

University of Nevada, Reno School of Medicine
Institutional CQI Assessment Plan



MEDICINE

Office of Continuous Institutional Assessment

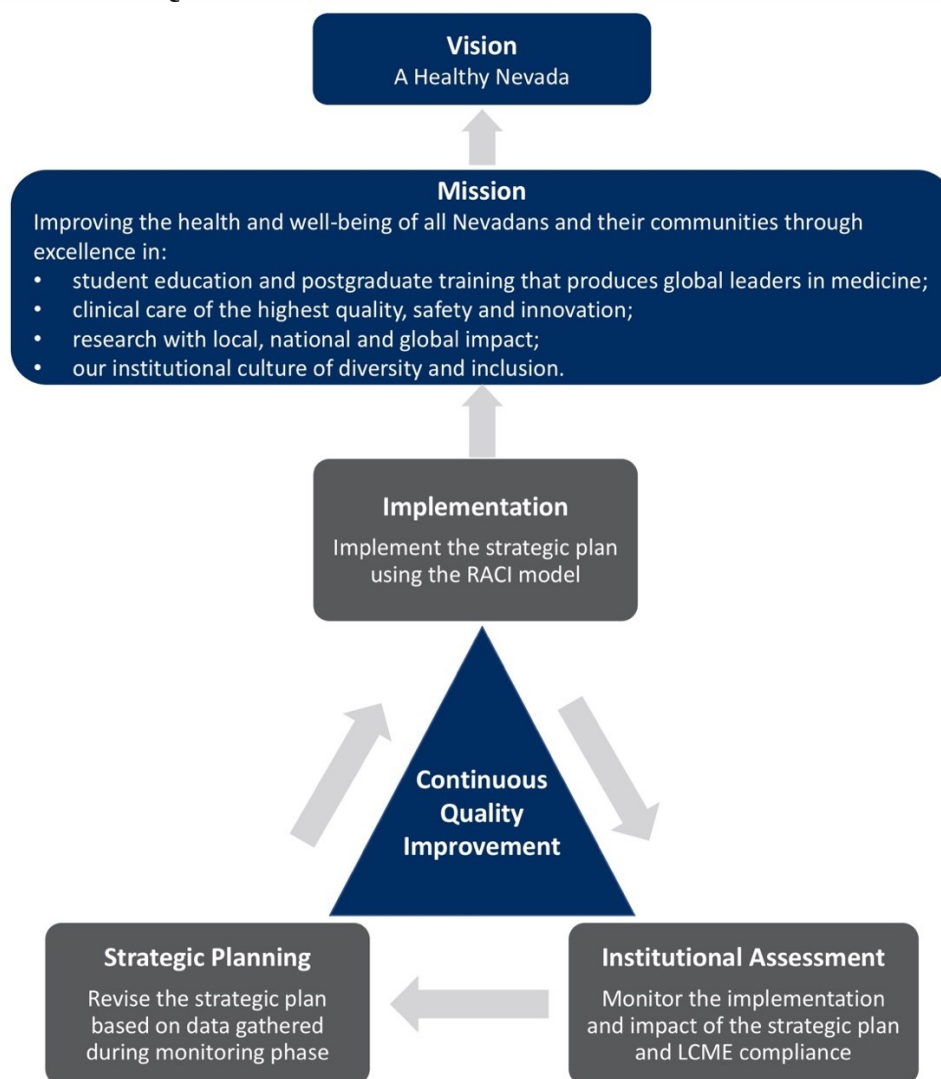
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Introduction

The University of Nevada, Reno School of Medicine engages in a process of continuous quality improvement (CQI) to ensure that UNR Med fulfills its mission of excellence in education, clinical care, biomedical and behavioral research, and an institutional culture of respect, compassion and diversity. CQI is a systematic approach to the analysis of institutional performance and efforts to improve performance. The UNR Med CQI process includes three key components that comprise a quality improvement feedback loop: 1) strategic plan development, 2) strategic plan implementation, and 3) monitoring of strategic plan outcomes and LCME compliance. This cycle results in quality improvements, helping to fulfill the school's mission and our vision of "A Healthy Nevada." Each component of the CQI cycle is described in detail in subsequent sections of the CQI plan.

Figure 1. UNR Med CQI Process



Components of the CQI Cycle

Strategic Planning: Development and Revision

UNR Med engages in strategic planning, which results in a revised strategic plan no less frequently than every three years. The strategic plan is revised through an inclusive, data-informed process facilitated by the Office of Continuous Institutional Assessment (CIA). The strategic plan includes strategic initiatives that are aligned with the school's mission for the purpose of advancing the school's continuous quality improvement as an integrated system. Each strategic initiative has goals with specified metrics and targets for measuring progress. Metrics may be either process metrics or outcome metrics. For each outcome metric, a target must be included that will either be a numeric value representing what the school is expected to achieve by the completion of the strategic plan, or an estimated date for completing the target. [The full UNR Med Strategic Plan can be found here.](#)

Strategic plan revisions are informed by data collected through CQI monitoring (see below), as well as any other relevant data. These data are shared with individuals involved in the revision of the strategic plan in order to facilitate the development of data-driven goals, metrics, and targets and to promote quality improvement and innovation.

Implementation

In order to facilitate the implementation of the strategic plan and other quality improvement efforts, UNR Med uses the RACI Model, a model that clearly define roles and responsibilities for organizational change ([more information on the RACI model](#)).

The RACI model accelerates role clarification and facilitates CQI implementation. This model is used to identify who is responsible, accountable, consulted, and informed for each metric in the CQI plan. These roles are described in Table 1.

Table 1. RACI Model Roles

Letter	Name	Definition
R	Responsible	The person who performs the work.
A	Accountable	The person ultimately accountable for the work or decision being made. There must be one "A" for every metric.
C	Consulted	Anyone who must be consulted with prior to a decision being made and/or the task being completed. There can be as many "C's" as are appropriate in each row.
I	Informed	Anyone who must be informed when a decision is made or work is completed. There can be as many "I's" as are appropriate in each row.

For each strategic plan metric, the CIA identified the individual(s) who are responsible and accountable for implementation and the individual(s) who should be consulted and informed regarding implementation and outcomes. There are 28 individuals who are accountable for one or more metrics in the CQI plan:

Assistant Dean, Rural Programs
Associate Dean for Admissions & Student Affairs
Associate Dean for Diversity and Inclusion
Associate Dean for Medical Education
Associate Dean, Admissions & Student Affairs
Associate Dean, Faculty Development
Associate Dean, Graduate Medical Education
Council on Diversity Initiatives Chair
Chair of Faculty Council
Chair of the MESC
Clerkship Directors
Dean, School of Medicine

Director, Continuous Institutional Assessment
Director, Information Technology
Director, Office for Community Faculty
Director, Savitt Medical Library
Executive Associate Dean
Principal Academic Officer & Chief Academic Officer
Pediatrics Chair
Physician Recruiter
Senior Director, Advancement and Engagement
Senior Associate Dean, Administration & Finance
Senior Associate Dean, Research

Institutional Assessment

The CIA develops and maintains a systematic CQI monitoring plan, implements the plan, and disseminates results.

Selection of Metrics

The CIA will monitor all metrics identified in the strategic plan as well as a subset of LCME elements. The CIA will review all LCME elements to identify the subset of elements that will be monitored. At minimum, the LCME elements that fall into one of the three categories below will be monitored. Additional elements may be included in the CQI plan.

UNR Med Priorities: UNR Med priorities are metrics that are included in the school's strategic plan or are the focus of current quality improvement efforts. These are either identified through the strategic planning process or other institutional self-study processes (e.g., LCME self-study).

Supporting LCME Elements: These are elements that are not considered a priority for improvement at this time but are closely related to the strategic plan initiatives and are considered to be central to the mission of our school. These elements are monitored to detect indirect effects of the implementation of the strategic plan and to ensure ongoing compliance. In addition, the continuous monitoring of these elements will help inform decision making for the next iteration of the strategic plan.

Best Practices: The CIA reviews the literature no less frequently than every three years to identify best practices for CQI and incorporate these best practices into the CQI plan. LCME Elements for which monitoring is considered a best practice in the literature will be included in the CQI plan. The best practices and the corresponding elements are described in more detail in Appendix 3.

Required Components of the Institutional CQI Assessment Plan

For each metric that is monitored, the following components are included in the in CQI plan:

1. *Metric*
2. *Type of metric (process or outcome)*
3. *Data source*
4. *Frequency and Schedule of data collection*
5. *LCME element number, if applicable*
6. *Relationship to the strategic plan, if applicable*
7. *The individual or office responsible for monitoring*
8. *The individual or group who will receive and act on the findings, including the person/people who are responsible, accountable, consulted, and informed as described above (RACI model).*
9. *Target, if the metric has been identified for improvement*
10. *Reason for monitoring (Priority, supporting, best practice)*

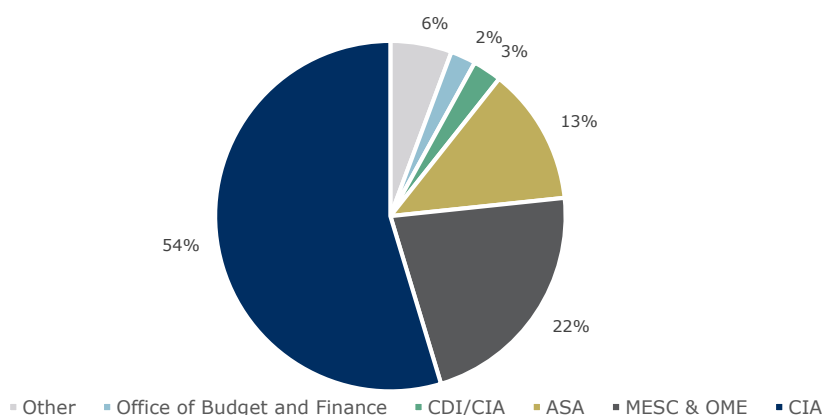
Offices Responsible for Monitoring

The CIA coordinates the institutional assessment efforts, working closely with other UNR Med offices and committees who monitor quality improvement efforts. The CIA is responsible for the monitoring of many of the metrics, but some metrics are monitored by other units. For example, the MESC is responsible for the CQI efforts related to the overall medical education program. The MESC systematically reviews data on the education program from multiple sources, including student performance, student evaluations, Annual Course Director Curriculum Reports and AAMC GQ data. The offices that are responsible for monitoring one or more metric included in the institutional CQI assessment plan are in Table 2.

Table 2. Offices and Committees Responsible for Monitoring Metrics in the Institutional CQI Assessment Plan

Monitoring Groups
Admissions and Student Affairs
Clerkship Directors
Council on Diversity Initiatives
Faculty Council
Medical Education Steering Committee
Office for Diversity Initiatives
Office for Graduate Medical Education
Office for Medical Education
Office of Budget and Finance
Office of Continuous Institutional Assessment

Figure 2. Percentage of Metrics Monitored by Each UNR Med Office



Data Sources

Data used for CQI monitoring are collected from a variety of sources:

AAMC Graduation Questionnaire	Medical Education Steering Committee & MESC Reports
American Medical College Application System	Office for Community Faculty & OCF Database
Annual Course Director Curriculum Report	Office of Budget and Finance
Admissions and Student Affairs	Office of Enterprise and Innovation
Office for Graduate Medical Education	Office of Medical Research
Council on Diversity Initiatives	Office of Sponsored Programs
Office of Continuous Institutional Assessment	Office for Medical Education
Department reports	one45 Database
Faculty Forward	Office for Professional Recruitment
Human Resources Database	Research Integrity Office
Institutional Advancement	Student Evaluations
UNR Med Internal Surveys	

Summary of the Institutional CQI Assessment Plan

The following tables provide an overview of the UNR Med Institutional CQI Assessment Plan. For each metric, the tables include the type of metric, the source, measurement schedule, target, accountable title, office responsible for monitoring, and the reason the element is being monitored. [A more extensive CQI plan is available upon request from the CIA.](#) For each metric, the more extensive plan includes the other roles in the RACI model (responsible, informed, consulted), the link between the LCME elements and strategic plan metrics, self-study subcommittee findings, etc.

CQI Plan by LCME Standard

Standard 1 – Mission, Planning, Organization, and Integrity

1.1: Strategic Planning and Continuous Quality Improvement

1.4: Affiliation Agreements

1.5: Bylaws

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
1.1	Percentage of CQI Metrics with an "Accountable" person identified	Outcome	CQI plan	July 1, annually	100% by July 1, 2017	Director, CIA	CIA	Best Practice
1.1	Percentage of "Accountable" people who present to the Strategic Planning Steering Committee on the implementation of the strategic plan	Outcome	CIA	July 1, annually	100% each fiscal year	Director, CIA	CIA	Best Practice
1.1	CQI and Strategic Planning Annual Report Completed	Process	CIA	October 1, annually	Completed once per year beginning in FY 2017-18	Director, CIA	CIA	UNR Med Priority
1.1	Strategic Plan revised every 3 years	Process	CIA	July 1, every 3 years	Next Date: July 1, 2019	Director, CIA	CIA	Best Practice
1.4	All new affiliation agreements reviewed for compliance with LCME standards in OME when they are created and AAMC form used whenever possible	Process	Affiliation Agreements databases	Every 6 Months	Completed Twice Per Year	Associate Dean for Medical Education	OME & Clerkship directors	Best Practice
1.5	Faculty Council reviews bylaws annually, each fall, reflecting on effectiveness and opportunities for improvement.	Process	UNR Med Faculty Council Meeting Minutes	Annually, each October	Reviewed Annually	Chair of Faculty Council	Faculty Council	UNR Med Priority

Standard 2 – Leadership and Administration

2.4: Sufficiency of Administrative Staff

2.5: Responsibility of and to the Dean

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students' accessibility	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students' awareness of student concerns	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students' responsiveness to student problems	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean for Medical Education's accessibility	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean for Medical Education's awareness of student concerns	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	The percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean for Medical Education's responsiveness to student problems	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
2.4	Department Chair staffing - Number of interim chairs	Outcome	Department reports	Annually, every February	maintain	Dean, School of Medicine	CIA	Best Practice
2.4	Department Chair staffing - Number of chair vacancies	Outcome	Department reports	Annually, every February	maintain	Dean, School of Medicine	CIA	Best Practice
2.4	Departmental succession plans specified annually by each department chair	Process	Department reports	Annually, every February	Completed by all chairs	Chairs	CIA/Dean	Best Practice
2.4	We will create clear succession plans for leadership roles including departmental chair and central administrative roles	Process	Dean's Office	Annually, on evaluation cycle	Completed for each leadership role annually	Dean / Chief of Staff	CIA/Dean	Best Practice
2.5	Meetings between PAO and CAO continue through July 1, 2018	Process	CAO	Annually, fiscal year	n/a	PAO & CAO	CAO	Best Practice

Standard 3 – Academic and Learning Environments

- 3.1: Resident participation in medical student education
- 3.2: Community of Scholars/Research Opportunities
- 3.3: Diversity/Pipeline Programs and Partnerships
- 3.5: Learning Environment/ Professionalism
- 3.6: Student Mistreatment

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.1	Increase the total number of residents in northern NV	Outcome	Associate Dean for GME	July 1	122	Associate Dean for GME	CIA	UNR Med Priority
3.2	Increase the percentage of graduates who participate in research with faculty	Outcome	AAMC GQ	July 1	75%	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the percentage of graduates with authorship on submitted research paper	Outcome	AAMC GQ	8/1/17	45%	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the percentage of graduates with authorship on presentation or poster	Outcome	AAMC GQ	8/1/17	50%	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the number of students who receive summer research stipends	Outcome	Office of Medical Research	July 1	35	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the funding allocated to summer research stipends for students – overall funding	Outcome	Office of Medical Research	July 1	\$140,000	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the funding allocated to summer research stipends for students – funding per participating student	Outcome	Office of Medical Research	July 1	\$4000	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Research training partnerships developed with regional universities	Outcome	Office of Medical Research	July 1	4	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the number of students presenting research at the Medical Student Research Day	Outcome	OME	July 1	Subcommittee Establishing Target	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Define student research and scholarship	Process	MESC	July 1 & Jan 1	Completed in FY 2016-17	Chair of the MESC	CIA	UNR Med Priority
3.2	Create a coordinator role for student research	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Number of student applicants, offers, matriculates, and overall students from each Mission Based Diversity Group (MBDG)	Outcome	AMCAS and ASA	July 1	CDI reviews each November for evidence of improvement	Associate Dean, ASA	CIA	UNR Med Priority
3.3	Number of faculty applicants, offers, new hires, and overall faculty from each MBDG	Outcome	Human Resources - EEO	July 1	CDI reviews each November for evidence of improvement	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.3	Total number of residents from each MBDG	Outcome		July 1	CDI reviews each November for evidence of improvement	Associate Dean for GME	CIA	UNR Med Priority
3.3	Total number of staff from each MBDG	Outcome	AMCAS and ASA	July 1	CDI reviews each November for evidence of improvement	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	UNR Med community evaluates diversity categories	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
3.3	CDI makes recommendations for new diversity categories based on community input	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
3.3	Dean approves new diversity categories	Process		July 1 & Jan 1	Completed in FY 2016-17	Dean, School of Medicine	CIA	UNR Med Priority
3.3	Develop UNR Med Diversity and Inclusion Plan	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	Office of Diversity & Inclusion	CIA	UNR Med Priority
3.3	Pipeline program, 2nd look, INBRE enrollment and matriculation rates	Outcome	ASA	July 1	CDI reviews annually for evidence of effectiveness	Associate Dean, ASA	ASA/CIA	UNR Med Priority
3.3	Develop new and maintain existing connections with K-12 programming	Process	ASA	July 1	24	Associate Dean, ASA	ASA/CIA	UNR Med Priority
3.3	Increase scholarships for students who best align with our mission-driven student recruitment (Percentage of tuition covered by scholarship).	Process	ASA	July 1	40	Associate Dean, ASA	CIA	UNR Med Priority
3.3	Align undergraduate pipeline programming with mission-driven student recruitment	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, ASA	CIA	UNR Med Priority
3.3	Define the attributes of students who will contribute to the mission of UNR Med	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, ASA	CIA	UNR Med Priority
3.3	Percentage of tuition covered by scholarship	Process	ASA	July 1 & Jan 1	CDI reviews annually for evidence of improvement	Associate Dean, ASA	CDI/CIA	UNR Med Priority
3.3	Matriculation to UNR Med from Pipeline programs	Process	ASA	July 1 & Jan 1	CDI reviews annually for evidence of impact	Associate Dean, ASA	CDI/CIA	UNR Med Priority
3.3	Create student diversity leadership positions to bring together and empower minority student interest groups	Process	CDI	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Pilot safe zone training with all first-year medical students	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.3	Number of students involved in student organizations	Process	ASA	July 1	CDI reviews annually	Associate Dean, ASA	ASA	UNR Med Priority
3.3	Formalize evidence-based hiring guide and training module	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Hold an annual diversity event for the school of medicine community	Process	Office of Diversity and Inclusion	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Train all search committee members regarding implicit bias in hiring	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Train chairs and coordinators of all active searches in evidence-based hiring	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Percent of search committees receiving training in implicit bias in hiring	Process	OPR	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Average number of ads posted on diversity sites and list serves per recruitment	Process	OPR	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Average number of personal solicitations to candidates from MBDGs per recruitment	Process	OPR	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Bring students, faculty, and staff together monthly for a facilitated discussion of issues related to diversity and inclusion	Process	Office of Diversity and Inclusion	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
3.3	Number of faculty members from MBDGs participating in mentoring program	Process	Office of Faculty Development	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Number of students, faculty, and staff participating in the Unity and Inclusion Program	Process	CDI	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Number of events the product from the Unity and Inclusion program is displayed at	Process	CDI	July 1 & Jan 1	CDI reviews annually for evidence of improvement	CDI Chair	CDI/CIA	UNR Med Priority
3.3	Student and Faculty ratings of diversity and inclusion at UNR Med	Outcome	CDI Survey	Every 2 years (next survey Fall 2017)	CDI reviews for evidence of improvement	Associate Dean for Admissions and Student Affairs	ASA/CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.5	Student evaluations of their learning experiences and environment upon completion of required courses, clerkships, and electives	Process	Student Evaluations	Annually	Maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
3.6	The percentage of graduating medical students that reported awareness of school policies regarding the mistreatment of medical students for each listed year.	Outcome	AAMC GQ	Annually, every Spring	Maintain	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	The percentage of graduating medical students that reported knowing school procedures for reporting the mistreatment of medical students	Outcome	AAMC GQ	Annually, every Spring	Maintain	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	Mistreatment experiences: % of graduating students who experience any of the listed behaviors, excluding "publically embarrassed"	Outcome	AAMC GQ	Annually, every Spring	Learning Environment Group evaluates data to determine if there is sufficient evidence of a decrease in mistreatment	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	The percentage of medical students that reported awareness of school policies regarding the mistreatment of medical students for each listed year.	Outcome	Internal survey of student mistreatment	Annually, every Fall	Learning Environment Group evaluates data to determine if there is sufficient evidence of a decrease in mistreatment	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	Of the students who experience mistreatment, the proportion who report the mistreatment	Outcome	Internal survey of student mistreatment	Annually, every Fall	Learning Environment Group evaluates data to determine if there is sufficient evidence of a decrease in mistreatment	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	Mistreatment experiences: % of students who are satisfied with the procedures to report mistreatment	Outcome	Internal survey of student mistreatment	Annually, every Fall	Learning Environment Group evaluates data to determine if there is sufficient evidence of a decrease in mistreatment	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice
3.6	Annual dissemination of the UNR Med student mistreatment policy to students, residents, faculty, and professional staff	process	ASA	Annually	Maintain	Associate Dean for Admissions and Student Affairs	ASA/CIA	Best Practice

Standard 4 – Faculty Preparation, Productivity, Participation, and Policies

4.1; Sufficiency of Faculty

4.2: Scholarly Productivity

4.4: Feedback to Faculty

4.5: Faculty Professional Development

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
4.1	Number of Basic Science full-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Number of Clinical full-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Number of Basic Science part-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Number of Clinical part-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Number of other full-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Number of other part-time faculty	Outcome	Human Resources	October 1, annually	Subcommittee Establishing Target	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Increase the overall number of community faculty	Outcome	Office for Community Faculty database	8/1/17	775	Director, Office for Community Faculty	CIA	UNR Med Priority
4.1	Recruit OB/GYN chair by January 2018	Process		July 1 & Jan 1	Completed by January 2018	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Recruit surgery chair by July 2018	Process		July 1 & Jan 1	Completed by July 2018	Dean, School of Medicine	CIA	UNR Med Priority
4.1	Recruit emergency medicine chair by January 2019	Process		July 1 & Jan 1	Completed by January 2019	Dean, School of Medicine	CIA	UNR Med Priority
4.1	UNR approval for new departments	Process	Office of Academic Affairs	July 1 & Jan 1	Completed in FY 2016-17	Executive Associate Dean	CIA	UNR Med Priority
4.1	NSHE approval for new departments by December 2016	Process	Office of Academic Affairs	July 1 & Jan 1	Completed in FY 2016-17	Executive Associate Dean	CIA	UNR Med Priority
4.1	Hire emergency medicine department administrator by July 2018	Process		July 1 & Jan 1	Completed by July 2018	Senior Associate Dean, Administration and Finance	CIA	UNR Med Priority
4.1	Hire emergency medicine faculty by July 2019	Process		July 1 & Jan 1	Completed by July 2019	Senior Associate Dean, Administration and Finance	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
4.2	Increase the number of publications by faculty members that include human subjects and IRB approval	Outcome	PubMed	1/1/17	140	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of new patent applications filed	Outcome	Office of Enterprise and Innovation	July 1	10	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of new patents issued	Outcome	Office of Enterprise and Innovation	July 1	4	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of startup companies	Outcome	Office of Enterprise and Innovation	July 1	5	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase in the number of intellectual property licensed to private companies	Outcome	Office of Enterprise and Innovation	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the total number of patents	Outcome	Office of Enterprise and Innovation	July 1	18	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of clinical research grant awards	Outcome	Office of Sponsored Programs	July 1	2	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the amount of clinical research grant funding	Outcome	Office of Sponsored Programs	July 1	Subcommittee Establishing Target	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of translational grant awards	Outcome	Office of Sponsored Programs	July 1	14	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the amount of translational research grant funding by 6%	Outcome	Office of Sponsored Programs	July 1	\$2,382,000	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of Centers of Biomedical Research Excellence (COBRE) awards	Outcome	Office of Sponsored Programs and Office of Medical Research	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of Program Project Grant (PPG) awards	Outcome	Office of Sponsored Programs and Office of Medical Research	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of publications by faculty members	Outcome	PubMed	July 1	150	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of new Institutional Review Board (IRB) submissions for pre-clinical research	Outcome	Research Integrity Office	July 1	8	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of new IRB submissions for clinical research	Outcome	Research Integrity Office	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
4.2	Increase the number of new IRB submissions for translational research	Outcome	Research Integrity Office	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Increase the number of small business grants (e.g., SBIR, STTR) with university subcontracts	Outcome	SBIR.gov	July 1	7	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Faculty co-investigators or PI's on extramural grants	Outcome	Office of Sponsored Programs, Digital Measures	Annually (FY)	maintain	Senior Associate Dean, Research	CIA	Supporting Element
4.2	Other peer reviewed scholarship by faculty	Outcome	Department reports, Digital Measures	Annually (FY)	maintain	Senior Associate Dean, Research	CIA	Supporting Element
4.2	Number of published books/book chapters by faculty	Outcome	Department reports, Digital Measures	Annually (FY)	maintain	Senior Associate Dean, Research	CIA	Supporting Element
4.2	Include clinical research in affiliation agreements with hospitals	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Develop research opportunities for community physicians	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Approve and implement research space management policies	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Recruit leadership for clinical and translational research	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Develop institutional research strategy	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
4.2	Build inventory of statistical, epidemiological, and data management support	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
4.4	How and when faculty members receive formal feedback from department chairs reviewed annually	Process	Department reports	Annually every January/February in Chairs' annual evaluations	maintain	Dean, School of Medicine	CIA	Best Practice
4.4	Number of department meetings held per year	Process	Department reports	Annually every January/February in Chairs' annual evaluations	All departments meet at least annually	Dean, School of Medicine	CIA	UNR Med Priority
4.4	Number of probationary faculty who ended their third full academic year as a probationary member of the academic faculty and the number who were evaluated and advised regarding progress toward tenure	Process	Department reports	Annually every January/February in Chairs' annual evaluations	100% of probationary faculty receive evaluation prior to completion of 3rd academic year	Dean, School of Medicine	CIA	UNR Med Priority
4.4	Number of probationary faculty who ended their fourth full academic year as a probationary member of the academic faculty and the number who	Process	Department reports	Annually every January/February in Chairs' annual evaluations	100% of probationary faculty receive evaluation prior to completion of	Dean, School of Medicine	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
	were evaluated and advised regarding progress toward tenure				4th academic year			
4.4	Number of probationary faculty who ended their fifth full academic year as a probationary member of the academic faculty and the number who were evaluated and advised regarding progress toward tenure	Process	Department reports	Annually every January/February in Chairs' annual evaluations	100% of probationary faculty receive evaluation prior to completion of 5th academic year	Dean, School of Medicine	CIA	UNR Med Priority
4.5	Number of faculty development offerings, attendance, participant evaluations	Outcome	Office of Faculty Development	Annually (FY)	Maintain	Associate Dean, Faculty Development	CIA	Best Practice
4.5	Core online professional development modules to be developed and offered to all community faculty	Outcome	Office for Community Faculty	July 1	6	Director, Office for Community Faculty	CIA	UNR Med Priority
4.5	Faculty and resident teaching summary reports for required clerkship rotations are generated from data collected from Year 3 student evaluations.	Process	Year 3 student evaluations	Biannually	Maintain	Associate Dean for Medical Education	CIA	Best Practice

Standard 5 – Educational Resources and Infrastructure

5.1: Adequacy of Financial Resources

5.2: Dean's authority/resources

5.3: Pressures for self-financing

5.4: Sufficiency of Buildings and Equipment

5.5: Resources for Clinical Instruction

5.8: Library Resources/Staff

5.9: Information Technology Resources/Staff

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
5.1	Institutional finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1	Subcommittee Establishing Target	Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.1	Department finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1	Subcommittee Establishing Target	Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.2	Institutional finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1		Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.2	Department finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1		Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.3	Institutional finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1		Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.3	Department finance dashboard developed	Process	Office of Budget and Finance	July 1 & Jan 1		Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.4	Facilities maintenance schedule reviewed annually	Process	UNR Facilities	Annually every spring	Subcommittee Establishing Target	Office of Budget and Finance	Office of Budget and Finance	UNR Med Priority
5.5	Implement the system for ensuring adequacy of clinical training sites	Process	OME	July 1	Completed in FY 2018-19	Associate Dean, Medical Education	CIA	UNR Med Priority
5.5	Develop a system to ensure the adequacy of clinical training sites	Process	OME	July 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
5.5	Establish targets for the number of clinical training sites based on the newly established system	Process	OME	July 1	Completed in FY 2017-18	Associate Dean, Medical Education	CIA	UNR Med Priority
5.5	Student report of patient encounter logs including: clerkship location, patient age group, patient gender, setting, capacity/role	Process	one45	Annually (AY)	maintain	Associate Dean, Medical Education	MESC	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
5.8	The percentage of respondents who were satisfied/very satisfied (aggregated) with the library	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Director, Savitt Medical Library	CIA	UNR Med Priority
5.9	The percentage of respondents who were satisfied/very satisfied (aggregated) with the computer resource center	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Director, Information Technology	CIA	UNR Med Priority

Standard 6 – Competencies, Curricular Objectives, and Curricular Design

6.1: Program and Learning Objectives

6.2: Required Clinical Experiences

6.3: Self-Directed and Life-Long Learning

6.4: Inpatient/Outpatient Experiences

6.6: Service Learning

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
6.1	Revise Medical Education Program Learning Objectives (MEPOs) and post for commentary	Process	OME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Submit MEPOs for approval by Medical Education Steering Committee	Process	OME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Revise 3rd year curriculum and align with new MEPOs	Process	OME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Align assessment activities within each clerkship with MEPOs and clerkship level objectives	Process	OME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Develop summative assessment activity for end of Year 3 or early Year 4 that will inform our efforts toward alignment and demonstration of student mastery	Process	OME	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Develop a newly structured Year 4 curriculum with formative and summative assessment activities aligned with the student learning outcomes associated with our new MEPOs	Process	OME	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, Medical Education	CIA	UNR Med Priority
6.1	Begin revitalization of 1st and 2nd year curriculum to be aligned with MEPOs by August 2020	Process	OME	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean, Medical Education	CIA	UNR Med Priority
6.2	Required clinical experiences	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
6.3	Examples of Self-directed and life-long learning	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
6.4	Subcommittee establishing metric(s)				Subcommittee Establishing Target			UNR Med Priority
6.6	Subcommittee establishing metric(s)				Subcommittee Establishing Target			UNR Med Priority

Standard 7 – Curricular Content

7.1: Biomedical, Behavioral, Social Sciences

7.3: Scientific Method/Clinical/Translational Research

7.4: Critical Judgement/Problem-Solving Skills

7.6: Cultural Competence and Health Care Disparities

7.7: Medical Ethics

7.8: Communication Skills

7.9: Interprofessional Collaborative Skills

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
7.0	The percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they acquired an understanding of common conditions and their management	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.0	The percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they acquired basic skills in clinical decision-making and application of evidence-based information	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following area to begin a residency program: <i>Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system; 7.1-4).</i>	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Biochemistry	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Biostatistics/Epidemiology	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean for Medical Education	MESC, OME	UNR Med Priority
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Genetics	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Gross Anatomy	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Immunology	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Microbiology	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Pathology	Outcome	AAMC GQ	Annually, every Spring	MESC Establishing Target	Chair, MESC	MESC, OME	UNR Med Priority
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Pharmacology	Outcome	AAMC GQ	Annually, every Spring	MESC Establishing Target	Chair, MESC	MESC, OME	UNR Med Priority
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Physiology	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Behavioral Science	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	The percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in Pathophysiology of disease	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.1	Subcommittee Establishing CQI for Biostatistics				Subcommittee Establishing Target			UNR Med Priority
7.1	MESC reviews student block teaching evaluations for evidence of improvement in Pathology	Outcome	Block Teaching Evaluations	Annually (AY)	MESC reviews for evidence of effectiveness	MESC	MESC	UNR Med Priority
7.1	MESC reviews student block teaching evaluations for evidence of improvement in Pharmacology	Outcome	Block Teaching Evaluations	Annually (AY)	MESC reviews for evidence of effectiveness	MESC	MESC	UNR Med Priority
7.1	Standard lecture template used in all pathology lectures	Process	MESC	Annually (AY)	100%	Chair, Pathology	MESC	UNR Med Priority
7.1	Standard lecture template used in all pharmacology lectures.	Process	MESC	Annually (AY)	100%	Chair, Pharmacology	MESC	UNR Med Priority
7.1	Lecturing faculty for year 2 of pharmacology will review what drugs have been approved since content was covered in year 1.	Process	MESC	Annually (AY)	Review once per year	Chair, Pharmacology	MESC	UNR Med Priority
7.3	Activities that included instruction in and assessment of the scientific method	Process	Annual Course Director Curriculum Report	Annually (AY)	Subcommittee Establishing Target	Associate Dean for Medical Education	MESC, OME	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
7.3	Implement the research curriculum	Process	MESC	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean, Medical Education	CIA	UNR Med Priority
7.3	Medical Education Steering Committee will define focus of curricular needs for expansion of medical student research/scholarship.	Process	MESC	July 1 & Jan 1	Completed in FY 2016-17	Chair of the MESC	CIA	UNR Med Priority
7.4	Subcommittee establishing metric(s)				Subcommittee Establishing Target			UNR Med Priority
7.6	The percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following area to begin a residency program: <i>Prepared to care for patients from different backgrounds. (Element 7.6-3)</i>	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean for Medical Education	MESC, OME	UNR Med Priority
7.7	The percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following area to begin a residency program: <i>I understand the ethical and professional values that are expected of the profession. (Element 7.7-2)</i>	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.8	The percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following area to begin a residency program: <i>Communication skills necessary to interact with patients and health professionals. (Element 7.8-2)</i>	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Supporting Element
7.9	Number of hours of IPE required in the curriculum per year	Process	Annual Course Director Curriculum Report	Annually (AY)	8 hours per year	Associate Dean for Medical Education	MESC	UNR Med Priority
7.9	Identify an IPE assessment for students	Process	MESC	Annually	Identified by end of AY 2017-18	Chair of the MESC	MESC	UNR Med Priority

Standard 8 – Curricular Management, Evaluation, and Enhancement

8.1 - Curricular Management

8.2 - Use of Medical Educational Program Objectives

8.3 - Curricular Design, Review, Revision/Content Monitoring

8.4 - Program Evaluation

8.5 - Medical Student Feedback

8.6 - Monitoring of Completion of Required Clinical Experiences

8.7 - Comparability of Education/Assessment

8.8 - Monitoring Student Time

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
8.0	The percentage of respondents who <i>agree/strongly agree</i> (aggregated) with the statement: “Overall, I am satisfied with the quality of my medical education.”	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean, OME	MESC, OME	Supporting Element
8.1	MESC meets 12 times per year to make decisions and policies regarding the overall design, management, and evaluation of the undergraduate medical education curriculum	Process	MESC agendas	Monthly	Maintain	Chair of the MESC	OME	Best Practice
8.2	The course directors submit annual reports on the alignment of curriculum content and learning activities to session-, course-, and program-level objectives	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.3	MESC review of annual curriculum reports - Block/clerkship directors' review of teaching and contents	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.3	MESC review of student course and teaching evaluations	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.4	Step 1 USMLE - SD	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.4	Step 1 USMLE Results - Percent passing	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.4	Step 1 USMLE Results -Mean Score	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.4	Step 2 CK USMLE - SD	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.4	Step 2 CK USMLE Results -Mean Score	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
8.4	Step 2 CS USMLE Results - Percent passing	Outcome	USMLE	Annually	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.5	Review of student evaluation forms in one45	Process	one45	Annually (AY)	Subcommittee Establishing Target	Associate Dean, OME	MESC, OME	UNR Med Priority
8.6	Review of students required clinical encounter logs in One45, aggregated into Clerkship reports annually	Process	One45, aggregated into clerkship reports	Annually (AY)	maintain	Chair of the MESC	Clerkship Directors, MESC	Best Practice
8.7	Comparability of Education/Assessment	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean, OME	MESC, OME	Best Practice
8.8	Students and Clerkship Directors discuss duty hours at the midpoint clerkship review meetings. Students report on duty hours in the final clerkship evaluation in One45. Clerkship directors report on this at least quarterly at the Year 3-4 meeting.	Process	Student Evaluations	Quarterly	maintain	Associate Dean, OME	Year 3-4 committee	Best Practice

Standard 9 – Teaching, Supervision, Assessment, and Student and Patient Safety

9.1: Preparation of Resident and Non-Faculty Instructors

9.4: Assessment System

9.5: Narrative Assessment

9.7: Formative Assessment and Feedback

9.8: Fair and Timely Summative Assessment

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
9.1	Resident Preparation to Teach - All residents complete required to complete and pass the RATs training module in order to progress into the residency program prior to 7/1.	Process	GME/DIO	Annually	maintain	Associate Dean for GME	GME/DIO	Best Practice
9.1	All residents must review the MEPOs	Process	GME/DIO	Annually	maintain	Associate Dean for GME	GME/DIO	Best Practice
9.4	The percentage of respondents who agree/strongly agree that they acquired the clinical skills required to begin a residency program	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	Types of assessment used and frequency in each block/course/clerkship	Process	Annual Course Director Curriculum Report	Annually (AY)	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the family medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the internal medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the Neurology clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the OB/GYN clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the Pediatrics clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
9.4	The percentage of respondents who indicated they were observed taking patient history during the Psychiatry clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed taking patient history during the Surgery clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the family medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the internal medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the Neurology clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the OB/GYN clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the Pediatrics clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the Psychiatry clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	The percentage of respondents who indicated they were observed performing physical exam during the Surgery clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.4	Students' report of whether they were observed conducting an exam and provided feedback and observed taking a patient history and provided feedback	Process	End of Clerkship Evaluation	End of each clerkship; data summarized for clerkship directors every 6 months	maintain	Associate Dean for Medical Education	OME - Director of Evaluation and Assessment	Best Practice
9.4	Students' report of whether they performed and observed patient encounters and whether they were provided feedback	Process	End of Clerkship Evaluation	End of each clerkship; data summarized for clerkship directors every 6 months	maintain	Associate Dean for Medical Education	OME - Director of Evaluation and Assessment	Best Practice

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
9.5	Courses and clerkships that include narrative description is provided to students as formative feedback, part of final grade,	Process	Annual Course Director Curriculum Report	Annually	Subcommittee Establishing Target	Associate Dean for Medical Education	MESC, OME	UNR Med Priority
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Family Medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Internal Medicine clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Neurology clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the OB/GYN clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Pediatrics clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Psychiatry clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	The percentage of respondents who indicated they received mid-clerkship feedback in the Surgery clerkship	Process	AAMC GQ	Annually, every Spring	maintain	Associate Dean for Medical Education	MESC, OME	Best Practice
9.7	Clerkship director report of mid-clerkship feedback.	Process	Mid-Clerkship meeting checklist	End of each clerkship	maintain	Clerkship Directors	Clerkship Directors	Best Practice
9.8	Grade distribution and time it takes for students to receive grades	Process	Annual Course Director Curriculum Report	Annually (AY)	Subcommittee Establishing Target	Associate Dean for Medical Education	MESC, OME	UNR Med Priority
9.8	Time it takes for students to receive grades after each required core clinical clerkship	Process	one45	November and May	All grades within 6 weeks	Associate Dean for Medical Education	OME - Director of Evaluation and Assessment	UNR Med Priority

Standard 10 – Medical Student Selection, Assignment, and Progress

10.1: Premedical Education/Required Coursework

10.2: Final authority of admission committee

10.3: Policies regarding student selection/progress and their dissemination

10.4: Characteristics of Accepted Applicants

10.6: Content of Informational Materials

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
10.0	Number of Acceptances Issued	Outcome	AMCAS	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA	Supporting Element
10.0	Number of Applicants Interviewed	Outcome	AMCAS	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
10.0	Number of Completed Applications	Outcome	AMCAS	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
10.0	Number of Initial Applications	Outcome	AMCAS	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
10.0	Number of students matriculated	Outcome	AMCAS	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
10.1	Prerequisite requirements reviewed annually				Subcommittee Establishing Target			UNR Med Priority
10.2	COI policy and processes for Admissions Selection Committee developed				Subcommittee Establishing Target			UNR Med Priority
10.3	The technical standards will be reviewed every 3 years by the Student Promotion and Conduct Committee, who will work collaboratively with the Medical Education Steering Committee to approve and implement any changes	Process	ASA	2017, 2020, 2023	Completed by September 2017	Associate Dean, Admissions & Student Affairs	ASA	UNR Med Priority
10.3	Admissions bylaws revised to include COI/confidentiality of AEC				Subcommittee Establishing Target			UNR Med Priority
10.3	Admissions bylaws revised to include make-up of subcommittees for pipeline programs selection committee and process				Subcommittee Establishing Target			UNR Med Priority
10.3	Admissions bylaws revised to include process of course requirement review				Subcommittee Establishing Target			UNR Med Priority
10.4	Admissions Executive Committee re-evaluates and updates Holistic Review process for admissions	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
10.4	Develop and implement mission-driven student recruitment and admissions processes	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority
10.6	Increase the number of events that establish contact with junior and senior pre-medical students	Process	ASA	July 1	12	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority
10.6	Increase events for key contacts and advisors at Nevada undergraduate institutions	Process	ASA	July 1	10	Associate Dean, Admissions & Student Affairs	ASA/CIA	UNR Med Priority
10.6	Annual contact with freshmen and sophomore pre-medical students	Process	ASA	July 1	12	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority
10.6	Establish new contact with regional undergraduate institutions	Process	ASA	July 1	6	Associate Dean, Admissions & Student Affairs	ASA/CIA	UNR Med Priority
10.6	Expand the role of clinical partners in student recruitment	Process	ASA	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority

Standard 11 – Medical Student Academic Support, Career Advising, and Educational Records

11.1: Academic Advising

11.2: Career Advising

11.5: Confidentiality of student educational records

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
11.0	Four-year graduation rate	Outcome	ASA	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
11.0	Overall Graduation Rate	Outcome	ASA	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
11.0	Percent of graduates initially matched (prior to SOAP)	Outcome	ASA	Annually	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
11.1	The percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with academic advising/counseling	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Supporting Element
11.2	The percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with career planning services	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, Admissions & Student Affairs	ASA/CIA	UNR Med Priority
11.2	The percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with information about specialties	Outcome	AAMC GQ	Annually, every Spring	maintain	Associate Dean, Admissions & Student Affairs	ASA/CIA	Best Practice
11.5	Defined policy on Student Record Review and Access				Subcommittee Establishing Target			UNR Med Priority

Standard 12 – Medical Student Health Services, Personal Counseling, and Financial Aid Services

12.1 - Financial Aid/Debt Management Counseling/Student Educational Debt

12.3 - Personal Counseling/Well-Being Programs

12.5 - Non-Involvement of Providers of Student Health Services in Student Assessment/ Location of Student Health Records

12.8 - Student Exposure Policies/Procedures

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Reason for Monitoring
12.1	The percentage of respondents who were satisfied/very satisfied (aggregated) with Financial aid administrative services	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
12.1	The percentage of respondents who were satisfied/very satisfied (aggregated) with Overall educational debt management counseling	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
12.3	The percentage of respondents who were satisfied/very satisfied (aggregated) with Personal Counseling	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
12.3	The percentage of respondents who were satisfied/very satisfied (aggregated) with Student mental health services	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
12.3	The percentage of respondents who were satisfied/very satisfied (aggregated) with Programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being	Outcome	AAMC GQ	Annually, every Spring	Subcommittee Establishing Target	Associate Dean, ASA	ASA/CIA	UNR Med Priority
12.3	Create a coordinator role for student and resident wellness	Process	Task force on engagement	July 1 & Jan 1	Completed in FY 2017-18	Dean, School of Medicine	CIA	UNR Med Priority
12.5	Subcommittee establishing metric(s)				Subcommittee Establishing Target	Associate Dean for Admissions and Student Affairs	ASA	UNR Med Priority
12.8	Subcommittee establishing metric(s)				Subcommittee Establishing Target	Associate Dean for Admissions and Student Affairs	ASA	UNR Med Priority

Strategic Plan Metrics

Strategic Initiative 1 – Expanding Curriculum

Provide an integrated and rigorous 4-year curriculum rooted in the northern Nevada community.

1.1: We will revise our institutional objectives to target the skills, knowledge and competencies to train compassionate, resilient and competent physicians who will be innovators and leaders in medicine.

1.2: We will develop new medical education training sites and expand capacity in northern Nevada.

1.3: We will develop the departmental resources to ensure the effective delivery of our expanded curriculum.

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
1.1	Revise Medical Education Program Learning Objectives (MEPOs) and post for commentary	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Submit MEPOs for approval by Medical Education Steering Committee	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Revise 3rd year curriculum and align with new MEPOs	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Align assessment activities within each clerkship with MEPOs and clerkship level objectives	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Develop summative assessment activity for end of Year 3 or early Year 4 that will inform our efforts toward alignment and demonstration of student mastery	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Develop a newly structured Year 4 curriculum with formative and summative assessment activities aligned with the student learning outcomes associated with our new MEPOs	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, Medical Education	CIA	UNR Med Priority
1.1	Begin revitalization of 1st and 2nd year curriculum to be aligned with MEPOs by August 2020	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean, Medical Education	CIA	UNR Med Priority
1.2	Develop a system to ensure the adequacy of clinical training sites	Process	OME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Medical Education	CIA	UNR Med Priority
1.2	Implement the system for ensuring adequacy of clinical training sites	Process	OME	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean for Medical Education	CIA	UNR Med Priority
1.2	Establish targets for the number of clinical training sites based on the newly established system	Process	OME	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for Medical Education	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
1.3	NSHE approval for new departments by December 2016	Process	Office of Academic Affairs	July 1 & Jan 1	Completed in FY 2016-17	Executive Associate Dean	CIA	UNR Med Priority
1.3	UNR approval for new departments	Process	Office of Academic Affairs	July 1 & Jan 1	Completed in FY 2016-17	Executive Associate Dean	CIA	UNR Med Priority
1.3	Hire OB/GYN department administrator by July 2017	Process	Check in with Accountable	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority
1.3	Recruit OB/GYN chair by January 2018	Process	Check in with Accountable	July 1 & Jan 1	Completed by January 2018	Dean, School of Medicine	CIA	UNR Med Priority
1.3	Hire OB/GYN faculty by July 2018	Process	Check in with Accountable	July 1 & Jan 1	Completed by July 2018	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority
1.3	Hire surgery department administrator by January 2018	Process	Check in with Accountable	July 1 & Jan 1	Completed by January 2018	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority
1.3	Recruit surgery chair by July 2018	Process	Check in with Accountable	July 1 & Jan 1	Completed by July 2018	Dean, School of Medicine	CIA	UNR Med Priority
1.3	Hire surgery faculty by January 2019	Process	Check in with Accountable	July 1 & Jan 1	Completed by January 2019	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority
1.3	Hire emergency medicine department administrator by July 2018	Process	Check in with Accountable	July 1 & Jan 1	Completed by July 2018	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority
1.3	Recruit emergency medicine chair by January 2019	Process	Check in with Accountable	July 1 & Jan 1	Completed by January 2019	Dean, School of Medicine	CIA	UNR Med Priority
1.3	Hire emergency medicine faculty by July 2019	Process	Check in with Accountable	July 1 & Jan 1	Completed by July 2019	Senior Associate Dean, Admin. & Finance	CIA	UNR Med Priority

Strategic Initiative 2 – Graduate Medical Education

Establish the support, infrastructure and resources to implement northern Nevada residency expansion.

2.1: We will create and fund an Office for Graduate Medical Education for northern Nevada.

2.2: We will develop current and future infrastructures to support and expand residencies and fellowships.

2.3: We will develop and expand rural training opportunities for northern Nevada residents.

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
2.1	Appoint an Associate Dean for GME	Process		July 1 & Jan 1	Completed in FY 2016-17	Dean, School of Medicine	CIA	UNR Med Priority
2.1	Associate Dean for GME complete necessary training to become Designated Institutional Official (DIO) by July 1, 2017	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for GME	CIA	UNR Med Priority
2.1	Create a Community Advisory Board as a subcommittee of the GME Committee (GMEC) to provide input on the development of new residencies and fellowships	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for GME	CIA	UNR Med Priority
2.1	Develop and fund a budget for the Office of Graduate Medical Education	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for GME	CIA	UNR Med Priority
2.1	Community Advisory Board and the GMEC will develop a plan to diversify and increase sources of funding	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean for GME	CIA	UNR Med Priority
2.2	Recruit 10-15 faculty for pediatric subspecialties	Process	Pediatric Chair	July 1 & Jan 1	Completed in FY 2017-18	Pediatrics Chair	CIA	UNR Med Priority
2.2	Plan for the development a pediatrics residency program	Process	Pediatric Chair	July 1 & Jan 1	Completed in FY 2017-18	Pediatrics Chair	CIA	UNR Med Priority
2.2	Develop funding model	Process	Pediatric Chair	July 1 & Jan 1	Completed in FY 2018-19	Pediatrics Chair	CIA	UNR Med Priority
2.2	Increase the total number of residents in northern NV	Outcome	Associate Dean for GME	1-Jul	122	Associate Dean for GME	CIA	UNR Med Priority
2.2	Increase the total number of fellows in northern NV	Outcome	Associate Dean for GME	1-Jul	14.5	Associate Dean for GME	CIA	UNR Med Priority
2.3	Creation of an alternative training track in family medicine in rural NV	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2016-17	Assistant Dean, Rural Programs	CIA	UNR Med Priority
2.3	Development of an additional rural GME partnership with UNR Med	Process	Associate Dean for GME	July 1 & Jan 1	Completed in FY 2018-19	Assistant Dean, Rural Programs	CIA	UNR Med Priority

Strategic Initiative 3 – Clinical & Translational Research

Develop an institutional research strategy and invest in a clinical research enterprise

3.1: We will enhance research partnerships with community partners and physicians.

3.2: We will expand opportunities for medical student research and scholarship, increasing the number of students who participate in research.

3.3: We will develop infrastructure to encourage and support clinical and translational research by University of Nevada, Reno School of Medicine faculty and community partners.

3.4: We will expand basic science research by supporting interdisciplinary program awards (PPG, COBRE, etc.) and commercialization of research findings.

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.1	Include clinical research in affiliation agreements with hospitals	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
3.1	Develop research opportunities for community physicians	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Define student research and scholarship	Process	MESC	July 1 & Jan 1	Completed in FY 2016-17	Chair of the MESC	CIA	UNR Med Priority
3.2	Medical Education Steering Committee will define focus of curricular needs for expansion of medical student research/scholarship.	Process	MESC	July 1 & Jan 1	Completed in FY 2016-17	Chair of the MESC	CIA	UNR Med Priority
3.2	Create a coordinator role for student research	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Implement the research curriculum	Process	MESC	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean for Medical Education	CIA	UNR Med Priority
3.2	Increase the funding allocated to summer research stipends for students – overall funding	Outcome	Office of Medical Research	July 1	\$140,000	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the funding allocated to summer research stipends for students – funding per participating student	Outcome	Office of Medical Research	July 1	\$4000	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Research training partnerships developed with regional universities	Outcome	Office of Medical Research	July 1	4	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the percentage of graduates who participate in research with faculty	Outcome	AAMC GQ	July 1	75%	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the percentage of graduates with authorship on submitted research paper	Outcome	AAMC GQ	Jan 1	45%	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the percentage of graduates with authorship on presentation or poster	Outcome	AAMC GQ	Jan 1	50%	Senior Associate Dean, Research	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.2	Increase the number of students who receive summer research stipends	Outcome	Office of Medical Research	July 1	35	Senior Associate Dean, Research	CIA	UNR Med Priority
3.2	Increase the number of students presenting research at the Medical Student Research Day	Outcome	OME	July 1	Subcommittee Establishing Target	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Approve and implement research space management policies	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Recruit leadership for clinical and translational research	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2016-17	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Develop institutional research strategy	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Build inventory of statistical, epidemiological, and data management support	Process	Office of Medical Research	July 1 & Jan 1	Completed in FY 2017-18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of new Institutional Review Board (IRB) submissions for pre-clinical research	Outcome	Research Integrity Office	July 1	8	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of new IRB submissions for clinical research	Outcome	Research Integrity Office	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of new IRB submissions for translational research	Outcome	Research Integrity Office	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of clinical research grant awards	Outcome	Office of Sponsored Programs	July 1	2	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the amount of clinical research grant funding	Outcome	Office of Sponsored Programs	July 1	Subcommittee Establishing Target	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of translational grant awards	Outcome	Office of Sponsored Programs	July 1	14	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the amount of translational research grant funding by 6%	Outcome	Office of Sponsored Programs	July 1	\$2,382,000	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of publications by faculty members	Outcome	PubMed	July 1	150	Senior Associate Dean, Research	CIA	UNR Med Priority
3.3	Increase the number of publications by faculty members that include human subjects and IRB approval	Outcome	PubMed	Jan 1	140	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the number of Program Project Grant (PPG) awards	Outcome	Office of Sponsored Programs & OMR	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
3.4	Increase the number of Centers of Biomedical Research Excellence (COBRE) awards	Outcome	Office of Sponsored Programs & OMR	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the number of startup companies	Outcome	Office of Enterprise & Innovation	July 1	5	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the number of new patent applications filed	Outcome	Office of Enterprise & Innovation	July 1	10	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the number of new patents issued	Outcome	Office of Enterprise & Innovation	July 1	4	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the total number of patents	Outcome	Office of Enterprise & Innovation	July 1	18	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase in the number of intellectual property licensed to private companies	Outcome	Office of Enterprise & Innovation	July 1	3	Senior Associate Dean, Research	CIA	UNR Med Priority
3.4	Increase the number of small business grants (e.g., SBIR, STTR) with university subcontracts	Outcome	SBIR.gov	July 1	7	Senior Associate Dean, Research	CIA	UNR Med Priority

Strategic Initiative 4 – Strategic Recruitment

Recruit diverse, top faculty and medical students to northern Nevada.

4.1: We will create and implement a high-quality, standardized, faculty recruitment and hiring process.

4.2: We will recruit community partners to provide high-quality clinical instruction for students and residents.

4.3: We will recruit to advance a culture of inclusion and increase the diversity of applicants and acceptances.

4.4: We will increase our presence in K-16 institutions to prepare, recruit and retain the highest quality Nevada students.

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
4.1	Formalize evidence-based hiring guide and training module	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
4.1	Train chairs and coordinators of all active searches in evidence-based hiring	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
4.1	Train all search committee members regarding implicit bias in hiring	Process	OPR/ODI	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
4.1	Increase in the percentage of faculty who agree/strongly agree the medical school is successful in hiring high quality faculty members	Outcome	Faculty Forward	Jan 2020	70 in FY 2018-19	Physician Recruiter	CIA	UNR Med Priority
4.1	Increase in the percentage of faculty who agree/strongly agree their department is successful in hiring high quality faculty members	Outcome	Faculty Forward	Jan 2020	70 in FY 2018-19	Physician Recruiter	CIA	UNR Med Priority
4.2	Increase the overall number of community faculty	Outcome	Office for Community Faculty database	Aug 1	775	Director, OCF	CIA	UNR Med Priority
4.2	Core online professional development modules to be developed and offered to all community faculty	Outcome	Office for Community Faculty	July 1 & Jan 1	6	Director, OCF	CIA	UNR Med Priority
4.3	UNR Med community re-evaluates diversity categories for students	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
4.3	UNR Med community re-evaluates diversity categories for residents	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
4.3	UNR Med community re-evaluates diversity categories for faculty	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
4.3	UNR Med community evaluates diversity categories for staff	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
4.3	CDI makes recommendations for new diversity categories based on community input	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	CDI Chair	CIA	UNR Med Priority
4.3	Dean approves new diversity categories	Process		July 1 & Jan 1	Completed in FY 2016-17	Dean, School of Medicine	CIA	UNR Med Priority
4.3	Develop UNR Med Diversity and Inclusion Plan	Process	CDI	July 1 & Jan 1	Completed in FY 2016-17	Office of Diversity & Inclusion	CIA	UNR Med Priority
4.3	Admissions Executive Committee re-evaluates and updates Holistic Review process for admissions	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, ASA	CIA	UNR Med Priority
4.3	Number of faculty applicants, offers, new hires, and overall faculty from each MBDG	Outcome	Human Resources - EEO	Oct 1	CDI reviews annually (November) for evidence of improvement	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
4.3	Number of student applicants, offers, matriculates, and overall students from each MBDG	Outcome	AMCAS and ASA	July 1	CDI reviews annually (November) for evidence of improvement	Associate Dean, ASA	CIA	UNR Med Priority
4.3	Total number of residents from each MBDG	Outcome		July 1	CDI reviews annually (November) for evidence of improvement	Associate Dean for GME	CIA	UNR Med Priority
4.3	Total number of staff from each MBDG	Outcome		July 1	CDI reviews annually (November) for evidence of improvement	Associate Dean for GME	CIA	UNR Med Priority
4.4	Define the attributes of students who will contribute to the mission of UNR Med	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, ASA	CIA	UNR Med Priority
4.4	Develop and implement mission-driven student recruitment and admissions processes	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, ASA	CIA	UNR Med Priority
4.4	Increase events for key contacts and advisors at Nevada undergraduate institutions	Process	ASA	July 1	10	Associate Dean, ASA	ASA/CIA	UNR Med Priority
4.4	Annual contact with freshmen and sophomore pre-medical students	Process	ASA	July 1	12	Associate Dean, ASA	CIA	UNR Med Priority
4.4	Increase the number of events that establish contact with junior and senior pre-medical students	Process	ASA	July 1	12	Associate Dean, ASA	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
4.4	Align undergraduate pipeline programming with mission-driven student recruitment	Process	ASA	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean, ASA	CIA	UNR Med Priority
4.4	Establish new contact with regional undergraduate institutions	Process	ASA	July 1	6	Associate Dean, ASA	ASA/CIA	UNR Med Priority
4.4	Develop new and maintain existing connections with K-12 programming	Process	ASA	July 1	24	Associate Dean, ASA	ASA/CIA	UNR Med Priority
4.4	Expand the role of clinical partners in student recruitment	Process	ASA	July 1 & Jan 1	Completed in FY 2018-19	Associate Dean, ASA	CIA	UNR Med Priority
4.4	Increase scholarships for students who best align with our mission-driven student recruitment (Percentage of tuition covered by scholarship).	Process	ASA	July 1	40	Associate Dean, ASA	CIA	UNR Med Priority

Strategic Initiative 5 – Institutional Identity and Climate

Further develop and promote UNR Med as an outstanding, inclusive and high-quality community-based medical school

5.1: We will foster our environment of wellness and engagement for students, residents, fellow, faculty and staff.

5.2: We will define what the School of Medicine represents to our partners and communities.

5.3: We will increase community partner integration so they identify and engage with UNR Med.

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
5.1	Bring students, faculty, and staff together monthly for a facilitated discussion of issues related to diversity and inclusion	Process	Office of Diversity and Inclusion	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
5.1	Add evidence-based wellness activities to Year 1 curriculum	Process	ASA	1-Jul, 1-Jan	Completed in FY 2016-17	Associate Dean, Admissions & Student Affairs	CIA	UNR Med Priority
5.1	Hold an annual diversity event for the school of medicine community	Process	Office of Diversity and Inclusion	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
5.1	Pilot safe zone training with all first-year medical students	Process	ASA	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
5.1	Pilot a formalized onboarding program, including orientation, resource guide, and mentoring program for new staff members	Process	OPR	July 1 & Jan 1	Completed in FY 2016-17	Personnel Tech, OPR, Executive Asst. OAA	CIA	UNR Med Priority
5.1	Implement a formalized faculty orientation 2-3 times per year	Process	Office of Faculty Development	July 1 & Jan 1	Completed in FY 2016-17	Associate Dean, Faculty Development	CIA	UNR Med Priority
5.1	Create a coordinator role for student and resident wellness	Process	Task force on engagement	July 1 & Jan 1	Completed in FY 2017-18	Dean, School of Medicine	CIA	UNR Med Priority
5.1	Create student diversity leadership positions to bring together and empower minority student interest groups	Process	CDI	July 1 & Jan 1	Completed in FY 2017-18	Associate Dean for Diversity and Inclusion	CIA	UNR Med Priority
5.1	Track impact of wellness and engagement activities through a school-wide engagement and culture survey	Process	Task force on engagement	July 1 & Jan 1	Completed in FY 2017-18	Dean, School of Medicine	CIA	UNR Med Priority
5.2	Increase the percentage of UNR Med's community who rate our reputation among the medical community as "Good" or "Very Good"	Outcome	KPS3 Survey	January 2020	70% in FY 2018-19	Senior Director, Advancement and Engagement	CIA	UNR Med Priority
5.2	Increase the percentage of UNR Med's community who rate UNR Med's reputation among prospective medical students as "Good" or "Very Good"	Outcome	KPS3 Survey	January 2020?	70% in FY 2018-19	Senior Director, Advancement and Engagement	CIA	UNR Med Priority

#	Metric	Metric Type	Source	Measurement Schedule	Target	Accountable Title	Monitoring Office	Category
5.3	Deploy an annual survey on community faculty integration	Process	Office for Community Faculty	July 1 & Jan 1	Completed in FY 2017-18	Director, Office for Community Faculty	CIA	UNR Med Priority
5.3	Recruit position to expand alumni outreach and increase alumni engagement.	Outcome	Development and Alumni Relations	July 1	Completed in FY 2017-18	Senior Director, Advancement and Engagement	CIA	UNR Med Priority
5.3	Develop a plan to increase community faculty integration based on survey findings	Process	Office for Community Faculty	July 1 & Jan 1	Completed in FY 2017-18	Director, Office for Community Faculty	CIA	UNR Med Priority

Appendices

Appendix 1: Definitions

- **Continuous Quality Improvement:** A systematic approach to the analysis of performance and efforts to improve performance. In addition, the LCME describes CQI as a process both to monitor compliance with accreditation standards in the interval between full accreditation reviews and to act on the results (Barzanksy et al., 2016).
- **Strategic Initiative:** A compelling statement about where an organization is going that succinctly conveys a sense of what that organization wants to achieve in the long term. Strategic intent answers the question: "What exactly are we trying to accomplish?" Strategic initiatives apply to a broad area and consist of multiple goals, metrics, and targets.
- **Goal:** A specific result or statement of what the institution hopes to achieve. Goals should be specific, measurable, and achievable.
- **Process Metric:** Metrics that are specific steps in a process.
- **Outcome Metric:** Quantitative metrics that measure the impact of an initiative.
- **Target:** An agreed upon result that should be achieved by the completion of the strategic plan. For outcome metrics, targets should be quantitative and represent what the school is expected to achieve by the completion of the strategic plan. For process metrics, the target should be the agreed upon completion date.
- **Responsible:** The person who is responsible for performing the work. For each metric, one person must be identified who is responsible for the implementation.
- **Accountable:** The person ultimately accountable for the work or decision being made. For each metric, one person must be identified who is accountable for the implementation.
- **Consulted:** Individuals who should be consulted with prior to a decision being made and/or the task being completed. For each metric, there can be as many people consulted as needed.
- **Informed:** Individuals who must be informed when a decision is made or work is completed, and who must receive the results of the monitoring. For each metric, there can be as many people informed as needed.
- **RACI Model:** A tool used for identifying roles and responsibilities during an organizational change process.
- **Strategic Plan:** An organizational activity, based on the institution's vision and mission, that identifies the institution's priorities over the next several years.

Appendix 2: Frequently Asked Questions

What is CQI? A systematic approach to the analysis of performance and efforts to improve performance. The LCME describes CQI as a process both to monitor compliance with accreditation standards in the interval between full accreditation reviews and to act on the results.

How does CQI help with accreditation? CQI helps us implement data-informed quality improvement efforts. In addition, CQI is a mechanism for monitoring compliance with LCME standards in between accreditation cycles, to ensure that we maintain compliance by identifying and correcting any issues in a timely manner.

Is CQI just for accreditation? No. CQI is a process that facilitates data-informed quality improvement efforts. In addition to being used for monitoring and maintaining LCME accreditation, CQI is used for our strategic planning and implemented for other UNR Med initiatives, such as our affiliation with Renown Health.

How does CQI relate to the UNR Med strategic plan? The UNR Med strategic plan is an important component of our CQI approach. The strategic plan is revised every three years through an inclusive, data-informed process. The implementation of the plan is then monitored as a part of our CQI assessment plan, which also includes monitoring select LCME accreditation elements. Data collected from this monitoring inform the next iteration of the strategic plan.

What is monitored for CQI? The CIA monitors all metrics identified in the strategic plan and a subset of LCME elements including: 1) UNR Med Priorities – metrics that are the focus of current quality improvement efforts, including the strategic plan metrics; 2) Supporting LCME Metrics – elements that are closely related to strategic plan initiatives; 3) Best Practices – elements identified in the literature to be best practices.

Does UNR Med have a policy on CQI? Yes. [The CQI policy can be found on the UNR Med policy website.](#)

Who can I contact for more information? The CIA is responsible for coordinating UNR Med's CQI. For more information contact: [Amy Smith, PhD, Director, Office of Continuous Institutional Assessment.](#)

Appendix 3: Best Practices in Monitoring LCME Elements

In addition to monitoring the impact of our quality improvement efforts (i.e., elements that are related to our strategic plan or that were identified as an area of improvement in our self-study, referred to as “priority” or “supporting elements” in the CQI tables), UNR Med monitors a subset of elements for which monitoring has been identified as a best practice.

The CIA reviews the literature no less frequently than every three years to identify best practices for CQI and incorporate these best practices into the CQI plan. A review of recent literature elements (Barzansky, Hunt, Moineau, Ahn, Lai, Humphrey, & Peterson, 2015; Barzansky, Smitherman, & Winberry, 2016; Catanese, Barzansky, Winberry, & Smitherman, 2016; LCME, 2016) revealed that there are eight categories of elements that should be monitored:

- Elements with an explicit requirement for monitoring
- Elements that affect the core mission of the school
- Elements that are most frequently cited as “noncompliant”
- Elements that are most frequently cited as “compliance with a need for monitoring”
- Elements that were cited in the previous full survey,
- New or recently revised elements
- Elements that ensure policies are congruent with operations
- Elements recommended by the LCME

The CIA coded LCME elements coded based on these categories and any element that fit into at least one of these categories is included in our CQI assessment plan as a “best practice.” Fifty-nine elements are included in our CQI assessment plan in this category. Four of these “best practice” elements are also included in the plan as a priority or supporting element. The coding of the XX elements is displayed in Table .

Table 3. Coding of LCME Elements for Monitoring

	Explicit Requirement for Monitoring	New or Recently-Revised	Affect the Core Operation school	Policies Congruent with Operations	Cited in Previous Full Survey	11 Most Common Noncompliance	7 most common Compliance with Monitoring	Recommended by LCME	Best Practice	Supporting	Strategic Plan	Additional Element Identified in Self-Study
1.1 - Strategic Planning and CQI		•						•	•			
1.2 – Conflict of Interest Policies												•
1.4 - Affiliation Agreements				•	•	•			•			
1.5 - Bylaws				•				•	•			
2.4 - Sufficiency of Administrative Staff					•				•			
2.5 - Responsibility of and to the Dean					•				•			
3.1 - Resident participation in medical student education											•	
3.2 - Community of Scholars/Research Opportunities											•	
3.3 - Diversity/Pipeline Programs and Partnerships		•		•	•	•	•	•	•	•	•	
3.5 - Learning Environment/ Professionalism	•						•	•	•			
3.6 - Student Mistreatment					•			•	•			
4.1 - Sufficiency of Faculty			•		•				•		•	
4.2 - Scholarly Productivity										•	•	
4.4 - Feedback to Faculty	•							•	•			
4.5 - Faculty Professional Development								•	•		•	
5.1 - Adequacy of Financial Resources			•		•		•	•	•			
5.2 - Dean's authority/resources			•						•			
5.3 - Pressures for self-financing			•						•			
5.4 - Sufficiency of Buildings and Equipment					•				•			
5.5 - Resources for Clinical Instruction											•	
5.8 - Library Resources/Staff										•		
5.9 - Information Technology Resources/Staff										•		
6.1 - Program and Learning Objectives											•	
6.2 - Required Clinical Experiences						•		•	•			
6.3 - Self-Directed and Life-Long Learning						•		•	•			
6.4 - Inpatient/Outpatient Experiences									•			
6.6 - Service Learning									•			
7.1 - Biomedical, Behavioral, Social Sciences										•		
7.3 - Scientific Method/Clinical/Translational Research					•				•		•	
7.4 - Critical Judgement/Problem-Solving Skills												•

	Explicit Requirement for Monitoring	New or Recently-Revised	Affect the Core Operation school	Policies Congruent with Operations	Cited in Previous Full Survey	11 Most Common Noncompliance	7 most common Compliance with Monitoring	Recommended by LCME	Best Practice	Supporting	Strategic Plan	Additional Element Identified in Self-Study
7.6 - Cultural Competence and Health Care Disparities										•		
7.7 - Medical Ethics										•		
7.8 - Communication Skills										•		
7.9 - Interprofessional Collaborative Skills		•							•	•		
8.1 - Curricular Management			•			•		•	•	•		
8.2 - Use of Medical Educational Program Objectives								•	•			
8.3 - Curricular Design, Review, Revision/Content Monitoring	•					•		•	•			
8.4 - Program Evaluation	•							•	•			
8.5 - Medical Student Feedback	•							•	•			
8.6 - Monitoring of Completion of Required Clinical Exp.	•					•		•	•			
8.7 - Comparability of Education/Assessment					•			•	•			
8.8 - Monitoring Student Time	•				•			•	•			
9.1 - Preparation of Resident and Non-Faculty Instructors	•					•		•	•			
9.4 - Assessment System	•				•	•	•	•	•			
9.5 - Narrative Assessment	•					•			•			
9.7 - Formative Assessment and Feedback	•				•				•			
9.8 - Fair and Timely Summative Assessment	•					•	•		•			
10.1 - Premedical Education/Required Coursework												•
10.2 - Final authority of admission committee												•
10.3 - Policies regarding student selection/progress												•
10.4 - Characteristics of Accepted Applicants											•	
10.6 - Content of Informational Materials											•	
11.1 - Academic Advising										•		
11.2 - Career Advising							•		•	•		
11.5 - Confidentiality of student educational records												•
12.1 - Financial Aid/Debt Management Counseling/Student Educational Debt							•	•	•			
12.3 - Personal Counseling/Well-Being Programs										•	•	
12.5 - Non-Involvement of Providers of Student Health Services in Student Assessment				•	•				•			
12.8 - Student Exposure Policies/Procedures				•					•	•		
Total Number of Elements in Category	12	3	5	5	14	11	7	21	38	14	12	5

