



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

The Learning Environment

(including Elements 3.2, 3.3, 3.5, 3.6)

June 10, 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

3.2 Community of Scholars/Research Opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and scholarly activities of its faculty.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.2 Community of Scholars/Research Opportunities

Summary of Intent

- **Faculty scholarship:** clearly defined **scope** and clearly articulated mechanisms for **support** (e.g., resources, infrastructure, mentorship)
- **Required student research:** identification of **opportunities/projects and mentors** and effective **communication** of and **access** to these by **all students at all campuses**
- **Optional student research:** identification of **opportunities/projects and mentors** and **communication** of and **access** to these by **all students at all campuses.**
- **Support for student participation** in research/scholarly activity: **funding, personnel, other resources**
- **Mechanism for evaluating** whether these components, taken together, ensure “an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars”



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.2 Community of Scholars/Research Opportunities

Pitfalls

- Non-alignment between **mission and scholarly expectations** (for faculty)
- Non-alignment between **scholarly expectations and supportive resources** (for faculty)
- Non-alignment of **requirement for student research and available resources** (i.e., faculty adequacy/accessibility/support, infrastructure)
- **Lack of “inventory” and/or mechanisms for disseminating opportunities** for and facilitating student research (required and non-required)
- **Campus differences** in resource availability/accessibility
- Absence of mechanism for **directing students** with interests beyond the scope of research/scholarship as defined by the school

3.2 Community of Scholars/Research Opportunities

Tips

- Clearly **define** mission-appropriate “**scholarship**”
- Develop and evaluate **programs to support and enhance faculty scholarship** as defined
- **Match** faculty scholarship expectations with mission and **match** student research requirements with human and infrastructural resource availability
- Develop, maintain, and update **a list of research opportunities and mentors** (internal and external), and obtain/utilize **feedback on the quality** of those experiences/mentors
- Anticipate and develop plans for **supporting student scholarly interests** that may be **beyond the school’s research scope**
- Develop methods to track the **effectiveness** of bullets 2 through 5



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.3 Diversity/Pipeline Programs and Partnerships

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**.

3.3 Diversity/Pipeline Programs and Partnerships

Summary of Intent : achieving mission-appropriate diversity

- School-defined diversity categories for students, faculty, and senior administrative staff (definition in DCI glossary)
- Diversity categories may differ among students, faculty, and senior administrative staff
- Policies and practices in place – and appropriate resources deployed - for recruitment and retention in each diversity category
- Demonstration of effort through monitoring of outcomes (e.g., numbers of applications/total offers of admission or employment/accepted offers)
- School- or university-based pipeline programs or external partnerships to increase the overall pool of medical school applicants in the identified diversity categories; outcome tracking/data on program success

3.3 Diversity/Pipeline Programs and Partnerships

Pitfalls

- No mission-appropriate diversity policy with identification of diversity groups
- Insufficient evidence of ongoing/effective recruitment and retention activities to achieve mission-appropriate diversity outcomes
- Insufficient methods to evaluate the effectiveness of activities to achieve the mission-appropriate diversity outcomes
- Reporting pipeline programs as recruitment activities
- Insufficient progress toward attaining the numbers of students, faculty, and senior administrative staff from the school's diversity groups to meet its mission-appropriate diversity outcomes



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.3 Diversity/Pipeline Programs and Partnerships

Tips

- Read the **LCME consensus statement regarding Element 3.3**
- Develop clearly stated mission-appropriate diversity categories
- Establish documented policies for recruitment and retention
- Maintain documentation that processes are ongoing and systematic
- Maintain data regarding recruitment and retention activities
- Maintain pipelines and partnerships – glossary definition
- Evaluate program effectiveness and tracking of progress
- Total environment - students, faculty, and senior administrators
- Related elements:
 - 3.5 learning environment/professionals
 - 7.6 cultural competence and health care disparities
 - 10.3 policies regarding student selection/progress and their dissemination

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.

3.5 Learning Environment/Professionalism

Summary of Intent

[Element 3.5 overlaps with, but is broader than, Element 3.6/Student Mistreatment]

- **Identified set of professional behaviors:** Behaviors are taught and assessed and are shared with faculty and others
- **Reporting mechanisms:** Reporting methods for observed incidents of unprofessional behaviors
- **Evaluation of the learning environment:** There are tools and processes to identify positive and negative influences on student development of professional behaviors
- **Strategies to address identified problem areas:** How is the school is addressing negative influences? Note that this links to Element 1.4 (affiliation agreements) and joint responsibility for a positive learning environment
- **Individuals responsible for the learning environment:** There is specification of who is empowered to ensure an appropriate learning environment



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.5 Learning Environment/Professionalism

Pitfalls

- Professional behaviors are **not defined**. The locations in the curriculum where they are taught and assessed are not specified.
- Mechanisms for students/others to report unprofessional behaviors are **not specified**. Students and others are not clear on what and how to report.
- There are incomplete/insufficient **methods to evaluate** the learning environment (i.e., simply using reports of mistreatment are not sufficient).
- Absent/insufficient mechanisms **to address identified learning environment problems**. Lack of ability to address problems in clinical affiliates because collaborative processes not in place. Absent/insufficient examples of strategies/actions taken on problems.
- Lack of clear specification of who is empowered to ensure a positive learning environment. Lack of a person/system **with authority** to ensure issues are addressed.

3.5 Learning Environment/Professionalism

Tips

- The identified professional behaviors are included in formal learning experiences and assessed at appropriate places in the curriculum.
- There are clear descriptions of how student/others are informed of how to report observed unprofessional behaviors. Students understand the reporting mechanisms and are comfortable using them.
- There is an appropriate set of tools/processes to evaluate the learning environment (e.g., course/clerkship evaluations, year surveys). Data are reviewed and acted upon.
- There are mechanisms to address learning environment problems, including in the clinical setting, that involve individuals not under the school's control.
- The individual(s) with responsibility for the learning environment have appropriate authority.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

3.6 Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

Summary of Intent

- **Big picture**: The school has a well-defined system in place to provide information and education about, prevention of, and response to mistreatment of medical students in ALL settings
- **System**: who is responsible for receiving, reviewing, **acting**
- **Policy**: including definition, description of system, reporting, responsibility
- **Prevention**: education of all members of the environment
- **Reporting mechanisms**: clear to learners
- **Non-retaliation**: systems and education for all members of the learning environment
- **Effective**: Evidence that it is working!

3.6 Student Mistreatment

Pitfalls

- No policy defining components of the system, beginning to end
- “Who” of the reporting and reviewing process not well-defined
- Responsibility for acting on reports not well-defined
- Responsibility in affiliate clinical settings not defined
- Non-faculty members of the environment not informed/educated
- Policy and/or reporting mechanism not understood by students or faculty/staff
- Non-retaliation not clear to all, or not “believed” by learners
- Reporting mechanisms (plural!) – note that confidential does not equal anonymous - must have mechanisms to address concerns in real time.
- Failure to act
- Failure to follow-up on student concerns and student data
- Learners don’t have faith that the system works

3.6 Student Mistreatment

Tips

- Make sure the policy defines what it is, how it is reported, who receives the reports, and who has responsibility for doing something about it.
- Make sure policies emphasize non-retaliation
- Education/education/education for ALL students/faculty/staff in ALL settings
- Reporting mechanisms (multiple) including immediate and confidential (note: end-of-course clerkship reports are one possible piece, but not good enough)
- Canvas students to ensure the reporting mechanisms are known and trusted
- Charge individuals (and groups?) to track reports – closure and patterns
- Consider mechanisms to provide feedback to student body that their concerns are heard and acted upon when appropriate



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Submitted Question



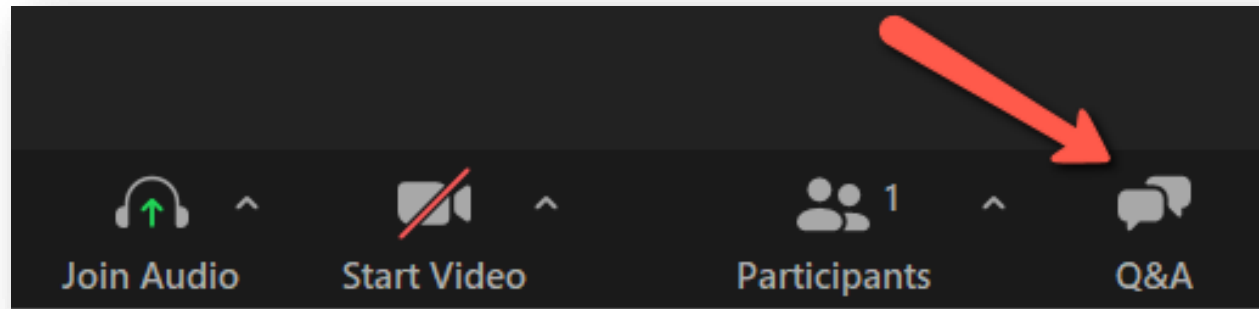
Submitted Question

Do you anticipate any changes to how you assess Elements 3.5 and/or 3.6 in the upcoming years? If yes, how?

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.



Announcements: 2022-23 School Publications

The following 2022-23 publications have been posted to the LCME website, [lcme.org/publications](https://www.lcme.org/publications):

- **Data Collection Instrument (Full, Provisional, Preliminary)**

DCI for Full Accreditation Surveys	2022-23	April 2021
DCI for Provisional Accreditation Surveys	2022-23	May 2021
DCI for Preliminary Accreditation Surveys	2022-23	May 2021

- **Self-study Guide (Full, Preliminary)**

Guide to the Development of the Institutional Self-study Summary Report for Full Accreditation	2022-23	April 2021
Guide to the Institutional Self-study for Preliminary Accreditation	2022-23	April 2021

- **Guidelines for the Planning and Conduct of LCME Accreditation Survey Visit**
- **Guide to the Survey Process (Provisional)**

Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits	This document is not specific to an academic year.	April 2021
Guide to the Survey Process for Provisional Accreditation	2022-23	April 2021

- **The Role of Students (Full, Provisional)**

The Role of Students in the Accreditation of U.S. Medical Education Programs for Full Accreditation	2022-23	May 2021
The Role of Students in the Accreditation of U.S. Medical Education Programs for Provisional Accreditation	2022-23	May 2021

- **ISA Checklist (Full, Provisional)**

Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Full Accreditation	2022-23	May 2021
Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Provisional Accreditation	2022-23	May 2021

- **Style Guide for DCI Preparation (also located in DCI)**

Style Guide for DCI Preparation	This document is not specific to an academic year.	April 2021
---------------------------------	--	----------------------------



LIAISON COMMITTEE ON
MEDICAL EDUCATION

LCME Secretariat Private Consultations

The Liaison Committee on Medical Education (LCME) Secretariat will host private virtual consultations for schools with survey visits in AY 2021-22 and AY 2022-23. LCME Private Consultations are available November 8th, 9th, and 12th by appointment. To request a virtual consultation, please complete and submit the online request form:

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

The banner features a background of colorful, abstract shapes in blue, green, yellow, and red. On the left, the LCME logo is displayed above the text "Secretariat Consultations". On the right, a dark grey box contains the following text:

LCME Secretariat Private
Virtual Consultations
during Learn, Serve, Lead
2021

November 8-12, 2021, The LCME will
host private virtual consultations for
schools with survey visits in AY 2021-22
and AY 2022-23.

[Sign Up for a Consultation](#)



Next Webinar: Thursday, July 22, 2021

Topic of the Month:
Comparability from Every Angle:
Element 8.7 and Beyond

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