Connecting with the Secretariat Webinar
July 11, 2024 | 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.

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

Focus on the Faculty: Challenges in the Academic Learning Environment

Standard 4: Faculty Preparation, Productivity, Participation, and Policies (I)

- **4.1 Sufficiency of Faculty**

- 4.2 Faculty Appointment Policies

- 4.3 Scholarly Productivity

- 4.4 Feedback to Faculty

- 4.5 Faculty Professional Development

- These elements refer to the roles/responsibilities of the medical school with respect to **individual** faculty members and the roles/responsibilities of **individual** faculty members with respect to the medical school

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

Standard 4: Faculty Preparation, Productivity, Participation, and Policies (II)

Element 4.6 Responsibility for Medical School Policies

At a medical school, **the dean and a committee of relevant medical school administrators and faculty representatives** determine the governance and policymaking processes within their purview.

LCME®

LIAISON COMMITTEE ON
MEDICAL EDUCATION

Elements that Explicitly Refer to the Role of "The Faculty"

- **1.3 Mechanisms for Faculty Participation**

- **2.6 Functional Integration of the Faculty** (regional campuses)

- Elements 6.1 through 6.7 – "The faculty of a medical school…"

- Elements 7.1 through 7.9 – "The faculty of a medical school…"

- Elements 8.1 through 8.3 – curriculum management, design, review, revision

- Elements 10.2 and 10.3 – Admissions Committee voting members and authority

LCME®

LIAISON COMMITTEE ON
MEDICAL EDUCATION

Elements that Implicitly Refer to the Role of "The Faculty" as One Component of an Effective System

- **3.2 Community of Scholars/Research Opportunities**

- **9.3 Clinical Supervision of Medical Students**

- 11.1 Academic Advising and Academic Counseling

- 11.2 Career Advising

Elements that Indirectly Refer to Involvement of "The Faculty"

- 5.2 Dean's Authority/Resources

- 5.3 Pressures for Self-Financing

The Faculty as Individuals

4.1 Sufficiency of Faculty

A medical school has in place a **sufficient cohort of faculty members** with the **qualifications and time** required to **deliver the medical curriculum** and to meet the **other missions** of the medical school

- Competing priorities/multiple roles for "faculty"
- Faculty employment status/compensation from diverse sources
- Access to individuals to serve as faculty/potential need to compensate "volunteer" faculty
- Issues in ensuring faculty accountability to the medical school

- Sufficiency of faculty needs to exist at the "macro" level (aggregate numbers) and "micro" level (enough by discipline, location, and role).

- Absolute numbers are not sufficient if there is evidence that core tasks (e.g., teaching students) are not occurring due to competing priorities (Element 5.3).

- Are there appropriate mechanisms for the dean to ensure accountability for faculty not paid by the medical school?

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

The Faculty's Role in Institutional Decision-Making

4.6 Responsibility of Medical School Policies
At a medical school, the dean and a committee of relevant medical school administrators and **faculty representatives** determine the **governance and policymaking processes within their purview**

- Large and dispersed faculty/affects creating a collective voice
- Different issues are of importance to specific subsets of faculty (e.g., by track, by employment status)
- Differential input based on faculty status (e.g., track affects the ability to participate)

- Faculty participation in this committee is formal (i.e., codified in bylaws/policy).

- Participation in this body is representative (comes from a formal body with broad-based participation, such as Faculty Council/Assembly, so that input can be collected, and information passed on in the decision-making process (Element 1.3).

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

Elements that Explicitly Refer to the Role of "The Faculty"

1.3 Mechanisms for Faculty Participation

A medical school ensures that there are **effective** mechanisms in place **for direct faculty participation** in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, **policies and procedures for the program** as appropriate.

- How do faculty become voting members of standing faculty governance committees? Is the process "faculty-centric"?
- How are the faculty at large informed about, and engaged in discussions regarding, policy and procedure?

2.6 Functional Integration of the Faculty

At a medical school with one or more regional campuses, the faculty at the **departmental and medical school levels** at each campus are **functionally integrated** by **appropriate administrative mechanisms** (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

- How do faculty at regional campuses participate in faculty governance?
- How do faculty at regional campuses become members of standing committees?
- How are regional campus participation and representation expressed or defined in faculty bylaws?
- How often do deans/directors meet with or visit regional campuses, and for what purpose?

LCME®
LIAISON COMMITTEE ON MEDICAL EDUCATION

Elements that Implicitly Refer to the Role of "The Faculty" as One Component of an Effective System

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 other scholarly activities of its faculty

- Increase in student interest in research
- Increased pressures on faculty – clinical and research productivity

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.

- More schools with regional campuses and increased numbers of regional campuses/training sites
- Faculty intensive instructional and assessment frameworks
- Financially stressed health systems – clinical productivity

LCME

LIAISON COMMITTEE ON
MEDICAL EDUCATION

Elements that Indirectly Refer to Involvement of "The Faculty"

5.2 Dean's Authority/Resources
The dean of a medical school has sufficient resources and budgetary **authority** to fulfill the dean's responsibility for the **quality and sustainability** of the medical education program.

- Reduction in the dean's portfolio of responsibility and authority
- Migration of locus of control of clinical practice (including practice plan) revenue AWAY from the medical school and the dean

5.3 Pressures for Self-Financing
A medical school admits only as many qualified applicants as its **total resources** can accommodate and does not permit **financial or other influences** to compromise the school's educational mission

- Expansions: regional campuses, class sizes, other health professional programs (education)
- Changing, higher-touch, instructional methods and assessment frameworks (education)
- Expansions: service-lines, "networks" of hospitals and ambulatory sites, cross-market mergers (clinical)

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

Ready for Questions!

How to ask a question in Zoom:

Hover your mouse over the bottom of the screen to bring up the toolbar.
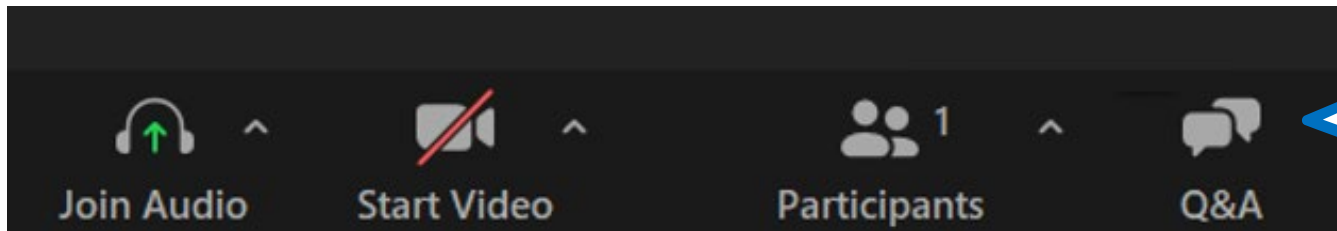
Click the Q&A icon and a box will open where you can submit a question.*

*Only speakers will see the questions submitted.
Participants will not see other participants' questions.

LCME Secretariat Private Consultations at Learn, Serve, Lead 2024: The AAMC Annual Meeting

LCME Private Consultations are available November 8-11, 2024, by appointment. Submit and complete the online form to schedule:

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

Next Webinar

Sharing Clinical Sites: LCME Truths and Untruths
Thursday August 1, 2024 | 1:30 pm – 3:00 pm ET

Email lcme@aamc.org with element or topic suggestions