



**LCME Standards for Residents as Teachers
and Educators (RaTE)
2026-2027**

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Introduction

This document contains the Liaison Committee on Medical Education (LCME) standards relevant to residents in their role as educator in the undergraduate medical student education program. This document contains relevant standards from the 2027-2028 LCME Function and Structure of a Medical School standards to take effect July 2027.

The standards that LCME will apply during a review process are those in effect for the year in which the institution will be reviewed. Baylor College of Medicine's next site visit will occur 2029-2030. For the purposes of keeping educators updated on LCME standards and expectations for instructional conduct, included is the most recent version of LCME standards here. This document will be updated annually.

The standards emphasize the importance of near-peer engagement among medical students and residents and the equal importance of resident development as educators. These standards are the basis of Baylor College of Medicine's Residents as Teachers and Educators policy that requires ongoing development for all residents for each year of their residency in which they participate in teaching medical students.

[Residents as Teachers Website](#)

[Residents and Fellows as Teachers and Educators 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.

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LCME Standards Relevant to Residents as Educators 2024-25

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 and promotes students' attainment of competencies required of future physicians.

3.4 Anti-Discrimination Policy

A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.

[Policy Regarding Harassment, Discrimination and Retaliation](#)

3.5 Learning Environment/Professionalism

A medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

[BCM Respectful and Professional Learning Environment Policy](#)

[BCM Compact between Teachers, Learners, and Educational Staff](#)

3.6 Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

[BCM Learner Mistreatment Policy](#)

[BCM Student Grievances Policy](#)

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 enable its medical students to achieve those competencies and objectives. 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 Program 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 and faculty. 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.

[M.D. Program Core Competency Graduation Goals](#)

[UME Clinical Course Overview Documents - includes course objectives](#)

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

[UME Clinical Course Overview Documents - includes clinical experiences](#)

Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.6 Monitoring of Completion of required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

[UME Clinical Course Overview Documents - includes clinical experiences](#)

8.8 Monitoring Student Time

The faculty committee responsible for the medical curriculum, together with the education program's administration and leadership, ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

[SOM Academic Workload in Foundational Sciences Policy](#)

[SOM Duty Hours Policy](#)

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 and provides central monitoring of their participation in those opportunities.

[SOM Residents and Fellows as Teachers and Educators Policy](#)

9.3 - Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

[SOM Clinical Supervision Policy](#)

9.4 - Assessment System

A medical school ensures that, throughout its medical education program, there is 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 (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

[SOM Direct Observation Policy](#)

9.5 - Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

[SOM Narrative Assessment Policy](#)

9.7 - Formative Assessment and Feedback

The medical school's curricular governance committee ensures 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. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

[SOM Midterm Feedback Policy](#)

9.8 – Fair and Timely Summative Assessment

A medical school 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. Final grades are available within six weeks of the end of a course or clerkship.

[SOM Grade Submission Policy](#)

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

12.4 – Student Access to Health Care Services

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

[SOM Attendance/Participation and Absences](#)

12.5 – Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

[SOM Educator Conflict of Interest Policy](#)

Annual Requirements for GME Related to LCME

- 1) All Clerkship Directors should be given the time to speak to all residents re: Medical Student Objectives, Procedures/Diagnoses needing to be seen, and their role in teaching and evaluating students
- 2) Each year, the Vice Dean of SOM, or designee, and the Director of Accreditation needs to address GMEC (and GME Exec if desired) with an “LCME Update.” This update will largely include references to all the policies as above, any new information and answer any questions of Program Directors or Coordinators.
- 3) Annual UME module for GME Residents and Fellows
 - a. All incoming GME Residents and Fellows must complete an online module as part of their onboarding. The module is based on the principles in this document. Through this module, all incoming residents and fellows must attest to reviewing and understanding policies, the BCM Core Competency Graduation Goals, and relevant rotation goals and objectives. This is monitored together by the GME office and the Accreditation office. 100% compliance is expected.
 - b. Returning residents and fellows must also attest to reviewing the online module on an annual basis. This is monitored together by the GME office and the Accreditation office. 100% compliance is expected.
 - c. Only PGY1’s are excused from this requirement as they will have just attested to as part of onboarding.
- 4) All residents/fellows engage in a RaTE curriculum– for full details please refer to the [RaTE policy](#). 100% compliance is required and monitored together by the GME office and the Accreditation office.
 - a. For interns and incoming new fellow the first module is completed in-person at orientation.
 - b. For current residents/fellows – please see [RaTE policy](#) and [Residents as Teachers and Education website](#)