



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

Who is the Faculty, Anyway?

April 8, 2021

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.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Focus on Faculty: Why is this Worth a Webinar?

- **Changing landscape for clinical training** (e.g., ambulatory settings; longitudinal integrated clerkships)
- **Changing systems of health care delivery** (e.g., greater and appropriate functioning of non-physician health professionals at the “top of their licenses”)
- **Changing medical school organizational and governance structures** (e.g., community-based; multiple regional campuses; fluid position descriptions [roles, responsibilities] for deans with respect to clinical enterprise; shift from medical school-centric to health system-centric academic medicine models)



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Focus on Faculty: Webinar Roadmap

- The intent of the language of **Standard 4**
- **Roles, responsibilities, and privileges** of faculty members (Elements 1.3, 4.1, 4.2, 4.6 – to name a few!)
- **Roles and responsibilities** of the medical school (Elements 4.3, 4.4, 4.5)
- Definition of **full-time faculty**
- The intent of **Element 9.2** (faculty appointments) and **Element 9.3** (clinical supervision of medical students)
- The **Point** (authority and accountability)



Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The intent of the language of Standard 4

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Roles, responsibilities, and privileges of faculty members

What does F&S say about roles, responsibilities, and privileges (**RRP**) of “the faculty”?

Keyword search for “faculty” = 96 hits

- **Element 1.3:** A medical school ensures that there are effective mechanisms in place for direct in faculty participation decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate. (RRP)
- **Element 1.5:** A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, and committees.
- **Element 2.6:** At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Roles, responsibilities, and privileges of faculty members

What does F&S say about roles, responsibilities, and privileges (**RRP**) of “the faculty”?

Keyword search for “faculty” = 96 hits

- **Element 4.1:** A medical school has in place a sufficient cohort of faculty members 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.
- **Element 4.2:** The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.
- **Element 4.3:** (Donna will address in detail)
- **Element 4.6:** At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes within their purview.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Roles, responsibilities, and privileges of faculty members

Other RRP

- **Element 3.5:** Faculty behaviors (role/responsibility)
- **Standard 6,7,8:** Curriculum content & management/assessment (RRP)
- **Standard 9:** Assessment/Advancement (RRP)
- **Standard 10:** Admissions standards/process/selection (RRP)
- **Standard 11:** Advising (RRP)

Element 4.3: Faculty Appointment Policies

- Set the qualifications required for each faculty track
- Set the procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal
- Provide formal notification of: a) the terms and conditions of employment, b) benefits, c) compensation, and d) assignment to a faculty track
- Provide formal notification of the faculty member's responsibilities in teaching, research and patient care (if relevant)



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Roles and responsibilities of the medical school

Element 4.4: Feedback to Faculty

- Provide regular formal feedback to faculty regarding academic performance, progress toward promotion, and tenure (if relevant)
- Maintain policies requiring that faculty receive regular formal feedback on their performance and their progress toward promotion and tenure (if relevant)



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Roles and responsibilities of the medical school

Element 4.5: Faculty Professional Development

- Provide knowledgeable individuals who can assist faculty in improving their teaching and assessment skills
- Procedures to identify and remediate individual faculty members needing improvement of their teaching and assessment skills
- Provide adequate funding to support faculty members' participation in professional development activities related to their own discipline/specialty and to their teaching responsibilities
- Provide resources to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Definition of full-time faculty

From the *Glossary of Terms* (in *F&S* and the DCI)

Full-time faculty includes **all faculty members** who are considered by the medical school to be full-time, **whether funded by the medical school directly or supported by affiliated institutions and organizations.**

Reporting of full-time faculty members should include those who meet the preceding definition and **who are based in affiliated hospitals or in schools of basic health sciences, or who are research faculty.** Residents, clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or healthcare organization) should not be included as full-time faculty.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

The intent of Element 9.2 (faculty appointments)

A medical school ensures that supervision of medical student learning experiences is provided **throughout required clerkships** by members of the medical school's faculty.

- *Why only required clerkships?*
Students tend to be dispersed across clinical sites and may be supervised by physicians who are not full-time faculty. Requiring a faculty appointment ensures that all physicians who supervise students are accountable to the medical school for delivering the curriculum and following school policies.
- *What categories of activities require a faculty appointment?*
Delivering an occasional educational session (e.g., lecture, demonstration) does not require an appointment, while being the student's attending (supervising) physician/ "grader"/site director does. Being one of many physicians who complete a clerkship clinical evaluation may not.

The intent of Element 9.3 (clinical supervision of medical students)

A medical school ensures that medical students in clinical learning situations involving patient care are **appropriately supervised** at all times in order to ensure patient and student safety, that the **level of responsibility** delegated to the student is appropriate to the **student's level of training**, and that the activities supervised are **within the scope of practice of the supervising health professional**.

- *How can the school ensure that there is “appropriate supervision”?*
 - By formal policy that defines the meaning of and expectation for supervision and may set the boundaries for what students can and cannot do
 - By defining and disseminating a process for students to report problems with supervision
 - By collecting and acting on student data related to the adequacy of supervision

The intent of Element 9.3 (clinical supervision of medical students)

- *How does the supervising physician know what “level of responsibility” to allow a given student?*
 - Element 6.2 helps, in that a level of responsibility is attached to each required clinical encounter and procedure
 - In addition, supervisors can use their judgment and experience with a student
- *What is meant by the “scope of practice of the supervising health professional”?*

It may be that some activities are supervised by individuals who are not physicians or are physicians who do not need a faculty appointment (e.g., teaching a specific skill, engaging in an interprofessional exercise). In this case, ultimate supervision is the responsibility of the faculty member (e.g, clerkship/site director) who “vets” the person doing the teaching to make sure of their qualification for the activity.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

The Point (authority and accountability)

- **Authority**

- Macro (Element 1.4) – of the medical education program (school)
- Micro – delegation by the school to the faculty

- **Accountability**

- Macro - Of faculty to the school via the dean (education, research, service)
- Micro - Of faculty to the students via the academic and learning environments
- Macro and micro – Of the school to faculty via the dean for professional development and for shared governance



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Submitted Questions



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Submitted Questions

In reference to the 2014 LCME White Paper, *Principles for LCME-Accredited Medical Schools Sharing Faculty at an Instructional Site*:

- Do the principles in the white paper still apply if only one of the accredited schools has students participating in required clinical experiences at the site, while the other's students are limited to elective rotations?
- Although the white paper specifically mentions simultaneous supervision of students from more than one LCME-accredited program, are there special considerations schools should make when faculty will be supervising interprofessional groups of students involving different health professions programs?



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Submitted Questions

Are volunteer physicians, who supervise clinical students within our affiliated hospital sites, required to have SOM faculty appointments?



LIAISON COMMITTEE ON
MEDICAL EDUCATION

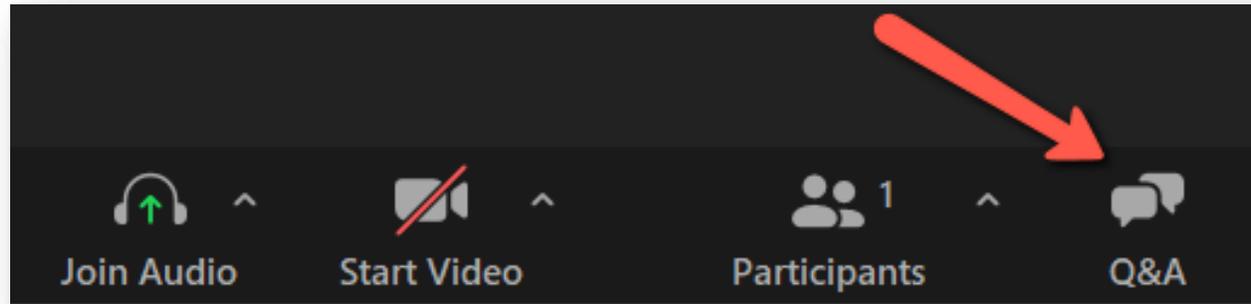
Submitted Questions

Is it ok for full-time faculty that are employed by affiliate hospitals to have different expectations (e.g., not be expected to participate in governance committees)? If they have different expectations, can they still be considered full-time faculty? When completing the DCI, can we stratify the full-time faculty column into med school employed and affiliate hospital employed?

Questions from webinar chat

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.

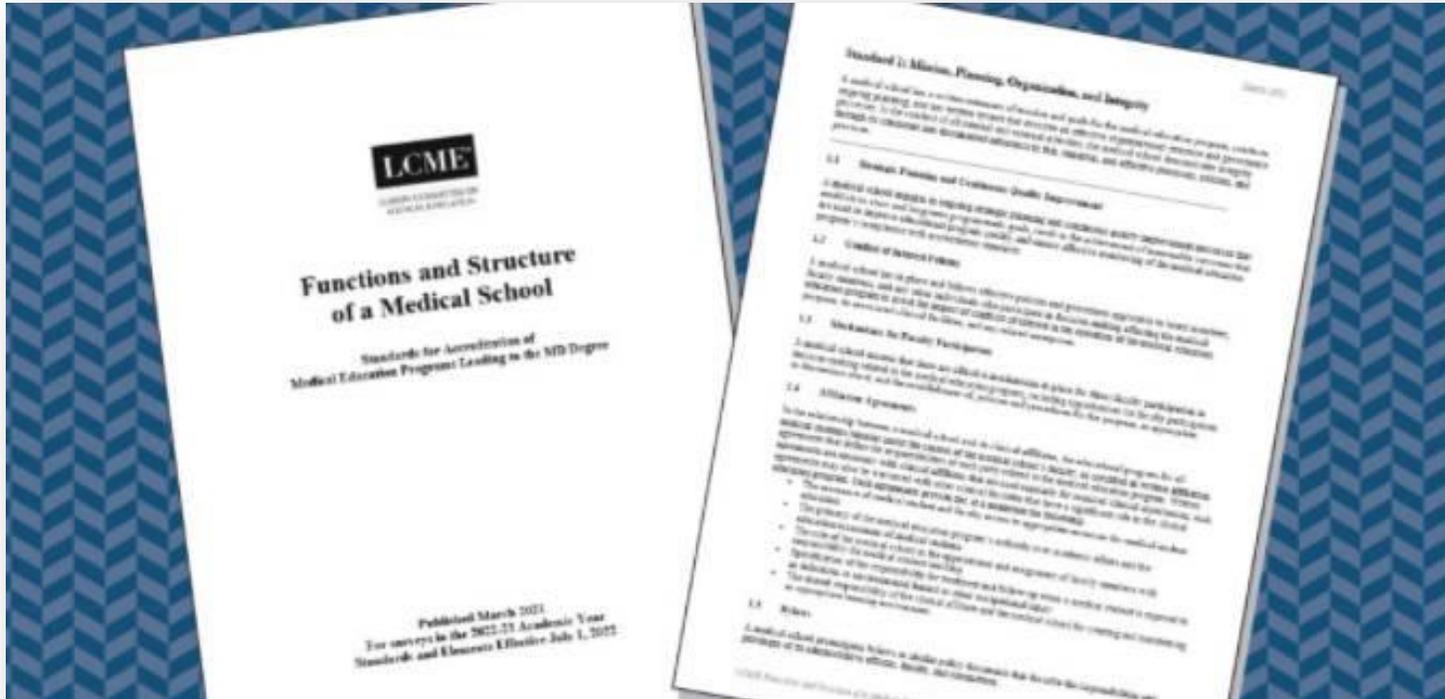
Participants will not see other participants' questions. Only speakers will see the questions submitted.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Announcements: 2022-23 F&S

The 2022-23 *Functions and Structure of a Medical School* (March 2021) has been posted to the LCME website: [lcme.org/publications](https://www.lcme.org/publications).



The image shows the cover and an open page of the document. The cover features the LCME logo and the title "Functions and Structure of a Medical School" with the subtitle "Standards for Accreditation of Medical Education Programs Leading to the MD Degree". It is dated "Published March 2021" and "The surveys in the 2022-23 Academic Year Standards and Elements Effective July 1, 2022". The open page shows "Standard 1: Mission, Planning, Organization and Integrity" with sub-sections 1.1 through 1.4.

New 2022-23 Functions and Structure

The LCME has posted a new *Functions and Structure of a Medical School* for programs preparing for surveys in academic year 2022-23.

[View Publications](#)



Next Webinar: Thursday, June 10, 2021

No May webinar

**Topic of the month for June:
The Learning Environment
(including Elements 3.2, 3.3, 3.5, 3.6)**

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