The University of Arizona College of Medicine – Tucson
Continuous Quality Improvement Policy

Policy #:	N/A	Policy Name:	Continuous Quality Improvement System for setting goals, improving programmatic quality, ensuring compliance
Category:	Accreditation	Policy Status:	Final
COM-T Phase:	Pre-Clerkship Clerkship Transition to Residency	Effective Date:	3/18/2020
Responsible Unit:	Accreditation	Revision Dates:	N/A
Relevant LCME Standard(s):	1.1 Strategic Planning and Continuous Quality Improvement	Page 1 of 4	

Purpose and Summary

Accreditation Element 01.01 Strategic Planning and Continuous Quality Improvement requires that a medical school engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards. Implementing this policy at the College of Medicine-Tucson will enable compliance with this Element.

"Research by the LCME Secretariat identified factors associated with a severe accreditation action … and concluded that review by a medical school of its performance in at least some of the accreditation elements between full surveys could mitigate this risk. This led to the decision by the LCME to introduce the requirement that such monitoring occur through a school-developed and implemented process … [with the] expectation for monitoring performance in accreditation elements [that] was added… to a previously existing standard (now element) related to strategic planning.

Scope

The 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 Education Policy Committee 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

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 for Curricular Affairs and the Tucson Education 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 Director, Accreditation 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 Deputy Dean for 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: Elements that have been 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 meetings, the LCME website or other communication from the secretariats).
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.

Cross References

[Include cross references to other policies]

Additional Information

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.

Policy Writing Tip Sheet and Template

General Tips:

- Keep it simple – the policy should be intelligible to a diverse audience (use short sentences, avoid jargon, use common words, avoid prepositions)
- Keep it general – a policy cannot account for all possible situations
- Keep it helpful – a policy should tell the reader why it exists
- Define key terms as needed
- Should be written in the third person
- Use the active voice (e.g., "The department proposed new regulations" not "Regulations have been propose by the department")
- Check for redundancy – make sure the policy you are creating isn't already addressed with existing policies or in conflict with existing policies
- Differentiate between policies and procedures - administrative procedures should not be part of a policy. Procedures are the processes or steps followed in order to implement a policy

Language:

- The word "shall" means compliance, also consider the word "must" to indicate compliance or "must not" to indicate a prohibition
- The word "should" or "may" imply choice or a recommendation, means that one can choose to follow a policy but **<u>does not have to</u>**

Multi-Level List Format:

Policy # and Name (Main level)

    A. Level 1

        1. Level 2

            a. Level 3

                (1) Level 4