



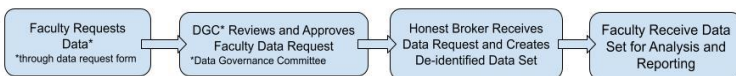
Use of LongMED Data at HMSOM

Chosang Tendhar, PhD.

Longitudinal Outcomes of Medical Education (LongMED) data consists of students' information spanning from pre-matriculation to data while in the MD program and beyond, for example patient outcomes. These data are regularly collected to support curriculum, continuous quality improvement (CQI) efforts, program effectiveness assessment, and compliance with accreditation requirements from various agencies, such as the LCME and Middle States.

Through LongMED, some of this data can support scholarly research endeavors. In fact, one of the important goals of LongMED is to promote educational research and scholarship. The Hackensack Meridian Health Institutional Review Board (IRB) has approved the use of LongMed data for research with the goal of publication.

However, members of Hackensack Meridian School of Medicine (HMSOM), including staff, faculty, and others are required to seek prior approval from the Data Governance Committee (DGC) to obtain data from the honest broker. The process of obtaining DGC approval starts by completing a Data Request form, which can be obtained from the Chair of the DGC, Dr. Chosang Tendhar.



Consent to use students' data for research is obtained during the Human Dimension Immersion Orientation (HDIO). Students have the option to retract their consent at any time.

Meet IEA's Newest Team Member: Atiqer Rahman

The Office of Institutional Effectiveness and Assessment would like to welcome Atiqer Rahman as the Manager, Assessment Information Systems. Atiqer comes to us with a Bachelor's in Science in Information Technology from Montclair State University and a Masters in Biomedical Informatics from Rutgers University. Before joining HMSOM, Atiqer spent the last ten years working for Optum Technology. During his time with Optum Technology he has held various positions including Senior System Analyst to Senior Manager of Reporting, most recently Atiqer served as their Senior Analytical Consultant where he was responsible for creating and maintaining Tableau dashboards for internal and external clients.

"I look forward to collaborating with my new colleagues to help provide a seamless Leo experience for students and others users. I am also eager to begin supporting various phase coordinators and managers in achieving our assessment and evaluation goals," Atiqer said.

Outside of work Atiqer's two year old daughter keeps him and his wife busy. He loves spending time with family, gardening at home, watching and playing different sports. Atiqer is a die hard NY Giants and Yankees fan. He also enjoys traveling and sampling new and diverse foods from different cultures. Atiqer continues to challenge himself to learn new technologies and be aware of new technological trends.



Surgery Peer Review Process

Ryan Moore, M.D.

The peer-review process is led by faculty. A team consisting of Drs. Joseph, Kriegel, Glikzman, and Doumas completed the Surgery Clerkship peer review report. The peer review form consists of a specific set of questions. These questions are addressed with the help of relevant assessment and evaluation data. Some of the important goals of obtaining peer feedback are to identify areas of improvement and to improve student learning. We reviewed the report and action items at the Phase 2 Curriculum Subcommittee (P2CS) and discussed implementation plans. The peer review team identified three action items.

The first action item revolved around feedback on the formative and summative levels. This comes in many forms such as verbal feedback as well as written feedback that ultimately is reflected in the summative evaluation. The ongoing action plan includes continuing the "residents as teachers" program as well as quarterly workshops with residents to discuss the barriers behind giving and receiving feedback with the medical students. The other areas of emphasis have been coordinating with the residency program directors at the other clinical sites to increase the exposure the residents have to formalized education in regards to teaching and understanding the HMSOM curriculum. I personally have also been meeting with the students on a regular basis to assure that feedback is being given and is beneficial for the student moving through the phase 2 year.

Second, the P2CS also reviewed EPA 11 which revolves around informed consent discussion. Informed consent is integral to all of medicine, but in particular surgery with invasive tests and procedures being done on a daily basis. The surgical clerkship provides the ideal venue for students to see, learn, and implement techniques of informed consent and to be comfortable with the process, both with themselves as well as with patients. We have been fortunate to have dedicated teaching sessions on informed consent with Dr. Charles Binkley as well as an informed consent session with the standardized patients that includes difficult topics surrounding delivery of bad news and informed consent of treatment and surgery. We have also implemented an informed consent component to the summative OSCE that allows students to show and use what they have learned throughout the clerkship in an evaluated session.

The third action item addressed included our goal of zero reported and/or witnessed mistreatment in the clinical and academic setting. I personally have been having regular check ins with the students throughout the clerkship to discuss issues and concerns that have been seen or experienced.

Surgery Peer Review Process (continued)

We are building out a robust clerkship team at our various sites including site directors and an associate clerkship director to allow the students to have trusted individuals well versed in the HMSOM learning objectives and techniques needed to deal with a wide array of situations.

Overall, these action items are not unique to the surgical clerkship or the phase 2 learning experiences, but to medical education in general. Going through these action items with the P2CS afforded me the opportunity to collaborate and implement thoughtful and actionable plans to improve the overall educational experience of our students. I hope that this will provide a groundwork for ongoing change and improvement throughout the phase 2 learning experience, specifically in Surgery clerkship in those three areas.

Use of LongMED Data at HMSOM (continued)

Based on the review of the consent file, the honest broker provides requested data in a deidentified manner to those whose Data Requests have been approved by the DGC. Only the honest broker will have access to the identifying information.

Many have expressed interest in utilizing LongMED data. The DGC recently approved two Data Request forms. We anticipate that the use of LongMed data will lead to publications in various outlets, including peer-reviewed journals.

As mentioned, data accessible through LongMED is also utilized to bolster CQI efforts and evaluate program effectiveness. In this context, assessment and evaluation data are shared with various committees. Each committee reviews and discusses data pertinent to their role and identifies quality improvement projects. Some of the systematic review processes occur through the Phase 1 and 2 peer review system.

Data and evaluation reports shared with various stakeholders, including course directors are intended for internal use only, for example to make necessary improvements to enhance students' experiences based on their feedback. Therefore, it is critical to emphasize that such data cannot be used for research and publication purposes without prior approval from the DGC.

As the school grows, logMED will serve as an important vehicle to study and understand the impact of our programs longitudinally. More updates on this next phase will be coming in the near future.

Please contact Dr. Stanley Terlecky, Vice Dean for Research, for any questions about LongMED data and its use.