Connecting with the Secretariat Webinar August 1, 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.



Sharing Clinical Sites:LCME Truths and Untruths



Roadmap

2014 LCME White Paper:

"Principles for LCMEAccredited Medical
Schools Sharing Faculty
at an Instructional Site"

What does the LCME expect to see in the accreditation documents of schools whose students learn at clinical sites with shared faculty?

How can the school's CQI processes be utilized to ensure that these principles are being adhered to at sites with shared clinical faculty?

Truths and untruths about learning at clinical sites with shared faculty

LCME Guidance Document: Principles for LCME-Accredited Medical Schools Sharing Faculty at an Instructional Site (June 2014)

The Guidance Document includes the following principles:

- To ensure accountability for educational quality, physicians supervising and assessing medical students from a given medical school must have a faculty appointment at that medical school.
- Faculty teaching medical students at a given medical school must have appropriate faculty development and orientation so that they are familiar with the objectives and assessment system of that medical school.
- Faculty teaching medical students from a given medical school must use the objectives (including the required clinical encounters) of that medical school.



Principles for Sharing Instructional Sites (con't)

- A given medical school must evaluate the quality of its education across sites, including at the site(s) that serve(s) students from multiple schools, and must ensure and document that comparability exists in the curricular core, including in required clinical encounters.
- There must be sufficient patient resources and faculty numbers so that medical students
 from each medical education program are able to meet their defined objectives and
 required clinical encounters and have appropriate levels of assessment and supervision.
- If two or more LCME-accredited medical schools share faculty at a given instructional site, there should be coordination between the schools, for example, an agreement that each medical school will have appropriate access to needed resources to support its medical education program.
- The LCME must be notified by each medical school (individuals or together) that there are
 plans to share faculty at a given instructional site.



The LCME recognizes the pressures being placed on medical education programs to secure clinical teaching venues, competition for these venues, and the diversity of health professions programs that utilize clinical teaching venues. The LCME's role is to ensure adequacy of resources to support the educational program at all teaching sites.



Adequacy of resources to support the educational program may need to be expressed in several elements:

- 1.4 Affiliation Agreements
- 4.1 Sufficiency of Faculty
- 4.5 Faculty Professional Development
- 5.5 Resources for Clinical Instruction
- 6.1 Program and Learning Objectives
- 6.2 Required Clinical Experiences
- 8.7 Comparability of Education/Assessment
- 9.2 Faculty Appointments
- 9.3 Clinical Supervision of Medical Students



While the previously noted elements may require additional documentation, it is imperative that the LCME-accredited educational program instructors and learners are using the LCME-accredited program's learning objectives and RCE's to guide teaching and assessment of that program's learners; the instructors have faculty appointments in the teaching program; the faculty are adequate in number and expertise; the teaching and assessment of the program's learners are under the control of the educational program faculty; and the faculty are oriented to their roles as teachers and assessors for the program.



CQI Processes that are Important for Shared Clinical Sites

Documentation of a signed agreement between LCME accredited schools sharing the site exists

Annual updated record of current faculty appointments at shared site/training of new faculty

Filed report from clinical education dean of visits to shared sites to: 1) review facilities, 2) meet with site directors, 3) meet with students

Documentation of resident training in teaching, assessment; report of notification of EPOs and RCE.

Analyze student survey reports containing questions related to awareness of faculty/residents of the EPO sand RCEs, preceptor time to observe, sufficient patients to fulfill required experiences, adequate supervision, etc.

Documentation that student feedback reports are provided annually to teaching faculty/evaluation of faculty is taking place/is there follow up?

Comparability data – comparison with non-shared sites



Categories of Learners at Clinical Sites

- Students enrolled in LCME-accredited MD programs
- Students enrolled in COCA-accredited DO programs
- Students enrolled in international MD programs
- Students in other health professional programs (of the LCME-accredited school's institution or of another institution)



The LCME requires notification whenever students are learning at clinical sites that have students from more than one medical school.



The LCME requires notification and the principles outlined in the white paper apply when faculty are teaching students enrolled in LCME-accredited medical schools and students enrolled in non-LCME accredited MD- or DO-granting schools.



The LCME requires notification and the principles outlined in the white paper apply when faculty are teaching students enrolled in non-LCME accredited DO-granting programs associated with the same sponsoring institution/organization of the LCME-accredited school.



The LCME requires notification and the principles outlined in the white paper apply when faculty are teaching students from other health professional programs associated with the same LCME-accredited medical school or its sponsoring organization.



The LCME requires notification and the principles outlined in the white paper apply when faculty are teaching students from other health professional programs associated with other institutions.



To ensure that these principles are met, the deans (or chief academic officers) of the two LCME-accredited schools sharing faculty at a clinical site may involve the chief academic officer of the health system/hospital in developing the required letter and the mechanism(s) for meeting the principles outlined in the white paper.

TRUE



Although not required by the LCME, the process described in #6 can be adapted by medical schools to facilitate compliance with the principles outlined in the white paper regardless of the types of learners at a given clinical site.

TRUE



Submitted Question

Does a medical school need to offer a student (and their dependents) a health insurance plan through its college/university or does providing a list of insurers and how to sign up satisfy the requirement for Element 12.6 (Student Health and Disability Insurance)? If the latter is an option, can the college/university point students (and their dependents) to resources like the Health Insurance Marketplace for health insurance options?



Submitted Question

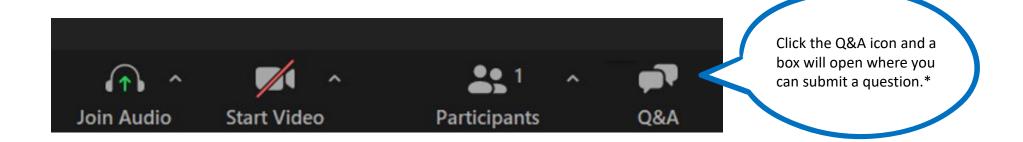
We live in a town with two medical centers. The common thread is lack of faculty, which can present a barrier to having more students if you are not allowed to have students from different schools with the same faculty member. If the learning objectives, the EPOs, and skills are provided to all that teach medical students, can a student from each different school be with the same faculty member?



Ready for Questions!

How to ask a question in Zoom:

Hover your mouse over the bottom of the screen to bring up the toolbar.





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

Guidelines for Follow-Up Surveys to the ISA

A follow-up survey to the ISA, whether created and administered by the school or the student body, will only be considered by the survey team and the LCME if the follow-up survey:

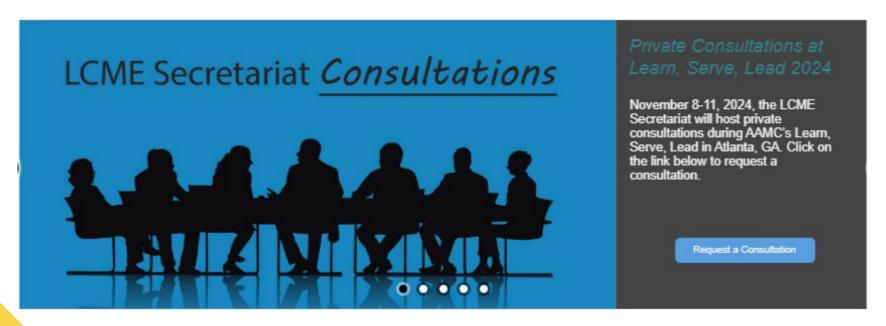
- Uses the same response options as the ISA
- Targets areas identified in the ISA which raise performance concerns for accreditation elements for the program as a whole, for individual classes, or for regional campuses
- Is designed to determine the effects of specific (described) actions taken by the school to address the areas of concern identified in the ISA
- Includes a 70% or higher response rate for each item in each relevant student cohort, with the
 percent response rate per item calculated using the total number of students in the cohort as
 the denominator
- Submitted with accompanying narrative no later than 30 days prior to the beginning of the survey visit (i.e., the deadline date for the single unsolicited submission to the survey team).



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





Call for LCME Student Member Nominations

Student member nominations for the AMA and AAMC position must be received by September 23rd, 2024.





Next Webinar

Mythbusters!

Thursday, September 5, 2024 | 1:30 pm - 3:00 pm ET

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

