TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER. EL PASO

Paul L. Foster School *of* Medicine

Medical Education Program Policy

Policy Name:	Continuous Quality Improvement				
Policy Domain:	Continuous Quality Improvement of Educational Programs	Refers to LCME Element(s):		1.1	
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	July 2024	Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. Policy Statement:

The Paul L. Foster School of Medicine recognizes and embraces the importance of quality in undergraduate medical education and the need to regularly review program outcomes and the medical student experience and to identify challenges and opportunities for improvement in the design and delivery of the curriculum, UME operations and the student experience across the four years of the medical education program. Once areas for improvement are identified, the policy delineates the processes for conducting and monitoring CQI in the MD program. The secondary purpose is to monitor compliance of the UME program with the LCME Standards and Elements.

2. Reason for Policy:

This policy is intended to define the medical school processes for continuous quality improvement activities related to the medical education program, including those supporting monitoring of LCME elements.

3. Who Should Read this Policy?

All members of the CEPC and its support staff in the Office of Medical Education, associate and assistant deans of PLFSOM, all members of the Year 1 & 2 Committee and the Year 3 & 4 Committee, support staff in the Department of Medical Education, clerkship administration and coordinators, all members of the Evaluation Subcommittee and all members of the LCME Leadership Advisory Committee.

4. Resources:

The Office of Medical Education administers and supports the policy in conjunction with the Curriculum and Educational Policy Committee (CEPC). The Office of Medical Education is responsible for maintaining the CQI monitoring dashboard and the Associate Dean for Medical Education will be responsible for overseeing the process.

5. Definitions:

Continuous Quality Improvement (CQI) is a systematic and progressive approach to the analysis and evaluation of educational program performance, including the medical student experience. CQI project development commonly includes defining the problem, benchmarking, setting a goal, then iterative quality improvement projects to achieve the goal.

6. The Policy:

- CQI is the responsibility of all stakeholders in the UME program.
- Goal 1 – CQI directed at challenges and opportunities for improvement in the design and delivery of the curriculum, UME operations and the student experience across the four years of the medical education program.
  - ○ Projects can be identified and initiated through multiple pathways, including;

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- Curriculum and Educational Policy Committee – for example during the phase reviews or in discussion of the annual reports or yearly syllabus review
- Subcommittees of the CEPC
    - i Year 1 & 2 Committee
    - ii Year 3 & 4 Committee
    - iii Evaluation Subcommittee
- Student Curriculum and Education Committees (SCEC)
    - i Opportunities and challenges identified during student reports at the CEPC monthly meetings or during end of unit or end of clerkship SCEC meetings with directors
- PLFSOM Strategic Plan
    - i Metrics for CQI may be identified from the strategic plan aligned with school's mission
    - ii All areas and units in the university are to engage in development of strategic plans and participate in the annual implementation and assessment of their plans.
- Student feedback from inhouse and national surveys and questionnaires
- Office of Student Affairs and Student Affairs Committee
- LCME Leadership Advisory Group
- Goal 2 – CQI related to monitoring and compliance with LCME standards for accreditation.
    - o Projects can be identified through multiple pathways but typically will result from discussions at the LCME Leadership Advisory Group or the CEPC.
    - o LCME Leadership Advisory Group agenda is prioritized based on:
        - Frequently cited elements
        - Elements requiring monitoring in the past
        - Elements with updates and/or new requirements
    - o The Office of Medical Education in conjunction with the CEPC will review and revise the CQI monitoring plan for compliance with LCME standards no less frequently than every 3 years.

7. **Monitoring and Reporting of CQI Plans:**
    a. CQI is expected to be a standing item on the agenda of existing UME committees.
    b. For each metric that will be monitored, the individual/committee leading the project must submit a CQI Opportunities Form (found in appendix A) to OME.ELP@ttuhsc.edu including the following information:
        i. Date
        ii. Title of project
        iii. Identified by (for example, name of individual or committee)
        iv. Goal of the project
            - Goals should be formatted using the SMART framework
        v. Measurements (key measures to monitor)
        vi. Interventions
        vii. Results to date (if available)
        viii. Responsible party
        ix. Completion target date
        x. Priority
        xi. Workspace link
        xii. Status
        xiii. Office of Medical Education will map the project to the LCME Standard/elements associated with the project if it is not included in the submission.
    c. Reports with updates regarding new projects and progress on existing projects will be presented to the CEPC on a regular basis during yearly syllabus review in the spring and following the annual report to the CEPC in the fall or more often as determined by the UME

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committees in conjunction with the CEPC. These updates will include a summary of the CQI dashboard indicating which projects have been completed/closed.

d. If the evaluation of CQI action plans reveal a specific intervention is not producing the intended results, the appropriate UME committee or subcommittee responsible for the action plan will identify alternative remedies and strategies for implementation. New or revised CQI action plans must be approved by the specific subcommittee's membership. If significant changes to the UME program/course or clerkship are proposed, then the CEPC must also authorize the action plan prior to implementation.

e. The OME and the CEPC will maintain a record of the review of each element included in the CQI plan. If there are concerns with the quality and/or compliance, the OME will work with the group responsible for taking action to develop a plan for improvement.

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Appendix A: CQI Opportunities Form

Medical schools are required to engage in continuous quality improvement (CQI) for monitoring accreditation compliance and determining the overall quality of a program.

Steps for CQI:

1. **Define the problem** – who is impacted by the problem; show data used to define and analyze potential causes for the problem
2. **Identify key measures** to monitor if applicable
3. **Improve** – describe interventions (including timeline)
4. **Results** – show results of interventions (new data, evaluation of impact)
5. **Steps to sustain improvements** (describe how findings were communicated and loop was closed with stakeholders)

Please complete the form and submit to: OME.ELP@ttuhsc.edu

Date – When the issue was identified	
Project Title	
Identified by (e.g. committee, and/or individual(s))	
Goal of the Project	
Measurements (key measures to monitor)	
Interventions	
Results	
Responsible Party	
Completion Target Date	
Priority	
Workspace Link (e.g. space for collaboration and/or storage for supporting docs)	
Status	