

Connecting with the Secretariat Webinar

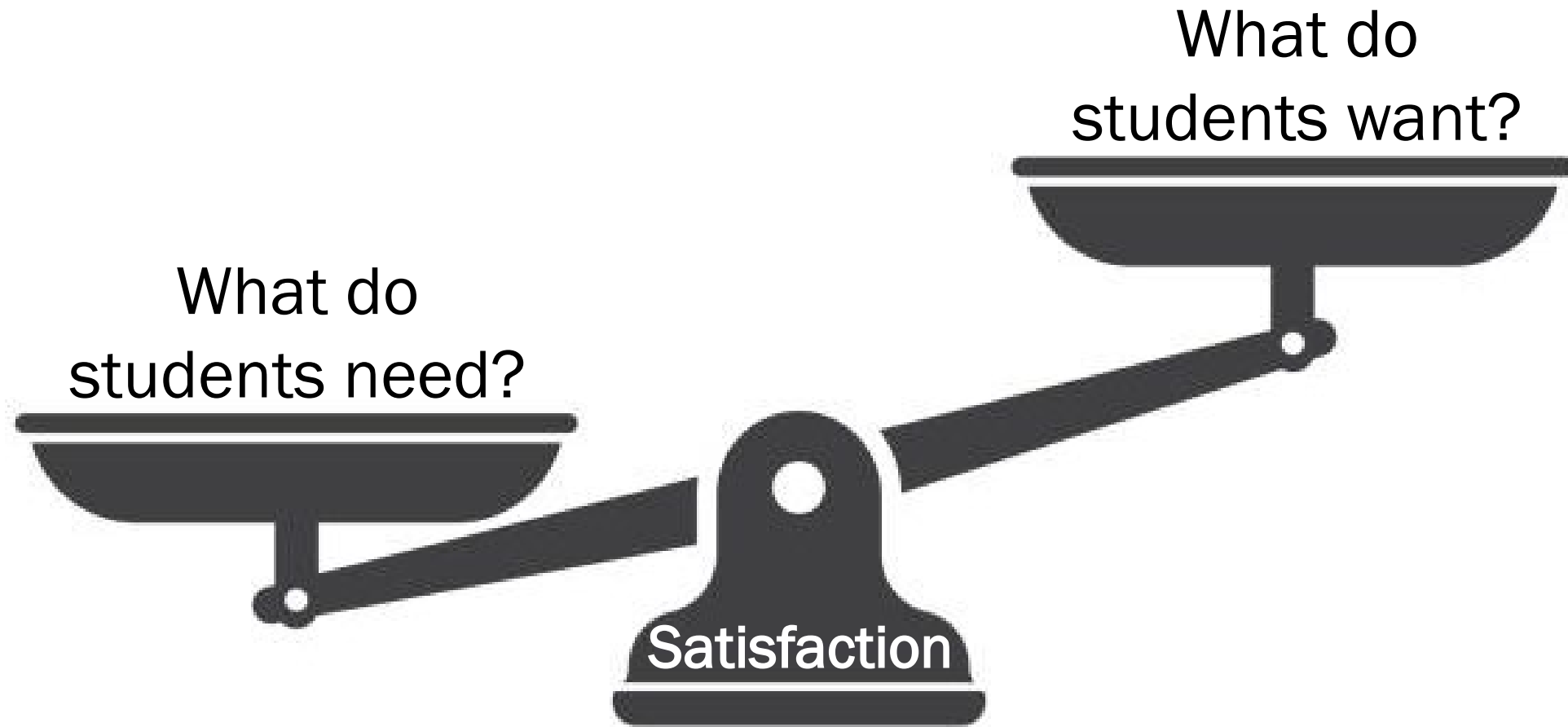
March 20, 2025 | 1:30 pm – 3:00 pm ET

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.

Spotlight on Students: Being Responsive While Setting Boundaries



General Features of the “New” ISA

1. *Checklist of Requirements for Completing the Independent Student Analysis (ISA)*
2. No mention of the word “satisfaction”
3. Declarative statements with which students agree, disagree, or respond that they have had no opportunity to access/have not experienced (N/A)
4. Not meant to be perfect - the goal is to tie statements closely to the intent of their related elements and to more clearly convey what the LCME considers to be essential

Rules of the Road

How the LCME Will Approach AY 2025-26 ISA Data and All Re-Survey Data (including for AY 2024-25) for full surveys that occur in the following years:

- During AY 2025-26, a 70% response rate overall and by item/cohort is required for both the ISA and re-surveys (the ISA response format is agree/disagree)
- During AY 2024-25 (the ISA response format is satisfied/dissatisfied)
 - The 70% response rate DOES NOT apply to re-surveys using the satisfied/dissatisfied response format.
 - The 70% response rate DOES apply to re-surveys using the agree/disagree response format.

Element 2.4 (Sufficiency of Administrative Staff)

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.

Element 2.4 (Sufficiency of Administrative Staff)

What the LCME Expects	What the LCME Does Not Expect
<ul style="list-style-type: none">• There are sufficient administrators with allocated time to manage the leadership roles defined by the school.• The administrative roles are clearly defined, and students are informed about areas of responsibility for roles.• There are mechanisms in place for administrator interactions with students.• There is student agreement that the student affairs/medical education office staff are accessible, aware of their concerns, and responsive to their problems; actions are taken based on student-identified issues.• There is evidence of ongoing effectiveness, including in situations of turnover (e.g., interim administrators/department chairs).	<ul style="list-style-type: none">• A specific number of departments• A defined set of administrative positions/titles<ul style="list-style-type: none">- The LCME does not define time commitments for positions.- The LCME does not define a specified approach for interacting with students (e.g., types of communication or communication frequency).• That there will be actions on all areas of concern (e.g., issues outside the purview of the medical school, actions requiring resources over the available budget)

Element 8.5 (Medical Student Feedback)

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

Element 8.5 (Medical Student Feedback)

What the LCME Expects	What the LCME Does Not Expect
<ul style="list-style-type: none">• Process(es) in place to collect student feedback on courses and clerkships and teachers; response rates are sufficient to provide credible information• Evidence that curriculum governance and teachers/course leaders consider the results of student evaluations (e.g., reviews and actions documented in minutes or reports)• Method(s) are in place to share changes made to courses/clerkships with students• Students are knowledgeable about changes made based on their feedback	<ul style="list-style-type: none">• That all changes requested by students are made (there may be limitations based on feasibility, school policy, history)• Actions for this element are limited to issues directly related to student feedback on courses/clerkships (concerns related to administration awareness of student concerns or responsiveness to student problems in general are linked to Element 2.4)

Element 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.

Element 3.2 (Community of Scholars/ Research Opportunities)

What the LCME Expects	What the LCME Does Not Expect
<ul style="list-style-type: none">• Students have reasonable access to research opportunities.• Students have support in identifying research mentors and funding (where available).• Students know how to access the support.• Students at regional campuses have access to research opportunities.• Resources are available to support faculty research and research skills development.• Defined expectations for faculty scholarship	<ul style="list-style-type: none">• A required student research project• All students participate in research• Student publications• Volunteer faculty to have scholarly productivity• EVERY faculty member to demonstrate scholarly activity unless required by school policy

Element 3.6 (Student Mistreatment)

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

Element 3.6 (Student Mistreatment)

What the LCME Expects	What the LCME Does Not Expect
<ul style="list-style-type: none">• A policy• Clearly defined reporting mechanisms – student awareness• Prevention activities• Non-retaliation• Defined responsibility and process for receiving, acting, follow-up• Central monitoring of reports• Reviewing and acting on AAMC GQ data• Mechanism to inform med ed community on concerns and actions taken• Description of how all members of the med ed community are educated	<ul style="list-style-type: none">• The LCME considers prevention of mistreatment a very high priority. While the LCME does not prescribe specific process, required titles, or a required office, it does expect the school to have processes in place at all sites for education, reporting, prevention, and follow-up.

Element 5.11 (Study/Lounge/ Storage Space/Call Rooms)

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Element 5.11 (Study/Lounge/ Storage Space/Call Rooms)

What the LCME Expects	What the LCME Does Not Expect
Pre-Clerkship <ul style="list-style-type: none">• Adequate access to pre-clerkship study space, (quiet study and group study)• Relaxation space – lounge, soft seating, games• Storage places – usually lockers• Communication with students	Pre-Clerkship <ul style="list-style-type: none">• Individual rooms for one student• Fitness centers, musical instruments, full kitchens...
Clerkship <ul style="list-style-type: none">• Space to read about patients in hospitals/clinical sites• Secure storage spaces in hospitals/clinical sites• Call rooms (clean, safe, quiet) if students take overnight call• Communication with students	Clerkship <ul style="list-style-type: none">• Space to read/lounge space exclusive to medical students or adjacent to clinical areas• Individual lockers, space

Element 11.2 (Career Advising)

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Element 11.2 (Career Advising)

What the LCME Expects	What the LCME Does Not Expect
<ul style="list-style-type: none">• Coordinated and comprehensive, multi-touchpoint system<ul style="list-style-type: none">- includes regional campuses• Publish roadmap of career advising events and personnel• Access to knowledgeable advisors<ul style="list-style-type: none">- career and specialty advising• Letters of recommendation• Effective system for elective advising – usually formalized with approval process, linked to career advising	<ul style="list-style-type: none">• Students match in 1st choice specialty area or location• Students match in highly competitive specialties

Submitted Question

1. Given that the surveys (ISA, GQ, Y2Q) are meant to be voluntary, why is there such scrutiny on response rates of students?
2. With the new ISA response options, how is the LCME interpreting students stating that they have not had enough exposure or experience with something to say agree or disagree?

Submitted Question

Who appoints course/clerkship directors? What role, if any, does the curriculum committee have?

Submitted Question

Who can give the formal mid-clerkship feedback? Clerkship directors only? Directors or their designees (e.g., assistant/associate directors or select senior faculty)? Any attending / faculty member with a faculty appointment? Residents?

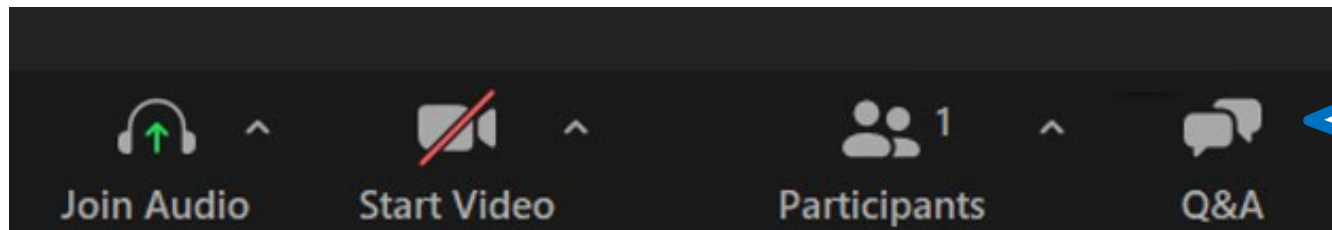
Submitted Question

If students are working directly with residents that have appropriate appointments and training and the residents are directly supervising and assessing the students, but working under faculty who do not have appointments, is this ok? Do the faculty need appointments as well?

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 Strategic Visioning



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LCME Strategic Visioning

Print PDF

At its June 2024 meeting, the LCME engaged in a mini-retreat that launched a multi-year strategic visioning initiative aimed at ensuring that accreditation standards and elements are current and effective in the context of the changing medical education environment.



At the November 2024 AAMC *Learn Serve Lead* meeting in a session entitled, "Identifying and Addressing Headwinds in the Decade Ahead: The LCME Strategic Visioning Process for Its Standards and Your Role in It," the LCME Secretariat presented an overview of the initiative and facilitated an interactive exchange among session participants. To view the presentation slides and read more about the process, [click here](#).

Next Webinar: Thursday, April 17, 2025

Medical School Structure and Governance Variability: Identifying and Addressing Administrative Challenges