



Connecting with the Secretariat Webinar

September 19, 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.



LIAISON COMMITTEE ON
MEDICAL EDUCATION

LCME Myth-Busters!

Last month, we asked you whether you have heard something about the LCME, but are not sure if it's true...today we will bust your myth submissions!



LCME Accreditation is a voluntary process.

Each school must establish a formal committee to manage the school's continuous quality improvement (CQI) process.

We are required to review all elements every year in our CQI process.

We must use a “committee on committees” to nominate faculty members for positions on standing medical school committees.

Is the committee of the faculty (aka “executive committee”) referenced in Element 4.6 a committee of the direct reports to the dean (i.e., various academic deans) or is it a committee of the faculty council (i.e., elected body of faculty), or does it have membership from both?

Now or soon we must use some form of written agreement that includes the minimum terms listed in Element 1.4 for at least some outpatient clinical training sites (e.g., those that have a significant role in required clinical clerkships).

We must have a uniform clinical training agreement signed for every student who visits our school and for each of our students who does a clinical elective at another school.

We must use other types of data besides student feedback on course/clerkship evaluations to assess the learning environment. Also, there needs to be someone else besides the clerkship director who is responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.

We should not change the curriculum when we have an LCME review coming up.

To satisfy the expectations of Element 6.3, schools must ensure that the assessment of and feedback on students' information-seeking skills are documented in writing and not simply provided orally.

With respect to Element 6.3, many of us define students' self-assessment of learning needs as their creation of learning objectives, which causes massive angst amongst the students as not all PBL groups create the exact same LOs.

Double-decker:

- **The number of preclerkship “in class” contact hours per week must be limited to 24.**
- **There is a limit of 28 hours on pre-clerkship scheduled time, including assigned reading in preparation for class sessions.**

For IPE sessions in the pre-clerkship years, it is necessary for MD students actually to sit in with other health professions students to problem solve (with cases, etc.). If so, what are the options for schools with no nursing, dental, or pharmD programs?

We must keep students from different medical school separated on required clinical rotations.

An associate dean cannot chair the curriculum committee.

We must ensure that our students work with residents in a required clinical experience in the M3 year rather, for example, than one scheduled early in the M4 year.

Assistant deans cannot have roles in summative assessment of students.

We must ensure that advisors do not do any form of assessment for students. If so, what is the reasoning behind this?

All dual programs must be reported in detail as parallel tracks even if the MD curriculum is entirely unchanged in content, objectives, and duration.

Medical schools must offer their own health and disability insurance to students and their dependents.

The LCME says that we have to have a student meet in person with the promotions committee prior to any adverse action.

Questions from webinar chat

Announcements



LCME Private Consultations at LSL 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.

Next Webinar: Thursday, October 10, 2019

Topic of the Month

Part II of



LCME MYTH-BUSTERS

Email your questions to lcme@aamc.org



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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, October 2nd.

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