

# Creighton University School of Medicine Policies

POLICY: Office of Accreditation and Quality Improvement

GOVERNING BODY: Executive Committee

APPROVAL DATE: August 9, 2019

REVISED DATE: N/A

LCME ACCREDITATION STANDARD REFERENCE: Element 1.1

## PURPOSE

The policy defines the Office of Accreditation and Quality Improvement of the Creighton University School of Medicine (hereafter, School).

## POLICY

The Office of Accreditation and Quality Improvement (hereafter, Office) of the School will have the responsibility for accreditation and quality improvement activities for the medical education program and the School.

## SCOPE

This policy relates to activities of the School and its Faculty associated with the medical education program. Efforts will be made to coordinate the activities and processes identified in this policy with activities and processes in other programs of the School, such as graduate medical education programs, the Physician Assistant program and graduate programs.

## PROCEDURE

The Office will have dedicated personnel and resources as specified in the associated Guideline for the Office of Accreditation and Quality Improvement.

The Office shall conduct the following activities within the School (as detailed in the Guideline for the Office):

1. LCME Survey Visit and Notifications
2. Annual Accreditation Compliance Monitoring
3. Student Questionnaire Heat Map: a report of student satisfaction derived from a range of survey instruments
4. Department Performance Reports: track departmental performance across a range of mission areas

The School is committed to making accreditation and quality improvement an integral part of the culture of the School. To that end, members of the Office will participate in the governance and management activities of the School as specified in the Office Guideline.

The Office will also engage in additional activities to support the accreditation and quality improvement mission.

# Creighton University School of Medicine Policies

POLICY: Office of Accreditation and Quality Improvement

GOVERNING BODY: Executive Committee

APPROVAL DATE: August 9, 2019

REVISED DATE: N/A

LCME ACCREDITATION STANDARD REFERENCE: Element 1.1

## **ADMINISTRATION AND INTERPRETATIONS**

The Associate Dean for Strategy and Accreditation will be responsible to review and update the policy.

## **AMENDMENT**

The School of Medicine reserves the right to modify, amend or terminate this policy at any time.