

Policy Number	UME.AC.114
Policy Title	Continuous Quality Improvement (CQI)
Effective Date	09/22/2022
Last Revision Date (if any)	N/A
Scope	All (Faculty, Students, Staff)
LCME Element(s) (if any)	1.1

Continuous Quality Improvement (CQI)

I. PURPOSE

CQI is an iterative process that evaluates how an organization works and the ways in which it can improve. The purpose of this policy document is to establish the process in which PSOM outlines the procedures for monitoring improvement initiatives set forth to achieve its mission "...to advance knowledge and improve health through research, patient care, and the education of trainees in an inclusive culture that embraces diversity, fosters innovation, stimulates critical thinking, supports lifelong learning, and sustains our legacy of excellence." The policy also ensures compliance with **LCME Standard 1.1, Strategic Planning and Continuous Quality Improvement**, which states: "A medical school engages 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."

II. SCOPE

This policy is used by all Faculty, Students, and Staff at PSOM to ensure that the collection and analysis of data can and will assist with the continual establishment and refinement of programmatic goals for quality improvement.

III. POLICY

The Continuous Quality Improvement (CQI) policy at the Perelman School of Medicine (PSOM) ensures that our undergraduate medical education (UME) program complies with its mission to continue to refine and improve medical education while meeting the requirements established by the Liaison Committee on Medical Education (LCME) accreditation Standards and Elements as defined in the [LCME glossary](#).

IV. PROCESS/PROCEDURE

This policy identifies the LCME accreditation CQI procedures including, but not limited to:

- Efforts to improve the medical education program as defined by PSOM UME Academic Governance with reporting to the Medical Faculty Senate (MFS).

- Efforts to continuously monitor accreditation standards.
- Efforts to coordinate quality improvement measures to minimize deficiencies with LCME standards.

PSOM routinely monitors the Standards/Elements identified as priorities by the Undergraduate Medical Education Leadership Team (UMELT), as well as the categories outlined within the LCME white paper, *Implementing a System for Monitoring Performance in LCME Accreditation Standards (October 2016 or most recent if/when updated)*. These categories include, but are not limited to:

- Standards/Elements that include an explicit requirement for monitoring or involve a regularly occurring process.
- New or recently revised standards/elements or changes in LCME expectations related to performance.
- Standards/Elements that could be reviewed to ensure that policies are congruent with current operations.
- Standards/Elements that directly or indirectly affect the core operations of the school.
- Standards/Elements that were cited in the previous full accreditation survey visit.
- Standards/Elements that have a direct impact on student wellness and academic progress.
- Issues identified by MFS, Undergraduate Medical Education Committee (UMEC), Program Evaluation Committee (PEC), and/or Education Council (EC).

The UMELT team will convene regularly, at a minimum annually, to review all Standards/Elements that are identified from one or more of the above categories, as well as any process that may pose a risk to PSOM’s mission, vision, or strategic priorities. Those identified as priorities by UMELT, LCME subcommittees, or PSOM leadership will be assessed, and a Program Improvement Plan (PIP), will be developed to address the gap(s), risk(s), and/or deficiency(ies) for each Standard/Element. PIPs will identify:

1. Project lead(s) and/or committee(s)
2. Complete description of stated risk
3. Detailed procedure to mitigate or eradicate risk
4. Expected PIP outcome
5. Quantifiable goals and measurable outcomes
6. Anticipated completion date

A system of data management, analyses, and reporting will be implemented to monitor the status of all Standards/Elements identified as part of the CQI. The Central Office of Medical Academic Educational Affairs along with the Office for Evaluation and Assessment is responsible for oversight and record keeping.

Monitored Element	Timing of monitoring	Data source(s) used to monitor	Individual(s)/ Group(s) receiving the results	Individual(s)/ Group(s) responsible for taking action

CQI review outcomes will be shared with the Dean, Vice Deans, and PSOM’s academic governing committees: the MFS , who delegates to the UMEC, who delegates to the PEC and the Policy Committee (PC).

Non-LCME CQI Processes:

CQI processes at PSOM are also in place to improve the overall education program. Components of quality improvement efforts include, but are not limited to:

- PEC reports including recommendations for improvement detailing expected timelines and actions to gauge positive changes.
- Annual meetings between UME Leadership and Clinical Department Chairs to review reports identifying areas in need of improvement.
- Regular meetings between UME Leadership, Medical Student Government (MSG), Student Curriculum Committee (SCC), and the Office of Student Affairs (OSA), to review new and outstanding issues and identify improvement plans.
- Ad-hoc meetings between student affinity groups, UME Leadership, and the Inclusion, Diversity, Equity, and Learner Experience in Medical Education (IDEAL MED) program to implement projects related, but not limited to racial justice and equity.
- Review of national surveys organized by the Association of American Medical Colleges (AAMC) including the Matriculating Student Questionnaire (MSQ), the Year Two Questionnaire (Y2Q), the Graduation Questionnaire (GQ), and the Mission Matters: Trends (MMT). The UME Office of Evaluation and Assessment prepares executive summaries of each survey report and presents them to UMELT, UMEC, and PEC. Based on survey and governance responses, PIPs may be developed, and improvements may be implemented.

V. POLICY AUTHOR(S)

Office of the Senior Vice Dean for Medical Education

VI. REFERENCES

1. LCME, *Implementing a System for Monitoring Performance in LCME Accreditation Standards* (October 2016). Retrieved from: https://lcme.org/wp-content/uploads/filebase/white_papers/CQI-Guidance-Document-10-16.docx
2. “Glossary.” *LCME*, 17 Nov. 2021, <https://lcme.org/glossary/>
3. Stratton, T.D. Legitimizing Continuous Quality Improvement (CQI): Navigating Rationality in Undergraduate Medical Education. *J GEN INTERN MED* 34, 758–761 (2019). DOI: [10.1007/s11606-019-04875-1](https://doi.org/10.1007/s11606-019-04875-1)

VII. GOVERNING BODY

Medical Faculty Senate (MFS) and Undergraduate Medical Education Committee (UMEC)

VIII. POLICY HISTORY

Date	Change
6/21/22	Created - Donna Hunter - Office of the Senior Vice Dean for Medical Education
8/30/22	Approved - Policy Committee
9/22/22	Approved - Undergraduate Medical Education Committee (UMEC)