2015-2016 DATA COLLECTION INSTRUMENT
FOR PRELIMINARY ACCREDITATION

STANDARD 8

www.medicine.wsu.edu
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.
1. 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.

WSU COM Curriculum Management Structure

Dean  
College of Medicine

Curriculum Committee

IT/Library Resources Subcommittee  Evaluation and Assessment Subcommittee  Clerkship Subcommittee  Pre-Clerkship Subcommittee
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 faculty committee that has/will have primary responsibility for the curriculum. Note if the formal Curriculum Committee as specified in bylaws currently is functioning or if a precursor group is now active.

The standing committee with integrated institutional responsibility for the curriculum is called the Curriculum Committee. The Curriculum Committee has four subcommittees: IT/Library Resources, Clerkship, Pre-Clerkship, and Evaluation and Assessment.

The Curriculum Committee is responsible for:
- Developing and reviewing the educational program objectives
- Ensuring that there is horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/ phases)
- Monitoring the overall quality and outcomes of individual courses and clerkships
- Monitoring the outcomes of the curriculum as a whole

b. Describe the composition of the committee with responsibility for the curriculum and the methods used (or that will be used) to select its members and chair.

The voting membership of the Curriculum Committee consists of 6 faculty members representing the 6 core clinical domains (Family Medicine, Internal Medicine, Pediatrics, Ob/Gyn, General Surgery, Psychiatry), an expert in Clinical Skills education, and a representative of the Longitudinal Clinical Experience. There will be 3 members from the foundational sciences (e.g. human structure and function, and cell and molecular biology). There shall be at least one faculty member from each campus. The committee shall also include one member from another health professions college. There shall also be four student representatives elected by the medical student body, one each from year (1, 2, 3, & 4). Nominees for faculty membership shall be made by the Vice Dean, Student and Faculty Experience, in consultation with the Dean and suggestions from the faculty.

The list of nominees shall be submitted for confirmation to the Faculty Council Executive Committee. The Vice Dean, Student and Faculty Experience shall be an ex-officio non-voting member of the Curriculum Committee. Other ESFCOM faculty and/or administrators may be appointed as members of the curriculum committee, as deemed necessary, by the Vice Dean, Student and Faculty Experience.

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.

All subcommittees report directly to the Curriculum Committee. Each subcommittee includes at least one member of the Curriculum Committee and may also include additional faculty members and subject matter advisors.

The Pre-Clerkship Subcommittee will oversee years 1 and 2. Membership includes at least four course directors from each of the first two years.
The Clerkship Subcommittee oversees years 3 and 4. Membership includes at least one (of four) clerkship directors from each of the disciplines.

The Evaluation and Assessment Subcommittee will evaluate student outcomes data and reporting requirements. This includes evaluation of courses and faculty by students. Membership includes faculty and medical educators with specific skills in evaluation and assessment.

The IT/Library Resources Subcommittee will evaluate the appropriateness of resources to meet the requirements of the medical education program. Membership includes WSU library and IT professionals.

d. Describe how the Curriculum Committee and its subcommittees have participated or will participate in the following:

1. Developing and reviewing the educational program objectives
2. Planning for horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)
3. Identifying curriculum outcomes and ways to monitor the outcomes of the curriculum as a whole
4. Identifying ways to monitor the quality and outcomes of individual courses and clerkships

1. Developing and reviewing the educational program objectives:

The development and review of the educational program objectives was conducted by the Curriculum design team. The ad hoc Curriculum design team also reviewed and approved the overall curriculum design, as well as the objectives.

2. Planning for horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)

Horizontal and vertical integration is the responsibility of the Curriculum Committee. As the courses and clerkships are developed, the information is entered into curriculum mapping software to support the work of the Curriculum Committee. Course and clerkship directors use reports from the database to plan and monitor integration. The Subcommittees will receive regular reports on the objectives of the medical education program, and where those occur in the curriculum, to support their work in horizontal and vertical integration across the curriculum as a whole.

3. Identifying curriculum outcomes and ways to monitor the outcomes of the curriculum as a whole

The Curriculum Committee has identified indicators by which to monitor the outcomes of the curriculum as a whole, which include USMLE exam scores, student advancement and graduation rates, NRMP results, student feedback from the AAMC Graduation Questionnaire, and an assessment of graduates’ performance during residency. Supplemental indicators for the outcomes of the curriculum as a whole include an aggregate view of specific outcome measures for each individual course, and student and faculty satisfaction. The Curriculum Committee will oversee and manage the evolution of the curriculum to ensure continuous improvement and alignment with EPAs and competencies.

4. Identifying ways to monitor the quality and outcomes of individual courses and clerkships

The Curriculum Committee identified methods to monitor the quality and outcomes of the individual courses and clerkships. The outcomes of the courses and clerkships will be monitored via aggregate student performance on end of course and clerkship exams and via end of course and clerkship student evaluations. The Evaluation and Assessment Subcommittee will be responsible for overseeing the ongoing monitoring and analysis of date related to these indicators, with the Curriculum Committee.
SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.1

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.

The charge to the Curriculum Committee is included in the draft Faculty Bylaws and in Appendix 8.1.1. The Faculty Bylaws are the source of authority.

2. Provide a list of current Curriculum Committee members, including their voting status and membership category (e.g., Faculty, Ex-officio or Administrator).

The following are all voting members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Layton</td>
<td>Chair</td>
</tr>
<tr>
<td>Janet Walker</td>
<td>Faculty</td>
</tr>
<tr>
<td>Henry Mroch</td>
<td>Faculty</td>
</tr>
<tr>
<td>Chris Anderson</td>
<td>Faculty</td>
</tr>
<tr>
<td>Greg Belenky</td>
<td>Faculty</td>
</tr>
<tr>
<td>Radha Nandagopal</td>
<td>Faculty</td>
</tr>
<tr>
<td>Sam Joseph</td>
<td>Faculty</td>
</tr>
<tr>
<td>Carl Heine</td>
<td>Faculty</td>
</tr>
<tr>
<td>Alfred Seekamp</td>
<td>Faculty</td>
</tr>
<tr>
<td>Dave Conley</td>
<td>Faculty</td>
</tr>
<tr>
<td>Jonathan Wisor</td>
<td>Faculty</td>
</tr>
<tr>
<td>Lucia Peixoto</td>
<td>Faculty</td>
</tr>
<tr>
<td>Patricia Butterfield</td>
<td>Faculty</td>
</tr>
<tr>
<td>Barbara Richardson</td>
<td>Faculty</td>
</tr>
<tr>
<td>Jeannie Padowski</td>
<td>Faculty</td>
</tr>
<tr>
<td>Roy Almeida</td>
<td>Faculty</td>
</tr>
<tr>
<td>Greg Carter</td>
<td>Faculty</td>
</tr>
<tr>
<td>Kenn Daratha</td>
<td>Faculty</td>
</tr>
<tr>
<td>Ken Roberts</td>
<td>Ex-officio</td>
</tr>
<tr>
<td>Yvette Roubideaux</td>
<td>Ex-officio</td>
</tr>
<tr>
<td>MaryAnn Clemens</td>
<td>Ex-officio</td>
</tr>
<tr>
<td>John Potter</td>
<td>Ex-officio</td>
</tr>
<tr>
<td>Phil Boal</td>
<td>Administrator</td>
</tr>
</tbody>
</table>

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 and curriculum years/phases.

The program objectives are the guides for determination of all curriculum content; all curriculum content has been specifically designed to meet the program objectives. The attainment of the program objectives is reached through a four-year curriculum that provides a logical progression of content. The sequencing of the discrete pre-clinical courses is designed to ensure this logical progression, while the two year-long Art and Practice of Medicine course will continuously encourage reflection among students to maintain awareness of their progression toward attainment of the program objectives. During curriculum design, the program objectives are also used as a filter for any content that is proposed for inclusion in the curriculum, with priority given to content that directly contributes to the achievement of the program objectives. As the curriculum mapping software is populated, the placement of content will be monitored to check for gaps and unplanned redundancies in the content material.

2. The evaluation of curriculum outcomes.

Curriculum outcomes will be assessed hierarchically against program objectives, course objectives, and session objectives. The session and course objectives are designed to ensure a steady, dependable progression toward the attainment of program objectives. Outcome measures relative to the session and course objectives will be used in real time to make any needed corrections to ensure continuous progression toward the desired program outcomes. The curriculum outcomes will be measured by written examinations, NBME and other standardized examinations, USMLE exam results and residency performance, among other indicators.

b. Describe the roles and activities of course faculty and the Curriculum Committee and its subcommittees in ensuring that course learning objectives are being linked to medical education program objectives.

The Curriculum Committee and course faculty used the educational program objectives to develop the individual modules and clerkships. The program objectives served as the foundation for course and clerkship directors to develop individual course student learning objectives that specify desired learning outcomes for each course and clerkship. This will ensure that the educational program is constructed and sequenced vertically and horizontally, integrating basic and clinical sciences throughout all four years. The Curriculum Committee and course faculty are also using a curriculum management system to map all of the curriculum content and learning activities to session-, course-, and program-level objectives. These are routinely monitored by the Evaluation and Assessment Subcommittee, with regular reporting to the Curriculum Committee as a whole.
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 current and anticipated 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 will 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. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives
4. Evaluating the quality of individual faculty member teaching
5. Evaluating the overall quality and outcomes of courses/clerkships

- The Curriculum Committee and the individual course and clerkship directors are responsible for developing the objectives for the individual courses and clerkships. The Curriculum Committee with the faculty course/clerkship directors are also responsible for identifying the appropriate teaching and assessment methods. The Pre-Clerkship Subcommittee, Clerkship Subcommittee, and the course and clerkship directors are responsible for identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives. All of the objectives and teaching/assessment methods must be approved by the Curriculum Committee.
- The dean, associate dean for curriculum, the accountable party for quality and outcomes, and the Curriculum Committee and Subcommittees will be responsible for evaluating the quality of individual faculty member teaching and evaluating the overall quality and outcomes of courses/clerkships.

b. Describe the process of formal review that is being planned for each of the listed curriculum elements. Include in the description the frequency with which such reviews will be conducted, the means by which they will be conducted, the administrative support that will be available for the reviews (e.g., through an Office of Faculty Talent, Recognition and Enhancement (OFTR&E)), and the individuals and groups (e.g., the Curriculum Committee or a subcommittee of the Curriculum Committee) receiving the results of the evaluation.

1. Required courses in the pre-clerkship phase of the curriculum
2. Required courses in years three and four of the curriculum (if offered)
3. Required clerkships
4. Individual years or phases of the curriculum
5. The curriculum as a whole

- The Curriculum Committee evaluates all of the above annually.
1. Required courses in the pre-clerkship phase of the curriculum:

- The required courses in the pre-clerkship phase of the curriculum will be reviewed yearly by the Foundational Course Development Subcommittee of the Curriculum Committee with support by appropriate party for quality and outcomes. These reviews will use course evaluations by students, self-reflection by faculty about the delivery and outcome of their course and quantitative scores on quizzes, exams, and observational evaluations of students. This consistent process of review will result in a templated formal course report aligned with competencies and EPAs.

2. Required courses in years three and four of the curriculum:

- The required courses in years three and four of the curriculum will be reviewed yearly by the Clerkship Subcommittee of the Curriculum Committee with support by the appropriate party for quality and outcomes. These reviews will use course evaluations by students that includes faculty assessment, self-reflection by faculty about the delivery and outcome of their course and quantitative scores on quizzes, exams, and observational evaluations of students. A consistent process of review of clinical experiences will result in a templated formal clinical experience report that includes competencies and EPAs.

3. Required clerkships:

- The required clerkships will be reviewed yearly by the Clerkship Subcommittee of the Curriculum Committee with support by the appropriate party for quality and outcomes. These reviews will use clerkship evaluations by students, of content, process and faculty, self-reflection by faculty about the delivery and outcome of their clerkship, quantitative scores on quizzes, exams, and observational evaluations of students, and patient surveys. A consistent process of review will result in a templated formal clerkship report aligned with competencies and EPAs.

4. Individual years or phases of the curriculum:

- Each year as the school matures and adds successive cohorts to the program, the curriculum as a whole will be evaluated by aggregating the assessments of the individual courses or as clerkships described above. The appropriate subcommittee will also evaluate how well the various courses were horizontally and vertically integrated to create a logical learning sequence.

5. The curriculum as a whole:

- The curriculum as a whole will be evaluated by aggregating the assessments of the individual years and reviewing the curriculum indicators identified in 8.1 and 8.4. The Curriculum Committee as a whole will also evaluate how well the various years were horizontally and vertically integrated to create a logical learning sequence. With the help of the appropriate party for quality and outcomes, the Curriculum Committee will also review the performance of the curriculum relative to the stated program objectives. The evaluation of the curriculum as a whole will also include post-graduation surveys of residency directors, results of the AAMC GQ, and faculty and graduate feedback.

- The results of each of these reviews will be overseen and approved by the Curriculum Committee. The final reports will be sent to the dean’s leadership team, chairs, and course/clerkship directors, as appropriate. Action plans will be developed to address deficiencies.

c. Describe plans for monitoring curriculum content, including the means by which content will be monitored and the anticipated frequency of content monitoring. Describe the status of development of
tool(s) for monitoring the content of the curriculum (i.e., the “curriculum database”).

The college is using a curriculum management system to monitor the content and sequence of curricular elements at every level of detail from the program objectives down to the individual sessions. A feature of the learning management system will be a feature that functions as the central repository where users can see what’s being taught, where, and by whom. All learning experiences are captured in the single database that contains a hierarchical representation of the entire curriculum. Every learning experience is being mapped using standardized objectives and mapping lists, and the database will also contain which instructional and assessment methods are used for which sessions, how each sessions' objectives map to the program-level outcomes, and which topics are covered where. When fully populates, students will be able to search and navigate the curriculum map to find relevant content and teaching objectives. Faculty can see which objectives they are responsible for teaching, and can collaborate with course directors through the curriculum roles. Content may be mapped to the USMLE as well as others.

The planned ESFCOM curriculum management approach is a systematic discipline of analyzing curriculum data and making curriculum changes. Using export tools and gap analysis reports, the Curriculum Committee will be prepared with detailed reports on assessment coverage, teaching types, and program objective traceability. With the support of the associate dean for curriculum, the Evaluation and Assessment Subcommittee of the Curriculum Committee will be responsible for performing a review of curriculum content to identify any gaps or unplanned redundancies on an ongoing basis until the medical education program reaches steady state.

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

The curriculum database is a rich and multimodal resource that holds value for many different stakeholders with varying needs and interests. The ESFCOM values openness, and will grant wide-ranging viewing privileges to students, faculty, and staff, with the exclusion of confidential records. Editing privileges to selected fields in the database will be granted to deans, directors, course chairs, and staff as needed in accordance with their functional roles.

All reviews of curriculum content will be distributed to the dean, the associate dean for curriculum, the appropriate party for quality and outcomes, and the Curriculum Committee. Individual course, clerkship, or phase reviews will be distributed to the individuals and committees which have oversight responsibility, such as the Pre-Clerkship or Clerkship Subcommittee, course chair, or clerkship director.
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>
<thead>
<tr>
<th>Table 8.4-1</th>
<th>USMLE Requirements for Advancement/Graduation</th>
<th>Source: School-reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place a “Y” under the appropriate columns to indicate if the school’s medical students will be required to take and/or pass USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and/or graduation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Take</td>
<td>Pass</td>
</tr>
<tr>
<td>Step 1</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Step 2 CK</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Step 2 CS</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>INDICATOR</td>
<td>HOW COLLECTED</td>
<td>INDIVIDUALS AND GROUPS RECEIVING AND ACTING ON THE DATA</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Results of national examinations</td>
<td>Includes:</td>
<td>▪ Deans ▪ Directors ▪ Curriculum Committee ▪ Course / Clerkship Directors ▪ Department Chairs</td>
</tr>
<tr>
<td></td>
<td>- Comprehensive Basic Science Examination - USMLE Step 1 - USMLE Step 2 CK - USMLE Step 2 CS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Obtained by registrar from NBME</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Shelf Exams for Clerkships</td>
<td>▪ Clerkship Directors ▪ Curriculum Committee (during annual review)</td>
</tr>
<tr>
<td></td>
<td>▪ Obtained by registrar from NBME</td>
<td></td>
</tr>
<tr>
<td>Scores on internal exams</td>
<td>▪ Developed &amp; maintained by individual course/clerkship directors.</td>
<td>▪ Individual course/clerkship director ▪ Directors ▪ Deans ▪ Course/Clerkship Subcommittees</td>
</tr>
<tr>
<td></td>
<td>▪ Exams scored by optical mark readers, course directors, and UME office.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Final exam scores maintained by UME office.</td>
<td></td>
</tr>
<tr>
<td>Performance-based assessment</td>
<td>▪ Includes:</td>
<td>▪ Individual course director ▪ Deans Curriculum Committee and/or subcommittees</td>
</tr>
<tr>
<td></td>
<td>- End of Pre-Clinical Clinical Skills Exam - OSCEs - Direct Observation - Clinical Performance Exams</td>
<td></td>
</tr>
</tbody>
</table>
Provide the individuals and/or groups in the medical school who will receive and act on the results of each of the program outcome indicators listed below.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>HOW COLLECTED</th>
<th>INDIVIDUALS AND GROUPS RECEIVING AND ACTING ON THE DATA</th>
<th>HOW USED FOR CHANGE</th>
</tr>
</thead>
</table>
| AAMC Graduation Questionnaire          | Obtained by Associate Dean for Student Affairs                                                                                                                                                             | ▪ Deans  
▪ Curriculum Committee and/or subcommittee  
▪ Course and clerkship directors  
▪ Department chairs                                                                 | Benchmark for overall effectiveness of all programs and offices; declines in scores will trigger additional review and subsequent corrective action. |
| Course evaluations                     | Pre-Clinical and Clinical course evaluations are managed  
Pre-Clinical and clinical evaluation data collection is supported by the Undergraduate Medical Education office and in core clerkships, departmentally-based coordinators.                                    | ▪ Individual course/clerkship director  
▪ Deans  
▪ Course/clerkship Subcommittee  
▪ Evaluation Subcommittee of the Curriculum Committee  
▪ Curriculum Committee                                                                 | Marker for course effectiveness. Poor performance over multiple student cohorts in specific areas routinely lead to targeted areas for improvement and may lead to curricular and/or teaching changes. Benchmark for overall effectiveness when examined over time; declines in scores will trigger additional review and subsequent corrective action. |
| Student advancement & graduation rates | Managed by the Registrar                                                                                                                                                                                    | ▪ Deans  
▪ Course/clerkship Subcommittee  
▪ Evaluation Subcommittee of the Curriculum Committee  
▪ Curriculum Committee                                                                 | Very broad benchmark for overall program effectiveness.                                                                                                                            |
| NRMP results                           | Managed by the Office of Student Affairs                                                                                                                                                                   | ▪ Deans  
▪ Chairs  
▪ Course/clerkship Subcommittee  
▪ Evaluation Subcommittee of the Curriculum Committee  
▪ Curriculum Committee                                                                 | Very broad benchmark for overall program effectiveness.                                                                                                                            |
Table 8.4-2 | Monitoring of Medical Education Program Outcomes | Source: School-reported

Provide the individuals and/or groups in the medical school who will receive and act on the results of each of the program outcome indicators listed below.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>HOW COLLECTED</th>
<th>INDIVIDUALS AND GROUPS RECEIVING AND ACTING ON THE DATA</th>
<th>HOW USED FOR CHANGE</th>
</tr>
</thead>
</table>
| Specialty choices of graduates                 | Managed by the Office of Student Affairs | ▪ Deans  
▪ Chairs  
▪ Course/clerkship Subcommittee  
▪ Curriculum Committee                                                   | Very broad benchmark for overall program effectiveness. |
| Assessment of residency performance of graduates| Surveys of residency program directors  | ▪ Deans  
▪ Chairs  
▪ Course/clerkship Subcommittee  
▪ Committee  
▪ Curriculum Committee                                                   | Very broad benchmark for overall program effectiveness. |
| Licensure rates of graduates                    | Surveys                                 | ▪ Deans  
▪ Chairs  
▪ Course/clerkship Subcommittee  
▪ Curriculum Committee                                                   | Very broad benchmark for overall program effectiveness. |
| Practice types and locations of graduates       | Surveys of graduates                    | ▪ Deans  
▪ Chairs  
▪ Course/clerkship Subcommittee  
▪ Curriculum Committee                                                   | Very broad benchmark for overall program effectiveness. |

8.4 NARRATIVE RESPONSE

a. Describe plans to collect desired outcome data, including what individual or group will be responsible for data collection and interpretation.

The collection of desired outcome data is in general the responsibility of administration, teaching faculty, and the students themselves as individuals and members of groups charged with assessment at a variety of levels. The analytics process involves a robust data management system that provides all with outcomes detail linked to programmatic and learning objectives, competencies, EPAs, and USMLE.

Data will be collected, analyzed, and disseminated by the office of the Assistant Dean for Assessment and Student Support (reports to the Associate Dean for Curriculum who reports to the Vice Dean for Student and Faculty Experience). The Curriculum Committee, The Pre-Clerkship, the Clerkship, and the Evaluation and Assessment Subcommittee are charged with monitoring and acting upon outcomes; the Dean and the Vice Dean, Student and Faculty Experience also receive the results.
Others, review and act upon results depending on their roles related to the content of the reports; the Chair of Medical Education and Clinical Sciences; the Chair of Biomedical Sciences; Course and Clerkship Directors; Associate/Assistant Deans for Curriculum, Assessment and Educational Best Practices; Education Directors, Curriculum Specialists and faculty.

Action plans (if needed) are created, implemented and monitored until complete, and then archived. Schedules of outcomes reviews vary dependent on event being assessed. The office of the Assistant Dean for Assessment and Student Support and the Curriculum Committee maintains full documentation of original reports, the actions taken, and the monitoring of outcomes.
8.5 USE OF STUDENT EVALUATION DATA IN PROGRAM IMPROVEMENT

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 will be collected from medical students on course and clerkship quality.

Data will be collected, analyzed and disseminated by the office of the Assistant Dean for Assessment and Student Support (reports to Associate Dean for Curriculum who reports to Vice Dean for Student and Faculty Experience). This office will be responsible for coordinating evaluative surveys of courses and course instructors using the identified evaluation system per the IT/Library Resources subcommittee. Clerkship evaluations including evaluations of preceptors, sites and rotation quality will be conducted using a platform as determined by the IT/Library Resources subcommittee. Evaluation results will be provided to course/clerkship directors and faculty, and will be submitted to the Evaluation and Assessment Subcommittee of the Curriculum Committee. The subcommittee will generate reports for the Curriculum Committee.

b. Describe whether medical students will provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkships.

Medical students will complete a mandatory end of course/clerkship evaluation to provide feedback on all aspects of their medical school experience, including the performance of their instructors at the end of each course or clerkship. The data will be collected, analyzed and disseminated by the office of the Assistant Dean for Assessment and Student Support (reports to the Associate Dean for Curriculum who reports to the Vice Dean for Student And Faculty Experience). Evaluation results will be provided to the Evaluation and Assessment Subcommittee to report to the Curriculum Committee and the Associate Dean for Curriculum. The data will be used to guide continuous quality improvement of courses (curricular content and learning methods), faculty, clerkships (including sites and preceptors).
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 a centralized tool for logging being created or will individual clerkships use their own systems?

The centralized curriculum management system will be used to track all student-patient encounters across all their clerkships. The application allows for a “passport” style checklist of required encounters in a software feature. The software also allow students to log their patient hours autonomously.

The ESFCOM is creating an “expectation grid” to show students (and faculty/residents) at a glance the encounters they need to have, how many of each encounter they need, and at which participation levels. The ESFCOM will break the grids down into specific skill areas to tell learners the specifics of the observations and skills they will need as part of their rotations. Progress indicators in the software then will show how close learners are to meeting their experience requirements. The color progress indicators appear in-line with their expectation grids, so learners can see what’s required of them and how close they are to achieving each requirement. The hours logged by students and the completion of required clinical encounters, aligned with competencies, milestones, and desired EPAs, will be reviewed by clerkship directors, who are responsible for arranging alternate experiences if gaps are identified.

b. Summarize when and how each student’s completion of clerkship-specific required clinical encounters and skills will be reviewed 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

Staff will review a student-specific report generated by the curriculum management system every two weeks during the clerkship (and on an as-needed basis). That information will be provided to the attending physician, supervising resident, and preceptor in order to ensure that students are meeting their requirements. Progress towards accomplishing the requirements will be discussed with the student during weekly feedback and documented in the student’s portfolio.

2. The clerkship director

Reports will be provided to the clerkship director during mid-clerkship and end-of-clerkship review (and on an as-needed basis.) The clerkship director will review the reports and progress towards completion of requirements that are aligned with competencies and milestones, with the students at their mid-clerkship review session.

c. Summarize when, how, and by whom aggregate data on students’ completion of clerkship-specific required clinical encounters and skills will be monitored.

Aggregate data generated by the curriculum management system will be reviewed by the clerkship director at each site. This information is provided to the appropriate party for quality and outcomes and the Evaluation and Assessment and Clerkship Subcommittee for their regular oversight requirements. Their reports to the full Curriculum Committee are part of the standing agendas and used to evaluate courses and clerkships.
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 will be offered at more than one instructional site, including geographically distributed campus(es), (also see the response to element 2.6).

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

All new faculty members will be enrolled in the Faculty Development Program. They will receive detailed written instructions, and will be led and supervised by their clerkship director. On an annual basis, all course/clerkship directors leading the same course/clerkship at the distributed sites will participate in a retreat to review core objectives, required clinical encounters and skills, and the grading system for the course or clerkship. All of the faculty involved in teaching in each course/clerkship will be invited to participate in the retreat for that course/clerkship. Following the retreat, the teaching faculty will all receive an updated copy of the objectives, required clinical encounters and skills, and grading system.

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/clerkship directors will communicate with the course/clerkship faculty at the beginning of each academic year to discuss major planning initiatives or changes in implementation, student assessment, or course evaluation. The course/clerkship directors will then communicate with the faculty on an as-needed basis as changes occur. The course/clerkship directors will communicate the results of the course evaluations following the completion of each course/clerkship. Additionally, each discipline-specific group of course/clerkship directors will have standing meetings were they standardize key communications related to planning and implementation, student assessment, and course evaluation.

3. The mechanisms that will be used for sharing and reviewing data on student satisfaction and performance across instructional sites.

- The same learning management system and technology platforms will be in place across all training sites.

The summary statistics will be communicated to each participating faculty member by the course/clerkship director following the completion of each course/clerkship. All aggregate data on student satisfaction and performance will be forwarded to the Curriculum Committee, Pre-Clerkship/Clerkship Subcommittee, Evaluation and Assessment Subcommittee, and the appropriate party for quality and outcomes. The faculty will also have access at any time to the raw evaluation data archived in the curriculum management system.
b. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (Curriculum Committee or a Curriculum Committee subcommittee) who will be responsible for reviewing and acting on information related to comparability across instructional sites.

The clerkship director will assume responsibility for data collection, and for implementing any actions that are associated with the formal review of the data by the Curriculum Committee, with the guidance of the appropriate party for quality and outcomes and the office of the associate dean for curriculum. The original data is forwarded to the Evaluation and Assessment Subcommittee for analysis, and their report is then presented to the Curriculum Committee for determination of actions, as appropriate.
8.8 MONITORING STUDENT WORKLOAD

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 frequency with which the Curriculum Committee and/or its relevant subcommittee(s) will monitor the academic workload of medical students and their time for independent study in the pre-clerkship phase of the curriculum and during the clinical clerkships.
   (Also refer to the sample weekly schedules associated with element 6.3)

The Curriculum Committee has drafted a policy limiting the scheduled hours in the pre-clerkship years of the medical education program to 28 hours per week, to support self-directed learning. For the clinical phase of the curriculum, the Curriculum Committee initiated a policy restricting duty hours to 80 hours per week, including on call time. During the initial years of delivering the curriculum, the students will be periodically surveyed to monitor the distribution of time spent among the entire cohort. The Curriculum Committee will reassess the timing of these surveys as the curriculum delivery matures. The results of these surveys, along with end of course/clerkship evaluations, will be provided to the Assistant Dean for Assessment and Student Services, as well as to the appropriate subcommittee for report to the Curriculum Committee following the conclusion of each required course or clerkship. Specifically, the information will be used to analyze the complete workload of the students, with feedback to faculty on overall assignment volume. The curriculum mapping tool is a key component in supporting the faculty in monitoring the overall assignments on a weekly basis. Violations of the duty hour policy will be monitored by the Clerkship directors and actions taken to ensure resolution of patterns.

b. Summarize the status of creation of duty hours policy, including on-call requirements for medical students. Describe how policies relating to duty hours will be disseminated to medical students, residents, and faculty.

A duty hours policy has been developed and approved by the Curriculum Committee. The duty hours policy is included in the supporting documentation and in Appendix 8.8.1. These will be distributed to students, faculty, and residents by electronic communication and will be included in the student and faculty handbooks.

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.

The data will be collected via clerkship evaluations, and will be distributed to the course chairs, clerkship directors, Curriculum Committee, and the office of the dean for curriculum. Violations will be investigated by the course chairs, and necessary actions taken if deemed a pattern.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.8

1. A formal policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

The Duty Hours Policy for Clerkships and Rotations is included in Appendix 8.8.1