THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

**Last Revision Date**
March 18, 2020

**Effective Date**
March 18, 2020

**Policy #**
0-101

# Continuous Quality Improvement System for Setting Goals, Improving Programmatic Quality, Ensuring Compliance

| | |
|---|---|
| **Category:** | 0-Other |
| **Curriculum Phase:** | All Phases |
| **Author/Authoring Body:** | Accreditation Office |
| **Responsible Unit:** | Accreditation |
| **Policy Contact:** | Director, Accreditation |
| **Next Review Year:** | 2024 |

## Summary

Research conducted by the LCME Secretariat concluded that a medical school's review of its performance in accreditation elements between full surveys may mitigate the risk of severe accreditation action. Consequently, the LCME introduced the requirement that medical schools develop and implement a process for monitoring their performance in accreditation elements. This policy facilitates compliance with accreditation element 1.1 Strategic Planning and Continuous Quality Improvement.

## Related LCME Standard: 1.1 Strategic Planning and Continuous Quality Improvement

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.

## Applicability & Scope

This policy applies to administrators, faculty, students, and staff who are involved in the oversight and management of the medical education program leading to the MD degree. This includes the dean's office, faculty affairs, research affairs, clinical affairs, student affairs, admissions, and curricular affairs.

## Definitions

**Chronicity** – Standards/elements that were cited as "not in compliance" or "compliance with monitoring" during previous accreditation visits.

**New Elements** – Elements new to the standards or elements in which Liaison Committee on Medical Education (LCME) expectations have evolved (as communicated through Association of

American Medical Colleges [AAMC] meetings, the LCME website, or other communication from the LCME Secretariat).

**Operational Elements** – Elements that include policies that must be congruent with current operations.

**Elements Prone to Slippage** – Elements that include language that monitoring is required or involve a regular-occurring process that may be "prone to slippage."

**Priority Areas** – Other areas of improvement brought forth from the program evaluation process, and items brought forward to the Tucson Educational Policy Committee (TEPC) as areas of concern from faculty or students, including results of institutional or national surveys such as internal questionnaires, student feedback surveys, and the AAMC Graduation Questionnaire.

## Policy Statement

The Director for Accreditation is charged to monitor compliance of the medical education program with the Liaison Committee on Medical Education (LCME) accreditation standards and elements. In an ongoing effort to improve the M.D. program and the learning environment, the Accreditation Director, in collaboration with the Associate Dean of Curricular Affairs and the Tucson Educational Policy Committee (TEPC), will facilitate the development of both long- and short-term goals. The Accreditation Office will be responsible for implementing a systematic process to collect and review data, and disseminate outcomes to appropriate leadership and administration, including, but not limited to, the TEPC, the Admissions Committee, various assistant/associate deans, and department heads. The Accreditation Director will also collaborate with leadership and administration to identify action plans to achieve goals, as evidenced by measurable outcomes.

## Procedures

The Accreditation Director is responsible for managing the process, as well as receiving and analyzing relevant data. Standing committees and senior administrators within the college contribute to the monitoring effort, and additional associated personnel provide coordination and support the process.

The Vice Dean of Education ensures that appropriate resources are allocated for these activities, including personnel, information technology systems, and infrastructure for the collecting and reporting of data.

Areas for monitoring and/or improvement are identified from the following categories:
1) Chronicity: Standards/elements that were cited as "not in compliance" or "compliance with monitoring" during previous accreditation visits.
2) New elements: Elements in which Liaison Committee on Medical Education (LCME) expectations have evolved (as communicated through Association of American Medical Colleges [AAMC] meetings, the LCME website, or other communication from the LCME Secretariat).
3) Operational Elements: Elements that are affected by review or changes to COM-T policies.
4) Elements Prone to Slippage: Elements that explicitly require regular monitoring or relate to regularly occurring processes.

5) Priority Areas: Other components brought forth as a result of the program evaluation process, and items brought forward to the TEPC as areas of concern from the faculty or students, including results of institutional or national surveys such as internal questionnaires, student feedback surveys and the AAMC Graduation Questionnaire.

Monitoring of specific elements and data is accomplished with a work plan that indicates the details being monitored, appropriate time intervals, and the group responsible. The work plan is presented annually to the TEPC. In addition, relevant areas of CQI projects are presented per the project plan.

## Related Information

### Resources

Adapted from the University of Arizona College of Medicine-Phoenix. (2018, October 9). "Continuous Quality Improvement Policy." Retrieved from http://phoenixmed.arizona.edu/policy/continuous-quality-improvement-policy

Implementing a System for Monitoring Performance in LCME Accreditation Standards [Approved by the LCME® on October 19, 2016]. Retrieved from http://lcme.org/publications/

Barzansky, B., Hunt, D., Moineau, G., Ahn, D., Lai, C., Humphrey, H., & Peterson, L. (2015). Continuous quality improvement in an accreditation system for undergraduate medical education: Benefits and challenges. *Medical Teacher*, 37(11), 1032–1038.

## Revision History

**3/18/2020:** Tucson Educational Policy Committee voted to approve the policy.