

2016

[LCME Standards for Residents As Educators]

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Introduction

This document contains the LCME standards relevant to residents in their role as educator in the undergraduate medical student education program. The first section contains relevant standards from the 2017-18 standards to take effect in July 2016.

The standards that LCME will apply during a review process are those in effect for the year in which the institution will be reviewed. UA College of Medicine-Tucson will be reviewed again in 2020. For the purposes of keeping educators updated on LCME standards and expectations for instructional conduct, I have included the most recent version of LCME standards here.

This document will be updated annually.

The second section contains relevant standards currently in effect, and effective during the recent accreditation review process at the University of Arizona College of Medicine (2014).

The new standards emphasize the importance of near-peer engagement among medical students and residents (Standard 3, 3.1; 6; formerly addressed by ER-8) and the equal importance of resident development as educators (Standard 9; formerly addressed by ED-24). These standards are the basis of the UA College of Medicine's FID (faculty instructional development) policy that requires ongoing development for all residents for each year of their residency in which they participate in teaching medical students. [More about FID policy...](#)

The intention of this document is to provide access to LCME standards that offer guidance in understanding the role of residents in student education or assist you in orienting residents to their role as educators in the broader system of medical education and academic medicine.

Note: There may be other standards that the College of Medicine Accreditation Office or Dean's Office would consider applicable to residents as educators. The ones excerpted here address FID policy and programs.

FID Contact Information

If you would like to request assistance in developing sessions that address skills and strategies for teaching and assessing medical students for your residency program, please contact:

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LCME Standards Relevant to Residents as Educators 2017-18¹

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

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

3.5 Learning Environment/Professionalism

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

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.

¹ Source: Functions and Structure of a Medical School. Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree; 2014 (Published March 2016 For surveys in the 2017-18 academic year Standards and Elements Effective July 1, 2017) © Copyright March 2014, Liaison Committee on Medical Education (LCME®). All material subject to this copyright may be photocopied for the noncommercial purpose of scientific or educational advancement, with citation.

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

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.

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

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

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

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

9.5 - Narrative Assessment

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

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

9.7 - Formative Assessment and Feedback

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.

LCME Glossary|Formative Feedback

Formative feedback: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve his or her subsequent learning and performance in the medical curriculum. (Element 9.7)

Related Standards re: Faculty Instructional Development

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.

4.5 Faculty Professional Development

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research to enhance his or her skills and leadership abilities in these areas.