UME CQI Policy

Roles and Responsibilities

Policy Contact	Assistant Dean for Assessment, Director for Quality, Compliance, and Accreditation
Responsible	MECQI Committee and Working Group
Accountable	UME, OSA, OSR, Admissions, Office for UME
Consulted	CCC, PCC, CYC, MECQI Working Group, OSA, OSR, OAA, clinical affiliates, and medical student leadership (all groups when needed and appropriate)
Informed	SOM and UME Leadership, faculty, staff, and students

LCME Standards

Standard 1 – Mission, Planning, Organization, and Integrity
Element 1.1 Strategic Planning and Continuous Quality Improvement
A medical school engages in ongoing strategic planning and continuous quality improvement (CQI) 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.

Scope and Purpose

The University of Maryland School of Medicine recognizes and embraces the importance of quality in undergraduate medical education and the need to regularly examine, reflect, and improve upon program outcomes and the medical student experience. The CQI policy delineates the processes for conducting continuous quality improvement (CQI) in the MD program. Using the SOM Council standing committee, the Medical Education Continuous Quality Improvement Committee (MECQI), as the primary consulting body to the CCC for CQI actions, the policy creates a framework for the actionable review of data with the two-fold purpose of quality improvement (QI) and quality assurance (QA) in the undergraduate medical education program. The policy directs the committee to identify opportunities and challenges in the curriculum (design and delivery), UME operations, and the student experience (QI). The secondary purpose is to monitor compliance of the UME program with the LCME Standards and Elements, recognizing that the Standards and Element define the minimum baseline for maintaining a quality program (QA).

Policy Statement

The University of Maryland School of Medicine (UMSOM) will develop, implement, and maintain a continuous quality improvement (CQI) program to ensure the effectiveness of the MD program and

compliance with LCME accreditation standards. The program will be referred to as the Medical Education Continuous Quality Improvement program, or MECQI.

The MECQI program is designed to:

- Foster a culture of continuous quality improvement to ensure the efficient and effective delivery of the undergraduate medical education (UME) program.
- Strengthen the quality and integrity of the UME program, by facilitating its alignment with, and support of, the UMSOM mission, vision, goals, and overall strategic plan.
- Provide a comprehensive, systematic framework and related processes for monitoring compliance of the UME program with all Liaison Committee on Medical Education (LCME) Standards and Elements for continued accreditation and the School of Medicine's own expectations for the tradition of excellence which defines the program and its graduates.
- Maintain compliance with LCME Standard and Element 1.1.

The program requires active participation of members from relevant stakeholder groups who are involved either directly or indirectly with the UME program (e.g., medical school faculty, medical students, Designated Institutional Official (UMMC), academic administration, and other institutional staff).

The Medical Education Continuous Quality Improvement (MECQI) Committee will manage the CQI program for the School of Medicine. At a minimum, committee membership will be comprised of: Vice Dean for Academic Affairs (MECQI Committee Chair), Senior Associate Dean for Undergraduate Medical Education, Associate Dean for Medical Education and Student Experience, Associate Dean for Student Affairs, Associate Dean for Admissions, Assistant Dean for Curriculum, the Chair of the Advancement Committee, Assistant Dean for Assessment, Assistant Dean of Pre-clerkship Curriculum, Assistant Dean of Clinical Curriculum, Assistant Dean for Longitudinal Undergraduate Medical Education, Designated Institutional Official (UMMC), VA Representative, Assistant Dean for UME Operations, the CCC Chair, the Director for Quality, Compliance, and Accreditation, eight elected members of the medical school faculty, and two elected student representatives from both the third and fourth year medical student cohorts.

Procedures

MECQI Responsibilities

1. The Medical Education Continuous Quality Improvement (MECQI) Committee will ascertain both long- and short-term goals, implement a systematic process to collect and review data, and disseminate outcomes to appropriate leadership and administration, including, but not limited to, the Curriculum Coordinating Committee (CCC) and its subcommittees (Pre-clerkship Curriculum Committee and the Clinical Years Committee) , the Medical Education Advisory Committee (MEAC), the Admissions Committee, the School of Medicine Council, and other associate/assistant deans, and department chairs.
2. The MECQI Committee will also collaborate with SOM and/or UME leadership and appropriate committees to identify action plans to achieve desired goals, as evidenced by measurable outcomes.

3. The MECQI committee will meet at a minimum 5 times annually to review internal and external data related to UME program performance, student performance and satisfaction, and to consider recommendations for the development of action plans from various UME committees and subcommittees.
4. The spirit and function of MECQI is to hold the medical school accountable for continual improvement of the M.D. program. The MECQI Committee functions primarily in an advisory and consultative manner by making recommendations to various committees. The CCC retains final authority over the curriculum and the approval and monitoring of continuous quality improvement initiatives.

Selection of LCME Elements for Review and Monitoring

1. The Committee will also monitor compliance with the Liaison Committee on Medical Education (LCME) accreditation *Standards and Elements*.
2. There are several factors which influence decisions surrounding the LCME elements that are selected for monitoring through the CQI process. Some of these factors are quantitative thresholds for measuring progress toward established School of Medicine goals and outcomes (curriculum, faculty, student affairs, student satisfaction, etc.), external surveys and reviews that indicate opportunities for improvement (AAMC GQ, LCME accreditation reports), and related LCME requirements/expectations for elements that require a policy or iterative process. Other factors are qualitative in nature such as changes in USM or UMB policies and procedures, clinical best practices, and the evolution of biomedical science knowledge. This data is reviewed initially by the MECQI Committee Steering Committee which sets the agenda for each MECQI Committee meeting. The working group also analyzes collected data, monitors progress toward goals for action plans, and assesses on-going compliance with accreditation standards.
3. The selection of elements and the timing of their review will be determined using the following guidelines:

    - % of students who respond Excellent/Above Average or Strongly Agree/Agree overall response to items on internal and external surveys should meet or exceed the national mean when compared against all medical schools. Course and clerkship ratings should average 3.5/5 or higher for each item on those respective evaluations.
    - When examining the results from nationally administered surveys and examinations, if the medical education program and/or the group of examinees perform below the national mean overall or for a specific content area for two consecutive years.
    - The preparation of the DCI and self-study report for accreditation, the completion of LCME Surveys which reveal significant differences in the data reported from one year to the next, and citations from a Full Accreditation Survey.
    - Changes in requirements related to the LCME standards and elements (new policies and procedures, new or revised interpretive guidelines, etc.).
    - Changes in university or health system policies/procedures requiring compliance by all divisions within the university, or specifically those which impact some aspect(s) of the medical education program.
    - Standing committee consensus for action to drive innovation and/or improvement as directed by the Office for UME, OME, OSA, OSR, Office of Admissions, MECQI Steering Committee, and/or the CCC can also result in monitoring of related LCME elements.

- New university, health system or medical school programs/initiatives that impact the delivery or operations of the UME program.

4. All Elements will be reviewed at least once every three years unless they have been categorized as recurring Elements which require review by MECQI annually.
5. The schedule for the on-going review of Elements will be reviewed annually by the Steering Committee and adjusted to reflect UME program priorities and needs. The MECQI reserves the right to establish longer intervals for the review of specific elements based on scope and purpose of the Element as it relates to UME program performance.

Evaluation of CQI Initiatives

1. The UME committees and subcommittees are required to establish intervals for monitoring and metrics to determine the efficacy of CQI action plans.
2. Progress toward restoring performance levels and/or student satisfaction will be reported to the Curriculum Coordinating Committee and the MECQI committee at least annually (unless directed otherwise).
3. If the evaluation of CQI action plans reveal a specific intervention is not producing the intended results, the appropriate UME committee or subcommittee responsible for the action plan will identify alternative remedies and strategies for implementation. New or revised CQI action plans must be approved by the specific subcommittee's membership and the Curriculum Coordinating Committee prior to implementation.

Exceptions

The are no noted exceptions to this policy.

Sanctions

There are no sanctions for violation of this policy. However, failure to effectively implement the policy could pose a threat to the ongoing compliance of the program with the respective LCME Standards and Elements for which they were created.

Definitions

CQI - a systematic approach to the analysis and evaluation of educational program performance, the medical student experience, and related efforts to improve performance, satisfaction, and outcomes.

Quality Assurance - the act or process of confirming that quality standards are being met within an organization (for the purposes of this policy it refers to the undergraduate medical education program).

Forms

Action Planning Form

Related Policies/Procedures

Review and Revision of the MD Curriculum

History

Revised: Approved by CCC, January 16, 2024