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LCME Current Issues: Continuous Quality Improvement (CQI)

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Five Issues Associated with an LCME Severe Action

Dan Hunt, MD, MBA
LCME Co-Secretary

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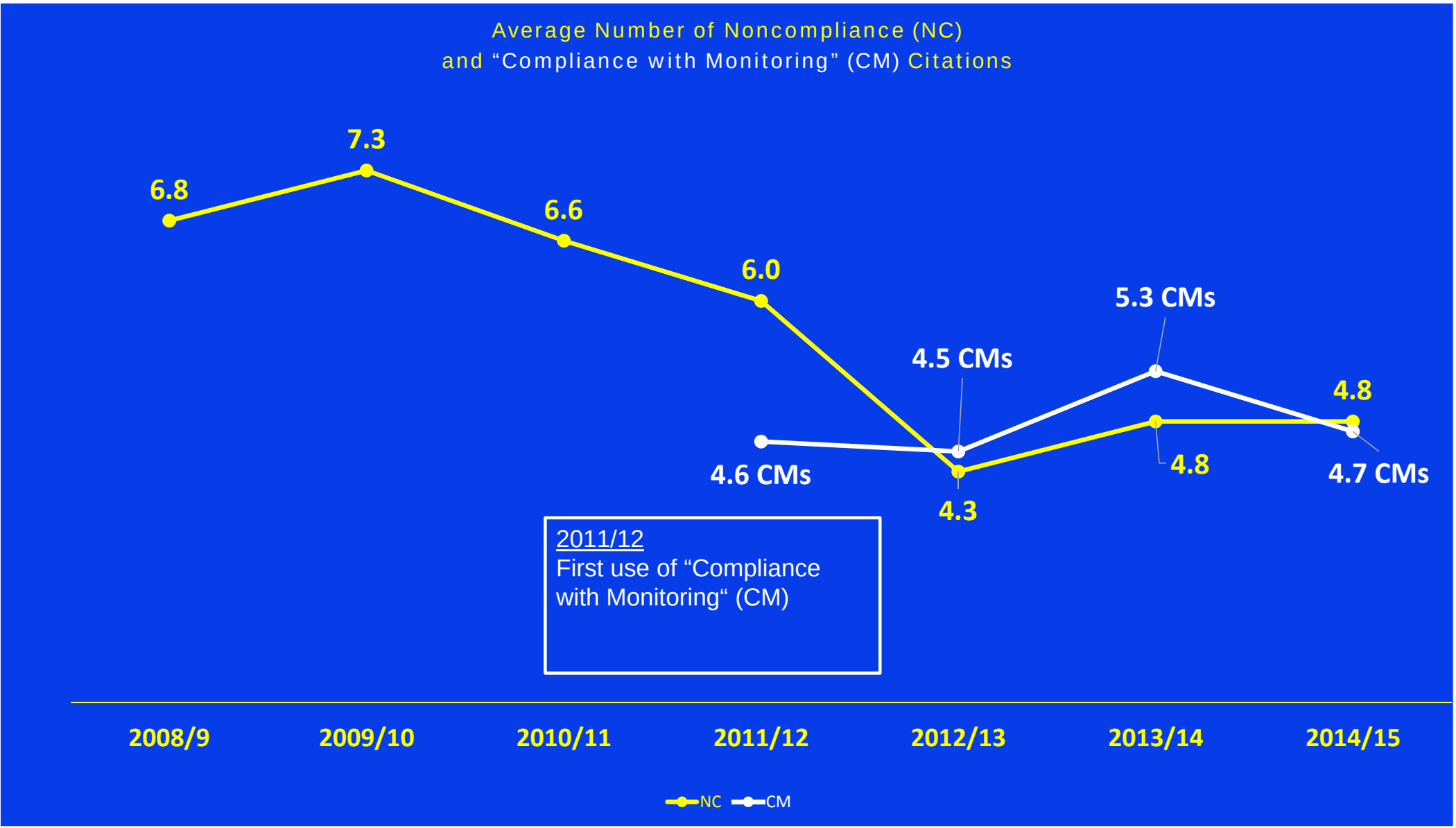
Five Issues Associated with Severe Action

1. **Total number of standards** that are noncompliant
2. ED-33, now Element 8.1(**curriculum management**)
3. ED-8, now Element 8.7 (**comparability** across instructional sites)
4. **Chronic** Noncompliance
5. **Insufficient Response** to the Requirements of the Medical Education Database/Self-study

Significant predictors of severe action decisions based on binary logistic regression. A severe action decision becomes increasingly likely with more predictors present.

http://journals.lww.com/academicmedicine/Abstract/pubishahead/The_Variables_That_Lead_to_Severe_Action_Decisions.98711.aspx


Average Number of Noncompliance (NC)
and "Compliance with Monitoring" (CM) Citations
6.8
7.3
6.6
6.0
4.3
4.6 CMs
4.5 CMs
5.3 CMs
4.8
4.8
4.7 CMs
2011/12
First use of "Compliance with Monitoring" (CM)
2008/9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
NC
CM

Most common "Noncompliance" findings from full survey reports (n = 50) in Academic Years 2012-13 -- 2014-15

translated into current standard elements

Element 9.8 (ED-30) (13 schools)
-fair and timely summative assessment

Element 1.4 (ER-9) (13 schools)
-affiliation agreements

Element 9.4 (ED-27) (12 schools)
-variety of measures of student achievement/direct observation of core clinical skills

Element 6.3 (ED-5-A) (11 schools)
-self-directed and life-long learning

Element 9.5 (ED-32) (11 schools)
-narrative assessment

Element 3.3 (IS-16) (10 schools)
-diversity/pipeline programs and partnerships

Element 9.1 (ED-24) (10 schools)
-preparation of resident and non-faculty instructors

Elements 6.2 & 8.6 (ED-2) (9 schools)
-required clinical experiences (E 6.2)
-monitoring of completion of required clinical experiences (E 8.6)

Element 8.1 (ED-33) (9 schools)
-curricular management)

Element 8.3 (ED-35) (9 schools)
-curricular design, review, revision / content monitoring

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Most common "Compliance with Monitoring" citations from full survey reports (n = 50) reviewed by the LCME in Academic Years 2012-13 --2014-15

translated into current standard elements

Element 3.3 (IS-16) (20 schools)
-diversity/pipeline programs and partnerships

Element 5.1 (ER-2) (16 schools)
-adequacy of financial resources

Element 9.4 (ED-27) (13 schools)
-variety of measures of student achievement/direct observation of core clinical skills

Element 9.8 (ED-30) (12 schools)
-fair and timely summative assessment

Element 11.2 (MS-19) (11 schools)
-career advising

Element 3.5 (MS-31-A) (10 schools)
-learning environment/professionalism

Element 12.1 (MS-23) (9 schools)
-financial aid/debt management counseling/student educational debt

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LCME Discussion on the Continuous Quality Improvement Process

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LCME Assistant Secretary

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Continuous Quality Improvement
The Process

- **Schools are asking what CQI process satisfies Element 1.1**
- **The LCME Subcommittee on Standards discussion guidance provided to schools**
- **The initial discussion has involved consideration of accreditation elements that include a statement of or by their nature include the need for monitoring**

Continuous Quality Improvement Elements

1.1 Strategic Planning and Continuous Quality Improvement

1.5 Bylaws

3.3 Diversity/Pipeline Programs and Partnerships

3.5 Learning Environment/Professionalism

3.6 Student Mistreatment

4.4 Feedback to Faculty

4.5 Faculty Professional Development

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Continuous Quality Improvement Elements

5.1 Adequacy of Financial Resources

6.2 Required Clinical Experiences

6.3 Self-Directed and Life-Long Learning

8.1 Curricular Management

8.2 Use of Medical Educational Program Objectives

8.3 Curricular Design, Review, Revision/Content Monitoring

8.4 Program Evaluation

Continuous Quality Improvement Elements

8.5 Use of Student Evaluation Data in Program Improvement

8.6 Monitoring of Completion of Required Clinical Experiences

8.7 Comparability of Education/Assessment

8.8 Monitoring Student Workload

9.1 Preparation of Resident and Non-Faculty Instructors

9.4 Variety of Measures of Student Achievement/Direct Observation of Core Clinical Skills

12.1 Financial Aid/Debt Management Counseling/Student Educational Debt

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Continuous Quality Improvement White Paper

- **Possible LCME white paper on CQI**
- **Core CQI processes**
- **Tailoring CQI to the needs of the medical school**
- **CQI-related organizational and staffing requirements**

Element 3.3
Diversity/Pipeline Programs and Partnerships

LCME white paper http://www.lcme.org/publications.htm

- **Mission-appropriate diversity policy**
- **Ongoing systematic recruitment and retention activities**
- **Methods to evaluate the effectiveness of activities**
- **Evidence of effectiveness of efforts**

Element 6.3
Self-Directed and Life-Long Learning

Students engage in all of the following as a unified sequence:

- **Identify, analyze, and synthesize information relevant to their learning needs**
- **Assess the credibility of information sources**
- **Share the information with their peers and supervisors**
- **Receive feedback on their information-seeking skills**

The Evolving Partnership: Comparability at the Accreditation Level

Danielle Blouin, MD, FRCP, CCFP(EM), MHPE

Secretary, Committee on Accreditation of Canadian Medical Schools

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CAFMC

Governance

CACMS

- Policy subcommittee
- Standards subcommittee
- Executive subcommittee
- [CACMS Sponsoring Organizations Committee]

LCME

- Subcommittee on Policy
- Subcommittee on Standards
- Executive subcommittee
- LCME Council

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Accreditation Decisions

- 29 decisions on Canadian schools
- 97% agreement on accreditation status and follow-up

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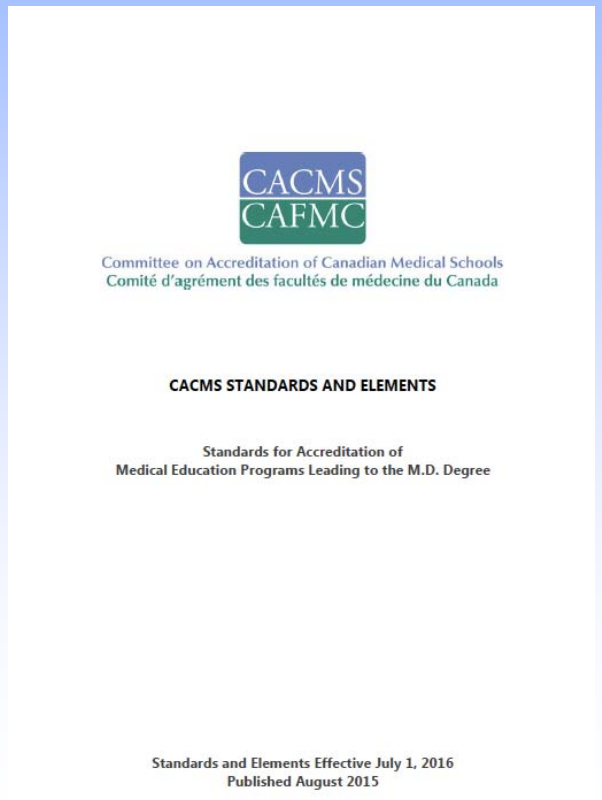
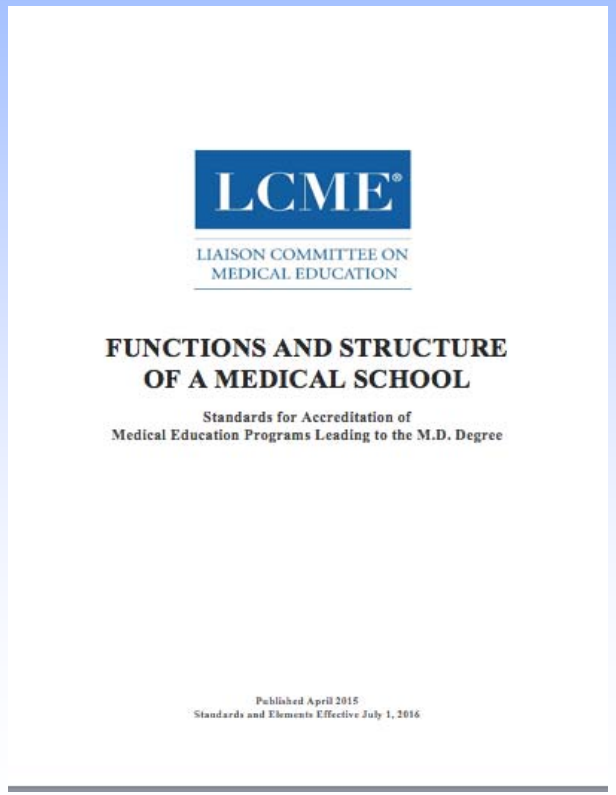
Standards and Elements





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95 Elements

Same	Clarity, bullets, short titles	Inclusion of curricular models	Canadian context +/- other edits	Meaningful revisions
39	11	7	10	28

1.1.1 Social Accountability

A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school's social accountability is:

- a) articulated in its mission statement;
- b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;
- c) evidenced by specific outcome measures.

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Medical School Self-Study (MSS)

(Survey Report Guide)

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

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.

1.1 a The medical school has a written statement of mission and vision for the medical education program.

1.1 b The strategic plan is reviewed and revised at appropriate intervals.

1.1 c The outcomes of the strategic plan are monitored to ensure that the strategic plan is effective.

1.1 d The medical school engages in ongoing planning and continuous quality improvement that establish short and long-term programmatic goals.

1.1 e The medical school monitors ongoing compliance with CACMS accreditation Standards and Elements and takes steps to maintain compliance.

RATING

- ☐ Strength
- ☐ Satisfactory
- ☐ Satisfactory with a need for monitoring
- ☐ Unsatisfactory

Evidence to support the above rating

(Plan to address elements rated as Unsatisfactory or Satisfactory with a need for monitoring)

Medical School Self-Study Survey Report Guide

Standard	1	2	3	4	5	6	7	8	9	10	11	12
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.2	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.3	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.4	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.5	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5
	1.6	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6
					5.7	6.7	7.7	8.7	9.7	10.7		12.7
					5.8	6.8	7.8	8.8	9.8	10.8		12.8
					5.9		7.9		9.9	10.9		
					5.10					10.10		
					5.11					10.11		
					5.12							

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Conclusions

- New relationship maintains consistency of
  - Standards
  - Decisions
- Increased flexibility for CACMS
  - Elements
  - Canadian context

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ELEMENT 7.9
INTERPROFESSIONAL COLLABORATIVE SKILLS

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ELEMENT 7.9: INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensure that the **core curriculum** of the medical education program prepares medical students to **function collaboratively on health care teams** that include health professionals from other disciplines as they provide **coordinated services to patients**. These curricular experiences include practitioners and/or students from the other health professions.

ELEMENT 7.9 (con't)

The DCI asks for examples of required experiences:

- The name and curriculum year of the course or clerkship in which the experience occurs
- The objectives of the experience related to the development of collaborative practice skills
- The setting where the experience occurs (e.g., clinic, simulation center)
- The other health profession students or practitioners involved
- The way(s) that the medical students' attainment of the objectives of the experience is assessed

ELEMENT 7.9 (con't)

General Expectations:

- There are explicit objectives related to interprofessional education in the medical curriculum (at the program and/or course level)
- Other health professions are part of the experience (not just learning ABOUT, but learning WITH)
- Interprofessional education sessions must be directed to the development of collaborative team skills related to delivering coordinated care. Interprofessional education in content areas not linked to collaborative care (e.g., joint anatomy class/laboratory) do not meet the intent of the standard)
- Observing another health profession functioning (e.g., nurses on the wards) is not sufficient

ELEMENT 7.9 (con't)

Evolving Expectations:

- Faculty from other health professions are involved in planning and delivering the instruction
- Interprofessional education experiences occur in health care settings, as well as in classroom and simulated situations

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Transitions for the LCME

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Comparisons

2014-2015

- 132 Standards
- **Standards**: Compliance (**C**) Compliance with Monitoring (**CM**) Non-Compliance (**NC**)
- Strengths
- Paper-based submission

2015-2016 (and beyond)

- 12 Standards
- **Standards**: Compliance (C) Compliance with Monitoring (CM) Non-Compliance (NC)
- **Elements**: Satisfactory (**S**) Satisfactory with Monitoring (**SM**) Unsatisfactory (**U**)
- No Strengths
- Prepopulated DCI and “paperless” system

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No listing of Strengths in the Final Report

- 7 years of trying different ways to identify exemplary systems
- No identification process was valid or reliable
- Patterns of current strength identification inconsistent across schools

-Therefore-

- LCME Conclusion: eliminate the formal recognition of strengths but teams will include in the exit statement issues that the team observed that were admirable

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Comparisons: DCI and Team Report

- 2014-2015
- Schools populated the tables in the DCI
- Running narrative Team Report
- Free style appendix
- Course and clerkship reports (green book)

- 2015-2016
- Prepopulated tables in both DCI and Team Report
- Team Report organized by each Element
- Standardized appendix with option for school-specific appendices.
- No individual course/clerkship reports

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Preparing for the Transition

- School reports from the past translated to elements and LCME decisions compared for consistency of decisions
- Over a two year period over 20 cases modeled and compared
- Overall, good consistency with prior decision in new format

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Preparing for the Transition

Survey Teams

- Survey Team training webinars
- Team secretary training workshop

Schools

- Training sessions (each spring) for schools with upcoming surveys
- Technical training (each spring) for school personnel assigned to interface with the DCI

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Observations and Lessons Learned

- Surveys of individuals at schools who have used or are using the DCI are consistently positive regarding the pre-populated DCI
- Variability in how the schools are working with the DCI – inside the system vs. outside the system.
- Specific comments:
  - Easy to divide assignments and track progress toward completion
  - Reduced redundancy
  - Minimal or no printing is a significant improvement
  - Walter provides excellent support

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QUESTIONS?