Connecting with the Secretariat Webinar

October 6, 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.
Supervisors other than attending physicians cannot complete observed H+Ps and have these "count" for the observation of students’ clinical skills.
Supervisors other than attending physicians cannot complete mid-clerkship/course feedback forms and have these "count."
We have to keep track of each and every patient you see as a medical student to prove the education is consistent at each of the medical school’s educational sites.
We need to address all instances in which a clerkship or site needed to provide an alternative method for students to fulfill required clinical experiences/skills (i.e., it used to be that there was a maximum 25% threshold in aggregate and now any % is bad).
Students can write to the LCME about their concerns with curricular issues at their medical schools, and the LCME will call the school for a response.
The LCME will cite a school based solely on student opinion.
The outcome of a school’s accreditation process is heavily dependent on the five site visitors you happen to get.
The LCME has no mechanisms by which to monitor and prevent conflicts of interest on the part of survey team members and LCME members.
Individuals who serve as LCME survey team members cannot do accreditation-related consultations.
A mock survey visit is critical for a successful LCME accreditation decision.
The LCME requires schools to disclose the names of all consultants/companies that have assisted them in the accreditation preparation process.
LCME survey teams are required to address every element during a survey visit.
The appearance of core EPA items on the AAMC GQ means that the LCME is about to require schools to use the AAMC core EPAs as their competency set.
The publication of new sets of core competencies by organizations involved in medical education means that the LCME is about to require schools to incorporate these competencies and/or associated curricular resources into their medical education program curricula.
Longitudinal Integrated Clerkships (LICs) are considered parallel curricula (tracks).
We must have a mandatory attendance requirement in order to be accredited.
We must have an MOU with another medical school if we:

1) Share a clinical site; AND
2) The same faculty members are teaching students in the same required clerkships from both programs.

If a clinical site is shared, but faculty are assigned to one program only, an MOU is not required.

Examples:

- Dept of Medicine host the Medicine Clerkship for Med School A and Med School B. The same faculty who teach students in Med School A also teach Med School B students. = MOU needed
- Dept of Medicine host the Medicine Clerkship for Med School A and Med School B. Half the Dept of Medicine faculty members teach students from Med School A in their required Medicine clerkship. The other half teach students in Med School B. = MOU not needed
- Dept of Medicine hosts the Medicine Clerkship for Med School A only. Med School B uses the clinical site to host their OB-GYN clerkship. = MOU not needed
When reviewing the draft team findings document and draft survey report for errors of fact, schools simply should go over the draft findings and related areas in the survey report.
We have to meet or exceed the national mean in order to satisfy the element on student satisfaction (GQ) data.
The LCME may come to conclusions that are different from those of the survey team.
The major standing committees of the medical school listed in Element 1.3 must be defined in the college bylaws.
Double decker:

• We must have greater than 80% ISA satisfaction to be in satisfactory compliance (sic) with an element.
• We must reach 85% satisfaction on all GQ metrics, or we automatically will be unsatisfactory for the corresponding elements.
Probation is the only LCME “severe action” that matters.
If we were noted to be noncompliant with a standard/element (sic) during the last review cycle, and we still are noncompliant this time around, we will be placed on probation.
The LCME has formulas by which it decides whether a particular element is unsatisfactory, whether a particular standard is noncompliant, and whether a medical education program is granted a full eight-year term of accreditation versus a “severe action.”
As long as you demonstrate that you take accreditation seriously, the LCME won’t put you on probation even if you are noncompliant in many areas.
The LCME says we have to fail on something. The LCME process is a punishment and not in true CQI spirit.
Don’t tell anything to the LCME Secretaries; everything you say can and will be used in the court of the LCME.
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.*
Call for LCME Student Member Nominations 2023-24

Student member nominations for the AMA and AAMC position must be received by December 13, 2022.

https://lcme.org/student-nominations-2023-24/
LCME Events at Learn, Serve, Lead 2022: The AAMC Annual Meeting

A list of LCME events at Learn Serve Lead 2022 can be found at: https://lcme.org/event/2022-learn-serve-lead/
LCME Secretariat Private Consultations are available November 12-14, 2022, by appointment. Submit and complete the online form to schedule: https://www.jotform.com/lcme/lcme-consultation-request
Next Webinar: Thursday, January 12, 2023

Topic of the Month: TBD

2023 Connecting with the Secretariat Dates

January 12, 2023       June 8, 2023
February 9, 2023       July 6, 2023
March 9, 2023          August 3, 2023
April 6, 2023          September 14, 2023
No May webinar         October 5, 2023

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