

Connecting with the Secretariat Webinar January 9, 2024

1:30 pm - 3:00 pm ET

Welcome!

Thank you for joining us for today's webinar. The program will begin shortly. You will not hear audio until we begin.

If you have technical questions, please email aamc@commpartners.com.



Guest Speakers

Planning and Conducting Your Accreditation Survey Visit: Embracing the Process



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Chair, Department of Medical Education
Professor of Internal Medicine
USF Health Morsani College of Medicine



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USF Health Morsani College of Medicine



Planning and Conducting Your Accreditation Survey Visit: Embracing the Process

Bryan Bognar, MD, MPH, FACP Vice Dean for Educational Affairs Faculty Accreditation Lead Siwar Bizri, MA Accreditation and Business Analyst Survey Visit Coordinator

Outline for today's discussion

- Who is MCOM?
- Timeline/historical context
- LCME site visit prep components
- Key takeaways from our experience
- Q & A





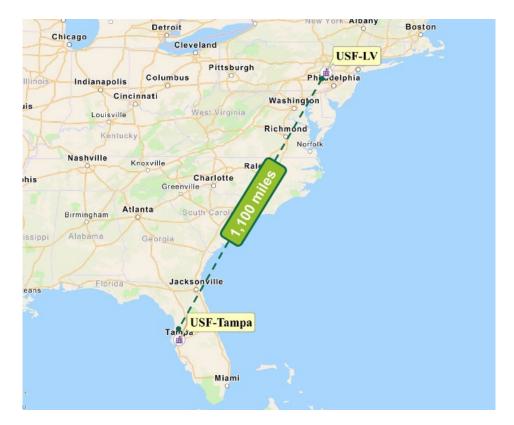
Morsani College of Medicine Basics

- Graduated its first class in 1974. Main campus is in Tampa, FL.
- MCOM is part of the State University System (public)
- MCOM offers two distinct programs (parallel curricula):
 - Core MD program (120 students per year)
 - SELECT MD program (56 students per year)
- Core MD program students spend all four years in Tampa
- SELECT MD program students spend the first two years in Tampa for the preclinical phase, and transition for the clinical phase to a regional (clinical) campus in Allentown, PA, supported by Lehigh Valley Health Network (LVHN).
- The charter SELECT class graduated in 2015





MCOM Main and Regional Campuses







Since the last LCME visit in 2015

- Stable leadership (dean, VD, AD) across campuses
- Maturation of regional campus
- Designed, built, and moved into a new downtown Tampa building (2017 – Jan 2020)
- Covid pandemic pivot March 2020 just as we entered self-study planning
- LVHN Center for Healthcare Education opened in Feb 2023















LCME Site Visit Prep Components

- Institutional readiness
- Data collection instrument preparation
- Continuous quality improvement process implementation
- Stakeholder Engagement
- Student Involvement
- Self Study process
- Site Visit Preparation





Institutional Readiness

- Continually reflecting on accreditation requirements and changes
- Baking LCME quality assurance and improvement process measures into our everyday work
- Participating in relevant listservs and monthly Connecting with the Secretariat conferences
- Connecting CQI, accreditation, strategic plan, and school mission.





Bringing It All Together







Lead up to Self Study

- Establishing our LCME CQI plan, committee, and processes.
- Identifying DCI writing chairs for editing and review
- Identifying tools and personnel
 - Airtable project management and database
 - Box filing sharing and repository
 - Microsoft Teams collaboration
 - Microsoft Suite documentation





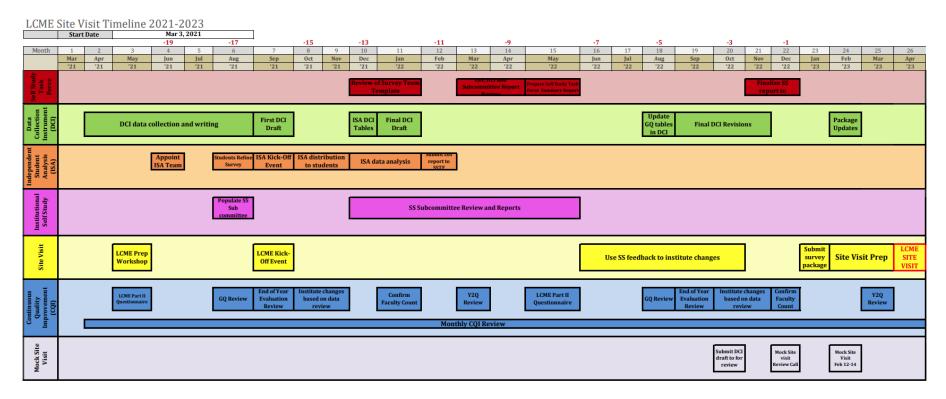
DCI Writing and Self-Study Committee Structure

| Organizational Governance, Leadership, and Educational Resources Committee | | Academic and Learning Environments Committee | | Faculty Preparation, Productivity, Professional Development and Policies Committee | | Curriculum Structure and Content Committee | | Assessment and Program Evaluation Committee | | Admissions and Student Support Committee | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| Standards 1, 2 and 5 | | Standard 3 | | Standard 4 | | Standards 6 and 7 | | Standards 8 and 9 | | Standards 10, 11 and 12 | |
| DCI Committee | Self- Study Subcommittee | DCI Committee | Self- Study Subcommittee | DCI Committee | Self- Study Subcommittee | DCI Committee | Self- Study Subcommittee | DCI Committee | Self- Study Subcommittee | DCI Committee | Self- Study Subcommittee |
| Chair Bryan Bognar | Chair | Chair Milind Kothari | Chair | Chair Javier Cuevas | Chair | Chair Deborah DeWaay | Chair | Chair Deborah DeWaay | Chair | Chair Kira Zwygart | Chair |
| Members: Robert Barraco Richard Sobieray Rose Bland Don Mullins Marrissa Cook | Members: | Members: Bryan Bognar Deborah DeWaay Haywood Brown Robert Barraco James Mayer Edwing Daniel Catherine Lynch Cuc Mai Rahul Mhaskar Shirley Smith Marrissa Cook Roberta Collins | Members: | Members: Alfred Frontera Milind Kothari Catherine Lynch Matthew Anderson Haywood Brown Myrna Lugo Olga Joanow | Members: | Members: James Mayer Craig Doupnik Dawn Schocken Shane Puckett Kelly McCarthy Ashley Metelus | Members: | Members: James Mayer Craig Doupnik Dawn Schocken Shane Puckett Kelly McCarthy Ashley Metelus | Members: | Members: Bryan Bognar James Mayer Melissa Brannen Edwing Daniel Pamela O'Callaghan Joan Bailey Marrissa Cook | Members: |



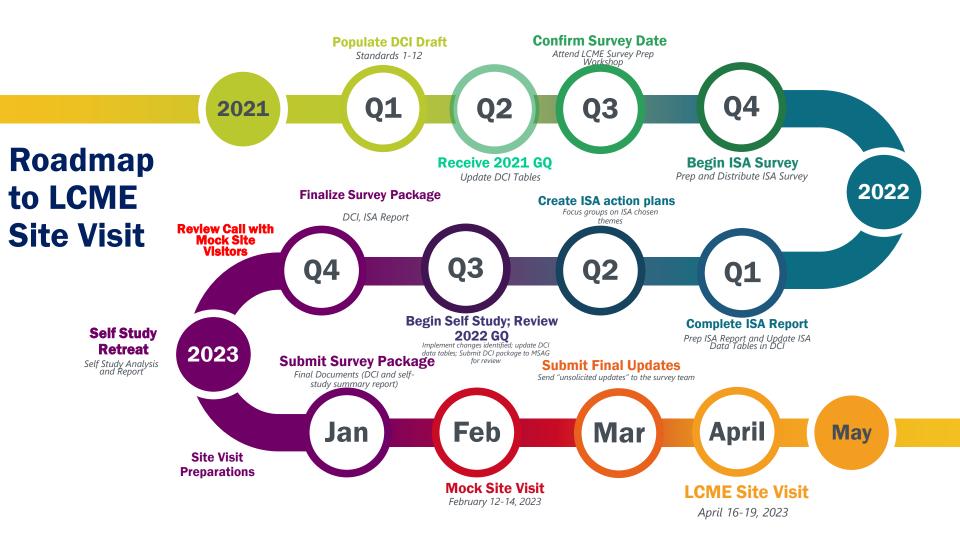


Layered Two Year Timeline: Visuals Help









DCI Preparation

- DCI writing chairs guided writing and editing phases
- Identified tools to help manage writing process (e.g., Box, Teams, etc.)
 - Created database in Airtable to track and monitor LCME elements, DCI writing, and CQI process
 - Tagged DCI components by key words including "policy" "made known" and "process" in Airtable

Early start to compilation. At least 36-48 months in advance. Iterative process.

- Prioritize version control!
- Address gaps and needed updates:
 - Policy or guideline creation
 - Program evaluation or phased review of curriculum
 - Student and faculty attestations





DCI Preparation

- Have a plan for version control, at all levels of prep
- Challenges of deconstruct-reconstruct process
 - Voice of writing can vary
 - Beware formatting: margins, pagination, TOC, numbering
- Glossary of terms, LCME and internal
- Style guide for DCI prep! Hammer it early
- Beware multi-part questions
 - Must have a system to ensure all components addressed.
 We found highlighting/color coding to be useful.





CQI Implementation

- Established monthly meetings relevant to each LCME standard
- Formally implemented Continuous Quality Improvement processes to regularly review LCME requirements
- Began review of LCME Elements identified as CQI priority
- Strategic plan refresh was in progress





Self Study Process

- Held Self-Study Task Force kickoff meetings with executive members of subcommittees
- Set expectations early Created sample DCI review activity to practice answering site survey team questions.
- Broke up DCI for review by relevant stakeholders and writing chairs





Stakeholder Engagement

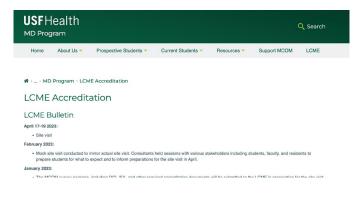
- About 18-24 months out began informational talks about accreditation
- Delivered LCME overview presentations at key committee meetings
- Conveyed purpose of the Self Study early on important to set tone and culture of self improvement
- Reinforced the expectation that many of those attending kick off event or committee meeting presentations could be invited and be ready to clear their schedule



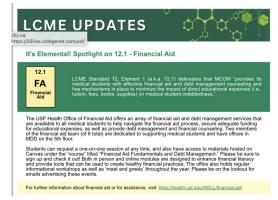


Marketing

- Began heavier marketing campaign to students, faculty, and staff about 12 months out
- Sent out newsletters, posted social media updates and created in person and online presence











Student Involvement

 Created cross campus informational and incentivized campaign for students including swag giveaway, Pie a Dean and Hot Sauce Interview with Vice Dean.

> Student leaders and volunteers were heavily involved and increased buy-in and knowledge about accreditation



Hot Sauce Interview with the Vice Dean











Keys to Participant Preparation

- Recommend to start thinking about the participants early on.
- Download schedule template from LCME website to get an idea of session content and recommended participant list.
 - Consider people's roles, titles and areas of responsibilities.
- Consider a varied group of people for sessions that allow participant flexibility,
 - For example, junior faculty from multiple disciplines and at various stages of their career, or residents who were recent graduates and graduates of other schools also at different stages of their residency
- About 18 months out place save the date on a list of core leaders and faculty expected to participate.





Coaching/prepping

- Collated all available materials for distribution to participants six months out.
 - Prior findings and current DCI
 - Survey report template
 - LCME white papers and articles
 - Glossary of terms
- Communication, reminders, and updates sent through email and various committee meetings' updates.
- About 4 months out secured pre-meeting slots on people's schedule per each session. Met at least two times in the 1 month before the survey visit to prep each session and their participants as a group with FAL and DCI chair.
- Reviewed major findings, areas of strength and concerns, completed action items, guiding principles, cross-session themes and logistics.
- Designated each participant role in the session (e.g. session leader).





Site Visit Prep

- Prepare welcome folder for each survey team member
 - Welcome letter
 - Restaurant recommendations/reservations
 - Area details
 - Survey visit schedule
- Ask Team Secretary about dietary restrictions or food preferences and arrange catering accordingly
- Reserve a hotel suite (ideally within walking distance) for Team Chair with meeting space for entire team or a hotel conference room for nightly team meetings





The Mock Visit

- Practice for game day conditions
- Consider timing carefully, neither too close or too far from site survey visit
- Multi-purpose
 - Sets a hard deadline for many components of prep
 - Practice all logistical aspects
 - Immediate feedback to groups
 - Test connection to regional campus
 - It makes it all "real"





Logistics

- Large meeting space
 - Big enough for largest group and within minutes of a bathroom
 - AV equipment and on site IT support
 - Table tents for survey team members with names and titles
 - Catering for breakfast and lunch
 - Well-stocked refreshments and snacks
 - Curriculum schematics and program illustrations on screen
 - Avoid stairs and elevator if possible to reduce time delays and inaccessibility issues.
- Have several walk throughs and A/V testing ahead of time with students, staff, etc.
- Create detailed run of show to assist with flow of each day and ensure all participants are on the same page.
- Have pre-session prep and post-session debrief rooms for your participants.
 This allows time for last minute questions, cell phone silencing, etc. and the ability to pass on crucial information to the next session's participants.



Key Takeaways

- Varied experience with the accreditation process among participants
 - Not everyone "speaks the language"
 - Continuous updating of the stakeholder groups
- CQI does not equal the self-study
- The importance of branding
 - Creating an ongoing shared mental model that can be used across stakeholder groups





Key Takeaways

- Plan for version control at all levels
- The importance of deadlines
- Have a process for everything! Embrace it!
- Have fun with it! ☺





Q & A

Thank you for joining us today!

Feel free to reach out at any time. bbognar@usf.edu





We noticed that the LCME changed the definition of "national norms of accomplishment" in the glossary in the DCI. Can LCME elaborate on how we should calculate each student achievement rate? For example, when calculating USME pass rates, what is the denominator, only the first-time exam takers or including repeat exam takers? Similarly, how should we calculate the "initial residency Match rate" (does Matching after SOAP count? What about graduates?)?

National norms of accomplishment: The LCME uses aggregate data on national norms of accomplishment in its review of student achievement in the following areas: USMLE performance, student attrition rates, and residency Match rate. Determination of performance in Element 8.4 (evaluation of educational program outcomes) includes a consideration of whether medical education program performance in the specific area, in each year of the most recent two-year period, is outside of the following aggregate national performance data:

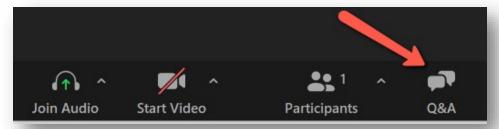
- USMLE pass rate in Step 1 below 85%, which is 10% below the average pass rate over the most recent two years (95%)
- USMLE pass rate in Step 2 CK below 89%, which is 10% below the average pass rate over the most recent two years (99%)
- Total percent attrition during each of the last two academic years of 5% or greater per year (average total percent attrition during the most recent academic years is 1% per year)
- Initial residency Match rate of 83%, which is 10 percentage points below the average Match rate over the most recent two years (93%).

(Element 8.4)



How to ask questions in Zoom:

Participants can ask questions by hovering their mouse at the bottom of the screen to bring up their toolbar.



Click the Q&A icon and a box will open where you can submit a question.



Next Webinar: Tuesday, February 6, 2024

Topic of the Month: Independent Student Analysis

Guest Speaker:

Emily Marrero, Class of 2024 University of Virginia School of Medicine

Email lcme@aamc.org with element or topic suggestions.