Hackensack Meridian School of Medicine

CQI CHRONICLE

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Strategic Plan 2.0

Chosang Tendhar, Ph.D.

Most organizations, including educational institutions, operate with a strategic plan. This plan outlines key goals the institution aims to achieve over a specified period, typically five to ten years. These goals are generally aligned with the institution's mission and vision, guiding efforts toward realizing its desired future state.

These goals are periodically reviewed and revised. Hackensack Meridian School of Medicine (HMSOM), established in 2018, benefited from its initial strategic plan, achieving significant milestones such as Middle States and LCME accreditation, and launching a curriculum that has at its heart an integrated and longitudinal community-engaged curriculum and that is focused on active learning. This plan guided strategic operations over the past several years, enabling us not only to meet but also to exceed targets for each initiative.

Examples of initiatives from the previous strategic plan include improving students' cultural humility, increasing student satisfaction with academic support services, and demonstrating student competency in HMSOM's EPOs related to IPE. Building on the success of the previous plan, we are currently developing a new set of strategic goals.

Through a collaborative and rigorous process, led by the Dean's Operations team, we have identified five key strategic goals for the next five years: (1) Diversity, Equity, Inclusion, and Belonging (DEIB); (2) Environmental Health; (3) Learning Environment; (4) Body of Knowledge; and (5) Community-Engaged Medical Education Advancement. (continued on page 2)

Diversity Engagement Survey (DES) Results Forthcoming in the New Year

Mekbib Gemeda, EdD

HMSOM administered the Diversity Engagement Survey (DES) this Fall to assess the degree to which students, staff, faculty and residents feel belonging, appreciation and being valued at HMSOM. The Survey was developed through a collaboration between the Association of American Medical Colleges (AAMC), the University of Massachusetts (UMASS) Medical School and DataStar. The survey is designed to assess eight inclusion factors grouped in three engagement clusters, Appreciation, Camaraderie, and Vision/Purpose. The eight inclusion factors include appreciation of individual attributes, respect, sense of belonging, trust, access to opportunity, cultural competence, common purpose and equitable reward and recognition. DES is also a benchmarked survey and would provide comparative information with other medical schools.

The survey opened on September 9, 2024 and was distributed to all students, faculty, staff and residents and it closed on October 18, 2024. A total of 810 responses were received, 36 from leadership, 185 faculty, 92 staff, 331 students and 153 residents. Analysis of the survey will be completed in the new year and will be followed by reporting and identification of areas for prioritized action. Aggregate and benchmarked responses will also be shared with the community. The robust participation from staff, students, residents and faculty is much appreciated and will help us understand better and enhance inclusion at HMSOM.

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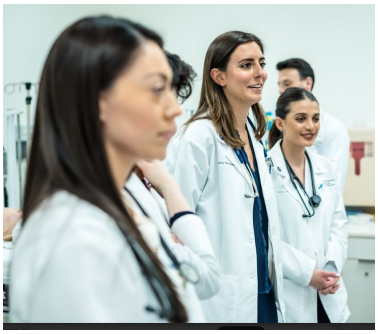
HMSOM Residency Readiness Survey (RRS) Confirms Program Effectiveness

Chosang Tendhar, Ph.D.



The Association of American Medical Colleges (AAMC) developed the Residency Readiness Survey (RRS), which is administered annually to program directors (PDs). The RRS gathers evaluations from residency program directors (PDs) about their residents' (our graduates) readiness for residency.

While medical schools previously administered their own surveys, participation in this national survey is optional, allowing programs to collect this data independently.

Both schools and residency programs benefit from the RRS. Schools save staff time by eliminating the need for internal surveys and gain valuable insights into the effectiveness of their program to prepare graduates for residency. PDs also benefit by streamlining feedback efforts and gaining a standardized platform to communicate their assessments to medical schools.

Residency program directors are asked to complete an RRS survey for every first year resident (intern) in their program. Schools then receive back this identified data for their graduates. The survey is completed after the first 6 months of residency.

In addition to an overarching item assessing overall resident performance, PDs rate their residents on 17 items aligned with entrustable professional activities (EPAs). These items encompass tasks such as professionalism, performing clinically relevant and thorough physical exams appropriate to the setting and purpose of the visit, accurately documenting patient encounters, and identifying and caring for urgent and emergent clinical situations. Each activity is assessed using a three-level scale: Failed to Meet Expectations, Met Expectations, and Exceeded Expectations.

Our graduates received PD evaluations at a rate of 61.7%, nearly identical to the national coverage rate of 62.7%. The survey results highlight the HMSOM's success in preparing students for residency. For example, in response to the overarching performance question, 100% of our graduates met or exceeded expectations, with 67% meeting expectations and over one-third exceeding them.

(continued)

HMSOM Residency Readiness Survey (RRS) Confirms Program Effectiveness (continued)

The survey data overwhelmingly support the program's success, with one graduate failing to meet expectations on multiple items. Notably, over 30% of graduates exceeded expectations on several items. Furthermore, over 50% exceeded expectations on both professionalism items, which include interacting with healthcare professionals and staff, and interacting with patients and family members.

Item mean scores ranged from 2.22 to 2.53 out of a possible 3. When ranked by mean score, the top two items were the aforementioned professionalism measures. The lowest-ranked items addressed interpreting results of basic studies and performing expected procedures of an entry resident, including obtaining consent. This ranking provides valuable insight into program strengths and areas for potential improvement. However, even for the lowest ranked items, graduates performed well, with 78% meeting expectations, and 22% exceeding them.

Strategic Plan 2.0 (continued)

Each strategic goal is led by individuals with relevant background and expertise. For example, the Vice Dean for Academic Affairs is leading the development of the Learning Environment. The Vice Dean for Research and Medical Science is leading the Body of Knowledge, and the Senior Associate Dean of DEI is leading the DEIB goal.

Each lead is working with a team of relevant internal and external stakeholders and is responsible for developing initiatives associated with their respective strategic goal. These teams will identify a targeted number of measurable outcomes for their initiatives and define performance standards and assessment methods for each outcome. These elements of each goal, particularly the defined outcomes and their success criteria, will enable a process of continuous improvement. Once fully drafted it will be presented and discussed formally with HMSOM leadership groups including the Board of Governors.

Lietys Novoa-Rodgers, Strategic Initiative Coordinator, and Dr. Chosang Tendhar, Director of Institutional Effectiveness and Assessment, actively engaged with each goal's leader and team throughout this process, facilitating meetings and providing feedback on various components, particularly outcomes, performance standards, and assessment methods. We are nearing completion of the new strategic plan and anticipate sharing it widely soon.