Connecting with the Secretariat Webinar

August 13, 2020

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.

Big Picture, Big Principles: Self-Directed Learning, Parallel Curricula, Sharing Faculty, and Interprofessional Collaborative Skills

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Element 6.3 Self-Directed and Lifelong Learning: Often Cited, Frequently Misunderstood

The faculty of a medical school ensure that the medical curriculum includes **self-directed learning experiences** and **unscheduled time** to allow medical students **to develop the skills** of lifelong learning. Self-directed learning involves medical students' **self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.**

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Self-Directed Learning – Why Does the LCME Care?

Intent of Element 6.3:

- **Prepare students** for activities they will engage in on a regular basis (i.e., how they will learn) when they reach the **clerkship phase**
- **Prepare students** for how they will learn during **residency and throughout their professional careers**
- Prepare students for **recognizing, in a real-time situation or scenario, when "something is not right" or "something is not clear" or "a connection is not present" -** a skill essential to critical thinking and problem-solving skills (Element 7.4) - and for identifying, analyzing, synthesizing, and applying relevant information for filling the gap, resolving the incongruence, and/or reformulating their impressions/thinking based upon that information

Self-Directed Learning – What is It?

- **Essential components**:
  - Individual student's self-assessment of learning needs
  - Individual student's independent identification, analysis, and synthesis of relevant information
  - Individual student's appraisal of the credibility of information sources
  - Individual student is assessed on and receives feedback on information-seeking skills
  - All four of the above components are contained in required coursework in the pre-clerkship phase of the curriculum in unified sequence over a relatively short period of time
- **Sufficient amount of unscheduled time for students to engage in these components of self-directed learning**
- **Self-Directed Learning is a skill**:
  - The school decides how much practice is needed
  - The school decides how to assess each student's acquisition of this skill

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Self-Directed Learning – What Isn't It?

Component 1: Individual student's self-assessment of learning needs

- NOT a group project. A small learning group collectively may identify needs (i.e., learning objectives or "what we need to know" for a case scenario), but each student practices generating such needs
- NOT an individualized learning plan (e.g., preparation for USMLE examinations) with topics to be learned over time
- NOT research on a general topic (e.g., read about asthma) out of context of a self-identified gap/incongruency [e.g., why a particular drug was not used or contraindicated in a "patient" (real or virtual) with asthma]
- NOT individual learning on topics pre-identified by faculty or any other source

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Self-Directed Learning – What Isn't It?

Component 2: Individual student's independent identification, analysis, and synthesis of relevant information

- NOT a course in evidence-based medicine (although development of EBM skills is essential to posing the right question and finding relevant information)
- NOT journal club
- NOT reading and analysis of articles suggested by faculty or fellow students
- NOT background work for a research project

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Self-Directed Learning – What Isn't It?

Component 3: Individual student's appraisal of the credibility of information sources

- NOT journal club or review/critique of a published paper unrelated to the specific learning need identified by the student
- NOT a course in evidence-based medicine and/or biostatistics and/or epidemiology

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Self-Directed Learning – What Isn't It?

Component 4: Individual student is assessed on and receives feedback on information-seeking skills

- NOT group feedback
- NOT feedback (written and/or verbal) that omits one of the following:
  - Clarity with which the gap/incongruence was identified and used to formulate a question
  - Identification, acquisition, analysis, and synthesis of appropriate and credible information for resolving the specific gap or incongruence articulated in the question

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Self-Directed Learning – What Isn't It?

All four of these components are contained in required coursework in the pre-clerkship phase of the curriculum in unified sequence over a relatively short period of time

- NOT optional
- NOT delayed to clerkship phase
- NOT piecemeal – i.e., not with one or more of the four components in one exercise or activity, and the remaining components in another exercise or activity
- NOT piecemeal – i.e., not over time in, for example, a required research project

Submitted Question

With regard to Element 6.3, we would appreciate some guidance in what the LCME is looking for in an assessment of "information-seeking skills." Should all of the steps listed in 6.3 be assessed?

Also, are students restricted to using electronic print resources such as journals, or may they also use textbooks, experts, or clinical decision resources such as "UpToDate?"

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Parallel Curricula

Working definition: an educational experience for a subset of students that differs from the standard curriculum in its goals/objectives/content, curricular structure and instructional formats, and/or length.

- Differences in the length of the medical education program
- Differences in the locations used for instruction
- Differences in the formats used for instruction
- Differences in the **competencies/objectives** that the parallel curriculum seeks to achieve

Parallel Curricula Core Principles

Core Principles for accreditation:

1. There must be a "core curriculum" for all students enrolled in a medical education program.

2. Medical schools may have parallel curricula that add competencies/objectives to the core.

(In other words, the parallel curriculum can have more, but not less)

Parallel Curricula Core Principles

Principle 1: There must be a "core curriculum" for all students enrolled in a medical education program.

1. There must be a core set of graduation competencies and related educational program objectives that apply to all students in the "regular" and "parallel" curricula.

2. The core set of competencies/objectives should result in a graduate with the basic knowledge and skills required for entry into any field of graduate medical education.

3. Medical schools should determine what content must be included for all students that is related to each of the core competencies/objectives.

4. The core competencies/objectives and content may be presented in different ways. variations in length (e.g., a shortened curriculum), content organization and sequencing (e.g., a longitudinal integrated clinical clerkship), or in instructional methods (e.g., a PBL curriculum).

Parallel Curricula Core Principles

Principle 1: There must be a "core curriculum" for all students enrolled in a medical education program.

5. The curriculum should be centrally monitored by the curriculum committee and educational program leadership to assure that the defined content and clinical experiences are appropriately represented in the educational program for all students, including those students in a parallel curriculum.

6. Assessment need not occur at the same time points in the regular and parallel curricula, but must occur by comparable and valid methods.

7. Medical student attainment of the core educational program competencies/objectives must be demonstrated at appropriate points in the regular and parallel curricula.

Parallel Curricula Core Principles

Principle 2: Medical schools may have parallel curricula that add competencies/objectives to the core.

1. Must be based on an educational rationale.
2. May add competencies/objectives as graduation requirements – must be related to the rationale.
3. Students in the parallel curriculum must be taught and assessed on the additional competencies/objectives.
4. The process for assignment to and transferring from a parallel curriculum should be fair and reasonable.

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Parallel Curricula: Bigger Picture

It not just about the Educational Program Objectives/Competencies!!

There are multiple aspects or touch points of the LCME Accreditation Standards and Elements to consider when planning, implementing, delivering , and monitoring parallel curricula.

Parallel Curricula – Touch Points

Standard 1: Mission, Planning, Organization, and Integrity

1.4 Affiliation Agreements

Standard 2: Leadership and Administration

2.4 Sufficiency of Administrative Staff

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

4.1 Sufficiency of Faculty

4.5 Faculty Professional Development

Parallel Curricula – Touch Points

Standard 5: Educational Resources and Infrastructure

- 5.1 Adequacy of Financial Resources
- 5.4 Sufficiency of Buildings and Equipment
- 5.5 Resources for Clinical Instruction
- 5.9 Information Technology Resources/Staff

Standard 6: Competencies, Curricular Objectives, and Curricular Design

- 6.1 Program and Learning Objectives
- 6.2 Required Clinical Experiences
- 6.4 Inpatient/Outpatient Experiences
- 6.8 Education Program Duration

Parallel Curricula – Touch Points

Standard 7: Curricular Content

- 7.9 Interprofessional Collaborative Skills

Standard 8: Curricular Management, Evaluation, and Enhancement

- 8.1 Curricular Management
- 8.2 Use of Medical Educational Program Objectives
- 8.3 Curricular Design, Review, Revision/Content Monitoring
- 8.4 Evaluation of Educational Program Outcomes
- 8.7 Comparability of Education/Assessment

Parallel Curricula – Touch Points

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

- 9.4 Assessment System
- 9.7 Formative Assessment and Feedback
- 9.9 Student Advancement and Appeal Process

Standard 10: Medical Student Selection, Assignment, and Progress

- 10.2 Final Authority of Admission Committee
- 10.3 Policies Regarding Student Selection/Progress and Their Dissemination
- 10.9 Student Assignment

Parallel Curricula – Touch Points

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

11.1 Academic Advising

11.2 Career Advising

Parallel Curricula – Wrap Up

- White paper:

Principles for Parallel Curricula ("Tracks")

(October 2012)

- Available at: www.lcme.org/publications

- Questions??: Call or email the Secretariat (early and often)

- Don't forget: **New Parallel Curriculum (Track) Notification Form**

Sharing Faculty with LCME-Accredited Programs

- Certain principles must apply if students from more than one LCME-accredited medical education program are supervised simultaneously by the same physician at inpatient or outpatient sites
- These principles are described in the *Principles for LCME-Accredited Medical Schools Sharing Faculty at an Instructional Site* paper available at https://lcme.org/publications/
- If you are sharing physicians who are also supervising students from programs that are not LCME-accredited, you may consider other approaches

Sharing Faculty: Principle 1

To ensure accountability for educational quality, physicians supervising and assessing medical students from a given medical school must have a faculty appointment at that school.

A physician may have a faculty appointment at more than one LCME-accredited medical school. The terms of the faculty member's appointment at each medical education program must support his or her accountability for the quality of his or her teaching and assessment at that LCME-accredited program. The faculty member also must have sufficient time to allow him/her to meet his/her educational responsibilities to each medical school.

Sharing Faculty: Principle 2

Faculty teaching medical students from a given medical school must have appropriate faculty development and orientation so that they are familiar with the objectives and assessment system of that medical school.

Each LCME accredited medical school using a given site must ensure that faculty are prepared to teach and assess its students and are familiar with the objectives for the given clinical course/clerkship. The faculty member's teaching must be evaluated by each medical education program. General faculty development related to teaching skills (such as feedback, supervision) may be provided by one of the medical schools sharing a site or by the schools in collaboration.

Sharing Faculty: Principle 3

Faculty teaching medical students from a given medical school must use the objectives (including the required clinical encounters) of that medical school.

The students from each LCME-accredited medical education program must be taught using that program's objectives. This includes ensuring that students at the site have access to the content available to other students from that program. Such teaching could occur on-site or through distance learning.

Sharing Faculty: Principle 4

A given medical school must evaluate the quality of its education across sites, including at the site(s) that serve(s) students from multiple schools, and must ensure and document that comparability exists in the curricular core, including in required clinical encounters.

The medical school must be able to document that its students are being taught its curriculum and assessed according to its objectives. A site that supports a parallel curriculum (i.e., an education "track) may include additional objectives that go beyond the core for all students.

Sharing Faculty: Principle 5

There must be sufficient patient resources and faculty numbers so that medical students from each medical education program are able to meet their defined objectives and required clinical encounters and have appropriate levels of supervision and assessment.

The presence of students from another school must not diminish the access to resources needed by students from a given medical school to meet the objectives of the specific course/clerkship, including appropriate patients/procedures and faculty.

Sharing Faculty: Principle 6

If two or more LCME-accredited medical schools share faculty at a given instructional site, there should be coordination between the schools, for example, an agreement that each medical school will have appropriate access to needed resources to support its medical education program.

Resources include: 1) faculty with sufficient time to teach each cohort of students and to participate in relevant faculty development, 2) patients sufficient to meet the required clinical conditions specified by each medical school, and 3) appropriate facilities for the total numbers of students at the site at any given time.

Sharing Faculty: Principle 7

The LCME must be notified by each medical school that there are plans to share faculty at a given instructional site.

Notification must be given by both medical schools, ideally prior to the time that the second LCME-accredited medical school begins to share faculty resources at an instructional site. The notification must include information about the adequacy of resources.

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Sharing Faculty with Programs that are NOT LCME-Accredited

- The LCME cannot require agreements between LCME-accredited programs and other programs
- Review the affiliation agreement for language that requires the affiliate to provide medical students and faculty access to appropriate resources for medical student education
- Review medical student evaluations of the clerkships to ensure students are appropriately supervised, and that faculty are prepared for their responsibilities to teach and assess

Element 7.9: Interprofessional Collaborative Skills (ICS)

The faculty of a medical school ensure that **the core curriculum** of the medical education program **prepares** medical student to **function collaboratively on health care teams** that include **health professionals from other disciplines** as they provide **coordinated services to patients**. These curricular experiences **include practitioners and/or students** from **the other health professions**.

See the LCME 2018 Guidance Document: *LCME Principles for Education to Develop Interprofessional Collaborative Skills* (www.lcme.org)

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Intent of Element 7.9

Schools should develop a set of activities that support students' development of interprofessional collaborative teamwork skills and the ability to apply these skills in the context of patient care. As a skill, interprofessional collaborative team care requires both **background** (foundational knowledge) and **practice**.

- The experiences are of sufficient breadth and depth that medical students are prepared to function collaboratively in interprofessional teams ("team ready").

Interprofessional Collaborative Skills (ICS): Principles

- **Measurable learning objectives** for sessions covering interprofessional collaborative care that relate to educational program objectives and competencies
- Required sessions covering **foundational knowledge** (e.g., team functioning, roles of different health professions) and **real or simulated practical clinical experiences** that address interprofessional team functioning
- Learning experiences **appropriate to the level of the learner** that occur in **settings that are appropriate** for and relevant to the session learning experience
- **Participation by learners and/or practitioners from health professions** who are relevant to the objectives of the experience
- **Assessment of every student's attainment** of the learning experience objectives

Summary: What is Expected; What is not Expected

What is Expected

- Didactic and practical experiences placed at the appropriate locations in the curriculum
- Interaction expected with the other health professionals/students (being in the same setting but not interacting is not sufficient)
- Appropriate instructional methods utilized in sessions across the curriculum (only lectures not sufficient/opportunities for practice expected based on objectives)
- Assessment of students and evaluation of outcomes of ICS objectives

What is Not Required

- A specific number of educational experiences (this is a decision of the Curriculum Committee related to meeting the ICS objectives)
- Experiences only with students from other health professions (can also have sessions with practitioners)
- Supervision of ICS sessions only by physicians (other health professionals can supervise if acting in their scope of practice)

Submitted Question

Submitted Question

Has the LCME provided any new guidance for the virtual rotations for the visiting students? Do they still need immunization and proof of malpractice when all the courses taken are virtual?

Questions from webinar chat

Announcements: LCME Secretariat Private Consultations

This fall, the LCME Secretariat will host private virtual consultations for schools with survey visits in January – June 2021 or in AY 2021-22, and schools with specific COVID-19-related concerns. **More information will be available in the coming weeks.**

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Next Webinar: Thursday, September 24, 2020

Topic of the Month:

MythBusters!

LCME MYTH-BUSTERS

Next Webinar: Thursday, September 24, 2020

MythBusters!

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 Tuesday, September 15th.

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