Charles R. Drew University of Medicine and Science
"A Private University with a Public Mission"

CONTINUOUS QUALITY IMPROVEMENT (CQI) POLICY

POLICY: # 311.1d

Supersedes: Policy 311.d version 10/26/22

Issuing Officer: Dean, College of Medicine
Responsible Office: Office of Medical Education
Effective Date: 10/1/24
Next Review Date: 10/1/27

I. PURPOSE:

The Liaison Committee on Medical Education (LCME) has established standards regarding the requirement of medical schools to engage 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. (LCME Element 1.1)

II. POLICY STATEMENT:

In alignment with the Liaison Committee on Medical Education (LCME) Element 1.1, all medical schools are required to engage in a systematic process of planning and quality improvement. This policy ensures systematic evaluation of the educational program to promote effectiveness, efficiency, and ongoing improvement in alignment with LCME Standards and Elements.

CQI activities related to the medical education program are led by the Senior Associate Dean for Academic Affairs, his leadership team and the Educational Policies and Curriculum Committee (EPCC), assisted by the Director of Assessment and Evaluation and the Director of CQI and Accreditation. The Continuous Quality Improvement Advisory Committee (CQIAC), which includes COM leadership and administrators, also has responsibility for ensuring any planned corrections are implemented.

III. POLICY:

Compliance with medical education LCME elements is reviewed at different frequencies based on the nature of the element. Results of the reviews are shared with the appropriate managing parties as they are completed. Criteria for selecting priority elements are based on the categories outlined within the LCME 2016 White Paper, Implementing a System for Monitoring Performance in LCME Accreditation Standards*. These criteria include:*

- *Elements that include language that monitoring is required or involve a regularly-occurring process that may be "prone to slippage"*
- *New elements or elements where LCME expectations have evolved*
- *Elements that include policies that must be congruent with current operations*
- *Elements that directly or indirectly affect the core operations of the school*
- *Standards/elements that were cited in the medical school's previous LCME survey*
- *Commonly cited by the LCME*
- *Other data points that were identified by the EPCC and COM leadership include the AAMC Graduation & Year Two Questionnaires, Independent Student Analysis, and internally generated data.*

Oversight across all LCME standards is outlined in the CQI Dashboard and is maintained by the Director of CQI and Accreditation. The CQIAC will provide oversight over the development and implementation of the CQI Plan, which is actualized in the CQI Dashboard. The CQI Plan provides extensive details identifying the type of metric, the source, measurement schedule, target, accountable title, office responsible for monitoring, and the reason the element is being monitored. CQI data may include performance metrics in various areas related to LCME standards and COM Strategic Plan. The data may include quantitative and qualitative information and may inform decisions about whether long-term and short-term programmatic goals are being met.

CQIAC Membership:
1. *COM Dean*
2. *Senior Associate Dean, Academic Affairs*
2. *Senior Associate Dean, Medical Education*
3. *Associate Dean, Student Affairs and Admissions*
5. *Associate Dean, DEI*
6. *Assistant Dean, Undergraduate Medical Education*
7. *Assistant Dean, Student Affairs and Admissions*
6. *Director, CQI and Accreditation*
7. *Director, Evaluation and Assessment*
8. *Director, Faculty Development*
9. *Chief of Staff*
10. *Faculty member representative from the Faculty Executive Board (FEB)*

IV. APPLICABILITY:

The faculty, students, and staff of the CDU COM are responsible for knowing this policy and its procedures.

V. DEFINITIONS:

- *Continuous Quality Improvement (CQI) within the context of this policy is an iterative process, utilizing qualitative and quantitative data to evaluate and improve efficiency, effectiveness, quality, or performance as they relate to accreditation standards.*
- *Continuous Quality Improvement Plan is a detailed action plan that is linked to the LCME accreditation standards. It is the method by which operational problems are identified, interventions are designed and initiated, outcomes are monitored for effectiveness and best practices are replicated.*
- *Educational Policy and Curriculum Committee (EPCC) is the committee charged to represent the faculty to oversee the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.*

VI. RELATED POLICIES/DOCUMENTS:

- *COM Strategic Plan*
- *CQI Dashboard*

VII. RELATED LINKS:

LCME's 2016 White Paper, "Implementing a System for Monitoring Performance in LCME Accreditation Standards. Forms

VIII. POLICY HISTORY:

Review Dates:	Change Description:
9/20/22	New Policy. Approved by the Faculty Executive Board (9/20/22).
9/25/24	Policy was updated to include the CQIAC membership. Policy reviewed by the EPCC on 8/27/24. Policy approved by the FEB on 9/25/24.
10/1/24	Policy updated to state the Senior Associate Dean, Academic Affairs leads the CQI activities. Policy approved by the FEB on 10/1/24.
10/3/24	Policy reviewed by CDU Policy Committee – no conflict with university policies.