



Office of the Dean
School of Medicine

Policy Title: Policy on Continuous Quality Improvement and Monitoring for the MD Program

Last Review/Revision/Approval: April 2024

Review Cycle: 4 years

Body Responsible for Review/Revision/Initial Approval: Director for Accreditation and Strategic Planning; Office of Undergraduate Medical Education; Office of Faculty and Institutional Affairs

Responsible Dean: Senior Associate Dean for Faculty and Institutional Affairs

**Relevant LCME Element:
(if applicable)** 1.1

Policy Statement/Purpose:

The LSU School of Medicine in New Orleans is committed to educational excellence and an investment in a culture of continuous quality improvement (CQI) for all aspects of its undergraduate medical education program. Our rigorous approach to the CQI program aligns with the school's Strategic plan and the Liaison Committee on Medical Education (LCME) accreditation standards. This policy provides the governance and details of our established CQI framework, selection of program components and elements for analysis, and the principles that inform implementation. Major revisions to this policy are approved by the Administrative Council, but changes in monitored elements based on needs over time are determined by the CQI Team and the Dean, as described below.

Policy Guidelines:

Governance of the CQI Effort: The Director for Accreditation and Strategic Planning oversees the CQI program in collaboration with the CQI Team, comprised of the leaders from School of Medicine Offices of the Dean, Fiscal Affairs, Undergraduate Medical Education, Graduate Medical Education, Student Affairs and Records, Diversity and Community Engagement, Admissions, and Faculty and Institutional Affairs. This leadership is essential to seamlessly integrate CQI processes with our educational programs for continuous monitoring and subsequent enhancement. Each of these offices has responsibility for the elements relevant to its operations.

CQI Monitoring Principles: Our CQI approach informs the implementation of strategies to identify and close gaps and enhance existing process. This flexible CQI framework, inclusive of a broad spectrum of improvement models, adapts to effectively impact our educational landscape. We establish clear objectives for our monitoring activities, emphasizing our commitment to improving our educational program and meeting LCME accreditation standards.

- Key Performance Indicator (KPI) Selection: For each element selected, we identify specific KPIs and focus on measurable outcomes that genuinely reflect the quality of our educational programming as well as our compliance with the specific requirements for accreditation.
- Data Analysis: Periodic, detailed analyses of our performance data against established benchmarks for KPIs provide for the identification of trends, strengths, and areas requiring targeted improvement.
- Reporting and Communication: We generate comprehensive reports that document our findings, insights, and actionable recommendations for improvement and broadly distribute them across all levels of our institution. A schedule of reporting to relevant committees, such as the Curriculum Steering Committee, Dean's Staff, and Administrative Council, facilitates timely quality improvement actions.
- Action Plan Execution: We develop detailed action plans, specifying objectives, strategies, timelines, and anticipated outcomes, to guide the execution of our QI initiatives. We conduct ongoing monitoring of these initiatives to establish that planned actions have been executed effectively and produced significant and persistent improvement.
- Systematic Review and Adjustments: Regular systematic reviews of our CQI processes and outcomes refine our strategies and actions, ensuring our approach is dynamic, responsive, and consistently in the vanguard of best practices in medical education quality improvement.

CQI Element Selection: The CQI Team determines the critical aspects of the medical education program that are selected for analysis and monitoring in the CQI process and prioritizes them based on the Strategic Plan, LCME accreditation implications, and other student and stakeholder needs. The Dean has final authority over the process and the elements that are selected. The outcomes that are currently monitored are the following:

- The School of Medicine Strategic Plan
 - Areas of priority for the institutional mission related to education
- Prioritized LCME accreditation elements*
 - Elements that include an explicit requirement for monitoring or involve a regularly occurring process
 - 3.5, 4.4, 8.3, 8.4, 8.5, 8.6, 8.8, 9.1, 9.4, 9.5, 9.7, 9.8
 - Elements that relate to the core operations of the school
 - 1.4, 1.5, 3.3, 4.1, 5.1, 8.1, 12.5, 12.8
 - New or newly revised elements
 - 3.3, 7.9
 - Elements deemed unsatisfactory in the school's previous accreditation cycle
 - 3.4, 7.5, 10.2
 - Elements that were deemed satisfactory with a need for monitoring in the school's previous accreditation cycle
 - 6.3, 9.8
- Effects on student learning, outcomes, and experience
 - Elements related to the quality and content of the medical curriculum
 - 2.4, 6.2, 6.3, 6.5, 7.1, 7.6, 8.1, 8.2
 - Elements related to the student experience
 - 3.2, 3.6, 5.5, 5.6, 5.7, 5.11, 11.1, 11.2, 12.1, 12.3, 12.4

**Implementing a system for monitoring performance in LCME accreditation standards. White Paper, LCME, 2016*

Monitoring and Reporting Process: The CQI Team develops the monitoring and reporting schedule and utilizes an accountability framework. We designate elements related to the operations of each School of Medicine Office for committees or other groups for periodic review, and action items are subsequently assigned to relevant work groups or committees.