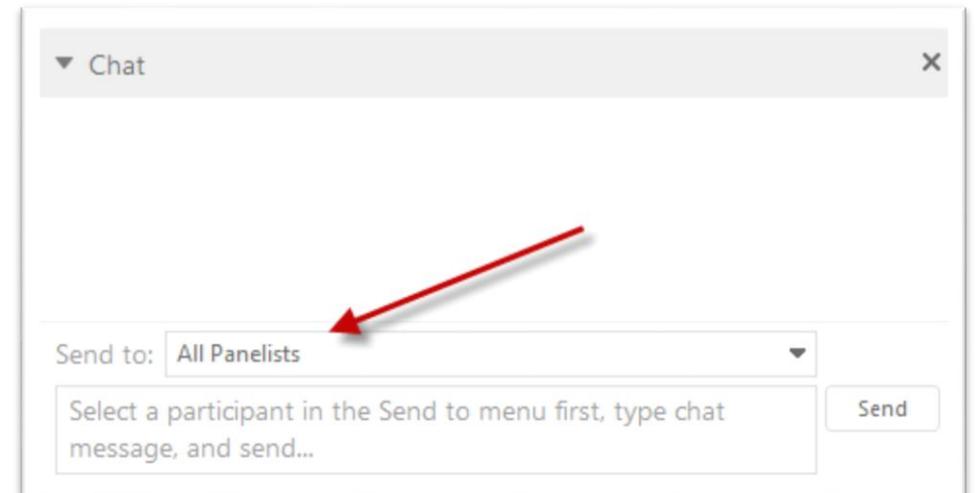
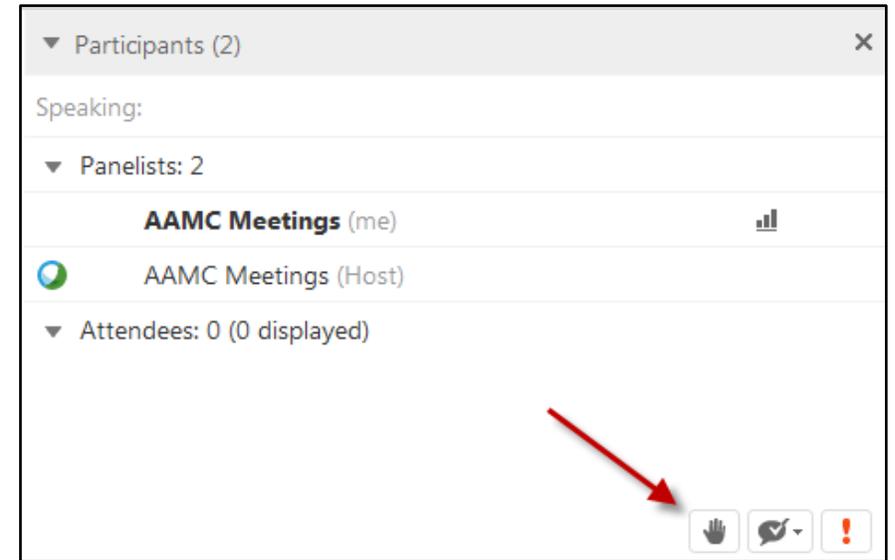
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Clarification regarding the AAMC Uniform Clinical Training Affiliation Agreement

- It is not sufficient for a medical schools to list itself on the AAMC website registry without executing implementation letters with its affiliate clinical sites.
- Implementation letters should be signed by the school and the clinical site.



Completing and Submitting Your Survey Package for 2017-18 visits

Dean and FAL will receive an email from lcmesubmissions@aamc.org *approximately 4 weeks before the survey package/briefing book due date* with a username, password, and instructions on how to submit materials to the LCME Secretariat via Secure Electronic File Transfer (SEFT).

Type of Survey Visit	Submission Due Date
Full, Provisional, and Preliminary Survey	12 weeks before first day of survey visit
Limited Survey	6 weeks before first day of survey visit

If you have specific questions about the submission process, please email lcmesubmissions@aamc.org.

Announcements: LCME at Learn, Serve, Lead 2017: The AAMC Annual Meeting (November 3-7, 2017)

lcme.org/event/lcme-sessions-at-learn-serve-lead-2017-the-aamc-annual-meeting



LCME Events at Learn Serve Lead 2017: The AAMC Annual Meeting

The LCME Secretariat will host events at the Learn Serve Lead 2017: The AAMC Annual Meeting in Boston, MA, November 3-7, 2017.

[View All LCME Events](#)

Announcements: LCME at Learn, Serve, Lead 2017: The AAMC Annual Meeting (November 3-7, 2017)

Saturday, November 4, 6:30 PM – 7:30 PM

LCME Service Recognition Reception and Award Ceremony

The Liaison Committee on Medical Education (LCME) will host the Service Recognition Reception and Award Ceremony to honor the LCME volunteer community – survey team members, secretaries, chairs, and members of the LCME whose significant and continued efforts make the work of the LCME possible. The fifth annual LCME Distinguished Service Award will be conferred; refreshments will be served.

Attendance is by invitation only.

To read more about the 2017 LCME Distinguished Service Award Recipient, [click here](#).

Sunday, November 5, 10:30 AM – 11:45 AM

Beyond Checking the Boxes: Accreditation as a Driver of Innovation in Academic Medicine

LCME Accreditation is a process of self- and peer-assessment whose purpose is continual improvement in medical education program quality and assurance of that quality to the public and all other constituents the program serves. Meeting accreditation standards is an endpoint; how an institution meets those standards is distinctive, non-formulaic, and supportive of creativity. In this session, medical schools will present specific examples of how the accreditation process provided the stimulus for needed change and supported the disruptive innovation that accomplished and sustained that change.

Session Speakers:

George Mejicano, MD, MS, Senior Associate Dean for Education, Oregon Health & Science University

Susan M. Perlis, EdD, Associate Dean for Medical Education, Cooper Medical School of Rowan University

Charles P. Vega, MD, Associate Dean for Diversity and Inclusion, University of California, Irvine School of Medicine



Announcements: LCME at Learn, Serve, Lead 2017: The AAMC Annual Meeting (November 3-7, 2017)

LCME Private Consultations

The Liaison Committee on Medical Education (LCME) Secretariat is available by appointment to meet with representatives from schools who seek guidance on issues unique to their schools. These in-person meetings could range from 30 -60 minutes per school, depending on the complexity of the discussion.

To request a LCME consultation, [please complete and submit the online form](#). After the request is submitted, an LCME staff member will be in contact to schedule the consultation.

To request a consultation, please complete and submit the online consultation request form (link to the form provided below):

jotform.com/lcme/lcme-consultation-request



Next Webinar: Thursday, August 17, 2017

Elements of the Month:

Element 3.5 Learning Environment/Professionalism

&

Element 3.6 Student Mistreatment

Guest Speakers from:

Duke University School of Medicine

Email your questions and element suggestions to lcme@aamc.org