2024 APQI Conference Proceedings

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Best Oral Presentation Awards

Decoding Student Space Satisfaction
Kelly Kao – University of California, San Francisco
Allison Yen – University of California, San Francisco
Sylvia Decourcey – University of California, San Francisco

Post-Graduate Data for Program Evaluation: Comparative Analysis of Direct and Indirect Measures
Tanya Biscardi – Jacobs School of Medicine and Biomedical Sciences

Who ISN'T sweating Step 1? Student Led QI using the After Action Review
Lauren Stumpp – University of Pittsburgh School of Medicine
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Oral Presentation Abstracts

Accreditation Boot Camp for Medical Students
Greg Null – University of Pittsburgh School of Medicine

PittMed uses Flex Weeks to provide balance between structured activities and opportunities to explore; no required curriculum occurs during these four weeks. Students may build their own week, take a personal week, remediate past coursework, or choose from curated experiences from the PittMed community. In anticipation of our 2026-27 site visit (when our current first year students are in their final year), we wanted to find a novel way to use this time to recruit and train possible Independent Student Analysis (ISA) leaders and Curriculum Committee student representatives. In turn, the student learns more about LCME and medical education accreditation, possible career pathways in academic medicine, considers leadership in the curriculum, and can survey the accreditation landscape. With this in mind, 'Accreditation and Academic Medicine' was formed and created as a Flex Week elective. Students meet for one week (remote) for 1.5 hours each day. Topics include histories of accreditation and LCME, CQI initiatives, student roles in accreditation, hot topics, and end with a capstone where students present a standard/element or pitch a CQI project. All students receive an evaluation. Participants in the week felt informed enough to run for Curriculum Committee and also joined subcommittees. Students noted a clearer picture of why the medical school works as it does. Students also saw pathways to CQI projects that could be beneficial to both the school and themselves. The school benefited from student committee membership, student-run projects, and a wider net of LCME-informed stakeholdership.

Advancing Accreditation: Integrative Heatmap Strategies for Enhanced Continuous Quality Improvement in Medical Education
Melisa Pierce – Whiddon College of Medicine
Russ Cantrell – Whiddon College of Medicine
David S. Williams – Whiddon College of Medicine

Background: Traditional approaches for accreditation compliance monitoring frequently fall short in delivering a holistic view, to identify achievements and areas for improvement. A commitment to data-driven visualization tools that are user-friendly and comprehensive foster transparent decision making for key stakeholders. Actions/Methods: Two new data visualization strategies were implemented as part of our Continuous Quality Improvement (CQI) processes in 2023-2024. Standards Compliance Tracking: A heatmap was adapted, offering a visual representation of compliance with the Liaison Committee on Medical Education (LCME) standards. It provides a clear overview of our accreditation status and highlights areas needing attention. With a user-friendly interface featuring hyperlinks leading to detailed information, stakeholders and senior leadership can identify issues and make informed decisions. Curriculum Mapping: Curriculum management is essential to accreditation requirements. We developed a dashboard process in Tableau synthesizing course-level and medical education program objectives across our phases. By highlighting disparities in objective coverage, this heatmap informs assessment driven decisions to optimize curriculum alignment. Results/Evaluation Plan: We will present qualitative data on our data visualization strategies. These data include feedback from the Dean on use of the Compliance Tracking Heatmap and the Faculty Chair of the CQI Committee. An evaluation plan of the curriculum map dashboard, highlighting decisions made from the Associate Dean of Medical Education and leadership team in using the heatmap for curriculum improvement will be presented. Conclusions/Lessons Learned: Though intended to prepare for the upcoming LCME site visit, these strategies are part of our office's CQI toolkit advancing a culture of improvement to excel beyond DCI requirements. Next steps: Enhance the curriculum map to track progression of objectives from introductory to advanced levels, providing insights into students' developmental journey and further refining curriculum alignment. Align overall quality improvement initiatives to the DCI Standards tracked in the compliance map.

Audit Trail: A Path to Educational Quality

Jason S. Hedrick – West Virginia University School of Medicine
Anna Lama – West Virginia University School of Medicine
Scott Cottrell – West Virginia University School of Medicine
Norman Ferrari – West Virginia University School of Medicine

Background: Medical education continuous quality improvement (CQI) and LCME compliance requires various decentralized qualitative data. Sometimes evidence includes simply ensuring faculty/courses follow administrative procedures. Our CQI team needed a process to ensure ongoing compliance with school policies, practices, and procedures that support CQI and LCME compliance. We found an elegant solution—auditing. The financial sector pioneered audits to ensure non-maleficence and limit negligence (Ramamoorti, 2003). Early audits were used in trade to ensure goods were received and taxes paid (Arter, 2003). Other industries (e.g., food, manufacturing) rely on auditing for safety and product quality (Dillon, 2001; Menda, 2004). There is even evidence of auditing in GME (Cottrell et al., 2010). Our aim is to ensure compliance with processes impacting CQI and medical education quality. Innovation: We developed an audit tool to set expectations for key stakeholders. Courses/clerkships are audited annually. Findings are made available to the curriculum committee's assessment subcommittee and course directors. The audit reviews confirm proper documentation is maintained for LCME compliance (e.g., elements 8.7, 9.1, 9.7) year after year. Portfolios serve as repositories for course/clerkship data. Each portfolio is "owned" by the course/clerkship. Results: We spent time educating stakeholders of their role in collecting documentation in their portfolio. Now, data are stored in a

timely manner providing an ongoing, annual compliance log, i.e., audit trail. Benefits include direct access to information, ensuring that courses/clerkships are actively engaging their own documentation, maintaining data that supports LCME compliance, and curtailing regional campus drift. Conclusions/Lessons Learned: The auditing system has involved new CQI stakeholders, established shared ownership as well as closed the loop—a component identified in the LCME whitepaper (LCME, 2016). The audit system is transferable to other schools. An audit system should include defining necessary documentation for programmatic planning goals and accreditation standards. That documentation should be reviewed in a constant feedback loop.

Building a CQI Culture in Medical Schools

Kanye L Gardner – Wayne State University School of Medicine
Jason Booza – Wayne State University School of Medicine

The LCME requires medical schools to have a continuous quality improvement (CQI) system in place in order to minimize the likelihood of an adverse action. They require the system to be comprised of personal, resources and processes in order to support CQI activities. While necessary, these components alone are not sufficient to create a CQI system. The creation of a CQI culture within an organization in necessary to create and maintain a high quality self-sustaining CQI system. Frameworks for a CQI culture are prevalent in other industries, but few have been applied to medical education. The Wayne State University School of Medicine has recently applied the Donabedian framework in order to create a CQI system within its medical education program. The tenants of framework focus on structure, processes and outcomes. Structurally, WSUSOM is investing in training for its workforce at multiple levels. In terms of process, the school is supporting and empowering decision making at the unit level. Finally, a dispersed outcome monitoring system is used to evaluate and make further improvements to the system. The innovation of the Donabedian framework lies in its “all hands-on deck” engagement strategy involving all staff; using data to drive areas of improvement and the use of transparent and clear communication channels. The goals of the proposed presentation are to 1) describe the application of the Donabedian framework at WSUSOM; 2) present the evaluation plan; 3) provide progress to date results. Overall, we expect to find that the Donabedian framework provides a roadmap for building a sustainable CQI culture. By focusing on structure, process, and outcomes, an organization can create a data-driven environment where employees are empowered to continuously improve quality.

CQI Approach to On Time Grades Monitoring

Nicholas Rhein – Wayne State University School of Medicine
Alton Lewis – Wayne State University School of Medicine
Kanye Gardner – Wayne State University School of Medicine

LCME Standard 9, Element 9.8 dictates that “A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.” To ensure LCME compliance, the Wayne State University School of Medicine (WSUSOM) designed and implemented a system of On Time Grade (OTG) reporting through the Office of Assessment, Accreditation & Continuous Quality Improvement (OAACQI). A schedule was devised based on the end date for each clerkship rotation throughout the academic year. The assigned individual pulls grade data from a Power BI dashboard maintained by the Office of

Enrollment Management Services (EMS), and this data is compiled into reports. Clerkship directors and administrators are sent a report 2 weeks, 3 weeks, 5 weeks, and 2 days prior to 6 weeks post-clerkship as a reminder to submit grades, updated to show progress. This report displays the percentage of grades submitted prior to 2 weeks post-clerkship, prior to 6 weeks post-clerkship, and the percentage of outstanding grades. Clerkship directors and administrators are then notified when all grades for a rotation have been submitted. OAACQI began delivering OTG reports in October 2023. Since then, we have had 100% compliance in grade submissions prior to the LCME 6-week deadline, though OTG reporting has not yet resulted in a significant increase in grade submissions prior to the WSUSOM 2-week deadline.

Data Visualization to Support Medical Student Clerkship Program Evaluation

William Mulcahy – University of Michigan Medical School
Sara Weir – University of Michigan Medical School
Elizabeth Holman – University of Michigan Medical School
Gifty Kwakye – University of Michigan Medical School

Background: Assessing required clerkships is a vital component of evaluating the overall medical school program and ensuring adherence to accreditation standards. This project sought to increase the usability of evaluation data by medical education leaders to facilitate monitoring and improvement. Previously, clerkship directors analyzed spreadsheets of evaluation data quarterly, discussed at the Clinical Trunk Operations Committee and in annual review. While this report provided useful information on eight clerkships in a one-page format, usability was constrained by the lack of longitudinal data and the time it took to discern successful and problematic areas from the spreadsheet. Actions, Methods, or Interventions: To address prior limitations, a team of medical school faculty and staff developed a Tableau dashboard. Evaluation data was deidentified then transformed into a data model in Tableau to create visualizations. The dashboard was designed with a single clerkship view, organized by the major themes monitored related to accreditation elements (workload, feedback, learning environment, clinical skills, space, curriculum, overall quality). Three-year trends of the top two response categories of each evaluation item were presented. Results: The dashboard launched for use at annual clerkship review meetings in Fall 2023. Dashboard information was shared with clerkship leadership before the meeting, with a short instructional handout. During the meeting, the assistant dean for clinical medical education and the clerkship director led the participants through a review of the dashboard where areas of strength and concerning trends were easy to visually appreciate. The visualization greatly reduced the time spent actively working with the data, leaving time for constructive conversations on making data-driven improvements Lessons Learned: Collating data in the easily navigable dashboard format reduced cognitive load during the review process with quick identification of high- and low-performing areas. The introduction of the dashboard by the assistant dean was effective in modeling the use of the tool, accelerating engagement and adoption by clerkship directors.

Decoding Student Space Satisfaction

Kelly Kao – University of California, San Francisco
Allison Yen – University of California, San Francisco

Background/Description of the Problem: UCSF clerkship evaluations indicated dissatisfaction with clinical space at 12 clinical sites external to the main campus hospital. Clerkship evaluation data including use of the “Not Applicable” response option made it difficult to determine if

space dissatisfaction was tied to a 1) Lack of awareness about space location 2) misunderstanding of space requirements or 3) genuine issues at clinical sites. Student dissatisfaction at clinical sites threatened achieving compliance with 5.11. Actions/Methods/Innovation: UCSF developed a two-pronged approach to address these issues. 1) Building Awareness: Centrally developed templated orientation slides for use in each clerkship orientation highlighted the locations of spaces available to students. The school's communications team created an online and mobile app Space Directory to help students easily locate spaces available at each clinical site. The directory link was emailed to clinical students at the start and mid-way through each rotation. 2) Modified Clerkship Evaluations: UCSF modified the clerkship evaluation space questions to provide actionable data. Questions about On-Call lounges were only asked in rotations that required on-call. If a student answered "Not Applicable" or gave a low rating to any question, students were required to provide a comment explaining their reasoning. Results/Evaluation Plan: Clerkships with low space scores and comments were required to complete action plan addressing space issues. Actionable items included broken lockers or construction that blocked student access to space. Student satisfaction with the adequacy of Student Study/Relaxation Spaces at increased from 62% in 2021 to 88% in 2023. Satisfaction with Availability of On-Call rooms increased from 49% in 2021 to 70% in 2023. Conclusions/Lessons Learned: Medical schools can increase space satisfaction at clinical sites by developing a multi-pronged approach focused on building awareness and modifying clerkship evaluations to provide actionable data to clerkship directors and school.

Don't Break the Chain: Linking Program Objectives

Amber Todd – Wright State University Boonshoft School of Medicine
Brianna Pennington – Wright State University Boonshoft School of Medicine

Background: Developing, maintaining, and using a robust curriculum map linking objectives is a large part of maintaining compliance with frequently-cited LCME Element 8.4 (LCME, 2024). The 2024-25 DCI asks schools to "provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education program objectives have been used to identify gaps and unwanted redundancies in topic areas" (LCME, 2024). Actions/Methods: Here we present a method to use backward design based on the Understanding by Design (UbD) framework (Wiggins & McTighe, 2005) to consider the medical education objectives and goals of the course/clerkship when designing assessments and mapping to content. Using UbD templates, BSOM ensures that assessments and learning events are mapped to weekly objectives (if applicable), linked up to course/clerkship-level objectives, linked up to medical education program objectives. Thus, we are able to determine where and how our course/clerkship-level objectives and program objectives are taught and assessed. Results: Initial completion of the templates required much assistance and training of course/clerkship directors by our Curriculum Manager. Once the templates were initially generated, much content and objectives stayed the same, so minimal work was needed by faculty and coordinators to update the templates each academic year. Through completion of the templates, we were able to identify course/clerkship-level objectives that had no assessment or learning event and considered adding an assessment or removing the objective. Conclusions/Lessons Learned: We find the UbD templates easy to use and helpful for our curriculum objective mapping purposes. However, the documents are in Microsoft Word and not connected to our LMS. A limitation to our LMS is that it is unable to develop a robust curriculum map using tags. We are looking into adding keywords onto the UbD templates and developing a more robust way to utilize the information in the UbD templates effectively.

Enhancing LCME Accreditation Preparedness: A Checklist Approach for Monitoring Compliance Between Visits

Robbie Duve – Wayne State University School of Medicine

Background: Ensuring compliance with the Liaison Committee on Medical Education (LCME) standards is vital for maintaining accreditation status at medical schools. However, the challenge lies in consistently monitoring and addressing areas of improvement between accreditation visits. Methods: In response to this challenge, we propose the implementation of a checklist approach for monitoring LCME elements between accreditation visits. This checklist is designed to systematically assess compliance with LCME standards, identify areas needing improvement, and track progress over time. It includes items covering all relevant aspects of medical education, such as curriculum, faculty qualifications, student services, and educational resources. Results: Preliminary implementation of the checklist at our institution has yielded promising results. We have identified specific areas for improvement and developed targeted action plans to address deficiencies. Additionally, the checklist has facilitated ongoing dialogue among stakeholders, fostering a culture of continuous quality improvement. We evaluate the effectiveness of this approach through periodic assessments. Conclusions: The checklist approach offers a practical and systematic method for monitoring compliance with LCME standards between accreditation visits. By proactively identifying and addressing areas of improvement, medical schools can enhance their preparedness for accreditation and ensure the delivery of high-quality medical education. Our experience highlights the importance of collaboration, transparency, and ongoing assessment in accreditation preparation. Lessons Learned: Implementing a checklist approach requires strong leadership, stakeholder engagement, and institutional commitment. Regular updates and revisions to the checklist are essential to reflect evolving accreditation standards and institutional priorities. Additionally, fostering a culture of continuous improvement is crucial for sustained success in accreditation preparation.

Enhancing LCME DCI Development Management: Strategies and Outcomes

Robbie Duve – Wayne State University School of Medicine

Background: The Liaison Committee on Medical Education (LCME) requires medical education programs to develop and manage a comprehensive Data Collection Instrument (DCI) to ensure compliance with accreditation standards. However, managing the development of DCIs presents challenges for institutions aiming to meet LCME requirements efficiently and effectively. Actions: This abstract presents innovative strategies for managing the development of LCME DCIs. Drawing from best practices and lessons learned, we outline a systematic approach that includes stakeholder engagement, streamlined processes, and utilization of technology to enhance efficiency and collaboration. Results: Implementation of these strategies improved stakeholder buy-in, reduced development timelines, and enhanced data quality. Additionally, the use of technology tools facilitated real-time collaboration and version control, further optimizing the DCI development process. Conclusions: In conclusion, our approach offers valuable insights for institutions seeking to improve their management of LCME DCI development. By fostering stakeholder engagement, streamlining processes, and leveraging technology, institutions can enhance efficiency and effectiveness in meeting accreditation requirements. Our presentation will further discuss practical implementation strategies and lessons learned, providing attendees

with actionable steps to enhance their DCI management practices. This abstract submission aligns with the goals of the Accreditation Preparation & Quality Improvement (APQI) group, offering practical insights and strategies to support professionals involved in accreditation and quality improvement for undergraduate medical education programs.

Enhancing Medical Education Course Evaluation: Validating a New Student Evaluation of Teaching Survey

Melisa Pierce – Whiddon College of Medicine

Background: Recent CQI initiatives necessitated a thorough needs assessment in 2022-2023. The original Student Evaluation of Teaching (SET) instrument proved inadequate in capturing constructive feedback, primarily due to its design flaws. Issues included excessive length, complex open-ended questions, and insufficient guidance. These shortcomings prompted Whiddon College of Medicine to revamp the feedback collection process, resulting in the development and validation of the Revised Student Evaluation of Teaching (RSET) instrument. Actions/Methods/Innovation: Our CQI strategy utilized the action research (AR) model, initiating with a thorough literature review and analysis of best practices. In addition, course evaluations, student perceptions of learning, or similar surveys were collected and analyzed from several reputable institutions. The development of the revised instrument involved soliciting feedback from interviews and panel discussions of key stakeholders, including leadership, administrators, faculty, and students, to ensure the instrument's relevance, effectiveness, and validity. Panel discussions with subject matter experts and educators were conducted to validate the instrument's content. The implementation phase involved pilot testing, revisions, and finalization of the Revised Student Evaluation of Teaching (RSET) instrument. Results/Evaluation Plan: This presentation will show the process through which the new instrument was developed, including alignment to the institutional goal of gathering better course feedback and alignment of some items to match formatting of national AAMC questionnaires. The collaborative effort resulted in a tailored course evaluation instrument aligned with the institution's educational context. Conclusions/Lessons Learned: The internal validation of the RSET instrument represents a significant advancement in our medical education CQI efforts, addressing previous deficiencies and incorporating stakeholder feedback. This study validates the RSET's effectiveness in shaping student education and institutional ethos, refining student engagement, mitigating survey fatigue, and enhancing teaching quality.

Focus Groups Supercharging Root Cause Analysis for CQI

Kanye L. Gardner – Wayne State University School of Medicine
Jason Booza – Wayne State University School of Medicine

Continuous Quality Improvement (CQI) relies on identifying the root causes of problems to implement effective solutions. Traditional root cause analysis (RCA) methods can be limited by single perspectives or incomplete data. Focus groups supercharge invaluable and rich qualitative data and provide a direct platform for collective brainstorming. Focus groups can be used as a QI Tools to map out a comprehensive understanding of QI concerns. The goal of this presentation will be to provide the audience a basic understanding how focus group process and how it can be used in a CQI system. This includes focus group recruitment, script development, discussion facilitation and the transcription of results. Additionally, post focus group activities including root cause analysis, action planning and solution development will also be provided. The presentation will also include real-life examples and lessons learned from Wayne State University School of Medicine's use of focus group within its CQI system. The school has found that focus groups can uncover unwritten experiences to improve how individuals are impacted. This information can

be used to improve understanding of the customer experiences and generate solutions for CQI initiatives. However, we have also learned that the success of focus groups depends on the facilitator and creating a safe environment for open direct dialogue. Overall though, the integration of focus groups into root cause analysis within a CQI system can lead to a more comprehensive understanding and more effective solutions.

From Silos to Systems: Leveraging Visualization Tools and Data Systems to Navigate Compliance, Improvement and Relationships in Health Professions Education

Erin J. Griffin – Elson S. Floyd College of Medicine, Washington State University
Irina Russell – Stanford University School of Medicine
Lauren J. Germain – SUNY Upstate Medical University
Julie Youm – University of California, Irvine
Kiran Brar – Stanford University School of Medicine
Zahra Dabzadeh – University of California, Irvine

Background: Medical education programs are diverse with varied goals, missions, pedagogies, and stakeholders. Educators need shared information systems and mental models to facilitate communication, progress, and efficiency. Systems maps are particularly effective for revealing unproductive tendencies toward organizational siloing. In 'The Seven Silos of Accountability,' Joshua Brown presents a model of accountability silos in higher education that is applicable to medical education. The seven silos are assessment, accreditation, institutional research, institutional effectiveness, program evaluation, educational measurement, and higher education public policy. No single stakeholder has full vision or understanding of this broad network, or related data systems, leaving leadership in the difficult position of 'pulling it all together' without accessible tools or references to do so. Method and Results: Our approach is founded on visualizing components of systems and related data sources as a mechanism for identifying and solving system-level challenges. First, we designed a relational database that codifies data within and across organizational and accountability silos. Initially we used pilot data suggested by our collective UME experience but going forward we have developed a series of surveys to continue populating the database with a user-sourced methodology. Finally, we built a series of interactive visualizations of organizational silos and related data systems that can be used to connect operational functions and accountability domains to relevant data sources. Conclusion: The impact and value of this session is broad. As accreditation and CQI efforts are playing an increasingly large role at MedEd institutions, accessible tools to answer complex questions, address areas of risk, and engage leadership stakeholders with relevant data is of growing importance. Making organizational relationships explicit and providing specific examples of data needed to inform and track organizational needs and performance is a part of our group's vision and will be presented as a use-case during this session.

How do you know if content sufficiently covers and assesses your education program objectives for LCME element 8.3?

Jorie Colbert-Getz – Spencer Fox Eccles School of Medicine at the University of Utah
Rachel Bonnett – Spencer Fox Eccles School of Medicine at the University of Utah
Janet Lindsley – Spencer Fox Eccles School of Medicine at the University of Utah

Background: According to LCME element 8.3, content must be evaluated in relation to education program objectives (EPOs) to determine omissions, redundancies, and proper placement. Many medical schools utilize a curriculum map to tag content by sessions, assessments, and courses. However, there

are no guidelines for how to evaluate if content sufficiently covers and assesses the EPOs. Discussions of how much content is enough can then pit faculty against each other fighting for their specialty area, which is a barrier to consensus building. Methods: We sought to create consensus on how much content was enough in the pre-clerkship curriculum to guide (a) prospective placement and evaluation of content. We surveyed 45 curriculum committee and subcommittee members during March 2021 meetings by asking them to estimate on a scale of 0-100 curriculum hours, how much time should be dedicated to a list of skills/content areas to ensure all students will be safe and effective to start a clerkship. For each skill/topic, the mean (suggested time), standard deviation, and range was computed and displayed in a dashboard with actual amount of AY2020-21 assessment devoted to each skills/topic. The dashboard was discussed at a pre-clerkship subcommittee meeting. Results: There was little agreement on suggested time for content coverage as many skills/topics had large standard deviations. Students were over-assessed in anatomy, histology, neurology, pharmacology, physiology knowledge and history/physical exam skills. They were under-assessed in health systems science, population health, ethics, evidence-based medicine, hematology/oncology, recommending/interpreting tests, and interpersonal/ communication skills. Lessons Learned: Survey results helped focus our discussion, but more time than expected was needed for consensus building. We realized our assessment-EPOs blueprint template needed an extra layer of suggested relative amount for each EPO to detect if a content area was over- or under-assessed.

It's Just Lunch: Real-Time Feedback on a New Curriculum

Abigail Yohannes – University of Pittsburgh School of Medicine
Greg Null – University of Pittsburgh School of Medicine
Allison Serra – University of Pittsburgh School of Medicine

Fall 2023 marked the launch of PittMed's Three Rivers Curriculum (3RC). Student feedback has long been collected and valued at our institution, however the shift tour new curriculum produced an urgent need to obtain actionable real-time feedback to ensure the success of this untested curriculum and its management. In addition, PittMed has lagged in student perception of awareness of student concerns and responsiveness to student problems in recent surveys. PittMed needed an innovative solution to solve the problem of real-time student feedback and responsiveness to student concerns. Each week, a group of five randomly selected first-year students are invited to "Feedback Friday" with faculty content leaders and program evaluation faculty and staff. Over lunch, these stakeholders walk through the four questions of the After Action Review. Through this facilitated reflection on the curricular events of the week, students offer their perspectives on expectations, perceptions, what worked well and why, and what could be improved and how. Faculty and staff can ask clarifying questions, but are not expected to further explain or defend curricular decisions; the primary focus is listening to students. Notes are recorded and shared with students, staff, and faculty. This method results in a continuous feedback/response loop that rapidly identifies and addresses curricular issues. Gathering data from students on a weekly basis helped inform/improve future cases and courses. Students have shown great appreciation for the opportunity to give feedback and obtain responses via the in-person conversations and written responses from the administration. Feedback Friday allows PittMed to monitor its new curriculum and pivot in real time. Students are actively engaged in Feedback Fridays and value this high impact opportunity to participate in curricular continuous quality improvement.

Leveraging SharePoint and PowerBI for Enhanced Data Management in Medical School Accreditation and Quality Improvement

Rachel E. Hogan – University of Missouri Kansas City School of Medicine
Jennifer Quaintance – University of Missouri Kansas City School of Medicine
Rohit Reddy Chananagari Prabhakar – University of Missouri Kansas City School of Medicine

Background/Description of the Problem: Medical schools encounter challenges in storing, distributing, and using ever-growing amounts of available data for continuous quality improvement and accreditation. The use of task management tools and innovation across administrative processes is an ever-growing topic of discussion among medical institutions. As such, our university has transformed a readily-available, easy-to-use, and low-cost tool – SharePoint – to create a data management process and resource for our stakeholders as we prepare for accreditation. Innovation Design: Our SharePoint site features dedicated pages for each LCME accreditation element, showcasing element descriptions, responsible stakeholders with contact information, our school's accreditation history, supporting documents, DCIs, and relevant PowerBI data visualizations. This platform also facilitates communication and collaboration among users. Results/Evaluation Plan: We are preparing to initiate the evaluation process, and our leadership team is already conducting a high-level review of accreditation elements. Success will be determined by our leadership's response and the site's continued usage. We plan to regularly seek feedback from users as we prepare for the 2025-26 LCME survey visit. Conclusions: SharePoint and PowerBI are user-friendly tools that offer unique access permissions and are readily available for schools with existing Microsoft packages. By creating our site with stakeholders in mind, we have dispersed a wealth of accessible information and enabled system-wide collaboration on accreditation tasks. In implementing this program, we have discovered benefits and limitations, as we encountered access challenges across affiliate partners with differing Microsoft licenses and security protocols to protect hospital systems. As such, for institutions with complex affiliate systems, providing standard access may require additional consideration. Moving forward, the possibility of data and site management automation will upgrade an institution SharePoint site into an even more straightforward resource supporting continuous quality improvement and preparing institutions for upcoming LCME survey visits.

Mission Seeming Impossible: Student Satisfaction with Time for Self-directed Learning

Bradley SM – Northwestern University Feinberg School of Medicine
O'Brien C – Northwestern University Feinberg School of Medicine
Johnson M – Northwestern University Feinberg School of Medicine
Green M – Northwestern University Feinberg School of Medicine

Description of Problem: Element 6.3 requires medical schools to offer self-directed learning (SDL) experiences as well as adequate unscheduled time to develop lifelong learning skills. To ensure the latter, medical schools are expected to have policies and processes in place to limit the amount of required activities in the pre-clerkship curriculum and monitor academic workload (Element 8.8). Even with that in place, we received an "unsatisfactory" citation in Element 6.3 at our April 2021 survey visit primarily because 21% of M2 students were dissatisfied with unscheduled time. Actions: We took several steps to investigate the reasons behind the dissatisfaction. In response to comments that suggested students were interpreting SDL as free study time, our first approach was to better message the LMCE definition of SDL.

Unfortunately, a follow-up survey in March 2022 showed that higher numbers of M2 students (36%) were dissatisfied. We then further investigated the dissatisfaction using student focus groups. At our institution, SDL is anchored in the Problem-Based Learning (PBL) curriculum. Focus group discussions indicated that a common concern was with the short turnaround (approximately 48 hours) provided to research and present PBL learning issues. PBL was modified by helping students develop more efficient information literacy skills, encouraging PBL faculty to provide timely feedback on these skills, and restructuring PBL orientation to highlight the relevance between SDL skills and clerkship performance. In addition, the Curriculum Committee made minor changes in the tracking of required “out-of-class"" activities to ensure student experience correlated with estimates by curricular leaders. Results: M2 student satisfaction with adequacy of unscheduled time for SDL improved from 78% to 94%. Conclusions: Small changes to the PBL curriculum and clarification of expectations improved student satisfaction. Students may have been especially responsive to messaging that efficient SDL skills are a critical component of clerkship performance.

Moving the Needle on LCME 8.5: Four Approaches to Closing the Loop on Student Feedback

Nadine Alamy – Mayo Clinic Alix School of Medicine
Caitlin Riley – Mayo Clinic Alix School of Medicine
Rebecca Molter – Central Michigan University College of Medicine
Melisa Pierce – University of South Alabama College of Medicine
Amber Todd – Wright State University Boonshoft School of Medicine

Background: Collecting and utilizing student feedback to facilitate continuous quality improvement is crucial. As key stakeholders within the learning environment, students have a unique position to provide input on quality improvement initiatives and an opportunity to be involved in reforming medical education. By engaging in the feedback process, students develop critical skills vital for their future roles as healthcare leaders. Establishing a culture that accepts, acts, and responds to student feedback is a fundamental component that supports positive improvement at medical schools. Additionally, the Liaison Committee on Medical Education’s (LCME) Element 8.5 requires accredited medical schools to have formal processes to collect and consider student evaluations of courses, clerkships, and other relevant information. Many schools continue to struggle with identifying best practices for responding to student feedback and addressing LCME’s Element 8.5. As schools improve their processes related to student feedback initiatives, understanding various experiences, successes, challenges, and lessons learned is valuable. Actions/Methods: Medical schools have developed several initiatives to amplify the student voice in their improvement efforts, starting with student-led focus groups, committee representation, listening sessions, and several communication modalities. This panel will introduce the various approaches to student feedback response initiatives, explore ways to foster a climate of trust, and propose strategies to address LCME 8.5 concerns. Results/Evaluation Plan: Across these schools, students' active involvement in quality improvement efforts has led to the development of a more robust feedback culture. Situating students as key stakeholders throughout the feedback process has also contributed to higher satisfaction on Element 8.5, in addition to increased feelings of belonging and purpose. Conclusions/Lessons Learned: Educational improvement is not straightforward. As institutions strive to enhance their responsiveness to student feedback, it is important to meet students where they are. Proactive communication, continuous monitoring, and feedback loops are crucial in this process.

Partnering Accreditation and Quality Improvement on the Journey of Course Transformation: A Case Study

Melissa Lindsey – Mayo Clinic Alix School of Medicine
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Accreditation is intertwined with continuous quality improvement from the process-focused lens of the LCME. In a case all too familiar to the medical education community, our longitudinal Health Systems Science course—notoriously dubbed the broccoli of the program's curriculum*—was at risk from both a steady decline in student satisfaction (LCME 8.5), driven by concerns over redundancy and lack of relevance to clinical practice, and an increasing gap in course comparability across our regional campus offerings (LCME 8.7). This presentation describes the school's methods for taking a systematic approach to the successful redesign of the HSS curriculum, offering practical insights and underscoring the importance of data-driven decision-making, faculty engagement, and transparent communication in addressing accreditation standards and enhancing curriculum quality in medical education. Leveraging a quality improvement initiative, curriculum mapping emerged as a critical tool to identify specific areas of redundancy and misalignment within the HSS course and across the regional campuses. Equipped with evidence, the Curriculum Committee played a pivotal role in directing substantial changes to the course structure, including reducing the course duration from 120 to 60 hours. Course directors responded with an onsite retreat, during which they led their faculty teams through an SBAR process that resulted in recommendations and assigned action items for improvement. Robust communication strategies were developed and executed to acknowledge student feedback and ensure transparency. Continuous evaluation through student and faculty surveys remains integral to monitoring the effectiveness of changes and identifying areas for further enhancement. Key learnings from this project include the power of curriculum mapping in supporting evidence-based decision-making and fostering faculty trust in student voices. The authority of the Curriculum Committee served as a catalyst for change, underscoring its role in monitoring and supporting curriculum improvement initiatives (LCME 8.1). And faculty involvement and collaboration proved paramount to meaningful change.

Post-Graduate Data for Program Evaluation: Comparative Analysis of Direct and Indirect Measures

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Effective program evaluation is essential for ensuring the quality and relevance of academic programs. Central to program evaluation are two fundamental questions: What is our mission? and Are we achieving our mission? For medical education, a core mission is to prepare students to become competent residents, necessitating post-graduation outcomes data. New resources, such as the AAMC Resident Readiness Survey (RRS) and ACGME milestone data, provide insights into graduates' performance, offering indirect and direct measures of outcomes, respectively. However, neither tool offers benchmarking or national comparative data, nor do they incorporate graduates' perspectives. This project aims to address this gap by collecting survey data from recent graduates six months into their residency using a PGY1 Survey. Our PGY1 survey has evolved over several years and now uses questions that parallel the RRS, asking graduates to compare their level of preparedness to their peers. We include questions addressing skills not included in the RRS, and ask about satisfaction with their medical education. We removed anonymity, , ensuring confidentiality while enabling validation against the RRS and milestone data through comparative analysis. Triangulating these data and mapping to the EPAs, will guide quality improvement of our curriculum and highlight program strengths.

Already, the PGY1 survey has facilitated curricular improvement, evidenced by implementation of Team STEPPS instruction to address lower scores for patient handoff. The enhanced survey aims to directly compare graduates' perceived preparedness with their performance reported by program directors and their milestones scores. Future plans include statistical analysis to determine correlations between UME and GME performance in general, and by specialty.

Streamlining Policy Management in a School of Medicine

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In our School of Medicine, the policy management process was burdened by extensive manual labor and ineffective usage of document control systems, leading to inconsistencies in policy display, approval, and review, alongside the persistence of multiple versions, posing significant risks to our organization's consistency and efficiency. To address these challenges, we undertook a comprehensive overhaul of our electronic document management system (EDMS), revamping the framework guiding our policies, integrating modern technologies, and implementing efficient workflows. Additionally, utilizing the tools within the EDMS, we were able to create an internal framework and documentation of the connection between policies and LCME regulations. The revamped system has already shown promising results, with enhanced policy compliance and significant time and resource savings achieved through the elimination of redundant and inconsistent information. This endeavor underscored the importance of adapting to modern systems and methodologies in policy management, fostering a culture of efficiency and compliance within our organization. Moving forward, we will continue to assess and refine our approach to ensure sustained improvement. There have been many lessons learned along the way that highlighted key elements to success, such as clear committee structures, taking inventory of documents, and instituting a policy for policies. These insights have provided valuable guidance for future endeavors, reinforcing our commitment to excellence in policy management and organizational efficiency. As part of the presentation, we will also share the valuable lessons we've learned and discuss potential changes we would make if we had to do it over again, further enriching our collective knowledge and guiding future endeavors.

The "Projects Resulting in Improvement to Medical Education (PRIME)" Initiative as a Structure for Collaboratively Investigating LCME Self-Study Findings

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Description of the Problem: Our LCME self-study process revealed multiple questions ripe for scholarly inquiry and of importance to learners, the school, and the LCME. One such opportunity included robust student interest in participating in mentored scholarly projects. Actions, Methods, and/or Innovation: Education leaders at the Saint Louis University School of Medicine developed a competitive mentored opportunity for interested faculty, staff, and students to partner with faculty mentors who have expertise in educational scholarship. Through the Projects Resulting in Improvement to Medical Education (PRIME) Initiative, three teams will each collaboratively investigate one key question relating to faculty academic identity, medical student research opportunities, and medical student expectations for clinical evaluation resulting from the LCME self-study, using established needs assessment, quality improvement, or program evaluation methods. Monthly project meetings will be held to ensure progress using an established, structured scholarly project template. Initiative outcomes will include a report to leadership, local or regional poster or oral presentation, and potentially publication. The

initiative was reviewed by the Saint Louis University IRB and determined not to be human subjects research. Results and/or Evaluation Plan: Initiative success will be evaluated in multiple ways. First, by ascertaining the competitiveness of the call for project members. Second, by pre- and post- surveys of project members to determine their perceptions of readiness to conduct independent scholarly projects and sense of connectedness to our larger education community. Third, by tracking team meetings, scholarly project template usage, and project progression. Fourth, by tracking initiative outcomes, including completion of report to leadership, and presentations and publications which result. Conclusions and/or Lessons Learned: The initiative has received considerable support from leadership for alignment with institutional goals including increased student participation in scholarly projects, collaborative participate across faculty and staff roles and departments, and intended improvement in key areas. Similar initiatives could be undertaken at institutions in alignment with identified questions and to increase faculty, staff, and student scholarly project engagement.

The Six-Week Challenge: Strategies for Meeting the LCME Grade Submission Deadline

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The 2020 LCME site visit highlighted concerns regarding the medical school's adherence to the 6-week deadline for releasing final grades promptly. In response, the institution implemented a comprehensive initiative aimed at enhancing compliance with LCME standard 9.8, focusing on Fair and Timely Summative Assessment. This project highlights the multifaceted strategies and resources employed to ensure timely grade submissions. Key initiatives encompassed streamlining processes for reporting grades, defining timely submission of grades, leveraging leadership support to underscore deadline importance, instituting standardized operating procedures delineating timelines for various grade-contributing components such as preceptor evaluations and patient care assignments, and deploying calendar outlooks and email reminders as proactive measures. Additionally, a dedicated assessment and evaluation team monitored compliance and conducted grade verifications before the 6-week mark. Furthermore, escalation protocols were established to address potential non-compliance instances promptly. The project resulted in significant enhancements in compliance rates, particularly in the pre-clerkship and clerkship phases. This abstract provides insight into the orchestrated efforts undertaken to address deficiencies identified during the site visit, ultimately contributing to a culture of fair and timely assessment and diligence in meeting critical assessment deadlines within the medical education framework.

Who ISN’T sweating Step 1? Student Led QI using the After Action Review

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Many medical schools, including the University of Pittsburgh, recognize the increased need for student support during Step 1 preparation and provide resources for academic success, emotional well-being, and decision support. Our school has implemented many resources aimed at student success on high stakes exams. Student feedback is critical to continuous quality improvement in this area. Students who completed Step 1 in the spring and summer of 2023 asked students to evaluate the school-provided resources via a short survey that included an

opportunity to provide narrative feedback. Twelve students were randomly selected and invited to an After-Action Review (AAR). This AAR was a guided discussion focused on contextualizing student opinion related to the resources provided by the school. The four questions address expectations, perceptions, sustainment, and change. The AAR was conducted by one student facilitator. A final summary of the survey and AAR findings, along with student recommendations, was transcribed and transmitted to the Academic Success Team. Survey data were collected from 76 participants. Students most valued UWorld and CBSSA vouchers. Faculty coaches were also crucial to success and well-being. Support and communication with advisors were highly valuable for emotional well-being. Use of the AAR framework provided nuance as to why interventions did or did not work and identified opportunities for further improvement. While the survey identified the most important resources for students studying for Step 1, the AAR provided time and space for students to discuss and suggest specific best practices likely to result in greater student success and a sense of support during their Step 1 study period. The AAR framework is a powerful tool for collecting and collating actionable feedback to the school. Use of this intervention has led to meaningful change at PittMed and could perform similarly in other institutions.

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