



LIAISON COMMITTEE ON
MEDICAL EDUCATION

CONNECTIONS

Educational Resources (ER) Standard

Updated May 2012

The information provided in this document is developed from the most recent versions of LCME documents (see version information below). Programs that began the accreditation process using previous versions of the standards, database questions, and self-study questions may notice some differences. This is to be expected given that schools generally start their self-study process approximately 15 months before their scheduled survey visit, and so are using the materials in place at that time.

Function and Structure of a Medical School, *May 2011*

Guide to the Institutional Self-study, *for survey visits in 2012-2013*

Medical Education Database, *for survey visits in 2012-2013*

Survey Report Guide, *August 2011*

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

Such agreements will provide for, at a minimum:

- *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 shared responsibility 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, such agreements 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.

DATABASE QUESTIONS

a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations*, insert a copy of the current affiliation agreement with the medical school in the Appendix (red binder).

*Does not include clinical selectives, subspecialty, or widely dispersed, purely ambulatory clerkship rotations (e.g., at individual preceptors' offices).

b. For each inpatient clinical teaching site in (a) above, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Signed Affiliation Agreement	Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/Assignment	Specification of Responsibility for Treatment/Follow-up of Student Occupational Exposure

c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school’s authority to conduct educational activities for its students.

d. Do the affiliation agreements address the shared responsibility for creating a positive learning environment and for the development of professionalism in medical students. If not, are there other formal documents (e.g., signed MOUs) that address this requirement?

Also see information for standards MS-30 and MS-31-A in Section III: Medical Students.

SELF-STUDY QUESTIONS

Describe and evaluate the interaction between the administrators of clinical affiliates used for teaching and the administrators of the medical school. Does the level of cooperation between these groups result in a smoothly operating and effective clinical education program? Are all required elements included in affiliation agreements between the medical school and its clinical partners?

SURVEY REPORT GUIDE

Report on whether affiliation agreements exist with all inpatient sites used for required clinical clerkships. Are the affiliation agreements up-to-date and explicit on the role of and expectations for medical students? Note if the affiliation agreements or associated memoranda of understanding include the elements defined in the annotations to standards ER-9 and MS-31-A.

[Back to index](#)