Connecting with the Secretariat Webinar

June 13, 2019
1:30 pm – 3:00 pm ET

Participants should hear music until the start time.
If you don’t hear anything, call CommPartners at 800-274-9390 or email aamc@commpartners.com.
Element 3.3 (diversity/pipeline programs and partnerships)

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

N.B. Policies, processes/practices, efforts/activities, outcomes
History of LCME Diversity “Standards/Elements”

• **Prior to 2009**
  There were separate standards related to students (MS-8) and faculty (FA-1) diversity (each in its own section of F&S).

• **Effective July 1, 2009**
  The student and faculty diversity standards were merged into IS-16 and located in the Institutional Setting section of F&S. A new standard MS-8 related to pipeline programs and partnerships was added to the section of F&S related to students.

• **Effective July 1, 2014**
  The DCI added an item on “offers made” to students and faculty, to recognize effort.

• **Effective July 1, 2015 (conversion to Elements)**
  Element 3.3 created from IS-16 (diversity) and MS-8 (pipeline programs). Senior administrative staff added to students and faculty as a group to measure. Data on “offers made” continues to be collected, adding senior administrative staff.
The LCME approved a guidance document “LCME Consensus Statement Related to Satisfaction with Element 3.3 Diversity/Pipeline Programs and Partnerships” (March 31, 2015) that is posted on the LCME website (www.lcme.org).

The document illustrates what would lead to a finding of satisfactory performance with Element 3.3 and what would lead to performance that is satisfactory with a need for monitoring or unsatisfactory.
Deconstruction:

- **Mission-appropriate diversity policy**
- **School-defined** diversity categories for students, faculty, and senior administrative staff (definition in DCI glossary)
- Diversity categories **may differ** among students, faculty, and senior administrative staff
- **Policies** and **practices** in place – and appropriate resources deployed – for recruitment, retention, and progress tracking in each diversity category
- Demonstration of “effort” through monitoring of outcomes (e.g., numbers of applications/total offers of admission or employment/accepted offers)
- School- or university-based pipeline programs or external partnerships to increase the overall pool of medical school applicants in the identified diversity categories; **outcome tracking/data on program success**
Element 3.3 (diversity/pipeline programs and partnerships)

Pitfalls:

- The school has not defined its diversity categories for each – students, faculty, senior administrative staff
- School policies and documents do not consistently describe the categories for students, faculty, or senior administrative staff
- DCI lists categories that are NOT described in policy/documents
- The school has not defined the personnel/resources dedicated to recruitment and retention activities
- The school does not have programs/policies aimed at recruitment and retention of faculty and senior administrative staff
- The school does not monitor the effectiveness (outcomes?) of pipeline programs
Element 3.3 (diversity/pipeline programs and partnerships)

Pearls:

• Ensure that the school has defined diversity categories in all relevant policies and documents – consistently
• Track the data!
• If the data are not demonstrating success, be able to describe initiatives and plans – including resources to improve the outcomes
• Be ready and able to articulate how the school operationalizes diversity policy and engages those responsible for recruitment and retention
• Ensure that the school is tracking pipeline program outcomes, or if the school is “young”, has a plan to track outcomes
Element 3.3 – Satisfactory from the LCME’s Perspective

• A mission-appropriate diversity policy with identification of diversity groups (DCI Table 3.3-1)
• Ongoing systematic recruitment and retention activities (DCI Table 3.3-6)
• Methods to evaluate the effectiveness of activities to achieve the mission-appropriate diversity outcomes
• Evidence of effectiveness of the diversity efforts including offers made and numbers reflecting progress in achieving mission-appropriate diversity outcomes (DCI Tables 3.3-2 to 3.3-5)
Element 3.3 – Satisfactory with a Need for Monitoring from the LCME’s Perspective

- The school has satisfactory findings for most components listed on the previous slide, but may have one or more of the following:
  - The school’s appropriate policies and/or activities are so recent as to not yet have demonstrable results
  - There is evidence of early progress in effective recruiting and retaining identified diversity groups
Element 3.3 – Unsatisfactory from the LCME’s Perspective

- The school lacks one or more of the following:
  - ✓ A mission-appropriate diversity policy with identification of diversity groups
  - ✓ Ongoing systematic recruitment and retention activities to achieve mission-appropriate diversity outcomes
  - ✓ Methods to evaluate the effectiveness of activities to achieve the mission-appropriate diversity outcomes
  - ✓ Evidence of effective recruitment and retention programs
  - ✓ Sufficient progress toward attaining the numbers of students, faculty, and senior administrative staff from the school’s diversity groups to meet its mission-appropriate diversity outcomes
Submitted Questions for Element 3.3
Element 3.3, Supporting Document #1: For policies specifically aimed at ensuring a diverse faculty, and senior administrative staff, is it possible to refer to a the policy of the parent university, or should the policy be specific to the medical school?

Supporting Documentation

1. Formal medical school policies specifically aimed at ensuring a diverse student body, faculty, and senior administrative staff.
Submitted Question 2

How do schools demonstrate retention for students? Is this based on graduation rates? Is it based on having regular performance reviews of the students with a particular focus on making sure the underrepresented students are doing well?
How do schools demonstrate retention for faculty and staff? Is this based on percentage of faculty and staff who leave? Do schools state retention offers made to underrepresented individuals?
General Submitted Questions
General Submitted Question 1

For self-study question #6.1, should schools assess ALL the stated learning objectives AND provide measures of student achievement in those? If so, does student group submissions for which the students as a group receive grades are considered as assessment measures? This question is referring to session level objectives and is not asking about the educational programmatic level objectives/competencies.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

1. Have outcome-based educational program objectives been developed and linked to the competencies expected of a physician? Evaluate whether the objectives are being used for the assessment of medical students’ progress in achieving these competencies. Evaluate whether the educational program objectives and the learning objectives of individual courses and clerkships have been shared with medical students and with relevant individuals and groups responsible for curriculum planning and implementation and for medical student teaching and assessment. (6.1)
For self-study question #7.7, can you please provide any examples for, “assessment of student’s ethical behavior in the care of patients and mechanisms to identify and address breaches”?

**Standard 7: Curricular Content**

7. Evaluate whether there is sufficient coverage of medical ethics in the curriculum. Is there assessment of students’ ethical behavior in the care of patients and mechanisms to identify and address breaches? (7.7)
Questions from webinar chat
Announcements
LCME Events at Learn Serve Lead 2019: The AAMC Annual Meeting
lcme.org/event/2019-learn-serve-lead

**Sunday, November 10, 2019; 10:30 AM – 11:45 AM**

**LCME Accreditation: Where Does Process End and Outcome Begin?**

The institutional self-study and the external peer review that constitute Liaison Committee on Medical Education (LCME) accreditation involve assessment of both processes and outcomes. The goals of this session are to: 1) come to a shared definition and understanding of the differences and linkages among process, balance, and outcome measures; and 2) engage in an interactive exercise that illustrates the relationship of these measures to the intent of LCME elements and to the overarching purpose of medical education program accreditation.

**Session Speakers**

- **Veronica M. Catanese, MD, MBA**, LCME Co-Secretary and Senior Director, Accreditation Services, Association of American Medical Colleges (AAMC)
- **Barbara Barzansky, PhD, MHPE**, LCME Co-Secretary and Director, Undergraduate Medical Education, American Medical Association (AMA)
- **Bruce M. Koeppen, MD, PhD**, Dean, Frank H. Netter MD School of Medicine at Quinnipiac University
- **LouAnn Woodward, MD**, Vice Chancellor for Health Affairs and Dean, University of Mississippi School of Medicine
- **Ken Simons, MD**, Senior Associate Dean for Graduate Medical Education and Accreditation, Medical College of Wisconsin
- **David S. Wilkes, MD**, Dean, School of Medicine, University of Virginia School of Medicine
LCME Events at Learn Serve Lead 2019: The AAMC Annual Meeting

lcme.org/event/2019-learn-serve-lead

LCME Private Consultations

The Liaison Committee on Medical Education (LCME) Secretariat staff is available by appointment to meet with representatives from schools who seek guidance on issues unique to their school. These in-person meetings could range from 30 to 60 minutes depending on the complexity of the discussion.

LCME Private Consultations are available November 8-11, 2019 by appointment. Please complete and submit the online consultation request form to request a private consultation during the AAMC Annual Meeting.

To request a private LCME consultation at Learn Serve Lead 2019, complete and submit the online form: form.jotform.com/lcme/lcme-consultation-request.

Consultation scheduling is on a first come, first serve basis.
The following 2019-20 survey team publications are now available on the LCME website ([lcme.org/publications](lcme.org/publications)):

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<tr>
<td>Survey Report Template</td>
<td>Review Report Template for Limited Survey Visit Reports</td>
<td>This document is not specific to an academic year.</td>
<td>June 2019</td>
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Next Webinar: Thursday, July 18, 2019

Element of the Month:
Element 1.1 (strategic planning and continuous quality improvement)
and LCME White Paper
“Implementing a System for Monitoring Performance in LCME Accreditation Standards”

Email your questions and element or topic suggestions to lcme@aamc.org.