

2023-09-07: Accreditation & Medical Education: Does It Really Improve Student Learning?

The following links were shared during the chat:

- [Standards, Publications, & Notification Forms - LCME](#)
- [Accreditation Standards - American Osteopathic Association](#)
- [ACGME Home](#)
- [Committee on Accreditation of Canadian Medical Schools](#)
- [Accreditation of Medical Education Programs: Moving From Student Outcomes to Continuous Quality Improvement Measures](#)
- [The Relationship Between Accreditation Cycle and Licensing Examination Scores: A National Look](#)
- [Medical School Accreditation Factors Associated With Certification by the Educational Commission for Foreign Medical Graduates \(ECFMG\)](#)
- [World Federation of Medical Education Standards 2020](#)



MedEd Chat (hosted by ACE) @MedEdChat10 hours ago

Topic 1: What accreditation standard has been most beneficial for your students &/or clinical #meded ucator? Why? #MedEdChat Remember to use the hashtag #MedEdChat when you reply! <https://t.co/VuAcA7Z8ey>



Alliance4ClinEd @Alliance4ClinEd10 hours ago

T1 If you have not had a chance to review the #LCME accreditation standards, this link takes you to their documents: <https://t.co/HHh5k0AQ51> #MedEdChat #meded



Alliance4ClinEd @Alliance4ClinEd10 hours ago

T1 For osteopathic schools, accreditation standards are available at <https://t.co/T0CmsOYJwv> @AOAforDOs #MedEdChat #meded



Alliance4ClinEd @Alliance4ClinEd10 hours ago

T1 For #GME program accreditation, @acgme has all of the information for various training program requirements along with common program requirements #MedEdChat #meded <https://t.co/ROTNamJIZd>



Alliance4ClinEd @Alliance4ClinEd10 hours ago

T1 Accreditation for Canadian medical schools is also available at this site: <https://t.co/P1j4ooVY42> #MedEdChat #meded



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh10 hours ago

@MedEdChat #mededchat T1 everything is beneficial to medical students especially the standards related to student support services. For clinical educators, the standards related to supervised learning during clinical years & protected time for teaching #meded



Brenda Roman, MD @BJBRoman9 hours ago

@ArjaSateesh @MedEdChat T 1. Agree that for students, it is really Standard 5-educational resources and infrastructure. Of course, that relates to faculty and staff too-as people are the most important resource for students. #MedEdChat



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)
[@ArjaSateesh](#) [@MedEdChat](#) [#MedEdCHat](#) I agree with what you're saying about [#medstudent](#) services. Do you really think the standards around protected time for teaching are specific enough?



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)
T1 If I had to pick the one that I feel is most beneficial from my perspective is the [#CQI](#) for [#meded](#) (Standard 1). That is incredibly important in such a dynamic field that is always evolving and changing. [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh9 hours ago](#)
[@GLBDallaghan](#) [@MedEdChat](#) [#mededchat](#) T 1 the standard itself might not be enough. But different accreditation bodies inquire about it in different ways for both basic science teachers and clinical educators for protected time of teaching or percentage of time involved in teaching [#meded](#)



MedEd Chat (hosted by ACE) [@MedEdChat9 hours ago](#)
Topic 2: What accreditation standard(s) seem unnecessary for your [#medstudents](#) &/or clinical [#meded](#) uicator? Why? [#MedEdChat](#) <https://t.co/W8v4ap5Z36>



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)
[@ArjaSateesh](#) [@MedEdChat](#) True. Interestingly enough, [@Alliance4ClinEd](#) recently survey clerkship directors who said they were not honest about having that time to teach or run the clerkship. Do we know if those numbers are in fact real? For basic sci educators it's easier...but clinicians? [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)
T2 Going out on a limb on this one, but student evaluation of teaching has been shown for decades to be meaningless. Why are we still doing that? We need better methods of evaluating teaching (like peer observation). [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh9 hours ago](#)
[#mededchat](#) T1 if accreditation bodies can inquire about CQI at every step or process of medical school rather than sporadic two standards, it promotes CQI in the organization [#meded](#)



Brenda Roman, MD [@BJBRoman9 hours ago](#)
[@GLBDallaghan](#) T2. I feel that the standards-and most of the elements are well intended-and serve a purpose as far as ensuring a common ground for all schools-the problem is the over-reliance on some sources of data, like student evaluations and the GQ. [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan9 hours ago](#)
RT [@ArjaSateesh](#): [#mededchat](#) T1 if accreditation bodies can inquire about CQI at every step or process of medical school rather than sporadic two standards, it promotes CQI in the organization [#meded](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 9 hours ago
[@MedEdChat](#) [#mededchat](#) T2 quality assurance and accreditation bodies are too much focused on students outcomes. Maybe it is time to move from student outcomes to CQI [#meded](#)



Colleen M Hayden [@colleenhayden849](#) hours ago
[@GLBDallaghan](#) T1. [#MedEdChat](#) agreed, CQI is absolutely critical. But the only way to improve the accreditation process that WE are beholden is for the accreditors to do REAL CQI on themselves. That would likely address “why still use student evaluations to (near exclusively) assess faculty?”



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
[@BJBRoman](#) I completely agree. The GQ has dropped some of those questions but now the student survey mandates inclusion of some of the same old trope. No progress there! [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 9 hours ago
[#mededchat](#) T2 <https://t.co/jqvzsq8FsX> [#meded](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
RT [@ArjaSateesh](#): [#mededchat](#) T2 <https://t.co/jqvzsq8FsX> [#meded](#)



Colleen M Hayden [@colleenhayden849](#) hours ago
[@BJBRoman](#) [@GLBDallaghan](#) T2. [#mededchat](#) absolutely! Like, how are stakeholders defining “adequacy of student study space?” Over-reliance on only ONE data point is NOT helping us to “get to the bottom” of the issue. What adequacy means to one (student) might not be the same for another (faculty).



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
[@ArjaSateesh](#) T2 Excellent article to share. Thanks! [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat9](#) hours ago
Topic 3: Of the standard(s) previously mentioned, which do you feel has enhanced [#medstudent](#) learning? [#MedEdChat](#) [#meded](#) <https://t.co/cRFhJcvuip>



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 9 hours ago
[@GLBDallaghan](#) [#mededchat](#) T2 I agree. At least student evaluations should be complimented by evaluations by peers or even faculty development committees or medical education units [#meded](#)



Brenda Roman, MD [@BJBRoman9](#) hours ago
[@colleenhayden84](#) [@GLBDallaghan](#) T2 Absolutely-the current system seems to be more of an exercise in futility rather than a focus on innovation and looking at what truly will make a difference in the education of future physicians. [#MedEdChat](#)



Kristina Dzara, PhD, MMSc [@KristinaDzara9](#) hours ago
RT [@MedEdChat](#): Topic 3: Topic 3: Of the standard(s) previously mentioned, which do you feel has enhanced [#medstudent](#) learning? [#MedEdChat](#) [#meded](#) <https://t.co/cRFhJcvuip>



Kristina Dzara, PhD, MMSc [@KristinaDzara9](#) hours ago
RT [@MedEdChat](#): Topic 2: Topic 2: What accreditation standard(s) seem unnecessary for your [#medstudents](#) &/or clinical [#meded](#) ucator? Why? [#MedEdChat](#) <https://t.co/W8v4ap5Z36>



Kristina Dzara, PhD, MMSc [@KristinaDzara9](#) hours ago
RT [@MedEdChat](#): Welcome to the [#MedEdChat](#) (US) I am your moderator for the next hour [@alliance4clined](#) [#meded](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh9](#) hours ago
[@MedEdChat](#) [#mededchat](#) T3 I am not sure which standard particularly enhance everything but a combination of everything such as curriculum assessments and student support. Here is one article showing relationship between accreditation and student performance <https://t.co/9J7m6tozJX> [#meded](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
T3 For me the standard that has a huge impact on [#medstudent](#) learning is LCME 9....Teaching, Supervision, Assessment, and Student and Patient Safety [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh9](#) hours ago
[@colleenhayden84](#) [@GLBDallaghan](#) [#mededchat](#) T1 very critical. Quality assurance for organizations who are monitoring the quality assurance of medical schools is required [#meded](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
RT [@ArjaSateesh](#): [@MedEdChat](#) [#mededchat](#) T3 I am not sure which standard particularly enhance everything but a combination of everything such as curriculum assessments and student support. Here is one article showing relationship between accreditation and student performance <https://t.co/9J7m6tozJX> [#meded](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
RT James Graham [@jamesgraham714](#) Student satisfaction data has a place but completely agree that it must be taken in context. Measure that look at student performance are far more important, but often more difficult to tease out. [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago
[@ArjaSateesh](#) [@colleenhayden84](#) That is an absolute must....and transparency about thei quality assurance process. Might help minimize the variability of site visit teams [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh9 hours ago
[#mededchat](#) T3 here is another article showing relationship between accreditation and ECFMG certification rates for IMGs <https://t.co/Hmul1Uqm6l> [#meded](#)



Colleen M Hayden @colleenhayden849 hours ago
[@GLBDallaghan](#) I agree! Standards 8 and 9 are central to ensuring high quality, equitable education. As educators, it's hard to argue against the intent of those elements. Instead it's the lack of transparency, consistency from the LCME that make us cringe at their mention! [#mededchat](#)



MedEd Chat (hosted by ACE) @MedEdChat9 hours ago
Topic 4: If you could eliminate LCME standards (or other accreditation standards), which ones and why? [#MedEdChat](#) [#meded](#) <https://t.co/AXfeStZqkC>



Gary Beck Dallaghan @GLBDallaghan9 hours ago
RT [@ArjaSateesh](#): [#mededchat](#) T3 here is another article showing relationship between accreditation and ECFMG certification rates for IMGs <https://t.co/Hmul1Uqm6l> [#meded](#)



Gary Beck Dallaghan @GLBDallaghan9 hours ago
T4 Standard 6.8. If we are truly going to embrace a competency-based [#meded](#) model, mandating the length of the education program seems contrary to the premise of [#CBME](#) [#MedEdChat](#)



Gary Beck Dallaghan @GLBDallaghan9 hours ago
T4 Although there are several I wouldn't get rid of, but there are many that I think need greater specificity. For example, 4.1 refers to sufficiency of faculty, but doesn't define what "sufficiency" means [#MedEdChat](#)



Brenda Roman, MD @BJBRoman9 hours ago
[@MedEdChat](#) T4. I don't think I would eliminate a standard-but instead closely look T each element and ask "How does this improve medical student education?" More importantly, is the \$100,000s of thousands of dollars that a medical school pays out to consultants worth it? [#MedEdChat](#)



Colleen M Hayden @colleenhayden849 hours ago
[@MedEdChat](#) T4. All of the standards are necessary. But intent vs. how they are inconsistently assessed needs to be rectified. As educators, we SHOULD be ensuring high quality, fair, and equitable med ed program. But include US in the conversation to improve the LCME's processes! [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh9 hours ago
[@MedEdChat](#) [#mededchat](#) T4 if I want to eliminate the LCME standards, I might choose the basic medical education standards of WFME revised in 2020. They are based on principle-based regulation <https://t.co/l52DVis2im> [#meded](#)



Brenda Roman, MD [@BJBRoman9](#) hours ago

[@MedEdChat](#) T4. More about looking at each element closely and asking how it really improves medical student education. More important, do the massive amounts of \$ (\$100,000 and up) that schools spend on accreditation consultants add anything to the quality of education? [#MedEdChat](#)



Colleen M Hayden [@colleenhayden849](#) hours ago

[@GLBDallaghan](#) Great example! Sufficiency as well as adequacy is going to be different from school to school, person to person, without explicit context and definitions. Is sufficient a faculty to student ratio? Or is it the quality of the faculty? And who decides?! [#mededchat](#)



MedEd Chat (hosted by ACE) [@MedEdChat9](#) hours ago

We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#MedEdChat](#)



Colleen M Hayden [@colleenhayden849](#) hours ago

[@BJBRoman](#) [@MedEdChat](#) [#MedEdChat](#) sometimes those dollars spent are absolutely necessary for some schools to improve...I have seen that first hand. BUT they should be seeking out consultants for improvement in spite of LCME not because of LCME!!



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago

[@BJBRoman](#) [@MedEdChat](#) T4 [#MedEdChat](#) I would say absolutely not. The \$\$\$ diverted from [#meded](#) to have mock site visits and pay consultants is a distraction from truly focusing on what's important.....training future physicians. That's why the standards need to be much more precise!



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago

Final Thoughts: Accreditation is needed and it is a good thing overall. Are there problems? Yes. They also need to be receptive to feedback from those who have to implement the standards. [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago

RT [@colleenhayden84](#): [@GLBDallaghan](#) Great example! Sufficiency as well as adequacy is going to be different from school to school, person to person, without explicit context and definitions. Is sufficient a faculty to student ratio? Or is it the quality of the faculty? And who decides?! [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan9](#) hours ago

RT [@colleenhayden84](#): [@GLBDallaghan](#) I agree! Standards 8 and 9 are central to ensuring high quality, equitable education. As educators, it's hard to argue against the intent of those elements. Instead it's the lack of transparency, consistency from the LCME that make us cringe at their mention! [#mededchat](#)



Colleen M Hayden @colleenhayden849 hours ago

@GLBDallaghan @BJBRoman @MedEdChat And they should be much more precise because WE have to be transparent with and open to feedback from our students, w/o fear of retaliation, and yet our accreditors do not hold themselves to that same expectation. #MedEdChat (I think I need an adult beverage!)



MedEd Chat (hosted by ACE) @MedEdChat9 hours ago

Join us the 1st Thursday next month at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email #meded #MedEdChat



Colleen M Hayden @colleenhayden849 hours ago

@GLBDallaghan I could not agree more @GLBDallaghan!! #MedEdChat thank you for a wonderful topic!



Dr. Amanda J. Meyer

PhD FHEA Max Vaxd @amandameyerphd6 hours ago

ago

RT @GLBDallaghan: T2 Going out on a limb on this one, but student evaluation of teaching has been shown for decades to be meaningless. Why are we still doing that? We need better methods of evaluating teaching (like peer observation). #MedEdChat

The #MedEdChat Influencers

Top 10 Influential



@MedEdChat 100



@GLBDallaghan 88



@colleenhayden84 86



@AriaSateesh 79



@BJBRoman 57



@Alliance4ClinEd 29



@jamesgraham714 22



@KristinaDzara 4



[@amandameyerphd](#) 3



[@AOAforDOs](#) 0

Prolific Tweeters



[@GLBDallaghan](#) 19



[@AriaSateesh](#) 10



[@colleenhayden84](#) 8



[@MedEdChat](#) 6



[@BJBRoman](#) 5



[@Alliance4ClinEd](#) 4



[@KristinaDzara](#) 3



[@amandameyerphd](#) 1

Highest Impressions



[@MedEdChat](#) 59.0K



[@GLBDallaghan](#) 38.8K



[@KristinaDzara](#) 22.2K



[@amandameyerphd](#) 3.9K



[@Alliance4ClinEd](#) 3.3K



[@BJBRoman](#) 2.9K



@AriaSateesh 2.2K



@colleenhayden84 1.0K

The Numbers

133.355K Impressions

56 Tweets

8 Participants

6 Avg Tweets/Hour

7 Avg Tweets/Participant

Twitter data from the [#MedEdChat](#) hashtag from Thu, September 7th 2023, 8:05PM to Fri, September 8th 2023, 5:40AM (America/Chicago) – Symplur.