LCME Standards (excerpts) http://www.lcme.org/standard.htm

ED-2. An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.

> 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. The system must ensure that all medical students have the required experiences. For example, if a medical student does not encounter patients with a particular clinical condition
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> (e.g., because it is seasonal), the medical student should be able to remedy the gap by a simulated experience (e.g., a standardized patient experience, an online or paper case) or in another clerkship (or, in Canada, clerkship rotation).
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> When clerkships/clerkship rotations in a given discipline are provided at multiple instructional sites, compliance with this standard (ED-2) may be linked to compliance with standard ED-8, which requires that the medical education program demonstrate comparability of educational experiences across instructional sites.

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.

> Compliance with this standard requires that the educational experiences at all instructional sites be designed to achieve the same educational objectives. Course or clerkship (or, in Canada, clerkship rotation) length must be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for medical student assessment, as well as the policies for the determination of grades, should be the same at all instructional sites. The faculty who teach at all instructional sites should be sufficiently knowledgeable in the subject matter to provide effective instruction and have a clear understanding of the objectives of the educational experience and the assessment methods used to determine achievement of those objectives. Opportunities to enhance teaching and assessment skills should be available for faculty at all instructional sites.
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> Although the types and frequency of problems or clinical conditions seen at each instructional site may vary, each course or clerkship/clerkship rotation must identify any core experiences needed to achieve its objectives and ensure that students receive sufficient exposure to such experiences. Similarly, although the proportion of time spent in inpatient and ambulatory

settings may vary according to local circumstances, in such cases the course or clerkship/clerkship rotation director must ensure that limitations in learning environments do not impede the accomplishment of objectives

To facilitate the comparability of educational experiences and the equivalency of assessment methods, the course or clerkship/clerkship rotation director should orient all participants, both faculty and students, to the educational objectives and grading system used. This orientation can be accomplished through regularly scheduled meetings between the director of the course or clerkship/clerkship rotation and the directors at the various instructional sites that are used.

The course and clerkship/clerkship rotation leadership should review medical students' evaluations of their experiences at all instructional sites to identify any persistent variations in educational experiences or assessment methods.

ED-25-A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety.

The accountability of physicians and non-physicians who supervise medical students in clinical learning settings will be clearly described in the program's policies and procedures. The level of responsibility delegated to the student by the supervisor will be appropriate for the student's level of training, and the activities supervised will be within the scope of practice of the supervising health professional

ED-41. The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms.

The medical education program should be able to demonstrate the means by which faculty at each instructional site participate in and are held accountable for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship (or, in Canada, clerkship rotation) leadership. Mechanisms to achieve functional integration may include regular meetings or electronic communication, periodic visits to all instructional sites by the course or clerkship rotation leadership, and sharing of student assessment data, course or clerkship/clerkship rotation evaluation data, and other types of feedback regarding faculty performance of their educational responsibilities.

ED-44. In a medical education program, medical students assigned to each instructional site should have the same rights and receive the same support services.

FA-2. A medical education program must have a cohort of faculty members with the qualifications and time needed to deliver the curriculum and to meet the other needs and missions of the institution.

FA-4. A member of the faculty in a medical education program must have the capability and continued commitment to be an effective teacher.

> A community physician appointed to the faculty of a medical education program, on a part-time basis or as a volunteer, should be an effective teacher, serve as a role model for medical students, and provide insight into contemporary methods of providing patient care.

FA-7. There must be clear policies in place at a medical education program for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean.

FA-10. A faculty member of a medical education program should receive regularly scheduled feedback on his or her academic performance and progress toward promotion and, when applicable, tenure.

ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

> Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

> Written agreements are necessary with hospitals that are used regularly as inpatient sites for core clinical clerkships (or, in Canada, clerkship rotations). Additionally, such agreements may be warranted with other instructional sites that have a significant role in the clinical education program.
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> Such agreements will provide for, at a minimum:
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> > The shared responsibility with the medical education program for creating and maintaining an appropriate learning environment.
> >
> > The role of the medical education program in the appointment and assignment of faculty members with responsibility for medical student teaching