

**SMHS Dean’s Quality Improvement Panel (DQIP) Meeting
January 19, 2023 2:00-4:00 PM (Zoom)**

Attending: Ken Ruit, Sheila Bosh, Josh Wynne, Judy Solberg, Pat Carr, Marc Basson, Namil Choi, Anja Selland (MS4), Jim Porter, John Shabb, Holly Brown-Borg, Daniel Henry

Absent: Susan Zelewski, Rick Van Eck

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
Call meeting to order	Meeting was called to order by Dr. Kenneth Ruit, who facilitated this first meeting of DQIP since Dr. Tinguely’s retirement. An announcement about who will assume Dr. Tinguely’s responsibilities in medical accreditation is expected shortly.	
Review of Minutes	Review of December 21, 2022 minutes. Minutes are posted to Blackboard.	Minutes approved.
Announcements/Other	Introduction and welcome to new committee members, Dr. Holly Brown-Borg, Interim Associate Dean for Diversity, Equity, and Inclusion, and Dr. Daniel Henry, Director of INMED.	
Post ISA2 Student Review	<p>The four student committees have started meeting with faculty to discuss recommendations and actionable items. The Communication and DEI meetings have already occurred. After those initial meetings it became evident that additional meetings will be needed. Dates yet to be determined. Outcomes will be shared at a future meeting.</p> <p>Mid-year survey has gone out. Responses have been less (so far) than for the previous survey, however, there is still time and reminders will be sent.</p> <p>Discussed the new DQIP student representative as Anja will be graduating this year. Questions: Is there a stipulation that this be a 4th year student, what is the role of the student, and what if any prior experience is needed?</p> <p>Anja recommends a short application to open this up to more students. Dr. Basson recommends that it be a 4th year student. Dr. Carr commented that 3rd or 4th would be acceptable. Dr. Ruit suggests that a small group of DQIP members should vet; perhaps Dr. Zelewski and Dr. Porter and others interested. Dr. Basson suggested the lead be a</p>	Add to February agenda.

	<p>4th year and the alternate be a 3rd year. This would allow for some mentorship to occur. Noted it would be helpful for the new rep to have some involvement with the survey. Dr. Ruit emphasized the importance of a high response rate for the mid-year survey especially as we are working to provide data and convey improvement in the elements for which we were cited (by August 2024.). Dr. Shabb suggested a leadership team (3rd & 4th year student) in survey administration and analysis.</p> <p>Concluded that Dr. Ruit and Sheila will identify a subset of DQIP to work with Anja to move this forward.</p>	<p>OMA will select subset and arrange meeting. Add to February Agenda.</p>
Element 2.6 - FASRC Action Steps	<p>Both UMEC and Bylaws having been working on the integration of language into governance documents. UMEC approved the proposed language changes on December 28,2022.</p> <p>At the last Bylaws meeting there was conversation on how the nominating committee is charged with ensuring that ballots are constructed for faculty involvement which reflects the diversity of the faculty as well as regionally distributed campus representation. There is still work to do to finalize the appropriate language. This is an agenda item at the upcoming Bylaws committee meeting. The expectation is that this will move to Faculty Council (FC) following Bylaws.</p>	
GQ Dashboard Update	<p>No updates.</p>	<p>Add to February Agenda.</p>
LCME Survey Findings and Plan	<p>Reviewed the workflow document created by Dr. Tinguely. Dr. Ruit commented that the earlier we can get started on narrative responses the better. Focus on what was, what is now, and what is needed to meet the expectation now and going forward. The Dean pointed out that if we need to use language that we previously used in our DCI submission we need to be aware that the reviewer of the status report doesn't look at the previous DCI. He also suggests focusing on what's different, and finally focusing on how we are ensuring that we are keeping up with the current expectations as the LCME makes changes to the standards and elements over the 8-year cycles. Dr. Ruit commented that our annual reviews of the elements in the OMA subcommittees (FASRC, SASRC and EASRC) help to ensure that we are noting and responding to the current LCME questions and expectations.</p>	<p>Add to February Agenda.</p>

Meeting Frequency	Concluded that we will continue to meet monthly. Anticipate that we will complete the element review in February or March. Once that is complete, we will need to look at Table f. and determine the appropriateness of the monitoring elements.	
GQ Review Follow Up Q21	Dr. Basson shared that this has been discussed at the campus deans meeting and clerkship directors' meetings. From those meetings a proposal was made to de-identify comments. The proposal was sent to Anja Selland and accepted. Dr. Zelewski will distribute the de-identified comments to the campus deans and the clerkship directors. The campus deans will share those comments with the hospital administrators. Dr. Basson stressed the importance of students reporting concerns in real-time. Dr. Zelewski is adding to Phase 2 orientation the significance of reporting. She is working in a Phase 2 Boot Camp on the tips and tricks of dealing with the difficult preceptor. Clerkship directors are working on their slide deck to include professionalism as well. Anja will update students about the steps the school is taking. Dr. Porter is working with Title IX office for unconscious bias training for students and faculty. Also working with same person regarding bystander intervention training.	Add to February Agenda.
Monitoring Table Element Review	<p>Note made as above that Table f. will require review and decision on the appropriate monitoring elements. This will occur at conclusion of the element review. Dr. Ruit pointed out that Table f. is a fluid table. OMA will provide an updated table f. at a future meeting. Dr. Wynne stressed the importance of documenting when and why an element is removed from the table. For historical purposes and for CQI, this information should be readily available in a document so that we're not needing to search meeting minutes.</p> <p>Element 2.4 Sufficiency of Administrative Staff, Reviewed by Dr. Solberg. Satisfactory with Monitoring (SM). Our action plan includes creating a list of efforts to improve communications for Associate Dean for Student Affairs and Admissions and Assistant Dean for Medical Curriculum.</p> <p>Tables will require updating due to vacancies. Some minor wording changes in the table though reviewer believes the intent is the same.</p> <p>Element 3.2 Community of Scholars/Research Opportunities, Reviewed by Dr. Tinguely and presented by Dr. Ruit. Satisfactory with Monitoring. Finding: Dissatisfaction with access to research opportunities was expressed in the ISA by the M2 (33%), M3 (30%) and M4 respondents (36%). ISA respondents also expressed dissatisfaction with support for participation in research (24% overall.) In response,</p>	<p>Add to February Agenda.</p> <p>Add to February Agenda.</p>

	<p>the school has taken several steps to improve student satisfaction, including appointing and supporting dedicated support personnel, providing academic credit for student research, and funding. A required research course was included in the new curriculum. A follow up survey demonstrated less dissatisfaction, especially among the students exposed to the new curriculum. The school observed a 60% increase in student participation in research after the changes were in place.</p> <p>Next versions of the DCI will require updated data. Will need this year’s mid-year student survey data for ISA table comparison. Will Place 3.2 on February or March FASRC agenda as follow up item.</p> <p>Noted that Dr. Shabb has some notes of things that have changed or improved in the area of research that he will share with Dr. Ruit directly.</p> <p>Element 7.6 Cultural Competence and Health Care Disparities, Reviewed by Dr. Ruit. Satisfactory with Monitoring. Finding: The school has adopted a curriculum to prepare students to care for patients from different background, and the AAMC Tool for Assessing Cultural Competency Training (TACCT) demonstrates overlapping coverage of the TACCT domains across the span of the curriculum. The population demographics of the state provide little culture diversity among the patient population, thus providing limited opportunity for application of the curriculum. AAMC GQ data demonstrate low satisfaction with the adequacy of education in caring for patients from different backgrounds.</p> <p>In response to the finding, it’s noted that the school has adopted a curriculum to prepare students to care for patients from different background, and the AAMC Tool for Assessing Cultural Competency Training (TACCT) demonstrates overlapping coverage of the TACCT domains across the span of the curriculum. Examples of efforts by the school to ensure cultural competence include the addition of diversity, equity and inclusion topics to Phase 1 of the curriculum along with translator simulation in Phase 2. The UMEC is also currently analyzing additional efforts that can be taken to further cultural competency training.</p> <p>The new DCI has newly constructed Tables 7.6-1 and 7.6-2 that require completion. The narrative response portion is eliminated in the 2023-23 DCI. Noted increased significance on data tables.</p>	<p>Add 3.2 to FASRC Agenda.</p>
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	<p>Update on 2- year rule. Dr. Wynne informed us that the Department of Education has “walked back” the 2-year rule. We have 2 years when a standard is non-compliant, to achieve compliance. For due cause, the LCME can extend that timeframe. If an element is unsatisfactory, and it remains unsatisfactory for 2 years, the standard then becomes non-compliant. We then have 2 years to get the standard off of non-compliant.</p> <p>Element 8.5 deferred due to time constraints.</p>	
<p>Announcements/Next Meeting</p>	<p>February 22, 2023 Elements to review 8.3 RVE, 8.5 PC, 9.5 RVE, 9.8 SZ, 12.3 JP, 12.6 NC, 12.8 JS</p>	

Submitted by Sheila Bosh, RN, Accreditation Manager
Approved by Dr. Kenneth Ruit, Acting Committee Chair