



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

# *Connecting with the Secretariat Webinar*

**March 17, 2022**

**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](mailto:aamc@commpartners.com).**



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## It's Fundamental: Scope of LCME Responsibility

The LCME accredits complete and independent medical education **programs whose students are geographically located in the United States for the required portions of their education and which are offered by universities or medical schools that are chartered and operated in the United States.**

*LCME Rules of Procedure (June 2021)*



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## Its Effect is Elemental: Element 10.7

### Transfer Students

A medical school ensures that any student accepted for **transfer or admission with advanced standing** demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. **A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.**

## 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

## Visiting Student Assessment Pitfalls

- Lack of clarity regarding how the visiting student's assessment will be provided (and by whom)
- Dependence on the host department (or faculty host) for returning the visiting student's assessment to the student's home school

## Visiting Student Assessment Tips

- As part of the visiting student roster, include how (i.e., the home school's assessment form, the host school's assessment form), by whom, and to whom each student's assessment will be provided
- Communicate this clearly to the visiting student and to the host department/faculty when the student arrives on site
- Develop a process (i.e., responsible individual) by which the home and host schools can communicate should the visiting student's assessment not be provided



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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.



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## Element 4.5 Faculty Professional Development

### Summary of Intent

- Clear articulation by the school of its methods of student assessment
- Knowledgeable individuals to assist faculty in developing and improving their assessment skills AND to assist faculty in developing and implementing instructional methodologies and assessment methodologies that are aligned and well suited to achieve the desired objectives
- Availability of faculty development programming, whether in-person or virtually, to ALL faculty at ALL sites
- Mechanisms for identifying and remediating problems with an individual faculty member's assessment (and teaching) skills



## Element 4.5 Faculty Professional Development

### Pitfalls

- Ambiguous assessment tools/categories
- Lack of individuals with the expertise AND dedicated time to ensure development and enhancement of assessment (and teaching) skills
- Lack of availability of or access to faculty assessment skills development programming for all faculty at all sites
- Absent or ineffective mechanisms for identifying and/or remediating problems with the assessment (and teaching) skills of individual faculty members
- Absence of authority of the dean to relieve ineffective faculty members from their assessment (and teaching) responsibilities



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## Element 4.5 Faculty Professional Development

### Tips

- Ensure that narrative and performance assessment tools have clear rubrics and qualitative descriptors of each rating category
- Provide feedback to faculty regarding the quality of their assessments AND their intra-rater and inter-rater consistency
- Develop and employ a system for ensuring that faculty at all sites have access to AND participate in faculty development programs focused on the quality and consistency of their assessments
- Develop and employ a system for identifying faculty having difficulty with their assessment (and teaching) skills, have mechanisms and resources to remediate and track the outcomes of remediation of those skills, and have a clear course of action should remediation fail

## 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

- Preparation of ALL non-faculty instructors of medical students for their roles in assessment (and teaching)
- Provision by the medical school of the resources - both written, such as, for example, course/clerkship objectives and the list of required clinical experiences AND practical skills development programming - needed to develop and enhance the assessment (and teaching) skills of these instructors
- Centralized tracking by the medical school of the participation of each of these instructors in the required training

## Element 9.1. Preparation of Resident and Non-Faculty Instructors

### Pitfalls

- All of the ones for faculty, plus:
- Equating the emailing of learning objectives, links to assessment training modules, etc. with their receipt, reading, and application
- Limited “penetration” of skills development sessions to the school’s own residents
- Absence of assessment (and teaching) skills training for non-faculty instructors in the pre-clerkship curriculum

## Element 9.1. Preparation of Resident and Non-Faculty Instructors

### Tips

- Develop and utilize a system for prospectively identifying the non-faculty instructors who teach/supervise/assess medical students
- Ensure that there are clear and effective mechanisms for dissemination of the resources and training to prepare non-faculty instructors in ALL courses/clerkships at ALL sites
- Ensure that there are clear and effective mechanisms for the medical school to know that all non-faculty instructors have received the needed resources and training (central monitoring)



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## Element 6.1 Program and Learning Objectives

The faculty of a medical school define its educational program objectives in outcome-based terms that **allow the assessment** of its medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experiences (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.



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## Element 6.1 Program and Learning Objectives

### Summary of Intent

Element 6.1 expects that specific assessments are identified for each educational program objective. The assessments of outcomes related to a given educational program objective may occur in one or more phases of the curriculum.

The ability to identify specific outcome assessments for each educational program objective is key to determining if the objective has been met by an individual student and for a cohort of students in aggregate. The linkage of assessments to educational program objectives is used for the purpose of program evaluation in Element 8.4 (Evaluation of Educational Program Outcomes).





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## Element 6.1 Program and Learning Objectives

### Pitfalls/Challenges

There are several major pitfalls/challenges related to the linkage of outcome assessments to educational program objectives:

- Lack of clarity in the objective language makes it difficult or impossible to identify appropriate outcome assessments.
- Selected assessments are too general and do not specifically measure the defined intent of the educational program objective.
- There can be a challenge to set benchmarks for performance in an individual assessment and in aggregated assessments. The absence of benchmarks limits the determination of whether an educational program objective has been met.



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## Element 6.1 Program and Learning Objectives

### Tips

- Ensure that the educational program objectives are stated in outcome-based terms. If clear outcome assessments/data sources cannot be identified for an educational program objective, consider re-working/re-wording the objective.
- Select specific assessments. Be able to demonstrate how that the assessment contributes to making an outcome determination for the objective.

## Element 6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' **self-assessment of learning needs**; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and **feedback on these skills**.



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## Element 6.3 Self-Directed and Life-Long Learning

### Summary of Intent

The basic intent of Element 6.3 is that students have an opportunity to practice a skill that they will use in the clerkships and throughout their professional lives, including independently identifying a question that they need to answer, finding credible data to answer the question, synthesizing the information, and **receiving feedback**. Since this is a skill that, in “real-life” needs to be exercised over a short period of time, the sequence of steps needs to be carried out in a unified sequence over a relatively short period of time. The **feedback** that students receive is an **assessment of the credibility of the information sources they used** and **their ability to utilize the information** in response to their self-identified question.

## Pitfalls

- Feedback is not given to **each student** on their question framing/information seeking
- The steps do not occur in a unified sequence, so it is not clear to what the feedback relates
- Faculty provide the question and/or supply the data sources, so assessment is not built on the students' own thinking about what they need to know and how to answer their own question

## Element 6.3 Self-Directed and Life-Long Learning

### Tips

- There is no LCME-determined number of times students must go through the sequence of four steps. Schools need to decide how much opportunity for self-directed learning provides the necessary background for students to achieve comfort with using this skill.
- Make sure the steps occur over a short time frame and that the expectation has been set and shared with students about the timing of feedback.
- Feedback need not occur after every opportunity students have to go through the steps. There should, however, be sufficient feedback to ensure that students have mastered the skill before entering clerkships.

## Element 8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and **assessment methods appropriate for the achievement of those objectives**, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and **assessment methods** are subject to ongoing **monitoring, review, and revision** by the responsible committee.

## Element 8.3 Curricular Design, Review, Revision/Content Monitoring

### Summary of Intent (related to assessment)

Appropriate assessment methods are included in the curriculum to determine if students are achieving the educational program objectives (this relates back to Element 6.1). Plans for evaluation of the phases of the curriculum and the curriculum as a whole should include the identification of assessment methods that will be used at specific points in time to determine student success. The DCI asks if the instructional methods and the methods of assessment are consistent with and designed to support the medical education program objectives being met (and the ability to evaluate if this is the case).



## Element 8.3 Curricular Design, Review, Revision/Content Monitoring

### Pitfalls

- It is insufficient if evaluation of a curriculum phase and the curriculum as a whole simply looks at student performance in assessments within individual courses/clerkships.
- The assessments are not clearly linked to the relevant objectives that are covered within the curriculum segment.
- A decision has not been made about what constitutes an appropriate level of aggregate performance across measures within the curriculum phase or the curriculum as a whole.

## Element 8.3 Curricular Design, Review, Revision/Content Monitoring

### Tips

Ensure that the learning objectives of courses and clerkships are linked to appropriate assessments/outcomes (Element 8.2) and that the curriculum committee has determined how these assessments aggregate across courses or clerkships (depending on the curriculum phase) to allow a determination of whether the expectations of the phase have been met.

## Element 8.4 Evaluation of Educational Program Outcomes

A medical school collects and uses a variety of **outcome data**, including **national norms of accomplishment**, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected **during program enrollment and after program completion**.

# Element 8.4 Evaluation of Educational Program Outcomes

## Summary of Intent

Element 8.4 expects that:

- 1) performance in individual outcome measures is reviewed to determine if a specific measure is meeting performance expectations (and, if not, that steps are being taken to address the issue), and
- 2) performance for each of the EPOs can be determined for an individual student (student outcome) and, in aggregate, for a cohort of students (program evaluation outcome)

## Element 8.4 Evaluation of Educational Program Outcomes

### Pitfalls

- The school does not identify that there is a gap in individual and aggregate student performance for an outcome/assessment measure. For example, if the pass rate on USMLE Step 1 is below expectations, the school has either not identified that as a problem and/or has not taken actions to address the issue (e.g., provided academic support).
- The school has not implemented a process to aggregate performance measures for an educational program objective to determine if the objective has been achieved. Expectations for performance in an objective have not been set or actions have not been taken if objectives are performing below expectations.

## Element 8.4 Evaluation of Educational Program Outcomes

### Tips

The DCI asks for a school to provide examples of how the attainment of an objective is evaluated (i.e., identified the data elements and created a process to look across data elements to decide whether the intent of the objective is met).

*Note that data elements often reflect aggregated performance of a cohort of students (e.g., pass rate in an end of pre-clerkship OSCE). The school will set a benchmark for the desired pass rate for the cohort (90% of students pass) and that would be one data point in determining whether the clinical skills objective for the pre-clerkship phase has been met.*



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## Element 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.



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## Element 9.4 Assessment System

### Summary of Intent

The primary intent of this element is to ensure that the medical education program is adequately and effectively assessing the comprehensive clinical skills of each student and ensuring that each student meets the medical education program's expectations (as described in the educational program objectives), or is provided remediation and additional instruction to meet that expectation



### Pitfalls

- Lack of a centralized system to ensure that each student is observed performing history and physical examination skills as defined by the educational program objectives
- Lack of oversight/monitoring by the curriculum management structure
- Lack of a system to document the clinical skills assessment has occurred
- Lack of an assessment tool and feedback mechanism
- Students do not perceive that they are being observed or receiving inadequate feedback for improvement

## Element 9.4 Assessment System

### Tips

- Inform students that they are being officially observed and provide structured, timely, and meaningful feedback to students.
- Have a centralized system to document what/when/who that the observation occurred, and feedback was given to the student
- Be able to demonstrate that the curriculum committee/subcommittee review the data and act as needed
- Have a system that describes what is being taught and assessed where
- Collect student data on satisfaction with clinical skills teaching and assessment other than the ISA (too late when the ISA is completed)



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## Element 9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.



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## Element 9.5 Narrative Assessment

### Summary of Intent

The medical education program ensures that each student receives narrative feedback on their non-cognitive performance. This feedback needs to begin early in the educational program so that students become accustomed to receiving narrative feedback and learning how to incorporate the feedback into their respective development well before starting clerkship experiences.



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## Element 9.5 Narrative Assessment

### Pitfalls

- No policy or guidelines
- Narrative not provided where interaction would permit
- Not monitored/documents
- No formal structure
- Students don't find the narratives helpful

## Element 9.5 Narrative Assessment

### Tips

- Develop policy that describes the where, when, who for narrative assessment
- In the policy, describe the criteria for when narrative assessment is required and not required
- Monitor and document the provision of narrative assessment in each course/clerkship
- Standardized templates where applicable
- Faculty development
- Seek student feedback on what is working and what needs improvement



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## Element 9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.



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## Element 9.7 Formative Assessment and Feedback

### Summary of Intent

The intent is to ensure that students receive feedback on their performance in an educational experience with sufficient time to measure their progress, make corrections/adjustments, remedy gaps, and improve their performance on the final assessments.





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## Element 9.7 Formative Assessment and Feedback

### **Pitfalls**

- Not applied to all courses
- Not documented
- Not structured
- Not monitored by curriculum management groups
- Waiting for the ISA to find out students are less than satisfied

### Tips

- Policy!
- Structure the feedback
- Include data on narrative feedback in course review
- Require student acknowledgement
- Regular reporting on compliance to curriculum management groups
- Monitor student satisfaction with the process and feedback



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## Element 9.8 Fair and Timely Summative Assessment

A medical school has in place a **system of fair and timely summative assessment** of medical student achievement in each course and clerkship of the medical education program. **Final grades are available within six weeks** of the end of a course or clerkship.



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## Element 9.8 Fair and Timely Summative Assessment

### Summary of Intent

- Fairness – summative course and clerkship assessments are consistent with learning objectives
- Timeliness – all students receive final grades within 6 weeks of the end of the course or clerkship

### Pitfalls

- Lack of a system for ensuring compliance with grade reporting
- Outliers are not addressed, or inadequately addressed
- Summative assessments of student performance are not clearly linked to the learning objectives of the course or clerkship

### Tips

- Centrally monitor the timing of grade submissions
- Set reminder dates in time to address potential late reporting
- Promptly address timely grade reporting issues
- Consider linking grade reporting to other performance metrics and incentives



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## 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



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## Element 11.3 Oversight of Extramural Electives

### Summary of Intent

- Prior to being made available for student enrollment, extramural electives are centrally reviewed and approved to ensure that student performance will be assessed, and that the student evaluates the elective
- The centralized review evaluates potential risk to medical and student safety
- Evaluation data on extramural electives are used to determine whether the elective will continue to be offered to the school's students





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## Element 11.3 Oversight of Extramural Electives

### Pitfalls

- No formal policies and/or procedures are in place for central review and approval of extramural electives
- The school does not have a system in place to ensure that performance assessments of medical students and evaluations of extramural electives from medical students are collected and reviewed
- The school does not have a system in place to evaluate potential risk to student and patient safety

## Element 11.3 Oversight of Extramural Electives

### Tips

- Establish a centralized system in the dean's office to review proposed extramural electives prior to approval and to ensure the completion of a performance assessment of the student and an evaluation of the elective by the student
- Establish a system for collecting and reviewing performance assessments of medical students and evaluations of electives
- Establish a process to evaluate electives for potential risk to student and patient safety and to address such situations



## Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have **no involvement in the academic assessment or promotion of the medical student receiving those services**, excluding exceptional circumstances. A medical school ensures that **medical student health records are maintained in accordance with legal requirements** for security, privacy, confidentiality, and accessibility.

## **Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records**

### **Summary of Intent**

- Schools have policies and procedures in place that protect students from conflict of interest in academic assessment and promotion/graduation decisions
- Schools ensure confidentiality of medical students' records

## Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

### Pitfalls

- No formal policies and/or procedures are in place regarding non-involvement of health services providers in medical student academic assessment and/or promotion decisions
- The confidentiality of student health records is not properly maintained

## Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

### Tips

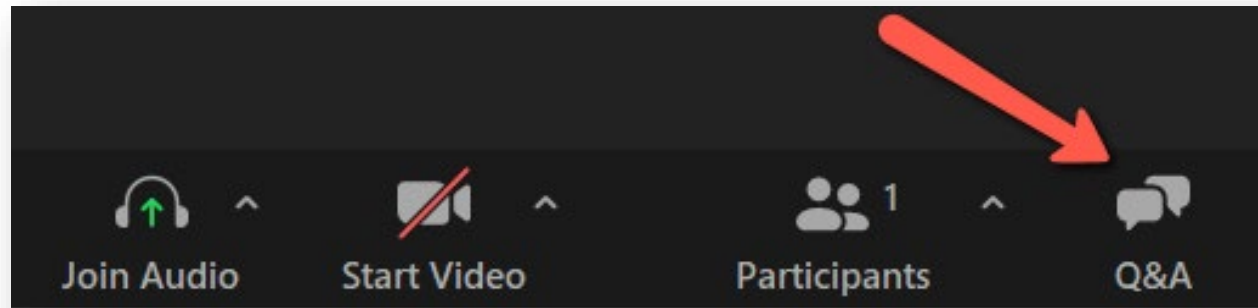
- The school has a clear, unambiguous policy
- The policy addresses “conflicts of interest, to include...”
- The policy addresses exceptional situations (emergency treatment, etc.)
- The policy is made known to faculty, students, residents
- Students sign off/faculty attestation with each course, with a monitoring system in place
- DO NOT keep student health records in the dean’s office!

# LCME® Open Q&A

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## 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 14, 2022**

## **Topic of the Month:**

**How Does the LCME Evaluate Performance in Elements and Compliance with Standards?**

Email [lcme@aamc.org](mailto:lcme@aamc.org) with element or topic suggestions.