

WHAT TO EXPECT WHEN EXPECTING AN LCME SITE VISIT

Marlo M. Eakes Meyer, University of Virginia Medical School
Deborah Hernandez, University of Texas, at Houston

What is the LCME

- The LCME, Liaison Committee for Medical Education, was formed in 1942
- Accreditation for US & Canada Medical Schools
- Accreditation process

Who



19 Members

Physicians, public members, and medical educators
students and administrators.

The Site Survey Team

Chair & Secretary

Two LCME Members

Faculty Fellow

Why

- Medical schools must be LCME-accredited to be eligible for many federal grants and programs. Students must attend accredited schools to qualify to take the USMLE (United States Medical Licensing Examination) or be placed in an accredited residency program after graduation.

When

- Every 8 Years the LCME will conduct a site visit.
- Your school will be notified 18 months in advance.
- 12 months for Self Assessment.

Self Assessment

- School collection of data related to accreditation standards.
 - Medical Education Database
 - Student Survey
- Analysis of data by institutional stakeholders.
 - Self-study committee reports
 - Self-study executive summary
 - Independent student analysis

Medical Education Database



- A document with one or more questions linked to each accreditation standard
- A document with a description of each course and clerkship.



Accreditation Standards

- 131 Standards, group into 5 categories
 - Institutional Setting
 - Medical Students
 - Faculty
 - Resources for Educational Program
 - Educational Program

LCME Standards

□ **ED-1 A**

- The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.

LCME Standards

- **ED-2**
- Central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter.
- Appropriate clinical setting for the educational experiences
- *-The system must ensure that all medical students have the required experiences.*

LCME Standards

- **ED-3**
- The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.

LCME Standards

- **ED-8.** The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

LCME Standards

- **ED-16** The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.

LCME Standards

□ **ED-18**

The curriculum of a medical education program must include elective opportunities to supplement required courses and clerkships

LCME Standards

- **ED-24.**
- All Faculty/Residents/Fellows involved with teaching medical students must be aware of the educational objectives for your course.

LCME Standards

□ **ED-26**

- A medical education program must have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes.

LCME Standards

□ **ED-28**

- A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

LCME Standards

□ ED-30

- The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/clerkship rotation.
 - *In general, final grades should be available within four to six weeks of the end of a course or clerkship.*

LCME Standards

□ **ED-31**

- Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship to allow sufficient time for remediation.

LCME Standards

□ **ED-38**

- The committee responsible for the curriculum at a medical education program, along with the program's administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkships.

Case Study #1

- A student complaint was filed for your clerkship regarding a final grade. The student complained that she was unaware that she was having trouble performing at the level of a typical 3rd year student in her outpatient setting. This was noted in her evaluations; however, the evaluation for her outpatient clinical experience was submitted 3 weeks after the rotation was over. The Clerkship Director was made aware of the situation only when the clerkship administrator noticed the comments while compiling the grade reports. The student reports that if she had known in time, she could have made corrections to her performance.
- ED-31 violation : real-time tracking, mid-clerkship feedback, online quizzes

Case Study #2

- As the Clerkship Administrator it is your job to collect and review for completeness the students' course requirement checklists (signed checklists of completed objectives for your course). You notice that for many of your students who travel to offsite rotations, there are a number of objectives not being met. You think nothing of it, because the students have exposure to various cases via required CLIPP cases (Computer-assisted Learning in Pediatrics Project) and OSCE (Observed Structured Clinical Examinations). So, you file your checklists away and don't mention this to your director.
- ED-2 & ED-8 violation-*Compliance with this standard requires that the educational experiences at all instructional sites be designed to achieve the same educational objectives.*

Case Study#3

- The Pre LCME self-study team for your institution is conducting a review of your clerkship, and while speaking with your department residents, not one can point to the clerkship course learning objectives, nor find any documentation of the course objectives. Most residents think it's not that big of a deal, since they were 3rd year students not too long ago and can remember all the objectives that the students need to meet.
- ED-24 All Faculty/Residents/Fellows involved with teaching medical students must be aware of the educational objectives for your course.

Case Study #4

- A student working the Pediatric ER rotation, which has shifts running from 7AM to 7PM or 7PM to 7AM, comes to you with a complaint about unequal clinical experience. The student feels that he is not receiving the same type of clinical experiences as students who are on regular outpatient clinic rotations, which are open from 8AM to 5PM. His major complaint is that he is missing out on lectures, grand rounds, and seeing well-baby patients. You take the complaint to your director and she agrees there is a conflict, but she is so busy right now she doesn't have time to deal with this.
- ED-2; ED-8: ED-2--*The institution that offers a medical education program is required to establish a system to specify the types of patients or clinical conditions that medical students must encounter and to monitor and verify the medical students' experiences with patients so as to remedy any identified gaps. ED-8--Comparable educational experiences and equivalent methods of assessment across all instructional sites*

Case Study #5

- As the clerkship administrator it is your job to schedule all the lectures, workshops, and other learning activities for your students. Your clerkship has students on both inpatient ward rotations and outpatient clinic rotations. While working on the inpatient wards, your students will work overnight call, from 7PM to 7AM. You schedule the required clinical skills workshops at 930AM with the reasoning that students on overnight call, can just stay in the hospital after their shift ends to attend the workshop to save on their commuting back and forth to the hospital. This seems reasonable, and surely the student will appreciate you scheduling for their convenience.
- ED-38: *Attention should be paid to the time commitment required of medical students, especially during the clinical years. Medical students' hours should be set after taking into account the effects of fatigue and sleep deprivation on learning, clinical activities, and health and safety.*

Case Study #6

- You received feedback from the student-led LCME self-study team for your clerkship. Their findings indicate that students feel the Peds clerkship is well balanced in general structure and design, but most felt they would have done better on the final examination if they knew how their clinical knowledge base was progressing throughout the clerkship. Your director meets with you to discuss what to do about this feedback. You suggest weekly faculty feedback sessions, but what else can you offer the students that will help them gauge their learning while on the Pediatric rotation?
- ED-26; ED-28; ED-30-- ED-26: assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes. ED-28: ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills. ED-30: fair and timely formative and summative assessment.

Sources:

Overview of Medical School Preparation for LCME Accreditation.
Barbara Barzansky, PhD, MHPE LCME Co-Secretary

ACHIEVING ACCREDITATION SUCCESS: The Mount Sinai School of
Medicine Experience. Reena Karani, MD, MHPE Associate Dean for
Undergraduate Medical Education & Curricular Affairs

Challenging Standards and Advice from the Field Dan Hunt, MD, MBA
LCME Co-Secretary Association of American Medical Colleges

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