The LCME: A Guide for Clerkship Directors

American Academy of Neurology
Carol A. Aschenbrener, MD

Route for the session

Overview of LCME
Anatomy of the Survey Visit
Standards of Particular Relevance for Clerkship Directors
Your Questions
LCME was founded in 1942 to:

- Protect the quality of medical education
- Improve medical education

How the LCME Functions

- Collaboration between medical education and practice communities
- A “virtual” private organization
- Recognized by the US Department of Education
Scope of LCME Accreditation

- Complete and independent medical education programs
- Legally authorized in the United States or Canada
- Programs operated in the US or Canada
- LCME considers for initial accreditation only developing programs without students or full, four-year programs that have graduated students

LCME Decision Makers

- 6 professional members appointed by AAMC
- 6 professional members appointed by AMA
- 1 professional representative from Canadian partner of LCME (CACMS)
- 2 student members
- 2 public members
Standards-setting Process

- Proposal for new standard
  - Common sources: LCME members and constituents
- Discussion and adoption by LCME
- Endorsement by AMA, AAMC, CACMS
- Public hearing
- Formal adoption

Accreditation Cycle and Process

- 8 year cycle
- Institutional preparation
- External review by survey team
- Review and decision by LCME
- Annual monitoring
  - Questionnaires
  - Reports on changes
Institutional Preparation

- Establish visit dates
- Form self-study groups
- Collect medical education database
- Submit self-study report and final education database to survey team

Purpose of the Self-Study

- Self-assessment of compliance with the accreditation standards
- Identify strengths and areas for improvement
- Develop plans to address problem areas
- Demonstrate ability to make realistic self-assessment and take action to correct deficiencies
Purpose of the Visit

- Verify information from self-study and database
- Clarify questions about compliance that may arise from review of database and self-study
- Collect updated information

Key Questions for Survey Team

- Has the school identified competencies and objectives?
- Is there a coordinated, integrated curriculum organized to accomplish the objectives?
- Are resources sufficient and organized to accomplish objectives?
Key Questions for Survey Team

- Are the entering students qualified to study medicine?
- Does the school provide the support for students to succeed?
- How well are objectives being achieved?
- How do you improve the program?

Anatomy of the Survey Visit

- Team of five peers
- 2.5 days
- Beginning session with dean
- Meetings with administrators, faculty, students, hospital leaders
- Oral summary of findings
**LCME Surveyors**

- Active pool of about 200 volunteers
- Expertise in
  - Administration (deans)
  - Education
  - Student affairs
  - Faculty issues
  - Research & graduate education
  - Clinical practice

**Accreditation Process**

- Survey team prepares written report
- Dean asked to comment on facts
- LCME review and decision (2-4 mos.)
  - Action
  - Term of accreditation
  - Follow-up on areas of non-compliance
  - Action made public
Standards of Particular Relevance for Clerkship Directors

- ED-1 Linkage of institutional objectives
- ED-2 Definition of the clinical experience
- ED-8 Comparability across alternate instructional sites
- ED-24 Preparation of residents for teaching
- ED-27 Direct observation of clinical skills
- ED-30 and 31 Formative and summative evaluation
ED-1 Linkage of Institutional Objectives

“The medical school faculty must define the objectives of its educational program.

Annotation:…It is expected that the objectives of the educational program will be used by faculty members in designing their courses and clerkships and in developing plans for the evaluation of students…”

What is the LCME looking for?

Evidence that:

• The learning objectives of courses and clerkships map to educational program objectives to ensure coverage.

• Student achievement of educational program objectives is adequately assessed across the curriculum.
**ED-2 Defining the Clinical Experience**

“The objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met.”

**What is the LCME looking for?**

Evidence that faculty:

- Have defined the clinical experience needed to assure that all students can meet the objectives for the clerkship.
- Monitor students’ experience during clerkship.
- Make adjustments to the experience as needed.
Clarifying ED-2

- Core list may include symptoms, syndromes, diseases, and specific clinical skills.
- Core list should be linked to objectives and defensible for the content area.
- Core list may distinguish what is essential from what is desirable.

Clarifying ED-2

- All students must have exposure to the core list.
- Faculty determine what level of interaction (observe, examine, participate in care) is required and when simulation is appropriate alternative.
- Retrospective analysis not sufficient.
ED-8 Comparability across Sites

“There must be comparable educational experiences and equivalent methods of evaluations across all alternative instructional sites within a given discipline.”

What is the LCME looking for?

- Same learning objectives
- Same instruments and criteria for evaluation of student achievement
- Experience designed to achieve same objectives – comparable, not identical
- Effective instruction
- Monitoring and adjustment as needed
ED-24 Preparation of Residents for Teaching

“Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.”

What is the LCME looking for?

Minimum requirements:

• Written copy of course or clerkship objectives to all instructional staff

• Clear guidance on their role in teaching and evaluation from the course or clerkship director

• Institutional resources to enhance teaching and evaluation skills
What is the LCME looking for?

The LCME encourages:

• Formal assessment of teaching and evaluation skills of non-faculty
• Opportunities for remediation

ED-27 Direct Observation

“There must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school’s educational objectives.”
What is the LCME looking for?

- How, in the aggregate, does the program systematically assure by direct observation that all students have acquired the core clinical skills?

- How do individual clerkships assure that students have acquired clinical skills specific to the clerkship?

ED-30, 31 Assessment

ED-30: “The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.”

ED-31: “Each student should be evaluated early enough during a unit of study to allow time for remediation.”
What is the LCME looking for?

- Are the methods and criteria for assessment of student achievement appropriate to the objectives?
- Do all students receive final clerkship grades within 4-6 weeks?
- How does the clerkship director assure that all students receive useful mid-clerkship feedback?

Contact LCME staff with questions:
www.lcme.org

We’re here to help you give it your best shot!