



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

Clinical Affiliations:

The Elements, The Parties, The Point

March 18, 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.

Clinical Affiliates: Why are They Worth a Webinar?

- **Clinical affiliates:** Those institutions providing inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students (*2021-22 DCI, Glossary of Terms for LCME Accreditation Standards and Elements*)
- **Changing landscape for clinical training** (e.g., ambulatory settings; longitudinal integrated clerkships)
- **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)

- The **Elements** of Element 1.4
- The **Parties** to affiliation agreements and understandings
- The **Point** (aka, the overall intent; expectations of the DCI)



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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. Such agreements provide for, at a minimum, the following:



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Element 1.4 Affiliation Agreements

AFFILIATION AGREEMENT REQUIREMENTS

- 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 Affiliation Agreements

- **Medical student and faculty access to appropriate resources for medical student education**

INTENT: The clinical site is responsible for providing students and faculty with access to appropriate resources for medical student education, including access to patients in an appropriately supervised environment; secure access to patient care areas; computer access; required training for medical students in the proper use of electronic medical records or paper charts; secure storage space for medical students' personal items; and access to call rooms.



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Element 1.4 Affiliation Agreements

- **Medical student and faculty access to appropriate resources for medical student education**
 - Element 5.5: Resources for Clinical Instruction – adequate numbers and types of patients
 - Element 5.6: Clinical Instructional Facilities/Information Resources
 - Element 5.7: Security, Student Safety, and Disaster Preparedness
 - Element 5.11: Study/Lounge/Storage Space/Call Rooms



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Element 1.4 Affiliation Agreements

- **Primacy of authority over academic affairs and medical student education/assessment**

INTENT: The medical school is ultimately responsible for all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students.



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Element 1.4 Affiliation Agreements

- **Primacy of authority over academic affairs and medical student education/assessment**
 - The medical school plans and determines the necessary educational experiences and level of achievement required to prepare its students for entry into the clerkship phase of the curriculum.
 - The medical school retains ultimate responsibility for the education and assessment of its students in the clinical setting.

Note: Schools sharing faculty at a clinical site should consult the LCME white paper on principles for sharing faculty



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Element 1.4 Affiliation Agreements

■ Appointment and assignment of faculty members

INTENT: ***Accountability*** of the teaching faculty to the dean and the faculty governance of the medical education program, in the faculty's respective roles in the medical student education program, regardless of employer or location of appointment.

- To ensure that both parties are committed to provided the human resources (faculty) necessary to support the educational program
- To ensure that everyone who teaches and assesses medical students understands their respective roles and responsibilities to the medical students and the medical education program.
- To ensure privileges and responsibilities of “the faculty”
- To ensure development opportunities as teachers
- To ensure performance feedback on teaching
- To ensure awareness and adherence to school policies



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Element 1.4 Affiliation Agreements

- **Appointment and assignment of faculty members**

Related Elements:

- Element 2.3 Access and Authority of the Dean
- Element 2.5 Responsibility of and to the Dean (*applies to schools with regional campuses*)
- Element 4.1 Sufficiency of Faculty
- Element 4.2 Feedback to Faculty
- Element 4.5 Opportunities for Professional Development
- Element 5.5 Resources for Clinical Instruction
- Element 9.2 Faculty Appointments
- Element 9.3 Clinical Supervision of Medical Students

Element 1.4 Affiliation Agreements

- **Responsibility for treatment and follow-up for environmental exposure**

INTENT: To make clear the responsibility and accountability for informing students...

- How to prevent exposure
- What to do if an exposure occurs
- Where to seek timely treatment
- Where and how to receive testing, follow-up treatment, counseling
- To define between the parties the financial responsibility for the costs associated with testing, treatment, counseling, follow-up

Element 1.4 Affiliation Agreements

- **Responsibility for treatment and follow-up for environmental exposure**

Related Elements :

- Element 10.8 Visiting Students
- Element 12.4 Student Access to Health Care
- Element 12.8 Student Exposure Policies/Procedures



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Element 1.4 Affiliation Agreements

- **Shared responsibility for the learning environment**

INTENT: Unequivocal shared responsibility and accountability for maintaining an appropriate, respectful, professional, and safe learning environment for medical students, faculty, staff, and patients that comprise the clinical learning environment.



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Element 1.4 Affiliation Agreements

- **Shared responsibility for the learning environment**

Related Elements:

- Element 3.4 Anti-Discrimination Policy
- Element 3.5 Learning Environment/Professionalism
- Element 3.6 Student Mistreatment
- Element 7.7 Medical Ethics
- Element 9.1 Preparation of Residents
- Element 9.2 Faculty Appointments
- Element 9.3 Clinical Supervision of Medical Students



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Clinical Affiliates: The Parties

- Affiliated individual hospitals – “we are they” vs “we are not they”
- Affiliated health systems – affiliation agreements, implementation letters
- Ambulatory clinics/group practices – memoranda of understanding, other formal agreement
- Individual faculty members (letters of appointment)



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Clinical Affiliates: Element 1.4 Overall Intent

To ensure that the inpatient hospital sites(s) and other clinical sites, as determined by the medical school, that are used for required clinical clerkships meet the **expectations for quality clinical education**, including adequate resources, medical school faculty control of the educational program, and an appropriate learning environment. The affiliation agreement **formalizes** the joint understanding of the parties about the responsibilities of each.

[While the affiliation agreement codifies the responsibilities of each party, the responses to questions in the DCI related to other elements describe how those responsibilities are operationalized]



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Clinical Affiliates: Element 1.4 DCI Expectations

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



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Clinical Affiliates: Element 1.4 DCI Expectations

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?

[Note that agreements ARE NOT NEEDED for individual physician practices, sites used for electives or preceptorships in the pre-clerkship years]

- Agreements should be reviewed as often as needed to reflect current circumstances and LCME expectations
- Be signed by the appropriate leadership at the medical school/university and hospital/hospital system



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Submitted Question Related to Clinical Affiliations



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Submitted Question 1

We use the AAMC Uniform Clinical Training Affiliation Agreement form for all required clerkships and for electives when possible. Is it acceptable if some sites do not agree to use this form for elective courses (e.g., military placements), or should we deny the student going to that site?



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Submitted General Questions



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Submitted Question 1

Element 6.3 Self-Directed and Life-Long Learning

1. What is the expectation of the LCME for the unscheduled time in an average week available for medical students to engage in self-directed learning in the pre-clerkship phase of the curriculum?
2. How the unscheduled time should be calculated? Based on 40 hours week, 80 hours week, any other way?



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Submitted Question 2

Element 8.8: Monitoring Student Time

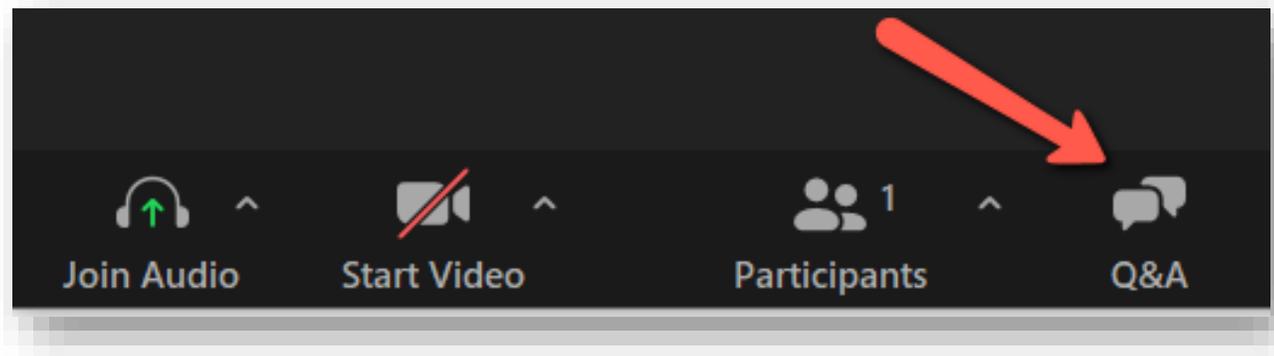
For this question of the DCI, how we should estimate the time students spend on reading assignments for small group cases and topic discussions?

Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly-scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Estimate the average amount of time students spend in such required activities and describe how this “out-of-class” time is accounted for in calculating student academic workload.

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.



Next Webinar: Thursday, April 8, 2021

Topic of the Month:
Who is the Faculty, Anyway?

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