STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.0 SUPPORTING DOCUMENTATION

1. A summary of student satisfaction with each required course in year one of the curriculum (for the 2016-17 academic year). Include student response rates for each course.

Students were asked to rate their overall satisfaction with each course as Poor, Fair, Good, Very Good, Excellent. All course evaluation surveys are distributed by the Evaluation Unit and are completed electronically.

<table>
<thead>
<tr>
<th>Course (2017/2018)</th>
<th>Overall satisfaction</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMS 501</td>
<td>97% (good, very good, excellent)</td>
<td>60%</td>
</tr>
<tr>
<td>LMH 501</td>
<td>92% (good, very good, excellent)</td>
<td>47%</td>
</tr>
<tr>
<td>FMS 502</td>
<td>86% (good, very good, excellent)</td>
<td>77%</td>
</tr>
<tr>
<td>LMH 502</td>
<td>77% (good, very good, excellent)</td>
<td>38%</td>
</tr>
<tr>
<td>FMS 503</td>
<td>58% (good, very good, excellent)</td>
<td>53%</td>
</tr>
<tr>
<td>LMH 503</td>
<td>64% (good, very good, excellent)</td>
<td>42%</td>
</tr>
</tbody>
</table>

2. An organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and the individuals or groups with involvement in curriculum design, implementation, and evaluation.

Appendix 8-00-1 Curriculum Management Structure
8.1 CURRICULAR MANAGEMENT

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

8.1 NARRATIVE RESPONSE

a. Provide the name of the current faculty committee with primary responsibility for the curriculum. Note if this is the final curriculum committee or if changes in committee structure or charge are anticipated.

The Curriculum Committee has primary oversight and responsibility for the curriculum. There are no anticipated changes to the structure or charge of this committee.

b. Provide the number of curriculum committee members and describe any specific categories of membership (e.g., basic science or clinical faculty members, course directors, students). Describe how the members and the chair of the curriculum committee are selected. Note if there are terms for committee members.

The Curriculum Committee is composed of 24 voting members including:

- Faculty members who are Education Directors in the following clinical domains: Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, General Surgery, Psychiatry, Emergency Medicine, and Clinical Skills Education
- The Associate Dean for Curriculum
- One representative of the Longitudinal Clinical Experience
- Three members elected from the Foundational Sciences (e.g., human structure and function, and cell and molecular biology)
- Four student representatives elected by the medical student body, one from each year
- At least one elected faculty member from each clinical campus
- At least one member from another health professions college
- If each campus and/or one other health professions college is not represented among the elected members, additional members will be elected to fulfill those criteria.

All nominees for chairs of standing committees are proposed by the members of the standing committee and/or by the Dean. The committee elects the chair with consultation from the Dean and the chair serves a three-year term. assistant, associate, and vice deans may not serve as chairs of standing committees in their area of responsibility. Chairs may be elected in the year prior to the end of the term of the current chair. If a new chair is elected, the chair-elect serves as the vice-chair for the standing committee until the chair’s term expires.

Nominations to committees may be made by the faculty at large, the committee chairs, or the Dean. Non-appointed members of the standing committees are elected by the Faculty Council. Terms of appointment and composition vary on each committee as described in the Bylaws (appendix 8-01-1). If a committee seat becomes vacant during the course of a term, the Dean, in consultation with the Chair of the committee may appoint a replacement to serve out the remainder of the term.

According to ESFCOM Faculty Bylaws, the list of nominees is submitted for confirmation to the Faculty Council Executive Committee (FCEC). The FCEC facilitates annual elections for all standing committees. The Associate Dean for Curriculum and the Chair of the Department of Medical Education and Clinical Sciences, and the Associate Dean for Accreditation, Assessment and Evaluation are ex-officio non-voting members of the Curriculum Committee. Other ESFCOM faculty and/or administrators may be appointed as nonvoting members of the Curriculum Committee, as deemed necessary, by the Dean or other designee.
c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee. Note if any additional subcommittees are anticipated.

There are four subcommittees of the Curriculum Committee: The Foundations of Medicine Subcommittee, The Clinical Experiences Subcommittee, The Evaluation and Assessment Subcommittee and the IT/Library Resources Subcommittee. All subcommittees report directly to the Curriculum Committee. The Curriculum Committee Chair appoints co-chairs to each subcommittee; at least one of the co-chairs must be a voting member of the Curriculum Committee. Subcommittees may also include additional faculty members and subject matter advisors.

The Foundations of Medicine Subcommittee is charged with continuously reviewing components, topics, systems, and subjects considered to be under the term “Foundations of Medicine” throughout the MD curriculum. This subcommittee addresses any implementation issues, and recommends changes for improvement of content, integration, and evaluation as necessary. Subcommittee membership includes at least one medical student, faculty and/or administrative staff from the ESFCOM, or other WSU College, or others as outlined in the subcommittee charter (appendix 8-01-2).

The Clinical Experiences Subcommittee is charged with continuously reviewing the clinical experiences of medical students and the environment necessary to support the curriculum, addressing implementation issues, and recommending changes for improvement and evaluation as necessary. Members are appointed and include two co-chairs, one of which shall be a Curriculum Committee member. The subcommittee chair appoints other members which include at least one student from each phase of the curriculum, may include faculty and/or administrative staff from the ESFCOM, or others appointed by the Vice Dean for Student and Faculty Experience.

The Evaluation and Assessment Subcommittee (E&A) is charged with selecting and reviewing the processes necessary to evaluate all aspects of the curriculum, including the student assessment, and faculty and program evaluation. The subcommittee addresses implementation issues, and recommends changes for improvement and further evaluation as necessary. The subcommittee also supports the Curriculum Committee in the tracking of any changes recommended and approved by the Curriculum Committee. Membership includes a chair and co-chair, one of which shall be a member of the Curriculum Committee. The remaining membership shall include the Associate Dean for Accreditation, Assessment and Evaluation, the Associate Dean for Curriculum, membership from the pre-clerkship phase of the curriculum (Years 1 and 2), membership from the clinical years (years 3 and 4), and include members from the regional campuses. Subcommittee membership includes at least one student from the pre-clerkship curriculum (Years 1 and 2), one student from the clinical years (Year 3 and 4), and may include faculty and/or administrative staff from the ESFCOM, or other WSU Colleges. Members are appointed by the Associate Dean for Accreditation, Assessment and Evaluation and includes faculty, staff and medical educators with specific skills in student assessment and/or program evaluation.

The IT/Library Subcommittee is charged with continuously reviewing the information and technology needs and solutions necessary to support the curriculum, addressing implementation issues, and recommending changes for improvement and evaluation as necessary. Membership includes a chair and/or co-chairs, one of which shall be a Curriculum Committee member, appointed by the Curriculum Committee Chair. Subcommittee membership includes at least one student from any of the three departments of ESFCOM, may include faculty and/or administrative staff from the ESFCOM, or other WSU Colleges, or others.

At this time, there are no additional subcommittees anticipated.
d. Describe how the curriculum committee and its subcommittees participate or will participate in the following:

1. Developing and reviewing the educational program objectives
2. Ensuring that there is horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)
3. Monitoring the overall quality and outcomes of individual courses and clerkships

1. Developing and reviewing the educational program objectives: The educational program objectives were developed by a curriculum design team which included members of the faculty, administration, and staff and were approved by the Curriculum Committee. The Curriculum Committee reviews the educational program objectives at the end of each academic cycle with support from the Evaluation Unit and input from the Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee and the Evaluation and Assessment Subcommittee.

2. Ensuring that there is a horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases): The Associate Dean for Curriculum is responsible for ensuring integration is occurring within and across courses, and within and across the years with oversight and approval by the Curriculum Committee. The implementation of integration happens at the level of the Course and Component Directors and the relevant subcommittees under the guidance of the Associate Dean for Curriculum and the Curriculum Office. The Course and Component Directors ensure that the curriculum is coordinated within courses and across courses in the program. Horizontal and vertical curriculum integration is evaluated by the Curriculum Committee each academic cycle, with input from the relevant subcommittees, offices, and data collected by the Evaluation Unit.

3. Monitor the quality and outcomes of individual courses and clerkships: The Curriculum Committee, in collaboration with the Evaluation and Assessment subcommittee, and with support from the Evaluation Unit, is responsible for monitoring overall educational program quality and program outcomes for all courses and the Longitudinal Integrated Clerkship. The data for monitoring the quality and outcomes of the courses and clerkships is collected by the Evaluation Unit using survey tools and an evaluation schedule that was approved by both the Evaluation and Assessment Subcommittee and the Curriculum Committee. The Curriculum Committee ensures that recommendations for ongoing quality improvement are monitored and implemented. The relevant subcommittees and the accountable offices provide regular status reports and updates to the Curriculum Committee at the monthly meetings.

e. Describe the role(s) of the curriculum committee and its subcommittees in developing plans to evaluate the outcomes of the curriculum as a whole.

The Curriculum Committee, in collaboration with its relevant subcommittees is responsible for identifying the overall principles and goals of the curriculum. The Evaluation Unit and the Evaluation and Assessment Subcommittee, works with the Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee and the IT/Library Subcommittee to identify appropriate metrics and develop survey tools and plans to evaluate the curriculum outcomes as a whole. The Curriculum Committee reviews and approves the metrics and the evaluation plan. The Evaluation Unit builds and deploys the surveys, and collects and analyzes the data. The results of all course and program-level evaluations are delivered to the relevant subcommittees and the Curriculum Committee for review and deliberation each academic cycle.
8.1 SUPPORTING DOCUMENTATION

1. Provide the charge to or the terms of reference of the curriculum committee and note the source of its authority (e.g., the faculty bylaws). If the subcommittees of the curriculum committee have formal charges, include those as well.

Appendix 8-01-1 ESFCOM Faculty Bylaws
Appendix 8-01-2 Subcommittees of the Curriculum Committee Charges

2. Provide a list of curriculum committee members, including their discipline (as applicable), voting status, and membership category (e.g., faculty, student, or administrator).

Appendix 8-01-3 Curriculum Committee Member List

3. Provide the minutes of four curriculum committee meetings over the past year that illustrate the activities and priorities of the committee. Note: One year of curriculum committee minutes should be available on-site for the survey team.

Appendix 8-01-4 Select Curriculum Committee Meeting Minutes
8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating programmatic effectiveness. The learning objectives of each required course and clerkship are linked to medical education program objectives.

8.2 NARRATIVE RESPONSE

a. Describe how the medical education program objectives are being used to guide the following activities:

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
2. Planning for the evaluation of curriculum outcomes

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases: The medical educational program learning objectives (PLOs) are used in curriculum planning and development by several groups. The ESFCOM Curriculum Committee oversees the curriculum from design through evaluation and revision. There are three phases of the curriculum designated pre-clerkship (equivalent to the first two years of education), Longitudinal Integrated Clerkship (LIC) (equivalent to the third year) and required fourth-year rotations. Curriculum planning is centered on the relationships between the overall program learning objectives with specific professional objectives, the course/clerkship objectives, the service learning objectives, the scholarship objectives, the individual session objectives, and the discipline-based basic and clinical sciences objectives.

Reports produced through the learning management system (EFlo MD) allow a general overview and analysis of curriculum development by focusing on mapping and integration of content and identification of gaps and redundancies. The subcommittees of the Curriculum Committee (Foundations of Medicine Subcommittee and Clinical Experiences Subcommittee) use the educational program learning objectives and mapping for quality improvement of the individual courses and the overall curriculum. Course objectives stem from the program learning objectives, and session objectives stem from the course objectives.

Course and Clerkship Directors use the educational program objectives and learning outcomes to develop the curriculum content and to assess course learning outcomes. Course and curriculum content is reviewed for integration, gaps and redundancies based on the mapping of session and course objectives to the program learning objectives and other teaching-related reports available through EFlo MD.

2. Planning for the evaluation of curriculum outcomes: The Evaluation Unit, under the direction of the Associate Dean for Accreditation, Assessment and Evaluation, and the Assessment and Evaluation Subcommittee use the medical education program learning objectives to select the metrics and develop the tools to evaluate curriculum outcomes. The metrics, tools and evaluation plan are presented to each subcommittee and the Curriculum Committee for review and approval prior to implementation. The medical program competencies are mapped to the Accreditation Council for Graduate Medical Education (ACGME) competencies and the Physician Competency Reference Set and are included in specific assessment tools. Assessment methods are routinely mapped to the medical educational program learning objectives to ensure the appropriate assessment methods are used.
b. Describe the status of linking course and clerkship learning objectives to the medical education program objectives and the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in making this linkage.

The linkage of course and clerkship objectives to the educational program objectives has been completed. Completed mapping can be reviewed in appendix 8-02-1.

Course and clerkship objectives are written by the Course and Component Directors in collaboration with foundational science and Clinical Education Directors, and the Longitudinal Integrated Clerkship Director, with guidance from the Associate Dean for Curriculum. After review and vetting by the relevant subcommittee(s), the Curriculum Committee provides final approval. The objectives are transferred to the Director of Curriculum Accreditation and Management, who maps the course/clerkship level objectives to milestones, and to program objectives. The mappings are then reviewed by the Associate Dean for Accreditation, Assessment and Evaluation, and the Associate Dean for Curriculum to ensure alignment with curriculum content and assessment.

The Curriculum Committee is ultimately responsible for ensuring that learning objectives for courses and clerkships are correctly linked to the medical education program objectives.

8.2 SUPPORTING DOCUMENTATION

1. Provide one example from a course illustrating the way in which the learning objectives of the course are linked to the medical education program objectives.

Appendix 8-02-2 Learning Objectives Mapping to Program Objectives
8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

8.3 NARRATIVE RESPONSE

a. Describe the roles and activities of the course and clerkship directors and course and clerkship committees, the teaching faculty, the departments, and the chief academic officer/associate dean for the medical education program in the following areas. If other individuals or groups also play a role, include these in the description, as well.

1. Developing the objectives for individual courses and clerkships
2. Identifying the appropriate teaching and assessment methods
3. Planning the clinical curriculum
4. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives
5. Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content)
6. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships)
7. Evaluating the overall quality and outcomes of the course

1. Developing the objectives for individual courses and clerkships: The Education Directors (Clinical, Foundational Sciences, Health System Education Directors) work with Course Directors, Component Directors, and with the Longitudinal Integrated Clerkship Director to develop the objectives for the individual courses and the Longitudinal Integrated Clerkship. Guidance for development of the objectives for each course and phase of the curriculum is provided by the Associate Dean for Curriculum. All objectives are reviewed by the Foundations of Medicine Subcommittee and the Clinical Experiences Subcommittee prior to review and approval by the Curriculum Committee.

2. Identifying the appropriate teaching and assessment methods: The appropriate teaching methods for use during pre-clerkship courses (Foundations of Medical Sciences, Leadership in Medicine and Health Care) or the Longitudinal Integrated Clerkship are identified by the Course and Component Directors, and Longitudinal Integrated Clerkship Director. Guidance for selecting appropriate teaching methods is provided by the Associate Dean for Curriculum and the Curriculum Office, and approved by the Curriculum Committee.

The appropriate assessment methods for use during pre-clerkship courses (Foundations of Medical Sciences, Leadership in Medicine and Health Care) or the Longitudinal Integrated Clerkship are identified by the Course and Component Directors, and Longitudinal Integrated Clerkship Director. Guidance for selecting appropriate assessment methods is provided by the Associate Dean for Accreditation, Assessment and Evaluation, the Associate Dean for Curriculum, and the Assessment and Evaluation Subcommittee. All of the assessment methods as named in the program of assessment have been approved by the Curriculum Committee.
3. **Planning the clinical curriculum:** The Curriculum Office, under the guidance of the Associate Dean for Curriculum works with the Clinical Education Directors and the Clinical Experiences Subcommittee to plan the clinical curriculum. This includes developing the yearly milestones for the clinical curriculum and developing the learning objectives and associated teaching methods for the clinical curriculum. The Clinical Education Directors and the Clinical Experiences Subcommittee works with the Assessment Unit, under the guidance of the Associate Dean for Accreditation, Assessment and Evaluation, to select the appropriate assessment methods for use in the clinical curriculum. The Clinical Education Directors and the Clinical Experiences Subcommittee also work with the Evaluation Unit to identify the relevant metrics and an evaluation schedule to ensure an appropriate plan is in place to evaluate the clinical curriculum. All plans for the clinical curriculum (learning objectives, teaching methods, student assessment methods and evaluation plans) are reviewed and approved by the Curriculum Committee.

4. **Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives:** The Curriculum Office, under the guidance of the Associate Dean for Curriculum, works with Education Directors (Clinical, Foundational Sciences, Health System Education Directors), and the Course and Component Directors, and the Longitudinal Integrated Clerkship Director to develop learning objectives and content for all courses and electives. Learning objectives and course content is reviewed and approved by the relevant subcommittees (Foundations of Medicine and Clinical Experiences) and the Curriculum Committee.

The Assessment Unit, under the direction of the Associate Dean for Accreditation, Assessment and Evaluation works with the appropriate faculty (Education Directors, Course Directors, and the Longitudinal Integrated Clerkship Director) to identify and/or develop appropriate assessment methods for the learning objectives that have been identified. All assessment methods used in the program are approved by the Evaluation and Assessment Subcommittee and are mapped to the outlined learning objectives to ensure teaching and learning within the program are tracked.

5. **Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content):** The quality of teaching from individual faculty members is monitored primarily through standardized teaching evaluation surveys. The Evaluation Unit has developed standardized teacher evaluation for all learning environments, including; Large Group Active Learning, Small Group Learning and Clinical Learning Environments (Preceptorships). The teacher evaluations provide information about the quality of teaching, the quality of learning, and the quality of the learning environment. The questions used and the tools developed were approved by the Evaluation and Assessment Subcommittee. The teacher evaluation template is included in appendix 8-03-1 and preceptor evaluation survey in appendix 8-03-2.

In Years 1 and 2, students are randomly sampled (33% of the class) to complete evaluations of teachers in the large group active learning sessions. All students are asked to complete evaluations on small group teachers and clinical preceptors. The Evaluation Unit manages the survey distribution and generates reports based on the student survey data. Reports contain both quantitative and qualitative data.

The Year 1 and 2 Course Directors, as well as Component Directors, are primarily responsible for reviewing the data and providing additional feedback to teachers. Course Directors may attend learning experiences to observe faculty directly. Course Directors may suggest specific opportunities for faculty development where it might be helpful to improve teaching. Teaching evaluations are distributed to the appropriate department chairs at the end of each course to support the annual review process and for promotion and tenure purposes.

The quality of teaching for individual faculty members is also evaluated through scheduled peer evaluations. Peer evaluations are conducted by Course Directors and coordinated through the Chair of the Department of Medical Education and Clinical Sciences. Peers provide feedback on teaching competencies and overall quality of the teaching session. They also provide feedback on how well the session correlates with the data entered into the Educational Activity Form. De-identified aggregate teaching data is provided to the subcommittees and the Curriculum Committee at the end of each academic year.
6. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships): The quality of teaching for individual faculty is primarily accomplished through teacher evaluations, described in number 5. Additional information on teaching is also collected through course evaluations. The data collected in course evaluations relates to the quality of curriculum, clarity of expectations, quality of learning resources and the quality of the learning environment. This data is used by Course and Component Directors, as well as the Curriculum Office to support the process of quality improvement.

7. Evaluating the overall quality and outcomes of the course: The Evaluation Unit works with Course and Component Directors, as well as the Curriculum Office to define the metrics and the questions used to assess the overall quality and outcomes of each course in the curriculum. The Evaluation Unit develops the survey tools and evaluation schedule for review. The tools and the schedule are approved by the Evaluation and Assessment Subcommittee and the Curriculum Committee.

Each course evaluation is designed to capture evidence related to course delivery (was the course effectively delivered?) and course outcomes (were the outcomes of the course achieved?). Course evaluation reports also provide data on faculty and staff experience, and student data on learning experience in the course and student performance within the course (outcomes data). Additional data regarding the instructional methods used and educational activities delivered in each course are provided from the Curriculum Management Unit (CMU) and a map of the assessment methods used to assess learning objectives is provided by the Assessment Unit. Course and Component Directors are involved in the review of data, and work with the Curriculum Office to implement changes recommended in the Evaluation reports.

b. Describe the process of formal review for each of the following curriculum elements, as implemented or planned to date. Include in the description the frequency with which such reviews are or will be conducted, the means by which they are or will be conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) who receive or will receive the results of the evaluation.

1. Required courses in the pre-clerkship phase of the curriculum
2. Required clerkships
3. Individual years or phases of the curriculum

1. Required courses in the pre-clerkship phase of the curriculum: All required courses in the pre-clerkship curriculum are evaluated on an annual basis (every academic cycle). These reports include data collected from students, faculty and staff. The Evaluation Unit conducts all evaluations, analyzes the data and generates the course evaluation reports. The Evaluation Unit provides the course evaluation reports to the Course and Component Directors, as well as the Curriculum Office for initial review. The reports are then sent to the relevant subcommittees for discussion and recommendation. The Curriculum Committee reviews and approves all reports each academic cycle.

2. Required clerkships: The Longitudinal Integrated Clerkship (Year 3) will be evaluated by the Evaluation Unit every academic cycle (each academic year). Surveys will be completed by students, faculty and staff. The Evaluation Unit will conduct the evaluation, analyze the data and generate the course evaluation reports. Evaluation reports will be provided to the Longitudinal Integrated Clerkship Director, the Curriculum Office, the Associate Deans for Clinical Education and the Clinical Experiences Subcommittee for review and recommendation. The Curriculum Committee will review and approve the reports each academic year.

3. Individual years or phases of the curriculum: Individual years of the curriculum will be evaluated by the Evaluation Unit each academic cycle (each academic year) and the different phases of the curriculum will be evaluated at the end of Year 2 and the end of Year 4. Evaluation reports will be provided to all relevant Course Directors, the Longitudinal Integrated Clerkship Director and Curriculum Office for initial review. The reports will then be provided to the relevant subcommittees and the Curriculum Committee for review and approval.
c. Describe plans for evaluating the curriculum as a whole, including the methods that will be used and the data collected to determine the following:

1. The horizontal and vertical integration of curriculum content
2. The outcomes of the medical education program, including whether each of the medical education program objectives has been met.

1. The horizontal and vertical integration of curriculum content: Horizontal and vertical integration of the curriculum is evaluated at the end of each course and across the courses at the end of each academic year. The Evaluation Unit produces the survey tools used to evaluate integration and produces the evaluation reports. Evaluation reports include data collected on student and faculty perception of integration within and across courses, as well as the mapping data from the Curriculum Management Unit pertaining the learning objectives delivered within in each course. Reports also contain the mapping data from the Assessment Unit pertaining to the learning objectives that were tested within each course. These reports provide the Curriculum Office, the relevant subcommittees and the Curriculum Committee with the learning objectives that were delivered and tested within and across each of the courses; they provide the key stakeholders with information from the learners and teachers themselves.

2. The outcomes of the medical education program, including whether each of the medical education program objectives has been met: The Evaluation Unit and the Evaluation and Assessment Subcommittee are responsible for working with the Curriculum Committee to identify the metrics (Program Outcome Indicators) and develop the standardized evaluation tools to determine if the medical education program objectives have been met. The ESFCOM uses a variety of outcome data, including national norms, as well as internal outcome indicators such as performance in required learning experiences and performance-based assessment of clinical skills (e.g. OSCEs). The outcomes of the program are monitored yearly and reported to the Curriculum Office, the relevant subcommittees and the Curriculum Committee.

d. Describe the methods and tool(s) that are being/will be used for monitoring the content of the curriculum (i.e., the “curriculum database”). Note the status of development and implementation of this tool. Describe the anticipated frequency of curricular content monitoring.

ESFCOM utilizes EFlo MD, a curriculum/learning management system, to monitor the content and sequence of curricular elements at every level of the curriculum from the program objectives down to the individual sessions. A feature of EFlo MD is a central repository where users can see what, where and how content is being delivered. All learning experiences are captured in this database which contains a hierarchical representation of the entire curriculum. Every learning experience is mapped using standardized objectives and mapping lists. The database also contains the instructional and assessment methods that are used for each session and how each sessions’ objectives map to the program-level outcomes. When fully populated, students and faculty will be able to search and navigate the curriculum map to find relevant content and teaching objectives. This database also allows faculty to see which objectives they are responsible for teaching, thereby facilitating collaboration with Course and Component Directors.

The curriculum management approach is a systematic analysis of curriculum data. The reports generated from EFlo MD support quality improvement and the process of implementing needed revisions and changes in the curriculum. Using expert tools and gap analysis reports, the Curriculum Committee reviews detailed reports on the methods used to teach, program objective traceability and assessment coverage (assessment methods used and the learning objectives tested). With the support of the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment and Evaluation, the subcommittees and the Curriculum Committee review the curriculum content to identify any gaps or unplanned redundancies on an ongoing basis.
e. Provide examples of how monitoring of curriculum content has been used to identify gaps and unwanted redundancies in topic areas.

The Foundations of Medicine Subcommittee and the Clinical Experiences Subcommittee of the Curriculum Committee reviewed EFlo MD-generated reports to monitor curriculum content and identify gaps and unwanted redundancies in ESFCOM academic topic areas. In a recent review of these reports, Education Directors and Course Directors noted two gaps: one related to teaching the spleen and one related to teaching the tongue. These gaps have since been addressed.

f. List the roles/titles of the individuals who have/will have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content. Note which individuals, committees, and units (e.g., departments) receive/will receive the results of the reviews of curriculum content.

The following individuals have/will have access to the curriculum database:

<table>
<thead>
<tr>
<th>Roles/Titles</th>
<th>View/Read</th>
<th>Edit/Add/Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students, Years 1-4</td>
<td>X</td>
<td>---</td>
</tr>
<tr>
<td>Staff</td>
<td>X</td>
<td>---</td>
</tr>
<tr>
<td>Staff (Administration)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Faculty</td>
<td>X</td>
<td>---</td>
</tr>
<tr>
<td>Administrative Faculty</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Residents</td>
<td>X</td>
<td>---</td>
</tr>
</tbody>
</table>

The ability to add, edit, or delete content in EFlo MD is limited to select faculty and staff who have been assigned administrator access as part of their role. These roles are within the areas of information technology, assessment, curriculum, and data management.

The responsibility for monitoring and updating curriculum content is shared by the faculty and staff of the Curriculum Office. These individuals include the Directors of Curriculum Services, Administrative Assistant for Curriculum, and the Associate Dean for Curriculum.

The Curriculum Committee guides curriculum review, and receives the results. The results of curriculum content reviews are then distributed to the individuals and committees which have oversight responsibility for that specific course, clerkship, or phase. Any results that indicate substantial changes are needed, or where areas of concern are identified, are also distributed to the ESFCOM Dean for review and approval, at the discretion of the Curriculum Committee Chair.

8.3 SUPPORTING DOCUMENTATION

1. Copies of any standardized templates used for course reviews.

Appendix 8-03-3 Course Evaluation Report Template

2. A sample review of a course.

Appendix 8-03-4 FMS 503 Course Evaluation

3. The results of a search of the curriculum database or review of curriculum content related to the topics of “acid-base balance” and “health care financing.”

Appendix 8-03-5 EFlo Search for “Acid Base Balance”
Appendix 8-03-6 EFlo Search for “Health Care Financing”
8.4 PROGRAM EVALUATION

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

8.4 SUPPORTING DATA

Table 8.4-2 | Monitoring of Medical Education Program Outcomes

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Indicate (X) if indicator will be used</th>
<th>List the individuals/groups who receive/will receive the data and how often the results will be reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of USMLE or other national examinations</td>
<td>X</td>
<td>The Dean’s Report and an internal report summarizing the exam results is produced by the Associate Dean for Accreditation, Assessment and Evaluation and reviewed by the Curriculum Committee and the relevant subcommittees (Foundations of Medicine, Clinical Experiences, Evaluation and Assessment). Individuals comprising these committees include Academic and Admissions Deans, Department Chairs, Education Directors, Course Directors, the Longitudinal Integrated Clerkship Director, student representatives and representatives of enabling units (eg IT). A report comparing student performance by clinical campus will also be reviewed by the Evaluation and Assessment Subcommittee and the Curriculum Committee.</td>
</tr>
<tr>
<td>Student performance on required learning experiences</td>
<td>X</td>
<td>A summary report of student performance is produced at the end of each course. The summary reports are reviewed by the Student Promotions Committee, Associate Deans, Curriculum Committee, Course and Component Directors. During the Longitudinal Integrated Clerkship, this will include review by the Longitudinal Integrated Clerkship Director. Information from the summary report is also included in evaluation reports distributed to the Foundations of Medicine, Clinical Experiences, Evaluation and Assessment Subcommittees.</td>
</tr>
<tr>
<td>Performance-based assessment of clinical skills (e.g. OSCEs)</td>
<td>X</td>
<td>A report detailing OSCE results by station and by competency is reviewed by the Clinical Experiences subcommittee, the Evaluation and Assessment Subcommittee and the Curriculum Committee each year.</td>
</tr>
<tr>
<td>Student advancement and graduation rates</td>
<td>X</td>
<td>Student advancement and graduation rates are reviewed at the Student Evaluation and Promotions Committee and the Curriculum Committee. Advancement and graduation rates are reviewed each year.</td>
</tr>
<tr>
<td>Outcome Indicator</td>
<td>Indicate (X) if indicator will be used</td>
<td>List the individuals/groups who receive/will receive the data and how often the results will be reviewed</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Student responses on the AAMC GQ</td>
<td>X</td>
<td>A summary report will be prepared by the Evaluation Unit which highlights the most salient results of the AAMC GQ survey. This summary report will include quantitative results from the past three years and qualitative results in the form of themed student comments identifying strengths and targets for improvement. Together, these data facilitate analysis of trends and the impact of various educational interventions. The GQ results will be reviewed by a number of standing committees and subcommittees, including, Curriculum Committee, Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee, and the Evaluation and Assessment Subcommittee. The report will also be provided to Associate Deans for Clinical Education, Associate Dean for Student Affairs, Associate Dean for Curriculum, Associate Dean for Accreditation, Assessment and Evaluation, and the Associate Dean for Admissions, Recruitment and Inclusion. The Evaluation Unit will also prepare a report comparing GQ results from the individual clinical campuses to enable determination of comparability of students’ educational experience. The distribution of the comparability report will be limited to the Curriculum Committee.</td>
</tr>
<tr>
<td>NRMP match results</td>
<td>X</td>
<td>Match results will be reviewed by the Associate Dean for Graduate Medical Education, Associate Dean for Curriculum, Associate Dean for Accreditation, Assessment and Evaluation, Associate Deans for Clinical Education, and the Vice Dean for Student and Faculty Experience.</td>
</tr>
<tr>
<td>Specialty choices of graduates</td>
<td>X</td>
<td>An internal report of match results, reflecting specialty choices of graduates will be reviewed by the Curriculum Committee and the relevant subcommittees. The report will also be reviewed by the Vice Dean for Student and Faculty Experience Associate Dean for Curriculum, Associate Deans for Clinical Education and Associate Dean for Student Affairs.</td>
</tr>
<tr>
<td>Assessment of residency performance of graduates</td>
<td>X</td>
<td>The Evaluation Unit will administer a Readiness for Residency survey to first year residents (PGY1) training at ESFCOM sites and outside of ESFCOM sites where residents self-assess their competencies relating to physician tasks appropriate for their first year of residency. Data from the survey will be presented to the Curriculum Committee, Clinical Experiences subcommittee, and the Evaluation and Assessment subcommittee. The report will also reviewed by the Vice Dean for Student and Faculty Experience, Associate Dean for Graduate Medical Education. Associate Dean for Curriculum and the Associate Deans for Clinical Education will also receive a copy of the survey results.</td>
</tr>
<tr>
<td>Licensure rates of graduates</td>
<td>X</td>
<td>Licensure rates of graduates will be sent to the Dean from USMLE and will be reviewed by the Vice Dean for Student and Faculty Experience, Associate Dean for Graduate Medical Education, the Associate Deans for Clinical Education, the Associate Dean for Curriculum, and the Associate Dean for Accreditation, Assessment and Evaluation.</td>
</tr>
<tr>
<td>Practice types of graduates</td>
<td>X</td>
<td>Data on practice settings of graduates will be reviewed by the Vice Dean for Student and Faculty Experience, Associate Dean for Graduate Medical Education, Associate Deans for Clinical Education.</td>
</tr>
<tr>
<td>Practice location of graduates</td>
<td>X</td>
<td>Data on practice location of graduates will be reviewed by Vice Dean for Student and Faculty Experience, Associate Dean for Graduate Medical Education, the Associate Deans for Clinical Education, the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment and Evaluation.</td>
</tr>
</tbody>
</table>
8.4 NARRATIVE RESPONSE

a. Describe how the results of reviews are or will be used to evaluate and revise the curriculum.

The curriculum is evaluated using a variety of outcomes measures that have been identified as appropriate metrics for the goals of the program. Data is planned, collected and reviewed on a pre-defined schedule. Data that is scheduled for review or is required to be reviewed is brought forward to the subcommittees and Curriculum Committee in the following ways:

1. Formal Evaluation Reports produced by the Evaluation Unit: All recommendations, and data supporting the recommendations are reviewed by course teams, relevant offices (Curriculum Office and the Office of Accreditation, Assessment and Evaluation, IT), the appropriate subcommittees and the Curriculum Committee. The Curriculum Committee reviews data and approves the recommendations based on the strength of the data collected and the overall goals of the program. Once approved, the Curriculum Committee transitions the recommendations to the operational teams for implementation.

2. Regular updates from CQI Standard Leads responsible for monitoring standard elements for compliance: At joint monthly meetings of the CQI Standard Leads and the Dean’s Cabinet, reports are shared on the progress of operations and development of metrics.

3. Regular updates from operational units within the program (Curriculum Office, Assessment Unit, IT, etc): The relevant offices and subcommittees keep the Curriculum Committee informed of progress on all changes through regularly scheduled updates at the monthly Curriculum Committee meetings. Data supporting smaller, operational changes (i.e. changes that are not programmatic in nature) are reviewed and implemented by the Curriculum Office and the Office of Accreditation, Assessment and Evaluation on an on-going and as-needed basis. The relevant offices and subcommittees keep the Curriculum Committee informed of progress on all changes through regularly scheduled updates at the monthly Curriculum Committee meetings.
8.5 MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

8.5 NARRATIVE RESPONSE

a. Describe how and by whom evaluation data on course quality are collected from medical students. Note if there is a standardized form used for course evaluations or if each course designs its own evaluation instrument. Note if evaluations are completed online or on paper.

Evaluation data on course quality are collected from medical students by the Evaluation Unit which is housed in the Office of Accreditation, Assessment and Evaluation. All course evaluation surveys and instruments are designed by the Evaluation Unit and approved by the Evaluation and Assessment Subcommittee. The questions used and the areas evaluated in the course evaluation surveys are selected based on the goals of the curriculum and are standardized across the courses which allows the program to track performance of the curriculum and students across courses.

Surveys are distributed using an online platform, Qualtrics. Students receive a mid-course survey to provide feedback on specific curricular components. At the end of the course, students receive a more detailed survey to provide feedback on all aspects of the course. Additionally, Course Directors, Component Directors, teaching faculty and support staff are surveyed regarding their experience in the course.

Additional data is collected from the student feedback channel (medicine.evaluation@wsu.edu) via anonymous web submission. At the conclusion of each course, a representative from the Evaluation Unit hosts a focus group(s) of 5-7 students and conducts a one-on-one interview with the Course Director to include in the course evaluation report. Lastly, the Evaluation Unit conducts town-hall forums for students two times each term. Narrative feedback is captured at those meetings and incorporated into course evaluation reports as appropriate.

b. Provide two recent examples of how student feedback has led to changes in the medical curriculum or to consideration of changes (even if not made) by the curriculum committee.

Example 1: Redesigning the histology curriculum
In AY 2017/2018, Histology was delivered longitudinally across the FMS 501 course (10 weeks). Students noted several challenges with the histology curriculum, including; a lack of integration with content from other parts of the course, a mis-match between what was taught and what was tested, and challenges studying materials because the format was limited to histology images on powerpoint slides. The Assessment Unit also noted a mis-match between teaching and testing of histology content. In response to these changes, the histology curriculum was restructured to inlude the following changes: histology content was developed in concert with anatomy and pathology to ensure integration, the teaching modality shifted from large group lecture format to a laboratory session that incorporated mini-lectures, case discussions and an online module utilizing a virtual slide collection. The Assessment Unit has worked closely with the histology team to ensure proper development of the questions used on weekly and monthly Mastery exams. Feedback from the class of 2022 indicates an improved learning experience with the new format.

Example 2: Redistribution of pathology content in FMS 501
In AY 2017, Pathology was delivered as a concentrated two-week block at the end of FMS 501. Feedback from students indicated they struggled to learn and consolidate the content that was delivered. In the ISA, student satisfaction with pathology was 13%. In response to feedback gathered in the FMS 501 course evaluation and the ISA, the Curriculum Office redistributed the delivery of pathology content in the second iteration of FMS 501 to occur weekly allowing the students to engage with a more manageable amount of information and providing students with the opportunity consolidate and apply knowledge across the weeks. Feedback on the changes incorporated in AY18 demonstrate an improved learning experience.
c. Describe whether medical students provide evaluation data on individual faculty and others who teach and supervise them in required courses. If such data are collected, describe whether and how faculty and others receive feedback on their teaching skills.

The Evaluation Unit distributes standardized evaluation surveys to collect feedback from the medical students on the performance of instructors in all courses in the MD program. Feedback is collected on instructors that teach large group active learning sessions, small group learning sessions and clinical experiences. The data is collected, analyzed and disseminated by the Evaluation Unit. Evaluation results are first screened by the Evaluation Unit and are provided directly to individual instructors and Course Directors for quality improvement. All evaluation surveys remain anonymous to the teacher/instructor. Evaluation reports are also provided to the Chair of Medical Education and Clinical Sciences at the end of each course for the annual review process. The survey tools used to evaluate the teachers/instructors are designed by the Evaluation Unit and reviewed and approved by the Evaluation and Assessment subcommittee and the Curriculum Committee prior to implementation.

8.5 SUPPORTING DOCUMENTATION

1. A copy of a course evaluation form used by students.

Appendix 8-05-1 FMS 501 Student Survey Questions
8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.6 NARRATIVE RESPONSE

a. Describe the process(es) that will be used by students to log their required clinical encounters and skills. Is there a centralized tool used for logging or will individual clerkships use their own systems?

EFloMD will be used to track all student-patient encounters across the Longitudinal Integrated Clerkship (LIC). The application allows for a “passport” style checklist of required encounters in a software feature. EFlo MD also allows students to log patient hours autonomously (appendix 8-06-1).

To support the objectives of the LIC, ESFCOM will use a table for required clinical encounters to show students (and faculty/residents) at a glance the required encounters, how many of each encounter are required and at which participation levels. The ESFCOM will catalog the specific skill areas to their clinical learning environments, primary educational method, remedial education method, number required for competency, and the level of student responsibility to inform both faculty and learners of the specifics of the observations and skills required as part of experiences. Progress indicators in EFlo MD show how close learners are to meeting experience requirements. The color progress indicators appear in-line with expectation grids, so learners can see what is required and how close to achievement. The hours logged by students and the completion of required clinical encounters, aligned with milestones and competencies, as well as desired EPAs, will be reviewed by the Site Directors and Associate Deans for Clinical Education, who are responsible for managing clinical experiences, recommending activities for self-directed learning and arranging for remediation when gaps are identified.

b. Summarize when and how each student’s completion of clerkship-specific required clinical encounters and skills will be monitored by the following individuals, including whether the results of monitoring will be discussed with the students as part of a mid-clerkship review:

1. The student’s attending physician, supervising resident, preceptor
2. The clerkship director

1. The student’s attending physician, supervising resident, preceptor: Tracking progress is primarily the duty of the Site Directors. These individuals will review student logs on a bi-weekly basis to ensure students are completing their logs and engaging in the required clinical encounters. In addition to the clinical and student support coordinators, students will be taking an active role in managing their own learning experiences. Students will be required to check in with clinical faculty at the start of a learning session to review opportunities for engaging in clinical objectives and/or potential experiences and skills. Progress towards accomplishing the required clinical encounters and skills will also be a discussion between the student and their Clinical Portfolio Coach and will be documented in the student’s portfolio.

2. The clerkship director (Longitudinal Integrated Clerkship Director): The LIC Director, the Associate Deans for Clinical Education (ADCEs) and Site Directors will review the logs and assessments at the mid- and end-of each defined course in the LIC. Review of the logs and assessments will ensure students remain on track for completing the required clinical experiences and will ensure the clinical experiences are being delivered effectively, are aligned with competencies and milestones, and learning outcomes are being achieved and effectively assessed.
c. Summarize when, how, and by whom aggregate data on students’ completion of clerkship-specific required clinical encounters and skills will be monitored. Describe how data on completion rates will be used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee.

Aggregate data on student’s completion of clerkship-specific required clinical encounters and skills will be reviewed by the LIC Director, the Clinical Education Directors and the ADCEs, at a minimum three times per year. Aggregate data will also be reviewed by the Clinical Experiences Subcommittee twice per year and the Curriculum Committee annually. Regular reviews will be used to determine not only the quality of learning experiences for students, but also to ensure the required clinical skills are appropriate and achievable for a Year 3 student.
8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

8.7 NARRATIVE RESPONSE

a. Describe the following for each course or clerkship that is or will be offered at more than one instructional site, including regional campus(es) and affiliated hospitals (also see the response to element 2.6).

1. The means by which faculty members at each instructional site are or will be informed of and oriented to the course or clerkship learning objectives, required clinical encounters and skills (if relevant), and grading system for the course or clerkship.

2. How and how often the individuals responsible for the course or clerkship will communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation.

3. The mechanisms that will be used for the review and dissemination of the results of student evaluations of their educational experience, summary data regarding students’ completion of required clinical experiences, and grades, and any other data reflecting the comparability of learning experiences across instructional sites.

1. The means by which faculty members at each instructional site are or will be informed of and oriented to the course or clerkship learning objectives, required clinical encounters and skills (if relevant), and grading system for the course or clerkship: The leadership at each regional campus is conversant with the learning objectives, required patient encounters and procedural skills, and the assessment methods used in the program. Faculty members at each regional campus are oriented to these by the appropriate Associate Deans for Clinical Education (ADCE), the Course and Component Director in Years 1 and 2, and the LIC Director and Clinical Education Directors in Years 3 and 4, as appropriate.

In Years 1 and 2, faculty members at each instructional site are orientated to the learning objectives and assessment methods as follows:

- Course and Component Directors provide learning objectives directly to the ADCEs.
- The ADCEs provide those learning objectives directly to faculty.
- The ADCEs publish a faculty manual that outlines the goals of each learning session, the learning objectives, and the assessment methods that will be used to ensure consistency in delivery/facilitation. All students are provided with the same learning materials, documents and resources.
- Assessment methods are developed centrally and are equivalent at all regional campuses. The same forms, directions and rubrics are employed regardless of regional campus. These instructions are included in the faculty manual.
In Years 3 and 4, orientation and information sharing is as follows:

- The learning objectives, required patient encounters and procedural skills and assessment methods are provided to the ADCEs at each regional campus.
- The ADCEs provide those learning objectives along with the expectations regarding teaching directly to clinical faculty.
- The ADCEs will provide a list of the required clinical encounters and procedural skills for each rotation to the faculty and students.
- The LIC Site Directors have regular meetings with the LIC Director and the Clinical Education Director to review information and provide a forum for discussion and decision-making. This also allows an opportunity to review learning objective changes or objectives that may be challenging at certain sites.
- Assessment methods are developed centrally and are equivalent at all regional campuses. The same forms, directions and rubrics are employed regardless of regional campus. These instructions are included in the faculty manual.

2. How and how often the individuals responsible for the course or clerkship will communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation:

   The Course Directors and the LIC Director communicates with faculty of the required courses at the beginning of each academic year to discuss major planning initiatives or changes in implementation, student assessment, or course evaluation.

Following the initial meeting at the beginning of the year, Course Directors and the LIC Director communicate with faculty in weekly Course Director meetings. Weekly operational meetings are used to discuss workflow and the needs of the courses, including; completion of Educational Activity Forms, completion of required learning experiences, submission of required assessment items, review of upcoming learning objectives and learning activities. Updates regarding student assessment/performance in the course are provided at the weekly meetings when appropriate. The Evaluation Unit also provides the Curriculum Office and the Course/Clerkship Directors with any relevant feedback pertinent to immediate delivery of the course. Course Directors and the LIC Director share feedback with course teams at the weekly team meetings.

3. The mechanisms that will be used for the review and dissemination of the results of student evaluations of their educational experience, summary data regarding students’ completion of required clinical experiences, and grades, and any other data reflecting the comparability of learning experiences across instructional sites:

   The evaluation data that is collected for student educational experience and performance in any course is collected by the Evaluation Unit. Data is analyzed and reports are produced by the Evaluation Unit. Reports are provided to the Course Directors, LIC Director, and the relevant offices (Curriculum, Assessment, IT, Library, Faculty Development, etc) for review and discussion. The Course Director, LIC Director and a representative from the Evaluation Unit present the reports to the relevant Subcommittees and the Curriculum Committee for review and oversight regarding the comparability of learning experiences, student performance and the required clinical experiences across instructional sites. The reports and data are also made available to faculty and administration through request to the Evaluation Unit.
b. Describe the individuals (e.g., site director, clerkship director, department chair) and groups (curriculum committee or a curriculum committee subcommittee) who are or will be responsible for determining the data elements that will be used to judge comparability and for reviewing and acting on this information related to comparability across instructional sites.

The Evaluation Unit collaborates with Course Directors and LIC Director, as well as the Foundations of Medicine Subcommittee and Clinical Experiences Subcommittee to identify the data elements used to judge comparability across the instructional sites. The data elements identified for collection and the tools used to collect the data are reviewed and approved by both the Evaluation and Assessment Subcommittee and the Curriculum Committee. Data is collected and analyzed by the Evaluation Unit. Reports are distributed to the Course and LIC Director, as well as the relevant subcommittees and Curriculum Committee for review and deliberation. The Associate Dean for Curriculum and the Curriculum Office works with the Course Directors/LIC Director to implement any needed changes identified in the evaluation reports.

c. Describe the mechanisms that will be employed to address inconsistencies across instructional sites in such areas as student satisfaction and student grades.

There are several mechanisms to address inconsistencies in student satisfaction, grading, and other matters across sites. Students, faculty, administrators and others may bring forward a concern of perceived lack of satisfaction, grading or other matters directly to the appropriate party at the site. Individuals can make these reports by completing evaluation surveys, submitting comments on the informal feedback channel, attending town hall sessions and/or speaking to appropriate members of faculty or administration directly.

Any issues related to inconsistencies in student satisfaction, grading or other matters are identified by or communicated to the Associate Dean for Accreditation, Assessment and Evaluation. Information regarding the nature of the complaint and resolutions are communicated to the relevant office and/or with the persons who need to know.

Each course, session, and learning experience is evaluated. Learning outcomes are assessed, compared, and reported in a timely manner. Comparison of data using multiple points that raises questions, or concerns process or outcomes in the learning environment, are investigated by Associate Dean for Accreditation, Assessment and Evaluation and communicated to the relevant office. All evaluation data is reported to the relevant Subcommittees and the Curriculum Committee to ensure that all parties have visibility on the data, the recommendations and any plans for implementing changes. The ADCEs and FSTRE are notified regarding the need for any potential faculty development.
8.8 MONITORING STUDENT TIME

The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

8.8 NARRATIVE RESPONSE

a. Describe the status of development of a policy on medical student duty hours in the clinical setting and the date of its final approval. If the policy has not yet been developed and approved, provide the timeline leading to ultimate approval. What individuals and/or groups have approved or will approve these policies?

The Curriculum Committee received formal approval for the Clinical Education Work Policy (Duty Hours) on August 8, 2017. The Curriculum Committee first approved the policy before it was sent to all ESFCOM faculty for open comment. Comments were considered by the Curriculum Committee and the policy was formally approved by the Dean’s Cabinet on August 8, 2017. The complete policy is in appendix 8-08-1.

b. Describe how policies relating to duty hours in the clinical setting are or will be disseminated to medical students, residents, and faculty.

Policies relating to duty hours in the clinical setting are distributed to students, faculty, residents and staff by electronic communication. Policies are included in the student and faculty handbooks and are posted on the ESFCOM website.

c. Describe how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.

Data on medical student duty hours will be monitored in two ways:
1. Student logs will be monitored bi-weekly by the Site Director to ensure that students hours remain in compliance with the workload policy. Site Directors will communicate any concerns with their ADCE and the LIC Director.
2. Data collected through formal course evaluation surveys ensures compliance with the workload policy.

The results of surveys, along with other relevant evaluation data, will be provided to the LIC Director, the regional ADCE, and Associate Dean for Curriculum. The relevant subcommittees and Curriculum Committee will be informed of any issues related the workload policy.

d. Describe the mechanisms for students to report violations of duty hours policies. How and to whom can students report violations? Describe the steps that can be taken if duty hour limits are exceeded.

Students can report a violation of duty hours at any point by contacting the LIC Director, the Site Director and/or the regional ADCE. The regional ADCE is responsible for assessing the situation and reporting violations to the Associate Dean for Curriculum, and the Chair of the Department of Medical Education and Clinical Sciences. The Curriculum Office will work with the LIC Director and the relevant faculty to ensure that duty hours remain in compliance with policy and will work with the student to monitor work patterns. The Evaluation and Assessment subcommittee, the Clinical Sciences Subcommittee and the Curriculum Committee will be informed by the Associate Dean for Curriculum of any violations to the workload policy and any solutions that have been implemented to address the situation.
8.8 SUPPORTING DOCUMENTATION

- As available, the formal approved or draft policy relating to duty hours that applies to medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

Appendix 8-08-1 Clinical and Education Work Policy (Duty Hours)