Connecting with the Secretariat Webinar

Longstanding Pre-clerkship Educational Program Challenges and Emerging Clerkship Educational Program Challenges

June 5, 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.

Roadmap

Longstanding Educational Program Challenge:

Element 6.3 (Self-Directed and Lifelong Learning)

Emerging Educational Program Challenges:

Element 5.5(Resources for Clinical Institution)

Element 9.8 (Fair and Timely Summative Assessment)

Challenge for our Community as a Whole: The History of Element 3.3 Diversity Programs and Partnerships)

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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 that 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 from faculty and/or staff.**

Element 6.3: Why has this been a longstanding challenge?

- Variable definitions of self-directed learning (SDL)

- Sources of ambiguity in LCME definition of SDL
  - Includes all of the following components as a **single unified sequence** that occurs **over a relatively short time**: 1) the medical student's self-assessment of a **gap** in their knowledge or understanding; 2) the medical student's **independent** identification, analysis, and synthesis of relevant information to address the gap; and 3) the medical student's **appraisal** of the credibility of information sources; and 4) the facilitator's **assessment of and feedback to the student on the student's information-seeking skills.**

- Differences in student/faculty/institutional understanding of the LCME's concept of SDL (vs independent study, "unscheduled time")

- Skill development vs how many SDL sessions are expected

- Paradox: need for increased faculty development and engagement in a student-driven learning approach

Element 6.3: What Does the LCME Expect?

- Goal: to prepare students for how they will learn in the clerkships, residency, and beyond

- This is a skill, and therefore requires practice and individual feedback

- Identify where and through what types of learning sessions SDL-specific learning objectives can be practiced as a single unified sequence over a short period of time (i.e., a day or two, mimicking the clinical environment)

- Provide an appropriate block of time for students to accomplish the first three components of SDL

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Element 6.3: What Does the LCME Expect?

- Develop methods for providing individual students with feedback on/assessing development of this skill (the fourth component) and provide the necessary faculty/preceptor development

- Align students' and faculty members' understanding of the definition and purpose of SDL
  - **Suggestion:** Internal triggers that initiate SDL as defined by the LCME:
    - Something is missing or not right
    - I don't understand why this happened or that approach was chosen or that decision was made.

Element 6.3: What Does the LCME Not Expect?

- A specific number of SDL sessions in the pre-clerkship phase

- The absence of SDL sessions in the pre-clerkship phase (i.e., all sessions in the clerkship phase)

- Separation of the four components of SDL into separate exercises (i.e., not in a unified sequence in a single exercise)

- Incorporation of all four components of SDL into an exercise that spans a relatively long period of time (e.g., research project or paper)

- That the skill of SDL is learned by "reading about my patients," learning more about a specific topic (e.g., asthma), choosing a topic from a list for further study or investigation, developing an individualized learning plan, or instruction in evidence-based medicine

Element 5.5 (Resources for Clinical Instruction)

A medical school **has, or is assured the use of**, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have **adequate numbers** and **types of patients** (e.g., acuity, case mix, age, gender).

Element 5.5: Why is this element becoming increasingly challenging?

- Increased need for clinical teaching sites based on educational program expansion leading to competition among educational programs
    - Increases in the number of MD-granting medical schools and in medical school enrollment
    - Increases in educational programs for other health professions (e.g., osteopathic colleges, PA/NP programs) that require clinical training sites
- The possibility of learners from different programs (e.g., medical schools) at a given site
- Increasing dispersion of clinical education (e.g., regional campuses, out-of-city affiliates) makes managing clinical education more complex
- The changing organization of clinical care (e.g., health system consolidations) and dependence on external clinical partners
    - The relationship between the medical school/its sponsoring organization and clinical partners (e.g., the ability of school leadership to ensure educational program primacy/access to clinical resources)
    - The balance between the educational and clinical care missions

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Element 5.5: What does the LCME Expect?

- A constellation of inpatient and outpatient teaching sites sufficient for the needs of the clinical education program that are assured by affiliation agreements/MOUs

- A sufficient number and range of patients within sites/by discipline
  - Sufficient patients at a given site to meet the required clinical experiences/procedures for each student assigned to a given discipline
  - Student agreement that they have access to patients so that they can meet the clerkship objectives

- Comparable access to required clinical experiences across sites within a clinical discipline (Element 8.7)

- A system to coordinate/manage the distributed clinical sites (e.g., student assignment, faculty communication, affiliation agreement management)

- If teaching sites/faculty are shared between programs, ensuring the students from each medical education program have access to needed patients/procedures to meet their own program's objectives

Element 5.5: What Does the LCME Not Expect?

- That medical schools own their teaching hospital(s)

- That students spend all their inpatient or outpatient time at the same site [the LCME does not specify how medical schools organize student assignment to clinical teaching sites]

- That hospitals/clinics only affiliate with one medical school [there should be sufficient patients for each affiliated medical school]

- There is no LCME requirement for a specific percentage of inpatient and outpatient time (Element 6.4) overall or by discipline [schools should base this on their objectives and required clinical encounters]

  - The percentage of inpatient/outpatient time should not be based solely on the absence of appropriate teaching sites

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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.

Element 9.8: Why is this element becoming increasingly challenging?

Two components to this element - **fairness** of summative assessment and **timeliness** of grades

- Growth in number of schools utilizing regional campuses, both four-year and two-year clinical campuses, creates challenges in

  - perceptions of **fairness** by students, particularly subjective assessments (usually clinical), due to large number of assessors and/or perception that that one site grades easier/harder than another site

  - receiving grades **on time**, particularly assessments leading to clinical grades due to the large number of faculty members involved, competing pressures for clinical revenue, disparate sites

- USMLE STEP1 transition to pass/fail grading has put more weight on both pre-clerkship (majority are pass/fail) and clerkship grades

- Differences in student/faculty perceptions of "fairness"

Element 9.8: What does the LCME Expect?

Fairness of Summative Assessments

- A transparent system of grading for each course that is clearly delineated in course/clerkship policies
- A single grading policy that is applied to courses delivered at more than one educational site
- A policy/method for students to challenge narratives/course grades
- A process to monitor and assure comparability in grading (Element 8.7)
  - suggestion is to provide initial and ongoing faculty development on use of assessments tools (CBL, PBL, clinical evaluations) and item writing for objective assessments
- Assessment items (MCQs) should be linked to learning objectives for that curricular component/course
  - documented/tracked in curriculum database or other platform
- Feedback from students regarding concerns about fairness and consistency of summative assessments, and if assessments items are linked to objectives

Element 9.8: What does the LCME Expect?

Timeliness of Grades

- The school should have a policy/guideline in place that requires that students receive course/clerkship grades within six weeks and a system to make faculty aware of it.

- A centralized mechanism of monitoring/tracking that all grades have been submitted within six weeks and a process to ensure that grades are submitted on time.
  - suggestion is to create an internal school deadline that is shorter than six weeks and send reminders to faculty after the deadline

- Plan to address faculty/departments that demonstrate a pattern of lateness.

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# Element 9.8: What Does the LCME Not Expect?

Fairness

- That all students pass a course and/or receive the highest grade tier

- Courses that are easy to pass

- That each narrative/course grade challenge is found in favor of the student

Timeliness

- Grade release as soon as a course is over.

Q&A

How to ask a question in Zoom:

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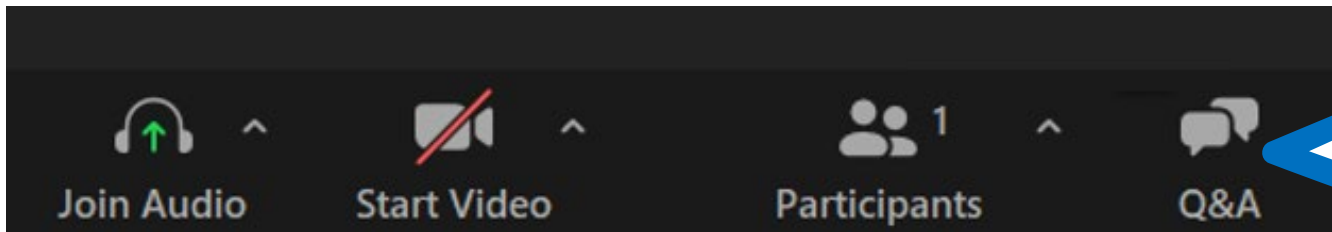
Click the Q&A icon and a box will open where you can submit a question.*

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

Announcements

LCME accreditation of Canadian medical education programs will end on June 30, 2025. After that date, these programs will continue to be accredited by the Committee on Accreditation of Canadian Medical Schools (CAMS).
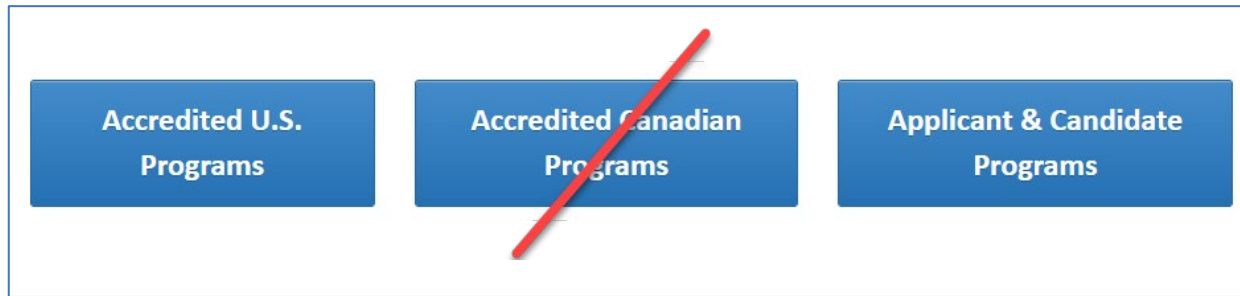
Announcements

Publications that have been posted to the LCME website since April 2025:

- 2026-27 DCI for Preliminary
- Exit Report Templates
- 2026-27 Checklist of Requirements for Completing the ISA for Provisional Accreditation
- 2026-27 DCI for Provisional

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Next Webinar

Designing and Managing the Curriculum
Thursday July 10, 2025 | 1:30 pm – 3:00 pm ET

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