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Connecting with the Secretariat Webinar

Focus on Distributed Learning: Shared Governance and Other Issues and Suggested Approaches to Addressing Them

August 14, 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.

Distributed Learning vs. Regional Campus

Definitions

Distributed learning: Educational program in which learning experiences (pre-clerkship, clerkship, or both)* take place in different locations

Regional campus: An instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years (a specific subset/type of distributed learning)

**This webinar will focus on distributed clinical learning although several issues apply to distributed pre-clerkship phase learning as well.*

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Distributed Clinical Learning and Regional Medical Campuses

Shared Driving Forces

Macroenvironmental

- **Clinical** (health system consolidations/expansions benefit from additional affiliate sites)
- **Societal** (mission-appropriate)
- **Political** (state of the state)

Microenvironmental

- **Educational**
  - Revenue stream augmentation (tuition; direct affiliate support, clinical faculty contracts, GME program expansion)
  - Limited clinical placements as a result of shifting clinical affiliates (competition with other medical schools)
  - Limited clinical placements as a result of increased number of other health professional learners (including intra-institutional)

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Distributed Clinical Learning and Regional Medical Campuses

LCME Accreditation Challenge Areas

- Organizational structure and governance (Element 1.3 and 2.5)
- Faculty (Elements 2.6, 4.2, 4.4, and 4.5)
- Academic and learning environments (Elements 3.5 and 3.6)
- Curricular delivery/management/evaluation (Elements 6.2 and 8.7)
- Student selection/support services (Elements 11.1, 11.2, 12.3, and 12.4)

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Element 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.

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Element 1.3 (Mechanisms for Faculty Participation)

What is the source of the challenge?

- Difficulty recruiting clinical affiliate faculty to key committees and sustaining their meaningful engagement
- “It’s easier to do it myself.”

What does the LCME expect?

- Clear mechanisms for faculty, especially regional campus faculty, to express their interest in and self- or peer-nominate to key committees (i.e., Curriculum, Admissions, Student Advancement and Promotion)
- Capacity to use hybrid and/or virtual formats to enable participation

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Element 1.3 (Mechanisms for Faculty Participation)

What does the LCME not expect?

- Representation of faculty from all regional campuses and/or clinical affiliate sites on all key committees
- Representation of faculty from regional campuses and/or affiliate sites on all school of medicine committees

Secretariat suggestion: Although not required in the bylaws, consider including guidelines for regional campus and major clinical affiliate faculty in other policy documents (e.g., operating manual for the key committees) and be prepared to show how recruitment from this pool of faculty is facilitated.

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Element 2.5 (Responsibility of and to the Dean)

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.*

*Note that this element refers specifically to regional campuses. Most of the concepts/principles also apply to the dean's ability to ensure the conduct and quality of program and the adequacy of faculty at all clinical sites.

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Element 2.5 (Responsibility of and to the Dean)

What is the source of the challenge?

- The dean is ultimately responsible for the quality of the medical education program, including its faculty, at a separate entity.

What does the LCME expect?

- For regional campuses: a clear reporting relationship between the medical school dean/chief academic officer (CAO) and the principal academic officer at each campus
- For clinical affiliates: an organizational structure that allows direct communication and shared accountability between the medical school's educational leadership (e.g., medical education dean in support of the clerkship director) and the clinical affiliate's education leadership (e.g., chief academic or educational office in support of the site director)
- A clear communication channel between the medical school dean and the school's educational leadership

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Element 2.5 (Responsibility of and to the Dean)

What does the LCME not expect?

- Direct involvement of the dean in the governance structure of non-regional campus clinical affiliate sites

Secretariat Suggestion: Although not required, consider including, as an addendum to affiliation agreements or in a separate implementation letter, the framework through which the dean will be able to be "administratively responsible" for the quality of the medical education program and the adequacy and conduct of faculty at that clinical site.

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Element 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).

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Element 2.6 (Functional Integration of the Faculty)

What is the source of the challenge?

- Multiple sites makes coordination and faculty cohesion/communication within the school and in individual departments difficult.
- Faculty at affiliated hospitals may be held to different policies and have leaders (e.g., clinical chairs) they relate to based at their home clinical site.

What does the LCME expect?

- Opportunities for regional campus faculty to participate in medical school governance (e.g., committee membership) and to have input into medical school policy-making. Opportunities are codified in bylaws.
- Opportunities for communication (e.g., visits to campuses by medical school leadership; email or other information sharing mechanisms available to all faculty)
- Opportunities for campus faculty interaction with the central departmental faculty/administration (e.g., through participation in department committees)

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Element 2.6 (Functional Integration of the Faculty)

What does the LCME not expect?

- A defined number of faculty on committees from each campus
- An expectation that faculty from all affiliated sites be on each committee

Secretariat Suggestion: While the requirement for leadership visits to regional campuses and other methods of communication are an expectation, mechanisms to support communication with faculty at affiliated sites would support cohesion and feelings of belonging.

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Element 4.2 (Faculty Appointment Policies)

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

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Element 4.2 (Faculty Appointment Policies)

What is the source of the challenge?

- Existing university policies may not be applicable for affiliated site faculty (e.g., sponsoring organization requirements for promotion not applicable to faculty on certain tracks); variability between medical school and employment site expectations
- Ensuring that faculty at all sites have access to/receive the specified policies/information initially and on an ongoing basis

What does the LCME expect?

- There are policies for appointment and promotion for all faculty categories/tracks.
- Distributed site faculty (including regional campus faculty) are informed about/have easy access to relevant policies/information (e.g., through an online tool).
- There are regular procedures for renewal of appointment (etc.) for faculty in all sites/tracks and for determination of their responsibilities, and there are mechanisms to provide this information to faculty.

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Element 4.2 (Faculty Appointment Policies)

What does the LCME not expect?

- The same terms and conditions of employment to apply to all faculty
- The same timeline for faculty in all tracks to be “reappointed” or promoted
- The same requirements for promotion/retention for all categories of faculty (e.g., research requirements)

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Element 4.4 (Feedback to Faculty)

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on academic performance and progress toward promotion and, when applicable, tenure.

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Element 4.4 (Feedback to Faculty)

What is the source of the challenge?

- The logistics of providing feedback to faculty across dispersed campuses/affiliated sites
- The ability to collect and process data to inform the feedback and to ensure that those providing feedback have that needed data

What does the LCME expect?

- Policies specifying that feedback should occur, differentiated as to timeline and content of feedback by faculty category
- Clear definitions of which categories of faculty receive each type of specified feedback
- Timelines for the provision of feedback and a system to monitor that feedback occurs on schedule

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Element 4.4 (Feedback to Faculty)

What the LCME does not expect?

- That all categories of faculty (e.g., faculty track) receive the same type of feedback on the same schedule
- That all feedback is provided by the department chair
- That tenure be available for all/some faculty

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Element 4.5 (Faculty Professional Development)

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.

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Element 4.5 (Faculty Professional Development)

What is the source of the challenge?

- The need to efficiently deliver faculty development to a dispersed faculty
- Faculty finding time to participate in faculty development
- Faculty knowing the additional training they need

What does the LCME expect?

- Individuals within the medical school/sponsoring organization with the skills and time to deliver faculty development programming based on faculty needs
- Process to identify and remediate problems with a faculty member's teaching
- Breadth of programming to cover faculty roles (e.g., education, research)
- Opportunities for/support of professional development in a faculty member's discipline

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Element 4.5 (Faculty Professional Development)

What does the LCME not expect?

- All faculty development is delivered in person
- Faculty development only offered by school personnel
- A set amount of faculty development required for each faculty member

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Element 3.5 (Learning Environment/Professionalism)

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

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Element 3.5 (Learning Environment/Professionalism)

What is the source of the challenge?

- Implementing a system where there is a locus of responsibility for the learning environment across sites but with mechanisms for monitoring/reporting and intervention both locally and centrally.

What does the LCME expect?

- Dual responsibility, by the school and the clinical campus, for the learning environment written into affiliation agreements (Element 1.4)
- School-defined professional behaviors that have been communicated to students, faculty, and residents at all campuses
- Plan to monitor the learning environment at all campuses
- Clearly defined roles and responsibilities documented in policies and procedures at all campuses
- Clear pathways to report concerns with professionalism and with the learning environment
- Regular review of learning environment by the curriculum committee and other central governance committees

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Element 3.5 (Learning Environment/Professionalism)

***Secretariat Suggestions**:*

- Consider creating a small committee of stakeholders, including one or more regional campus participants, that is responsible for the learning environment with regular reporting to the curriculum committee and to the larger community.
- Develop a plan to promote a positive learning environment and not just to react to the negative issues.

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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.

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Element 3.6 (Student Mistreatment)

What is the source of the challenge?

- Providing education, reporting and response system across geographically distinct campuses while mmaintaining confidentiality on campuses with small numbers of students.

What does the LCME expect?

- Education about mistreatment (definitions, policies and procedures for reporting, and responses) for faculty, residents and students at all campuses
- Clearly identified individual/group assigned to collect, report, act on data/issues at each campus
- Central collection and regular review of mistreatment data (learning environment committee, curriculum committee)
- Regular distribution of mistreatment data to regional campus leadership, plans to address issues
- Close the loop – mechanisms to report to the community/students concerns and response by leadership

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Element 3.6 (Student Mistreatment)

What does the LCME not expect?

- Dissemination of specific incidents and uncategorized mistreatment data to the community at large

Secretariat Suggestion: Consider assigning someone on each campus as a touchpoint for students/faculty even if collection of data is done centrally

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Element 6.2 (Required Clinical Experiences)

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

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Element 6.2 (Required Clinical Experiences)

What is the source of the challenge?

- Ensuring that required clinical experience (RCEs) and procedural skills are available to students at each campus and that that students participate at the appropriate level at all campuses despite differing cultures and expectations across campuses

What does the LCME Expect?

- RCEs and procedural skills are developed and reviewed by the clerkship directors, reviewed by the clerkship director group (CC subcommittee?) and approved by the CC
- Identification of a SINGLE minimum level of student responsibility for each RCE/skill and clear and non-overlapping definitions of that level (e.g., observe, participate, perform)
- RCEs, settings (inpatient, ambulatory) determined by what the clerkship directors and the CC identify as required for all students – not by what is “available” at a clinical site
- Identification of alternative experiences if a student does meet these requirements with patients
- Communication of the RCEs to all students, faculty, and residents who teach and/or assess students
- Monitoring and intervention (Elements 8.6 and 8.7)

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Element 6.2 (Required Clinical Experiences)

What does the LCME not expect?

- Identical clinical training environment (e.g., some students may experience an LIC, others a block immersion clerkship)
- RCEs are all assigned to a specific clerkship
- That students “perform” most of the RCEs
- Alternative experiences that involve patients

Secretariat Suggestion: Review RCEs within the clerkship directors’ group for similarity in granularity and expectations

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Element 8.7 (Comparability of Education/Assessment)

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

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Element 8.7 (Comparability of Education/Assessment)

What is the source of the challenge?

- Providing a comparable clinical experience to students at geographically dispersed educational sites that may have different resources and distinct learning environments

What does the LCME Expect?

- Distribution of learning objectives, RCEs, and assessment tool(s) to faculty on a regular schedule
- System of communication between clerkship/course leadership and site leadership/faculty
- Distribution of student performance and satisfaction with teaching, clinical experience to each campus
- A centralized system of collection and monitoring of data to determine if there is comparability across campuses within a course/clerkship: completion of RCEs, need for alternative experiences, clinical grades, subject exam scores, total grades, STEP 2 scores, student ratings of teaching and professionalism, etc.
- Identification of individual or groups responsible for reviewing and acting on comparability data
- Regular reporting of comparability data to the CC with documented action on issues

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Element 8.7 (Comparability of Education/Assessment)

What does the LCME not expect?

- Identical assessments at all campuses (e.g., some assignments, projects may differ depending on campus theme/concentration, culture)
- Identical timing of assessments at different campuses (NBME exams, OSCEs)

***Secretariat Suggestions**:*

- Consider developing a mechanism to minimize campus differences in subjectivity of clinical assessments, e.g., a grading committee.
- Identify individuals at each campus who are empowered to address “differences” when they occur.

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Element 11.1 (Academic Advising and Academic Counseling)

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

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Element 11.1 (Academic Advising and Academic Counseling)

What is the source of the challenge?

- **Regional campuses typically do not have the full complement of resources and expertise. Meeting the challenge requires:**
  - Ensuring that all students on all campuses have reasonable access to equivalent resources
  - Ensuring that those individuals on regional campuses who provide academic counseling have no role in assessment or promotion (small N)
  - Ensuring that those individuals on regional campuses who provide academic advising and academic counseling are aware of available resources, how to access resources, and how to direct students to resources
  - Ensuring that faculty and course/clerkship leadership on regional campuses are trained or made aware of how to identify individuals in need of academic counseling

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Element 11.1 (Academic Advising and Academic Counseling)

Academic advising: The process between the medical student and an academic advisor of reviewing the services and policies of the institution, discussing educational and career plans, and making appropriate course selections. (Element 11.1)

Academic counseling: The process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student acquire more effective and efficient abilities in areas such as study skills, reading skills, and/or test-taking skills. (Element 11.1)

What does the LCME not expect?

- Resources and personnel are exactly the same on all campuses
- All resources are physically located on all campuses

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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.

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Element 11.2 (Career Advising)

What is the source of the challenge?

- **Regional campuses often do not have the breadth of specialty expertise for career counseling, well-recognized individual to provide letters of recommendation (i.e. chairs), individuals who are knowledgeable and up to date regarding the residency selection process, or knowledgeable about the school's system of, and resources for, career counseling. Meeting the challenge requires:**
  - Identifying a process whereby students at regional campuses can obtain timely advising for specialties not available on the regional campus
  - Ensuring that students on regional campuses can obtain letters of recommendation from chairs and other well-recognized individuals
  - Ensuring that students on regional campuses can participate in the spectrum of career advising activities offered by the school – in person or virtually
  - Ensuring that those who do provide career advising on the regional campuses are appropriately trained, are knowledgeable about resources that are available, and are accessible to students.
  - Ensuring that leaders of the career advising system (e.g. student affairs) are available for timely communication synchronous or asynchronous communication

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Element 11.2 (Career Advising)

What does the LCME not expect?

- All specialties have advisors on all campuses
- All career advising activities occur in person on all campuses
- A dedicated office or lead individual (e.g. director, assistant dean) on each regional campus

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Element 12.3
(Personal Counseling/Mental Health/Well-Being Programs)

A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

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Element 12.3
(Personal Counseling/Mental Health/Well-Being Programs)

What is the source of the challenge?

- **Regional campuses typically do not have mental health counselors on site dedicated to provide services to medical students. Wellness programs are not cost-effective for small numbers of students. Facilities are often absent on regional campuses. Meeting the challenge requires:**
  - Ensuring that students have access (in some form) to professional counseling services
  - Ensuring that students and campus/course/clerkship leadership are aware of how to direct students to counseling services
  - Activities to help students feel connected/not isolated
  - Ensuring that students and campus/course/clerkship leadership are aware of how to identify and refer students who may need counseling
  - Ensuring confidentiality and non-involvement in teaching/assessing
  - Identifying facilities for wellness
  - Engaging students in wellness activities across campuses (community)

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Element 12.3
(Personal Counseling/Mental Health/Well-Being Programs)

What does the LCME not expect?

- Identical resources on all campuses
- All resources physically available on all campuses
- Mental health professionals exclusively dedicated to students
- Facilities exclusively dedicated for student use

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Element 12.4 (Student Access to Health Care Services)

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

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Element 12.4 (Student Access to Health Care Services)

What is the source of the challenge?

- **Providing access to health care at regional campuses in general, and specifically by providers who are not involved in teaching and assessing, can be challenging. There are often a limited number of providers, and few facilities choices. Payment for services can be complicated. Meeting the challenge requires:**
  - Identifying sites where students can receive care from providers not involved in teaching and assessing
  - Identifying sites/providers who will accept student insurance (within reasonable distance)
  - Develop policy/procedure for changing assignments in the event of unforeseen care by faculty who teach and assess

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Element 12.4 (Student Access to Health Care Services)

What does the LCME does expect?

- Dedicated student health centers
- Clinics/providers physically located on the regional campus

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Submitted Question

Given some of the concerns about not wanting a spotlight on sensitive issues, are you anticipating changing language to Element 7.6 Structural Competence, Cultural Competence and Health Inequities?

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Submitted Question

Elements 2.3 and 4.6 are often perceived to conflict in regard to shared governance. Given that the dean is meant to have final responsibility for the school, does the dean have final approval over policy and bylaws changes, particularly given the dean's responsibility to ensure that policies are compliant with accreditation standards and are feasible within the structure of the school?

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Submitted Question

For element 1.1, what are the LCME expectations for stakeholder involvement in the CQI process? Also, what are the best practices for providing evidence to LCME that the school is "closing the loop" on areas identified for improvement?

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Submitted Question

For Element 8.1, can you describe LCME expectations for contents of the curriculum committee minutes?

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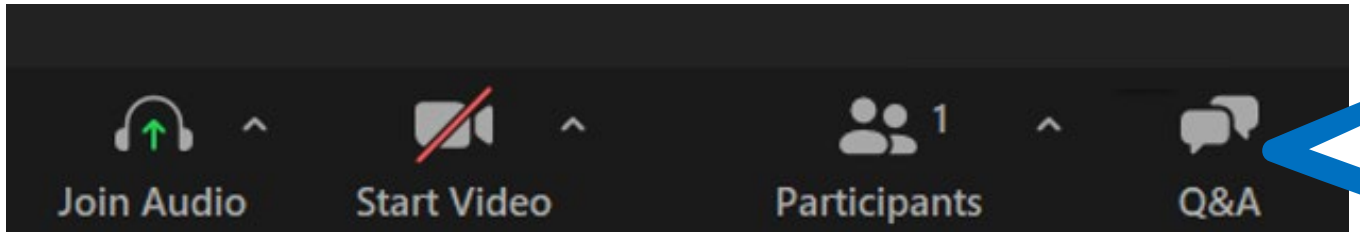
Q&A

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.

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LCME Secretariat Private Consultations at Learn, Serve, Lead 2025: The AAMC Annual Meeting

LCME Private Consultations are available November 2-4, 2025, by appointment.
Submit and complete the online form to schedule:
https://www.jotform.com/lcme/lcme-consultation-request

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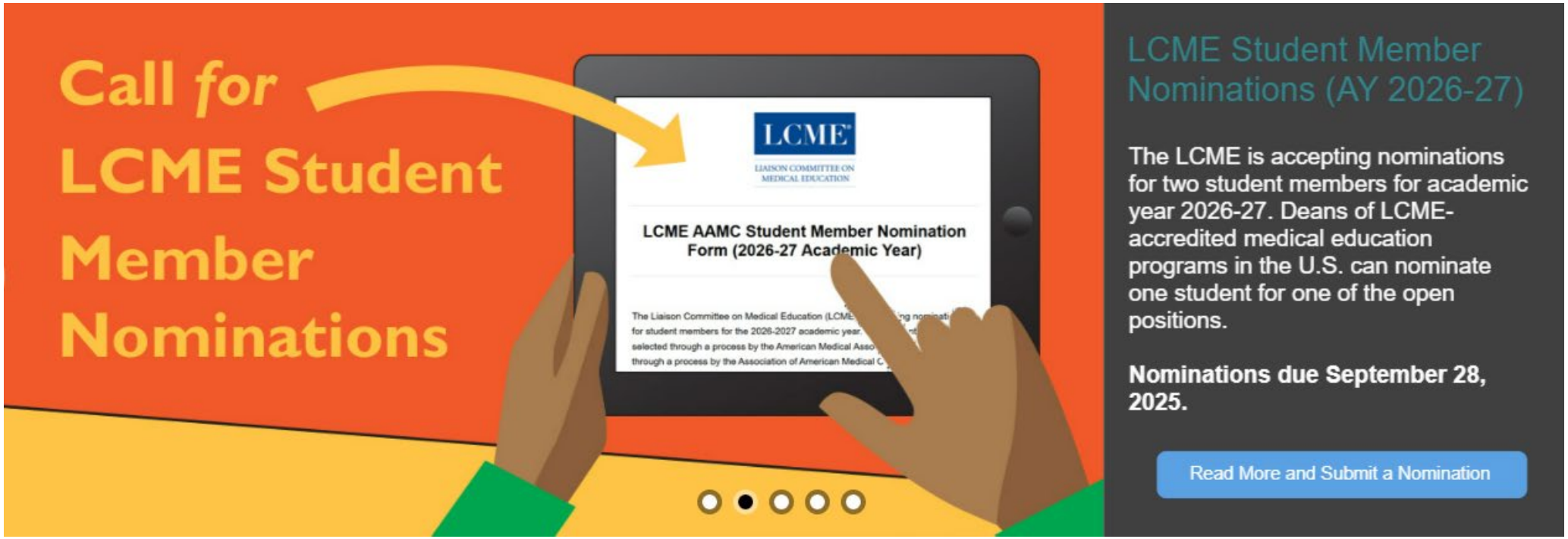
Call for LCME Student Member Nominations

Student member nominations for the AMA and AAMC position must be received by September 28th, 2025.



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Next Webinar

MythBusters!

Thursday September 25, 2025 | 1:30 pm – 3:00 pm ET

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