Hackensack Meridian School of Medicine

CQI CHRONICLE

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Learning. Improving.
Leading the Future of Medicine.

CQI: The Engine of Our LCME Accreditation

Jennifer Kobrin, Ed.D., Director of Curriculum Outcomes Research

As we are embarking on our journey towards our 2027 LCME re-accreditation, it is the perfect time for the HMSOM community to show our ongoing commitment to CQI, which is at the core of the LCME accreditation process and highlighted in our LCME tagline "Learning. Improving. Leading the Future of Medicine." While the principles of CQI touch every standard, in this article I will highlight two of the LCME Standards which together create a powerful framework for institutional and educational improvement.

Standard 1: Mission, Planning, Organization, and Integrity sets the expectation that the entire medical school operates within a strategic, data-informed CQI loop. Specifically, Element 1.1 requires that we engage in ongoing strategic planning, establish measurable outcomes, and use that data to improve the quality of our program.

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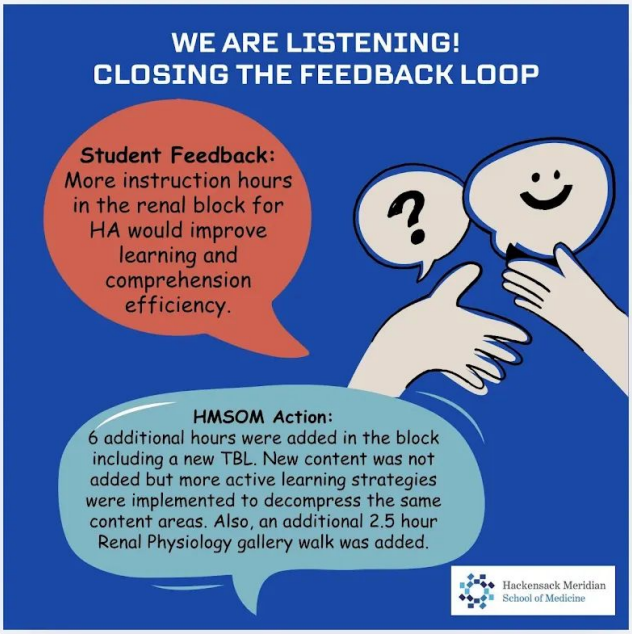
As part of our commitment to closing the feedback loop, the Office of Medical Education continuously reviews student feedback from evaluations, student panels, and other channels. In response, we have launched a **We Are Listening! Closing the Feedback Loop** series where we will highlight examples of student feedback along with the actions OME has taken. These updates reflect our continued effort to listen to student needs, strengthen trust and make meaningful improvements to the learning experience.



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CQI: The Engine of Our LCME Accreditation (continued)

This is the "macro-level" CQI, ensuring that the institution as a whole is living its mission and effectively monitoring its own health and compliance. It asks: "As an organization, how do you know you are succeeding, and how do you use that knowledge to get better?"

The strategic plan is set for five years. It will be reviewed and revised accordingly for the development of future plans. The number of strategic goals (we call them pillars) could vary during each five-year plan, and the goals we decide to pursue could be four or more. Each pillar has two or more initiatives associated with it. We have also identified a few outcomes for each pillar to assess our success in attaining its goals. Our goal is to assess each initiative at least twice over a period of five years, preferably more, so that longitudinal data can be used to determine the success of our strategic pillars, which in turn reflects on the success of the strategic plan.

The review process includes the presentation of the assessment results to the Institutional Quality Improvement (IQI) committee. The Director of Institutional Effectiveness and Assessment (IEA), in collaboration with the lead of each pillar, will play a significant role in gathering and analyzing data. The pillar leads, however, will be primarily responsible for presenting the results.

The Director of IEA and the pillar leads will then present the same materials along with any feedback and recommendations received from the IQI committee to the Dean's Operation Team.

Finally, the assessment results of the strategic goals will be presented at the Dean's Executive Cabinet. The cabinet will ultimately be responsible for monitoring, tracking, and administering necessary interventions for the successful attainment of strategic goals.

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Additionally, a new Accreditation Executive Committee has been established and charged with:

- Monitoring compliance with all LCME and Middle States (MSCHE) accreditation standards.
- Identifying areas or elements at risk of non-compliance, in consultation with relevant subject matter experts.
- Initiating and tracking action plans by assigning responsibility to appropriate committees, offices, or individuals to ensure timely resolution of identified issues and closes the loop by tracking results.
- Reporting findings, progress on action plans, and the overall accreditation readiness of the institution directly to the Dean's Ops committee and ultimately to the Dean's Executive Cabinet.

Standard 8: Curricular Management, Evaluation, and Enhancement expects that we have a robust CQI process specifically for our medical education program. This standard requires that a central, faculty-led body (our Medical Education Committee and its subcommittees) is responsible for overseeing the curriculum. With the assistance of the Institutional Effectiveness and Assessment (IEA) and Curriculum Outcomes Research and Accreditation for LCME (CORAL) teams, the MEC and its subcommittees review data from a variety of sources to determine the effectiveness of our courses, clerkships, phases, and curriculum as a whole and use that evidence to drive meaningful improvements.

In short, Standard 1 ensures we have a "macro" CQI process for the entire institution, while Standard 8 ensures a "micro" CQI process is constantly refining the curriculum itself. This dual commitment to data-driven improvement is not just for accreditation but is central to our identity at HMSOM as we continue to **Learn, Improve, and Lead** the future of medicine.

Please contact Marycarmen Kunicki at marycarmen.kunicki@hmsom.edu for additional information on topics included in this newsletter and if you would like to share the findings of any quality improvement projects with us for future publications.