

The highlighted elements below are typically part of the Coordinator's / Administrator's job duties. However, because our responsibilities vary please use this as a guide to begin reviewing the LCME elements that may be pertinent to you.

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FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

Standards for Accreditation of Medical Education Programs Leading to the MD Degree

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Standards and Elements Effective July 1, 2017

Standard 1: Mission, Planning, Organization, and Integrity

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

- 1.1 Strategic Planning and Continuous Quality Improvement
- 1.2 Conflict of Interest Policies
- 1.3 Mechanisms for Faculty Participation

1.4 Affiliation Agreements (previously ER-9 & ER-10)

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may

also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

1.5 Bylaws

1.6 Eligibility Requirements

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components. *(this related to institutional leadership)*

2.1 Administrative Officer and Faculty Appointments

2.2 Dean's Qualifications

2.3 Access and Authority of the Dean

2.4 Sufficiency of Administrative Staff

2.5 Responsibility of and to the Dean

2.6 Functional Integration of the Faculty

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 Resident Participation in Medical Student Education *(this is not ambulatory, community-based sites)*

3.2 Community of Scholars/Research Opportunities

3.3 Diversity/Pipeline Programs and Partnerships

3.4 Anti-Discrimination Policy

3.5 Learning Environment/Professionalism (previously MS-31A)

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.6 Student Mistreatment (previously MS-32)

A medical education program defines and publicizes its code of professional conduct for the relationships between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

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

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 Sufficiency of Faculty (*the number of vol fac – comes from Med School/Administrative list/HR - unless school does not keep a list and Coord is responsible*)

4.2 Scholarly Productivity

4.3 Faculty Appointment Policies

4.4 Feedback to Faculty (*ie promotion - performance evaluation – not student feedback*)

4.5 Faculty Professional Development (*provided/offered to all by the Med School*)

4.6 Responsibility for Educational Program Policies

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

- 5.1 Adequacy of Financial Resources
- 5.2 Dean's Authority/Resources
- 5.3 Pressures for Self-Financing
- 5.4 Sufficiency of Buildings and Equipment
- 5.5 Resources for Clinical Instruction
- 5.6 Clinical Instructional Facilities/Information Resources

5.7 Security, Student Safety, and Disaster Preparedness (Previously ER-5)

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

- 5.8 Library Resources/Staff
- 5.9 Information Technology Resources/Staff
- 5.10 Resources Used By Transfer/Visiting Students

5.11 Study/Lounge/Storage Space/Call Rooms (formerly MS-37 & ER-7)

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

- 5.12 Required Notifications to the LCME

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 Program and Learning Objectives (objectives must be stated in outcomes based terms and must be shared with all teachers; previously ED-1A & ED-3)

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Clinical Experiences (previously ED-2)

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

- 6.3 Self-Directed and Life-Long Learning
 - 6.4 Inpatient/Outpatient Experiences
 - 6.5 Elective Opportunities (*info provided by Med School*)
 - 6.6 Service-Learning
 - 6.7 Academic Environments
 - 6.8 Education Program Duration
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Standard 7: Curricular Content

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

- 7.1 Biomedical, Behavioral, Social Sciences
 - 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/
Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors
 - 7.3 Scientific Method/Clinical/Translational Research
 - 7.4 Critical Judgment/Problem-Solving Skills
 - 7.5 Societal Problems
 - 7.6 Cultural Competence and Health Care Disparities
 - 7.7 Medical Ethics
 - 7.8 Communication Skills
 - 7.9 Interprofessional Collaborative Skills (*GQ and Med School level*)
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Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.1 Curricular Management

8.2 Use of Medical Educational Program Objectives

8.3 Curricular Design, Review, Revision/Content Monitoring (ie clerkship monitoring; previously in ED-34, ED-35, ED-37)

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

(reviewing evals for course revision)

8.4 Program Evaluation *(Results of USMLE, AAMC GQ, match results, licensure rates of graduates, etc)*

8.5 Medical Student Feedback (medical student evaluations of clerkship & faculty; previously ED-47)

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

8.6 Monitoring of Completion of Required Clinical Experiences (previously ED-2)

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.7 Comparability of Education/Assessment (comparable experience across sites; previously ED-8)

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given

course and clerkship to ensure that all medical students achieve the same medical education program objectives.

8.8 Monitoring Student Time (work hours; previously ED-38)

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures 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 clerkships.

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

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 Preparation of Resident and Non-Faculty Instructors (residents as teachers; previously ED-24)

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

9.2 Faculty Appointments (previously ED-25)

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

9.3 Clinical Supervision of Medical Students

9.4 Assessment System (previously ED-26, ED-27, ED-28)

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

9.5 Narrative Assessment (previously ED-32)

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

9.6 Setting Standards of Achievement

9.7 Formative Assessment and Feedback (previously ED-31)

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

9.8 Fair and Timely Summative Assessment (timely grade submittal; previously ED-30)

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

9.9 Student Advancement and Appeal Process

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.1 Premedical Education/Required Coursework

10.2 Final Authority of Admission Committee

10.4 Characteristics of Accepted Applicants

10.5 Technical Standards

10.6 Content of Informational Materials

10.7 Transfer Students

10.8 Visiting Students (previously MS-16 & MS-17)

A medical school does all of the following:

- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical students demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student’s assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills these responsibilities

10.9 Student Assignment (previously ED-43)

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

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

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives. All medical students have the same rights and receive comparable services.

- 11.1 Academic Advising
- 11.2 Career Advising
- 11.3 Oversight of Extramural Electives
- 11.4 Provision of MSPE

11.5 Confidentiality of Student Educational Records (FERPA; previously MS-35)

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

11.6 Student Access to Educational Records (previously MS-36)

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

- 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt
 - 12.2 Tuition Refund Policy
 - 12.3 Personal Counseling/Well-Being Programs
 - 12.4 Student Access to Health Care Services
 - 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records
 - 12.6 Student Health and Disability Insurance
 - 12.7 Immunization Requirements and Monitoring
 - 12.8 Student Exposure Policies/Procedures
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