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

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 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

LCME Standards

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

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

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

Know Your EDs!!

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

Know Your EDs!!

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

Questions?

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