

IMPLEMENTING A SYSTEM FOR MONITORING PERFORMANCE IN LCME ACCREDITATION STANDARDS

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Background

Once it attains full accreditation, a medical school typically is reviewed by the Liaison Committee on Medical Education (LCME) at eight-year intervals. Research by the LCME Secretariat identified factors associated with a severe accreditation action.¹ In considering these findings, the LCME concluded that review by a medical school of its performance in at least some of the accreditation elements between full surveys could mitigate this risk. This led to the decision by the LCME to introduce the requirement that such monitoring occur through a school-developed and implemented process. The expectation for monitoring performance in accreditation elements was added (see underlined below) to a previously-existing standard (now element) related to strategic planning.

Element 1.1 (Strategic Planning and Continuous Quality Improvement) states that:

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.

This guidance document focuses on LCME accreditation elements, as these are the specific components that survey teams review.

The following describes how a process to monitor a medical school's ongoing performance in the LCME's accreditation elements might be constructed. It is meant to be illustrative and not prescriptive. Schools may already have a monitoring system that is working well. The LCME has not, nor will it, define the type of monitoring system a school should implement but does expect evidence that effective monitoring is occurring, as stated in the Element 1.1. Schools will decide what and how to monitor based on perceptions of which elements are at risk if not followed in the interval between full surveys.

The Relationship Between Institutional Strategic Planning and Monitoring Accreditation Elements

Currently, the Data Collection Instrument (DCI) addresses the processes for strategic planning for monitoring accreditation elements separately. Strategic planning, conducted independently by a medical school and/or in collaboration with its "parent" university, is meant to set directions related to institutional missions. The LCME does not require that a specific model of strategic planning be utilized, but does expect that goals be defined in outcome-based terms and that the success in achieving these goals be reviewed.

Performance in school-identified accreditation elements is generally more specific than, but may be related to, strategic planning goals. For example, performance in Element 8.4 (program evaluation), which expects that schools use outcome data to determine if the educational program objectives are being achieved, could relate to a strategic planning goal of successfully implementing a new curriculum.

Components of a Monitoring System for Accreditation Elements

A system for the ongoing monitoring of accreditation elements would benefit from the following being in place: policy, personnel, and resources.

Policy:

It would be helpful for there to be a formal (i.e., approved) policy or guideline that specifies that monitoring will occur and describes the process that will be used and the individuals/groups responsible for managing the process and receiving/acting on the results. Such an institutional policy provides a common vision and an integrated approach that coordinates data collection and review activities over time. Since there is personnel turnover at a medical school, such an explicit policy can serve as an aid in “institutional memory.”

Personnel:

While many individuals within a medical school will contribute to the monitoring effort, coordination and efficiency would benefit from the assignment of core responsibility for and authority to manage the effort to an individual knowledgeable about the LCME accreditation process. Ideally, the individual should be at a level of seniority within the institution that allows access to the units that will provide data and to the administrators and committees that will act on such data. This individual may have other administrative responsibilities, but the amount of time needed to manage the monitoring process should be taken into account in his/her overall time allocation. Other individuals may be needed to support the monitoring effort, such as experts in program evaluation to develop data collection instruments and to analyze the results and IT support to develop mechanisms to store and retrieve data.

Resources:

Planning for a monitoring system would benefit from the identification of needed resources for implementation, including IT hardware and software and other relevant infrastructure for the collection, storage, and reporting of data.

Selecting Elements to be Monitored

The LCME has not specified which elements must be monitored or the timing of reviews. Medical schools may choose to monitor all elements or a subset of elements. The choice of what elements to monitor could take into account a variety of factors. The following categories may assist schools in considering what elements to include in their monitoring plan.

Medical schools may develop other ways to determine what elements to monitor; there is no requirement that these categories be used as the school’s framework. Also, the categories are not mutually-exclusive, in that a given element may fit in more than one category.

Potential Categories of Elements for Monitoring/Review:

- 1) Elements that include language that monitoring is required or involve a regularly-occurring process that may be “prone to slippage,”²
- 2) New elements or elements where LCME expectations have evolved,
- 3) Elements that include policies that must be congruent with current operations,
- 4) Elements that directly or indirectly affect the core operations of the school, and
- 5) Standards/elements that were cited in the medical school’s previous full survey.

The elements listed below are illustrative, not exhaustive, of any category. To reduce duplication, elements in the lists below that have been commonly cited by the LCME in the past three academic years are indicated by an asterisk, rather than being included as a separate category:

Elements that Include an Explicit Requirement for Monitoring or Involve a Regularly-Occurring Process:

Certain elements require that a process be monitored or that an activity occurs on a regular basis. The element may also identify the individuals or groups (e.g., the curriculum committee) who receive and use the data for program evaluation and improvement. For example, the LCME requires that formative feedback be provided at the mid-point of each course or clerkship (Element 9.7) and that students receive their grades within six weeks of the end of a course or clerkship (Element 9.8). Examples include the following:

- 3.5 (Learning Environment/Professionalism)
- 4.4 (Feedback to Faculty)
- *8.3 (Curricular Design, Review, Revision/Content Monitoring)
- 8.4 (Program Evaluation)
- 8.5 (Medical Student Feedback)
- *8.6 (Monitoring of Completion of Required Clinical Experiences)
- 8.8 (Monitoring Student Time)
- *9.1 (Preparation of Resident and Non-Faculty Instructors)
- *9.4 (Assessment System)
- *9.5 (Narrative Assessment)
- 9.7 (Formative Assessment and Feedback)
- *9.8 (Fair and Timely Summative Assessment)

New or Recently-revised Elements or Changes in LCME Expectations Related to Performance in Elements

The LCME document *Functions and Structure of a Medical School* is updated on a yearly basis. Regular review of the document allows schools to identify any new or revised elements. The LCME website also is updated when new guidance documents related to the LCME’s expectations for elements become available. Unless the website is consulted on a regular basis, schools may not have created processes in a timely manner to evaluate their performance in these new areas. Examples include the following:

- *3.3 (Diversity/Pipeline Programs and Partnerships)
- 7.9 (Interprofessional Collaborative Skills)

Elements that Could be Reviewed to Ensure that Policies are Congruent with Current Operations:

Many LCME elements expect that schools have formal policies and that these policies are effective and consistent with ongoing operations. The review of these policies should be done in sufficient time to allow the needed amendments to be made, approved, and implemented should this be found to be necessary. For example, affiliation agreements need to reflect new clinical partners or changes in partnership status. Medical school bylaws should reflect the current operations, roles, and membership of committees. The medical school's diversity policies should be consistent with the diversity programs that a school offers and the data that are collected on student and faculty diversity. Examples include the following:

- *1.4 (Affiliation Agreements)
- 1.5 (Bylaws)
- *3.3 (Diversity/Pipeline Programs and Partnerships)
- 12.5 (Non-involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records)
- 12.8 (Student Exposure Policies/Procedures)

Elements that Directly or Indirectly Affect the Core Operations of the School:

There are some areas that are central to the effective functioning of the medical school. Their effectiveness can be determined through a review of their impact and results. For example, poor student evaluations of a course or clerkship occurring over a number of years may be an indication of a defect in the curriculum management system. Inability to staff small groups may be an indication of an insufficient number or discipline distribution of faculty, insufficient finances to cover faculty time, or low value placed on participation in education. In such cases, inadequate curriculum management or insufficient finances devoted to education may be the root cause of other areas of poor performance. Examples of such core elements include the following:

- 4.1 (Sufficiency of Faculty)
- *5.1 (Adequacy of Financial Resources)
- *8.1 (Curricular Management)

Standards/Elements Cited in the Previous Full Survey:

Elements (i.e., standards prior to 2015) cited in previous full surveys should be monitored, even if the area had come into compliance (i.e., satisfactory performance) in the interim. Many elements have multiple components and satisfactory performance in all is important, not just in the specific area that led to the previous citation.

Managing Data Collection and Review

A comprehensive work-plan, including the following, would be helpful to facilitate the monitoring process and to ensure that it is appropriately resourced:

- 1) The elements to be reviewed.
- 2) The data sources that will be used for each element, the timing of data collection and review, and individuals/organizational roles responsible for data collection, analysis, and report development.
- 3) The individual(s)/committee(s) who will receive and act on the information.

Methods of Data Collection:

For efficiency, data collection processes and instruments already in place within the school or available from external sources could be adapted, where possible, to collect data on performance in elements.

For example, clerkship evaluations could include questions on the availability of mid-clerkship feedback, on the observation of clinical skills, and on the learning environment. Other data sources, such as sign-offs on patient logs or on observations of students performing clinical skills can be useful. In this way, the same data can be used for the regular review of a clerkship and for the monitoring of performance in selected accreditation elements. Externally, the AAMC Medical School Graduation Questionnaire (AAMC GQ) is a useful tool both for trends and recent data. The AAMC Mission Management Tool is another example of an external measure.

Schools also can use specially-designed instruments, such as a questionnaire developed or adapted to review the learning environment.

Care should be taken, however, not to “overtax” students with excessive demands for information.

A catalogue of data available at a school or from external sources matched to relevant elements would be useful.

Not all elements can be reviewed using quantitative data that directly address the intent of the element. For reviews of more complex elements, such as curriculum management, the school will need to decide what indicators should be used and what data are available related to the indicators. For example, getting at the root cause of failure to address problems in courses and clerkships may require reviews of the bylaws and curriculum committee minutes, interviews with committee members and leadership, and other qualitative measures.

Data Reporting and Review:

Data collection is only the first phase of the monitoring process. The data will need to be analyzed, “packaged,” and reviewed before being acted upon. The way data are “packaged” for a given element will vary depending on the type of data. For example, a school may wish to organize quantitative data as a “dashboard,” if multiple data points are collected over time, or as a table or histogram.

More qualitative information may need to be stored and presented in narrative form or converted, if possible, to a more quantitative format.

A schedule for review also would be needed. It would be efficient to set a review schedule that allows relevant elements to be considered together. For example, if the curriculum committee has been assigned responsibility for reviewing elements related to the medical education program, time during one meeting per year or at a retreat could be set aside for this purpose.

A composite table that allows the tracking of data collection and review could be a useful management tool (for example):

Monitoring of Medical Education Program Outcomes		
Outcome Indicator	Individuals and Groups Receiving the Data	Timing of Reviews
Results of USMLE or other national examinations		
Student scores on internally developed examinations		
Performance-based assessment of clinical skills (e.g., OSCEs)		
Student responses on the AAMC GQ		
Student advancement and graduation rates		
NRMP match results		
Specialty choices of graduates		
Assessment of residency performance of graduates		

In general, reviews should be timed to allow for corrections to be made in response to identified problems and for information to be collected that indicate that the corrections have been successful (for example):

- Reviewing an element that requires an ongoing process, such as grades being returned on time, could occur every two to three years, with more frequent follow-up if problems are identified and solutions implemented.
- Reviewing more complex processes, such as whether the curriculum management system is effective, would take longer. Timing for review of such elements could be initiated at least three to four years before the next full survey.

Closing the Loop:

The individual(s)/group(s) responsible for reviewing the performance in elements have a responsibility to develop recommendations and timelines for correction of identified deficiencies. The individual with core responsibility for the monitoring system then acts as the liaison between those individuals/group(s) responsible for making recommendations and those who will be responsible for carrying out the recommendations, so as to ensure that specified corrections are made and that the resulting outcomes are evaluated.

References

1. Hunt D, Migdal M, Waechter D *et al.* The variables that lead to severe action decisions by the Liaison Committee on Medical Education. *Academic Medicine* 2016;91(1):87-93.
2. Barzansky B, Hunt D, Moineau G *et al.* Continuous quality improvement in an accreditation system for undergraduate medical education. *Medical Teacher* 2015;37(11):1032-1038.

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