The LCME is Coming: Top 10 Citations and Anatomy of the Visit

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LCME site visits can be an anxiety provoking situation for Clerkship Directors. This session will help prepare educators for the LCME.

After this session, participants will be able to:
- Prepare their clerkship for an LCME site visit
- Recognize problem areas in the eyes of the LCME in their clerkship and help remedy those problems.

Introduction and Overview of the LCME

Purposes and Principles of the LCME

Accreditation is a review of an institution or program using a defined set of standards with the following purpose:
- Promote institutional self-evaluation and improvement
- Ensure that medical education programs are in compliance with defined standards

129 standards organized into 5 categories:
- Institutional setting
- Educational program
- Medical students
- Faculty
- Resources for the educational program

Accreditation in the U.S. includes the following components:
- Self assessment based in standards
  - Medical Education Database -School collection of data related to accreditation standards
    - A document with one or more questions linked to each accreditation standard
    - A document with a description of each course and clerkship
    - A copy of the most recent AAMC Graduation Questionnaire
    - A copy of the medical student independent analysis
    - A set of appendix materials (policies, documents)
    - An institutional self-study summary
  - Analysis of data by institutional stakeholders
    - Self-study committee reports/
    Self-study executive summary
    - Self-study allows an institutional assessment of compliance with accreditation standards
      - Schools are expected to identify strengths and challenges/areas needing improvement
• This allows schools to develop plans and strategies to address problem areas before the visit and, if possible, implement change
• A good self-study is when the findings of the school and the survey team are consistent
• Self-study structure:
  • Committees are organized, typically around the five sections (Institutional setting, Educational program, Medical students, Faculty, and Educational resources) with an executive (steering) committee
  • Each committee reviews the relevant sections of the database and answers questions in the Self-study Guide that are linked to specific standards
    - Outcome is a set of institutional strengths and problem areas/challenges
  • The steering committee creates a self-study summary document

Independent student analysis
• Data collected via a student-managed survey to all students
• Participation by as many students as possible is important
• Student committee analyzes survey data and independently composes a student report regarding strengths and areas of concern at the school
• Dean’s office can offer support to students for data analysis, but otherwise this is an independent student effort

• Peer review
  • Visit by an *ad hoc* survey team selected for the school
    - Identification and verification of findings related to standards
    - Development of a survey report
  • Review of the survey report by the LCME

• Continuous quality improvement

Purpose of the Site Visit
• Answer questions regarding compliance raised by the Database and Self-study
• Fill in gaps in information
• Verify information and impressions from the Database, Self-study, and Independent Student Analysis
• Collect updated information
The team will be trying to address the questions in the *Survey Report Guide*. Schools should consult the Guide as part of their preparation for the visit.

During the visit, the survey team will identify:
• Areas of strength
   Particularly noteworthy areas that contribute in a major way to the achievement of the school’s mission or that could serve as models
• Areas in compliance with monitoring
   1) A medical education program has the policy, process, resource, or system required by a standard but there is insufficient evidence to indicate that it is effective; or
   2) A medical education program currently is in compliance with a standard, but known circumstances exist that could lead to future noncompliance
• Areas of noncompliance

Focus of Clerkship related Sessions:
• Discussion of notable achievements and ongoing challenges in clerkships
• Contributions of clerkships in achieving institutional educational objectives
• Adequacy of resources for education, including availability of faculty to participate in teaching;
• Preparation of residents and graduate students for their roles in medical student teaching/assessment

• **Suggested materials to review**
  • Summary report: Esp. educational programs and general/clinical facilities
  • Required Course/Clerkship Forms
  • Graduation Questionnaire
  • Student Survey report
  • Educational Programs Database
  • Medical Students Database
  • Educational Resources Database

• ******* Please see Ongoing Clerkship Maintenance and Preparation below *******
  • These are essential measures that will make the actual time of the visit much more successful if already in place

Timeline:
For a full survey visit:
12-15 months ahead of visit:
   Begin data collection
   Complete the Self-Study Evaluation tool for your clerkship

9-12 months:
   Review the final institutional Self-Study Document, especially as it pertains to your clerkship. Identify weaknesses and begin to make improvements.

3 months before visit and review two weeks prior to visit
• Make sure ALL faculty and residents are familiar with the clerkship objectives and methods of evaluation (remember to have documentation of ongoing training of trainers)

• Submit Database and Self-study

• Begin developing survey schedule

**Top Citations** from Full Survey Reports (10/10 – 06/13)

- ED-2 Required clinical experiences and monitoring
- ED-30 Timeliness of grades
- ED-32 Narrative feedback
- ED-31 Mid-course feedback
- ED-24 Resident preparation
- ED-8 Comparability across sites
- ED-5-A Active learning
- MS-27-A Health care providers in student assessment
- ED-35 Review and revision of the curriculum
- MS-31-A Learning environment
- ED-33 Curriculum management
- ER-9 Affiliation agreements
- IS 16 Diversity

**New Standards**

- **ED-19-A.** The core curriculum of a medical education program must prepare medical students 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 other health professions.

**Ongoing (but essential for LCME) Clerkship Preparation and Maintenance**

A set of absolute “musts” that every EM Clerkship Director should already be doing and documenting

1. Absolute “musts”
   a. Monthly
      i. Grades in on time (4 weeks)
      ii. Mid-clerkship feedback
      iii. Direct observation
      iv. Formative and summative feedback
      v. Review of monthly course evaluations – actions taken
   b. During the Year
      i. Sessions to train of the trainers (residents and faculty) in teaching and assessment (and don’t forget to document this)
   c. Yearly
      i. Review/update goals and objectives of clerkship (and document this)
         1. Competency based with measurable outcomes
2. Must support the institutional objectives of the medical school
   ii. Assessment of GQ and steps to correct any issues (and document)
   iii. Review of any previous citations and document steps to correct concerns
d. Additional Specific Musts for your Clerkship:
   i. Define list of required patient clinical conditions and level of involvement, with central oversight by school's curriculum committee
   ii. Mechanism to review above patient encounters
   iii. If students train in geographically separate site, insure that students have a comparable experience

Specific Areas where EM can help the Medical School Meet Key Requirements

- **ED-2.** Central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.
  - EM clerkships offer students exceptionally high patient volumes as well as a multitude of chief complaints allowing for student exposure to crucial clinical problems
  - EM is the primary (or only) source of student exposure to many conditions. Cardiac arrest, medical critical illness, major and minor trauma, airway emergencies, toxic exposures, environmental illness, and acute subspecialty surgical problems are all entities that are universally present in EM and may not be found elsewhere in the curriculum
  - EM is a unique source of undifferentiated patients with whom students can further develop their diagnostic acumen
  - Widespread adoption of simulation in EM provides a mechanism for student exposure to uncommon but critical patient care scenarios and procedures

- **ED-17.** Educational opportunities must be available in multidisciplinary content areas (e.g., emergency medicine, geriatrics) and in the disciplines that support general medical practice (e.g., diagnostic imaging, clinical pathology).
  - EM is the ULTIMATE interdisciplinary specialty!
  - Students have the opportunity to interact and collaborate with multiple specialties in patient care

- **ED-10.** The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.
  - Students routinely care for patients with comorbid psychiatric conditions
  - Our patient population is characterized by health care disparities and the ED serves as a safety net for many patients who otherwise would not have access to healthcare.
ED-19. Instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.
  - Students have the unique opportunity to communicate with families as well as a variety of healthcare providers including the opportunity for supervised handovers and consultations with other providers.

ED-20. Medical consequences of common societal problems
  - The EM curriculum is ripe with social challenges.

ED-27. Ongoing assessment activities with direct observation of core clinical skills
  - EM's emphasis on simulation provides an exemplary opportunity for direct observation of student skills.

ED-29. Interdisciplinary and interprofessional learning experiences
  - Creative curriculum design (including performance of basic procedures with nurses and patient care technicians) allows EM to uniquely apply this standard.