

Creighton University School of Medicine Guidelines

GUIDELINE: Office of Accreditation and Quality Improvement

GOVERNING BODY: Office of Accreditation and Quality Improvement

APPROVAL DATE:

REVISED DATE: October 9, 2019

LCME ACCREDITATION STANDARD REFERENCE: Element 1.1

PURPOSE

The Guideline defines the processes of the Creighton University School of Medicine (hereafter, School) Office of Accreditation and Quality Improvement (hereafter, Office) in fulfillment of the Policy for the Office.

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.

SCOPE

This Guideline relates to activities of the School and its Faculty, in particular those associated with the medical education program. Efforts will be made to coordinate the activities and processes identified in this Guideline 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 includes the following personnel:

- Associate Dean for Strategy and Accreditation
- Staff Accreditation Lead

The Dean may also appoint, from time to time, an Assistant Dean for Strategy and Accreditation. Additional personnel will be assigned to the Office as needed.

The Office shall conduct the following activities within the School:

1. LCME Survey Visit and Notifications
 - a. The Office is responsible for the management of activities associated with LCME Survey Visits and Notifications.
 - b. The Associate Dean for Strategy and Accreditation serves as Faculty Accreditation Lead for the School.
2. Annual Accreditation Compliance Monitoring
 - a. Each year, the Office will coordinate annual accreditation compliance monitoring.
 - b. Each Liaison Committee on Medical Education (LCME) Data Collection Instrument (DCI) element will be assigned to the School faculty or staff identified by the Office with responsibility for that element (in most cases, the relevant Associate Dean). The individual will be provided with the DCI for that specific element. The Office will provide

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the “Supporting Data” for the element and also the information submitted for “Narrative Response” and “Supporting Documentation” from the prior year. The individual will be responsible for validating the “Supporting Data” and completing the “Narrative Response” and “Supporting Documentation” for that element.

- c. Following completion of the element, the submission will be reviewed by the Office. Areas of noncompliance or concern will be brought to the attention of the individual with responsibility for that area. An action plan for correction will be developed and the Office will periodically assess progress in completion of the recommended remedy.
 - d. The Annual Accreditation Compliance Monitoring will be reviewed annually with:
 - i. Education Program Committee
 - ii. Dean’s Council
 - iii. Leadership Council
 - iv. Creighton Medical Student Government Meeting
 - e.
3. Student Questionnaire Heat Map
- a. As a Jesuit, Catholic institution of higher education, Creighton University is committed to putting its students first in its overall approach to education. The AAMC GQ, Y2Q, and the School’s End of Year questionnaires provides valuable insight into students’ satisfaction with a broad range of aspects of their medical education program.
 - b. In order to make the large amount of data more accessible to faculty, staff and students, the Office shall create an annual Student Questionnaire Heat Map that tracks student assessment in certain critical areas and presents the data with benchmarking and historical performance in an impactful way.
 - c. The Heat Map will be reviewed annually with:
 - i. Education Policy Committee
 - ii. Dean’s Council
 - iii. Leadership Council
 - iv. Creighton Medical Student Government Meeting
 - d. The Heat Map and underlying reports will also be reviewed as needed with Departments or other management groups of the School.
4. Department Performance Reports
- a. In an effort to provide Departments (and, in the case of the Department of Medicine, Divisions) with performance reports on a range of mission areas (scholarship, research, medical education program, graduate medical education, citizenship, clinical performance), the Office will develop Department Performance Reports with benchmarks, based on national data, where available, or established performance expectations.
 - b. The Department Performance Reports will be reviewed annually with:
 - i. Education Policy Committee
 - ii. Dean’s Council

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- iii. Leadership Council
- iv. Creighton Medical Student Government Meeting

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 following governance and management activities of the School.

Governance activities:

1. Education Program Committee (EPC): The Associate Dean for Strategy and Accreditation and Staff Accreditation Lead serves on the Committee. Accreditation is a standing agenda item.
2. Executive Committee: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead serves on the Committee.
3. M1/M2 Component Sub-Committee of the EPC: The Associate Dean for Strategy and Accreditation and Staff Accreditation Lead serves on the Sub-Committee. Accreditation is a standing agenda item.
4. M3/M4 Component Sub-Committee of the EPC: The Associate Dean for Strategy and Accreditation and Staff Accreditation Lead serves on the Sub-Committee. Accreditation is a standing agenda item.

Management activities:

1. Accreditation and Quality Improvement Meeting
 - a. This meeting will be held weekly to coordinate accreditation and quality improvement activities within the School.
 - b. Participants include: Dean, Associate Dean for Strategy and Accreditation, Assistant Dean for Strategy and Accreditation, Associate Dean for Student Affairs, Associate Dean for Planning and Business Development
2. Dean's Cabinet: The Associate Dean for Strategy and Accreditation and Assistant Dean for Strategy and Accreditation serve on the Dean's Cabinet.
3. Medical Education Management Team (MEMT): The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead serves on the MEMT.
4. Clinical Chairs Meeting: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead attends the Clinical Chairs Meeting.
5. Basic Science Chairs Meeting: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead attends the Basic Science Chairs Meeting.

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6. Leadership Council: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead serves on the Leadership Council.
7. Phoenix Regional Campus Accreditation and Administration Meeting: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead attends the Phoenix Regional Campus Accreditation and Administration Meeting.
8. Creighton Medical Student Government (CMSG) Meeting: The Associate Dean for Strategy and Accreditation and Faculty Accreditation Lead attends the CMSG Meeting.

Additional activities to support the accreditation and quality improvement mission:

1. LCME Survey team participation: The Associate Dean for Strategy and Accreditation shall request to participate in as a Team Member on an LCME Survey on an annual basis. An Assistant Dean for Strategy and Accreditation shall request to participate in as a Team Member on an LCME Survey on bi-annual basis. The Dean and Regional Dean (Phoenix Regional Campus) shall request to participate as a Team Member on an LCME Survey Visit at least once every five years.
2. The Associate Dean for Strategy and Accreditation, the Assistant Dean for Strategy and Accreditation, and the Staff Accreditation Lead shall participate in the monthly LCME accreditation webinars. Other Associate and Assistant Deans of the School are encouraged to participate.

ADMINISTRATION AND INTERPRETATIONS

Associate Dean for Strategy and Accreditation