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Medical Students, Patients, and COVID-19: A Community Conversation about Education and Safety

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LCME Guidance Principles

1. Your faculty has defined your school's **educational program objectives (EPOs) and graduation requirements** and the **assessments** you will use to ensure that those objectives and requirements are met. It is likely that you will need to change the mechanisms through which medical student learning occurs (e.g., online content delivery and/or interactive work) and is assessed (e.g., paper cases, simulation exercises when onsite clinical interactions might be limited). The LCME completely understands that, and while the LCME Secretariat is always happy to speak with, provide a sounding board to, or guide you, **you do not need to notify the LCME of these adjustments in instructional and assessment methods.**
2. The goal of accreditation is to assure all stakeholders (i.e., the public, medical students, medical schools, graduate medical education programs, health systems, licensing bodies, Department of Education) of educational program quality. This means that, together, **our goal is to provide that by ensuring that our graduates meet their school's EPOs, course and clerkship learning objectives, and required clinical experiences** in this most challenging of times. It is likely that the schools will face the greatest challenges in accomplishing this for students' required clinical experiences. From national data that you have shared, the LCME knows that most of our medical schools have several elective weeks/months in the last year or phase of the curriculum. **Should you need to interrupt or postpone clerkships or other required clinical experiences because of the real and important pressures and stresses of the clinical environment, these elective weeks are available to adjust your students' clinical training schedules without having to delay completion of these required experiences before graduation.** In other words, in looking at your own graduation requirements, you can and should be flexible with the elective weeks built into your curriculum; the LCME understands the need to repurpose elective time to achieve the required clinical experiences. The LCME also recommends that all changes in the required clerkships pass through the school's curriculum governance committee (e.g., Curriculum Committee) prior to implementation.
3. **The LCME is you.** Fifteen of its 19 members are deans and associate deans, perhaps at your school and at other LCME-accredited schools; there are two public and two medical student members. **It completely understands and is experiencing the exceptional pressures you are under,** as a result of both the national and local environment.
4. If you are contemplating **significant changes in the structure** (e.g., major shift in clinical training sites from the inpatient to outpatient setting); **timing** (e.g., delay in student progression to graduation); **duration** (e.g., below the 130-week expectation); or **location** (e.g., due to local variation in the spread of COVID-19), please email the Secretariat (lcme@aamc.org), and we will speak with and work with you to think through your particular situation and approach before you

notify the LCME of the major curriculum changes you are anticipating/making. Remember that any and all conversations you have with the Secretariat are completely confidential and are never shared with the LCME.

Know that we are being challenged along with you, learning from you, and thinking about this with you, every step of the way. We will be creating and updating a page on the LCME website for additional accreditation-related resources and information as they become available. This document, as well as the March 5, 2020 memo from Alison Whelan, Geoffrey Young, and Veronica Catanese will be posted there, and the AAMC COVID-19 resource site will contain links to this LCME resource collection.