www.allianceforclinicaleducation.org

LCME Answers Questions from ACE

At the annual meeting in November, Drs. Barbara Barzansky, LCME Secretariat, and John Fogarty, Chair-Elect were invited to provide updates from LCME.

Dr. Fogarty said the current standards are changing. He said the change has been very deliberate. During the 2 year self-study process, they attempted to streamline the standards, reduce redundancies, and add clarity. The new accreditation standards going into effect July 1, 2015. There are now 12 high level Standards with about 95 Elements. There are no annotations or the "must" or "should" language.

Dr. Barzansky addressed the top areas of non-compliance relevant for clerkship directors. In the new element related to evaluation, the students are to receive their grades within a particular time frame. The LCME looks for systems to know that the process can be accomplished. This allows for flexibility for untoward events.

Affiliation agreements are a major issue. One of the issues relates to the learning environment at the clinical sites and the college is responsible for that.

Another common issue is the patient encounter log. Clerkship Directors have to specify the clinical condition students should encounter and who decides that. The second part is that it has to be monitored. If students are unable to see a particular condition with a patient, what decisions are being made about it?

A new issue is that a policy is in place such that a physician who treats students as patients is not going to be evaluating them as an instructor. It is worthwhile to have a conflict of interest statement related to preceptor: student relationships. It is important that the faculty know this is the policy.

Dr. Barzansky also noted that the standard related to residents as teachers is a big issue. Notifying residents of clerkship learning objectives cannot just be an email. Clerkship directors need to review the objectives, patient encounter log information, and clinical expectations with residents. This meeting needs to be documented. Ultimately, there needs to be central monitoring that it is done.

The final issue is the observation of histories and physical examinations. This has changed dramatically because of the way they changed the wording on the AAMC Graduate Questionnaire. The mid-clerkship feedback question has also been changed.

In This Issue

Upcoming Events

2015 STFM Meeting
February 5-8, 2015
Atlanta, GA

2015 APGO Meeting
March 4-7, 2015
San Antonio, TX

2015 COMSEP Meeting
March 12-14, 2015
New Orleans, LA

2015 CNCD Meeting
April 18-25, 2015
Washington, DC

2015 ASE Meeting
April 23-25, 2015
Seattle, WA

2015 CDEM Meeting
May 12-15, 2015
San Diego, CA

2015 ADMSEP Meeting
June 18-20, 2015
Stowe, VT

2015 CDIM Meeting
October 8-10, 2015
Atlanta, GA

ACE Contact Information

Alliance for Clinical Education
982184 Nebraska Medical Center
Omaha, NE 68198-2184
Office: 402-559-7351
email: gbeck@unmc.edu
ACE Website

One issue that was raised involved the perception of discrepancies between the site visit teams. Dr. Barzansky said the teams are created based on the type of school. There is one member of the LCME or the Secretariat on each team. The team chair develops the report then that goes to the LCME. If there are concerns about a team, a report may be submitted to the LCME and it is detailed on their website how to do it.

Dr. Barzansky said there is a publication coming out to address the constellation of citations that will put the school on probation.

Medical Student Mistreatment Panel

At the 2014 ACE Panel at the AAMC, a standing room only audience was present for the discussion on Student Mistreatment.

The panel was moderated by ACE President, Dr. Sue Cox, and included ACE Board members, Drs. Bob Nesbit and Nutan Vaidya, as well as Dr. Joyce Fried, Assistant Dean at UCLA and Dr. Anthony Meyer, Chair of Surgery at UNC. Dr. Nesbit reviewed the background of the "modern" concern with medical student mistreatment which really began with a JAMA Commentary paper by University of Colorado pediatrician Henry Silver in 1982 in which he likened the changes he saw in medical students to those he had seen in abused children. Eight years later, again in JAMA, Silver published data from a survey of over 400 medical students noting that 81% of those who were seniors reported that they had been abused. In response to this and other studies, starting with the 1991 Graduation Questionnaire the AAMC began asking questions about abuse and over the first ten years of the survey twelve to twenty percent of students reported mistreatment.

Dr. Fried discussed her longitudinal study of student mistreatment at UCLA published in Academic Medicine in 2012 which showed little positive effect of thirteen years of major administrative efforts to improve the educational climate at that school. She also described subsequent techniques which appear to be having beneficial effects.

Dr. Vaidya noted that she had studied mistreatment in various other cultures and found that student abuse appears to be universal in medical training.

Dr. Meyer presented the experience at the University of North Carolina where establishing a code of conduct, facilitating prompt reporting of abuses and following up aggressively on all instances has achieved an improvement in the student experience.

Multiple questions from the audience evinced the timeliness and controversies surrounding the topic of student mistreatment.

New *Teaching & Learning in Medicine* Feature

At the annual meeting in November, Dr. Anna Cianciolo came to discuss items related to our relationship with TLM. She announced that

they have a new feature in the journal and would like members of ACE constituent organizations to consider submitting manuscripts. Below is a description of the new Educational Case Reports.

Educational Case Reports. The practitioner's personal experience with teaching and learning can provide valuable information about the context to which some researchers expect their findings to apply. Educational Case Reports present detailed reflections on educational interventions tried at a single institution, including novel approaches to instruction, assessment, and admissions/selection. These articles document in-depth what was tried, why, and under what conditions and present a process and outcome analysis of lessons learned. Taken together, Educational Case Reports should reveal trends in educational need and everyday factors that influence what and how health professionals learn.

Manuscripts must be submitted electronically at http://mc.manuscriptcentral.com/htlm.

Maximum target length for manuscripts, excluding references, appendices, and table/figure captions, is 5,000 words.

Abstract target length is 300 words, with the following required structure:

Problem (Briefly state the practical learning or performance gap addressed by the intervention)

Intervention (Briefly describe the intervention, specifying why it addresses the practical problem)

Context (Briefly summarize the context in which the intervention was implemented)

Outcome (Briefly describe what happened to educational process and outcomes when the intervention was implemented)

Lessons Learned (Briefly summarize the lessons learned that other educators can use when attempting to address a similar practical problem)

COMING MARCH 2015: ACE Handbook on Medical Student Evaluation and Assessment

This comprehensive book derives from some chapters in the indispensable fourth edition of the Guidebook for Clerkship Directors, but expands upon those chapters and contains critical new information about milestones, professionalism, and program evaluation.

It is useful not only for clerkship directors, but also for preclinical educators, teachers of electives and subinternships, the dean's office, the student affairs office, residency and fellowship program directors, and anyone who teaches, advises, or mentors medical students. It discusses all aspects of assessing learners, with well-referenced presentations starting from basic definitions, progressing through

various assessment methods, and including reviews of the legal aspects of assessments.

Pre-order at www.gegensatzpress.com.
$39.95 print, $15.99 e-book

Survey of Medical School Clerkship Support

The Alliance for Clinical Education is collaborating with Kathryn Huggett, PhD on a national, multispecialty study of administrative support models for clerkships. We would greatly appreciate it if every family medicine clerkship director would consider completing the survey. The survey is relatively brief, and takes 10 - 15 minutes to complete - just click on the link below to go straight to the survey. We anticipate findings that will prove helpful to clerkship directors.

Rob Hatch, MD, MPH
ACE Research Committee Chair

Survey of Medical School Clerkship Administrative Support Models Participant Information for Clerkship Directors

STUDY PURPOSE: The purposes of this survey are to: Describe the types and scope of resources for administrative support of medical school clerkships; describe the models for administrative support of medical school clerkships; identify any new models, especially details of administrative support for longitudinal integrated clerkships; compare responses of curriculum deans and clerkship directors; and offer recommendations on effective models.

PROCEDURES: To access the online survey: https://www.blueq-surveys.creighton.edu/se.ashx?s=46BEEE7F0F095986

CONFIDENTIALITY: All responses will be kept confidential and data will be reported in aggregate. Direct quotations from comments will be used only for illustrative purposes and the researchers will ensure that no identifying information will be listed in these quotations.

PAYMENT: There is no payment for participation in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS: For questions about the research project or logistical issues, contact Dr. Kathryn Huggett at kathrynhuggett@creighton.edu or 402-280-3600. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the Creighton University Human Research Protection Program at 402-280-2126 or by email at IRB@creighton.edu.

VOLUNTARY NATURE OF STUDY: Taking part in this study is voluntary and confidential. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision

whether or not to participate in this study will not affect your current or future relations with the investigators, Creighton University School of Medicine, or the Alliance for Clinical Education (ACE).

About the Alliance for Clinical Education

The Alliance for Clinical Education (ACE) is a multidisciplinary group formed in 1992 to enhance clinical instruction of medical students. This brochure is an update on our activities. ACE's mission is to foster collaboration across specialties in order to promote excellence in clinical education of medical students. Its members include representatives of the groups which direct the core clinical clerkships in our medical schools, such as the following national organizations of clerkship directors:

- Association for Surgical Education (ASE)
- Association of Directors of Medical Student Education in Psychiatry (ADMSEP)
- Association of Professors of Gynecology and Obstetrics (APGO)
- Clerkship Directors in Emergency Medicine (CDEM)
- Clerkship Directors in Internal Medicine (CDIM)
- Consortium of Neurology Clerkship Directors/American Academy of Neurology (CNCD)
- Council on Medical Student Education in Pediatrics (COMSEP)
- Society of Teachers of Family Medicine (STFM)

ACE plays a key role in issues related to multi- and interdisciplinary undergraduate clinical medical education. It has worked cooperatively, within its membership and in conjunction with other public and private organizations, to develop policies, projects and publications that directly impact medical student education.

University of Nebraska Medical Center | 982165 Nebraska Medical Center | Omaha | NE | 68198-2165