Hackensack Meridian School of Medicine

CQI CHRONICLE

Issue #29 | September 2026

HMSOM Students Implement Independent Student Analysis (ISA)

The ISA task force is composed of student leaders across cohorts: Daniel Ambrosio (M4), Emma Chant (M4), Erin Russell (M4), Hannah Aalemansour (M4), Jansen Engelbrecht (M3), Ruchi Raval (M3), Madison McNeil (M2), Yair Cantor (M2)

Our Experience Administering the ISA

The ISA Task Force recently completed the Independent Student Analysis (ISA) survey for our 2027 LCME re-accreditation, with a 90.8% response rate (573 of 631 students). The LCME asks for a response rate of at least 70% with an ideal goal of 80%, which every cohort cleared. The response rate by cohort ranged from 86.7% for the M4 class to a high of 93.9% with the M2 class. We achieved these high response rates despite our primary concern at the outset of survey fatigue, given students already complete course evaluations, clerkship evaluations, and national surveys throughout the year. We implemented three initiatives to help combat this concern.

1. A simple, collective incentive:

We worked with administration to identify a budget, and one of our student leaders, Ruchi Raval (M3), coordinated with Jaanuu, with support from Dean Sullivan and Christina Surretsky, to offer every student a free pair of scrubs once all cohorts reached 80%.

(continued on page 2)

Decision Tree: IRB/DGC Protocol

A step-by-step guide to determine when to obtain Institutional Review Board (IRB) and/or Data Governance Committee (DGC) approvals for your project.

To further promote and support the use of LongMed data for research, we would like to share the Decision Tree: IRB/DGC Protocol. This decision tree was borrowed from the Medical Education Research Scholarship (MERS) library, which can be directly accessed via the hyperlink above. A key criterion for using LongMed data is that research questions must be longitudinal in nature and outcome-focused.

Step 1: Determine The Purpose of Your Project

Identify whether your project is for ***Program Evaluation/Quality Improvement (QI)*** or for ***Research***.

Program Evaluation/QI: Using data to analyze and improve courses and programs. The results are typically shared internally with relevant committees and stakeholders or presented at conferences to share innovations and improvements.

- If it will be published IRB approval needed - skip to Pathway B. (Will likely qualify as exempt.)

Research: A systematic investigation into a topic or problem that involves collecting, analyzing and interpreting information to discover new knowledge or use existing knowledge in a new way. IRB and/or DGC approval needed - skip to Pathway B.

(continued on page 2)

CQI CHRONICLE

Issue 29| September 2026

HMSOM Students Implement ISA (continued)

The reward went to everyone, whether or not they completed the survey individually. We chose one threshold and one reward for the entire school over a tiered reward model because we wanted to reinforce the importance of completing the survey for the entire community and because it gave students a reason to encourage their peers to participate.

2. Multifaceted communication: We sent group emails and cohort-specific GroupMe messages, mixing formal and conversational tones, with reminders that increased from weekly to almost daily for students who did not complete the survey. We also presented to each cohort and encouraged participation where they already gathered: preclinical classes for M1s and M2s, Human Dimension virtual didactics for M3s, and a residency advising seminar for M4s. Additionally, we partnered with residency advisors, Dr. Albaliz Tello and Youngjae Lee, to incorporate the survey request into their mandatory meetings with M4s throughout August.

3. Accessible administration: The ISA is student-run, and all survey work was done by students. Administration made that work easier by being supportive, receptive, and responsive. Marycarmen Kunicki diligently walked one of our student leaders through the technical aspects of building the survey and its logic. She was always reachable by Google Chat for any questions, worked with our student leaders to thoroughly test the survey, and ensured that the survey was free from error, even down to the smallest detail. The rest of the team, composed of Dean Hoffman, Dean Sullivan, Christina Surretsky, Dr. Chosang Tendhar, Dr. Jennifer Kobrin, Tyler Sampson, and Tamiera Whitten, met with us as a group. They fielded questions, helped us brainstorm ideas, collaborated with us to make realistic timelines, and coordinated with us for our outreach efforts.

Challenges & Opportunities for Improvement

We did face several challenges during the survey administration. Timing was the hardest decision. The survey had to open for all cohorts at once. Opening in June would likely have made M4s easier to reach, but M1s begin in July and needed time at the school to have experiences worth reporting. As a result of this decision, the M4 response rate became a large area of focus during the survey administration because they did not have any required meetings as a group, only individual residency meetings dispersed throughout August.

(continued on page 3)

Decision Tree: IRB/DGC Protocol (continued)

Step 2: Follow The Appropriate Approval Pathway

Pathway A: For Program Evaluation/QI Projects

If your project's purpose is quality improvement, use the following criteria to determine the next steps:

Scenario 1: Using De-identified & Aggregate Data You Directly Access

This includes data like session and end-of-course evaluation reports that are routinely available to faculty and course directors.

- **Approval Needed:** None. You may proceed with your analysis to improve your courses.
- **What data will be provided**: all relevant students.

Scenario 2: Needing Additional De-identified & Aggregate Data

This applies when you need the Institutional Effectiveness and Assessment (IEA) office to share other de-identified data for your QI initiative.

- **Approval Needed:** None. The IEA will share the necessary data.
- **What data will be provided:** all relevant students.

Scenario 3: Needing Linked Data For Internal QI

This is for projects requiring linked data to examine relationships between variables for internal improvement purposes. The data provided will not be personally identifiable.

- **Approval Needed:** DGC Approval Only. The data provided for QI cannot be used for research purposes, as it includes data from individuals who have not consented to research.
- **What data will be provided:** all relevant students.

Pathway B: For Research Projects

If your project's purpose is research, the type of data you plan to use will determine the required approvals.

Scenario 1: Using longMED Data

This involves using any data that meets the criteria of longMED for research activities, even data you might already have access to for work or QI purposes. The honest broker will provide only the data from students who have consented to be part of longMED.

- **longMED criteria:** (1) data that would otherwise be collected or generated for the usual operations of the SOM and (2) takes a longitudinal/outcomes focused approach to the research question.
- **Approval Needed:** **DGC Approval Only.** The IRB has already approved longMED for research, and you will be provided with the IRB reference number if you are approved by the DGC.

(continued on page 3)

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.

CQI CHRONICLE

Issue 29| September 2026

HMSOM Students Implement ISA (continued)

This meant that we had to send many survey reminders to M4s and our student leaders repeatedly messaged their cohort on GroupMe, also reaching out to peers in their individual working groups. Despite this highly targeted effort, the M4s still had the lowest response rate at 86.7%, though it exceeded our reach goal for participation. It is also worth noting that a resurvey of the M1s will likely be administered later in the year because their insights may change once they have more experience at the school. Another challenge that we are working through relates to fulfillment of the reward. After the survey, the free scrubs were distributed using an email redemption link, but some students' redemption links went to spam. We are currently working with IT to address this so that every student receives their reward!

Next Steps

Now that we have the survey data, we are looking towards the next steps in this process. We are analyzing the survey data and writing a report on institutional strengths and weaknesses for the LCME self-study that will be submitted to the LCME as part of the re-accreditation process.

ISA Student Taskforce

Decision Tree: IRB/DGC Protocol (continued)

Scenario 1: Using longMED Data (continued)

- **What data will be provided:** data from relevant students who have consented to be part of longMED.

Scenario 2: Using Non-longMED But HMSOM Data

This applies when you are conducting a research study that does not meet the longMED criteria (e.g. collecting data not part of the usual operations of the SOM; a deep dive research study as opposed to a longitudinal question, etc). The data will be collected from/about members of the HMSOM community (students, faculty, or staff).

- **Approval Needed: Both IRB and DGC Approval.** The IRB must provide approval (you may be able to obtain the exempt type of IRB approval). Once IRB approval is obtained, the PI should request DGC approval, providing the IRB approval information.
- **What data will be provided:** data for relevant consented study participants.

Scenario 3: Using Non-longMED and Non-HMSOM Data

This includes any data collected from individuals or populations outside of the HMSOM community.

- **Approval Needed: IRB Approval Only.** DGC approval is not required in this case. .
- **What data will be provided:** data for relevant consented study participants.

Important Overarching Requirement

Human Subjects Training Certificate: Regardless of the approval pathway, all researchers and anyone seeking IRB approval must maintain a current *human subjects training certification*. Proof of this certification will be required by the DGC when it reviews any data request.

The Golden Rules

All research, program evaluation, and QI projects that **students** are involved in **must** have a HMSOM faculty PI who is ultimately responsible for ensuring all procedures are followed.

IRB: If in doubt as to whether your project is "research," contact the IRB office for a determination.

DGC: If you use or plan to collect or use **any** School of Medicine data for **any** scholarly purpose *(e.g., publication, presentation, grants, etc.)*, you **must** get DGC approval in advance of using or collecting the data - even if it is data you already have access to as part of your work responsibilities.

- *Note that the DGC reviews data requests quickly, and will not be a barrier to your work.*

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.