



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

# *Connecting with the Secretariat Webinar*

**June 4, 2020**

**1:30 pm – 3:00 pm ET**

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

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## Overview

# **Not-so-obvious Considerations at the Medical School/Clinical Affiliate Interface: A Tapas Menu Featuring Elements 1.4, 3.5, 4.4, 4.5, 9.1, 9.2, 9.3, and 10.8**



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## Element 1.4 (Affiliation Agreements)

In the relationship between a **medical school** and its **clinical affiliates**, the educational program for all medical students remains **under the control of the medical school's faculty**, as specified in **written affiliation agreements** that define the responsibilities of each party related to the medical education program. Written agreements are **necessary with clinical affiliates that are used regularly for required clinical experiences**; such agreements may also be warranted with **other clinical facilities that have a significant role in the clinical education program**.



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## Element 1.4 (Affiliation Agreements)

Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty **access to appropriate resources** for medical student education
- The **primacy of the medical education program's authority** over academic affairs and the education/assessment of medical students
- **The role of the medical school in the appointment and assignment of faculty** members with responsibility for medical student teaching
- Specification of **the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard** or other occupational injury
- The **shared responsibility** of the clinical affiliate and the medical school **for creating and maintaining an appropriate learning environment**



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## Element 1.4 – What are the Issues?

**Changes** in medical school/clinical affiliate structure and governance, including scope of authority/responsibility of the dean, shifting affiliations between medical schools and health systems, multiple health professional learners and practitioners, etc.

**Multiple** clinical training venues

- Hospitals
- Group practices
- Community ambulatory sites

**Different models** for clinical training (e.g., dispersed medical education, including longitudinal integrated clerkships, community-based preceptorships)



# Element 1.4 – Looking at the DCI

## Supporting Data

**Table 1.4-1 | Affiliation Agreements**

For each clinical teaching site used for the inpatient portion of required clinical clerkships, including hospitals in the medical school's/university's own health system, provide the page number(s) in the current affiliation agreement or, in cases in which the medical school and the health system are one and the same, in an executed letter of commitment where passages containing the following information appear. Add rows as needed.

1. Assurance of medical student and faculty access to appropriate resources for medical student education
2. Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

Clinical teaching site	Date agreement last signed	Page Number(s) in Agreement				
		1. Access to resources	2. Primacy of program	3. Faculty appointments	4. Environmental hazard	5. Learning environment

## Element 1.4 – Looking at the DCI and Thinking Out Loud

### Narrative Response

- a. For ambulatory sites (e.g., clinics, group practices) that have a significant role in required clinical clerkships, describe how the medical school ensures the primacy of the medical education program in the areas included in the element. For example, are there memoranda of understanding or other formal agreements in effect?

What about individual faculty members who teach and assess students in private practices used regularly for required clinical experiences (e.g., longitudinal integrated clerkships, community preceptorships)?

- Area under discussion for the LCME
- **Suggestion:** incorporate the five areas included in the element into the faculty member's appointment and re-appointment letters and acknowledgement



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## Element 3.5 (Learning Environment/Professionalism)

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its **medical students, faculty, and staff at all locations**. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, **develop and conduct appropriate strategies** to enhance positive and mitigate negative influences, and **identify and promptly correct violations** of professional standards.



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## Element 3.5 – What are the Issues?

- The learning environment **includes students, faculty, residents, and staff at all locations**
- As noted for Element 1.4, the **numbers and types of locations have increased**
- As noted for Element 1.4, the **relationships between medical schools and clinical affiliates** – and the leadership, students, faculty, residents, and staff within them are **increasingly complex**
- As a result, **ensuring shared responsibility** for periodically evaluating the learning environment and for identifying and promptly correcting negative influences in that environment is **increasingly complex**

## Element 3.5 – Looking at the DCI and Thinking Out Loud

### Narrative Response

- a. Describe how the required professional behaviors are made known to students, faculty, residents, and others in the medical education learning environment.
- b. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of unprofessional behavior as defined by the school's list of professional behaviors. Describe the way in which the medical school ensures that allegations of unprofessional behavior can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of unprofessional behavior have been made.
- c. Describe the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional behaviors, especially in the clinical setting. Include the timing of these evaluations, what specifically is being evaluated, and the individuals or groups who are provided with the results.
- d. Provide examples of strategies used to enhance positive and mitigate negative aspects of the learning environment identified through this evaluation process.
- e. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.



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## Element 4.4: Feedback to Faculty

**A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.**

## Narrative Response

- a. Describe **how and when** faculty members receive **formal feedback** from departmental (i.e., the department chair or division/section chief) or other programmatic or institutional (e.g., center directors, program leaders, senior administrators) leaders on their **academic performance**, progress toward promotion and, if relevant, tenure.

## Supporting Documentation

1. Medical school or university/parent organization **policies** that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including when and by whom these policies were last reviewed and approved.

# The Medical School/Clinical Interface

In understanding the expectations of the element, there are several questions that need to be considered.

- *Which medical school faculty member?/What feedback?*  
**Full-time faculty members**, whether employed by the medical school or the clinical partner, need feedback on all aspects of their performance, as specified in their formal medical school responsibilities (Element 4.3).  
**Volunteer faculty** need feedback on their specific role in relation to the medical school (i.e., teaching).
- *How often is feedback provided?*  
The structure and timing of feedback is specified in school of medicine (and health system) policies. For example, full-time faculty, it typically occurs once per year. For volunteer faculty, when the course/clerkship evaluations are available.

## The Medical School/Clinical Interface (continued)

- *What leaders provide feedback?*  
**Full-time faculty:** Academic leaders (e.g., department chair/section head) provide feedback on medical school-related responsibilities. The physician faculty member may receive additional feedback from their clinical supervisor on their health system responsibilities (this is based in a health system policy).  
**Volunteer faculty:** Get feedback on their teaching (e.g., from student evaluations) from clerkship directors or others responsible for the course/clerkship.

The individuals providing feedback to full-time faculty may be paid by the medical school or the health system.



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## Element 4.5: Faculty/Professional Development

A medical school **and/or** its sponsoring institution provides **opportunities for professional development to each faculty member** in the areas of **discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research** to enhance his or her skills and leadership abilities in these areas.

# Selected Questions from the DCI Relevant to the Medical School/Clinical Interface

## Narrative Response

- a. Describe the availability and organizational placement (e.g., faculty development office, medical school dean's office, university office) of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Note if faculty development is the sole or primary responsibility of each of these individuals. If not, provide the percent of effort allocated by each to faculty development activities.
- b. Describe how faculty members are informed about the availability of in-person or virtual faculty development programming. How does the medical school ensure that faculty development is can be accessed by faculty at all instructional sites, including clinical affiliates and regional campuses?
- c. Describe how problems with an individual faculty member's teaching and assessment skills are identified and remediated.



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MEDICAL EDUCATION

## Issues Related to the Medical School/Clinical Interface

Clinical faculty can be located at dispersed instructional sites. They need the following:

- Access to course/clerkship materials (as in Elements 5.9 and 8.7)
- Convenient access to faculty development (in-person or virtual)
  - Is the faculty development delivered from the central campus or on-site (campus, clinical affiliate)?
  - Is the faculty development created at the central campus or the clinical site?
  - How is the availability of training ensured? How are faculty informed about availability?
  - How does the medical school ensure that faculty with identified teaching problems get remediation regardless of their location? Who is available to provide this to faculty at dispersed sites?

## **Element 9.1 (Preparation of Resident and Non-Faculty Instructors)**

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

## Element 9.1 (Preparation of Resident and Non-Faculty Instructors)

### **Summary of Intent:**

To ensure that all non-faculty (especially residents) with teaching roles or duties are 1) aware of what they should be teaching, 2) are prepared to be teachers, and 3) have the opportunity to improve their skills as teachers.

The school has the responsibility to make sure this is happening, regardless of teaching site or ownership of residency.

## Element 9.1 (Preparation of Resident and Non-Faculty Instructors)

### **Deconstruction:**

All non-faculty instructors = residents, fellows, postdocs, and other non-faculty instructors (e.g., other health professionals, senior medical students) who supervise or teach

Documented familiarity with the learning objectives of the course/clerkship

Documented preparation for roles in teaching and/or assessment and resources for enhancing these skills

Effective mechanism for central monitoring of all of the above

## Element 9.1 (Preparation of Resident and Non-Faculty Instructors)

### Pitfalls:

- No system for central monitoring or lack of identifiable office/individual
- Lack of system for ensuring compliance
- EPO's vs course learning objectives
- Residents under a different system, or at remote or lesser-used site
- Residents rotating on a different service (e.g., FP residents rotating on a Neurology Service)

### Tips:

- Have a central system for documenting training and the process for ensuring compliance
- Identify the individual with responsibility and authority
- Ask about instructor preparation on the clerkship evaluation completed by students
- Confirm receipt of training materials provided to each resident/instructor
- Recurrent reinforcement (i.e., more than once during orientation)



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MEDICAL EDUCATION

## 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 school's faculty.



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## Element 9.2 (Faculty Appointments) – DCI Questions

- How does the medical school ensure that physicians who will supervise/assess medical students in required clinical clerkships have a faculty appointment before they take up their supervisory/assessment roles?
- Describe how, by whom, and how often the faculty appointment status of physicians who will teach and assess medical students is monitored.
- Where teaching of students is carried out by physicians and other health care professionals who do not hold faculty appointments at the medical school or by other members of the health care team, describe how the medical school ensures that the teaching activities of these individuals are supervised by medical school faculty members.

## Element 9.2 (Faculty Appointments)

### **Pitfalls:**

- Lag time in the faculty appointment process
- Large number of faculty members
- Rapid faculty turnover
- No system for central monitoring or lack of identifiable office/individual
- Multiple and/or remote clinical sites

### **Tips:**

- Have a central system for documentation and monitoring/electronic reminders
- Identify individual(s) with responsibility and authority
- Develop policies that streamline the faculty appointment process



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MEDICAL EDUCATION

## 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**.

## Element 9.3 (Clinical Supervision of Medical Students) – What are the Issues?

- **Who is providing supervision** – what is the school’s authority over those providing supervision in the educational program– direct or indirect?
- **How is the level of responsibility determined? Policy? Guidelines?**
- **How are expectations for supervision communicated to supervisors? (faculty, residents, others)**
- **How are expectations for supervision communicated to students?**
- **Are students satisfied that they are being appropriately supervised?**
- **Are non-MD/DO supervisors teaching and supervising within their scope of expertise?**

## Element 9.3 (Clinical Supervision of Medical Students) – Looking at the DCI and Thinking Out Loud

### Narrative Response

- a. Describe the policies/guidelines and practices by departments and/or the central medical school administration that ensure medical students are appropriately supervised during required clinical clerkships and other required clinical experiences.
- b. What mechanisms exist for students to express concern about the adequacy and availability of supervision? How, when, and by whom are these concerns acted upon?
- c. Provide data from the ISA on student satisfaction with the adequacy of supervision in required clerkships and other required clinical experiences.
- d. What practices are used during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience? Are these practices based in formal policies/guidelines?

## Element 10.8 (Visiting Students)

A medical school does all of the following:

- **Verifies the credentials** of each visiting medical student
- Ensures that each visiting medical student demonstrates **qualifications comparable** to those of the medical students the visiting student would join in educational experiences
- Maintains a complete **roster** of visiting medical students
- **Approves** each visiting medical student's assignments
- **Provides a performance assessment** for each visiting medical student
- **Establishes health-related protocols** for such visiting medical students
- **Identifies** the administrative office that fulfills each of these **responsibilities**



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## Element 10.8 (Visiting Students) – What are the Issues?

- **Who is vetting the requests for visiting students?**
- **Who has the final say for accepting visiting students?**
- **How does the school ensure that resources are adequate to support visiting students?**
- **Who keeps track of who will/is/has visited?**
- **How is assessment provided?**
- **How are visiting students oriented to pertinent policies and expectations, and who bears responsibility to ensure that this occurs?**

## Element 10.8 (Visiting Students) – Looking at the DCI and Thinking Out Loud

### Narrative Response

- a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the medical students the visiting student would join in a clinical experience. Identify the medical school, university, or other office that is responsible for reviewing and making the decision about comparability.
- b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description:
  1. How the academic credentials and immunization status of visiting students are verified
  2. How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting students and the medical school's own students
  3. How the medical school ensures that a performance assessment is provided for each visiting student
- c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students.



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# Questions from webinar chat



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# Submitted Questions



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## Submitted Question 1

Some programs and specialty organizations are discussing offering virtual away rotations this coming academic year. Will the LCME provide guidance on these types of electives and the use of such electives to meet graduation requirements?



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## Submitted Question 2

In preparing the DCI for site visits during AY 20-21, should we describe the “usual curriculum” or the “modified COVID-19 curriculum” currently in place? If the answer is the “usual curriculum” is there an appropriate time or place to describe temporary modifications (such as some virtual content) for the visitors?



# Announcements: New LCME-specific Guidance Document and DCI updates

A new LCME-specific guidance document, “LCME Update of Medical Students, Patients, and COVID-19: Approaches to Suspension of USMLE Step 2 CS Testing” has been posted on <https://lcme.org/covid-19/>.

## LCME-specific Resources

Document Title	↕ Date Document was Last Updated / Originally Added ↕
LCME Guidance Principles	<a href="#">March 12, 2020</a>
Letter from the LCME to the Council of Deans	<a href="#">March 18, 2020</a>
LCME Approaches to the Clinical Curriculum	<a href="#">March 20, 2020</a>
LCME Guiding Principles for Early Graduation of Final-Year Medical Students	<a href="#">March 25, 2020</a>
LCME Approaches to Suspension of USMLE Step 2 CS Testing	<a href="#">May 27, 2020</a>

Changes were made to the **2021-22 Data Collection Instrument (DCI)** to reflect the suspension of Step 2 CS. The updated DCI (May 2020) has been posted on the Publications page: <https://lcme.org/publications/>.



## Announcements: School publications posted to lcme.org

<https://lcme.org/publications>

- *Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits*
- *2021-22 The Role of Students in the Accreditation of U.S. Medical Education Programs for Full Accreditation*
- *2021-22 The Role of Students in the Accreditation of U.S. Medical Education Programs for Provisional Accreditation*
- *2021-22 Guide to the Survey Process for Provisional Accreditation*
- *2021-22 Guide to the Institutional Self-study for Preliminary Accreditation*
- *2021-22 DCI for Preliminary Accreditation Surveys*
- *2021-22 Survey Report Template for Full Survey Visit Reports*



## Announcements: Survey team publications posted to [lcme.org](https://lcme.org)

<https://lcme.org/publications>

- *2020-21 Survey Report Template for Full Survey Visit Reports*
- *2020-21 Survey Report Template for Provisional Survey Visit Reports*
- *2020-21 Survey Report Template for Preliminary Survey Visit Reports*
- Visit Schedule Template for a Full Survey
- Visit Schedule Template for a Provisional Survey
- Visit Schedule Template for a Preliminary Survey
- Survey Team Writing Assignments Template for a Full Survey
- Survey Team Writing Assignments Template for a Provisional Survey
- Exit Report Template for Full, Provisional, and Preliminary Accreditation Surveys
- Exit Report Template for Limited Accreditation Surveys



**Next Webinar: Thursday, July 16, 2020**

**Topic of the Month:**

**Big Data, Big Systems: Elements 1.1 and 3.3**

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