

**Tilman J. Fertitta Family College of Medicine
University of Houston**

SUBJECT: Medical Education Program Evaluation Plan and Continuous Quality Improvement
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I. PURPOSE AND SCOPE

- A. To ensure continuous monitoring and improvement of program quality and student performance across the medical education program.
- B. To ensure data collection and reporting for the Liaison Committee on Medical Education (LCME) standards for the medical education program.
- C. To ensure the TJFFCOM complies the Liaison Committee on Medical Education (LCME) standards for the medical education program, including LCME Standard 1.1 that requires continuous quality improvement (CQI) processes to monitor compliance with accreditation standards.

II. BACKGROUND

- A. The Office of Medical Education (OME) will administer the Medical Education Program Evaluation Plan (MEPEP) to fulfill LCME Standard 1.1 for continuous quality improvement. The MEPEP will ensure data collection and reporting to provide results to inform medical education program progress for both the TJFFCOM Strategic Plan and chosen LCME Standards.
- B. The MEPEP will be developed, implemented, and evaluated by the Assistant Dean for Assessment and Quality Improvement (OME) working with the Evaluation and Assessment Subcommittee (EAS) of the Curriculum Committee as well as faculty and staff from relevant TJFFCOM Departments, Offices, and other committees.
- C. The Associate Dean for Medical Education ensures that appropriate resources are allocated for these activities, including personnel, information technology systems, and infrastructure for the collecting and reporting of data. Standing committees and senior administrators within TJFFCOM contribute to the monitoring effort, and additional associated personnel provide coordination and support the process.
- D. The MEPEP will include evaluation data and outcomes that are “timeless” (e.g., can be used long-term for monitoring so as to have consistency and history for evaluation). As such, the MEPEP will focus on macro-level data and outcomes for assessing major areas of quality and student performance at the course, clerkship, and program levels to represent medical education program functioning as related to LCME standards. Targets for “acceptable” functioning will be used in the reporting of outcomes and target areas to determine whether and what types of improvements should be considered.
- E. The MEPEP will NOT include all data possible to use for evaluation by various TJFFCOM Departments, Offices, or committees. TJFFCOM departments, Offices, and committees may and should collect and assess more in-depth or micro-level data for their specific interests and areas of functioning.

III. POLICY

The MEPEP will be developed, implemented, adjusted, and evaluated by the Assistant Dean for Assessment and Quality Improvement (OME) working with the Evaluation and Assessment Subcommittee (EAS) of the Curriculum Committee as well as faculty and staff from relevant TJFFCOM Departments, Offices, and other committees. The MEPEP will address

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evaluation data, reporting, and responsible parties for action plans related to the monitoring and continuous quality improvement for specified outcomes, target areas, and LCME standards.

- A. Evaluation Data. Evaluation data will be identified in terms of outcomes, target areas, data sources, available data, targets for “acceptable,” and LCME standards.
 1. *Outcomes*. The MEPEP shall focus on the following outcomes:
 - a. Pre-clerkship: the quality of courses and student performance in courses
 - b. Clerkship: the quality of experiences and student performance in experiences
 - c. TJFFCOM program: the quality across the program and student success in the program
 2. *Target Areas*. Within each of the outcomes, multiple target areas should be defined based on areas of medical education program functioning within and across levels (pre-clerkship, clerkship, and TJFFCOM program) and within LCME standards.
 3. *Data Sources, Available Data, and Data Elements to Use*. Data sources, available data, and data elements will be identified for each outcome and target area. Designated data to use for the pre-clerkship and clerkship levels should include specific TJFFCOM-generated student and faculty course and clerkship evaluation survey items and specific course and clerkship grades. Designated data to use for the program level should include student scores from NBME and USLME exams and TJFFCOM-generated metrics for graduation rates, specialty choices, match results, residency performance, licensure rates, and practice and location. All levels should include specific survey items from LCME ISA and AAMC Y2Q and GQ surveys.
 4. *Targets for “Acceptable.”* For each outcome and target area, targets for “acceptable” or “good” functioning or progress will be identified in agreement with stakeholders. Targets should be in the form of average ratings (e.g., 4.5 or higher), average scores (e.g., 75 or higher), or designated proportions of responses or scores (e.g., 75% or higher).
 5. *LCME Standards*. Each outcome and target area will be linked to one appropriate LCME Standard. Whereas many LCME standards could be linked to outcome/target area combinations, the MEPEP will only assign the “best” one.
- B. Reporting. The Assistant Dean for Assessment and Quality Improvement will oversee data collection, monitoring, and reporting for the MEPEP.
 1. The MEPEP will list the data collection and reporting time frames for each outcome and target area.
 2. MEPEP data will be collected and housed in the Office of Medical Education.
 3. OME-generated reports will include summaries of findings including whether the “targets for “acceptable”” for each outcome and target area were met, any “standout” or “pattern” findings from data, and recommendations for further consideration.
 4. OME-generated reports will be distributed in a timely manner to responsible parties.
- C. Responsible Parties for Action Plans.
 1. The MEPEP will list the responsible parties for further actions for each outcome and target area.
 2. The responsible parties will recommend a plan of action in collaboration with all responsible faculty and or committees.

IV. MONITORING OF THIS POLICY

- A. Review of the MEPEP. The Assistant Dean for Assessment and Quality Improvement will oversee the bi-annual review of the MEPEP with stakeholders for specific outcomes and target areas.
- B. Dissemination of OME-generated reports. The Assistant Dean for Assessment and Quality Improvement will oversee the distribution of reports to stakeholders for specific outcomes and target areas.

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V. REFERENCES

- A. Implementing a System for Monitoring Performance in LCME Accreditation Standards. Retrieved from http://lcme.org/wp-content/uploads/filebase/white_papers/CQI-GuidanceDocument-10-16.docx. Published October 19, 2016.
- B. LCME Connecting with the Secretariat Webinar Series, July 2019: Element and Topic of the Month: 1.1 (strategic planning and continuous quality improvement) and LCME White Paper “Implementing a System for Monitoring Performance in LCME Accreditation Standards”. Retrieved from <https://lcme.org/event/jul-2019-connecting-webinar/>.

Approval History		
<i>Approver</i>	<i>Status</i>	<i>Date</i>
Transitional Curriculum Committee	Approved	November 14, 2019
Curriculum Committee	Approved	February 20, 2023
Review by UH Office of General Counsel	N/A	

Document History	
Date Created	November 14, 2019
Date Last Modified	January 10, 2023
Responsible Office	Office of Medical Education
Next Scheduled Review Date	February 2025
Stakeholder Communication Method and Date	
Revision History/Purpose	March 24, 2020: structural modifications only