

# New Standards, New DCI: How to Prepare for your Survey Visit

Process and Experience of The University of Rochester  
School of Medicine and Dentistry

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# Discussion Points

- Timeline
- Oversight
- Subcommittees
- ISA
- DCI
- Finalization

# Timeline for a October 18-21, 2015 Survey Visit

Early 2014 discussions about the process and timeline.

Hold on calendars of key visit participants (dean, department chairs....), reservation of rooms.

Target dates set:

- First Task Force Meeting—14 months prior to visit
- Subcommittees charged—13 months prior to visit
- Subcommittee DCI draft due 10 months prior to visit
- Subcommittee return of DCI draft due 9 months prior to visit
- Subcommittee Final Report due 8 months prior to visit
- ISA report due 7 months prior to visit
- Task Force Summary Report due 6 months prior to visit
- Submission of all materials to LCME 15 weeks prior to visit

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# Oversight

## “Task Force”

- Created at request of Dean
- Chaired by Senior Associate Dean for Medical Student Education
- Broad membership: Dean, Vice Deans, Faculty, Administration, Residents, Alumni, Students\*, Dean School of Nursing
- Updates to the medical center community throughout process

## Subcommittees

- Each of six subcommittees was chaired by a member of the Task Force
- All members of the Task Force were assigned to a subcommittee
- Subcommittees were mostly individuals not on the Task Force

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# Subcommittees

- Standards 1, 2, 4: Senior Associate Dean for Academic Affairs
- Standard 3: Associate Vice President and Senior Associate Dean for Inclusion and Culture Development
- Standard 5: Assistant Dean for Interprofessional Education and Director of Center for Experiential Learning
- Standards 6,7: Senior Associate Dean for Medical Student Education
- Standards 8,9: Director of Assessment
- Standards 10, 11, 12: Associate Dean for Admissions and Assistant Dean for Medical Education and Student Services

\*\*It isn't the title....it's the people....

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# Independent Student Analysis

- Furnished previous accreditation's ISA, current LCME guides, and AAMC GQ
- Three student leaders identified from Year 2/Year Out
- Given one document organized by element of all ISA data that would be needed for DCI
- Submitted independently of any administrative input.

\*\*You will need a file with all the raw data from the DCI

# Data Collection Instrument

- One of four schools which were the first to be accredited under the new Standards and Elements and utilized the DCI
- Steep learning curve for the DCI
- Outstanding Administrative Assistant and responsive team at AAMC
- Specific content needed from ISA\*

# DCI Challenges

- Tables cannot be re-formatted to add columns or relabeled:
  - Work around: Create table in Word and attach
- Tables cannot have content inserted below them:
  - Work around: add a row and enter your content in first cell
- System kicks you out if idle for short period of time:
  - Work around: save frequently
- At times it felt challenging to convey the nuances of the school and specific courses:
  - Work around: Add a summary about the education program in the document with the curriculum schematic

# Our Process for Completing DCI

- We chose NOT to have multiple people have electronic access to DCI.
- DCI downloaded as Word document and divided for each subcommittee into “Subcommittee DCIs” (SubDCI).
- Prior to distribution to Subcommittees, DCI was reviewed centrally and content that could be provided from “central” was highlighted and entered.
- SubDCIs sent to chairs to distribute to subcommittees for completion. (Subcommittee support came from chair’s resources).
- When SubDCI’s completed, edited by SADMSE and returned to subcommittees for review and to create reports.
- Final SubDCI content entered into DCI by Administrative Assistant and re-reviewed.
- SADMSE reviewed full DCI prior to submission.
- All Appendices/Supporting Documents named in a consistent format. 9

# Continuous Quality Improvement Process

As issues were identified, the SADMSE and others implemented a process to address them prior to completion of the DCI.

## Examples:

- If a functioning process was not codified as a policy, it was put to the proper channels to create a policy.
- Technical standards were re-reviewed by central governing body as it had been a few years since reviewed at that level.

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# Our Process for Reports

## Subcommittee Reports

- School created template for subcommittee reports.
- Summarize by Standard and Element
- Strengths and Areas for Attention identified for each Standard

## ISA

- Students decided on report format

## Task Force

- Task Force reviewed subcommittee reports
- Summary by standard of Strengths and Areas for Attention and voted on a “top list”
- Summary written, distributed, edited, and finalized

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# After Initial Submission

- Developed a draft survey visit schedule.
- Responded to LCME and Survey Team's requests for updated/additional information.
  - \*Provided in Word Document organized by Element
- Visit Preparation
  - Logistics of rooms, food, refreshments
  - Preparation by each group that would meet with survey team done by SADMSE
  - \*We did not have a full mock visit; nor did we hire outside consultants.

# Overall Impression of the Process Leading up to Survey Visit

- Was very effective at engaging individuals in various levels of multiple areas of our medical center in a reflective, critical and facilitative process.
- Seemed more intense and uncertain than eight years prior.
- Able to identify newly and or previously identified areas for improvement.
- Reflected on our growth and strengths.
- University of Rochester motto:

*Meliora—always better*



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