



LCME Newsletter #5 – May 2020

Subcommittee Updates

During April, the following elements have gone through an initial review by subcommittees:

Organizational & Leadership Subcommittee: 1.3 Mechanisms for Faculty Participation—College wide standing committees will need to review their charges for completeness (membership, procedures, etc.)

Academic & Learning Environments: 3.3 (Faculty & Staff) Diversity/Pipeline programs and partnerships—Subcommittee worked on determining how BCM defines “senior administrative staff” and providing recent examples of diversity initiatives for faculty recruitment and retention.

Faculty & Resources Subcommittee: 4.1 Sufficiency of Faculty, 4.2 Scholarly Productivity—Departments provided data for scholarly productivity. More information on departments’ anticipated recruitment and attrition efforts will be gathered over the summer.

Curricular Objectives & Content Subcommittee: 6.5 Elective Opportunities, 6.7 Academic Environments—BCM provides sufficient opportunities for medical students to explore specialty choices and participate in informal programs with students/professionals from other graduate and/or professional degree programs.

Curriculum Management & Assessment Subcommittee: 8.6 Monitoring of Completion of Required Clinical Experiences, 8.7 Comparability of Education/Assessment - The subcommittee has recommended that the Curriculum Committee determine what metrics will be used to determine the comparability of education/assessment across sites.

Medical Student Experience Subcommittee: 10.6 Content of Informational Materials, 10.7 Transfer Students, 10.8 Visiting Students—A policy on transfer students will need to be approved. In addition, a process to track visiting students’ performance assessment submission has been created.

Institutional Student Analysis Subcommittee: The ISA subcommittee has completed their report and have submitted it to the Dean and subcommittees for review.

Elements of the Month

Element 9.4 Assessment System

Element 9.7 Formative Assessment & Feedback

Element 9.8 Fair & Timely Summative Assessment

Element 9.4 states that a medical school must have a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills, behaviors, and attitudes specified in medical education program objectives.

Element 9.7 states that a medical school’s curricular governance committee must ensure 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.

Element 9.8 states that a medical school must have in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are to be available within six weeks of the end of a course or clerkship.

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Element 9.4 — Assessment System

LCME defines Assessment as the systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician.

What Policy does BCM have in place for this element?

28.1.03 - Direct Observation Policy. Direct observation is defined as an assessment based on the live performance of a medical trainee's clinical skills that is designed to provide feedback on skills essential to the delivery of high-quality clinical care.

Who is responsible for observing Medical Students on Core Clerkships?

Medical students on core clerkships must be directly observed by BCM physician faculty during select clinical encounters with patients for the purpose of student assessment and formative feedback.

What is included in Direct Observation?

Direct observation may include observation of part or all of a patient's history and/or mental status/physical exam. All students must be observed performing at least part of a history and part of a mental status/physical examination during each clerkship.

How is Direct Observation of Clerkships Documented?

Completion of clerkship requirements for direct observation will be affirmed through an electronic or written form, including electronic or written signatures of physician faculty members responsible for determining that defined clinical objectives have been met by each student. At the end of the clerkship, clerkship leadership is responsible for completing an initial review of each written document to verify student completion of requirements in the clinical setting. Clerkship leadership is also responsible for verifying whether participating faculty members have completed a sufficient number of Direct Observation Forms. .

What happens if Direct Observation has not occurred by midpoint?

If direct observation has not occurred by the midpoint, the student's clerkship preceptor or other supervising faculty member will be identified and contacted directly by a designated midpoint evaluator to schedule a direct observation.

Table 1. Required Number of Direct Observations by BCM Physician Faculty

Clerkship Length	Minimum # of Direct Observations	Minimum # required direct observation of part or all of HISTORY	Minimum # required direct observation of part or all of MENTAL STATUS and/or PHYSICAL EXAM
4 Weeks	1	1	1
6 Weeks	2	1	1
8 Weeks	2	1	1

To review the policy in full, please see here:
[28.1.03 - Direct Observation Policy](#)

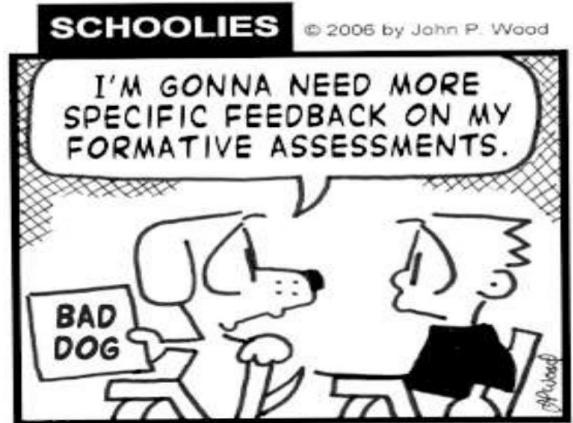
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Element 9.7 — Formative & Assessment & Feedback

All BCM Course Directors are responsible for ensuring that faculty members who teach, facilitate, or precept medical students provide verbal or written midterm feedback, including an overall evaluation of a student's progress towards completion of course requirements, in order to allow the student sufficient time for remediation.

What Policy does BCM have in place for this element?

28.1.02 - Midterm Feedback Policy. This policy is necessary to comply with Liaison Committee on Medical Education (LCME) standard 9.7. This policy requires collective supervision by all current Course Directors in the BCM School of Medicine.



What are the Midterm Feedback Requirements for Faculty?

In the core clerkships, Course Directors ensure that faculty members provide written midterm feedback using the Midterm Feedback and Evaluation Form or other means of formal documentation as approved by the Dean or designee.

What are some of the Procedures for Implementation and Review for Foundational Sciences and Clinical Courses?

Foundational science Course Directors provide mid-course feedback using a variety of formative examinations, sample questions with delayed release of answers, on-line examinations, homework assignments and laboratory practicums that occur early enough in each term that the student can take actions to remedy deficiencies. The mid-course assessment method is documented in the course overview document which is created for every pre-clinical course by the course director and reviewed and approved by the Associate Dean of Curriculum or designee.

Clinical Courses- Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by Course Directors and leaders to confirm that they are completed. Faculty members should identify deficiencies in clinical performance and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues. During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director works to address and rectify any deficiencies.

At the end of each course, the Curriculum Office surveys students on whether they have received formal feedback.

How are results summarized and who reviews them?

On a periodic basis, compliance results are summarized by the SOM Curriculum Office and distributed to the Curriculum Committee, Clerkship Directors, Department Chairs, Dean of the School of Medicine, and the Provost.

To review the policy in full, please see here:

[28.1.02 - Midterm Feedback](#)

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2019 AAMC Graduation Questionnaire—Direct Observation and Mid-clerkship Feedback

Each year, AAMC provides BCM with a 50-page report with numeric outcomes from our graduates' responses to the annual Graduation Questionnaire (GQ). Beginning in 2016, AAMC began providing a supplementary "AAMC Benchmark Report", allowing us to determine BCM's percentile ranking relative to other US medical schools, in terms of student responses to the various items on the GQ. The analysis below summarize direct observation and mid-term feedback results.

	BCM 2019 % Yes	BCM 2018 % Yes	BCM 1yr % Change	National 2019 % Yes	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
"Were you observed taking the relevant portions of the patient history?"						
Family Medicine	97.30%	97.60%	-0.30%	91.60%	5.70%	Btwn 75 th (96.4%) & 90 th (98.3%)
Internal Medicine	100.00%	99.40%	0.60%	94.30%	5.70%	Above 90 th (99.3%)
Neurology	98.00%	95.90%	2.10%	85.90%	12.10%	Above 90 th (97.0%)
Ob-Gyn/Women's Health	99.30%	97.60%	1.70%	85.90%	13.40%	Above 90 th (95.6%)
Pediatrics	100.00%	98.20%	1.80%	93.20%	6.80%	Above 90 th (98.5%)
Psychiatry	100.00%	98.80%	1.20%	93.80%	6.20%	Above 90 th (99.2%)
Surgery	93.20%	89.90%	3.30%	77.60%	15.60%	Above 90 th (90.6%)
"Were you observed performing the relevant portions of the physical or mental status exam?"						
Family Medicine	98.60%	97.60%	1.00%	92.90%	5.70%	Btwn 75 th (96.9%) & 90 th (98.7%)
Internal Medicine	100.00%	99.40%	0.60%	95.00%	5.00%	Above 90 th (98.9%)
Neurology	98.60%	98.20%	0.40%	92.40%	6.20%	Btwn 75 th (97.2%) & 90 th (98.9%)
Ob-Gyn/Women's Health	99.30%	98.20%	1.10%	94.20%	5.10%	Above 90 th (97.6%)
Pediatrics	100.00%	98.80%	1.20%	94.60%	5.40%	Above 90 th (99.1%)
Psychiatry	100.00%	98.20%	1.80%	92.60%	7.40%	Above 90 th (98.8%)
Surgery	94.60%	91.70%	2.90%	82.80%	11.80%	Above 90 th (92.9%)
"Were you provided with mid-clerkship feedback?"						
Family Medicine	98.60%	97.10%	1.50%	95.60%	3.00%	Btwn 50 th (96.6%) & 75 th (98.7%)
Internal Medicine	100.00%	98.80%	1.20%	98.20%	1.80%	At 90 th (100%)
Neurology	99.30%	98.20%	1.10%	89.80%	9.50%	Above 90 th (98.9%)
Ob-Gyn/Women's Health	98.60%	98.20%	0.40%	94.20%	4.40%	At 75 th (98.6%)
Pediatrics	100.00%	99.40%	0.60%	96.80%	3.20%	At 90 th (100%)
Psychiatry	100.00%	99.40%	0.60%	95.00%	5.00%	At 90 th (100%)
Surgery	96.60%	97.60%	-1.00%	92.50%	4.10%	Btwn 50 th (93.7%) & 75 th (97.4%)

Element 9.8 — Fair & Timely Summative Assessment

The Baylor College of Medicine (BCM) School of Medicine (SOM) has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. The purpose of this policy is to establish a time frame in which course directors should submit final grades to the Office of the Registrar.

What is the timeframe for final grades to be submitted and released to and from Office of Registrar?

BCM Course Directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks (28 calendar days) of the end of a course (including the NBME examination if applicable). The Office of the Registrar will release grades to students within 1-2 business days.

Course Directors are responsible for ensuring that grades are submitted within the designated four-week period, and for informing the leadership of any issues that may impede full compliance with this policy.

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What are some of the Procedures for Implementation and Review for Foundational Sciences and Clinical Courses?

Departments, designated administrators, course/clerkship directors, and course/clerkship coordinators are responsible for developing an internal process for tracking and submitting final grades. A “past due” email will be sent out by the Office of Accreditation until grades are submitted. Late grades require escalated communication to deans and departmental leadership. Timeliness of grade submission data is reviewed on a regular basis by the Curriculum Committee and appropriate subcommittees.

Timeliness of Grades for Clerkships January 01, 2019 - December 31, 2019							
Clerkship	FM	MED	NEURO	OBG	PEDS	PSYC	SURG
Average in Weeks (Longest)	3.1 (3.9)	3.6 (3.6)	3.9 (4.0)	3.0 (3.9)	3.7 (3.9)	3.9 (4.0)	3.9 (4.0)

To review the policy in full, please see here:
[28.1.01 - Grade Submission Policy](#)

COVID-19 and LCME

For information on accreditation-related resources and information as they become available related to COVID-19 please visit <https://lcme.org/covid-19/>.

In our next LCME Newsletter ...

In the June newsletter we will look at elements 5.7, 5.8 and 5.9, which look at resources. You will also be provided with our monthly subcommittee updates and any other LCME information as it pertains to our upcoming site visit. For more information please visit our LCME website at www.bcm.edu/lcme.

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Resources

BCM Self-Study Website:
www.bcm.edu/lcme

LCME: <https://lcme.org/>

Policies & Procedures: (intranet)

[https://intranet.bcm.edu/index.cfm?
fuseaction=Policies.Policies](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies)

SOM Student Handbook

[https://www.bcm.edu/education/
schools/medical-school/md-program/
student-handbook](https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook)

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