Connecting with the Secretariat Webinar
August 15, 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.
The Systems

- Curriculum Management
- Student Assessment
- Academic Advising
- Career Advising
- Personal Counseling and Health Care
Features of a System

- Components = detailed methods/procedures/personnel to achieve a specific activity or purpose
- Interrelationships among components, which continually interact with and influence each other directly and indirectly
- Maintains internal steady state despite changes in external environment (e.g., independent of individual people or circumstances)
- Has properties not possessed by any of the individual components
The curriculum management system should allow the faculty, ultimately acting through the responsible faculty committee, to plan, implement, and evaluate the curriculum and to address identified problems.

A functioning curriculum management system has a variety of components that relate to one or more LCME accreditation elements.

**Policies**
- The formal delegation of the responsibility for the curriculum to a faculty committee (Element 8.1). This requires that the bylaws or other formal document specifies this authority (Element 1.5).
- Other policies that specify certain requirements that relate to the curriculum (e.g., duty hours policy [Element 8.8]).
Components of the Curriculum Management System

Facilitating “Tools” and Support Personnel

• A set of outcome-based educational program objectives and course/clerkship learning objectives (Element 6.1)

• A curriculum database that allows identification and tracking of curriculum content (Element 8.3)

• A set of evaluation instruments, including course/clerkship evaluation forms (Element 8.5), and identified outcome indicators (Element 8.4)

• Staff support for curriculum management (e.g., implementation, evaluation) functions (Element 5.2)
**Processes**

- The linking of course/clerkship learning objectives to educational program objectives (Element 8.2) and the use of the curriculum database (Element 8.3) to determine if sufficient content is taught and appropriately placed in the curriculum.

- The evaluation of courses/clerkships according to a pre-determined schedule (Element 8.3). This includes utilizing the results of various contributing data, such as student satisfaction (Element 8.5), student completion of required clinical experiences (Element 8.6), comparability within a given discipline (Element 8.7), student time and workload (Element 8.8), and data from Standard 9 related to the results of various assessments.

- The evaluation of phases of the curriculum and the curriculum as a whole (Element 8.3), including using the outcome measures identified for each objective (Element 6.1) to determine whether the medical education program objectives are being achieved (Element 8.4).
Components of the Curriculum Management System

Outcome

• The use of information by the “curriculum committee” to determine if the curriculum is working well (Element 8.3), and the ability of the curriculum committee to exercise its authority to make/mandate changes if problems have been identified (Element 8.1).
Element 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.
Element 9.4 Assessment System

- Centralized System
- Variety of Measures (including direct observation) for the Assessment
- Student Achievement
  - Knowledge
  - Core Clinical Skills
  - Behaviors
  - Attitudes
- Specified in Medical Education Program Objectives
Multiple elements contribute to, or touch on the assessment system

- Element 3.5 Professionalism
- Element 4.5 Faculty Professional Development
- **Element 6.1 Program Learning Objectives**
- Element 6.2 Required Clinical Experiences
- Standard 7 (how is student achievement of content areas assessed)
- **Element 8.3 Curricular Design, Review, Revision/Content Monitoring**
- Element 8.7 Comparability of Education/Assessment
- Element 9.4 Assessment System
- Element 9.5 Narrative Assessment
- Element 9.6 Setting Standards of Achievement
- Element 9.7 Formative and Summative Feedback
- Element 9.8 Fair and Timely Feedback
DCI Items

- Element 3.5: Assessment of behaviors
- Element 4.5: Faculty development in assessment skills
- Element 6.1: Specificity for assessment, outcome assessment measures for EPO’s
- Element 6.2: Assessment of performance
- Elements 7.1, 7.2, 7.3, 7.4, 7.7, 7.8, 7.9: Methods of assessment
- Element 8.3: How does the CC ensure assessments support the objectives and learning?
- Element 9.4: Questions focus entirely on clinical skills
- Element 9.5: Policy for narrative assessments
An effective assessment system results from the integration of:

- Individual Assessments
- Content
- Course/Clerkship/Thread/Theme Objectives
- EPO’s & Competencies
- Curriculum Management
- Curriculum Evaluation
- Faculty Development
- Student Feedback

To ensure that learners achieve the desired competencies and the curriculum functions as intended.
Element 11.1 Academic Advising

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 ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.
Element 11.1 Academic Advising

Components = Faculty members, course/clerkship directors, student affairs, counselors, tutors

Interconnection and coordination of components to:
• Identify students in or at risk of academic difficulty before they fail a course or clerkship
• Provide all students with access to effective academic assistance from individuals with no roles in summative assessment or advancement
• Accomplish this irrespective of location or circumstances (i.e., operationalization across the medical education program and, therefore, not dependent on the efforts of single individuals)
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.
11.2 Career Advising

Components = Faculty members, clerkship directors, student affairs staff

Interconnection and coordination of components to:
• Provide a **coordinated, deliberate, and effective** set of required and optional activities to guide students in **general** career exploration and **specialized** career selection
• Provide guidance in **customization** of students’ educational programs (e.g., selection of electives, selection of residency training programs)
• Choose and train **appropriately qualified individuals** for the different types of career advising
• **Minimize conflicting inputs** to students
• Define the MSPE preparation process and provide students with **alternative** writers
• Accomplish this for all students in need irrespective of location or circumstances (i.e., **operationalization** across the medical education program and, therefore, not dependent on the efforts of single individuals)
12.3 Personal Counseling/Well-Being Programs
A medical school has in place an **effective system** of personal counseling 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.

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.
Elements 12.3 and 12.4 Requirements – Reflected in the DCI Questions

- Policy, process, personnel, and resources for providing services
- Procedures to inform students about the availability of services
- Students have reasonable access to services
- Measurable outcomes to prove effectiveness of services
- Periodic data collection and review
Questions from webinar chat
Announcements
LCME Private Consultations at LSL 2019: The AAMC Annual Meeting

lcme.org/event/2019-learnerve-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.
Next Webinar: Thursday, September 19, 2019

Topic of the Month:
Mythbusters!

Email us at lcme@aamc.org or submit anonymously through the online form here:

www.jotform.com/lcme/lcme-myth-busters

“But the LCME says we have to __________”

Send us your comments by Wednesday, September 11th.

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