I. INTRODUCTION

The Johns Hopkins University School of Medicine (JHUSOM) engages in a process of continuous quality improvement (CQI) to ensure the effectiveness of the undergraduate medical education (UME) program and compliance with accreditation standards. The process requires active participation of members from relevant stakeholder groups, including communities of practice, who are involved either directly or indirectly with the UME program (i.e., university and community faculty, students, administration, and other institutional staff).

II. PURPOSE

The purpose of the CQI policy is to:

a. Foster a culture of continuous quality improvement to ensure the efficient and effective delivery of the UME program.
b. Strengthen the quality and integrity of the UME program, by facilitating its alignment with, and support of, the JHUSOM mission, vision, goals, and overall strategic plan.
c. Create a comprehensive and systematic framework and related processes for monitoring compliance of the UME program with all Liaison Committee on Medical Education (LCME) Standards and Elements for continued accreditation.
d. Maintain compliance with LCME Standard and Element 1.1: “A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality and ensure effective monitoring of the medical education program’s compliance with accreditation standards.”

III. PROCEDURES

See Appendix A: CQI Workflow

a. The Undergraduate Medical Education Policy and Curriculum Committee (UMEPCC) and its subcommittees are responsible for establishing policies and processes to maximize operational success of the medical education program. These committees are also responsible for reviewing program evaluation data gathered from multiple sources, in order to monitor important curricular and program outcomes. The UMEPCC subcommittees responsible for CQI activities include:
   • The Genes to Society Integration Committee (GTSIC) led by the Associate and Assistant Deans for UME.
   • The Clerkship Directors and Clinical Skills Committee (CDCS) led by the Associate and Assistant Deans for UME.
• The Student Assessment and Program Evaluation Committee (SAPE) is comprised of up to 10 faculty educators and is led by the Assistant Dean for Assessment and Evaluation. SAPE is charged to ensure that the JHUSOM continuously practices UME program evaluation and examines medical student assessment processes; to verify that educational program objectives for UME and of the individual courses are coherent and being met; to provide guidance to help ensure that program evaluation and student assessment meet the highest standards of practice; and to examine specific standards related to accreditation as charged annually. This committee periodically reviews every required course/clerkship utilizing the Course or Clerkship Review Questionnaires (Appendix B and C).

• The Student Curriculum Review Team (SCRT) independently reviews the evaluations for Year 1 and 2 courses, holds focus groups, and meets with the course director(s) and UME Deans to offer their evaluation and suggestions for improvement.

• The Horizontal Strands Core Theme Leadership Team periodically reviews the goals and objectives for the horizontal strands in each thematic area to ensure integration across the M.D. curriculum. Gaps in coverage, along with suggested actions are reported to the UMEPCC, UME deans, and relevant course and clerkship directors for further consideration and implementation as appropriate.

• The newly created Precision Education Data Lake facilitates data-driven decision making and action planning for all JHUSOM Educational Programs, including UME. The data lake is a centralized database to optimize the efficiency of collection, management, analysis, reporting, utility of comprehensive medical education information, and to support continuous quality improvements in all areas of medical education and current and future medical educational research. The data lake is supported by the Office of Assessment and Evaluation and the Office of Information Technology.

b. The work of each subcommittee’s CQI efforts is reported to the UMEPCC through meeting minutes and/or through annual or biannual formal report presentations, along with action plans. A CQI database has been created to monitor CQI efforts and compliance. The database is organized in alignment with the LCME standards and elements and will be monitored by the Undergraduate Medical Education deans to:

• Review UME program performance on LCME Standards and Elements
• Regularly monitor components of the LCME Data Collection Instrument (DCI)
• Review policies associated with LCME Accreditation Standards and Elements
• Develop and monitor CQI Dashboards (including the establishment of performance goals for each element and thresholds to trigger action when progress toward goals is not sufficient)
• Provide guidance and support to departments and programs when CQI recommendations have been made by the responsible committees and listed in IIIa.
• Develop and plan implementation of quality improvement plans in consultation with associated department, programs, and/or personnel (faculty and staff)
• Monitor outcomes of actions taken in response to recommendations.

c. Annually, the UME deans shall focus on specific standards and/or elements for review by using the criteria for selecting the standards and elements for review as described in the LCME White Paper: Implementing a System for Monitoring Performance in LCME Accreditation Standards. The criteria include (but are not limited to):

• Elements that pose accreditation risks based on prior LCME citations for the JHU School of Medicine
• Elements that include language that monitoring is required on a regularly occurring basis.
• New elements or LCME elements where expectations and/or requirements have changed.
• Elements that include policies that must be congruent with current JHU School of Medicine operations
• Elements that directly or indirectly impact the core operations of the JHU School of Medicine

© Copyright 2021 by The Johns Hopkins Health System Corporation and/or The Johns Hopkins University
1.  
   d. During an accreditation cycle’s two-year self-study period, the SOM will review all standards and elements comprehensively.
   
   e. The Office of Medical Student Curriculum and Associate and Assistant Deans for UME shall maintain the schedule for review of LCME Standards and Elements. The review cycle for each Standard and Element is based on recommendations evolving from continuous evaluation of program outcome data and the criteria listed in III.c, and as approved by the UMEPCC.
   
   f. All CQI efforts and activities ultimately fall under the purview of the Office of the Vice Dean for Education. The ongoing management of the CQI database and its activities is the responsibility of the Associate and Assistant Deans for UME and the CQI and LCME Accreditation Administrator (when applicable).
   
   g. Institutional quality improvement efforts and activities outside the scope of UME accreditation and compliance shall be considered outside the scope of this policy and related procedures.