Accreditation Angst
(or How CQI Can Keep Your School Out of Trouble)

Dan Hunt, MD, MBA
LCME Co-Secretary

VIRTUAL MEDICAL EDUCATION EVENT
Role of Accreditation

- Regulatory authority (5%)
- Quality assurance/improvement through peer review (90%)
- Agent of social change (5%)
- Organizational learning tool
- Language for a culture of quality
Non-Severe Action Decisions

- full eight year term with possible status report due

Severe Action Decisions

1. Unspecified Accreditation Term (shortened)
2. Warning Status
3. Probation Status
LCME Severe Action Decisions

- AY 1992/93 - 1995/00 inclusive (N = 164 full survey reports)
- AY 2005/06 - 2013/14 inclusive (N = 159 full survey reports)

- Changed Term or Warning Status: 26%
- Probation Status: 1%
- Total Severe Action Decisions: 31%
Pre-2002 Standards

Design and Management

The program's faculty is responsible for the design, implementation, and evaluation of the curriculum.

There must be integrated institutional responsibility for the design and management of a coherent and coordinated curriculum. The chief academic officer must have sufficient resources and authority provided by the institution to fulfill this responsibility. The curriculum of the program leading to the M.D. degree must be designed to provide a general professional education, recognizing that this alone is insufficient to prepare a graduate for independent, unsupervised practice. Medical schools must evaluate educational program effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that show the extent to which institutional and program purposes are met.

The committee responsible for curriculum should give careful attention to the impact on students of the amount of work required. The committee should monitor the content provided in each discipline in order that objectives for education of a physician are achieved without attempting to present the complete, detailed, systematic body of knowledge in that discipline. The objectives, content, and modes of pedagogy utilized for each segment of the core program as well as for the curriculum as a whole should be systematically reviewed.
Post-2002 Standards

D. Curriculum Management

1. Roles and Responsibilities

CD-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.
Continuous Monitoring is now a Prospective Requirement starting July 1, 2015

LCME Standard Element 1.1

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.
Different ways to manage educational CQI

- Contact for every school
- Canadian Checklist system for all standards/elements
- System monitoring for all standards/elements (Rosalind Franklin Chicago Medical School)
- Selective monitoring of key standards/elements (University of Chicago)
  - School priority areas (mistreatment, etc.)
  - Standards prone to "slippage" (direct observations)
  - Student environment (student safety)
  - New LCME standards
Element 9.8 Grades back to students in six weeks

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<tr>
<th>Target</th>
<th>Cycle Time</th>
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<td>6 weeks</td>
<td>Element out of compliance</td>
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<tr>
<td>8 1/2 weeks</td>
<td>Unclear faculty expectations, lack of status visibility, no backup during leave, senior level sponsorship, software</td>
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Compliance versus Excellence?

11.1: Academic Advising
A medical school has an effective system of academic advising in place for students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

Measure: Academic Counseling mean satisfaction rate (on a scale of 1-5)
Standard of Compliance: Within +/- 0.2 points of national mean
Standard of Excellence: More than 0.2 points above national mean

John Tomkowiak MD, MOL
Compliance versus Excellence?

8.7: Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Measure: Variation between student satisfaction ratings across all clinical sites
Standard of Compliance: Less than 20% variance
Standard of Excellence: Less than 10% variance

John Tomkowiak MD, MOL
Standards-Based Continuous Quality Leadership (CQL)

The determinations shown reflect self-assessments by the Chicago Medical School as a product of its continuing evaluation and process improvement efforts; as such, they are subject to change as circumstances and our assessments change. These determinations should not be interpreted as assessments of accreditation entities or other external bodies.

**LCME STANDARDS DASHBOARD – Academic Year 2015-16 First Quarter**

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