[LCME STANDARDS RELEVANT TO DEVELOPMENT OF RESIDENTS AS EDUCATORS]

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Table of Contents

Introduction ............................................................................................................................................. 2
  FID Contact ....................................................................................................................................... 2

LCME Standards 2015-16 .......................................................................................................................... 3
  Standard 3: Academic and Learning Environments ................................................................................. 3
    3.1 Resident Participation in Medical Student Education ......................................................................... 3
  Standard 6: Competencies, Curricular Objectives, and Curricular Design ............................................... 3
    6.1 Format/Dissemination of Medical Education Program Objectives and Learning Objectives ............................................. 3
  Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety ................................. 4
    9.1 Preparation of Resident and Non-Faculty Instructors ....................................................................... 4
    9.2 Faculty Appointments ..................................................................................................................... 4

Current LCME Standards .......................................................................................................................... 5
  Relevant Education Program Standards (ED) .......................................................................................... 5
    ED-3 .................................................................................................................................................... 5
    ED-23 .................................................................................................................................................. 5
    ED-24 .................................................................................................................................................. 5
    ED-25 .................................................................................................................................................. 6
  Relevant Educational Resources Standards ............................................................................................. 6
    ER-8 .................................................................................................................................................... 6
    ER-9 .................................................................................................................................................... 6
    ER-10 ................................................................................................................................................... 7
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 2015-16 standards to take effect in July 2015. 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

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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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.

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 enables its medical students to achieve those competencies and objectives. The 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 Format/Dissemination of Medical Education Program Objectives 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, faculty, residents, and others with responsibility for medical student education and assessment. 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, with central monitoring of their participation in those opportunities provided.

**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.
Current LCME Standards

**Relevant Education Program Standards (ED)**

**ED-3.**

**ED-3.** The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.

**ED-23.**

A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients’ families and to others involved in patient care.

"The medical education program should ensure that medical students receive instruction in appropriate medical ethics, human values, and communication skills before engaging in patient care activities. As students take on increasingly more active roles in patient care during their progression through the curriculum, adherence to ethical principles should be observed, assessed, and reinforced through formal instructional efforts."

"In medical student-patient interactions, there should be a means for identifying possible breaches of ethics in patient care, either through faculty or resident observation of the encounter, patient reporting, or some other appropriate method."

"The phrase "scrupulous ethical principles" implies characteristics that include honesty, integrity, maintenance of confidentiality, and respect for patients, patients’ families, other students, and other health professionals. The program’s educational objectives may identify additional dimensions of ethical behavior to be exhibited in patient care settings."

**ED-24.**

At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship (or, in Canada, clerkship rotation) and be prepared for their roles in teaching and assessment.

"The minimum expectations for achieving compliance with this standard are that: (a) residents and other instructors who do not hold faculty ranks (e.g., graduate students and postdoctoral fellows) receive a copy of the course or clerkship/ clerkship rotation objectives and clear

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2 These standards applied also to the recent (2014) accreditation review process for the UA College of Medicine.
guidance from the course or clerkship/clerkship rotation director about their roles in teaching and assessing medical students and (b) the institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. There should be central monitoring of the level of residents’ and other instructors’ participation in activities to enhance their teaching and assessment skills.

There should be formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate. Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship/clerkship rotation evaluations or focus groups, or any other suitable method.

ED-25.

Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkships (or, in Canada, clerkship rotations) by members of the institution’s faculty.

Relevant Educational Resources Standards

ER-8.

ER-8. Required clerkships (or, in Canada, clerkship rotations) at a medical education program should be conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students.

It is understood that, at some medical education programs, there may not be resident physicians at some community hospitals or community clinics or the offices of community-based physicians. In those cases, medical students must be adequately supervised by attending physicians.

ER-9.

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, affiliation agreements may be warranted with other instructional sites that have a significant role in the clinical education program.

Affiliation agreements should address, at a minimum, the following topics:
• The assurance of medical student and faculty access to appropriate resources for medical student education.

• The primacy of the medical education program over academic affairs and the education/assessment of medical students.

• The role of the medical education program in the appointment and assignment of faculty members with responsibility for medical student teaching.

• Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.

• The responsibility shared with the medical education program for creating and maintaining an appropriate learning environment.

If department heads of the medical education program are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to ensure faculty and medical student access to appropriate resources for medical student education.

The medical education program should advise the LCME and the CACMS, when applicable, of anticipated changes in affiliation status of the program’s clinical facilities.

ER-10.

In the relationship between a medical education program and its clinical affiliates, the educational program for medical students must remain under the control of the program’s faculty at each instructional site.

Regardless of the location in which clinical instruction occurs, department heads and faculty of the medical education program must have authority consistent with their responsibility for the instruction and assessment of medical students.

The responsibility of the clinical facility for patient care should not diminish or preclude opportunities for medical students to undertake patient care duties under the appropriate supervision of the medical education program’s faculty and residents.