



QUILLEN COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Policy Name: **Learning Environment Oversight Policy**

Policy Replaces a Previous Policy (this includes change in policy name): Yes/ No

If so, list name of previous policy (include policy number if different): **Student Complaints/Concerns Policy**

Policy Number (issued by the Office of Academic Affairs upon final approval): **ADMIN-1123-32**

Policy Owner (Individual, Department, or Committee/Chair): **Beth Anne Fox, MD, MPH / Vice Dean for Academic Affairs**

Committees, Departments, or Individuals Responsible for Implementation: **Offices of Academic Affairs and Student Affairs**

Original Approval Date and Who Approved by: **1/17/2024 – Beth Anne Fox, MD, MPH / Vice Dean for Academic Affairs**

Effective Date(s): **1/17/2024; 3/26/2024**

Revision Date(s) (include a brief description) and Who Approved by (made by Policy Owner and/or Policy Advisory Committee):

3/26/2024 – name changed to Learning Environment Oversight Policy with additional language added regarding the learning environment – Beth Fox, MD, MPH / Vice Dean for Academic Affairs

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):

6/5/2024 – changed the student representative for the Learning Environment Comprehensive Review Committee from an M4 student to an M3 student.

Exemption(s) to Policy (date, by what committee or individual, and brief description):

LCME Required Policy: Yes/ No

If yes, please list the Element(s) Affiliated with this Policy (include Element number/name/statement):

LCME Rules of Procedure Publication

Student Complaints to and About Medical Education Programs

Medical education programs must have policy and processes to collect and review student complaints and concerns related to compliance with/performance in LCME accreditation standards/elements and be able to provide information about these at the time of review for continued LCME recognition. This includes the requirement that there be formal policies supporting student submission of complaints/concerns and processes in place to act on these. There also is a requirement that there be a formal Independent Student Analysis (ISA), a survey of students in all years of the curriculum on satisfaction with school performance in accreditation elements. The LCME will use the ISA results along with other complaints/student concerns related to LCME accreditation standards/elements to identify and address problems in such things as educational program quality, student assessment, student supervision in clinical settings, and student mistreatment.

3.5 Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The 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.

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.

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:

It is the policy of the Quillen College of Medicine to seek student input into the quality of the medical education program.

Purpose of Policy:

To ensure that a process is in place to collect and review student complaints and concerns to improve the learning environment and student experience and to be compliant with/performance in LCME accreditation standards/elements.

Scope of Policy (applies to):

All Quillen College of Medicine students.

Policy Activities:

Several mechanisms exist for soliciting student input into the quality of the medical education program:

- The body responsible for the medical education program, the Medical Student Education Committee (MSEC), has a student voting member elected by each of the four medical student classes.
- The Dean, Vice Dean for Academic Affairs, and Associate Dean for Student Affairs regularly meet with groups of students to discuss any complaints and/or concerns regarding the medical education program students wish to address.
- Students may schedule individual meetings with the dean or members of the dean's staff (assistant and associate deans) to address any complaints and/or concerns.
- Beyond specific course surveys, at the end of each academic year, students participate in a retrospective survey which addresses various issues related to the year as a whole.
- Results from external surveys conducted by the AAMC (Year 2 Questionnaire, Graduation Questionnaire, Resident Readiness Survey) are systematically reviewed annually to identify student complaints and/or concerns.

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- The anonymous online [QCOM Concerns System](#) is available for any member of the community to report complaints and/or concerns. These are reported to the QCOM grievance officer who independently investigates such reports. While this system is primarily focused on issues related to student mistreatment and the learning environment, other complaints regarding the medical education program may be reported. Depending on the specific complaint and/or concern, these may be referred to other members of the dean’s staff for evaluation.
- As part of the accreditation process, student leadership conducts a formal Independent Student Analysis used in the institutional self-study.
- Beyond these mechanisms, students with complaints and concerns related to compliance with/performance in LCME accreditation standards/elements may report these to the Accreditation CQI Committee.
- The Learning Environment Comprehensive Review Committee will review data from all sources to assess the overall institutional learning environment. This committee will consist of a representative from Student Affairs, Academic Affairs, a third-year (M3) medical student chosen by the Organization of Student Representatives by April 1 to serve for the next academic year, and a faculty member at large. The chair of the committee will be appointed by the Vice Dean for Academic Affairs from the membership, excluding the student member. This group will:
 - meet at a minimum of two times per year to review the data from various sources to include, but not be limited to:
 - AAMC Graduation and Second-Year Questionnaires
 - Pre-Clerkship End-of-Course learning environment questions
 - Wellness Day surveys and feedback
 - Clerkship Evaluations
 - Professionalism Reports de-identified concerns
 - Summary of medical education or learning environment concerns reported to the Grievance Officer
 - Anonymous Suggestion Box Submissions;
 - advise the dean and other appropriate administrators, e.g., associate deans, department chairs, course/clerkship directors;
 - provide a written report of suggested actions to improve the learning environment based on reported challenges or concerns. The committee may also report its findings to other QCOM standing committees;
 - review the previous year’s report to assess progress of suggested actions.

| Administrative Reviews/Approvals | Date Approved |
|--|-----------------------|
| <i>University Compliance (if applicable)</i> | |
| <i>Policy Advisory Committee (includes three-year reviews)</i> | 1/11/2024; 4/4/2024 |
| <i>Associate Dean for Accreditation Compliance (if applicable)</i> | 11/15/2023; 1/12/2024 |
| <i>Vice Dean for Academic Affairs</i> | 1/11/2024; 3/26/2024 |

| Policy Review and/or Revision Completed By (if applicable) | Date Policy Reviewed and/or Approved (if applies to that department, committee, or group) |
|---|--|
| <i>Office of the Dean</i> | |
| <i>Office of Academic Affairs</i> | 11/17/2023; 1/18/2024; 3/27/2024; 6/5/2024 |
| <i>Office of Student Affairs</i> | |
| <i>Department of Medical Education</i> | |
| <i>Medical Student Education Committee</i> | |
| <i>Student Promotions Committee</i> | |
| <i>Faculty Advisory Council</i> | 11/15/2023 |

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| <i>Administrative Council</i> | 11/8/2023 |
| <i>M1/M2 Course Directors</i> | |
| <i>M3/M4 Clerkship/Course Directors</i> | |
| <i>Student Groups/Organizations (describe):</i> | |
| <i>Other (describe):</i> | |

| Final Policy Emailed to: | Date of Email Notifications |
|---|--|
| <i>Medical Education Director for Posting on Educational Policies Website</i> | 1/18/2024; 4/12/2024; 5/1/2024; 6/5/2024 |
| <i>Policy Owner</i> | 1/18/2024; 3/27/2024; 5/1/2024; 6/5/2024 |
| <i>Admissions Office for Catalog (only new policies)</i> | 1/18/2024; 4/12/2024 |