Accreditation of US and Canadian Medical Education Programs

LCME

Naples Florida, January 19, 2013

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TOPICS TO COVER

• HISTORY OF THE LCME
• LCME ORGANIZATION, MEMBERSHIP, AND FINANCING
• DISTRIBUTED EDUCATION
• SCHOLARLY ENVIRONMENT
• INTERNATIONAL ACTIVITIES
• QUESTIONS FROM YOU!
History of the LCME
LIAISON Committee on Medical Education

- 1847 AMA founded
- Council on Medical Education 1904
- 1876 AAMC founded
- Collapsed in 1882 and restarted in 1890
- 1919 AMA-AAMC joint inspection
- 1942 Creation of the LCME
- 2012 Creation of the LCME Council
LCME ORGANIZATION, MEMBERSHIP, AND FINANCING
AMA: 3 members
AAMC: 3 members
LCME: 3 members

LCME Council
AMA: 3 members
AAMC: 3 members
LCME: 3 members

LCME
19 members
THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME) MEMBERSHIP

The 19-member LCME includes relevant stakeholder groups:
- 15 professional members (medical school deans/associate deans/senior faculty); many still practice medicine
- 2 members of the public with no ties to medical education
- 2 medical students in their senior (4\textsuperscript{th}) year

Members serve 6-year terms except for the medical students

Secretariat staff offices are based at the AMA and the AAMC
APPOINTMENT OF LCME MEMBERS

• 14 US professional members
  7 nominated through the AMA and 7 nominated through the AAMC. Vetted by the Council who forwards 2 names for each position. Elected by the LCME

• Chair of the Committee on the Accreditation of Canadian Medical Schools

• 2 public members
  Nominated through the Council and elected by the LCME

• 2 student members
  1 nominated through the AMA and 1 nominated through the AAMC. Vetted by the Council who forward 2 names for each position. Elected by the LCME
LCME FINANCES

• No fees charged to schools except for requested consultations and developing schools application fee

• Each sponsor pays for and sets the size of its own staff/LCME staff are employees of the sponsor

• Sponsors supply services (HR, accounting, IT)

• Sponsors divide the operational costs (meetings, survey visits, etc)
DISTRIBUTED EDUCATION
Assuring that there is Comparability of Clinical Experience is Crucial

1. 45 schools had regional campuses: 105 campuses in total

2. Types of Hospitals Used for Inpatient Teaching

<table>
<thead>
<tr>
<th>Type</th>
<th>Schools</th>
<th>Total Hospitals</th>
</tr>
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<tbody>
<tr>
<td>University Hospital</td>
<td>61</td>
<td>101</td>
</tr>
<tr>
<td>Not-for-profit/private</td>
<td>118</td>
<td>679</td>
</tr>
<tr>
<td>For-profit/private</td>
<td>47</td>
<td>135</td>
</tr>
<tr>
<td>Public (state/county/city)</td>
<td>70</td>
<td>147</td>
</tr>
<tr>
<td>Federal (VA/Dept of Defense)</td>
<td>101</td>
<td>145</td>
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ED-8 Comparability

• 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.
ED-2 Clinical Cases

- 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.
Interprofessional Education (IPE) Activity Card

Student Name: Sara Winn  Date: 1/11/13

Clerkship/Rotation where activity occurred: Internal Med B5

Name & Profession of Health Professional you worked with (their pager/phone#/email address)

Samantha Swinhart, PharmD  swinhart@
ED-2 Clinical Cases

Sara Winn

(R) = Required (Direct or Team Care)

☑ Acid Base Disorder
☑ Acute Kidney Disease
☑ Anemia
☑ Chest Pain
☑ Chronic Kidney Disease
☑ CHF
☑ Diabetes I or II
(R) DVT/PE
☑ Dyspnea
☑ Fever
☑ GERD
Late Shift Card – until 8pm

Name: Sara Winn
Date: 1/8/13

“I attended evening checkout” ☑

Admissions: please document any admission done that day

<table>
<thead>
<tr>
<th>Pt info</th>
<th>Hx/Px</th>
<th>H&amp;P</th>
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☑ There were no admissions

Assuming there are admissions, to get credit for the shift, all of the above must be completed.

Hx/Px, H&P must be performed completely – they may be done after the intern has completed the assessment.

“The above information is correct to the best of my knowledge”

Intern signature: [Signature]

Student signature: [Signature]
Comparable Support Services

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.
Central Authority

• ED-39. The chief academic officer of a medical education program must be responsible for the conduct and quality of the educational program and for ensuring the adequacy of faculty at all instructional sites.

• ED-40. The principal academic officers at each instructional site of a medical education program must be administratively responsible to the program’s chief academic officer.
SCHOLARLY ENVIRONMENT
ACCREDITATION STANDARDS REQUIRE A SCHOLARLYLY ENVIRONMENT

IS-13: A medical education program must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars

- There is no specific level or type of research required
- Research can be conducted in collaboration with outside entities
SCHOLARLY ENVIRONMENT (con’t)

IS-14. An institution...should make available sufficient opportunities for medical students to participate in research and other scholarly activities of its faculty and encourage and support medical student participation.

• Includes informing students of availability, accommodating student interests, and providing funding/resources

• There is no requirement that students engage in research
FA-5. A faculty member should have a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning

- The LCME reviews evidence of faculty scholarly activity by department
- There is an expectation of mentorship for junior faculty
INTERNATIONAL ACTIVITIES
US and Canadian medical schools

Non-US/Canadian Schools

WFME

LCME

International Quality Improvement

Tools

• Standards
  • Other

Recognition of Accreditors

LCME Standards

Acknowledgements