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LCME Update on Medical Students, Patients, and COVID-19: Approaches to the Clinical Curriculum March 20, 2020

The following guidance is based on strategies being employed at individual medical schools to address challenges related to the clinical curriculum. These have been discussed with the LCME Secretariat and found to be consistent with LCME standards and expectations.

Central to the guidance is the expectation that medical students will graduate based on the faculty ensuring, through the system of curriculum governance, that the curriculum has allowed the medical education program objectives and the objectives of courses and clerkships to be met. However, there is latitude well within accreditation requirements in the following areas, as illustrated by actions being taken at individual schools:

- **Some required fourth year clerkships (typically, emergency medicine, critical care, neurology) may be delayed or cancelled and/or there can be a block of time when the school has cancelled in-person clinical activities in general.** The options for fourth year students depend when and if these experiences become available. If they do become available later in the spring, schools may eliminate one or more electives so that these required experiences can be accommodated. **If these clerkships will not be available at all for fourth year students, we suggest that the school examine the clerkship objectives and required clinical experiences to determine whether they have been addressed in other experiences earlier in the curriculum.** In this way **the curriculum committee and the student promotions committee** can attest that the required objectives have been addressed at some point in a student's curriculum and that the student has met graduation requirements.
- A similar situation may exist in the third year clerkships, as the teaching time in the third year is being diminished by the cancellation of clinical activities at schools for two or more weeks. **Using the same principle that the end point is ensuring that the students meet the required learning objectives and the schools' educational program objectives – not the time over which they do so - schools are shortening clerkship length while preserving the expected objectives, content, and assessments.** Again, there are opportunities to identify **other segments of the curriculum where some clerkship objectives have been addressed.** Also, **some objectives in the clinical curriculum, like those in the pre-clerkship curriculum, may be addressed virtually.** Given the nature of the required clinical experiences and skills, **the LCME standards do not support a complete clerkship being taught online and the standards do require that all required clinical encounters be satisfied by alternate means.** However, some content may be suited to an online/virtual format. **The LCME has not set a limit on online/virtual clerkship**

time, so contact the Secretariat to discuss plans as you develop them and prepare them for review and approval by your curriculum committee.

- The reorganization of clerkship placement and length may impact the transition from the pre-clerkship to the clerkship phase of the curriculum and/or the move from the third to the fourth year of the curriculum. **If there is an overlap between classes, schools should determine if there are adequate resources (faculty, patients, space) to support the students in the overlap period.**
- Challenges to utilizing typical methods of assessment in the clerkships (e.g., subject examinations, standardized patients) may require schools to create alternate approaches. **Comparability would require that the new methods also systematically and comprehensively assess the clerkship objectives.**
- The changes to the clinical clerkships may affect the ability to use the same grading rubric that was applied to students who took the clerkship earlier in the year. For example, there may be a move to a pass-fail system for students in this part of the year, **While the LCME does not expect that the new grading rubric be applied retrospectively, there should be consistency for students across clerkships from a time certain. The MSPE should reflect this adjustment to the clinical grading scheme.**