



# QUILLEN COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Policy Name: **Liaison Committee on Medical Education (LCME) Continuous Quality Improvement (CQI) Policy**

Policy Replaces a Previous Policy (this includes change in policy name): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No
If so, list name of previous policy (include policy number if different):
Policy Number (issued by the Office of Academic Affairs upon final approval): <b>ADMIN-0119-3</b>
Policy Owner (Individual, Department, or Committee/Chair): <b>Kenneth E. Olive, MD / Associate Dean for Accreditation Compliance</b>
Committees, Departments, or Individuals Responsible for Implementation: <b>Associate Dean for Accreditation Compliance</b>
Original Approval Date and Who Approved by: <b>1/11/2019 – William A. Block, Jr., MD, MBA / Vice President for Clinical Affairs and Dean of Medicine</b>
Effective Date(s): <b>1/11/2019; 7/20/2020; 9/14/2023</b>
Revision Date(s) (include a brief description) and Who Approved by (made by Policy Owner and/or Policy Advisory Committee):
<b>7/20/2020 – clarification of response to determinations of non-compliance</b>
<b>9/14/2023 – addition of language defining the Accreditation CQI Committee</b>
Administrative Edits (briefly describe) by Staff and/or the Policy Advisory Committee (PAC) and Date (these revisions do not require voting/approval by the policy owner):
<b>11/2/2021 – change of EAD to Vice Dean for Academic Affairs</b>
Exemption(s) to Policy (date, by what committee or individual, and brief description):
LCME Required Policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
If yes, please list the Element(s) Affiliated with this Policy (include Element number/name/statement):
<b>1.1 Strategic Planning and Continuous Quality Improvement</b> <b>A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.</b>

*All policies will be reviewed by the Policy Advisory Committee every three years unless an earlier review is identified.*

Date of Review:

Revisions Made:  Yes/  No

If yes, list revisions made: Revisions Require Approval by Policy Owner:  Yes/  No

**Policy Statement:**

Quillen College of Medicine (QCOM) will engage in an ongoing continuous quality improvement (CQI) process to ensure the medical education program's compliance with the Liaison Committee on Medical Education (LCME) accreditation standards.

The Dean and Vice Dean for Academic Affairs (senior leadership) will systematically review all accreditation standards and elements with relevant administrative staff, and faculty members. Senior leadership will identify those elements to be reviewed during the CQI process. These will be selected based on those determined to be in non-compliance or compliance with monitoring at the last full survey visit as well as those standards identified by LCME as frequent standards resulting in severe actions (Hunt D, Migdal M, Waechter DM, Barzansky B, Sabalis RF. The Variables That Lead to Severe Action Decisions by the Liaison Committee on Medical Education. Acad. Med. 2016 Jan; 91(1):87-93) and as most frequent LCME citations (from LCME presentations). Senior leadership will seek input on the elements chosen from the Administrative Council, the Faculty Advisory Council (FAC), and the Medical Student Education Committee (MSEC). Senior leadership will identify the data to be reviewed for each element, a schedule for review, and the group(s) to review the data. Most data will be reviewed annually.

The Accreditation CQI Committee will review the elements and data as indicated by the schedule and make determinations of the program's compliance with the standards/elements.

For those elements determined to be non-complaint, senior leadership will develop, implement, and monitor the outcomes of a corrective action plan in cooperation with appropriate faculty and staff members. Each corrective action plan will identify goals, measures of effectiveness, and a timeline.

The most recent schedule is attached and considered a part of the policy.

**Purpose of Policy:**

The LCME CQI Policy is designed to ensure ongoing compliance with the LCME accreditation standard.

**Scope of Policy (applies to):**

Applies to all faculty and staff members responsible for compliance with accreditation standards.

**Policy Activities:**

Collecting, analyzing, and reporting data related to compliance with LCME accreditation standards.

I. Committee

An Accreditation CQI Committee will be formed as a standing committee for the purpose of reviewing LCME elements to be monitored.

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Committee Membership:

- The Associate Dean for Accreditation Compliance – Chair
- Associate Dean for Institutional Effectiveness and Innovation
- Dean’s Office representative – appointed by the Dean
- Academic Affairs representative – appointed by the Vice Dean
- Student Affairs representative – appointed by the Associate Dean of Student Affairs
- At large faculty member – appointed by Faculty Advisory Committee

II. Roles and Responsibilities

The Accreditation CQI Committee will annually review (and update as appropriate) the LCME elements to be monitored and the data sources to be monitored. The committee will review the data and make determinations related to the QCOM compliance status for each element. All elements on this list to be monitored will be reviewed at least annually. Results will be distributed to the Administrative Council, Faculty Advisor Council and other entities as appropriate constituent groups as determined by the committee.

III. Scheduling and Frequency of Meetings

- A. Routine meetings will be scheduled quarterly by the Chair.
- B. Special meetings will be called by the Chair on an as needed basis.

<b>Administrative Reviews/Approvals</b>	<b>Date Approved</b>
<i>University Compliance (if applicable)</i>	
<i>Policy Advisory Committee (includes three-year reviews)</i>	9/14/2023
<i>Associate Dean for Accreditation Compliance (if applicable)</i>	9/25/2023
<i>Vice Dean for Academic Affairs</i>	9/14/2023

<b>Policy Review and/or Revision Completed By (if applicable)</b>	<b>Date Policy Reviewed and/or Approved (if applies to that department, committee, or group)</b>
<i>Office of the Dean</i>	1/11/2019; 7/20/2020
<i>Office of Academic Affairs</i>	1/11/2019; 7/20/2020; 9/26/2023;
<i>Office of Student Affairs</i>	
<i>Department of Medical Education</i>	
<i>Medical Student Education Committee</i>	2/19/2019; 7/20/2020
<i>Student Promotions Committee</i>	
<i>Faculty Advisory Council</i>	1/16/2019; 7/20/2020; 10/18/2023
<i>Administrative Council</i>	1/24/2019; 7/20/2020;
<i>M1/M2 Course Directors</i>	
<i>M3/M4 Clerkship/Course Directors</i>	
<i>Student Groups/Organizations (describe):</i>	
<i>Other (describe):</i>	

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<b>Final Policy Emailed to:</b>	<b>Date of Email Notifications</b>
<i>Medical Education Director for Posting on Educational Policies Website</i>	5/1/2024
<i>Policy Owner</i>	5/1/2024
<i>Admissions Office for Catalog</i>	January 2019; 5/1/2024

## 2023 CQI Plan

Elements that are Monitored	Timing of Monitoring the Element	Data Source(s) Used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
<b>July Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	Review any remaining objectives/information if needed	Administrative Council	Various
8.3 Curricular Design and Monitoring	Biannually (July and January)	<ul style="list-style-type: none"> <li>• Curriculum Review Policy</li> <li>• Course/clerkship review reports from past year with focus on integration evaluation</li> <li>• Phase report related to vertical and horizontal integration</li> <li>• Curriculum Integration Subcommittee reports from past year</li> <li>• Ratings of student satisfaction with integration and coordination of M1, M2, and overall pre-clerkship (main LCME concern)</li> <li>• Update on TRAILS implementation</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
12.5 Non-involvement of providers of health services in assessment	Annually (July)	<ul style="list-style-type: none"> <li>• Policy</li> <li>• Committee minutes language</li> <li>• Use of assessment form disclosure</li> <li>• Frequency of recusals</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
<b>August Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>• Objective 4: Build depth to enhance our educational, research, and clinical enterprises by expanding and supporting faculty, staff, and learners through recruitment and retention, professional development, collaboration, and mentorship.</li> </ul>	Administrative Council	Vice Dean Assoc Dean for Research Assoc Dean for Clinical Operations Department Chairs
5.4 Sufficiency of Buildings and Equipment	Annually (August)	<ul style="list-style-type: none"> <li>• Retrospective survey of curriculum item regarding sufficiency of teaching space</li> <li>• Annual survey of pre-clerkship faculty regarding sufficiency of teaching space</li> </ul>	Administrative Council MSEC	Dean Vice Dean Assoc Dean for Finance and Administration
7.1 Biomedical,	Biannually	<ul style="list-style-type: none"> <li>• Student ratings of quality of teaching, course</li> </ul>	Administrative Council	Vice Dean

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Behavioral, and Social Sciences	(August for spring courses and February for fall courses)	organization, and overall course quality <ul style="list-style-type: none"> <li>• Retrospective review of curriculum surveys related to teaching, course organization, and overall course quality</li> <li>• LCME follow up survey ratings</li> <li>• Report of steps MSEC has taken to improve courses with low rating (from course CQI plans)</li> </ul> Summary of changes made and not made by course directors in response to student feedback (from self-study)	MSEC Chair Medical Education Chair	Asst Dean for Curriculum MSEC
<b>September Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	Objective 5: Develop, strengthen, and diversify an infrastructure that provides for long-term support for the College of Medicine, its vision, and its missions.	Administrative Council	Dean Assoc Deans Department Chairs
7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Differential Diagnosis/Treatment Planning	Annually (September)	<ul style="list-style-type: none"> <li>• CBSE performance</li> <li>• Step 1 score plots</li> <li>• Annual curriculum content reports</li> <li>• Step 2 score plots</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
8.1 Curricular Management	Biannually (September and April)	<ul style="list-style-type: none"> <li>• MSEC Charge</li> <li>• MSEC membership</li> <li>• MSEC annual significant actions report</li> <li>• MSEC minutes related to LCME definition of curricular management (integration/alignment, etc.)</li> <li>• Review of MSEC actions related to findings for citation on 8.1</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
<b>October Reviews</b>				
1.1 Strategic Plan	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>• Objective 1: Advance the educational and learning opportunities for all students and residents in the medical and biomedical sciences programs.</li> </ul>	Administrative Council	Vice Dean Assoc Dean for GME Department Chairs

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3.3 Diversity	Annually (October)	<ul style="list-style-type: none"> <li>• Medical student pipeline program data</li> <li>• Applicant and matriculant diversity data</li> <li>• Graduate Medical Education (GME) diversity data</li> <li>• Mission Management Tool diversity data</li> <li>• Faculty and senior staff data tied to categories</li> <li>• Review of the Diversity Policy</li> <li>• Demonstration that we quantify reported demographics to policy categories</li> </ul>	Administrative Council Faculty Advisory Council Diversity Council Admissions Director	Assoc Dean for Admissions Senior Assoc Dean/Chief of Staff Diversity Council Chair
8.5 Responsiveness to Medical Student Feedback	Annually (October)	<ul style="list-style-type: none"> <li>• Frequency and content of “You Asked...We Did...”</li> <li>• Retrospective surveys</li> <li>• Responses to AAMC GQ questions “Awareness of student concerns” and “Responsiveness to student problems” for Office of Dean of Student Affairs and Office of Educational/Curricular Affairs</li> </ul>	Administrative Council Faculty Advisory Council MSEC Chair	Vice Dean Assoc Dean for Student Affairs
<b>November Reviews</b>				
1.1 Strategic Plan	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>• Objective 2: Create a collaborative and innovative research enterprise.</li> </ul>	Administrative Council	Assoc Dean for Research
8.4 Program Evaluation	Biannually (November and May)	<ul style="list-style-type: none"> <li>• MSEC Outcomes Subcommittee reports from past year</li> <li>• Evaluation of phase quality</li> <li>• MSEC Curriculum Review Policy (focus on review of curriculum as a whole)</li> <li>• Progression in curriculum</li> <li>• Update on curriculum database functionality</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
9.8 Fair and Timely Summative Assessment	Annually (November)	<ul style="list-style-type: none"> <li>• Clerkship grade submission report</li> <li>• Review of policy</li> <li>• Review of steps taken by Academic Affairs to facilitate clerkship grade submission</li> </ul>	Administrative Council Clerkship Directors MSEC Chair	Vice Dean Clerkship Directors
<b>December Reviews</b>				

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1.1 Strategic Planning	Each Objective monitored biannually per schedule	Review any remaining objectives/information if needed	Administrative Council	Senior Assoc Dean
Other Elements		Review any remaining elements/information if needed	Administrative Council	Various
<b>January Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>Objective 3: Intentionally and deliberately expand the clinical enterprise to become the pre-eminent healthcare provider and resource for interprofessional, quality care in the region.</li> </ul>	Administrative Council	Dean Assoc Dean for Clinical Operations Department Chairs
8.3 Curricular Design and Monitoring	Biannually (July and January)	<ul style="list-style-type: none"> <li>Curriculum Review Policy</li> <li>Course/clerkship review reports from past year with focus on integration evaluation</li> <li>Phase report related to vertical and horizontal integration</li> <li>Curriculum Integration Subcommittee reports from past year</li> <li>Ratings of student satisfaction with integration and coordination of M1, M2, and overall pre-clerkship (main LCME concern)</li> <li>Status of recommendations from Curriculum Transformation Task Force</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
3.5 Learning Environment Professionalism	Annually (January)	<ul style="list-style-type: none"> <li>AAMC GQ data</li> <li>Year 2 Questionnaire data</li> <li>End-of-course and -clerkship evaluations of learning environment by students</li> <li>Retrospective Surveys of Curriculum ratings on learning environment</li> </ul>	Administrative Council Faculty Advisory Council	Vice Dean Assoc Dean for Student Affairs
5.1 Adequacy of Financial Resources	Annually (January)	<ul style="list-style-type: none"> <li>Review of LCME Part 1-A Annual Financial Questionnaire</li> </ul>	Administrative Council Faculty Advisory Council	Dean Assoc Dean for Finance and Administration



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<b>February Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>Objective 4: Build depth to enhance our educational, research, and clinical enterprises by expanding and supporting faculty, staff, and learners through recruitment and retention, professional development, collaboration, and mentorship.</li> </ul>	Administrative Council Administrative Council	Vice Dean Assoc Dean for Research Assoc Dean for Clinical Operations Department Chairs
7.1 Biomedical, Behavioral, and Social Sciences	Biannually (August for spring and year-long courses and February for fall courses)	<ul style="list-style-type: none"> <li>Student ratings of quality of teaching, course organization, and overall course quality</li> <li>Retrospective review of curriculum surveys related to teaching, course organization, and overall course quality</li> </ul>	Administrative Council MSEC Chair Medical Education Chair	Vice Dean Asst Dean for Curriculum
<b>March Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>Objective 5: Develop, strengthen, and diversify an infrastructure that provides for long-term support for the College of Medicine, its vision, and its missions.</li> </ul>	Administrative Council	Dean Assoc Deans Department Chairs
8.2 Medical Program Objectives	Annually (March)	<ul style="list-style-type: none"> <li>Curricular mapping spreadsheet for program objectives and course objectives</li> <li>Status of mapping course session objectives and course assessments</li> <li>Review of adequacy and currency of learning objectives/mapping reported to MSEC by M1/M2 and M3/M4 Review Subcommittees</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
9.1 Resident as Teacher	Annually (March)	<ul style="list-style-type: none"> <li>Summary report of central monitoring</li> <li>Policy “Preparation of Resident and Non-Faculty Instructors” and comparison to practice</li> </ul>	Administrative Council MSEC Chair	Vice Dean Assoc Dean for GME
<b>April Reviews</b>				
1.1 Strategic Planning	Each Objective	<ul style="list-style-type: none"> <li>Objective 1: Advance the educational and learning</li> </ul>	Administrative Council	Vice Dean

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<b>Elements that are Monitored</b>	<b>Timing of Monitoring the Element</b>	<b>Data Source(s) Used to Monitor the Element</b>	<b>Individuals/Groups Receiving the Results</b>	<b>Individual/Group Responsible for Taking Action</b>
	monitored biannually per schedule	opportunities for all students and residents in the medical and biomedical sciences programs.		Assoc Dean for GME Department Chairs
8.1 Curricular Management	Bi-Annually (September and April)	<ul style="list-style-type: none"> <li>• MSEC membership</li> <li>• Summary of M1/M2 course reports and M3/M4 clerkship reports</li> <li>• MSEC minutes related to LCME definition of curricular management (integration/alignment, etc.)</li> <li>• Review of MSEC actions related to findings for citation on 8.1</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
<b>May Reviews</b>				
1.1 Strategic Planning	Each Objective monitored biannually per schedule	<ul style="list-style-type: none"> <li>• Objective 2: Create a collaborative and innovative research enterprise.</li> </ul>	Administrative Council	Assoc Dean for Research
8.4 Program Evaluation	Biannually (November and May)	<ul style="list-style-type: none"> <li>• Match rates</li> <li>• Graduates in primary care and underserved areas</li> <li>• United States Medical Licensing Examination (USMLE) scores and score plots</li> <li>• MSEC Outcomes Subcommittee reports from past year</li> <li>• MSEC Curriculum Review Policy</li> <li>• Progression in curriculum</li> <li>• Evaluation of phase quality</li> <li>• Report of course CQI changes /strategies</li> </ul>	Administrative Council MSEC Chair	Vice Dean Asst Dean for Curriculum
11.1 Academic Advising	Annually (May)	<ul style="list-style-type: none"> <li>• Retrospective review of curriculum</li> <li>• AAMC GQ data</li> </ul>	Administrative Council	Vice Dean Assoc Dean for Student Affairs
11.2 Career Advising	Annually (May)	<ul style="list-style-type: none"> <li>• Retrospective review of curriculum</li> <li>• AAMC GQ data</li> </ul>	Administrative Council	Vice Dean Assoc Dean for Student Affairs
<b>June Reviews</b> <b>(Catch up on postponed reports and evaluate correct action plans)</b>				
1.1 Strategic Planning	Each Objective	Objective 3: Intentionally and deliberately expand the	Administrative Council	Dean

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	monitored biannually per schedule	clinical enterprise to become the preeminent healthcare provider and resource for interprofessional, quality care in the region.		Assoc Dean for Clinical Operations Department Chairs
Other Elements		Catch up if needed	Administrative Council	Various

**Rationale for LCME Elements in CQI Plan**

Element	Rational	Current LCME Status
1.1 Strategic Planning & LCME CQI	SM 2011 and 2019 survey visits	S - 2021
3.3 Diversity	U 2011 and 2019 survey visits	S - 2021
3.5 Learning Environment Professionalism	Commonly identified by LCME as “satisfactory with a need for monitoring”	S - 2019
5.1 Adequacy of Financial Resources	TennCare GME loss	S - 2019
5.4 Sufficiency of Buildings and Equipment	Evolving use of space in TRAILS Curriculum	S - 2019
7.1 Biomedical, Behavioral, and Social Sciences	SM 2019 survey visit	U - 2022
7.2 Organ Systems/Life Cycle/Prevention/ Symptoms/ Signs/Differential Diagnosis, Treatment Planning	U 2011 survey visit	S - 2019
8.1 Curricular Management	U 2011 and 2019 survey visits	SM - 2022
8.2 Medical Program Objectives	U 2011 and 2019 survey visits	S - 2021
8.3 Curricular Design and Monitoring	SM 2011 and U 2019	SM - 2022
8.4 Program Evaluation	U 2011 and 2019	S - 2022
8.5 Responsiveness to Medical Student Feedback	SM 2019	S - 2021
9.1 Resident as Teacher	Associated with severe actions by LCME and frequently cited	S - 2019
9.8 Fair and Timely Summative Assessment	SM 2011 and 2019	S - 2022
11.1 Academic Advising	SM 2019	S - 2021
11.2 Career Advising	SM 2019	S - 2021
12.5 Non-involvement of providers of health services in assessment	U 2011	S - 2019

U = unsatisfactory      SM = satisfactory with a need for monitoring      S = satisfactory