Connecting with the Secretariat Webinar

July 16, 2020
1:30 pm – 3:00 pm ET

Participants should hear music until the start time.

If you don't hear anything, call CommPartners at 800-274-9390 or email aamc@commpartners.com.

Big Data, Big Systems: Elements 1.1 and 3.3
&
Re-entry of Medical Students into the Clinical Learning Environment

Element 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.

Element 1.1 Strategic Planning and Continuous Quality Improvement

Intent of the element:

1. The school engages in strategic planning *at the school level* (may be part of institutional plan) that is used to guide the school's activities and resource utilization

2. The strategic plan is real and living – measurable and measured outcomes, and actions when achievement of goals is less than optimal (i.e. CQI)

3. The school <u>actively</u> monitors performance in the LCME elements in an ongoing fashion <u>and</u> does something about it when the performance is less than desired (i.e. CQI)

Intent of the element – "in other words"

For BOTH strategic planning and monitoring accreditation elements:

1. The school has a plan
2. The school uses the plan to look at performance through outcomes
3. The school does something about it when performance lags expectations

Element 1.1 Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning…

- DCI: process used to develop strategic plan; stand-alone or in conjunction with the sponsoring institution; how is the strategic plan reviewed

- Survey Report: describe the plan and plan development; how often is it reviewed:

…establish its short and long-term programmatic goals, result in the achievement of measurable outcomes…

- DCI: how, when, and by whom the outcomes of the school's strategic plan are monitored; provide two examples of outcomes from strategic goals/objectives, and the actions or activities undertaken to evaluate and act on the outcomes.

- Survey Report: describe how outcomes are monitored, are goals being achieved?

…and continuous quality improvement processes…that are used to improve educational program quality…

- DCI: the resources available for quality improvement activities; who manages the process; who receives the outcomes data; who acts on the data

- Survey Report: describe the resources and personnel

…and ensure effective monitoring of the medical education program's compliance with accreditation standards.

- DCI: give examples; list the elements being monitored and why they were chosen

- Survey Report: summarize what elements are monitored, and evidence that the process is effective…
    "In the context of the survey team findings"

(Effective monitoring is a lot like CQI!!!)

Element 1.1 Strategic Planning and Continuous Quality Improvement

LCME®
LIAISON COMMITTEE ON
MEDICAL EDUCATION

IMPLEMENTING A SYSTEM FOR MONITORING PERFORMANCE IN LCME ACCREDITATION STANDARDS

[*Approved by the LCME® on October 19, 2016*]
Available at www.lcme.org

- Expects strategic planning goals be defined in outcomes-based terms and success reviewed
- Three components for an accreditation monitoring system: policy, personnel, resources
- Selection of elements*
- Data collection, reporting, review
- Close the loop

Element 1.1 Strategic Planning and Continuous Quality Improvement

*Selection of elements

1. Elements that include language that monitoring is required or involve a regularly-occurring process that may be "prone to slippage,"
    9.8 (Fair and Timely Summative Assessment)

2. New elements or elements where LCME expectations have evolved,
    1.4 (Affiliation Agreements) (Outpatient sites)

3. Elements that include policies that must be congruent with current operations,
    12.5 (Non-involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records)

4. Elements that directly or indirectly affect the core operations of the school,
    4.1 (Sufficiency of Faculty)

5. Standards/elements that were cited in the medical school's previous full survey.

Element 1.1 Strategic Planning and Continuous Quality Improvement

Checklist for Satisfactory Performance in Element 1.1

1. Read the white paper.
2. Read the DCI and Survey report template questions.
3. Does your strategic plan have school-specific defined goals and measurable outcomes?
4. Is your strategic plan appropriately approved, reviewed and updated?
5. Do you have examples of where review of plan goals and outcomes resulted in actions?
6. Can you identify who is responsible for monitoring, reporting, acting on outcomes for the strategic plan and QI for elements?
7. Are resources identified to support these activities?
8. How and why did you pick the elements to monitor for accreditation QI?
9. Can you give examples of CQI activities for monitored elements
10. *If you have questions, call the Secretariat! We don't vote, and we don't share consultation conversations with the LCME.*

Final pontification:

QA vs QI

QA is the process of monitoring performance to ensure a minimum standard is being met. (Every element can be monitored for QA)

QI is the process of taking actions to improve performance and measuring progress toward an improvement goal, regardless of whether the minimum standard is met. (Not every element is appropriate for CQI)

Simplistically, QA is a step in the CQI process.

Element 3.3 Diversity/Pipeline Programs and Partnerships

A medical school has **effective policies and practices** in place, and engages in **ongoing, systematic, and focused recruitment and retention activities**, to achieve **mission-appropriate diversity outcomes** among its **students, faculty, senior administrative staff**, and other relevant members of its academic community. These activities include the use of **programs and/or partnerships** aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of **program and partnership outcomes**.

- LCME Element 3.3 Consensus Statement
- Data Collection Instrument (DCI)
- Survey Report Template
- Functions and Structure of a Medical School

LCME and Diversity Guiding Principles

Deconstruction:

- **School-defined** diversity categories for students, faculty, and senior administrative staff (definition in DCI glossary)

- Diversity categories **may differ** among students, faculty, and senior administrative staff

- **Policies** and **practices** in place – and appropriate **resources** deployed - for recruitment and retention in each diversity category

- Demonstration of "**effort**" through monitoring of outcomes (e.g., numbers of applications/total offers of admission or employment/accepted offers)

- School- or university-based pipeline programs or external partnerships to increase the overall pool of medical school applicants in the identified diversity categories; **outcome tracking/data** on program success

LCME and Diversity Guiding Principles

Essential Ingredients

- Mission-appropriate
- Policies
- Processes: ongoing and systematic
- Recruitment and retention
- Pipelines and partnerships
- Evaluation of program effectiveness and tracking of progress
- Total environment - students, faculty, and senior administrators
- Educational value:
  - Element 3.5 (learning environment/professionalism)
  - Element 7.6 (cultural competence and health care disparities)
- Guidance, not prescription

Re-entry of Medical Students into the Clinical Learning Environment

Students, Patients, and COVID-19: Navigating the Clinical Curriculum and Tolerating Uncertainty

- **Deliberately and prospectively identify** those **clinical experiences/assessments that can only be met with direct (in-person) patient contact** versus those than can be achieved and/or assessed through alternative/virtual formats (Curriculum Committee)

- **Anticipate and plan for M3/M4 overlaps and sudden loss of access to clinical training site(s)**; this depends completely on the deliberate, prospective identification described in the first bullet item

- **Review the learning objectives of all clerkships**, including typical final-year clerkships such as emergency medicine and critical care, and **determine whether some objectives may have been met in another clerkship or clinical experience at another point in the student's curriculum** (Curriculum Committee)

Students, Patients, and COVID-19: Navigating the Clinical Curriculum and Tolerating Uncertainty

- **Consider waiving elective graduation requirements to allow time and resources for completion of clinical requirements** (Student Advancement and Promotion Committee)

- **Be flexible and innovative** with the time and space of clinical encounters – **think longitudinally and qualitatively, not quantitatively**, about the clinical curriculum and be prepared to track each student's progress through it

- **Grade consistently** across clerkships from a time certain and **ensure clarity on transcripts and in the MSPE**

Submitted Question related to re-entry of Medical Students into the clinical learning environment

During faculty communications related to the current pandemic the following question arose. If an on-call physician faculty member has the responsibility of calling back COVID test results to a number of individuals and one of those individual happens to be a medical student, is that faculty physician in this case now serving as the student's health care provider and therefore disqualified from later assessing that student?

In further clarification, note that the faculty member does not provide any further health care to that student other than notifying the student of the test results and (if positive) advising them to register with DoH and contact their primary practitioner or the ER for further instructions.

Other questions from webinar chat

Announcements: Updated Guidance Documents

The three documents in the section, "Guiding Principles for and Modifications to LCME accreditation survey processes through 12/31/2020 in response to COVID-19" have been updated on lcme.org/covid-19.

Guiding Principles for and Modifications to LCME accreditation survey processes through 12/31/2020 in response to COVID-19.

Document Title	Date Document was Last Updated / Originally Added
Guiding Principles for the Accreditation Process for Schools with Full Visits Rescheduled to June, July, or August 2020	July 6, 2020 / May 19, 2020
Guiding Principles for the Accreditation Process for Schools with Full and Provisional Visits Scheduled to AY 2020-21	July 13, 2020 / May 19, 2020
Guiding Principles for the Accreditation Process for Schools with Limited Visits Scheduled for AY 2020-21	July 13, 2020

Next Webinar: Thursday, August 13, 2020

Topic of the Month:

Big Picture, Big Principles: Self-Directed Learning, Parallel Curricula, Sharing Faculty, and Interprofessional Collaborative Skills

Email your questions and element or topic suggestions to lcme@aamc.org.

Elements/Topics of the Month 2020

2020	ELEMENT(S) OR TOPIC(S) OF THE MONTH
January	**Preparing for LCME Accreditation: Opportunities for Institutional Improvement** (University of California, San Francisco School of Medicine)
February	**The 2020-21 DCI Facelift: What is New and Different, and Why**
March	**Independent Student Analysis (ISA)** (University of Oklahoma College of Medicine)
April	**Meeting Your COVID-19 Challenges in Partnership with the LCME**
May	**No May webinar**
June	Not-so-obvious Considerations at the Medical School/Clinical Affiliate Interface: A Tapas Menu Featuring Elements 1.4, 3.5, 4.4, 4.5, 9.1, 9.2, 9.3, and 10.8
July	Big Data, Big Systems: Elements 1.1 and 3.3
August	Big Picture, Big Principles: Self-Directed Learning, Parallel Curricula, Sharing Faculty, and Interprofessional Collaborative Skills
September	MythBusters I
October	MythBusters II

Elements/Topics of the Month 2019

2019 MONTH	ELEMENT(S) OR TOPIC(S) OF THE MONTH
January	**LCME Mythbusters Part II!**
February	**Organizing Yourself for the Self-study Process** (Paul L. Foster School of Medicine Texas Tech University Health Sciences Center)
March	**Independent Student Analysis (ISA)**
April	Element 7.9 (interprofessional collaborative skills) and LCME White Paper "LCME Principles for Education to Develop Interprofessional Collaborative Skills"
May	**No May Webinar**
June	Element 3.3 (diversity/pipeline programs and partnerships) and LCME White Paper "LCME Consensus Statement Related to Satisfaction with Element 3.3, Diversity/Pipeline Programs and Partnerships"
July	Element 1.1 (strategic planning and continuous quality improvement) and LCME White Paper "Implementing a System for Monitoring Performance in LCME Accreditation Standards
August	Tapas: Navigating the "Systems" of LCME Accreditation
September	MythBusters!
October	MythBusters Part II!

Previous Elements/Topics of the Month

2017	ELEMENT(S) OR TOPIC(S) OF THE MONTH
January	**Organizing Yourself for the Self-Study Process**
February	**Tapas**
March	**Independent Student Analysis (ISA)**
April	**No April webinar**
May	**Element 3.3 Diversity/Pipeline Programs and Partnerships**
June	**You Spoke, We Listened: Results of the LCME Accreditation Elements Survey**
July	**Element 3.3 Diversity/Pipeline Programs and Partnerships**
August	**Element 3.5 Learning Environment/Professionalism** **Element 3.6 Student Mistreatment**
September	**LCME Myth-busters!**
October	**LCME Myth-busters Part II!**

2018	ELEMENT(S) OR TOPIC(S) OF THE MONTH
January	**Moving and Improving: Preparing for the Self-Study and Survey Visit** (University of California, Irvine School of Medicine)
February	**11.2 (career advising)**
March	**Independent Student Analysis (ISA)**
April	**No April webinar**
May	**1.1 (strategic planning and continuous quality improvement)**
June	**7.3 (scientific method/clinical/ translational research)**
July	**Tapas: In the Interest of Conflicts (1.2, 5.3, 9.9, 10.2, 11.1, 12.5)**
August	**LCME forms (when and how to use them)**
September	**LCME Mythbusters!**
October	**Webinar Cancelled**

Previous Elements/Topics of the Month

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2015	ELEMENT
January	Element 3.5
February	Element 9.8
March	Element 6.3
April	Elements 1.4 & 3.3
May	Site Visit Schedule Updates
June	Independent Student Analysis (no Element)
July	P-DCI (no Element)
August	Elements 11.1 & 11.2
September	Element 12.1
October	Independent Student Analysis (ISA)

2016	ELEMENT
January	New Standards, New DCI: How to Prepare for your Survey Visit
February	Element 3.3 Diversity/Pipeline Programs and Partnerships
March	Independent Student Analysis (ISA)
April	No April webinar
May	8.1 Curricular Management/8.3 Curricular Design, Review, Revision/Content Monitoring
June	7.9 Interprofessional Collaborative Skills
July	6.3 Self-Directed and Life Long Learning, 10.2 Final Authority of Admission Committee, the relationship between 3.1 Resident Participation in Medical Student Education, 6.1 Program and Learning Objectives, and 9.1 Preparation of Resident and Non-Faculty Instructors. Various topics/elements/DCI questions submitted by schools
August	1.1 Strategic Planning and Continuous Quality Improvement, 1.4 Affiliation Agreements, 9.4 Assessment System, 9.5 Narrative Assessment, 9.8 Fair and Timely Summative Assessment
September	8.7 Comparability of Education/Assessment
October	Ensuring student confidentiality, providing student services, and assessing student performance in an increasingly complex educational environment