Update on the Stritch School of Medicine Re-accreditation

The re-accreditation of our medical school is scheduled to occur Nov 6th through 9th of 2016. All institutes of higher education undergo a similar process for accreditation. The Liaison Committee on Medical Education (LCME), is the accreditation body for medical schools, whose overall aim is to certify that medical schools meet their standards as well as promote institutional self-evaluation and improvement. Our tasks are to collect and review medical school and curriculum outcomes that allow us to identify strengths or areas that need to be addressed. Finally, through input from our group of self-study committees and health campus participants, we will further operationalize our existing SSOM strategic plan in order to maintain our strengths and promote strategies to address areas needing improvement.

While a great deal of preparation is needed to assemble these documents and reports, an accreditation visit is more than just a review of a series of documents. The site reviewers will also gather information through formal and informal meetings with medical school and healthcare administrators, faculty, staff, graduates, students and other healthcare providers. It truly is a 360 degree review of the medical school and health campus Learning Environment.

In order to facilitate this process, we were fortunate to identify subcommittee chairs who represent a cross section of our campus leaders. They will now begin to select subcommittee members from our campus and community. Our expectation is that each subcommittee will be formed and begin their self-study by December 2015. Their reports will be completed and submitted by the end of February 2016.

The self-study undertaken by each subcommittee will not just review our responses to the published LCME medical school standards for accreditation, but whether we provided evidence that those standards were fulfilled. This is not just a review, it is an assessment of our strengths, identification of areas for improvement as well as suggestions for next steps or interventions. All of the reports will be used to prepare an executive summary for the LCME site review team. That summary will acknowledge those strengths, identify areas where we can improve, and hopefully present to the LCME an insightful analysis and operational plan that will help guide our school going forward.

We also want to introduce another important group, the Independent Student Analysis (ISA) committee. This committee is solely comprised of medical students and have started to prepare their own report. Additionally, within this newsletter, we have summarized what each subcommittee will address.

Finally, we want to thank everyone on our health sciences/health care campus in helping us fulfill the missions of education, research, patient care and addressing community healthcare disparities.

Linda Brubaker, MD, MS, Dean and Chief Diversity Officer—Accreditation Chair
Gregory Gruener, MD, MBA, Vice-Dean for Education – Faculty Accreditation Lead

Margaret Faut Callahan, CRNA, PhD, FNAP, FAAN, Provost
John Pelissero, PhD, Interim President Loyola University Chicago
Independent Student Analysis (ISA)

The LCME considers an independent review, conducted by students, to be a critical element of the accreditation process. The work of the ISA began around the time that the medical school initiated the overall self-study process, and will be completed before the individual self-study committees complete their reports. The ISA will be based on a comprehensive survey of students from all four years and cover a wide range of subjects important to students. Some of the areas addressed by the independent student analysis include:

- Accessibility of dean(s) and faculty members;
- Curriculum, including workload, organization, instructional formats and adequacy of content, balance between scheduled class time and time for independent learning;
- Opportunity for the evaluation of courses or clerkships and teachers, and whether identified problems are corrected;
- The learning environment, including policies and procedures to prevent or respond to mistreatment or abuse;
- Facilities, including quality of educational space, availability of study and relaxation space, security on campus and at affiliated clinical sites.

Student Co-chairs: Bill Flavin, MD/PhD Candidate—M2, Edith Graham M4
Student Members: Isabel Malone M4, Arthur Pope, PhD M2, Elizabeth Stranges M3, Michael Teitcher M3, Nolan Adams M1, Zarna Patel M1
Faculty Advisors: Emily Anderson, PHD, Michael McCarthy, PhD
Statistical Support: William Adams, MA

Self-Study Group – LCME Institutional Standards to be addressed

Chair – Mark Cichon, D.O.

Standard 1: Mission, Planning, Organization, and Integrity

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

A “stretch” question for this subcommittee:

Does the current organizational structure allow our strategic plan to unfold and the school assume a “continuous quality improvement approach” to its implementation?

Strategy clarifies our purposes and priorities, mobilizes motivation and resources, and directs the future. As an institution we will use our strategy to deal with changing environments and strategic decisions that affect the overall welfare of the organization. A strategic approach provides an overarching plan that is framed by the leadership with clear support structures. While faculty and administrators are still the experts in executing our strategy, this approach allows for a transformational view of learning as courses are intentionally redesigned with appropriate support structures.
Self-Study Group – LCME Faculty Standards to be addressed

Chair – Chad Whelan, M.D.

Standard 3: Academic and Learning Environments
A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies
The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution’s educational, research, and service goals.

A “stretch” question for this subcommittee:
How can we develop faculty educational development programs that recognize and support faculty in their role as educators?
The practices and scholarship of faculty development originate from diverse initiatives supporting faculty recruitment, advancement, and retention. What policies do we need to develop to have the capability to reward contribution to the missions of research, teaching, and service combined with skill development and academic community support to maintain productive faculty.

Self-Study Group – LCME Education Standards to be addressed

Chair – Murali Rao, M.D.

Standard 5: Educational Resources and Infrastructure
A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

Standard 6: Competencies, Curricular Objectives, and Curricular Design
The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

Standard 7: Curricular Content
The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

A “stretch” question for this subcommittee:
How can we leverage our resources to develop a curriculum that incorporates “desirable difficulties” that lead to deeper learning and better retention through a reflective process that develops mindfulness?
A mindful doctor is receptive to data incoming through all sensory channels, and is simultaneously running an unconscious process of integration, comparison and assimilation with their pre-existing knowledge, ideas and behaviors. Mindful practitioners are aware of their own mental processes, psychological and physical status, and preconceived judgments and beliefs. They are flexible and attentive, and able to act with sound reasoning and compassion. To be mindful is to be adaptive, and to be able to face unfamiliar situations with assurance.
Self-Study Group – LCME Student Standards to be addressed

Chair – Amy Murray, MD

Standard 8: Curricular Management, Evaluation, and Enhancement
The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students’ and patients’ safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

A “stretch” question for this subcommittee:
Do we as the medical school fulfill our chief “fiduciary duty” in ensuring the public that our educational program is patient-centered by incorporating thoughtful formative and summative evaluation in shaping the outcomes of our professional education?
Healthcare education needs to be respectful of and responsive to individual student and faculty preferences, needs, and values, and ensuring that patient values guide all educational decisions. In this regard, the patient is common to both the clinical and educational setting. The competencies guide formative development in compassionate and expert patient care, professionalism, communication skills, and teamwork skills. The result of our educational program should foster in our graduates those skills they will eventually demonstrate when they become practitioners. They are identified by the IOM in their report “Crossing the Quality Chasm” as patient care that is safe, timely, effective, efficient, equitable, and patient-focused.

Self-Study Group – LCME Educational Resources Standards to be addressed

Chair – Garry Sigman, M.D.

Standard 10: Medical Student Selection, Assignment, and Progress
A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records
A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives. All medical students have the same rights and receive comparable services.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services
A medical school provides effective student services to all medical students to assist them in achieving the program’s goals for its students. All medical students have the same rights and receive comparable services.

A “stretch” question for this subcommittee:
Are we currently structured and do we have the necessary resources and opportunities to help our students become individuals where wellness is an active process where they become aware of, and make choices toward, a more successful existence?
Wellness can be defined in different ways, but it remains multidimensional and interconnected. At its best it should manifest as a person who contributes to their community and finds enrichment in their life through their work and its interconnectedness to living and playing. They achieve spiritual fulfillment by the development of belief systems, values, and creating a world-view. Participation in regular physical activity, healthy eating habits is part of their life as well as personal responsibility for self-care and when to seek medical attention. As a person they exhibit self-esteem, self-control, and determination as a sense of direction and participate in creative and stimulating mental activities and share their gifts with others.