

The Clerkship Director and the LCME

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Learning Objectives

1. Describe LCME origin & role in med ed
2. Describe what to know about LCME's interaction with SOM & how it affects clerkship
3. Describe several problematic "ED's" for surgery CDs & possible solutions

"Liaison Committee for Medical Education"

- 1942 AAMC and AMA united to:
 - Protect medical students from draft
 - Share cost of assuring quality
 - SOMs pressured to for continuous sessions & accelerated curriculum

LCME

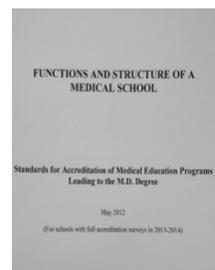
- Joint or "liaison" board created
- 2 co-chairs alternate meetings
- 2 secretaries alternate years
- 12 US & 1 Canadian prof members
- 2 public, 2 students
- Accreditation is "voluntary", peer-review

LCME

- Initial fee \$25K + team expenses
- "Self-study" begins 18 mo prior to visit
- Full site visit = 5 person team, lead by a chair/dean

LCME

www.lcme.org



LCME Standards

- Institutional Setting IS (16)
 - Governance, administration, academic environment
- Educational Program ED (47-1+4)
 - Ed objectives, curriculum structure/design, content, teaching/assessment, curr mgmt, program eval

LCME Standards

- - Admissions, MS services
- - Number, quality, functions, personnel policies, governance
- - Finances, facilities (general & clinical teaching), library

LCME Standards

- Use of “must” vs “should”
 - Must Absolutely necessary
 - Should Compliance expected absent justifiable circumstances

The LCME & Your SOM

- Read the standards!
- Meet with your Dean
 - Where in the 8 year cycle? Last site visit?
 - What citations? Length of re-accreditation?
 - Citations specific to clerkships

The LCME & Your SOM

- Attend Clerkship Director Committee meetings
 - If you don't have one, get one
 - Address global clerkship issues together
 - Source of ideas, support, strength

The LCME & Your Clerkship

- Citations specific to Surgery Clerkship
- Review Student Clerkship Evals
- Good time to review:
 1. Learning objectives/goals
 - For every event/session
 - Relate to SOM Ed Program Objectives
 - Widely disseminated faculty, residents, students

The LCME & Your Clerkship

- Review:
 2. Curriculum
 -
 -
 -
 3. Process to determine #/kinds pts & monitor
 4. Remediation process
 5. Work hours

Know Your EDs!!

ED1/3- Goals & Obj	ED28 - Assess clinical decision making
ED2- Monitor patient types	ED30/31- Fair & timely feedback, early enough to remediate
ED5- Promote indep study	ED35/37- periodic review(today)
ED6/13- Teach fundamental prin of medicine & concepts	ED36- sufficient resources for CD
ED7/11- incorp Basic sciences	ED40- Officers @ each site
ED8- Comparable educational experiences	ED41- Single standard grading scale- Use outcome data to evaluate clerkship
ED12- hands-on experience of lab or practical care	ED47- Incorporate student evaluations
ED24 - residents know objectives	
ED25 - measure achievement by a variety of measures	
ED27 - Direct obs core skills	

Problematic EDs

- ED 1 - Learning Objectives
 - Behaviorally based
 - Short list
 - Instruction/assessment for each
 - Where else are they taught?

Problematic EDs

- ED 2 – Define, monitor & modify patient experiences
 - Short list
 - Can use non-human resources (WISE MD, Surgery 101, UT Southwestern modules, etc.)
 - Observe in other ORs

Problematic EDs

- ED 5A – Active learning and independent study
 - Provide opportunities to develop lifelong learning skills
 - “Explicit experiences” w assessment & feedback

Problematic EDs

- ED 8 – Comparability across clinical sites
 - Faculty must have appointments
 - Entire clerkship at several institutions vs rotations on services at different hospitals within the same clerkship period

Problematic EDs

- ED 24 – Residents/fellows as teachers
 - Must be familiar with clerkship objectives
 - Must be prepared for teaching/assessment
 - System for evaluation/remediation

Problematic EDs

- ED 25 - Supervision by faculty
- ED 27 - Direct observation core clinical skills, behaviors, attitudes

Problematic EDs

- ED 31 – Formal feedback early enough to remediate
 - Any clerkship/clerkship rotation > 4 weeks

Problematic EDs

- How can you help the Dean?
 - Basic science, research
 - Ethics
 - Preventive, acute, chronic, rehab, end-of-life
 - Outpatient vs inpatient, primary care
 - Geriatrics, radiology, pathology
 - Communication skills, violence/abuse
 - Diverse cultures and belief systems, gender bias

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Summary

- New CDs must:
 - Be familiar with LCME role in med ed
 - Know LCME Standards
 - Know big curricular picture:
 - What your clerkship can, and cannot, provide
 - What your obligations are/how you help your SOM meet the Standards

Resources

- Alliance for Clinical Education Clerkship Director's Handbook (3rd ed)
 - <http://familymed.uthscsa.edu/ACE/guidebook.htm>
- LCME
 - www.lcme.org
- ASE Clerkship Directors Committee
- McLaughlin SA, Hobgood C, Binder L, et al. Impact of the LCME requirements for EM education at US SOMs. Acad Emerg Med 12: 1003-09, 2005.

Questions?



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