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HEALTH SCIENCES CENTER[™]
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Paul L. Foster School of Medicine

Annual Medical Education Program Evaluation Report 2017 – 2018

Prepared by the

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Office of Medical Education

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Executive Summary

Background

The purpose of this report is to provide the Curriculum and Education Policy Committee (CEPC) medical education program data results on evaluation and outcomes for the purposes identified in the medical education program policy for [Curriculum Review](#), as well as in the Annual Medical Education Program Evaluation [Report Policy](#).

The medical program evaluation results and outcomes data provided in this report reflect the most recent academic year's results as well as historical data, when available or applicable.

The report is structured in 4 main sections:

First, an overview of the medical education curriculum organization and scheme, to include Program Goals and Objectives (PGO) mapped to the curriculum, including content and assessments.

Second, a section on CEPC common policy and LCME accreditation monitoring Items. These are items chosen by the CEPC to be tracked and monitored continually, either for LCME accreditation purposes, Medical Education PGO compliance, and/or medical education policy adherence. Items reported in this section may also appear in another section of the report.

Third, a section which provides all medical education program evaluation results by program phase:

- In-house program evaluation data results presented by education program phase, to include all Integrated Curricular Elements Program (ICE) requirements' outcomes, and Scholarly Activity and Research Program (SARP) outcomes.

And last, all medical education program benchmarks and outcomes results:

- Program outcomes data: Graduation rates, Graduate placement (Match data), and AAMC examination data, indicators, and benchmarks. This is followed by data results from the TTUHSC El Paso PLFSOM Program Director /Graduate Student Survey.

Methodology

In general, the report structure follows the medical education program curriculum organization in that pre-clerkship phase results are followed by clerkship phase results, independently of report section. Since the ICE Program contains requirements which intentionally span the pre-clerkship and clerkship phases, the results for ICE Program element that are reported here appear within the medical school year and phase where the element occurs (See figure 1 below). Every section and subsection of the report is preceded by an introductory overview of the data presented, to include methodology if appropriate, with links to more in-depth information related to that section, when available.

Figure 1: ICE Program Elements per curriculum phase

ICE Program Elements	MS1	MS2	MS3	MS4
Clerkship Prep Course (PICE7001)				
Advanced Cardiac Life Support (ACLS)		✓		
Tankside Gran Rounds				
End of Year OSCE				
NBME Comprehensive Basic Science Exam (CBSE)				
Comprehensive End of Year Exam (CEYE)	✓			
Longitudinal Survey	✓	✓	✓	✓
Integration Intersession			✓	
End of Year OSCE			✓	
STEP 1		✓		
NBME Comprehensive Clinical Sciences Exam (CCSE)			✓	
STEP 2 (CK & CS)				✓

Selected Findings

[Any outstanding or notable results from data analysis and review, as well as changes to curriculum delivery, design, etc. Any changes from last year in reporting modality from outside sources (AAMC, etc.)]

PENDING CEPC REVIEW AND APPROVAL OF FINAL DRAFT

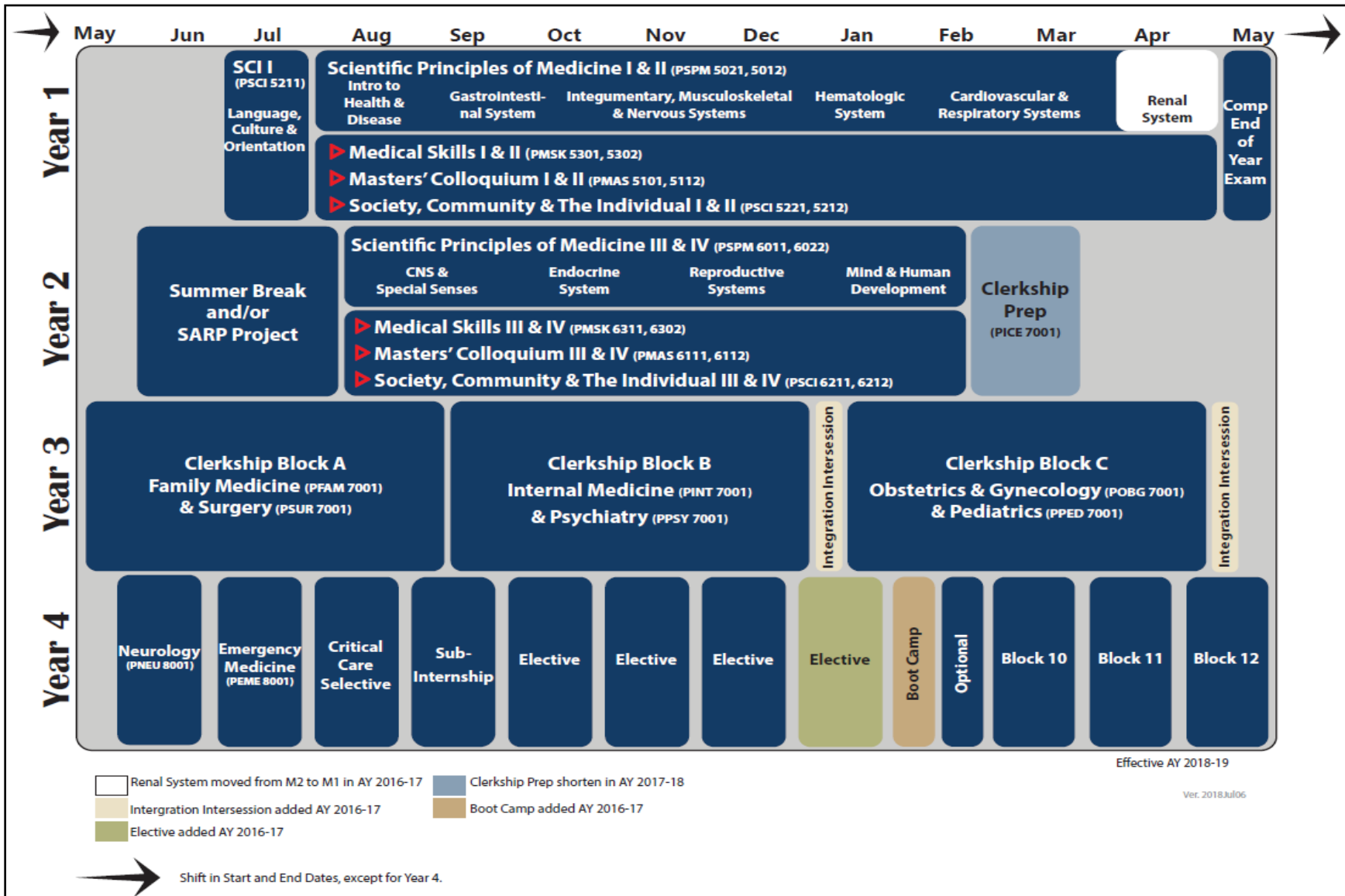
Medical Education Curriculum Overview

Curriculum Scheme

During AY 2014-2015 the PLFSOM Student Curriculum and Evaluation Committee made recommendations to the CEPC for a proposed expansion of the 4th year curriculum. The CEPC tasked the Year 1 - 2 curriculum committee with the review of the pre-clerkship phase to allow for the clerkship phase expansion. The proposed plan involved reordering the curriculum units for the first two years, compressing the MS1 & MS2 curriculum, and transition to a schedule that would allow off-cycle MS3 students to complete all clerkship blocks prior to compilation of the MSPE. Changes included replacing the Integration of Systems unit at the end of the MS2 year with an Clerkship Prep Course (PICE), moving the Renal unit from the MS2 year to the MS1 year, adding an Intersession course to the MS3 year to be delivered in two sessions -one at the end of the 2nd and 3rd Blocks each-, adding a 4th required Elective choice for the MS4 year, and transforming the MS4 year Boot Camp elective into a required rotation. One drawback to the shift forward in the MS3 clerkship block start date was an unavoidable 1 week overlap between Block 3 of AY 2015-2016 and Block 1 of AY 2016-2017. The CEPC approved all changes February 9, 2015, and implementation was to be executed during the course of the following 4 academic years, with full implementation occurring by the class of 2019's graduation. For the academic year of this report, 2017-2018, the only additional change was the decision to condense the PICE course from the original 8 weeks to just 5. The following graphic shows the changes in the curriculum as it has transitioned:

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Figure 2: Curriculum Schematic Changes



Program Goals and Objectives Mapped to Curriculum

The Medical Education program goals and objectives are outcome-based statements that guide the instruction and assessment of medical students as they develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives.

The CEPC continuously reviews the individual components of the curriculum as well the curriculum as a whole. As part of the process, it requires that each course/clerkship syllabus identify the PGOs it addresses. The following tables provide mapping of the PGOs by course and assessments, as reflected in the curriculum syllabi. ([Link to Report](#))

Competency Domain: 1 Patient Care:

Overall Goal: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 1.1 Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.
- 1.2 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- 1.3 For a given clinical presentation, use data derived from the history, physical examination, imaging, and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.
- 1.4 Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.
- 1.5 Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.
- 1.6 Describe and propose treatments appropriate to the patient's condition and preferences.
- 1.7 Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.
- 1.8 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- 1.9 Provide preventative health care services and promote health in patients, families, and communities.
- 1.10 Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.

Table 1: 2017-2018 Syllabi Mapping for PGO 1: Patient Care

Program Goal 1: Patient Care	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Master's Colloquium	✓	✓		✓		✓		✓	✓	
Medical Skills	✓	✓	✓		✓	✓	✓	✓	✓	✓
Scientific Principles of Medicine	✓	✓	✓			✓				
Society, Community, and the Individual	✓							✓	✓	
Clinical Preparation Course	✓	✓	✓	✓	✓	✓	✓	✓		
Block A			✓							

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Program Goal 1: Patient Care	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Family Medicine Clerkship	✓	✓	✓	✓		✓		✓	✓	
Surgery Clerkship	✓	✓	✓	✓	✓	✓	✓			
Block B	✓	✓	✓			✓				
Internal Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓	✓		
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Block C	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pediatrics Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Emergency Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neurology Clerkship	✓	✓	✓		✓	✓			✓	
CVICU	✓				✓	✓	✓	✓		
MICU		✓	✓	✓		✓	✓	✓		
PICU	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NICU	✓	✓	✓	✓	✓	✓	✓	✓		✓
NSICU		✓	✓			✓	✓			✓
SICU	✓	✓	✓	✓	✓	✓	✓	✓		✓
Family Medicine Sub-Internship	✓	✓	✓	✓		✓	✓	✓	✓	
Internal Medicine Sub-Internship	✓	✓	✓	✓		✓	✓	✓	✓	
OB/Gynecology Sub-Internship	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Surgery Sub-Internship	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pediatrics Sub-Internship	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Scholarly Activity and Research Project										

Table 2: Assessment Mapping for PGO 1: Patient Care

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
1.1: Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data,	Gynecologic Surgical Specialty and Simulation Center Learning within Blocks A (Surgery/Family Medicine) and C (Obstetrics & Gynecology/Pediatrics)	Clinical Performance Rating/Checklist (FORMATIVE)
	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
imaging studies, and other tests.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	EOY 2 and 3 OSCE within courses: Clerkship Prep and Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: Emergency Medicine and Neurology	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neuro interventional mid and final clerkship, and professional evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assessment within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
	ATACS within the course: Block A - Surgery/Family Medicine	Practical (Lab) (FORMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
1.2: Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
scientific evidence, and clinical judgment.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	EOY Years 2 and 3 OSCE within the courses: Clerkship Intersession and Clerkship Prep	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: Emergency Medicine and Neurology	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assesmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
	ATACS within the course: Block A - Surgery/Family Medicine	Practical (Lab) (FORMATIVE)
1.3: For a given clinical presentation, use data derived from the history, physical examination, imaging, and/or laboratory investigation to categorize the disease process and generate and	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	ACLS Mega Code Testing and End of Year 2 OSCE within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	EOY 3 OSCE within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
prioritize a focused list of diagnostic considerations.	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	ATACS within the course: Block A - Surgery/Family Medicine	Practical (Lab) (FORMATIVE)
1.4: Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
1.5: Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	ATACS within the course: Block A - Surgery/Family Medicine	Practical (Lab) (FORMATIVE)
1.6: Describe and propose treatments appropriate to the patient's condition and preferences.	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	ACLS Mega Code Testing and EOY 3 OSCE within the courses: Clerkship Prep and Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)

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	ATACS within the course: Block A - Surgery/Family Medicine	Practical (Lab) (FORMATIVE)
1.7: Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	EOY 2 and EOY 3 OSCE within courses: Clerkship Prep and Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
1.8: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.	EOY 3 OSCE within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
1.9: Provide preventative health care services and promote health in patients, families, and communities.	EOY 3 OSCE within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
1.10: Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.	Simulation Center Learning within the course: Block A- Surgery/Family Medicine	Clinical Performance Rating/Checklist (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	Clerkship Intersession within the course: Procedure Workshop- Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

Competency Domain: 2 Knowledge for Practice

Overall Goal: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

- 2.1 Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
- 2.2 Apply established and emerging foundational/basic science principles to health care.
- 2.3 Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.

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- 2.5 Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.
- 2.6 Demonstrate an understanding of and potential for engagement in the creation, dissemination, and application of new health care knowledge.

Table 3: 2017-2018 Syllabi Mapping for PGO 2: Knowledge for Practice

Program Goal :	2.1	2.2	2.3	2.4	2.5	2.6
Master's Colloquium			✓	✓	✓	✓
Medical Skills			✓		✓	
Scientific Principles of Medicine	✓	✓	✓			
Society, Community, and the Individual			✓	✓	✓	✓
Clinical Preparation Course	✓	✓	✓	✓	✓	
Block A						
Family Medicine Clerkship	✓	✓	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	✓		
Block B	✓	✓	✓		✓	
Internal Medicine Clerkship	✓	✓	✓	✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓
Block C	✓	✓	✓	✓	✓	✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓	✓	✓
Emergency Medicine Clerkship		✓	✓			
Neurology Clerkship	✓	✓	✓	✓		
CVICU	✓	✓	✓	✓	✓	✓
MICU		✓	✓		✓	
PICU	✓	✓	✓	✓	✓	✓
NICU	✓	✓	✓		✓	✓
NSICU		✓	✓		✓	
SICU	✓	✓	✓			
Family Medicine Sub-Internship		✓	✓	✓		✓
Internal Medicine Sub-Internship		✓	✓	✓		✓
OB/Gynecology Sub-Internship		✓	✓	✓		✓
Surgery Sub-Internship	✓	✓	✓	✓	✓	✓
Pediatrics Sub-Internship		✓	✓	✓	✓	✓
Scholarly Activity and Research Project						✓

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Table 4: Assessment Mapping for PGO 2: Knowledge for Practice

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
2.1: Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.	CCSE - Interession within the course: Clerkship Interession	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
2.2: Apply established and emerging foundational/basic science principles to health care.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Neurology Pre and Post-test within the course: Neurology	Exam - Institutionally Developed, Written/ Computer-based (FORMATIVE)
	ACLS Written Exam and CCSE- Interession within the courses: Clerkship Prep and Intession	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	Peer Teaching Session and Integrated Case Presentations within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
2.3: Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	Away - Ophthalmology and EM Final Assessment in courses: Away-Ophthalmology I and Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	EOY 2 OSCE and ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Neurology Pre and Post-test within the course: Neurology	Exam - Institutionally Developed, Written/ Computer-based (FORMATIVE)
	ACLS Written Exam and CCSE- Interssion within the courses: Clerkship Prep and Intession	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: Emergency Medicine and Neurology	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	Integrated Case Presentation and Peer Teaching Session within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assessmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
2.4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.	Away - Ophthalmology and EM Final Assessment in courses: Away-Ophthalmology I and Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	NBME within the courses: Emergency Medicine and Neurology	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	Integrated Case Presentation and Peer Teaching Session within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assesmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
2.5: Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	NBME within the courses: Emergency Medicine and Neurology	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)	

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	Neurology Final Assessment within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
2.6: Demonstrate an understanding of and potential for engagement in the creation, dissemination, and application of new health care knowledge.	CITI and COI Training within the course: Scholarly Activity I	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Peer Teaching Session within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Participation (FORMATIVE)

Competency Domain: 3 Practice-Based Learning & Improvement

Overall Goal: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- 3.1 Identify and perform learning activities to address gaps in one's knowledge, skills, and/or attitudes.
- 3.2 Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.
- 3.3 Accept and incorporate feedback into practice.
- 3.4 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
- 3.5 Obtain and utilize information about individual patients, populations, or communities to improve care.

Table 5: 2017-2018 Syllabi Mapping for PGO 3: Practice-Based Learning & Improvement

Program Goal :	3.1	3.2	3.3	3.4	3.5
Master's Colloquium	✓				✓
Medical Skills			✓		
Scientific Principles of Medicine					
Society, Community, and the Individual	✓			✓	✓
Clinical Preparation Course	✓				
Block A					
Family Medicine Clerkship	✓	✓	✓	✓	✓
Surgery Clerkship	✓		✓	✓	
Block B					
Internal Medicine Clerkship	✓		✓	✓	✓
Psychiatry Clerkship	✓	✓	✓	✓	✓
Block C	✓	✓	✓	✓	✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓	✓

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Program Goal :	3.1	3.2	3.3	3.4	3.5
Pediatrics Clerkship	✓	✓	✓	✓	✓
Emergency Medicine Clerkship	✓		✓	✓	
Neurology Clerkship	✓	✓	✓	✓	✓
CVICU	✓	✓	✓	✓	
MICU	✓			✓	
PICU	✓	✓	✓	✓	✓
NICU	✓	✓	✓	✓	✓
NSICU	✓				✓
SICU		✓		✓	✓
Family Medicine Sub-Internship	✓		✓	✓	✓
Internal Medicine Sub-Internship	✓		✓	✓	✓
OB/Gynecology Sub-Internship	✓		✓	✓	✓
Surgery Sub-Internship	✓	✓	✓	✓	✓
Pediatrics Sub-Internship	✓		✓	✓	✓
Scholarly Activity and Research Project	✓		✓		

Table 6: Assessment Mapping for PGO 3: Practice Based Learning and Improvement

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
3.1: Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Integrated Case Presentation and Peer Teaching Session within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	Clinical Question Presentation (CQP) within the course: Emergency Medicine	Research or Project Assessment (SUMMATIVE)
	Ethnic Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
3.2: Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	NBME within the courses: EM and Neuro	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Interventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assessment within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
3.3: Accept and incorporate feedback into practice.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
3.4: Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Integrated Case Presentation and Peer Teaching Session within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	Clinical Question Presentation (CQP) and Tankside Grand Rounds within the courses: EM and Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
3.5: Obtain and utilize information about individual patients, populations or communities to improve care.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Peer Teaching Session within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Participation (FORMATIVE)

Competency Domain: 4 Interpersonal and Communication Skills

Overall Goal: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

4.1 Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.

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- 4.2 Communicate effectively with colleagues and other health care professionals.
- 4.3 Communicate with sensitivity, honesty, compassion, and empathy.
- 4.4 Maintain comprehensive and timely medical records.

Table 7: 2017-2018 Syllabi Mapping for PGO 4: Interpersonal and Communication Skills

Program Goal :	4.1	4.2	4.3	4.4
Master's Colloquium	✓	✓	✓	
Medical Skills	✓	✓	✓	✓
Scientific Principles of Medicine		✓		
Society, Community, and the Individual	✓	✓	✓	✓
Clinical Preparation Course	✓	✓	✓	✓
Block A		✓		
Family Medicine Clerkship	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	
Block B				
Internal Medicine Clerkship	✓	✓	✓	✓
Psychiatry Clerkship	✓	✓	✓	✓
Block C				
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓
Emergency Medicine Clerkship	✓	✓	✓	
Neurology Clerkship	✓	✓	✓	✓
CVICU	✓	✓		
MICU	✓	✓		
PICU	✓	✓	✓	✓
NICU	✓	✓	✓	✓
NSICU	✓	✓	✓	
SICU	✓	✓	✓	
Family Medicine Sub-Internship	✓	✓	✓	
Internal Medicine Sub-Internship	✓	✓	✓	
OB/Gynecology Sub-Internship	✓	✓		
Surgery Sub-Internship	✓	✓	✓	✓
Pediatrics Sub-Internship	✓	✓	✓	✓
Scholarly Activity and Research Project		✓		

Table 8: Assessment Mapping for PGO 4: Interpersonal and Communication Skills

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
4.1: Communicate effectively with patients and families across a broad range of socio-	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
economic and cultural backgrounds.	ACLS Mega Code Testing and EOY 3 OSCE within the courses: Clerkship Prep and Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Medical Spanish Oral and Final Exams within the courses: SCI I, II, III, and IV	Exam - Institutionally Developed, Oral (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: EM and Neruo	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	Integrated Case Presentation within the course: Block A - Surgery/Family Medicine	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assesmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
4.2: Communicate effectively with colleagues and other health care professionals	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: EM and Neruo	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Open Forum MS2 and Professional Assessment within the courses: MC IV and EM	Narrative Assessment (SUMMATIVE)
	Maternal Fetal Medicine within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Oral Patient Presentation (FORMATIVE)
	Integrated Case Presentation within the course: Block A - Surgery/Family Medicine	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assesmnet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
4.3: Communicate with sensitivity, honesty, compassion, and empathy.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
4.4: Maintain comprehensive and timely medical records.	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Clinical Performance Rating/Checklist (FORMATIVE)
	EOY 3 OSCE within the course: Clerkship Intercession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

Competency Domain: 5 Professionalism

Overall Goal: Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

- 5.1 Demonstrate sensitivity, compassion, integrity and respect for all people.
- 5.2 Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy, and informed consent.
- 5.3 Demonstrate accountability to patients and fellow members of the health care team.
- 5.4 Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.
- 5.5 Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations, and the avoidance of conflicts of interest.
- 5.6 Demonstrate honesty in all professional and academic interactions.
- 5.7 Meet professional and academic commitments and obligations.

Table 9: 2017-2018 Syllabi Mapping for PGO 5: Professionalism

Program Goal :	5.1	5.2	5.3	5.4	5.5	5.6	5.7
Master's Colloquium	✓	✓	✓	✓	✓	✓	✓
Medical Skills	✓	✓					
Scientific Principles of Medicine	✓		✓			✓	✓
Society, Community, and the Individual	✓						
Clinical Preparation Course	✓		✓			✓	✓
Block A							
Family Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	✓	✓	✓	✓
Block B							
Internal Medicine Clerkship	✓	✓	✓		✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓	✓
Block C	✓	✓	✓	✓	✓		✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓	✓	✓	✓
Emergency Medicine Clerkship	✓	✓	✓			✓	✓
Neurology Clerkship	✓	✓	✓	✓	✓	✓	✓
CVICU	✓	✓	✓		✓		✓
MICU	✓	✓	✓	✓		✓	✓

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Program Goal :	5.1	5.2	5.3	5.4	5.5	5.6	5.7
PICU	✓	✓	✓	✓	✓	✓	✓
NICU	✓	✓	✓	✓		✓	✓
NSICU	✓	✓	✓				✓
SICU		✓	✓	✓			✓
Family Medicine Sub-Internship	✓	✓	✓	✓	✓	✓	✓
Internal Medicine Sub-Internship	✓	✓	✓	✓	✓	✓	✓
OB/Gynecology Sub-Internship	✓	✓	✓		✓		✓
Surgery Sub-Internship		✓	✓			✓	✓
Pediatrics Sub-Internship	✓	✓	✓		✓		✓
Scholarly Activity and Research Project	✓	✓			✓	✓	✓

Table 10: Assessment Mapping for PGO 5: Professionalism

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
5.1: Demonstrate sensitivity, compassion, integrity and respect for all people.	EOY 3 OSCE and Procedure Workshop- Interession within the course: Clerkship Interession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Open Forum MS2 Spring 2 within the course: Master Colloquium IV	Narrative Assessment (SUMMATIVE)
	Peer Teaching Session within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Participation (FORMATIVE)
	Ethical Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
5.2: Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.	CITI and COI Training within the course: Scholarly Activity I	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Integrated Case Presentation within the course: Block A - Surgery/Family Medicine	Participation (FORMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	Ethnical Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
5.3: Demonstrate accountability to patients and fellow members of the health care team.	Integrated Case Presentation within the course: Block A - Surgery/Family Medicine	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
5.4: Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.	CITI and COI Training within the course: Scholarly Activity I	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Ethnical Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
5.5: Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest.	EOY 3 OSCE and Procedure Workshop- Intersession within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	CITI and COI Training within the course: Scholarly Activity I	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Ethnical Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
5.6: Demonstrate honesty in all professional and academic interactions.	EOY 3 OSCE and Procedure Workshop- Intersession within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
5.7: Meet professional and academic commitments and obligations.	EOY 3 OSCE and Procedure Workshop- Intersession within the course: Clerkship Intersession	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Integrated Case Presentation and Peer Teaching Session within the courses: Blocks A (Surg./FM) and C (OB-GYN/PEDS)	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)

Competency Domain: 6 Systems-Based Practice

Overall Goal: Demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call on other resources in the system to provide optimal care.

- 6.1 Describe the health system and its components, how the system is funded and how it affects individual and community health.
- 6.2 Demonstrate the ability to identify patient access to public, private, commercial, and/or community-based resources relevant to patient health and care.
- 6.3 Incorporate considerations of benefits, risks, and costs in patient and/or population care.
- 6.4 Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.

Table 11: 2017-2018 Syllabi Mapping for PGO 6: Systems-based Practice

Program Goal :	6.1	6.2	6.3	6.4
Master's Colloquium	✓	✓	✓	
Medical Skills				
Scientific Principles of Medicine				
Society, Community, and the Individual	✓	✓	✓	✓
Clinical Preparation Course				
Block A				✓
Family Medicine Clerkship	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	
Block B				
Internal Medicine Clerkship	✓	✓	✓	✓
Psychiatry Clerkship	✓	✓	✓	✓
Block C	✓	✓	✓	✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓
Emergency Medicine Clerkship	✓	✓	✓	✓
Neurology Clerkship		✓	✓	✓

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Program Goal :	6.1	6.2	6.3	6.4
CVICU			✓	
MICU	✓	✓		✓
PICU	✓	✓	✓	✓
NICU	✓	✓	✓	✓
NSICU	✓	✓		✓
SICU	✓	✓	✓	✓
Family Medicine Sub-Internship	✓	✓	✓	✓
Internal Medicine Sub-Internship	✓	✓	✓	✓
OB/Gynecology Sub-Internship	✓		✓	✓
Surgery Sub-Internship	✓	✓	✓	✓
Pediatrics Sub-Internship	✓		✓	✓
Scholarly Activity and Research Project				

Table 12: Assessment Mapping for PGO 6: System-based Practice

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
6.1: Describe the health system and its components, how the system is funded and how it affects individual and community health.	Clinic (Faculty Practice/Resident Clinic/Private Community Practice) within the course: Obstetrics & Gynecology Clerkship	Clinical Performance Rating/Checklist (FORMATIVE)
	Morning Report within the course: Pediatric Clerkship	Oral Patient Presentation (FORMATIVE)
	Newborn Nursery and Wards Nights/Weekends within the course: Pediatric Clerkship	Participation (FORMATIVE)
6.2: Demonstrate the ability to identify patient access to public, private, commercial, and/or community-based resources relevant to patient health and care.	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	NBME within the courses: EM and Neuro	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Interventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assessment within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
6.3: Incorporate considerations of benefits, risks and costs in patient and/or population care.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
6.4: Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)

Competency Domain: 7 Interprofessional Collaboration

Overall Goal: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

- 7.1 Describe the roles of health care professionals.
- 7.2 Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.
- 7.3 Function effectively both as a team leader and team member.
- 7.4 Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.

Table 13: 2017-2018 Syllabi Mapping for PGO 7: Interprofessional Collaboration

Program Goal :	7.1	7.2	7.3	7.4
Master's Colloquium	✓	✓	✓	✓
Medical Skills	✓	✓	✓	✓
Scientific Principles of Medicine			✓	
Society, Community, and the Individual	✓	✓	✓	✓
Clinical Preparation Course	✓		✓	
Block A		✓	✓	
Family Medicine Clerkship	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	✓
Block B				

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Program Goal :	7.1	7.2	7.3	7.4
Internal Medicine Clerkship	✓	✓	✓	✓
Psychiatry Clerkship	✓	✓	✓	✓
Block C	✓	✓	✓	
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓
Emergency Medicine Clerkship			✓	
Neurology Clerkship		✓	✓	
CVICU	✓	✓	✓	
MICU	✓	✓	✓	✓
PICU		✓	✓	
NICU	✓	✓	✓	✓
NSICU	✓	✓	✓	✓
SICU	✓	✓	✓	
Family Medicine Sub-Internship	✓	✓	✓	✓
Internal Medicine Sub-Internship	✓	✓	✓	✓
OB/Gynecology Sub-Internship	✓	✓	✓	✓
Surgery Sub-Internship	✓	✓	✓	✓
Pediatrics Sub-Internship	✓	✓	✓	✓
Scholarly Activity and Research Project			✓	✓

Table 14: Assessment Mapping for PGO 7: Interprofessional Collaboration

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
7.1: Describe the roles of health care professionals.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
7.2: Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)
	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
		Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	NBME within the courses: EM and Neruo Peds Final Assessment within the course:	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assesmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
	7.3: Function effectively both as a team leader and team member.	Gynecologic Surgical Specialty within the course: Block C - Obstetrics & Gynecology/Pediatrics Block
ACLS Mega Code Testing within the course: Clerkship Prep Course		Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
ACLS Written Exam within the course: Clerkship Prep Course		Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
Advocacy within the course: Masters Colloquium III		Narrative Assessment (FORMATIVE)
Integrated Case Presentation within the course: Block A - Surgery/Family Medicine		Participation (FORMATIVE)
Integrated Case Presentations within the course: Block A - Surgery/Family Medicine		Participation (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	Tankside Grand Rounds within the course: Clerkship Prep Course	Research or Project Assessment (SUMMATIVE)
7.4: Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Integrated Case Presentation within the course: Block A - Surgery/Family Medicine	Participation (FORMATIVE)
	Integrated Case Presentations within the course: Block A - Surgery/Family Medicine	Participation (SUMMATIVE)

Competency Domain: 8 Personal and Professional Development

Overall Goal: Demonstrate the qualities required to sustain lifelong personal and professional growth.

- 8.1 Recognize when to take responsibility and when to seek assistance.
- 8.2 Demonstrate healthy coping mechanisms in response to stress and professional responsibilities.
- 8.3 Demonstrate flexibility in adjusting to change and difficult situations.
- 8.4 Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.
- 8.5 Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

Table 15: 2017-2018 Syllabi Mapping for PGO 8: Personal and Professional Development

Program Goal :	8.1	8.2	8.3	8.4	8.5
Master's Colloquium	✓	✓	✓	✓	✓
Medical Skills					
Scientific Principles of Medicine					
Society, Community, and the Individual				✓	
Clinical Preparation Course	✓				✓
Block A					
Family Medicine Clerkship	✓	✓	✓	✓	✓
Surgery Clerkship	✓		✓		✓
Block B					
Internal Medicine Clerkship	✓		✓	✓	✓
Psychiatry Clerkship	✓	✓	✓	✓	✓
Block C	✓	✓	✓	✓	✓
Obstetrics/Gynecology Clerkship	✓	✓	✓	✓	✓
Pediatrics Clerkship)	✓	✓	✓	✓	✓
Emergency Medicine Clerkship	✓				✓

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Program Goal :	8.1	8.2	8.3	8.4	8.5
Neurology Clerkship	✓			✓	✓
Critical Care Selective					
CVICU	✓				✓
MICU	✓		✓	✓	✓
PICU	✓	✓	✓	✓	✓
NICU	✓	✓	✓	✓	✓
NSICU	✓		✓		✓
SICU					✓
Sub Internship Selective	✓				✓
Family Medicine	✓	✓	✓		✓
Internal Medicine	✓	✓	✓		✓
OB/Gynecology	✓	✓	✓		✓
Surgery	✓	✓	✓		
Pediatrics	✓	✓	✓		✓
Scholarly Activity and Research Project	✓				✓

Table 16: Assessment Mapping for PGO 8: Personal and Professional Development

Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
8.1: Recognize when to take responsibility and when to seek assistance.	ACLS Mega Code Testing within the course: Clerkship Prep Course	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	ACLS Written Exam within the course: Clerkship Prep Course	Exam - Nationally Normed/Standardized, Subject (FORMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
8.2: Demonstrate healthy coping mechanisms in response to stress and professional responsibilities.	Reflection Do I still care or was that just for the medical school interview? within the course: Master Colloquium IV	Research or Project Assessment (FORMATIVE)
	Barriers to seeking help and How did I survive my 1st yr in med. School within courses: MC I and II	Research or Project Assessment (SUMMATIVE)
8.3: Demonstrate flexibility in adjusting to change and difficult situations.	Away - Ophthalmology (2 wk) within the course: Away - Ophthalmology I (2 wk.)	Clinical Performance Rating/Checklist (SUMMATIVE)
	EM Final Assessment within the course: Emergency Medicine	Clinical Performance Rating/Checklist (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
	OSCE within the courses: Blocks A (Surg./FM), B (IM/Psych), and C (OB-GYN/PEDS)	Exam - Institutionally Developed, Clinical Performance (SUMMATIVE)
	NBME within the courses: EM and Neruo	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)
	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Professional Assessment within the course: Emergency Medicine	Narrative Assessment (SUMMATIVE)
	EM Mid-Clerkship Assessment within the course: Emergency Medicine	Portfolio-Based Assessment (FORMATIVE)
	Neurology Inteventional Mid and Final Clerkship, and Professionalism Evaluation within the course: Neurointervention	Portfolio-Based Assessment (FORMATIVE)
	Neuro Mid-Clerkship and Professionalism Assessment within the course: Neurology	Portfolio-Based Assessment (FORMATIVE)
	Neurology Final Assessmet within the course: Neurology	Portfolio-Based Assessment (SUMMATIVE)
	Reflection Do I still care or was that just for the medical school interview? within the course: Master Colloquium IV	Research or Project Assessment (FORMATIVE)
	Barriers to seeking help and How did I survive my 1st yr in med. School within courses: MC I and II	Research or Project Assessment (SUMMATIVE)
8.4: Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.	Reflection Do I still care or was that just for the medical school interview? within the course: Master Colloquium IV	Research or Project Assessment (FORMATIVE)
8.5: Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of	CITI and COI Training within the course: Scholarly Activity I	Exam - Nationally Normed/Standardized, Subject (SUMMATIVE)

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Medical Program Objective	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative, or both)
information) when approaching new challenges, problems or unfamiliar situations.	Peds Final Assessment within the course: Block C - Obstetrics & Gynecology/Pediatrics Block	Multisource Assessment (SUMMATIVE)
	Advocacy within the course: Masters Colloquium III	Narrative Assessment (FORMATIVE)
	Reflection Do I still care or was that just for the medical school interview? within the course: Master Colloquium IV	Research or Project Assessment (FORMATIVE)
	Ethnical Analysis Papers (Treatment of illegal immigrants; Residency spots; Mr. Chen) within courses: MC I, II, and III	Research or Project Assessment (SUMMATIVE)
	Barriers to seeking help and How did I survive my 1st yr in med. School within courses: MC I and II	Research or Project Assessment (SUMMATIVE)

CEPC Common Policy Monitoring Items

The CEPC is charged with systematically reviewing the curriculum and its evaluation activities to ensure the quality of all its components (policy [link](#)). Certain common policy and accreditation items are monitored for possible concerns or benchmarking applicability and, by committee's request, included separately in this section of the report. Items in this section may repeat in another section.

This item relates to LCME Standard 9.

Test Item Quality

On February 1st, AY 2015-2016 the CEPC approved a policy on test item quality for SPM units that set the following guidelines:

Test items that do not perform within the quality guidelines below will be removed from the test item pool, pending either improvement or replacement. Items that fall within the quality guidelines will be included in grade calculations.

- Difficulty
 - For any item with a difficulty of .2 or less, the item will be removed from the test and from the pool until improved (see below).
 - For any item with a difficulty of .9 or above, no changes to the test are required. The item is removed from the pool until it is made more difficult.
- Discrimination
 - Items with discrimination scores less than .1, item is removed from the pool until improved.
- Foil Quality
 - If 50% or more of the foils are not selected, the item is removed from the pool until improved.

During AY 2016-2017 the CEPC decided not to implement the policy until two years' worth of data had been collected and reviewed. The following table provides psychometric analysis of summative exam results for the SPM course for the past 3 academic years.

Historical test statistic measures are organized by unit, including number of items out of compliance with test item performance policy. The Kruder-Richardson Formula 20 (KR20) is presented as a scaled value ranging from 0.00 to 1.00; as the scaled value increases, the exam form is considered more reliable and consistent. For course exams, a KR20 score higher than 0.60 to 0.65 is considered consistent and reliable, although maintaining scores higher than 0.70 is recommended. In the tables, all scores falling at or below the 0.60 score are marked in color.

Data collected prior to policy adoption is provided as benchmark. Graphics for each exam show distribution of items plotted by discrimination and difficulty.

This item relates to LCME Standard 8.3

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SPM Summative Exam Performance Metrics

Table 17: SPM Summative Exam Test Statistics Trend

Unit Name	Class	Test Statistics					Number of Items out of Compliance					
		Date of Summative Test	N Takers	Mean Difficulty	Mean Disc. Index	KR20	N Items	Difficulty		Disc. < 0.1	Selected foil	Items failing all 3 indicators
								< 0.2	≥ 0.9			
Introduction to Health and Disease	2019	9/4/15	107	0.78	0.19	0.89	150	1	52	40	16	13
	2020	9/29/16	108	0.78	0.21	0.87	149	0	42	40	18	13
	2021	8/31/17	110	0.77	0.23	0.89	140	0	29	20	10	6
Gastrointestinal System	2019	10/13/15	107	0.75	0.18	0.85	150	1	39	44	8	5
	2020	10/13/16	106	0.75	0.22	0.88	142	0	35	31	10	5
	2021	10/12/17	107	0.76	0.20	0.85	147	0	44	36	10	6
Integumentary, Musculoskeletal & Nervous Systems	2019	12/18/15	107	0.73	0.19	0.85	150	1	40	42	14	11
	2020	12/15/16	105	0.73	0.22	0.87	146	0	37	32	9	4
	2021	12/14/17	109	0.76	0.22	0.88	144	0	41	32	8	5
Hematologic System	2019	2/3/16	105	0.81	0.18	0.86	150	2	67	45	21	16
	2020	2/2/17	104	0.78	0.21	0.89	147	1	44	36	15	12
	2021	2/1/18	103	0.81	0.16	0.80	146	0	55	54	25	20
Cardiovascular & Respiratory Systems	2019	4/1/16	104	0.76	0.15	0.77	150	1	44	53	12	12
	2020	3/30/17	102	0.74	0.21	0.87	144	2	26	25	4	2
	2021	3/29/18	102	0.75	0.17	0.81	145	0	30	42	7	5
Renal System	2019	5/5/16	102	0.79	0.17	0.79	120	2	36	38	8	5
	2020	5/4/17	99	0.79	0.18	0.79	115	0	42	34	8	5
	2021	5/4/18	99	0.80	0.18	0.81	117	0	34	36	10	9
CNS and Special Senses	2018	9/25/15	100	0.79	0.16	0.82	150	0	53	59	20	18
	2019	9/23/16	106	0.76	0.18	0.83	150	0	47	44	18	14
	2020	9/22/17	99	0.76	0.20	0.87	138	0	45	40	12	8
Endocrine System	2018	12/17/15	100	0.80	0.14	0.74	140	0	54	61	20	18
	2019	10/28/16	106	0.80	0.15	0.81	144	0	61	55	19	17
	2020	11/10/17	98	0.77	0.20	0.87	141	0	36	34	11	8
Reproductive Systems	2018	2/12/16	100	0.78	0.15	0.76	150	1	51	59	24	18
	2019	12/16/16	107	0.80	0.16	0.82	150	0	52	47	20	16
	2020	12/14/17	97	0.80	0.15	0.69	98	1	39	33	19	13
Mind & Human Development	2018	3/31/16	99	0.79	0.15	0.78	150	0	50	55	16	14
	2019	2/17/17	104	0.77	0.16	0.80	145	0	44	52	20	14
	2020	2/16/18	95	0.76	0.18	0.81	147	0	38	47	21	14

SPM Summative Exam Performance Graphs - AY 2017-2018

Figure 3: Test Item Discrimination by Difficulty for IHD Unit Comparison by Class

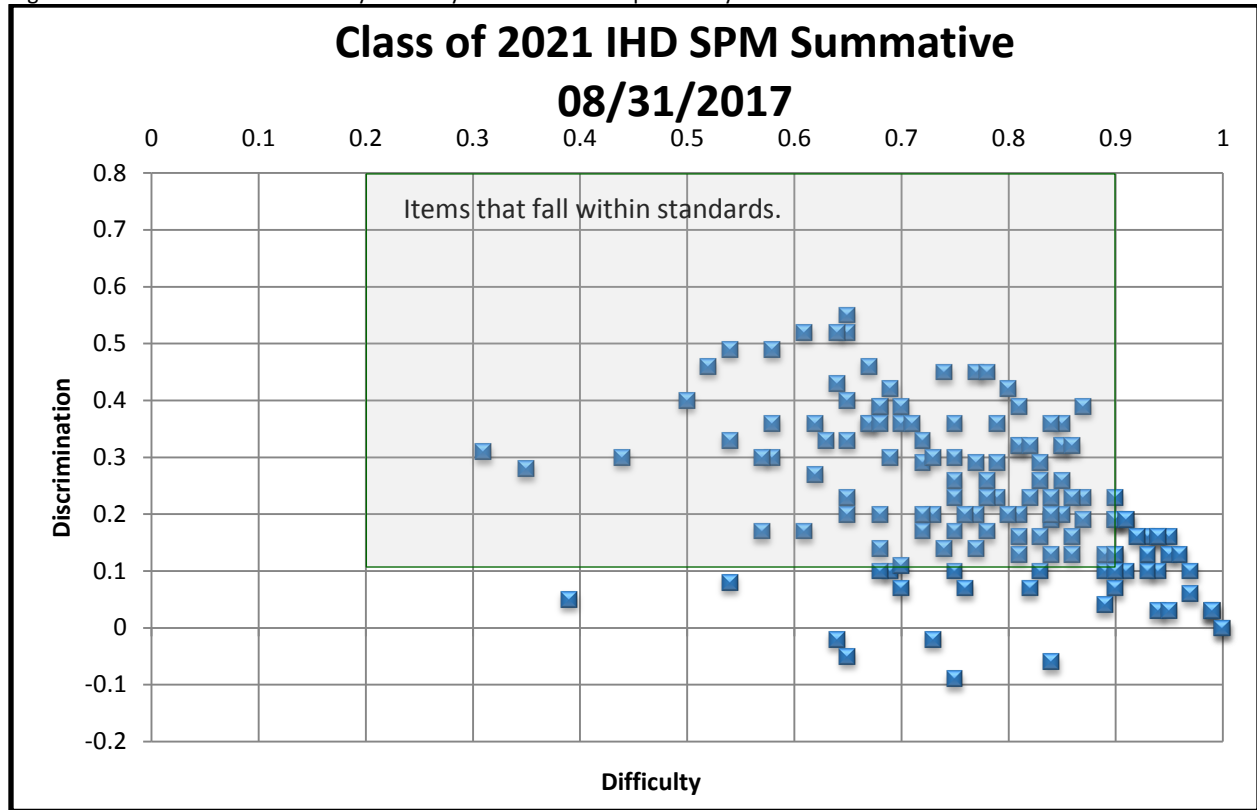


Figure 4: Test Item Discrimination by Difficulty for GIS Unit Comparison by Class

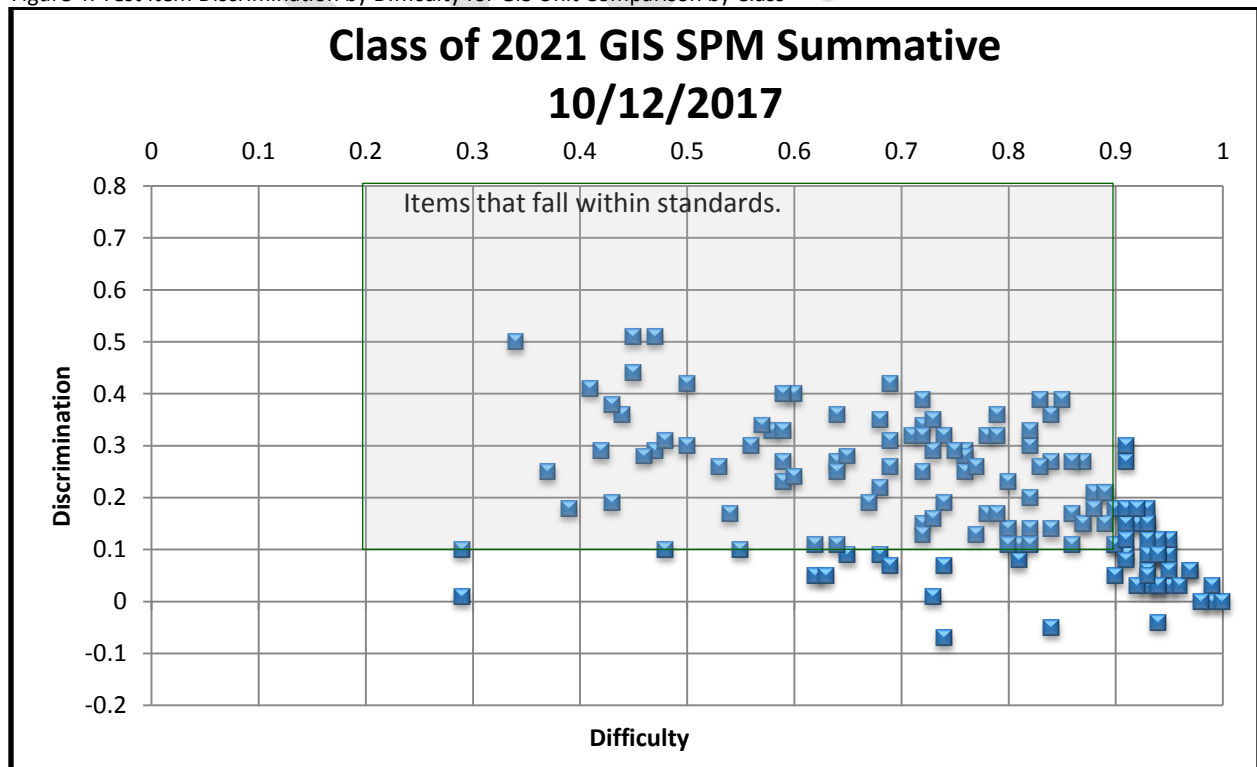


Figure 5: Test Item Discrimination by Difficulty for IMN Unit Comparison by Class

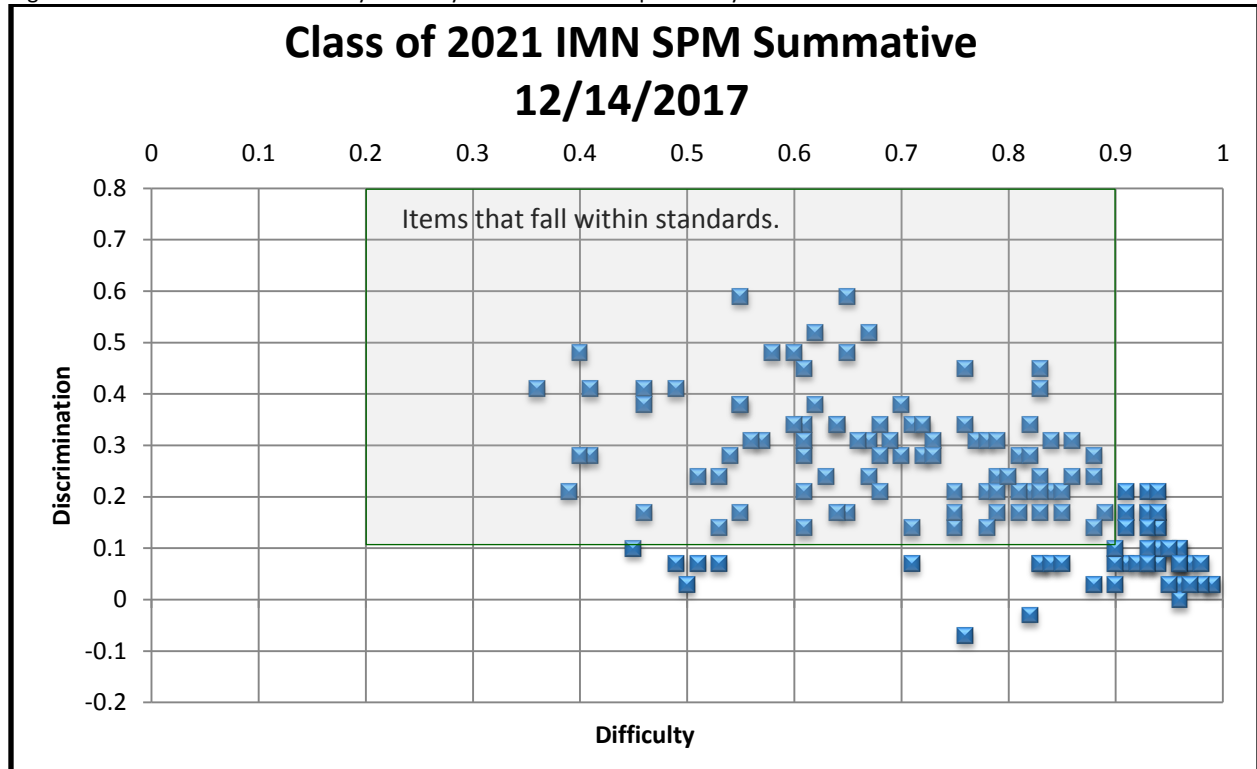


Figure 6: Test Item Discrimination by Difficulty for HEM Unit Comparison by Class

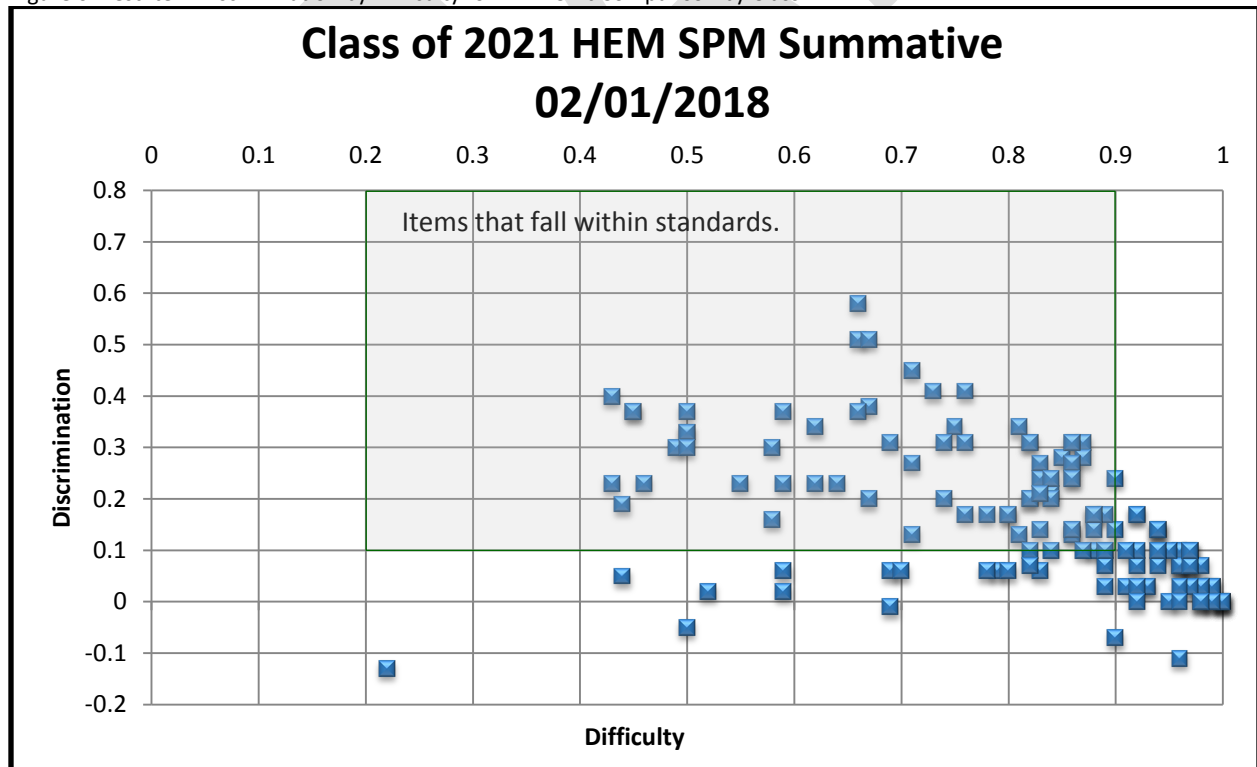


Figure 7: Test Item Discrimination by Difficulty for CVR Unit Comparison by Class

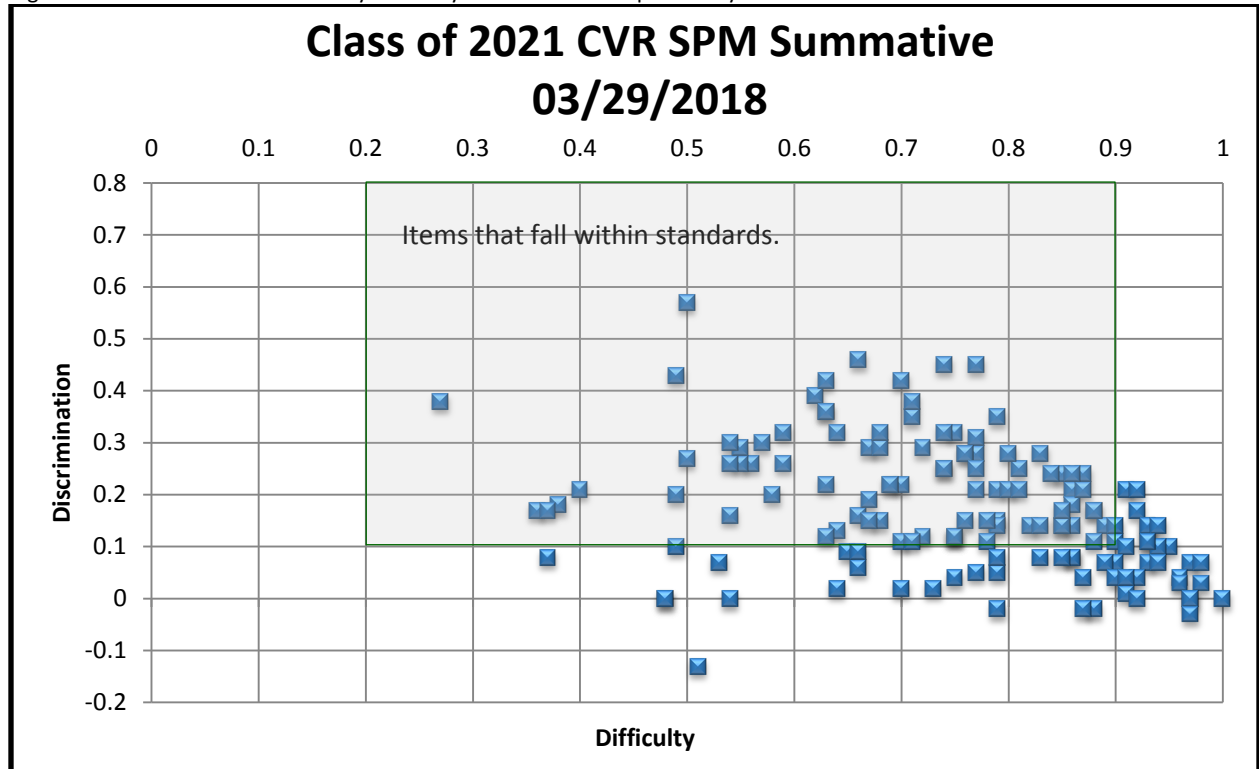


Figure 8: Test Item Discrimination by Difficulty for RNL Unit Comparison by Class

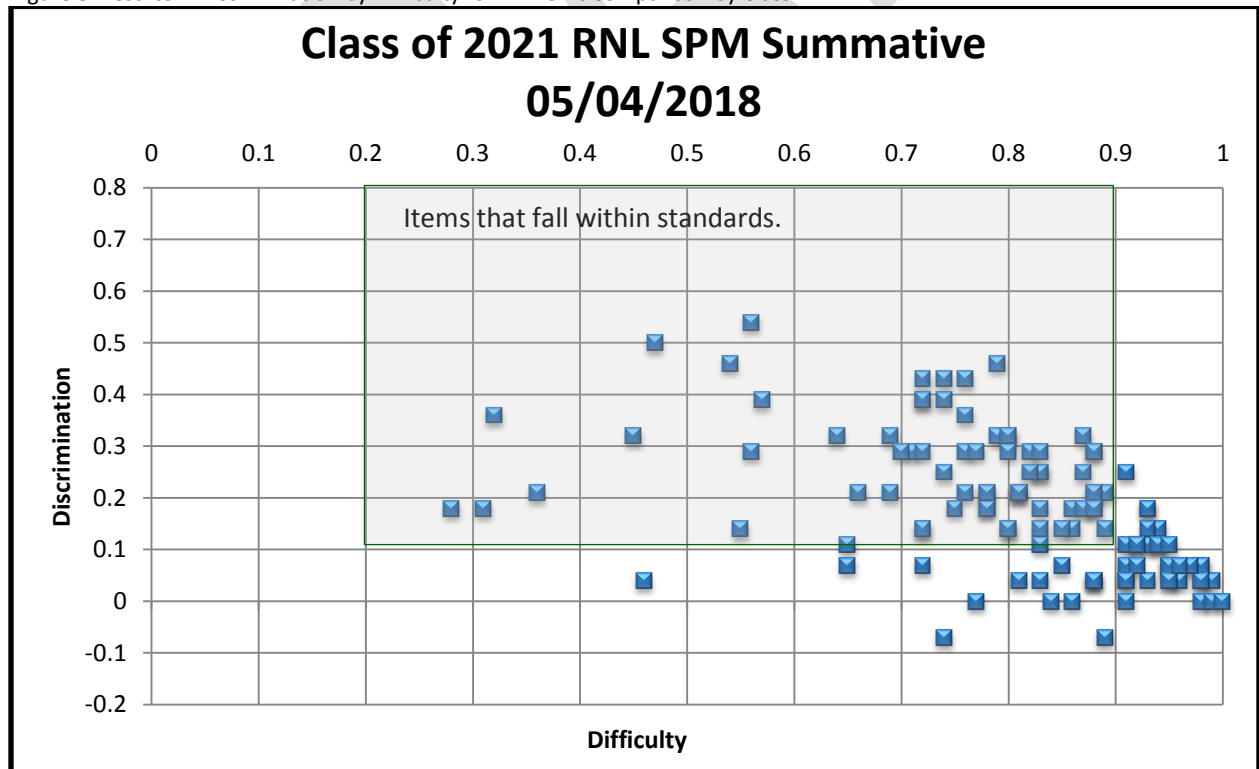


Figure 9: Test Item Discrimination by Difficulty for CNS Unit Comparison by Class

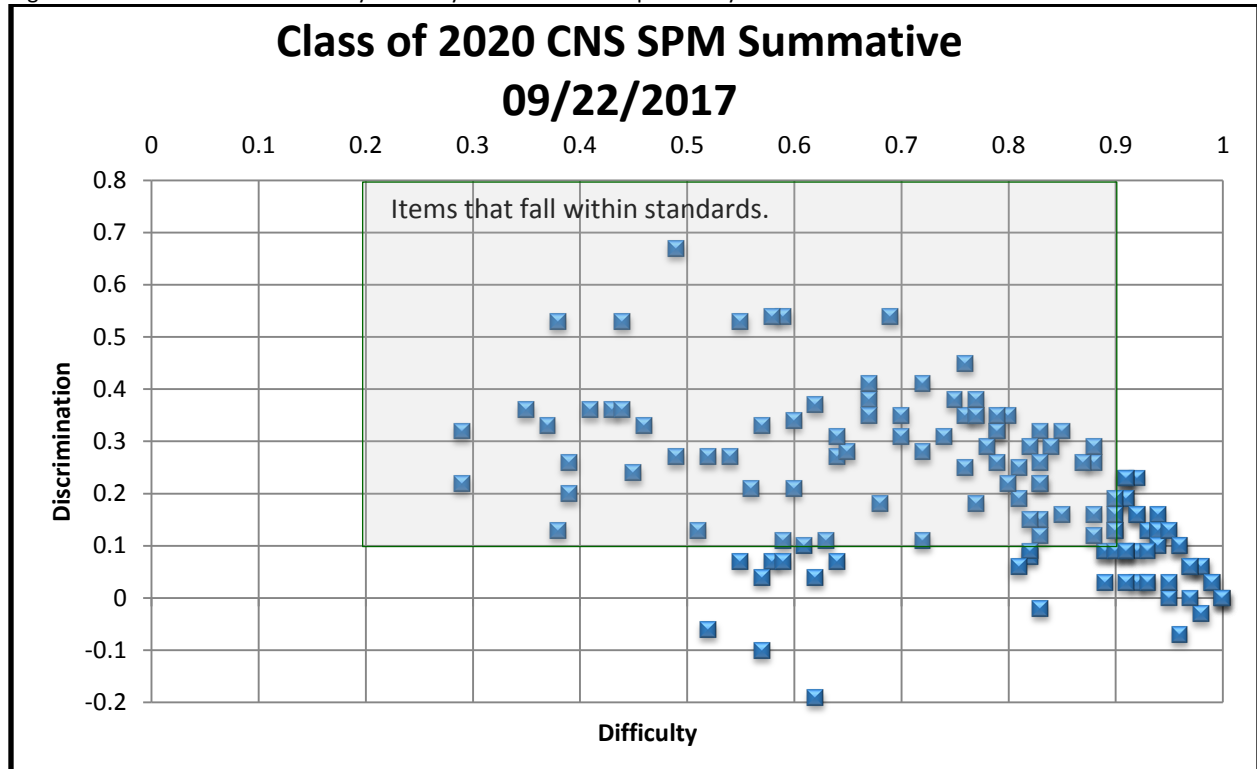


Figure 10: Test Item Discrimination by Difficulty for END Unit Comparison by Class

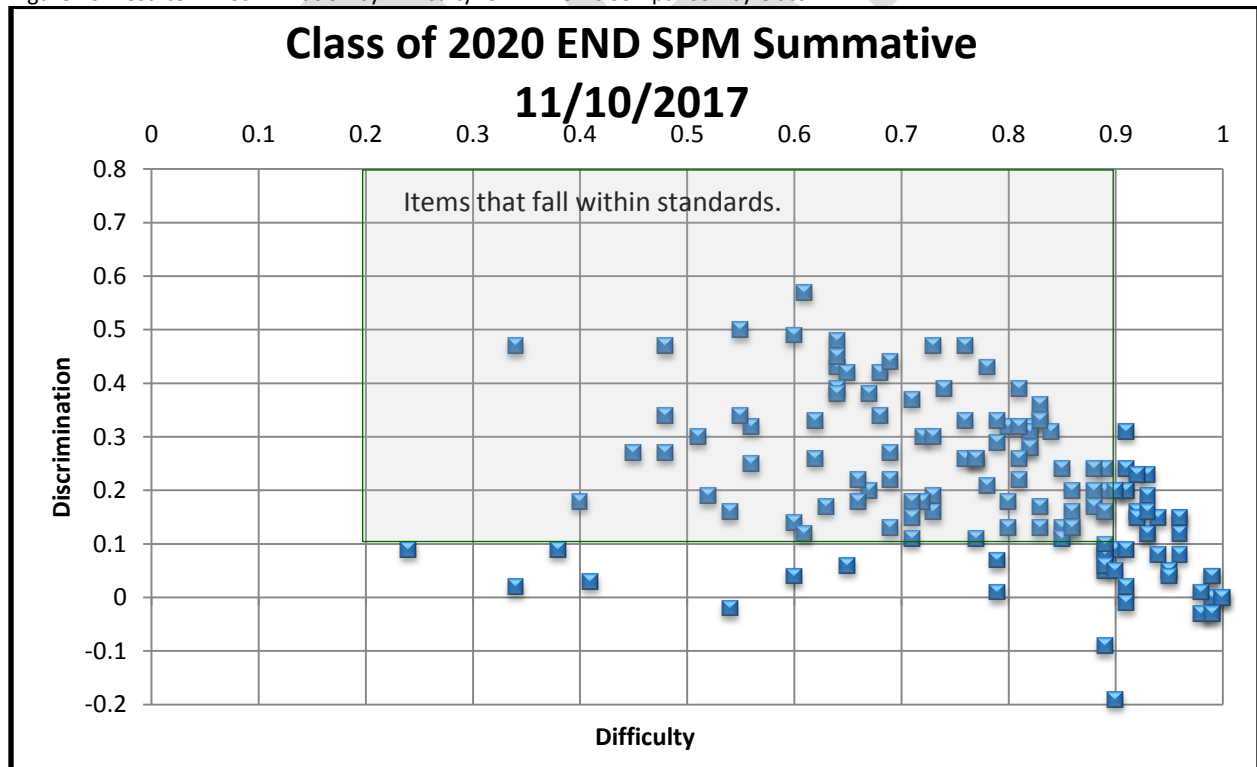


Figure 11: Test Item Discrimination by Difficulty for REP Unit Comparison by Class

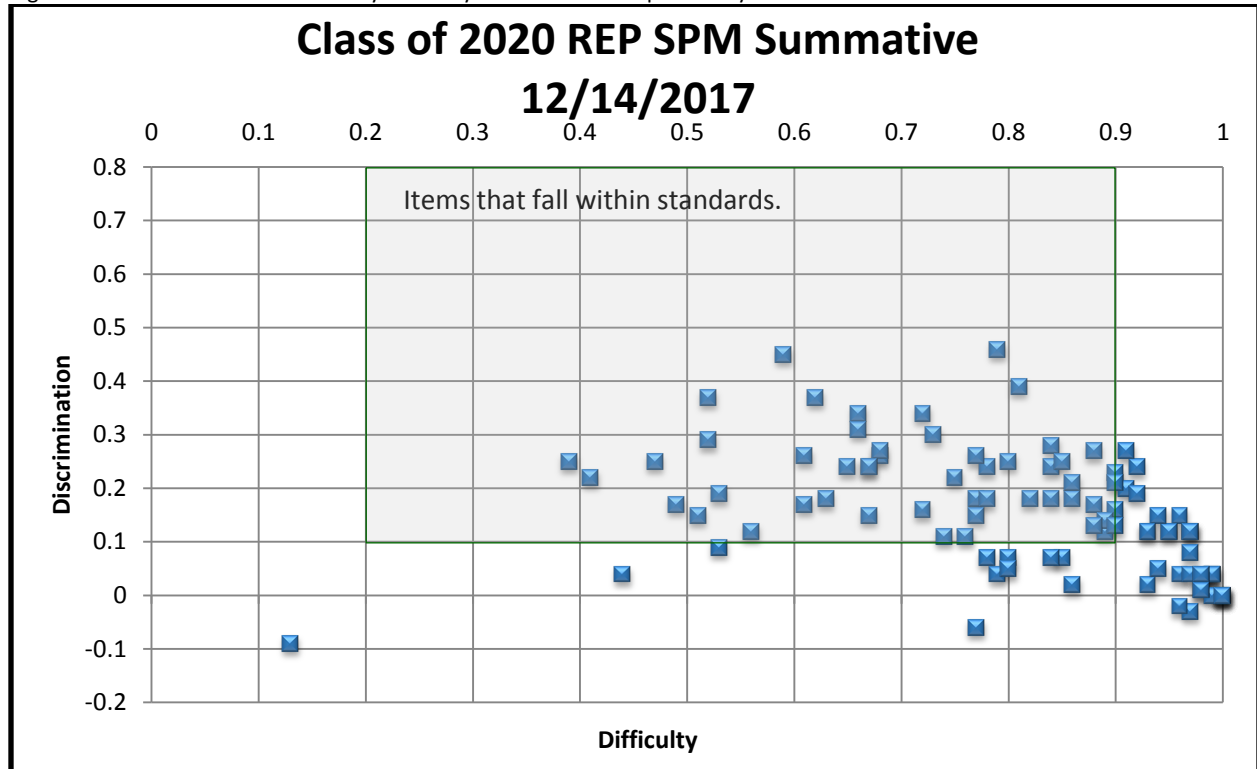
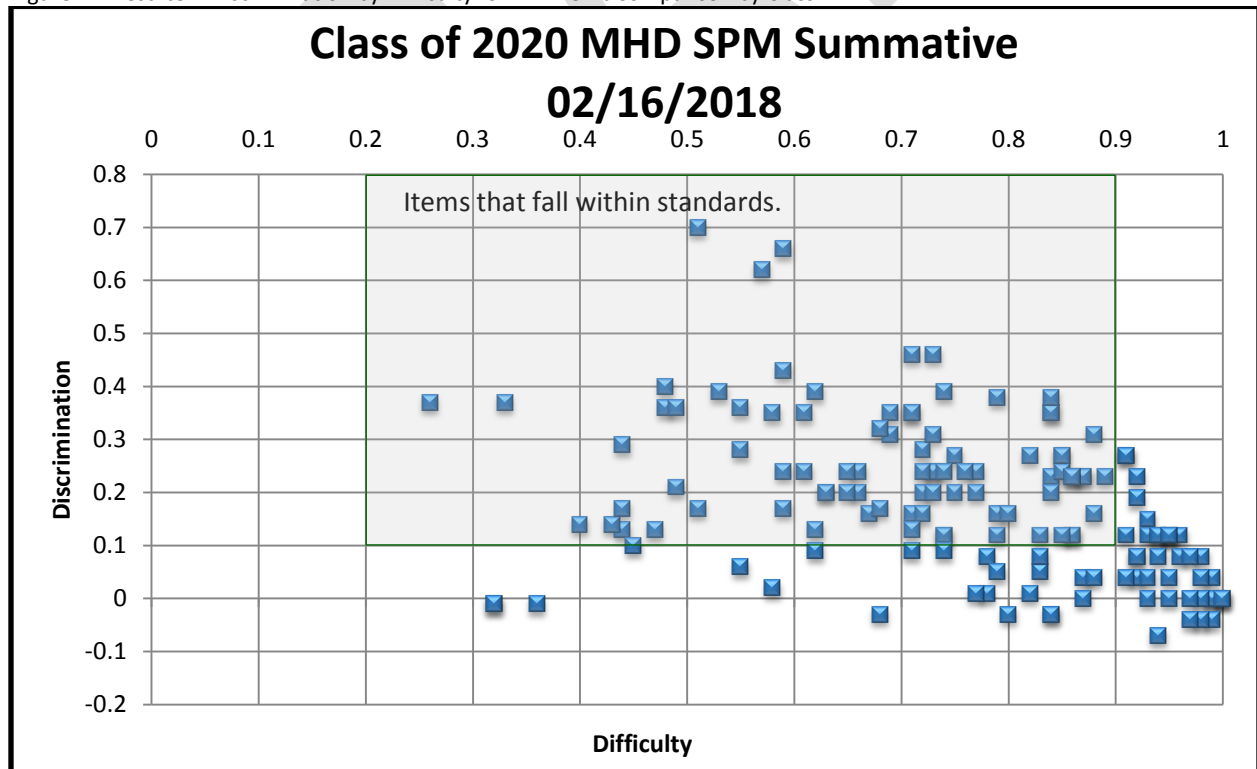


Figure 12: Test Item Discrimination by Difficulty for MHD Unit Comparison by Class



Hard Pass Rate for SPM

In the spring of 2017, the CEPC voted to approve a hard pass rate of 65% on the Unit Summative exams for the SPM course ([link to syllabus, pg.14](#)). Although the new practice was approved to be implemented starting academic year 2017 – 2018, the committee decided to backtrack implementation to the beginning of AY 2016-2017.

The table below provides the SPM Summative exam hard pass metrics, which include results for AY 2016-2017 as baseline. This item relates to LCME Standard 9.6.

SPM Summative Exam Hard Pass Metrics

Table 18: SPM Summative Exam Statistics

Unit	AY	N takers	Number of fails under 65% hard pass rate	Mean%	Min %	Max %
Introduction to Health and Disease	2016-2017	108	8	78%	53%	95%
	2017-2018	112	10	77%	47%	93%
Gastrointestinal Systems	2016-2017	106	13	75%	49%	92%
	2017-2018	110	8	76%	50%	95%
Integumentary, Musculoskeletal & Nervous Systems	2016-2017	105	19	73%	51%	95%
	2017-2018	109	8	76%	41%	92%
Hematologic System	2016-2017	104	8	78%	59%	94%
	2017-2018	104	1	81%	62%	94%
Cardiovascular & Respiratory Systems	2016-2017	102	19	74%	49%	96%
	2017-2018	103	2	76%	45%	91%
Renal System	2016-2017	99	0	79%	66%	97%
	2017-2018	100	1	80%	47%	93%
CNS and Special Senses	2016-2017	100	13	76%	57%	92%
	2017-2018	99	4	76%	45%	93%
Endocrine System	2016-2017	106	2	80%	63%	94%
	2017-2018	100	5	76%	0%	94%
Reproductive Systems	2016-2017	107	1	80%	61%	93%
	2017-2018	97	1	80%	61%	93%
Mind & Human Development	2016-2017	104	5	77%	59%	91%
	2017-2018	96	3	76%	62%	92%

In House Exams Performance by Discipline

Students are provided with a summary of their individual performance by discipline as part of their ePortfolio reporting. The Table below summarizes the class performance by discipline across all in-house tests. Please note that items may be classified as more than one discipline and that the number of items (N) affects the sensitivity of the mean to single item changes.

This item relates to LCME Standard 9.7.

Table 19: Discipline Performance on Summative Exams by Class at the end of MS2 Year

M1 & M2 Summative Averages*	c2018 - MS2		c2019 - MS2		C2020 - MS2		c2021 MS1 Interim Data	
	Avg.	N	Avg.	N	Avg.	N	Average	N
Anatomy	77.1	102	70.36	122	70.72	117	75.13	98
Behavior	74.77	31	71.19	33	74.51	47	**	**
Biochemistry	69.37	102	70.4	106	72.36	97	73.26%	59
Cell and Molecular Biology	65.11	20	66.95	15	73.95	12	70.47%	11
Embryology	78.2	19	76.98	26	67.30	21	61.90%	10
Histology	77.06	39	79.55	44	72.33	38	76.33%	25
Immunology	75.66	95	78	113	78.70	120	81.58%	79
Medical Genetics	76.63	49	76.46	54	73.00	54	70.53%	39
Microbiology	81.57	108	79.28	104	78.33	103	79.81%	86
Neuro-anatomy	78.24	23	78.16	22	78.06	22	**	**
Neuroscience / Special senses	71.67	81	62.65	22	72.19	84	73.40%	15
Pathology	80.45	198	80.05	227	79.42	188	82.40%	131
Pharmacology	78.21	149	77.64	147	78.78	142	76.88%	69
Physiology	81.16	160	83.51	202	81.63	180	80.62%	157
Scheme	81.85	164	65.86	76	**	**	**	**

** Indicates no exam items categorized under this discipline to date

Honors

The CEPC approved policy for honors calculation states a student's overall grade is based on the assessment in each of the 8 competencies described by the PLFSOM discipline performance rubric, NBME score, OSCE performance, and professionalism (policy [link](#), Pg. 6). A student may receive Honors if all of the following are true:

- Passes NBME exam, if applicable, at or above the clerkship designated score for honors on first attempt (For MS3 students). Passes NBME exam, if applicable, at the 60th percentile or above on first attempt (For MS4 students).
- Passes OSCE, if applicable, on first attempt
- Minimum of 4 of the 8 individual competencies rated as “Honors” on the final clerkship evaluation
- No individual competency rated as “needs improvement” on the final assessment.

This item relates to LCME Standards 9.9 & 10.3.

Table 20: Clerkship Designated Thresholds for Pass and Honors

Clerkship	PLFSOM Equated Percent Correct Score required for PASS (\geq designated score)	PLFSOM Equated Percent Correct Score required for HONORS (\geq designated score)
Family Medicine	61%	78%
Surgery	60%	79%
Psychiatry	65%	83%
Internal Medicine	59%	79%
Pediatrics	62%	82%
OB/GYN	64%	82%

Table 21: Percent of Class Receiving Honors by M3 Clerkship

Clerkship	Class of			
	2016	2017	2018	2019
Family Medicine	63%	33%	46%	36%
Surgery	53%	37%	32%	24%
Internal Medicine	41%	39%	23%	31%
Psychiatry	55%	32%	48%	50%
Obstetrics/Gynecology	60%	43%	40%	25%
Pediatrics	63%	43%	31%	33%

Grade Release

On July 11th 2016, the CEPC adopted the Timely Course, Clerkship, and Curriculum Requirement Grade Release policy. The policy establishes an expectation that grades will be completed in 4 weeks (28 days), with no grade release later than 6 weeks (42 days). (Policy [link](#)).

For the pre-clerkship phase grades are released to Banner, the institution's official system of record. For the clerkship phase, grades are released in 2 formats: official grades are released through the Banner system and grade sheets are posted into student ePortfolio through TTAS (Texas Tech Assessment System).

The following tables provide only the data from Banner since TTAS/ePortfolio considers the second taking of a clerkship completed by off-cycle students as the time when the grade for the course is released to ePortfolio, resulting in the number of weeks to grade release date being extremely large. As for MS4 non-block courses such as Clinical Neurosciences and Emergency Medicine, some TTAS student data had much later grade release dates than the original grade release date in Banner.

For each required course and clerkship, the average, minimum, and maximum number of weeks it took for students to receive grades during the listed academic years is provided; the percentage of students who did not receive grades within 6 weeks is also provided.

This item relates to LCME Standard 9.8.

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Pre-clerkship Grade Posting to BANNER - AY 2017-2018

Table 22: M1&2 Course Banner Posting of Grades

Course	Average number of days to Banner Posting	Maximum number of days to Banner Posting	Percent of Grades posted non-compliant with '28 days' policy
Scientific Principles of Medicine I	28	28	0.0%
Scientific Principles of Medicine II	Less than 1	1	0.0%
Scientific Principles of Medicine III	27	27	0.0%
Scientific Principles of Medicine IV	27	27	0.0%
Society, Community, & the Individual I	28	28	0.0%
Society, Community, & the Individual II	27	27	0.0%
Society, Community, & the Individual III	27	27	0.0%
Society, Community, & the Individual IV	26	26	0.0%
SARP I*	10.03	13	0.0%
SARP II**	33.42	54	51.6%
SARP III**	28.76	39	31.7%
Medical Skills I	28.1	34	Less than 1%
Medical Skills II*	24.8	25	0.0%
Medical Skills III	27	27	0.0%
Medical Skills IV*	27	27	0.0%
Master's Colloquium I	28	28	0.0%
Master's Colloquium II	21	21	0.0%
Master's Colloquium III	27	27	0.0%
Master's Colloquium IV	34	34	100%
Clerkship Preparation Course	26.89	69	2.1%

*using CHAMP course end date instead of Banner course end date data.

**using a mix of CHAMP and Banner course end date data.

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MS3 Clerkship Grade Posting to BANNER - Historical Data

Table 23: Year 3 Required Clerkships Grade Posting to Banner

Core Clerkship	AY 2014-15				AY 2015-16				AY 2016-17				AY 2017-2018			
	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	% of Grades late	Avg. # of Weeks	Min # of Weeks	Max # of Weeks	% of Grades late	Avg. # of Weeks	Min # of Weeks	Max # of Weeks	% of Grades late	Avg. # of Weeks	Min # of Weeks	Max # of Weeks	% of Grades late
Family Medicine Clerkship	4	0	18	1%	4	4	12	3%	4	2	4	0%	4	2	6	3%
Internal Medicine Clerkship	5	1	9	36%	4	4	4	0%	4	2	4	0%	4	2	5	31%
Ob/Gyn Clerkship	5	2	11	31%	5	4	12	3%	4	2	4	0%	6	2	10	36%
Pediatrics Clerkship	4	1	6	0%	7	5	12	50%*	5	2	10	26%	4	2	8	26%
Psychiatry Clerkship	3	1	25	1%	5	4	13	5%	4	2	4	0%	4	2	8	6%
Surgery Clerkship	3	2	18	1%	4	3	4	0%	1	0	3	0%	4	2	5	36%

*extenuating circumstances caused by a family emergency

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MS4 Required Clerkship Grade Posting to BANNER - Historical Data

Table 24: Days to Grade Posting to Banner - Year 4 Required Clerkships

Core Clerkship	AY 2014-15				AY 2015-16				AY 2016-17				AY 2017-2018			
	Avg. # of Weeks	Min # of Weeks	Max# of Weeks	% of Grades late	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	% of Grades late	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	% of Grades late	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	% of Grades late
Clinical Neurosciences	4	1	8	19%	3	0	23	1%	4	0	22	9%	5	2	20	64%
Emergency Medicine	3	0	9	11%	2	0	10	1%	2	0	20	2%	3	1	23	23%
Sub-Internship Selectives																
Family Medicine Sub-Internship	3	1	9	13%	3	1	4	0%	1	-13	12	29%	3	1	6	22%
General Surgery Sub-internship	3	1	4	0%	2	0	3	0%	1	1	4	0%	3	0	9	20%
Internal Med Sub-Internship	3	1	7	21%	4	0	6	0%	3	0	7	2%	3	1	6	11%
Pediatric Sub-internship	4	1	7	9%	4	1	6	8%	4	1	8	15%	3	1	10	27%
OB/GYN Sub-internship	1	1	1	0%	2	1	5	0%	4	0	8	21%	5	3	7	64%
Intensive Care Selectives																
MICU/CVICU	2	0	7	4%	3	0	5	0%	4	0	13	17%	3	1	6	25%
Neonatology Intensive Care	2	1	3	0%	3	1	5	0%	3	0	10	16%	4	1	14	39%
Pediatric Intensive Care Unit	3	0	9	11%	3	0	6	6%	3	1	5	0%	3	1	10	29%
Surgical Intensive Care	3	0	5	0%	2	1	5	0%	4	0	9	21%	4	1	7	50%

Mid-Clerkship Feedback

Each clerkship is expected to provide the students with mid-clerkship feedback at least once. This is tied to LCME Standard 9.7. (Policy [link](#)). The following table provides percentage of completion rates for mid-clerkship feedback for all 8 clerkships, as reported through TTAS. The following items relate to LCME Standard 9.7

Table 25: Mid-Clerkship Feedback completion rate - ePortfolio Data

Clerkship	AY 2015-2016	AY 2016-2017	AY 2017-2018
	% Completed as scheduled	% Completed as scheduled	% Completed as Scheduled
Family Medicine	100%	100%	100%
Surgery	100%	100%	100%
Internal Medicine	100%	100%	100%
Psychiatry	100%	100%	100%
Obstetrics/Gynecology	100%	98%**	100%
Pediatrics	99%	100%	100%
Emergency Medicine	100%	100%*	100%
Neurology	97%	100%*	100%

* For 2016-2017, Emergency Medicine and Neurology are reported for fall semester only.

** 2 students in Block 3 of AY 2016-17 did not receive mid-clerkship feedback due to unexpected faculty personal medical emergency

Quality of Mid-Clerkship Feedback

Student evaluation forms have included items on feedback for several years; these items have gone through reviewed and been adjusted to improve the quality of the resulting feedback. In past evaluations students had been asked about sufficiency of feedback, and starting AY 2016-2017 2 items were added to track student perception of the effectiveness of mid-clerkship feedback.

The table below reports the percent of students agreeing (an aggregate of slightly agree, agree, and strongly agree) to each of the items relating to the quality of feedback, including mid-clerkship feedback. The 3 items not related to mid-clerkship feedback are asked by rotation location and the reported value is an aggregate of all locations and block per clerkship.

Table 26: Indicators of M3 Clerkship Feedback Quality - Percent Agreement - In-house Evaluation System

Data Reported by Percent Agreement	Family Medicine	Surgery	Internal Medicine	Psychiatry	OB/Gyn	Pediatrics
Mid-clerkship feedback helped me identify my strengths	96%	92%	94%	95%	85%	90%
Mid-clerkship feedback helped me identify areas for improvement in my performance	96%	88%	94%	96%	85%	90%
I received sufficient oral feedback on my performance.	98%	89%	96%	91%	78%	89%
I received sufficient written feedback on my performance.	95%	50%	95%	87%	75%	90%
The feedback I received helped me improve my performance.	96%	91%	96%	93%	85%	92%

Clerkship Metrics

Data reported in this section is pulled from the report that the assistant dean for medical education – clinical skills- provides to both the CEPC and the Year 3 & 4 committee at the end of the academic year. (Link to [MS3](#) and [MS4](#) full Reports)

This section of the report is tied to LCME Standard 8.6, 8.7 & 8.8. Data for Clerkships which provide student experiences in different sites is offered first in tables with site specific information. This is followed with information from the clerkships with no site specific data. Data is summarized for all Blocks.

OpLog - AY 2017-2018

Data for the following tables is based on the number of weeks students spent in specific clinical experiences per clerkship, as follows:

Table 27: Number of Weeks per Clinical Rotations- EOY Report

	Surgery	Internal Medicine	Family Medicine	Obstetrics / Gynecology	Pediatrics	Psychiatry	Neurology	Emergency Medicine
Number of Weeks	3 (General Surgery Rotation Only)	6 (Inpatient Service Only)	5 (General Clinic Only)	8 (In & Out Patient)	7-8	3 (Inpatient Service Only)	4 (In & Out Patient)	4

Patient Encounters

Table 28: Average Number of Patient Encounters per Student per Rotation - EOY Report

Site	All Blocks Summary	
	Surgery	Internal Medicine
UMC	72	37
WBAMC	64	20
THOP-Memorial	-	29
THOP-Transmountain	-	21
Average Total	68	54
Entries Required	30	30

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Table 29: Average number of patient encounters -EOY Report

Pt. Encounters	All Blocks Summary					
	Family Medicine	Ob/Gyn	Pediatrics	Psychology	Neurology	Emergency Medicine
General Clerkship	61	79	80	40	36	57
Required Entries	20	41	29	30	20	30

Level of Responsibility of Encounters

Diagnoses

Table 30: Average student level of responsibility -DIAGNOSIS - EOY Report

Diagnoses	All Blocks Summary					
	Surgery			Internal Medicine		
Location	%Mngd	%Assist	%Obsrvd	%Mngd	%Assist	%Obsrvd
UMC	31%	66%	3%	54%	44%	2%
WBAMC	33%	64%	3%	55%	45%	0%
THOP-Memorial	-	-	-	26%	64%	10%
THOP-Transmountain	-	-	-	68%	29%	3%
TOTAL	32%	65%	3%	51%	46%	4%

Table 31: Average student level of responsibility - DIAGNOSIS - EOY Report

Diagnoses	All Blocks Summary																	
	Family Medicine			Ob/Gyn			Pediatrics			Psychiatry			Neurology			Emergency Medicine		
	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv
General Clerkship	86%	13%	1%	32%	62%	6%	46%	47%	7%	36%	51%	4%	44%	51%	5%	72%	27%	1%

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Procedures

Table 32: Average student level of responsibility - PROCEDURES - EOY Report

Procedures	All Blocks Summary					
	Surgery			Internal Medicine		
Location	%Mngd	%Assist	%Obsrvd	%Mngd	%Assist	%Obsrvd
UMC	29%	66%	5%	79%	13%	8%
WBAMC	30%	67%	3%	53%	32%	15%
THOP-Memorial	-	-	-	16%	20%	65%
THOP-Transmountain	-	-	-	47%	19%	34%
TOTAL	30%	67%	4%	49%	21%	31%

Table 33: Average student level of responsibility - PROCEDURES - EOY Report

Procedures	All Blocks Summary																	
	Family Medicine			Ob/Gyn			Pediatrics			Psychiatry			Neurology			Emergency Medicine		
	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv	% Mngd	% Assist	% Obsrv
General Clerkship	58%	38%	4%	31%	52%	17%	45%	46%	9%	36%	60%	4%	35%	38%	27%	79%	16%	5%

Alternate Experiences

Table 34: Alternate Experiences offered to complete OpLog requirements - EOY Report

Alternate Experiences	All Blocks Summary					
	FM	Surgery	IM	Psych	Ob/Gyn	Peds
	0	0	0	0	19*	71
Type of Experience	0	0	0	0	0	CLIPP Cases / Lectures

*All 19 experiences were for one student deficient in most experiences

Duty Hours

Table 35: Average Duty Hours per location across clerkship - EOY Report

Duty Hours	All Blocks Summary	
	Surgery	Internal Medicine
UMC	49	39
WBAMC	49	45
THOP-Memorial	-	39
THOP-Transmountain	-	40
Average Total for 6 Weeks	49	41

Table 36: Average Duty Hours across clerkship - EOY Report

Duty Hours	All Blocks Summary					
	Family Medicine	Ob/Gyn	Pediatrics	Psychology	Neurology	Emergency Medicine
Average Total for 6 Weeks	23	39	38	35	32	31

NBME Equated Scores

Table 37: Average NBME Equated Percent correct Scores per location - EOY Report

NBME Equated Scores	Percent Correct	
	Surgery	Internal Medicine
UMC	74%	75%
WBAMC	74%	77%
THOP-Memorial	-	78%
THOP-Transmountain	-	75%
Overall	74%	76%

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Table 38: Average NBME Equated Percent correct Scores - EOY Report

NBME Equated Scores	Percent Correct					
	Family Medicine	Ob/Gyn	Pediatrics	Psychology	Neurology	Emergency Medicine
Overall	74%	77%	78%	82%	79%	71%

Final Grade - Honors, Pass, Fail, or Incomplete

Table 39: Average final grade of Honors, Pass, Fail, or Incomplete per location - EOY Report

Final Grade	All Blocks Summary					
	Surgery			Internal Medicine		
Location	% Honors	% Pass	% Incomplete	% Honors	% Pass	% Fail*
UMC	21%	79%	0%	25%	73%	2%
WBAMC	33%	64%	4%	48%	48%	4%
THOP-Memorial	-	-	-	33%	67%	0%
THOP-Transmountain	-	-	-	25%	75%	0%
TOTAL	27%	72%	2%	33%	66%	2%

*NBME failure on 1st attempt

Table 40: Average final grade of Honors, Pass, Fail, or Incomplete - EOY Report

Final Grade	All Blocks Summary																	
	Family Medicine			Ob/Gyn			Pediatrics			Psychiatry			Neurology			Emergency Medicine**		
	% Honors	% Pass	% Incom	% Honors	% Pass	% Fail*	% Honors	% Pass	% Incom	% Honors	% Pass	% Fail*	% Honors	% Pass	% Fail*	% Honors	% Pass	% Fail*
General Clerkship	36%	61%	3%	25%	69%	1%	33%	66%	1%	50%	50%	0%	21%	78%	1%	23%	69%	1%

**7% of Emergency Medicine final grades "In-Progress" at time of this report

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Final Grade Posting

Table 41: Average number of days to grade submission to TTAS after end of block - EOY Report

Clerkship	Days to Grade Submission to TTAS - All Blocks
Family Medicine	3 – 25
Surgery	2 – 21
Internal Medicine	4 – 27
Psychiatry	5 – 25
OB/GYN	15 – 28
Pediatrics	-1 – 31
Neurology	24
Emergency Medicine	7

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Medical Education Program Evaluation

The Office of Medical Education's evaluation system administers all evaluations via the survey platform Qualtrics. Since the medical program requires student participation, data is not collected anonymously, but is always de-identified for reporting purposes.

As general office protocol, quantitative analyses are conducted for closed-ended survey items (Likert scale ratings, multiple choice items, etc.), and item-level and aggregate data is provided in tables and charts/graphs, including N's. Beginning AY 2018-2019 qualitative analyses will be conducted for open-ended items (open fields and comments), and data will be reported by theme analysis. Currently, sample narratives aren't included as part of this report. Data analysis is dependent upon evaluation purpose, need for data breakdowns, frequency and type of responses received. Where less than 5 individuals respond to any given item or evaluation, responses aren't included in reports for general distribution.

This section of the report of the medical education program evaluation contains quantitative trend data for the prior 4 academic years (as available). It should be noted that changes to evaluation instruments and items may have taken place during the 4 years of reported data, resulting in some items having blanks across tables during a cycle. All evaluation items from academic years previous to AY 2016-2017 used a 5-point Likert scale: 1) strongly disagree, 2) disagree, 3) neutral, 4) agree, and 5) strongly agree, with the exception of the learning environment questions, and response rates were reported in means. Starting AY 2016-2017 all evaluation items -except for the learning environment questions- use a 6-point Likert scale: 1) strongly disagree, 2) disagree, 3) somewhat disagree, 4) somewhat agree, 5) agree, and 6) strongly agree, and response rates are reported in percentage agreement. For the purpose of ease of comparison, previous years' data has been converted to percentage agreement in this report. For technical reasons beyond our control, raw data from the MyEvaluations system -AY 2014-2015 & 2015-2016- has been archived and isn't accessible for conversion from means to percentage agreement.

(Course Evaluation & Reporting Policy link)

This report section relates to LCME Standard 8.

Pre-clerkship Phase Evaluation Results

Evaluation data is collected from MS1 and MS2 students a week after a unit ends, during exam week. For every unit, students evaluate the Scientific Principles of Medicine (SPM) and Medical Skills (MS) courses in addition to the Spanish component of the Society, Community, and the Individual (SCI) course. The Masters' Colloquium course and SCI course are evaluated on a semester basis. Pre-clerkship course evaluation results are reported to all course directors, the assistant deans for medical education, the associate dean for medical education, and the provost.

The following elements of the Integrated Curricular Elements Program (ICE) take place during the preclerkship phase, and so the results are reported at the end of this section:

- Clerkship Prep Course (PICE)
- Comprehensive End of Year Exam (CEYE)
- STEP 1
- PLFSOM Longitudinal Survey

Scientific Principles of Medicine

Introduction to Health and Disease

Table 42: Evaluation Results for IHD Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
This unit was well organized.	4.2	4.2	88%	91%
The amount of material presented was reasonable.	3.9	4.1	88%	85%
I know the clinical relevance of the material.	-	-	95%	96%
The session learning objectives were useful.	-	-	95%	98%
Sessions met the identified learning objectives.	-	-	92%	97%
The schemes integrated the basic sciences.	-	-	97%	97%
The summative exam was fair.	-	-	91%	92%
The clinical presentation schemes contributed to my learning in this unit.	4.4	4.4	97%	94%
The process work sheets contributed to my learning in this unit.	4.2	4.4	92%	93%
Attending sessions helped me learn the material.	4.3	4.3	82%	81%
The self-taught materials contained enough information to meet the learning objectives.	-	-	78%	86%
Available self-tests helped me learn the material.	-	-	94%	97%
The work case examples helped me learn the material.	4.3	4.4	94%	96%
Time spent in the lab was helpful.	-	-	72%	82%
Overall, I learned useful knowledge and/or skills during this unit/course.	4.6	4.6	97%	98%
N	106	107	103	103
Class size at date	107	107	105	110
Response Rate	99%	100%	95%	94%

*5-point scale

† Percent Agreement could not be calculated

Gastrointestinal System

Table 43: Evaluation Results for SPM GIS Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
This unit was well organized.	4.1	93%	95%	93%
The amount of material presented was reasonable.	4.2	75%	80%	85%
I know the clinical relevance of the material.	-	-	97%	97%
The session learning objectives were useful.	-	-	86%	90%
Sessions met the identified learning objectives.	-	-	85%	92%
The schemes integrated the basic sciences.	-	-	95%	94%
The summative exam was fair.	-	-	62%	86%
The clinical presentation schemes contributed to my learning in this unit.	4.3	93%	90%	88%
The process work sheets contributed to my learning in this unit.	4.2	94%	84%	83%
Attending sessions helped me learn the material.	4.3	87%	82%	76%
The self-taught materials contained enough information to meet the learning objectives.	-	-	89%	80%
Available self-tests helped me learn the material.	-	-	93%	96%
The work case examples helped me learn the material.	4.6	94%	96%	96%
Time spent in the lab was helpful.	-	-	72%	74%
Overall, I learned useful knowledge and/or skills during this unit/course.	4.7	99%	100%	97%
N	102	106	103	98
Class size at date	107	107	108	110
Response Rate	95%	99%	95%	89%

*5-point scale

†Percent agreement could not be calculated.

Neuromusculoskeletal and Integumentary Systems

Table 44: Evaluation Results for SPM IMN Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
This unit was well organized.	4.2	81%	87%	92%
The amount of material presented was reasonable.	3.5	61%	78%	84%
I know the clinical relevance of the material.	-	93%	97%	99%
The session learning objectives were useful.	-	83%	90%	90%
Sessions met the identified learning objectives.	-	82%	93%	92%
The schemes integrated the basic sciences.	-	89%	92%	92%
The summative exam was fair.	-	69%	92%	85%
The clinical presentation 'schemes' contributed to my learning in this unit.	4.2	84%	87%	86%
The process worksheets contributed to my learning in this unit.	3.9	77%	83%	85%
Attending sessions helped me learn the material.	4.2	85%	79%	75%
The self-taught materials contained enough information to meet the learning objectives.	-	61%	84%	86%
Available self-tests helped me learn the material.	-	82%	90%	96%
The work case examples helped me learn the material.	4.4	88%	96%	96%
Time spent in lab was helpful.	-	76%	83%	84%
Overall, I learned useful knowledge and/or skills during this unit.	4.5	97%	100%	97%
N	104	96	97	104
Class size at date	107	107	105	110
Response Rate	97%	90%	92%	95%

*5-point scale

†Percent agreement could not be calculated.

Liver and Hematology System

Table 45: Evaluation Results for SPM HEM Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Attending sessions helped me learn the material.	4.6	90%	98%	94%
Available self-tests helped me learn the material.	4.6	96%	98%	97%
I know the clinical relevance of the material.	-	79%	99%	98%
Sessions met the identified learning objectives.	-	85%	90%	94%
The amount of material presented was reasonable.	-	91%	95%	95%
The clinical presentation schemes contributed to my learning.	-	65%	95%	96%
The process worksheets contributed to my learning.	-	85%	92%	93%
The schemes integrated the basic sciences.	4.4	93%	91%	94%
The self-taught materials contained enough information to meet the learning objectives.	4.0	68%	82%	86%
The session learning objectives were useful.	4.4	79%	81%	81%
The summative exam was fair.	-	58%	95%	92%
The Work Case Examples helped me learn the material.	-	78%	92%	98%
This unit was well organized.	4.4	93%	98%	98%
Time spent in lab was helpful.	-	65%	86%	80%
Overall, I learned useful knowledge and/or skills during this unit.	-	96%	98%	98%
N	101	104	104	104
Class size at date	107	107	105	107
Response Rate	94%	97%	99%	97%

*5-point scale

† Percent Agreement could not be calculated

Cardiovascular and Respiratory System

Table 46: Evaluation Results for SPM CVR Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
This unit was well organized.	4.2	93%	79%	72%
The amount of material presented was reasonable.	4.0	93%	79%	69%
I know the clinical relevance of the material.	-	73%	94%	91%
The session learning objectives were useful.	-	80%	73%	75%
Sessions met the identified learning objectives.	-	91%	76%	83%
The schemes integrated the basic sciences.	-	66%	89%	85%
The summative exam was fair.	-	71%	64%	65%
The clinical presentation schemes contributed to my learning in this unit.	4.1	86%	86%	85%
The process work sheets contributed to my learning in this unit.	4.2	76%	81%	80%
Attending sessions helped me learn the material.	4.2	66%	68%	68%
The self-taught materials contained enough information to meet the learning objectives.	-	65%	82%	77%
Available self-tests helped me learn the material.	-	92%	88%	87%
The work case examples helped me learn the material.	4.6	91%	91%	88%
Time spent in the lab was helpful.	-	60%	76%	66%
Overall, I learned useful knowledge and/or skills during this unit/course.	4.5	95%	96%	90%
N	99	103	99	97
Class size at date	107	107	102	107
Response Rate	93%	96%	97%	91%

*5-point scale

† Percent Agreement could not be calculated

Renal System

In AY 2015-2016 the Renal Unit was offered 2 times due to a change in schedule, as explained in the "[Curriculum Scheme](#)" section. Data for both classes is reported below.

Table 47: Evaluation Results for SPM RNL Unit

Academic Year	Percent Agreement				
	2014-2015*†	2015-2016*	2016-2017	2017-2018	
The unit was well organized.	3.6	56%	78%	75%	80%
The amount of material presented was reasonable.	4.4	96%	93%	96%	94%
I know the clinical relevance of the material.	-	-	94%	92%	92%
The session learning objectives were useful.	-	-	84%	84%	89%
Sessions met the identified learning objectives.	-	-	85%	80%	83%
The schemes integrated the basic sciences.	-	-	85%	94%	95%
The summative exam was fair.	-	-	77%	90%	81%
The clinical presentation 'schemes' contributed to my learning.	3.4	76%	90%	94%	91%
The process worksheets contributed to my learning.	3.5	72%	76%	81%	85%
Attending sessions helped me learn the material.	3.7	-	75%	69%	78%
The self-taught materials contained enough information to meet the learning objectives.	-	-	85%	87%	90%
Available self-tests helped me learn the material.	-	-	91%	90%	88%
The Work Case Examples helped me learn the material.	4.4	91%	95%	97%	95%
Time spent in lab was helpful.	-	-	67%	80%	80%
Overall, I learned useful knowledge and/or skills during this unit.	4.1	96%	97%	95%	94%
N	104	100	100	92	102
Class size at date	107	107	107	101	106
Response Rate	97%	93%	93%	91%	96%

*5-point scale

† Percent Agreement could not be calculated

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CNS and Special Senses

Table 48: Evaluation Results for SPM CSS Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
The unit was well organized.	4.2	4.4	82%	81%
The amount of material presented was reasonable.	4.1	4.1	82%	86%
I know the clinical relevance of the material.	-	-	97%	92%
The session learning objectives were useful.	-	-	83%	83%
Sessions met the identified learning objectives.	-	-	85%	82%
The schemes integrated the basic sciences.	-	-	87%	82%
The summative exam was fair.	-	-	69%	79%
The clinical presentation schemes contributed to my learning.	4.1	4.2	84%	79%
The process worksheets contributed to my learning.	3.9	4.1	85%	74%
Attending sessions helped me learn the material.	4.2	4.4	66%	61%
The self-taught materials contained enough information to meet the learning objectives.	-	-	88%	83%
Available self-tests helped me learn the material.	-	-	86%	84%
The work case examples helped me learn the material.	4.6	4.7	96%	92%
Time spent in the lab was helpful.	-	-	80%	70%
Overall, I learned useful knowledge and/or skills during this unit.	4.6	4.6	98%	94%
N	99	100	103	92
Class size at date	103	107	106	99
Response Rate	96%	93%	97%	93%

*5-point scale

† Percent Agreement could not be calculated

Endocrine System

Table 49: Evaluation Results for SPM END Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
The unit was well organized.	4.4	93%	95%	77%
The amount of material presented was reasonable.	4.6	93%	96%	86%
I know the clinical relevance of the material.	-	98%	97%	97%
The session learning objectives were useful.	-	86%	90%	84%
Sessions met the identified learning objectives.	-	88%	94%	88%
The schemes integrated the basic sciences.	-	83%	95%	92%
The summative exam was fair.	-	81%	89%	63%
The clinical presentation schemes contributed to my learning in this unit.	4.4	79%	92%	80%
The process worksheets contributed to my learning in this unit.	4.5	77%	96%	84%
Attending sessions helped me learn the material.	4.4	74%	77%	60%
The self-taught materials contained enough information to meet the learning objectives.	-	80%	82%	87%
Available self-tests helped me learn the material.	-	-	87%	74%
The work case examples helped me learn the material.	4.6	97%	98%	81%
Time spent in lab was helpful.	-	70%	83%	70%
Overall, I learned useful knowledge and/or skills during this unit.	4.6	99%	98%	97%
N	103	100	107	90
Class size at date	103	107	107	99
Response Rate	100%	93%	100%	91%

*5-point scale

† Percent Agreement could not be calculated

Reproductive System

Table 50: Evaluation Results for SPM REP Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
The unit was well organized.	3.1	60%	39%	72%
The amount of material presented was reasonable.	3.6	70%	79%	87%
I know the clinical relevance of the material.	-	90%	88%	93%
The session learning objectives were useful.	-	70%	71%	86%
The sessions met the identified learning objectives.	-	71%	75%	84%
The schemes integrated the basic sciences.	-	59%	68%	77%
The summative exam was fair.	-	41%	70%	88%
The clinical presentation 'schemes' contributed to my learning.	3.1	66%	58%	77%
The process worksheets contributed to my learning.	2.9	45%	42%	66%
Attending sessions helped me learn the material.	3.7	57%	48%	65%
The self-taught materials contained enough information to meet the learning objectives.	-	76%	80%	88%
Available self-tests helped me learn the material.	-	-	90%	88%
The Work Case Examples helped me learn the material.	4.1	84%	89%	86%
Time spent in lab was helpful	-	59%	70%	73%
Overall, I learned useful knowledge and/or skills during this unit.	4.0	86%	88%	93%
N	103	100	105	89
Class size at date	103	107	107	99
Response Rate	100%	93%	98%	90%

*5-point scale

† Percent Agreement could not be calculated

Mind and Human Development

Table 51: Evaluation Results for SPM MHD Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
The unit was well organized.	4.2	84%	93%	91%
The amount of material presented was reasonable.	4.3	82%	96%	91%
I know the clinical relevance of the material.	-	92%	98%	91%
The session learning objectives were useful.	-	78%	91%	89%
Session met the identified learning objectives.	-	88%	93%	89%
The schemes integrated the basic sciences.	-	80%	95%	85%
The summative exam was fair.	-	59%	86%	78%
The clinical presentation 'schemes' contributed to my learning.	4.4	79%	97%	90%
The process worksheets contributed to my learning.	4.3	79%	91%	77%
Attending sessions helped me learn the material.	4.3	72%	86%	70%
The self-taught materials contained enough information to meet the learning objectives.	-	78%	89%	85%
Available self-tests helped me learn the material.	-	-	87%	82%
The work case examples helped me learn the material.	4.4	83%	94%	89%
Time spent in lab was helpful.	-	57%	79%	62%
Overall, I learned useful knowledge and/or skills during this unit.	4.5	93%	98%	95%
N	103	99	105	90
Class size at date	103	107	106	99
Response Rate	100%	93%	99%	91%

*5-point scale

† Percent Agreement could not be calculated

Medical Skills

Introduction to Health and Disease

Table 52: Evaluation Results for Medical Skills IHD Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
Medical Skills was well organized.	4.2	4.3	98%	98%
The Medical Skills session objectives were clearly identified.	-	-	96%	98%
Medical Skills met the identified learning objectives.	4.4	4.4	99%	98%
Weekly sessions prepared me for the skills exam.	-	-	98%	91%
The amount of material presented was reasonable.	4.1	4.3	99%	99%
The Medical Skills preparation materials helped me learn the material.	4.4	4.4	99%	97%
The group skill building activities helped me learn the material.	4.2	4.3	96%	96%
The standardized patient encounters helped me learn the material.	4.6	4.6	100%	95%
The standardized patient feedback I received helped me improve my performance.	-	-	100%	98%
The standardized patient case discussions helped me improve my performance	-	-	96%	99%
This course encourages me.	4.2	4.5	95%	94%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.7	100%	98%
The equipment in the skills room was in good working order.	-	-	98%	97%
The standardized patients were prepared for the session.	-	-	99%	99%
The standardized patients provided useful feedback on my performance.	-	-	97%	98%
I am familiar with the needle stick policy	-	-	81%	83%
N	106	107	98	102
Class size at date	107	107	108	110
Response Rate	99%	100%	90%	93%

*5-point scale

† Percent Agreement could not be calculated

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Gastrointestinal System

Table 53: Evaluation Results for Medical Skills GIS Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
Medical Skills was well organized.	4.5	93%	100%	99%
The Medical Skills session objectives were clearly identified.	-	-	98%	98%
Medical Skills met the identified learning objectives.	4.6	94%	99%	98%
Weekly sessions prepared me for the skills exam.	-	-	96%	97%
The amount of material presented was reasonable.	4.5	83%	98%	99%
The Medical Skills preparation materials helped me learn the material.	4.6	94%	98%	98%
The group skill building activities helped me learn the material.	4.5	88%	97%	98%
The standardized patient encounters helped me learn the material.	4.7	95%	98%	99%
The standardized patient feedback I received helped me improve my performance.	-	-	96%	99%
The standardized patient case discussions helped me improve my performance	-	-	96%	99%
This course encourages me.	4.5	90%	97%	98%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.7	99%	99%	99%
The equipment in the skills room was in good working order.	-	-	100%	100%
The standardized patients were prepared for the session.	-	-	98%	97%
The standardized patients provided useful feedback on my performance.	-	-	94%	96%
I am familiar with the needle stick policy	-	-	92%	85%
N	102	106	103	99
Class size at date	107	107	108	110
Response Rate	95%	99%	95%	90%

*5-point scale

† Percent Agreement could not be calculated

Integumentary and Neuromusculoskeletal Systems

Table 54: Evaluation Results for Medical Skills IMN Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	3.9	91%	96%	99%
The Medical Skills session objectives were clearly identified.	-	92%	96%	99%
Medical Skills met the identified learning objectives.	4.3	94%	97%	100%
Weekly sessions prepared me for the skills exam.	-	90%	93%	99%
The amount of material presented was reasonable.	3.8	96%	98%	99%
The Medical Skills preparation materials helped me learn the material.	4.2	95%	100%	99%
The group skill building activities helped me learn the material.	4.0	91%	97%	99%
The standardized patient encounters helped me learn the material.	4.4	95%	98%	97%
The standardized patient feedback I received helped me improve my performance.	-	85%	97%	94%
The standardized patient case discussions helped me improve my performance.	-	91%	97%	98%
This course encourages me.	4.1	94%	99%	98%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	96%	100%	99%
The equipment in the skills room was in good working order.	-	98%	99%	100%
The standardized patients were prepared for the session.	-	86%	98%	97%
The standardized patients provided useful feedback on my performance.	-	85%	96%	96%
I am familiar with the needle stick policy.	-	-	97%	96%
N	104	103	97	104
Class size at date	107	107	105	110
Response Rate	97%	96%	92%	95%

*5-point scale

† Percent Agreement could not be calculated

Liver and Hematology System

Table 55: Evaluation Results for Medical Skills HEM Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	3.9	96%	98%	98%
The Medical Skills session objectives were clearly identified.	-	93%	100%	98%
Medical Skills met the identified learning objectives.	4.3	95%	99%	99%
Weekly sessions prepared me for the skills exam.	-	85%	93%	98%
The amount of material presented was reasonable.	3.8	96%	99%	99%
The Medical Skills preparation materials helped me learn the material.	4.2	96%	99%	98%
The group skill building activities helped me learn the material.	4.0	89%	97%	97%
The standardized patient encounters helped me learn the material.	4.4	94%	97%	95%
The standardized patient feedback I received helped me improve my performance.	-	91%	97%	96%
The standardized patient case discussions helped me improve my performance.	-	89%	98%	95%
This course encourages me.	4.1	93%	97%	97%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	97%	99%	97%
The equipment in the skills room was in good working order.	-	95%	100%	99%
The standardized patients were prepared for the session.	-	88%	100%	99%
The standardized patients provided useful feedback on my performance.	-	92%	94%	96%
I am familiar with the needle stick policy.	-	-	98%	99%
N	104	103	104	103
Class size at date	107	107	105	107
Response Rate	97%	96%	99%	96%

*5-point scale

† Percent Agreement could not be calculated

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Cardiovascular and Respiratory System

Table 56: Evaluation Results for Medical Skills CVR Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	4.5	98%	98%	98%
The Medical Skills session objectives were clearly identified.	-	98%	98%	97%
Medical Skills met the identified learning objectives.	4.5	98%	96%	97%
Weekly sessions prepared me for the skills exam.	-	93%	95%	96%
The amount of material presented was reasonable.	4.4	98%	98%	97%
The Medical Skills preparation materials helped me learn the material.	4.4	98%	97%	97%
The group skill building activities helped me learn the material.	4.3	99%	96%	97%
The standardized patient encounters helped me learn the material.	4.4	95%	95%	94%
The standardized patient feedback I received helped me improve my performance.	-	89%	93%	96%
The standardized patient case discussions helped me improve my performance.	-	95%	96%	97%
This course encourages me.	4.4	97%	97%	97%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	98%	98%	98%
The equipment in the skills room was in good working order.	-	98%	99%	97%
The standardized patients were prepared for the session.	-	93%	98%	96%
The standardized patients provided useful feedback on my performance.	-	93%	92%	96%
I am familiar with the needle stick policy.	-	-	96%	98%
N	100	104	98	91
Class size at date	107	107	102	107
Response Rate	93%	97%	96%	85%

*5-point scale

† Percent Agreement could not be calculated

Renal System

In AY 2015-2016 Renal was offered 2 times due to a change in curriculum scheduling. Both classes are reported below.

Table 57: Evaluation Results for Medical Skills RNL Unit

Academic Year	Percent Agreement				
	2014-2015*†	2015-2016*	2016-2017	2017-2018	
Medical Skills was well organized.	4.0	81%	96%	98%	99%
The Medical Skills session objectives were clearly identified.	-	-	90%	95%	98%
Medical Skills met the identified learning objectives.	4.0	86%	91%	97%	99%
Weekly sessions prepared me for the skills exam.	-	-	85%	92%	97%
The amount of material presented was reasonable.	4.4	96%	96%	98%	100%
The Medical Skills preparation materials helped me learn the material.	3.7	79%	90%	94%	99%
The group skill building activities helped me learn the material.	3.9	84%	93%	98%	99%
The standardized patient encounters helped me learn the material.	4.0	83%	89%	88%	94%
The standardized patient feedback I received helped me improve my performance.	-	-	86%	88%	91%
The standardized patient case discussions helped me improve my performance.	-	-	88%	88%	95%
This course encourages me.	3.8	80%	91%	96%	99%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.1	94%	96%	99%	99%
The equipment in the skills room was in good working order.	-	-	95%	97%	100%
The standardized patients were prepared for the session.	-	-	98%	98%	97%
The standardized patients provided useful feedback on my performance.	-	-	91%	97%	95%
I am familiar with the needle stick policy.	-	-	-	100%	99%
N	104	100	100	92	103
Class size at date	107	107	107	101	106
Response Rate	97%	93%	93%	91%	97%

*5-point scale

† Percent Agreement could not be calculated

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CNS and Special Senses

Table 58: Evaluation Results for Medical Skills CSS Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
Medical Skills was well organized.	4.4	4.5	100%	99%
The Medical Skills session objectives were clearly identified.	-	-	99%	98%
Medical Skills met the identified learning objectives.	4.4	4.5	99%	98%
Weekly sessions prepared me for the skills exam.	-	-	100%	99%
The amount of material presented was reasonable.	4.3	4.4	99%	98%
The Medical Skills preparation materials helped me learn the material.	4.5	4.6	100%	98%
The group skill building activities helped me learn the material.	4.3	4.5	97%	97%
The standardized patient encounters helped me learn the material.	4.5	4.6	99%	98%
The standardized patient feedback I received helped me improve my performance.	-	-	97%	95%
The standardized patient case discussions helped me improve my performance.	-	-	97%	97%
This course encourages me.	4.4	4.4	99%	98%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	100%	99%
The equipment in the skills room was in good working order.	-	-	98%	99%
The standardized patients were prepared for the session.	-	-	98%	96%
The standardized patients provided useful feedback on my performance.	-	-	95%	94%
I am familiar with the needle stick policy.	-	-	85%	94%
N	103	100	107	93
Class size at date	103	107	107	99
Response Rate	100%	93%	100%	94%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
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Endocrine System

Table 59: Evaluation Results for Medical Skills END Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	4.6	98%	98%	99%
The Medical Skills session objectives were clearly identified.	-	98%	97%	98%
Medical Skills met the identified learning objectives.	4.6	98%	99%	100%
Weekly sessions prepared me for the skills exam.	-	99%	98%	100%
The amount of material presented was reasonable.	4.7	100%	99%	99%
The Medical Skills preparation materials helped me learn the material.	4.6	99%	98%	98%
The group skill building activities helped me learn the material.	4.5	98%	98%	100%
The standardized patient encounters helped me learn the material.	4.5	99%	96%	99%
The standardized patient feedback I received helped me improve my performance.	-	87%	96%	98%
The standardized patient case discussions helped me improve my performance.	-	98%	96%	99%
This course encourages me.	4.5	98%	99%	97%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	100%	100%	100%
The equipment in the skills room was in good working order.	-	96%	98%	98%
The standardized patients were prepared for the session.	-	93%	96%	100%
The standardized patients provided useful feedback on my performance.	-	87%	94%	99%
I am familiar with the needle stick policy.	-	-	94%	97%
N	103	102	105	91
Class size at date	103	107	107	99
Response Rate	100%	95%	98%	92%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
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Reproductive System

Table 60: Evaluation Results for Medical Skills REP Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	3.2	83%	85%	87%
The Medical Skills session objectives were clearly identified.	-	83%	89%	89%
Medical Skills met the identified learning objectives.	3.6	86%	90%	92%
Weekly sessions prepared me for the skills exam.	-	87%	86%	90%
The amount of material presented was reasonable.	4.0	90%	98%	92%
The Medical Skills preparation materials helped me learn the material.	3.2	77%	86%	83%
The group skill building activities helped me learn the material.	3.8	93%	89%	92%
The standardized patient encounters helped me learn the material.	3.8	89%	91%	91%
The standardized patient feedback I received helped me improve my performance.	-	85%	94%	92%
The standardized patient case discussions helped me improve my performance	-	90%	87%	92%
This course encourages me.	3.8	87%	91%	90%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	3.9	94%	93%	93%
The equipment in the skills room was in good working order.	-	97%	99%	99%
The standardized patients were prepared for the session.	-	92%	97%	100%
The standardized patients provided useful feedback on my performance.	-	88%	94%	96%
I am familiar with the needle stick policy	-	-	92%	98%
N	103	100	106	91
Class size at date	103	107	107	99
Response Rate	100%	93%	99%	92%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

Mind and Human Development

Table 61: Evaluation Results for Medical Skills MHD Unit

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Medical Skills was well organized.	4.2	95%	96%	96%
The Medical Skills session objectives were clearly identified.	-	90%	96%	96%
Medical Skills met the identified learning objectives.	4.3	93%	98%	98%
Weekly sessions prepared me for the skills exam.	-	88%	95%	91%
The amount of material presented was reasonable.	4.3	95%	96%	98%
The Medical Skills preparation materials helped me learn the material.	4.0	88%	94%	95%
The group skill building activities helped me learn the material.	4.3	95%	93%	88%
The standardized patient encounters helped me learn the material.	4.3	94%	97%	99%
The standardized patient feedback I received helped me improve my performance.	-	92%	96%	98%
The standardized patient case discussions helped me improve my performance	-	93%	94%	97%
This course encourages me.	4.3	95%	98%	96%
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.4	97%	99%	99%
The equipment in the skills room was in good working order.	-	94%	100%	100%
The standardized patients were prepared for the session.	-	93%	97%	100%
The standardized patients provided useful feedback on my performance.	-	94%	97%	99%
I am familiar with the needle stick policy	-	-	95%	98%
N	103	99	101	88
Class size at date	103	107	107	98
Response Rate	100%	93%	94%	89%

*5-point scale

† Percent Agreement could not be calculated

Master's Colloquium

Masters colloquium I

Table 62: Evaluation Results for Masters' Colloquium I

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Masters' Colloquium was well organized.	4.4	90%	95%	100%
Session objectives were clear.	4.2	82%	90%	97%
The amount of material presented was reasonable.	4.6	98%	99%	98%
I understand how the content of Colloquium is applicable to the practice of medicine.	4.5	95%	97%	98%
I feel that Masters' Colloquium is valuable to me.	4.2	86%	90%	93%
Masters' Colloquium broadens my perspectives.	4.4	87%	99%	95%
Masters' Colloquium challenges my assumptions.	4.3	87%	94%	94%
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.5	90%	99%	95%
My college masters gave me useful feedback	-	-	95%	99%
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.4	85%	93%	96%
N	102	103	97	103
Class size at date	107	107	105	110
Response Rate	95%	96%	92%	94%

*5-point scale

† Percent Agreement could not be calculated

Masters colloquium II

Table 63: Evaluation Results for Masters' Colloquium II

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Masters' Colloquium was well organized.	4.6	92%	100%	97%
Session objectives were clear.	4.3	88%	95%	95%
The amount of material presented was reasonable.	4.6	96%	98%	99%
I understand how the content of Colloquium is applicable to the practice of medicine.	4.6	93%	95%	96%
I feel that Masters' Colloquium is valuable to me.	4.4	83%	89%	94%
Masters' Colloquium broadens my perspectives.	4.5	87%	94%	96%
Masters' Colloquium challenges my assumptions.	4.5	84%	89%	96%
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.5	90%	93%	97%
My college masters gave me useful feedback	-	-	93%	98%
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.5	88%	92%	97%
N	100	101	93	96
Class size at date	107	107	101	106
Response Rate	93%	94%	92%	91%

*5-point scale

† Percent Agreement could not be calculated

Masters colloquium III

Table 64: Evaluation Results for Masters' Colloquium III

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Masters' Colloquium was well organized.	4.5	94%	97%	98%
Session objectives were clear.	4.5	91%	96%	98%
The amount of material presented was reasonable.	4.6	98%	99%	96%
I understand how the content of Colloquium is applicable to the practice of medicine.	4.6	98%	98%	97%
I feel that Masters' Colloquium is valuable to me.	4.4	87%	94%	85%
Masters' Colloquium broadens my perspectives.	4.5	92%	94%	89%
Masters' Colloquium challenges my assumptions.	4.5	88%	94%	91%
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.5	95%	96%	91%
My college masters gave me useful feedback	-	-	94%	94%
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.5	95%	95%	92%
N	104	99	105	90
Class size at date	104	107	107	99
Response Rate	100%	92%	98%	91%

*5-point scale

† Percent Agreement could not be calculated

Masters colloquium IV

Table 65: Evaluation Results for Masters' Colloquium IV

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
Masters' Colloquium was well organized.	4.5	94%	95%	99%
Session objectives were clear.	4.4	90%	94%	97%
The amount of material presented was reasonable.	4.7	93%	96%	98%
I understand how the content of Colloquium is applicable to the practice of medicine.	4.6	92%	98%	98%
I feel that Masters' Colloquium is valuable to me.	4.4	86%	93%	95%
Masters' Colloquium broadens my perspectives.	4.5	86%	92%	96%
Masters' Colloquium challenges my assumptions.	4.4	85%	93%	91%
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.5	92%	97%	95%
My college masters gave me useful feedback	-	-	94%	98%
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.4	92%	95%	96%
N	100	84	82	88
Class size at date	103	107	106	99
Response Rate	97%	79%	77%	89%

*5-point scale

† Percent Agreement could not be calculated

Society, Community, and the Individual

The Immersion and Spanish components of the SCI course are evaluated independently using metrics tailored specifically to them. Immersion is evaluated when it experience ends, and Spanish is evaluated at the end of every unit, except for the last unit of a semester; SCI as a whole is evaluated at that point. This section reports SCI immersion results first, followed by the SCI course results collected at the end of each semester, and concludes with the Spanish component evaluation results.

Immersion

Table 66: Evaluation Results for SCI Immersion

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016‡	2016-2017	2017-2018
The SCI Immersion Block was well organized.	4.0	-	74%	66%
The learning objectives were clearly identified.	4.0	-	71%	82%
The SCI Immersion Block met the identified learning objectives.	4.2	-	91%	93%
The small group learning activities helped me learn the material.	4.5	-	91%	96%
The amount of material presented was reasonable.	4.4	-	88%	93%
The lectures helped me learn the material.	4.6	-	99%	92%
The interactive sessions helped me learn the material.	3.9	-	72%	77%
The community assessment helped me learn the material.	4.5	-	89%	93%
I improved my Spanish speaking skills.	4.2	-	87%	93%
The community assessment gave me a good feel for the El Paso/New Mexico community.	4.5	-	9%	96%
I understand how the SCI Immersion Block course content is applicable to the practice of medicine.	4.5	-	93%	98%
Overall, I learned useful knowledge and/or skills during this unit/course.	4.4	-	95%	97%
N	107	-	104	102
Class size at date	107	107	108	110
Response Rate	100%	0%	96%	93%

*5-point scale

† Percent Agreement could not be calculated

‡Data not available

Society, Community and the Individual I

Table 67: Evaluation Results for SCI I - MS1 group

MS1 Fall Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
SCI was well organized.	4.1	51%	85%	82%
SCI session learning objectives were clearly identified.	4.3	57%	87%	87%
The course met the identified learning objectives.	4.2	44%	93%	87%
SCI broadens my perspectives.	4.1	55%	79%	83%
The material covered is relevant to the practice of medicine.	4.3	66%	85%	87%
The amount of material presented was reasonable.	4.4	74%	87%	95%
Attending sessions helped me learn the material.	4.1	37%	69%	60%
The community clinic experience is a worthwhile component of the curriculum.	4.2	73%	82%	81%
My community preceptor understood the learning objectives.	4.2	65%	94%	87%
My community preceptor ensured that the learning objectives were met.	4.1	63%	79%	86%
Spanish is a worthwhile component of the curriculum.	4.1	83%	91%	83%
I improved my Spanish speaking skills.	-	83%	87%	78%
Overall, I learned useful knowledge and/or skills during SCI.	4.4	75%	90%	87%
N	102	107	97	102
Class size at date	107	107	105	110
Response Rate	95%	100%	92%	93%

*5-point scale

† Percent Agreement could not be calculated

Society, Community and the Individual II

Table 68: Evaluation Results for SCI II - MS2 group

MS2 Fall Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
SCI was well organized.	4.1	44%	75%	86%
SCI session learning objectives were clearly identified.	4.3	52%	82%	87%
The course met the identified learning objectives.	4.3	31%	80%	89%
SCI broadens my perspectives.	4.2	52%	79%	86%
The material covered is relevant to the practice of medicine.	4.2	55%	82%	87%
The amount of material presented was reasonable.	4.5	56%	80%	88%
Attending sessions helped me learn the material.	4.1	18%	61%	70%
The community clinic experience is a worthwhile component of the curriculum.	4.1	64%	74%	81%
My community preceptor understood the learning objectives.	4.2	65%	80%	87%
My community preceptor ensured that the learning objectives were met.	4.2	64%	79%	87%
Spanish is a worthwhile component of the curriculum.	4.3	83%	88%	87%
I improved my Spanish speaking skills.	-	81%	87%	88%
Overall, I learned useful knowledge and/or skills during SCI.	4.2	74%	90%	91%
N	101	101	91	100
Class size at date	107	107	101	106
Response Rate	94%	94%	90%	94%

*5-point scale

† Percent Agreement could not be calculated

Society, Community and the Individual III

Table 69: Evaluation Results for SCI III - MS1 group

MS1 Spring Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*	2016-2017	2017-2018
SCI was well organized.	3.9	56%	44%	62%
SCI session learning objectives were clearly identified.	4.0	55%	37%	50%
The course met the identified learning objectives.	4.0	51%	35%	49%
SCI broadens my perspectives.	4.0	61%	64%	68%
The material covered is relevant to the practice of medicine.	4.0	61%	64%	68%
The amount of material presented was reasonable.	4.2	54%	79%	73%
Attending sessions helped me learn the material.	3.6	31%	40%	47%
The community clinic experience is a worthwhile component of the curriculum.	4.4	75%	81%	63%
My community preceptor understood the learning objectives.	4.0	70%	78%	67%
My community preceptor ensured that the learning objectives were met.	4.3	70%	80%	66%
Spanish is a worthwhile component of the curriculum.	4.4	82%	91%	84%
I improved my Spanish speaking skills.	-	79%	91%	83%
Overall, I learned useful knowledge and/or skills during SCI.	4.3	81%	74%	79%
N	98	102	101	91
Class size at date	103	107	107	99
Response Rate	95%	95%	94%	92%

*5-point scale

† Percent Agreement could not be calculated

Society, Community and the Individual IV

Table 70: Evaluation Results for SCI IV - MS2 group

MS2 Spring Academic Year	Percent Agreement			
	2014-2015*‡	2015-2016*	2016-2017	2017-2018
SCI was well organized.	-	44%	65%	75%
SCI session learning objectives were clearly identified.	-	52%	61%	74%
The course met the identified learning objectives.	-	31%	65%	75%
SCI broadens my perspectives.	-	51%	75%	73%
The material covered is relevant to the practice of medicine.	-	54%	79%	75%
The amount of material presented was reasonable.	-	55%	86%	75%
Attending sessions helped me learn the material.	-	18%	61%	53%
The community clinic experience is a worthwhile component of the curriculum.	-	64%	80%	75%
My community preceptor understood the learning objectives.	-	65%	77%	74%
My community preceptor ensured that the learning objectives were met.	-	64%	78%	73%
Spanish is a worthwhile component of the curriculum.	-	84%	90%	80%
I improved my Spanish speaking skills.	-	81%	88%	72%
Overall, I learned useful knowledge and/or skills during SCI.	-	74%	84%	73%
N	-	99	86	86
Class size at date	103	107	106	99
Response Rate	0%	93%	81%	87%

*5-point scale

‡Data not available

Spanish

The manner in which the Spanish results are reported has changed with this report. Data was previously reported per unit and Spanish level (Basic, Intermediate, & Advanced) compounded. The 2 tables below reflect the average percentage agreement by level for the full academic year for each of the pre-clerkship years. Only 2 academic years' worth of data are reported for Spanish.

MS1 Unit Average Percentage Agreement per Spanish Level

Table 71: MS1 Average Percent Agreement per Spanish Level

Academic Year	Average Percent Agreement					
	2016-2017			2017-2018		
	BASIC	INTERMEDIATE	ADVANCED	BASIC	INTERMEDIATE	ADVANCED
This unit/course was well organized.	97%	96%	97%	98%	96%	57%
The learning objectives were clearly identified.	95%	92%	96%	97%	90%	55%
The course met the identified learning objectives.	98%	96%	96%	99%	94%	56%
The amount of material presented was reasonable.	98%	98%	97%	98%	99%	66%
The homework provided practical reinforcement of material covered in class.	92%	96%	95%	98%	93%	56%
The course handouts were practical.	98%	99%	99%	99%	93%	56%
I understand how I am graded in Spanish.	95%	91%	95%	96%	92%	57%
I improved my Spanish speaking skills.	97%	96%	90%	99%	85%	51%
I can ask basic patient information in Spanish.	99%	98%	98%	97%	99%	75%
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	98%	98%	92%	100%	100%	60%
My medical Spanish instructor/TA conducted practical in class activities that helped improve my medical Spanish skills.	100%	97%	92%	99%	95%	54%
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	99%	99%	91%	98%	95%	52%
N	38	33	30	47	23	29

MS2 Unit Average Percentage Agreement per Spanish Level

Table 72: MS2 Average Percent Agreement per Spanish Level

Academic Year	Average Percent Agreement					
	2016-2017			2017-2018		
	BASIC	INTERMEDIATE	ADVANCED	BASIC	INTERMEDIATE	ADVANCED
This unit/course was well organized.	92%	94%	98%	99%	99%	96%
The learning objectives were clearly identified.	88%	87%	91%	98%	99%	91%
The course met the identified learning objectives.	92%	91%	94%	100%	99%	97%
The amount of material presented was reasonable.	94%	99%	98%	100%	97%	96%
The homework provided practical reinforcement of material covered in class.	93%	91%	89%	95%	97%	95%
The course handouts were practical.	91%	91%	95%	101%	97%	93%
I understand how I am graded in Spanish.	96%	97%	89%	100%	99%	89%
I improved my Spanish speaking skills.	96%	89%	89%	95%	97%	85%
I can ask basic patient information in Spanish.	95%	100%	100%	100%	95%	100%
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	98%	92%	95%	97%	97%	96%
My medical Spanish instructor/TA conducted practical in class activities that helped improve my medical Spanish skills.	97%	94%	95%	97%	95%	93%
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	96%	97%	95%	98%	97%	91%
N	43	32	22	34	28	27

Integrated Curricular Elements Program

For information on ICE program reporting, please see [link](#)

Clerkship Preparation Course (PICE)

This course was originally 8 weeks long, but was shortened to 4 weeks for AY 2017-2018. It is a credit based course designed to ensure students possess the essential knowledge and skills required for entry into the clerkship phase of their medical training. The major elements of the course include:

- Advanced Cardiovascular Life Support (ACLS) training
- Tankside Grand Rounds
- Objective Structured Clinical Examination (OSCE)
- Self-directed Learning Phase
- NBME Comprehensive Basic Science Exam (CBSE)

The Clerkship preparation course was offered for the first time during AY 2016-2017, so there's only two years of data to present.

Table 73: PICE course percent agreement

Academic Year	Percent Agreement	
	2016-2017	2017-2018
The course objectives were clear.	55%	83%
The course met its objectives.	58%	84%
The ACLS increased my sense of preparation for emergency situations.	96%	95%
The M2 OSCE was a fair assessment.	97%	98%
My Tank-side team had adequate guidance in preparing our presentation.	89%	89%
All members of my Tank-side team contributed to the presentation.	96%	94%
I understood what my self-directed learning plan was supposed to contain.	60%	75%
I got adequate guidance in improving my plan.	83%	94%
My self-directed learning plan helped me focus my STEP 1 studies.	36%	52%
I had adequate time to implement my self-directed learning plan.	62%	75%
Overall, this course helped me prepare for STEP 1.	36%	40%
Overall, I feel prepared for the MS3 clerkships.	71%	66%
N	82	83
Class size at date	103	97
Response Rate	80%	86%

Comprehensive End of Year Exam (CEYE)

The CEYE is an In-house outcome prognostic Instrument assembled by PLFSOM faculty on the basis of the content areas taught in the M1 year. It is customized with items from a secure pool of NBME basic science subject questions. The exam is given to MS1 students through the NBME portal and the NBME provides us with score reports, item analysis reports and, for areas with 25 or more questions, a content area sub-score.

The original exam was designed for the class of 2013 and has been updated by the faculty annually. In AY 2015-2016 the Y1 & 2 committee redesigned the test so that more than just 3 content areas received sub-scores. The test is composed of 150 multiple choice items divided into 2 sections.

The following tables report historical first attempt performance data for the combined sections first, and then current annual report year data per section.

Historical Performance on First Attempt

Table 74: Historical First Attempt Performance on the CEYE

Class	High Score	Low Score	Median	Mean	Std Dev
2013	88	57	70.0	71.1	7.8
2014	85	58	71.5	71.6	6.5
2015	89	58	72.0	72.7	6.8
2016	90	59	77.5	76.6	7.0
2017	88	58	75.0	74.2	6.4
2018	89	61	73.0	73.5	5.8
2019	91.5	60	73.0	73.5	5.9
2020	90	51	70.5	71.8	7.6
2021	89	45	73	72.3	8.2

AY 2017-2018 Content Area Performance on First Attempt - Sections 1 & 2

For the following Table of area scoring, all scores are scaled for a mean of 70% and a standard deviation of 8. Scaled scores omit those who did not take the test under standard timing, were more than 3 SD below the mean, or omitted more than 10% of the items. Please note that items contribute to more than one area.

Table 75: Content area for Section 1 of the CEYE, AY 2017-2018

Content Area CEYE Section 1 AY 2017-2018	N Items	SEM	Reliability	Mean	SD	Low	High
Test total	150	3	0.78	73.5	7.3	52	89
General pathology	33	7	0.46	72.4	9.9	39	94
General principles	139	3	0.78	73	7.7	52	89
Society, community, and the individual	32	6	0.57	81.1	9.8	56	100
Biostatistics	14	10	0.45	76.1	14	43	100
Biochemistry	23	9	0.34	69.1	11.1	39	91
Cell biology	15	11	0.36	67.2	14.2	33	100
Epidemiology	10	12	0.35	79.8	14.8	40	100
Ethics	10	13	0.1	73.8	13.5	40	100
Genetics	17	10	0.32	69.3	12.7	29	100
Immunology	20	9	0.37	77.2	11.2	55	100
Interview, patient education, communication	14	8	0.43	89.4	10.6	57	100
Microbiology	22	8	0.38	78.3	10.8	45	100
Pharmacology	17	11	0.23	64.1	12.4	29	88
Physiology	17	10	0.2	69.3	11.7	29	94
Gastrointestinal	13	11	0.19	73.7	12.1	31	100
Hematopoietic/lymphoreticular	20	9	0.4	72.1	12.1	45	95
Respiratory	16	10	0.24	74.2	11.8	38	100

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Table 76: Content area for Section 2 of the CEYE, AY 2017-2018

Content Area CEYE Section 2 AY 2017-2018	N Items	SEM	Reliability	Mean	SD	Low	High
Test total	150	3	0.81	74.7	8.1	45	89
Clinical diagnosis	66	4	0.65	80.4	8.3	42	95
Gross anatomy	26	8	0.6	70.8	12.8	38	100
Musculoskeletal	27	8	0.45	73.8	10.8	44	96
Physiology	26	8	0.46	73.5	11.4	38	96
System pathology	74	4	0.71	80.4	8.6	42	96
Biochemistry	10	11	0.21	79.2	12.9	30	100
Embryology	10	13	-0.03	64	12.6	30	90
Histology	18	9	0.43	77.9	12.4	39	100
Immunology	14	9	0.39	81.7	12.2	50	100
Microbiology	17	10	0.26	72.1	12.2	35	94
Neuroscience	14	11	0.36	64.5	13.7	29	93
Physical examination	20	8	0.44	81.4	11.3	40	100
Pharmacology	16	11	0.61	69.2	17.5	25	100
Peripheral nervous system	16	10	0.38	64.1	13.1	25	94
Cardiovascular	23	8	0.53	78.7	11.9	39	96
Skin	14	10	0.25	79.9	11.9	43	100
Gastrointestinal	23	8	0.46	74.3	11.1	48	96
Hematopoietic/lymphoreticular	19	9	0.48	75.4	12.8	37	100
Nervous	20	9	0.44	65.6	12	30	95
Renal	20	8	0.43	79.6	11.8	40	100
Respiratory	22	9	0.37	71.8	11.9	36	91

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Step 1

At the end of the second year, students take STEP 1; passing is required in order to continue into the M3 year. STEP1 scores are reported on the calendar year basis, not class year. Historical data below comes from annual reports from the NBME and are reported in the format required for our LCME accreditation documentation.

Table 77: Historical Step 1 Performance Over Time

Calendar Year	No. Examined	Percent Passing PLFSOM/National	PLFSOM		National Mean	
			Score	SD	Total Score	SD
2011	36	97% / 94%	224	19	224	22
2012	55	98% / 95%	230	17	227	22
2013	76	100% / 96%	226	18	228	21
2014	73	97% / 96%	235	16	229	20
2015	102	93% / 95%	220	20	229	20
2016	92	95% / 95%	223	17	228	21
2017	106	96% / 96%	223	19	229	20
Interim data for Calendar Year 2018						
2018	106	92% / -	221	20	-	-

Step 1 Trends over Time

Figure 13: PLFSOM Percent Pass First Time Comparison to National Percent Passing

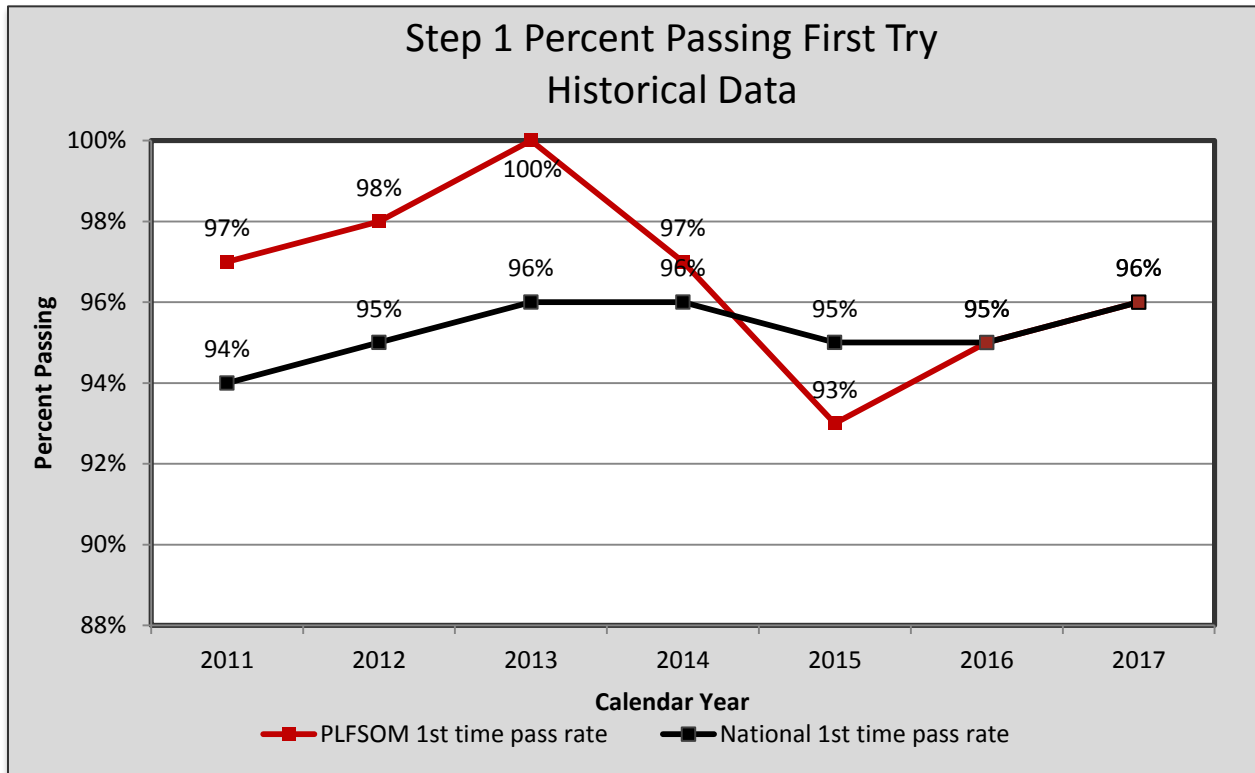
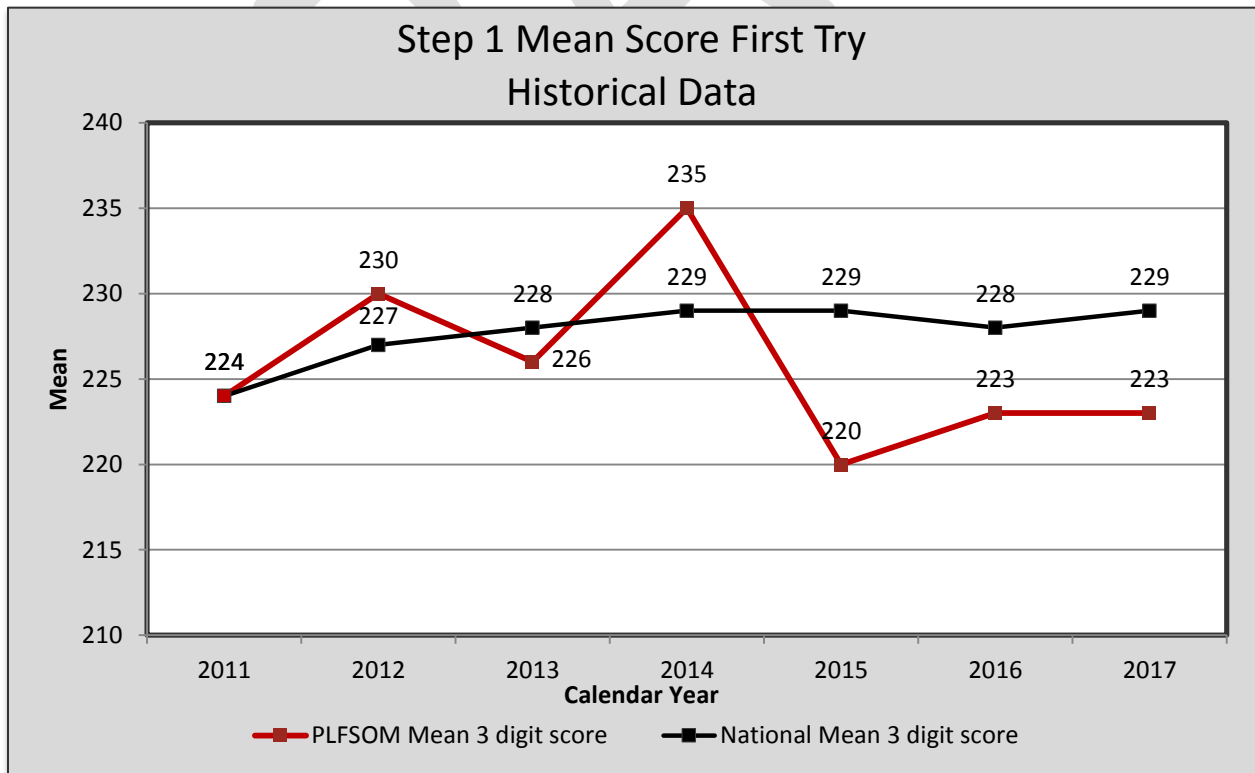


Figure 14: Step 1 PLFSOM Mean Score First Try Comparison to National Mean Score



Score Plots:

The following graphics are the annual score plots for STEP1 provided by the NBME going back 4 years. These allow a school to determine how they are doing in comparison to the national pool of test takers by discipline. Methodology as per the NBME:

"The graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each discipline and organ system. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each discipline and organ system. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the **vertical solid green line** at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the **red boxes and horizontal lines**. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the disciplines and organ systems in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 1 test items are deliberately designed to be integrative with many items contributing to the calculation of scores in more than one discipline, caution should be used in attributing mean differences in student performance to individual courses at your school."

Figure 15: 2017 NBME Step 1 Score Plot

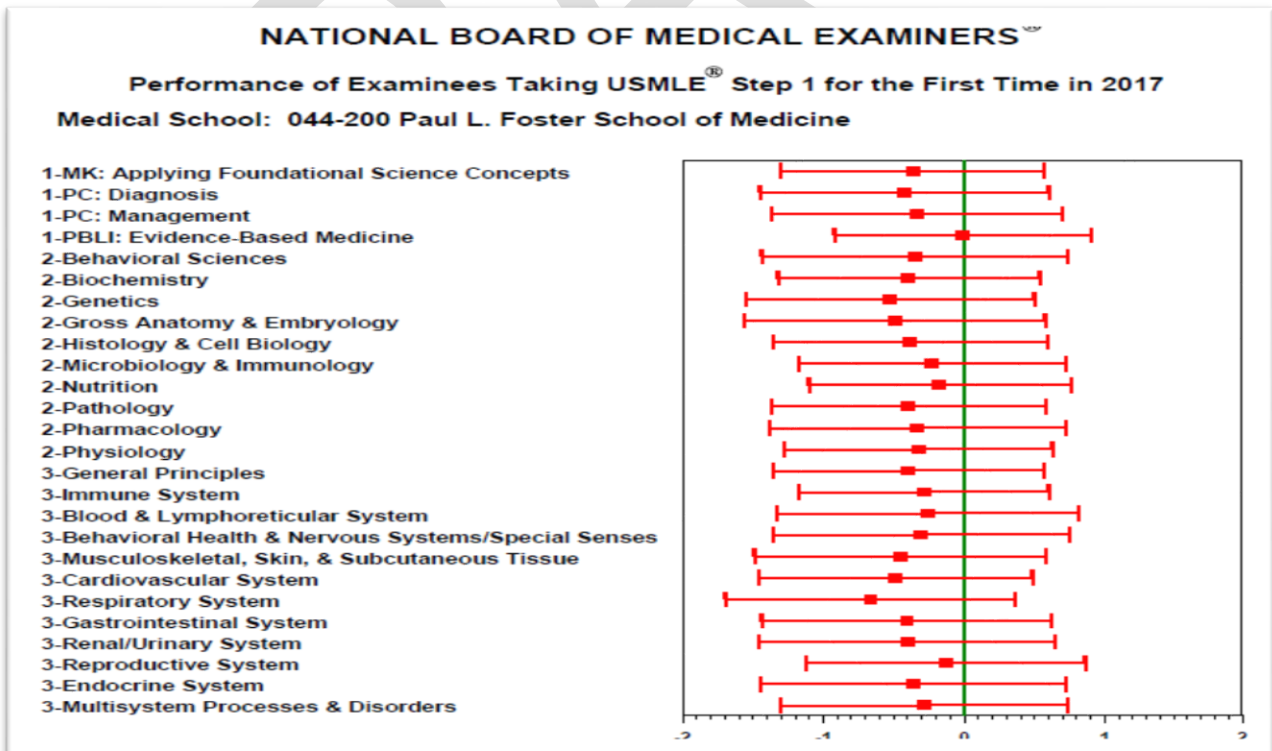


Figure 16: 2016 NBME Step 1 Score Plot

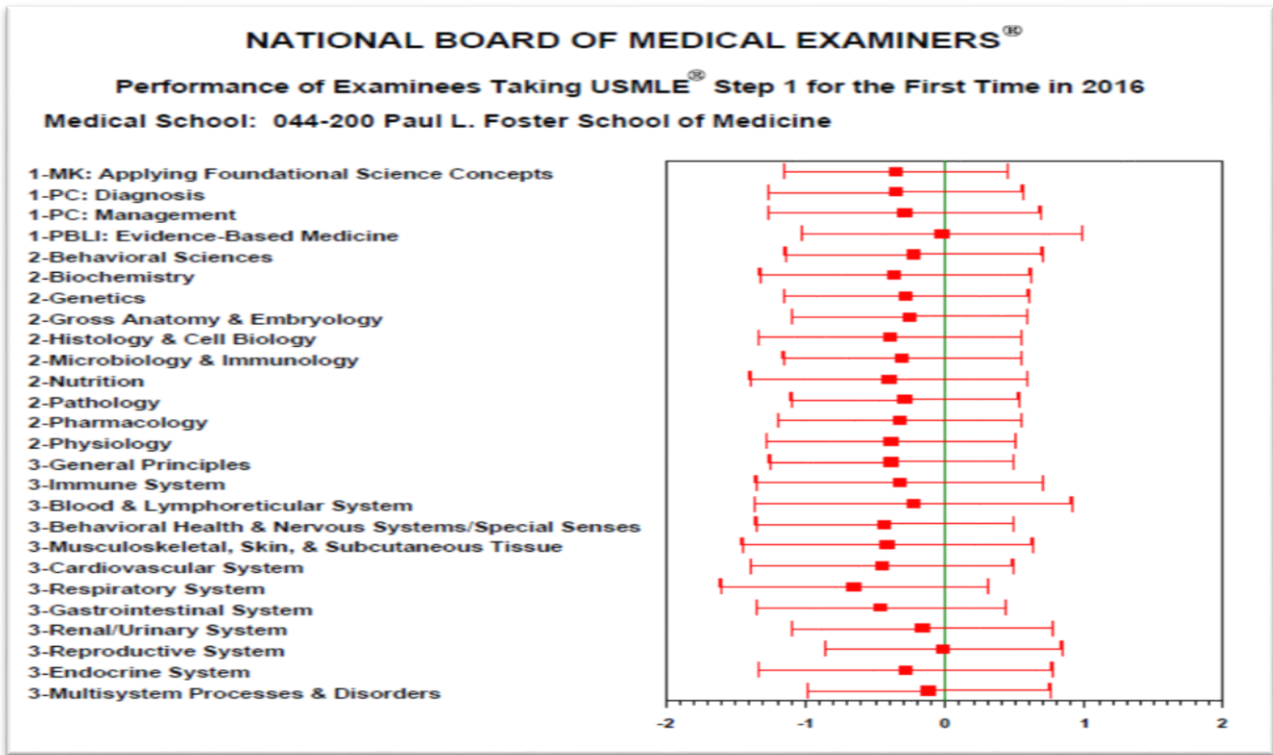


Figure 17: 2015 NBME Step 1 Score Plot

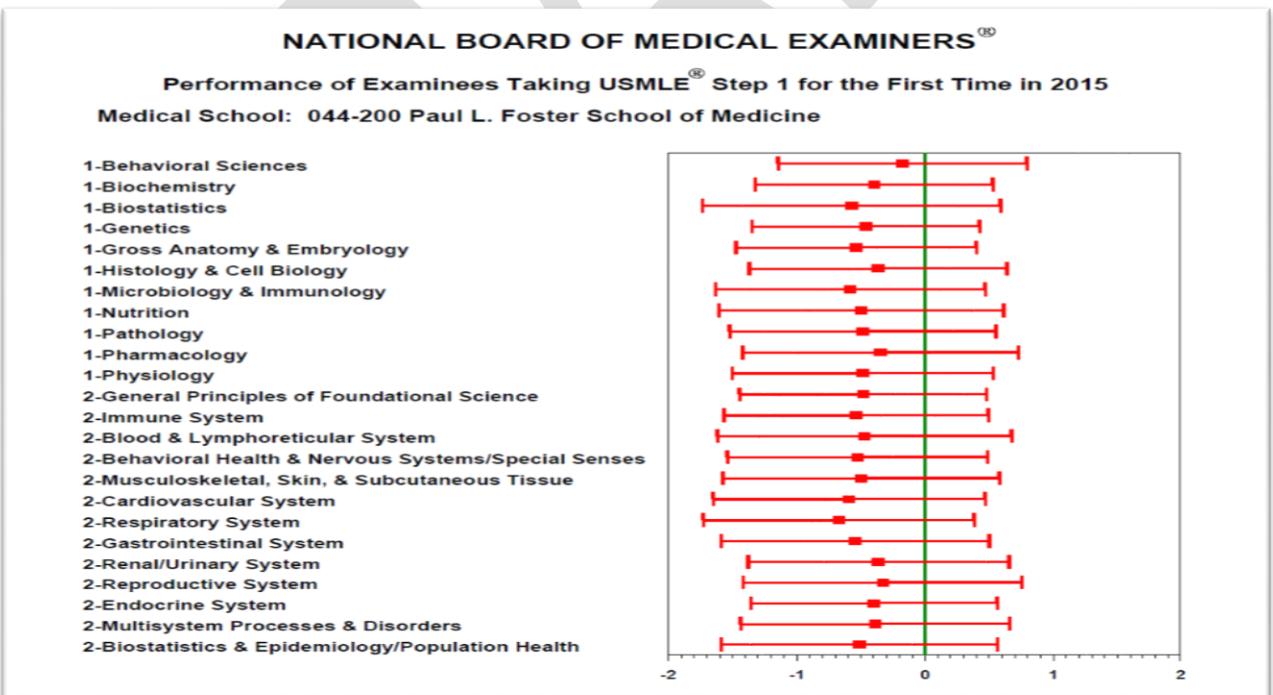
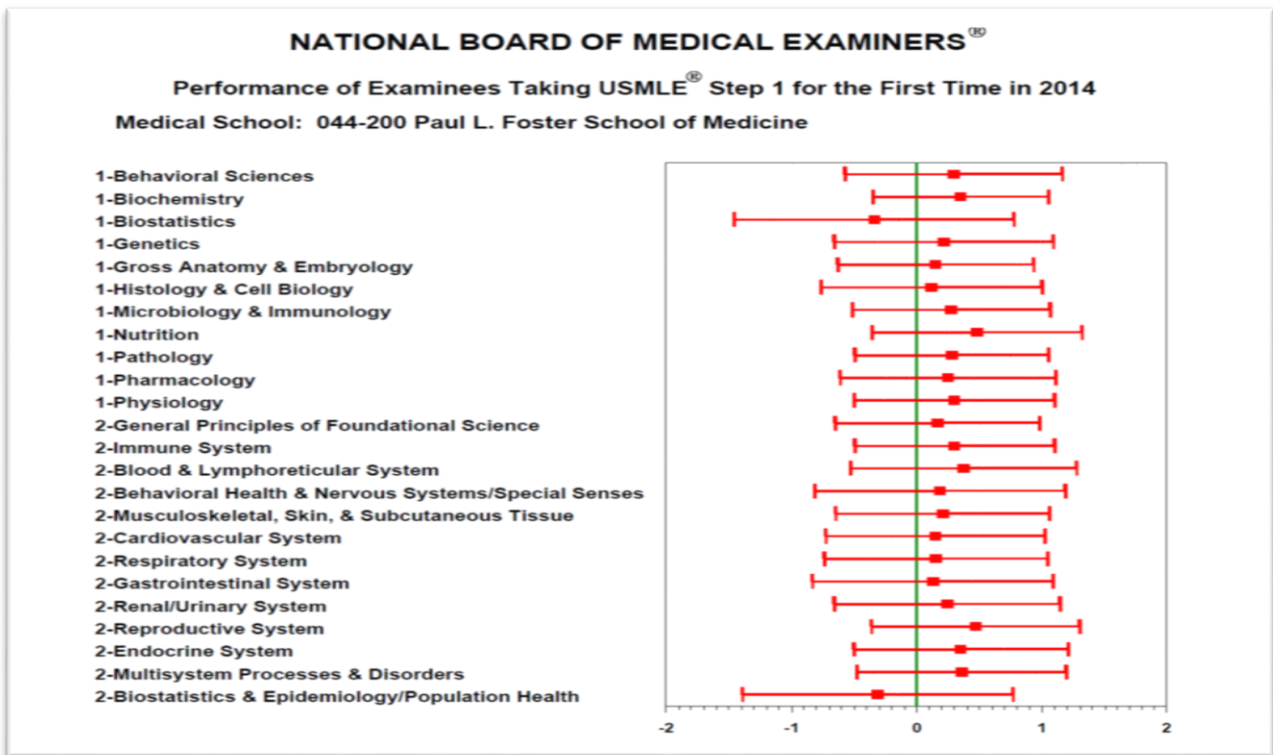


Figure 18: 2014 NBME Step1 Score Plot



PLFSOM Longitudinal Survey

PLFSOM collects specific data on a longitudinal basis as a means of monitoring certain hidden curriculum elements. The Medical school's Annual Longitudinal Survey is a compilation of 3 surveys:

- Jefferson Physician Empathy Scale – Student Version(JPES-S) survey
- Social Determinants of Health survey
- Self-Directed Learning Readiness Scale (SDLRS) survey

All medical students take the survey 5 different times throughout the 4 years of Medical School (except for the SDLRS which is administered only 4 times). The first time occurs as incoming MS1's, before they experience any part of the curriculum. The second, third, and fourth times the survey is administered at the beginning of each of the following academic years during their Orientation session. The 5th and last time the survey is administered occurs between February and graduation day during the spring semester of their MS4 year.

The data collection methodology has changed over the years. The first iteration -with the class of 2013- was conducted on bubble sheets and only summary reports kept. In subsequent years the survey was given in one of 3 different platforms. Data was collected electronically and then moved into an OAE data base. Beginning AY 2015-2016 the survey has been administered electronically through the Qualtrics survey platform. Data from one class was lost in transfer for 1-time point (C2015 for T4).

Jefferson Physician Empathy Scale – Student Version

The Jefferson Physician Empathy SCALE (JPES-S) is a 20 item instrument designed to assess the 3 dimensions of empathy in medical students, in the context of patient care; the three dimensions of empathy being: 1 Perspective taking, 2 Compassionate care, and 3 Emotional detachment. The 20 items in the instrument are measured on a 7 point scale ranging from 1=Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4=Neutral, 5= Somewhat Agree, 6= Agree, and 7=Strongly Agree. The higher the

score, the higher the empathy level. The JSE-S requires that questions 1, 3, 6,7,8,11,12,14,18,19 be recoded before data analysis. The scale score consists of a summed score ranging from a minimum of 20 (low empathy) to 140 (high empathy).

The medical school monitors students' general level of empathy as they cross the curriculum since empathy is considered to be a factor in professionalism, communication, and patient outcomes.

Table 78: Jefferson Empathy Mean Scores over Time by Graduating Class

Class	Mean Scores				
	T1	T2	T3	T4	T5
2018	113.1	109.7	113.1	108.8	111.5
2019	116.2	113.3	113.3	⌚	⌚
2020	116.4	86.2	⌚	⌚	⌚
2021	117.8	⌚	⌚	⌚	⌚

* The Class of 2013 took their first survey in a different format and we are unable to combine it with the other data.

⌚Data not available yet

Social Determinants of Health Survey

The Social Determinants of Health survey consist of 43 items ([link](#) to full survey). Factor analysis indicates that the items break into 3 subscales: *Practical Knowledge of Sociocultural Factors Effect on Health*, *Understanding of Sociocultural Factors' Impact on Health*, and the *Attitudes towards Preventive Medicine*. The first subscale relates to students' practical experiences and knowledge about sociocultural factor on health; the second subscale measure student's knowledge and beliefs of sociocultural factors impact on health; and the third subscale measures students' attitudes and beliefs on the general role of physicians in the practice of preventative & social medicine.

In the following tables all of the subscales are averaged to maintain the meaning of the scores. Subscales one and two are measured on a 4-point range from 0=Not at all, 1=A little bit, 2=moderately, 3=Quite a bit, to 4=extremely. The third subscale is measured on a 5-point scale range from 1=Strongly Disagree, 2=Somewhat Disagree, 3=Undecided, 4=Somewhat Agree, to 5=Strongly Agree. For reporting purposes, data from students who omit more than 10 answers on survey is excluded.

Table 79: Expectation for Personal Participation in Preventative Medicine over Time

CLASS	Practical Knowledge of Sociocultural Factors Effect on Health									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2015	2.49	0.92	3.51	1.02	2.52	0.94	3.04	0.88	2.99	0.88
Class of 2016	2.56	0.90	2.75	0.89	2.93	0.85	2.97	0.84	4.01	0.86
Class of 2017	2.57	0.93	2.73	0.87	2.88	0.93	3.82	0.90	3.03	0.86
Class of 2018	2.64	0.95	2.76	0.82	3.81	0.81	2.90	0.78	3.13	0.80
Class of 2019	2.79	0.85	3.87	0.84	3.84	0.85	⌚	⌚	⌚	⌚
Class of 2020	3.78	0.82	2.83	0.84	⌚	⌚	⌚	⌚	⌚	⌚
Class of 2021	2.85	0.88	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚
All Classes	2.83	0.88	3.05	0.86	3.09	0.88	3.13	0.86	3.20	0.85

~The tilde indicates No Reportable Data for that year.

⌚ Data not available yet

Figure 19: Mean Expectation for Personal Participation in Preventative Medicine

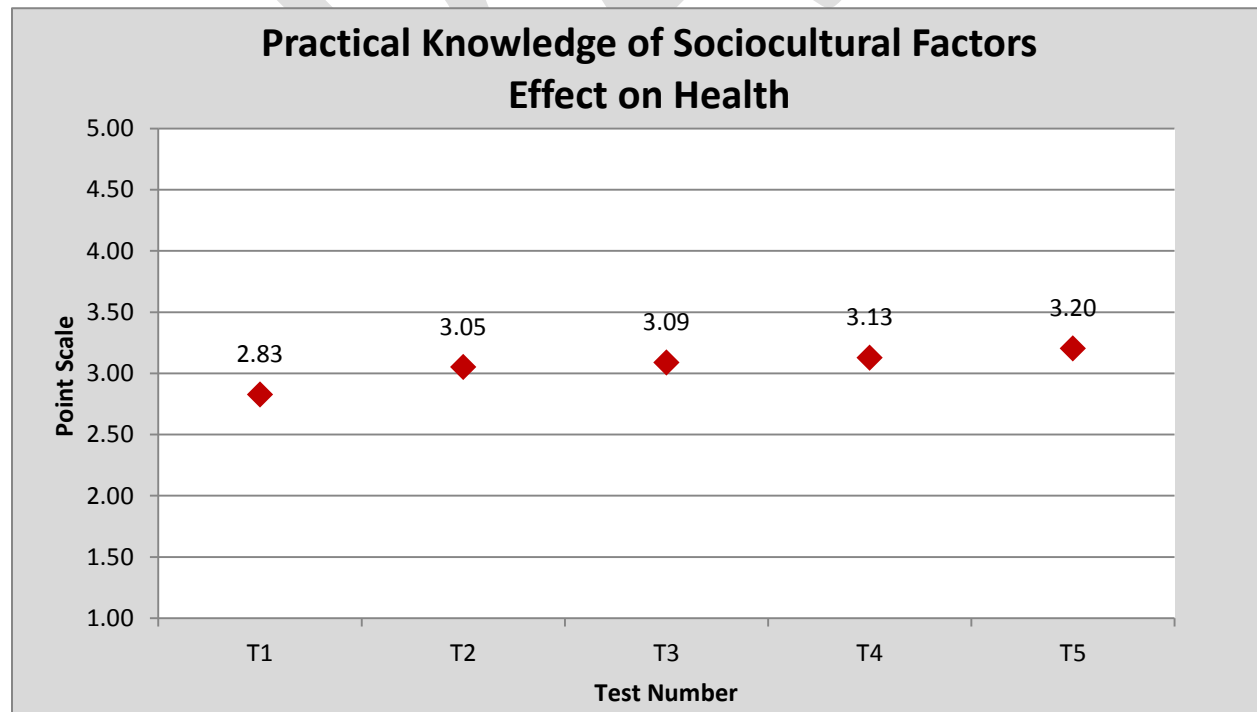


Table 80: Mean Social Determinants of Health Scale Score Over Time

CLASS	Understanding of Sociocultural Factors' Impact on Health									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2015	2.80	0.97	3.68	1.04	2.58	0.96	2.88	0.98	2.87	1.02
Class of 2016	2.91	0.91	2.83	0.95	3.10	0.89	3.04	0.94	3.90	0.97
Class of 2017	2.79	0.92	3.00	0.89	3.11	0.84	3.81	0.94	3.02	0.90
Class of 2018	2.87	0.92	3.07	0.82	4.08	0.80	2.90	0.87	3.06	0.89
Class of 2019	2.98	0.90	4.05	0.83	4.03	0.83	⌚	⌚	⌚	⌚
Class of 2020	4.09	0.83	3.06	0.85	⌚	⌚	⌚	⌚	⌚	⌚
Class of 2021	3.15	0.83	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚
All Classes	3.07	0.90	3.21	0.92	3.25	0.89	3.11	0.93	3.15	0.96

~The tilde indicates No Reportable Data for that year.

⌚ Data not available yet

Figure 20: Mean Social Determinants of Health Scale Score

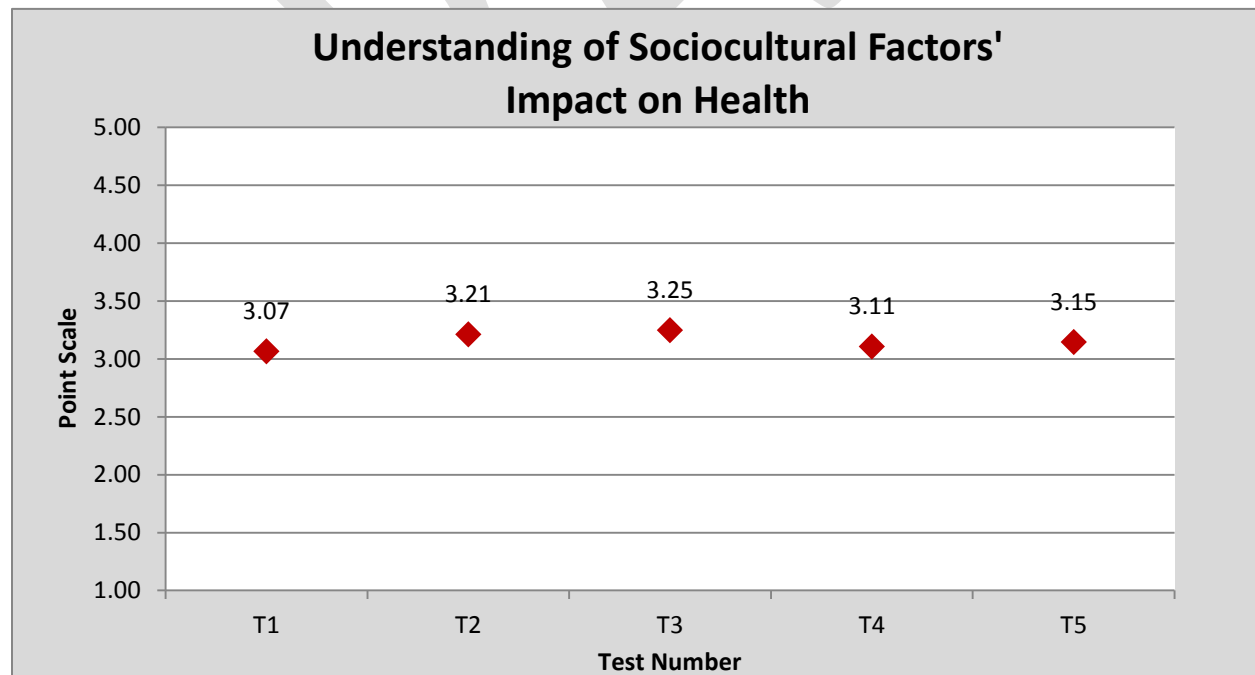


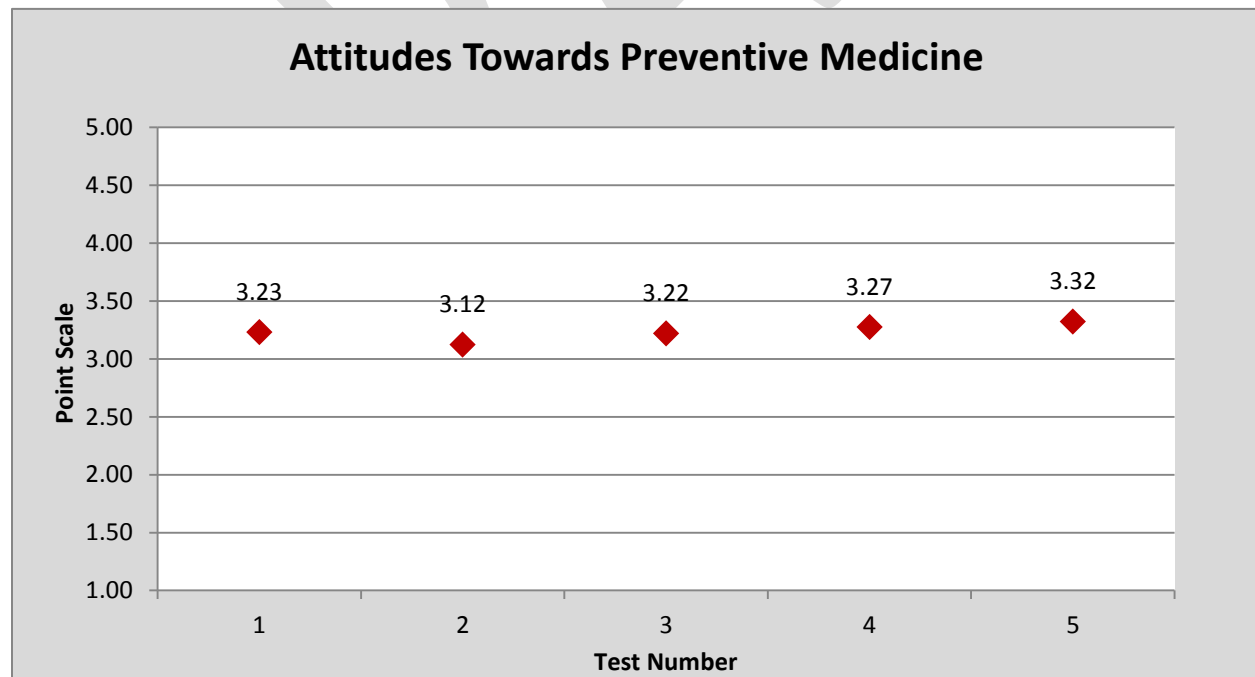
Table 81: Mean Role of Physicians in Preventative Medicine Scale Score over Time

CLASS	Attitudes Towards Preventive Medicine									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2015	3.26	0.89	3.26	0.92	3.27	0.95	3.32	1.00	3.49	1.02
Class of 2016	3.33	0.87	3.38	0.89	3.43	0.87	3.45	0.96	3.11	1.12
Class of 2017	3.37	0.92	3.38	0.93	3.37	1.00	3.09	1.10	3.00	1.08
Class of 2018	3.28	0.89	3.36	0.92	3.10	1.06	2.99	1.00	3.08	1.06
Class of 2019	3.33	0.93	3.08	1.04	3.03	1.05	⌚	⌚	⌚	⌚
Class of 2020	3.03	1.05	2.10	1.03	⌚	⌚	⌚	⌚	⌚	⌚
Class of 2021	3.02	0.92	⌚	⌚	⌚	⌚	⌚	⌚	⌚	⌚
All Classes	3.23	0.93	3.12	0.94	3.22	0.96	3.27	1.01	3.32	0.98

*The tilde indicates No Reportable Data for that year.

⌚ Data not available yet

Figure 21: Mean Role of Physicians in Preventative Medicine Scale Score



Self-Directed Learning Readiness Scale (SDLRS)

The SDLRS is a 58 item instrument with responses on a 5 point scale ranging from “almost always true” to “almost never true”. It is intended to measure an individual's current level of readiness to manage his or her own learning. The possible range of scores is from 58 to 290. The average score in a general adult population has a mean of 214 with a standard deviation of 25.59.

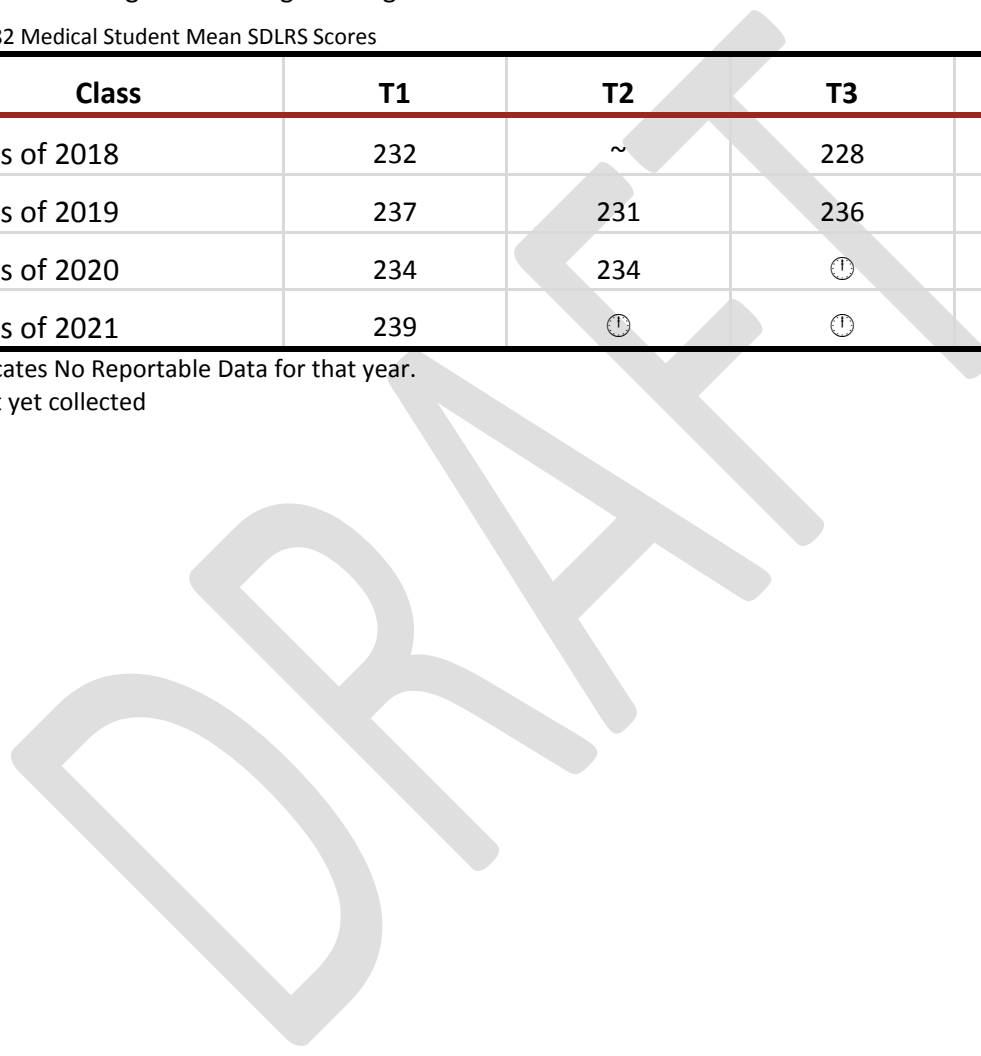
The following table provides the available mean scores for each test for the class of 2018, 2019, 2020, and 2021. According to a study by Premkumar, et al[8] there is a significant drop ($P < .001$) in SDLRS scores in all cohorts one year after admission. In general, scores continued to be lower than that at admission throughout training and at graduation.

Table 82 Medical Student Mean SDLRS Scores

Class	T1	T2	T3	T4
Class of 2018	232	~	228	~
Class of 2019	237	231	236	🕒
Class of 2020	234	234	🕒	🕒
Class of 2021	239	🕒	🕒	🕒

~ indicates No Reportable Data for that year.

🕒 Not yet collected



Clerkship Phase Evaluation Results

Data description and methodology is stated in the [introduction](#). In previous years' reports, clerkship data was reported by block. This report provides each clerkship's data in [aggregate Block percent agreement](#). MS3 Clerkship evaluation data is collected from students in the week after a block. Block and clerkship evaluations are tailored specifically to each of the paired clerkships students experienced. Starting AY 2017-2018 two Integration Intersessions were added at the end of Block 2 and Block 3 respectively; evaluation data is included here. MS3 clerkship evaluation results are reported to clerkship directors, department chairs, the assistant dean for medical education for clinical instruction, the associate dean for medical education, and the provost (Course Evaluation & Reporting Policy [link](#)).

MS3

Block A – Family Medicine & Surgery

Table 83: Block A Evaluation Results

Academic Year	2014-2015*†			2015-2016*			2016-2017			2017-2018		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	4.1	4.2	4.1	83%	74%	89%	100%	100%	97%	93%	94%	94%
The learning objectives were clearly identified.	4.0	4.2	4.0	62%	65%	79%	100%	96%	100%	93%	94%	96%
The block met the identified learning objectives.	4.0	4.3	4.0	69%	65%	79%	100%	96%	100%	93%	95%	97%
The amount of material presented during the block was reasonable.	3.9	4.3	3.8	72%	71%	82%	96%	96%	100%	96%	100%	100%
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.7	4.0	3.6	59%	65%	54%	92%	86%	97%	89%	91%	90%
N	21	21	27	29	34	28	24	28	31	27	24	30

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

Family Medicine

Table 84: Family Medicine Evaluation Results

Family Medicine Clerkship Evaluation	Aggregate Block Percent Agreement			
	Academic Year	2014-2015*†	2015-2016*	2016-2017
I had enough patient management opportunities.	4.2	73%	99%	97%
I was observed delivering patient care.	4.4	66%	95%	96%
I had appropriate exposure to ambulatory patients.	4.4	69%	99%	99%
Duty hour policies were adhered to strictly.	4.5	76%	99%	98%
I received sufficient oral feedback on my performance.	4.2	64%	100%	98%
I received sufficient written feedback on my performance.	4.3	64%	98%	95%
The feedback I received helped me improve my performance.	-	71%	96%	96%
Mid-clerkship feedback helped me identify my strengths.	-	-	93%	96%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	95%	96%
I was given a sufficient amount of autonomy during my clinical interactions.	-	70%	96%	98%
I received sufficient supervision during my clinical interactions.	4.4	72%	99%	99%
The clerkship provided appropriate preparation for the shelf exam.	3.8	48%	85%	88%
The first two years of Medical School adequately prepared me for the clerkship.	-	-	94%	93%
I used Spanish frequently in this rotation.	4.3	72%	99%	96%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.7	48%	93%	92%
Overall, I learned useful knowledge and/or skills.	4.5	78%	100%	100%
N	70	89	81	95
Class size at date	72	96	84	106
Response Rate	97%	93%	96%	89%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

Surgery

Table 85: Surgery Evaluation Results

Surgery Clerkship Evaluation	Aggregate Block Percent Agreement			
Academic Year	2014-2015*†	2015-2016*	2016-2017	2017-2018
I had enough patient management opportunities.	3.7	83%	96%	95%
I was observed delivering patient care.	3.9	79%	91%	94%
Duty hour policies were adhered to strictly.	4.2	80%	92%	98%
I received sufficient oral feedback on my performance.	3.8	73%	87%	94%
I received sufficient written feedback on my performance.	3.8	74%	90%	93%
The feedback I received helped me improve my performance.	-	53%	90%	98%
Mid-clerkship feedback helped me identify my strengths.	-	-	90%	92%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	92%	88%
I was given a sufficient amount of autonomy during my clinical interactions.	-	78%	95%	95%
I received sufficient supervision during my clinical interactions.	3.8	83%	97%	95%
The clerkship provided appropriate preparation for the shelf exam.	3.3	61%	82%	78%
The first two years of Medical School adequately prepared me for the clerkship.	3.1	-	80%	80%
I used Spanish frequently in this rotation.	3.6	59%	91%	92%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.5	54%	85%	85%
Overall, I learned useful knowledge and/or skills.	4.3	89%	97%	99%
N	69	90	83	81
Class size at date	72	96	84	106
Response Rate	96%	94%	99%	76%

*5-point scale

† Percent Agreement could not be calculated

Block B – Internal Medicine & Psychiatry

Table 86: Block B Evaluation Results

Academic Year	2014-2015*†			2015-2016*			2016-2017			2017-2018		
Block B	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	4.1	3.4	4.2	81%	83%	97%	96%	89%	100%	87%	100%	100%
The learning objectives were clearly identified.	3.6	3.6	4.1	81%	80%	94%	89%	96%	100%	85%	100%	100%
The block met the identified learning objectives.	3.7	3.6	4.2	84%	80%	94%	93%	89%	100%	94%	100%	100%
The amount of material presented during the block was reasonable.	4.0	3.6	4.2	81%	90%	77%	89%	86%	89%	94%	94%	98%
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.8	2.9	3.5	81%	67%	87%	78%	89%	89%	78%	97%	98%
N	25	14	16	32	30	31	26	28	26	31	30	34

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

Internal Medicine

Table 87: Internal Medicine Evaluation Results

Internal Medicine Clerkship Evaluation	Aggregate Block Percent Agreement			
	Academic Year	2014-2015*†	2015-2016*	2016-2017
I had enough patient management opportunities.	4.2	96%	96%	97%
I was observed delivering patient care.	4.2	93%	91%	95%
Duty hour policies were adhered to strictly.	4.0	85%	93%	95%
I received sufficient oral feedback on my performance.	3.9	88%	91%	95%
I received sufficient written feedback on my performance.	3.8	87%	88%	94%
The feedback I received helped me improve my performance.	-	86%	89%	95%
Mid-clerkship feedback helped me identify my strengths.	-	-	85%	94%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	85%	94%
I was given a sufficient amount of autonomy during my clinical interactions.	-	96%	93%	98%
I received sufficient supervision during my clinical interactions.	4.0	90%	92%	96%
The clerkship provided appropriate preparation for the shelf exam.	3.9	77%	77%	86%
The first two years of Medical School adequately prepared me for the clerkship.	4.0	-	86%	93%
I used Spanish frequently in this rotation.	4.2	84%	92%	97%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.5	67%	91%	90%
Overall, I learned useful knowledge and/or skills.	4.4	96%	96%	100%
N	72	92	80	95
Class size at date	72	96	88	106
Response Rate	100%	96%	91%	90%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

Psychiatry

Table 88: Psychiatry Evaluation Results

Psychiatry Clerkship Evaluation	Aggregate Block Percent Agreement			
	Academic Year	2014-2015*†	2015-2016*	2016-2017
I had enough patient management opportunities.	4.0	87%	85%	84%
I was observed delivering patient care.	3.9	68%	86%	94%
I had appropriate exposure to ambulatory patients.	4.2	90%	89%	94%
Duty hour policies were adhered to strictly.	4.2	90%	92%	96%
I received sufficient oral feedback on my performance.	3.8	75%	87%	91%
I received sufficient written feedback on my performance.	3.5	71%	83%	89%
The feedback I received helped me improve my performance.	-	74%	85%	94%
Mid-clerkship feedback helped me identify my strengths.	-	-	95%	95%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	93%	96%
I was given a sufficient amount of autonomy during my clinical interactions.	-	85%	91%	85%
I received sufficient supervision during my clinical interactions.	4.0	67%	88%	94%
The clerkship provided appropriate preparation for the shelf exam.	4.0	76%	91%	95%
The first two years of Medical School adequately prepared me for the clerkship.	4.1	-	95%	97%
I used Spanish frequently in this rotation.	3.5	63%	74%	87%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.2	55%	76%	85%
Overall, I learned useful knowledge and/or skills.	4.2	89%	97%	97%
N	72	82	80	92
Class size at date	72	96	88	103
Response Rate	100%	85%	91%	89%

*5-point scale

† Percent Agreement could not be calculated

Block C – Obstetrics/Gynecology & Pediatrics

Table 89: Block C Evaluation Results

Academic Year	2014-2015*†			2015-2016*			2016-2017			2017-2018		
Block C	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	3.7	4.1	3.9	67%	80%	51%	96%	97%	100%	91%	95%	92%
The learning objectives were clearly identified.	3.8	4.1	4.1	77%	31%	64%	100%	100%	100%	94%	94%	97%
The block met the identified learning objectives.	4.0	4.1	4.0	73%	90%	73%	100%	100%	97%	97%	94%	96%
The amount of material presented during the block was reasonable.	4.0	4.0	4.0	83%	80%	73%	96%	91%	87%	100%	89%	73%
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	4.0	4.1	4.1	73%	83%	70%	100%	97%	97%	94%	89%	92%
The mother/newborn continuity experience was a useful learning experience	3.9	3.7	3.9	64%	80%	0%	100%	88%	87%	87%	84%	92%
N	26	21	21	30	30	33	24	32	29	32	36	26

*5-point scale

† Percent Agreement could not be calculated

Obstetrics/Gynecology

Table 90: OB/Gyn Evaluation Results

Ob/Gyn Clerkship Evaluation	Aggregate Block Percent Agreement			
	Academic Year	2014-2015*†	2015-2016*	2016-2017
I had enough patient management opportunities.	3.9	87%	84%	84%
I was observed delivering patient care.	4.1	84%	85%	93%
I had appropriate exposure to ambulatory patients.	4.1	95%	90%	93%
Duty hour policies were adhered to strictly.	4.2	95%	79%	92%
I received sufficient oral feedback on my performance.	4.0	82%	71%	78%
I received sufficient written feedback on my performance.	3.8	76%	72%	75%
The feedback I received helped me improve my performance.	-	80%	74%	85%
Mid-clerkship feedback helped me identify my strengths.	-	-	80%	85%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	81%	85%
I was given a sufficient amount of autonomy during my clinical interactions.	-	84%	82%	83%
I received sufficient supervision during my clinical interactions.	4.2	89%	84%	92%
The clerkship provided appropriate preparation for the shelf exam.	3.9	72%	83%	89%
The first two years of Medical School adequately prepared me for the clerkship.	3.9	-	85%	88%
I used Spanish frequently in this rotation.	4.5	84%	97%	98%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.7	72%	90%	88%
Overall, I learned useful knowledge and/or skills.	4.4	96%	95%	98%
N	67	94	85	94
Class size at date	72	96	88	108
Response Rate	93%	98%	97%	87%

*5-point scale

† Percent Agreement could not be calculated

Academic Year 2017 - 2018
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Pediatrics

Table 91: Pediatric Evaluation Results

Pediatrics Clerkship Evaluation	Aggregate Block Percent Agreement			
Academic Year	2014-2015*†	2015-2016*	2016-2017	2017-2018
I had enough patient management opportunities.	4.3	89%	99%	94%
I was observed delivering patient care.	4.3	94%	99%	98%
I had appropriate exposure to ambulatory patients.	4.3	95%	99%	99%
Duty hour policies were adhered to strictly.	4.3	93%	96%	97%
I received sufficient oral feedback on my performance.	4.3	89%	96%	89%
I received sufficient written feedback on my performance.	4.3	83%	93%	90%
The feedback I received helped me improve my performance.	-	84%	97%	92%
Mid-clerkship feedback helped me identify my strengths.	-	-	98%	90%
Mid-clerkship feedback helped me identify areas for improvement in my performance.	-	-	98%	90%
I was given a sufficient amount of autonomy during my clinical interactions.	-	89%	96%	96%
I received sufficient supervision during my clinical interactions.	4.3	94%	99%	97%
The clerkship provided appropriate preparation for the shelf exam.	4.0	71%	87%	85%
The first two years of Medical School adequately prepared me for the clerkship.	3.9	-	91%	93%
I used Spanish frequently in this rotation.	4.4	88%	95%	98%
Spanish instruction in the first 2 years helped prepare me for this rotation.	3.7	71%	91%	91%
Overall, I learned useful knowledge and/or skills.	4.4	95%	100%	98%
N	67	96	85	94
Class size at date	72	96	88	108
Response Rate	93%	100%	97%	87%

*5-point scale

† Percent Agreement could not be calculated

Integrated Curricular Elements Program

For information on ICE program reporting, please see [link](#)

Intersession

The Integrative Intersession course is taught in two one-week sessions during the third year; one following Block 2 and the second following Block 3. Course content integrates the year 3 clinical rotation experience with concepts from the pre-clerkship coursework through experiences such as a procedure workshop, integrated case-based discussions, skills sessions, basic science sessions, and OSCE exams. Course material is distributed throughout the two weeks, making each one-week experience unique. Students were presented the same course evaluation after both sessions which meant some of the second week experiences were not evaluated, so a second evaluation was drafted last minute to collect data on these experiences.

The table below provides the student percent agreement evaluation results for both evaluations.

Table 92: Integration Session Evaluation Results - Percent Agreement

Academic Year	2017-2018	
	Session I % Agreement	Session II % Agreement
Question		
The week was well organized.	89%	99%
The session learning objectives were useful.	70%	93%
Sessions met the identified learning objectives.	88%	95%
The case discussions were a good learning experience.	88%	90%
The skills sessions were a good learning experience.	83%	96%
The oral case presentation session was a good learning experience.	75%	88%
The basic science sessions were a good learning experience.	65%	81%
The social determinants of health sessions were a good learning experience.	66%	80%
The Masters' colloquium sessions were helpful.	83%	88%
I received sufficient feedback.	79%	90%
The feedback I received was helpful.	74%	89%
Overall, I learned useful knowledge and / or skills during this week.	74%	94%
INTERSESSION II SPECIFIC QUESTIONS		
The Masters' Colloquium session was useful	-	90%
The Quality Improvement session was useful	-	71%
The Law and Medicine session was useful	-	94%
The Procedure Workshop was useful	-	99%
N	82	80
Class Size	107	101
Response Rate	77%	79%

NBME Comprehensive Clinical Science Examination (CCSE)

There are multiple offerings of the CCSE exam in any given year. We report here results where 10 or more students took the exam both because that is where more information becomes available from the NBME and because smaller numbers of takers reduce the usefulness of the data as a measure of program successes. Given the small number of takers at any given time point, we encourage caution in interpreting the results.

Table 93: CCSE Scores for Offerings with 10 or More Sitting for the Exam

Test date	N	Mean Score	Standard Deviation	Low Score	High Score
15-Jul-16	12	80.8	8	71	96
10-Jul-16	16	85.4	10.7	60	99
22-Jun-16	10	85.8	10.6	68	99
19-Apr-17	27	75	8.9	59	89
20-Apr-17	15	76.3	12.1	60	99
21-Apr-17	32	73.7	8	58	90
28-Jul-17	14	66.9	20	5	84
9-May-18	31	79.9	9.1	65	99
10-May-18	31	78.0	10.6	50	99
11-May-18	37	73.6	12.6	56	95

MS4

Emergency Medicine

Table 94: Emergency Medicine Evaluation Results

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.5	4.5	99%	100%
The learning objectives were clearly identified.	4.5	4.6	99%	100%
The clerkship met the identified learning objectives.	4.5	4.6	99%	100%
The first three years of medical school adequately prepared me for this clerkship.	4.3	4.6	99%	99%
I am familiar with the needle stick policy.	-	-	99%	98%
The amount of material presented was reasonable.	4.3	4.6	99%	95%
Duty hours were adhered to strictly.	4.5	4.5	99%	96%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.2	4.5	100%	96%
I had enough patient management opportunities.	4.3	4.5	100%	97%
I was observed delivering patient care.	4.5	4.4	98%	98%
I received sufficient supervision during my clinical interactions.	4.6	4.5	100%	98%
I received sufficient oral feedback on my performance.	4.5	4.5	97%	96%
I received sufficient written feedback on my performance.	4.5	4.6	97%	98%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.6	100%	100%
N	71	71	73	67
Class size at date	73	71	86	91
Response Rate	97%	100%	85%	74%

*5-point scale

† Percent Agreement could not be calculated

Neurology

Table 95: Evaluation Results for Neurology Clerkship Table

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.4	4.0	82%	85%
The learning objectives were clearly identified.	4.4	3.9	88%	91%
The clerkship met the identified learning objectives.	4.4	4.0	91%	91%
The first three years of medical school adequately prepared me for this clerkship.	4.2	4.1	97%	98%
I am familiar with the needle stick policy.	-	-	91%	99%
The amount of material presented was reasonable.	4.5	4.4	96%	99%
Duty hours were adhered to strictly.	4.5	4.4	99%	99%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	3.9	84%	85%
I had enough patient management opportunities.	4.3	4.1	85%	90%
I was observed delivering patient care.	4.5	4.3	89%	86%
I received sufficient supervision during my clinical interactions.	4.5	4.4	90%	94%
I received sufficient oral feedback on my performance.	4.2	3.9	83%	83%
I received sufficient written feedback on my performance.	4.3	3.8	81%	80%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.1	89%	94%
N	72	71	70	80
Class size at date	73	71	86	91
Response Rate	99%	100%	81%	88%

*5-point scale

† Percent Agreement could not be calculated

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CVICU

Table 96 Evaluation Results for CVICU

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	3.9	4.0	100%	100%
The learning objectives were clearly identified.	4.2	4.2	86%	89%
The clerkship met the identified learning objectives.	4.3	4.3	100%	89%
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.3	100%	100%
I am familiar with the needle stick policy.	-	-	100%	100%
The amount of material presented was reasonable.	4.3	4.5	100%	100%
Duty hours were adhered to strictly.	4.6	4.8	100%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.2	4.5	100%	89%
I had enough patient management opportunities.	4.6	4.9	100%	100%
I was observed delivering patient care.	4.5	4.6	100%	99%
I received sufficient supervision during my clinical interactions.	4.7	4.8	100%	100%
I received sufficient oral feedback on my performance.	4.4	4.8	100%	88%
I received sufficient written feedback on my performance.	3.9	4.7	100%	99%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.3	4.7	100%	100%
N	9	8	7	9

*5-point scale

† Percent Agreement could not be calculated

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MICU

Table 97 Evaluation Results for MICU

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.2	4.1	100%	90%
The learning objectives were clearly identified.	4.5	3.8	100%	95%
The clerkship met the identified learning objectives.	4.4	4.0	94%	95%
The first three years of medical school adequately prepared me for this clerkship.	4.2	4.2	95%	95%
I am familiar with the needle stick policy	-	-	87%	100%
The amount of material presented was reasonable.	4.5	4.6	100%	100%
Duty hour policies were adhered to strictly.	4.7	4.5	100%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.2	4.0	100%	100%
I had enough patient management opportunities.	4.3	4.7	94%	94%
I was observed delivering patient care.	4.4	4.4	100%	89%
I received sufficient supervision during my clinical interactions.	4.5	4.5	100%	95%
I received sufficient oral feedback on my performance.	4.4	4.6	94%	90%
I received sufficient written feedback on my performance.	4.4	4.5	100%	95%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	4.6	100%	95%
N	16	17	16	18

*5-point scale

† Percent Agreement could not be calculated

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NICU

Table 98 Evaluation Results for NICU

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.5	3.8	100%	100%
The learning objectives were clearly identified.	4.2	3.9	99%	100%
The clerkship met the identified learning objectives.	4.4	4.0	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	3.7	3.5	76%	91%
I am familiar with the needle stick policy.	-	-	100%	91%
The amount of material presented was reasonable.	4.6	4.5	100%	100%
Duty hours were adhered to strictly.	4.9	4.1	100%	91%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.2	100%	100%
I had enough patient management opportunities.	4.5	4.4	100%	100%
I was observed delivering patient care.	4.5	4.0	100%	91%
I received sufficient supervision during my clinical interactions.	4.4	4.2	100%	100%
I received sufficient oral feedback on my performance.	4.1	4.2	84%	91%
I received sufficient written feedback on my performance.	4.0	3.8	69%	73%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.6	4.6	100%	100%
N	13	13	13	11

*5-point scale

† Percent Agreement could not be calculated

NSICU

This Critical Care selective was offered for the first time during AY 2017-2018

Table 99 Evaluation Results for NSICU

Academic Year	Percent Agreement
	2017-2018
The clerkship was well organized.	99%
The learning objectives were clearly identified.	99%
The clerkship met the identified learning objectives.	100%
The first three years of medical school adequately prepared me for this clerkship.	100%
I am familiar with the needle stick policy.	99%
The amount of material presented was reasonable.	100%
Duty hours were adhered to strictly.	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	100%
I had enough patient management opportunities.	83%
I was observed delivering patient care.	83%
I received sufficient supervision during my clinical interactions.	99%
I received sufficient oral feedback on my performance.	99%
I received sufficient written feedback on my performance.	67%
Overall, I learned useful knowledge and/or skills during the clerkship.	83%
N	6

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PICU

Table 100: Evaluation Results for Pediatric Critical Care

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.0	4.5	100%	100%
The learning objectives were clearly identified.	4.0	4.3	100%	100%
The clerkship met the identified learning objectives.	4.0	4.5	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	4.0	4.4	100%	100%
I am familiar with the needle stick policy.	-	-	94%	100%
The amount of material presented was reasonable.	4.0	4.6	100%	100%
Duty hours were adhered to strictly.	4.7	4.6	95%	95%
The methods used to evaluate my performance provided fair measures of my effort and learning.	3.8	4.2	84%	100%
I had enough patient management opportunities.	4.3	4.7	100%	100%
I was observed delivering patient care.	4.4	4.4	94%	100%
I received sufficient supervision during my clinical interactions.	4.6	4.5	89%	100%
I received sufficient oral feedback on my performance.	4.3	4.4	89%	100%
I received sufficient written feedback on my performance.	4.2	4.4	83%	100%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.7	95%	100%
N	15	18	18	17

*5-point scale

† Percent Agreement could not be calculated

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SICU

Table 101 Evaluation Results for Surgery Critical Care

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.0	3.7	100%	77%
The learning objectives were clearly identified.	4.2	3.9	100%	92%
The clerkship met the identified learning objectives.	4.0	3.7	94%	85%
The first three years of medical school adequately prepared me for this clerkship.	3.5	3.5	88%	84%
I am familiar with the needle stick policy.	-	-	100%	100%
The amount of material presented was reasonable.	4.3	3.9	100%	92%
Duty hours were adhered to strictly.	4.4	4.2	100%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	3.9	4.0	100%	85%
I had enough patient management opportunities.	4.3	4.0	94%	100%
I was observed delivering patient care.	4.0	4.0	94%	92%
I received sufficient supervision during my clinical interactions.	4.4	4.3	94%	92%
I received sufficient oral feedback on my performance.	4.3	4.1	100%	92%
I received sufficient written feedback on my performance.	4.0	4.3	100%	99%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.6	4.5	94%	92%
N	19	15	16	13

*5-point scale

† Percent Agreement could not be calculated

FM Sub-Internship

Table 102: Evaluation Results for Family Medicine Sub-Internship

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.8	4.7	100%	100%
The learning objectives were clearly identified.	4.9	4.5	100%	100%
The clerkship met the identified learning objectives.	4.9	4.5	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	4.7	4.3	100%	100%
I am familiar with the needle stick policy	-	4.5	100%	100%
The amount of material presented was reasonable.	4.9	4.5	86%	100%
Duty hour policies were adhered to strictly.	5.0	4.7	86%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.8	4.7	100%	100%
I had enough patient management opportunities.	4.9	4.5	100%	100%
I had appropriate exposure to ambulatory patients.	4.5	4.3	71%	100%
I was observed delivering patient care.	4.9	4.7	86%	100%
I received sufficient supervision during my clinical interactions.	4.9	4.5	86%	100%
I received sufficient oral feedback on my performance.	4.9	4.5	99%	83%
I received sufficient written feedback on my performance.	4.8	4.7	86%	83%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.9	4.7	100%	100%
N	7	6	7	6

*5-point scale

† Percent Agreement could not be calculated

Surgery Sub-Internship

Table 103: Evaluation Results for Surgery Sub-Internship

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	3.3	4.1	100%	100%
The learning objectives were clearly identified.	3.1	4.0	100%	100%
The clerkship met the identified learning objectives.	3.4	4.0	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	3.7	4.1	100%	100%
I am familiar with the needle stick policy	-	-	100%	100%
The amount of material presented was reasonable.	4.0	4.0	100%	100%
Duty hour policies were adhered to strictly.	4.0	4.4	100%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	3.6	4.0	100%	100%
I had enough patient management opportunities.	3.7	4.4	100%	88%
I had appropriate exposure to ambulatory patients.	3.3	4.3	100%	88%
I was observed delivering patient care.	4.1	4.4	100%	100%
I received sufficient supervision during my clinical interactions.	4.0	4.5	100%	100%
I received sufficient oral feedback on my performance.	4.0	4.1	100%	100%
I received sufficient written feedback on my performance.	3.7	4.5	100%	100%
Overall, I learned useful knowledge and/or skills during the clerkship.	3.6	4.1	100%	100%
N	15	8	6	8

*5-point scale

† Percent Agreement could not be calculated

IM Sub-Internship

Table 104 Evaluation Results for Internal Medicine Sub-Internship

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.3	4.2	100%	100%
The learning objectives were clearly identified.	4.3	4.1	100%	100%
The clerkship met the identified learning objectives.	4.5	4.1	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	4.5	4.4	100%	100%
I am familiar with the needle stick policy	-	-	100%	100%
The amount of material presented was reasonable.	4.6	4.2	100%	100%
Duty hour policies were adhered to strictly.	4.6	4.1	100%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	4.4	97%	97%
I had enough patient management opportunities.	4.5	4.3	97%	100%
I had appropriate exposure to ambulatory patients.	4.6	4.5	78%	93%
I was observed delivering patient care.	4.3	4.5	94%	100%
I received sufficient supervision during my clinical interactions.	4.3	4.3	100%	100%
I received sufficient oral feedback on my performance.	4.4	4.2	100%	100%
I received sufficient written feedback on my performance.	4.4	4.5	100%	100%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.2	100%	100%
N	31	30	32	42

*5-point scale

† Percent Agreement could not be calculated

Pediatrics Sub-Internship

Table 105: Evaluation Results for Pediatrics Sub-Internship

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.4	4.7	100%	100%
The learning objectives were clearly identified.	4.3	4.8	100%	100%
The clerkship met the identified learning objectives.	4.3	4.8	100%	100%
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.7	100%	100%
I am familiar with the needle stick policy	-	-	100%	100%
The amount of material presented was reasonable.	4.3	4.8	100%	100%
Duty hour policies were adhered to strictly.	4.0	4.6	90%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	4.6	100%	100%
I had enough patient management opportunities.	4.8	4.8	100%	100%
I had appropriate exposure to ambulatory patients.	4.6	4.8	90%	100%
I was observed delivering patient care.	4.8	4.8	90%	100%
I received sufficient supervision during my clinical interactions.	4.8	4.8	100%	100%
I received sufficient oral feedback on my performance.	4.8	4.3	90%	100%
I received sufficient written feedback on my performance.	3.9	4.8	90%	100%
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	4.7	100%	100%
N	14	12	10	11

*5-point scale

† Percent Agreement could not be calculated

Ob-Gyn Sub-Internship

Table 106: Evaluation Results for Obstetrics/Gynecology Sub-Internship

Academic Year	Percent Agreement			
	2014-2015*†	2015-2016*†	2016-2017	2017-2018
The clerkship was well organized.	4.6	3.9	100%	78%
The learning objectives were clearly identified.	4.1	4.3	100%	89%
The clerkship met the identified learning objectives.	4.4	4.4	100%	89%
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.3	100%	100%
I am familiar with the needle stick policy	-	-	100%	100%
The amount of material presented was reasonable.	4.8	4.4	85%	100%
Duty hour policies were adhered to strictly.	4.8	4.3	85%	100%
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.8	4.4	100%	89%
I had enough patient management opportunities.	5.0	4.5	100%	88%
I had appropriate exposure to ambulatory patients.	5.0	4.3	100%	77%
I was observed delivering patient care.	5.0	4.3	85%	78%
I received sufficient supervision during my clinical interactions.	5.0	4.4	85%	78%
I received sufficient oral feedback on my performance.	4.8	4.4	99%	78%
I received sufficient written feedback on my performance.	4.8	4.5	85%	77%
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	3.9	100%	88%
N	7	12	7	9

*5-point scale

† Percent Agreement could not be calculated

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Elective Subscription and Evaluation Data

Table 107: Elective subscription and evaluation results

Compounded Percent Agreement for All Electives Offered by Department						
Department Offering Electives	Elective Name	N	The clerkship was well organized.	The learning objectives were clearly identified.	The clerkship met the identified learning objectives.	Overall, I learned useful knowledge and/or skills during the clerkship.
Anesthesiology	Anesthesiology	3	100%	100%	100%	100%
Emergency Medicine	Emergency Medicine Bootcamp	15	90%	90%	94%	100%
	Emergency Medicine	13				
Family Medicine	Clinical Research in Primary Care	3	100%	85%	86%	100%
	Sports Medicine	1				
	EPI Research	1				
	Big Bend Rural Medicine	2				
Internal Medicine	Cardiology	6	96%	99%	100%	100%
	GI	4				
	Infectious Disease	4				
	Nephrology	9				
	Nutrition Support	3				
	Allergy & Immunology	1				
	Pulmonology	1				
	Primary Care	1				
	Research	1				
	Hem/Onc	1				
Health Informatics	1					
Medical Education	Advanced Gross Anatomy	10	97%	97%	97%	99%

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Compounded Percent Agreement for All Electives Offered by Department						
	Surgical Anatomy	2				
	Biomedical Information Management	12				
	Library	4				
	Health Informatics	2				
	Global Health Elective	1				
Neurology	Neurology	2	100%	100%	100%	100%
	Neuro-intervention	1				
	Research	1				
Obstetrics/Gyn	Sr. Ob Elective	1	100%	100%	100%	100%
Orthopedics	Orthopedics	1	100%	100%	100%	100%
	Ortho Surgery	2				
Pathology	Pathology	7	100%	100%	100%	100%
	Forensic Pathology	1				
Pediatrics	Adolescent Medicine	8	96%	92%	92%	100%
	Ambulatory Peds	1				
	Pediatric Infectious Disease	4				
	Pediatric Cardiology	1				
	Pediatric Pulmonology	2				
	Pediatric ED	1				
	Global Health	2				
	Pediatric EM	3				
	Individualized Senior Elective	1				
	NICU	1				
Psychiatry	Community Services/ Child Psych	3	89%	89%	89%	100%

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Compounded Percent Agreement for All Electives Offered by Department						
	Forensic Psych	3				
	Psychiatry Sr. Rotation	9				
	Sleep Disorders	2				
	Research	1				
Radiology	Radiology	32	98%	100%	100%	100%
	Interventional Radiology	5				
	Musculoskeletal and Breast	1				
Surgery	ENT	4	100%	100%	100%	100%
	Pediatric Surgery	2				
	Female Breast Disease	1				

Integrated Curricular Elements Program

For information on ICE program reporting, please see [link](#)

NBME STEP 2

Step 2 of the USMLE assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention. Step 2 CK (Clinical Knowledge) ensures that due attention is devoted to the principles of clinical sciences and basic patient centered skills that provide the foundation for the safe and effective practice of medicine. Step 2 CS (Clinical Skills) uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. Data results presented here for Step 2 CS are from the interim report. Full report not available until October.

NBME STEP 2 CK

Table 108: Step 2 Clinical Knowledge Results - First Attempt

Academic Year	No. Examined	PLFSOM/National Percent Passing	PLFSOM		National Mean	
			Score and SD		Total Score and SD	
			Score	SD	Score	SD
July 2014 to June 2015	80	89/95	234	20	240	18
July 2015 to June 2016	70	99/96	246	16	242	17
July 2016 to June 2017	121	95/96	240	18	242	17
July 2017 to June 2018	134	99/97	240	16	243	17

Trend Lines over Time

The following graph shows the trend line of the data as reported by the NBME.

Figure 22: NBME Step 2 CK Percent Passing on First Try Trends

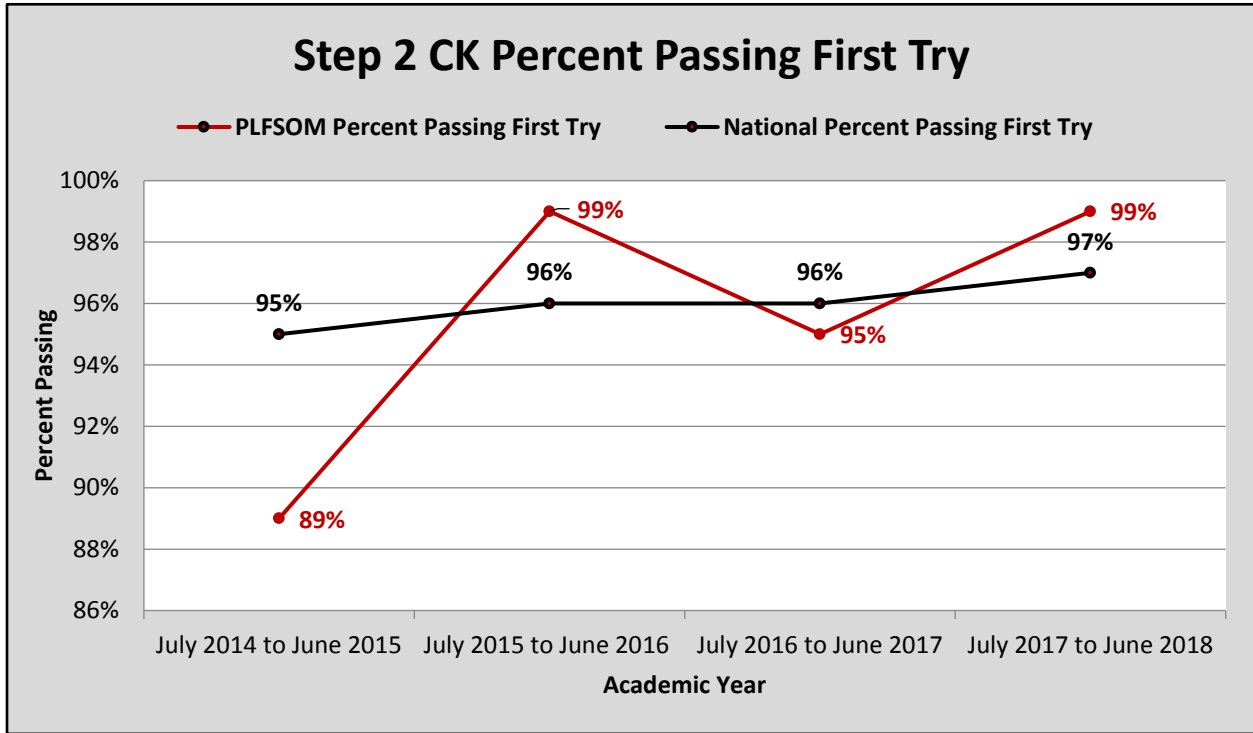
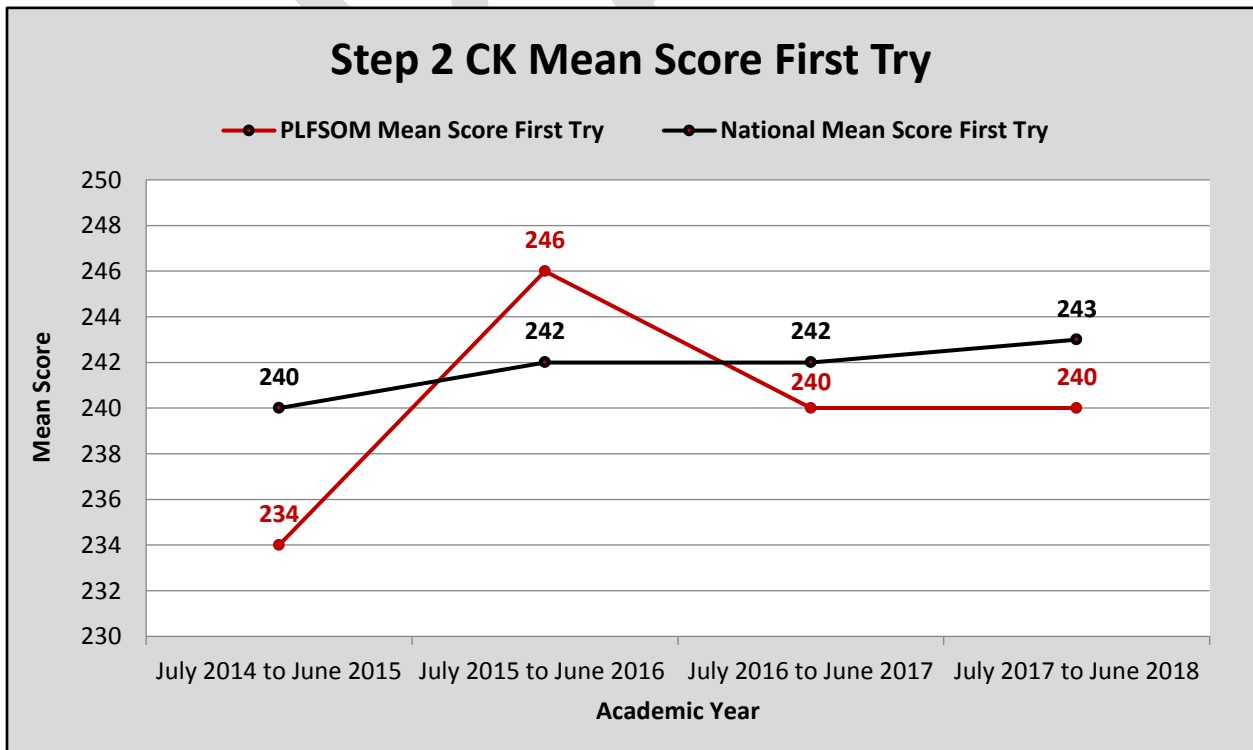


Figure 23: NBME Step 2 CK Score Trends First Try



NBME CK Score Plots

Excerpt from the NBME STEP 2 CK explanation for the Annual Score Plots:

"The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 2 CK test material is deliberately designed to be integrative with many items contributing to calculation of more than one score category, caution should be used in attributing mean differences in student performance to individual clerkships at your school." (ref)

Figure 24: NBME Step 2 CK Score Plot 2017-2018

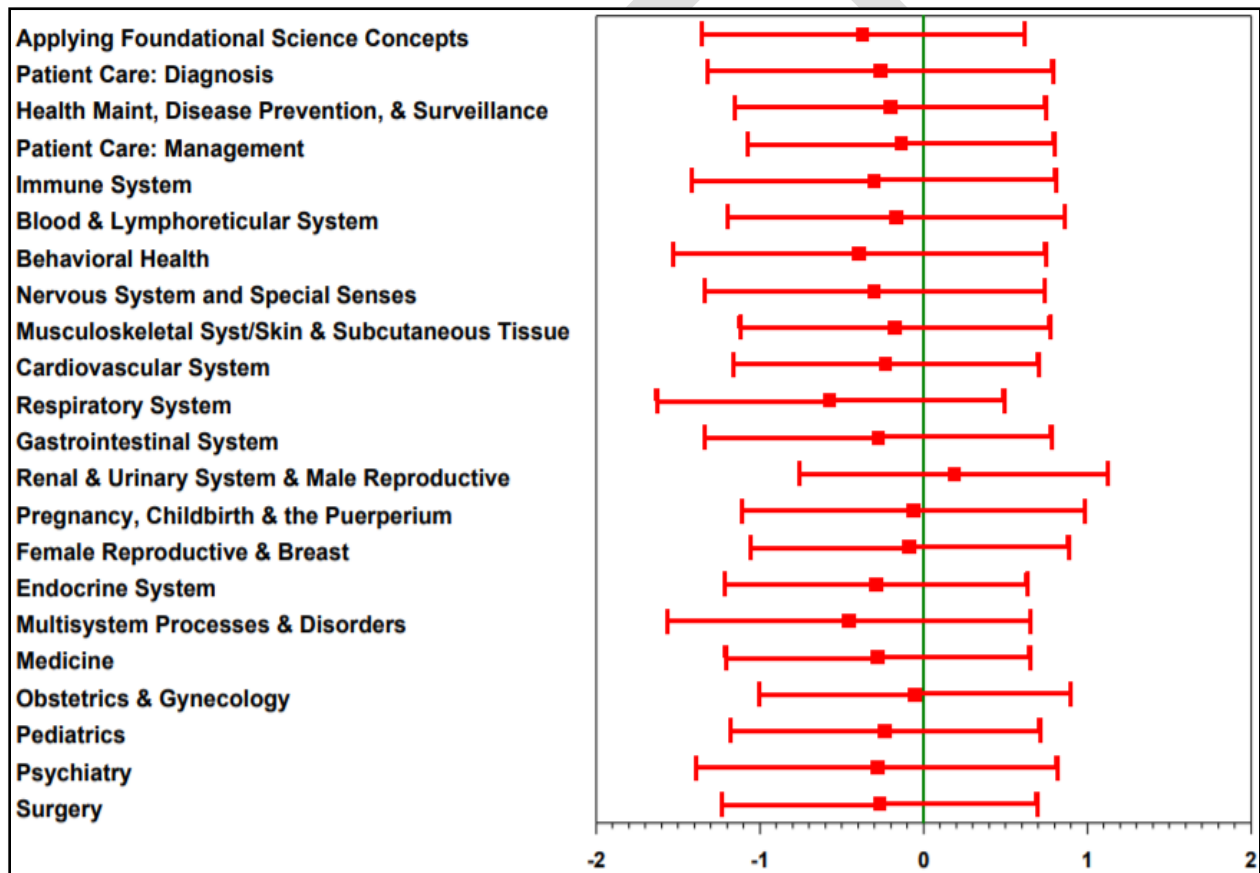
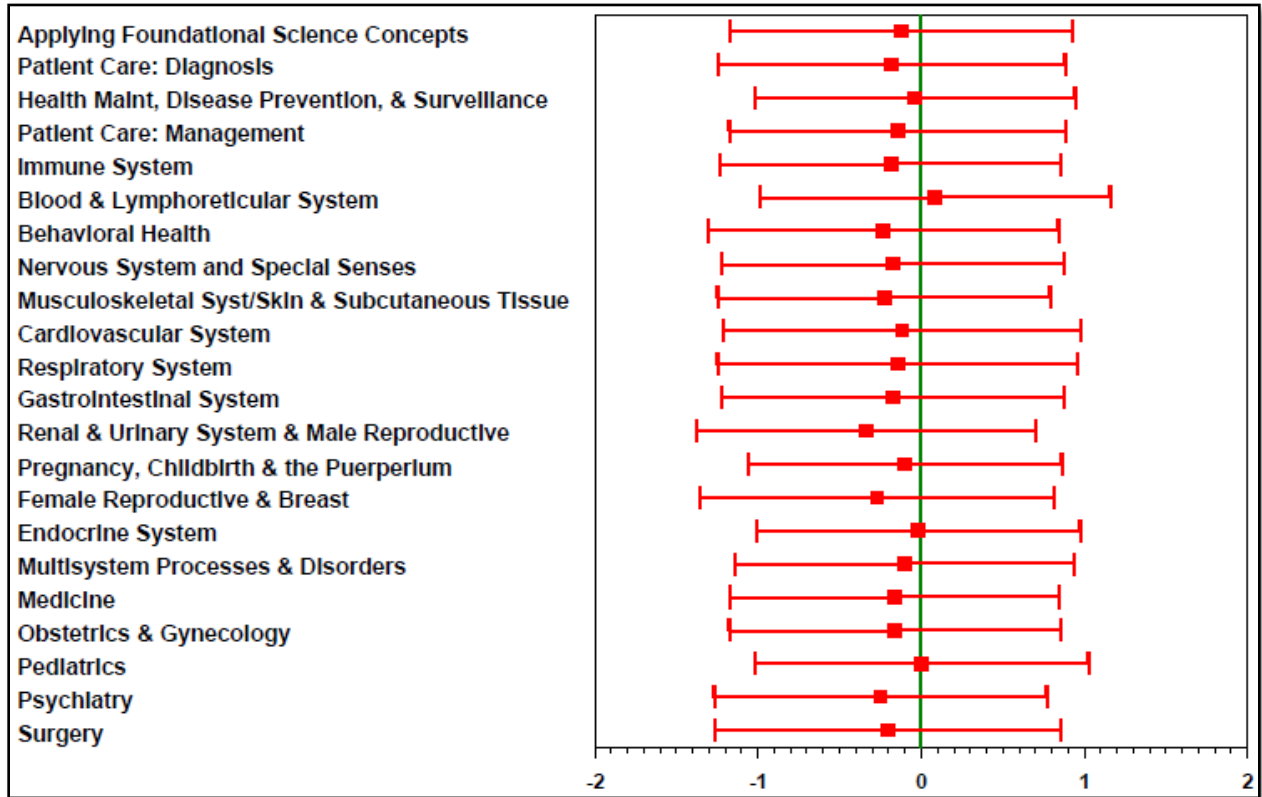


Figure 25: NBME Step 2 CK Score Plot 2016-2017



DRAFT

NBME STEP 2 CS

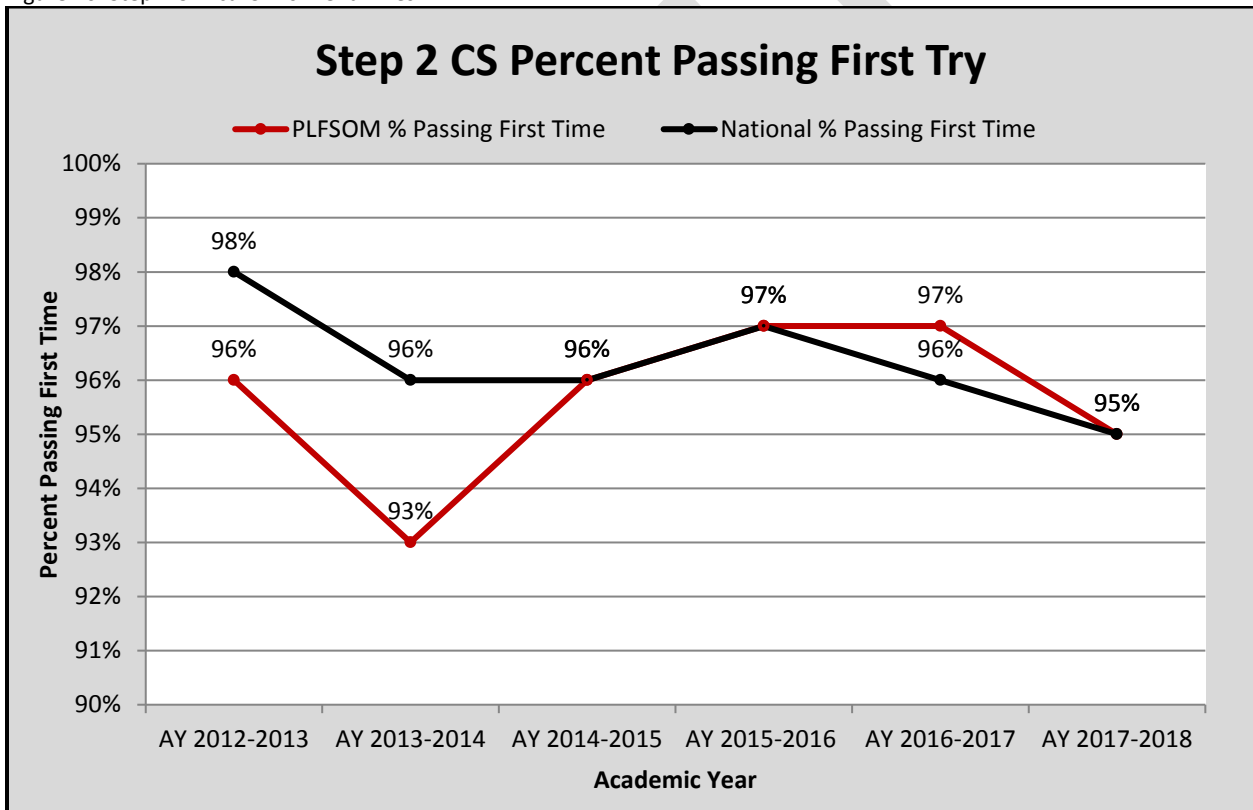
Table 109: Step 2 Clinical Skills Results

Academic Year	No. Examined	PLFSOM/National Percent Passing
AY 2014-2015	103	96/96
AY 2015-2016	65	97/97
AY 2016-2017	99	97/96
AY 2017-2018 (Interim Data)	55	98/94

NBME CS Trend Lines over Time

The following graph shows trend line data as reported by the NBME.

Figure 26: Step 2 Clinical Skills Trend Lines



Scholarly Activity and Research Program (SARP)

SARP is a mentor guided, hands-on research experience consisting of 3 1-credit courses done while in medical school. It provides medical students with an opportunity to design and execute independent scholarship or research projects under the guidance of faculty mentors. The different research areas made available to students allows for a project to be tailored to a student's background and interests ([Link](#) to syllabus). Because all SARP projects are due in spring of year 4 at the latest, data is reported in this section.

Research topics and areas available:

- **Group A)** Basic Sciences, Translational research, and Clinical Research.
- **Group B)** Epidemiology, Community-based, Behavioral, Public, and Environmental Health.
- **Group C)** Medical Humanities, Ethics, Health Policy, Medical Education. This

SARP I must be completed by the end of the MSI year; after that, students have 3 Completion Track options to finish the other 2 components:

- Track 1 – Completion of SARP II and SARP III in Fall of MS2 Year
- Track 2 – Completion in SARP II and SARP III in Fall of MS3 Year
- Track 3 – Completion in SARP II and SARP III in Spring of MS4 Year

SARP courses are Pass/Fail and grades are determined by the submission of assignments on time and satisfactory faculty review.

SARP Student Completion Percentages by Track*

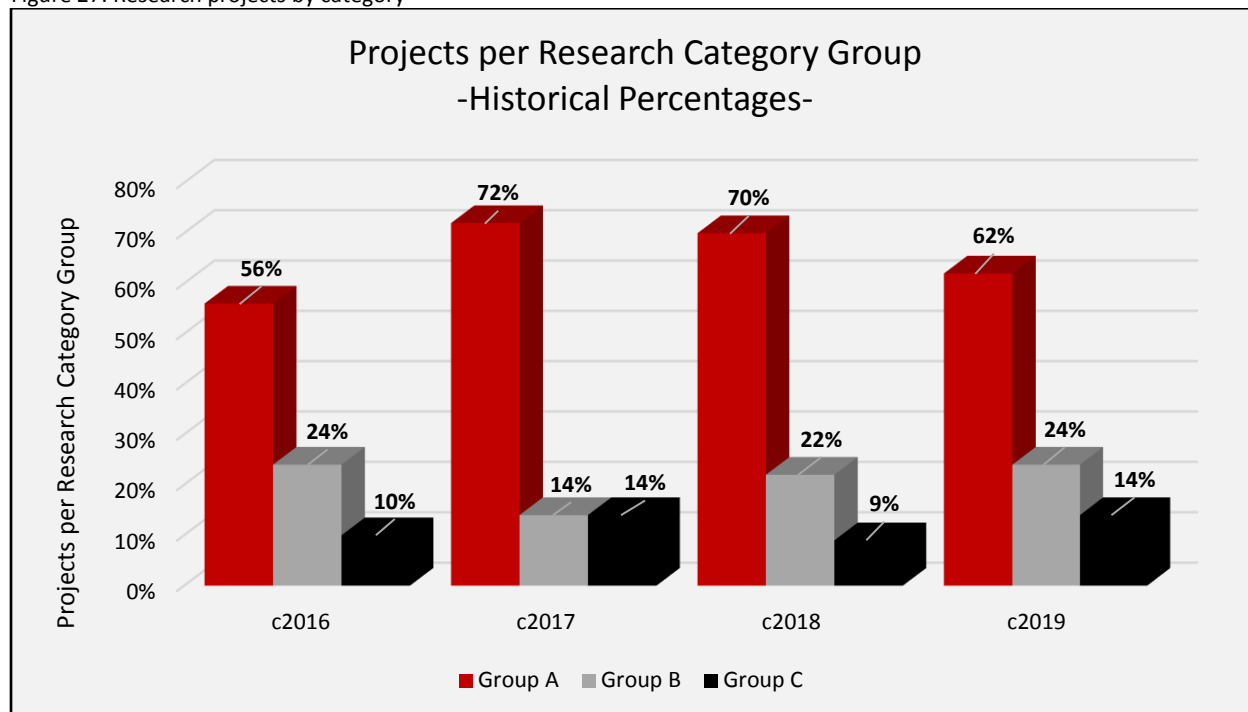
Table 110: SARP Completion Rates

	C2016	c2017	c2018	c2019	c2020
Track 1	40%	48%	42%	31%	42%
Track 2	22%	18%	25%	19%	🕒
Track 3	38%	34%	31%	50%	🕒
N=	72	92	91	54	43

*Beginning with the Class of 2021, tracks 2 and 3 will be combined

Number of Research Projects by Category

Figure 27: Research projects by category



External (Non-PLFSOM) Mentored SARP Projects

Table 111: External mentorship of projects

Class	Total # Projects	External Mentor	Percent of Total	Internship Program*
2013	40	11	28%	6
2014	54	20	37%	8
2015	79	30	38%	4
2016	72	24	30%	10
2017	92	14	15%	6
2018	91	16	18%	2

*Competitive fellowships which may include a summer stipend

Students receiving Distinction in Research and Scholarship (DIRS)

Table 112: Distinction in Research and Scholarships

Class	DIRS applicants	DIRS awarded
2013 (n=40)	5 (12% of the Class)	4 (10% of the Class)
2014 (n=54)	8 (15% of the Class)	5 (9% of the Class)
2015 (n=75)	12 (16% of the Class)	4 (5% of the Class)
2016 (n=72)	10 (14% of the Class)	4 (6% of the Class)
2017 (n=92)*	14 - So far	5 - So far

*Pending adjusted student count from the Office of Student Affairs

Medical Education Program Benchmarks and Outcomes

This section reports on all benchmark and outcome items from In-house graduate class placement results from [AAMC](#) items. Program outcomes data: Graduation rates, Graduate placement (Match data), and AAMC examination data, indicators, and benchmarks; followed by data results from the TTUHSC El Paso PLFSOM Program Director /Graduate Student Survey.

Graduation Rates and Residency Match Data

PLFSOM's curriculum is set up to allow a student to graduate with an MD degree as early as the end of their 4th year, in accordance with the Grading and Promotion Committee (GPC) policies and procedures (policy [link](#)): "Students will be expected to complete the medical school curriculum within four (4) years of the initial date of matriculation. The curriculum may be extended due to 1) a leave of absence, 2) academic difficulty requiring repetition of an academic year as per this policy. However, inability to complete Years One and Two of the curriculum in three years and/or the entire curriculum within six (6) years will result in dismissal." This policy was approved at the April 11, 2016 CEPC meeting. The following table presents historical graduation rates -both 4 year and 6 year 'on time'- for original cohorts. Data for students who have withdrawn, been dismissed, or otherwise became part of a later cohort is understandably not included.

Graduation Rates

Table 113: Class Graduation Rates

Class	Entering Size	4 Year Graduation Rate	6 Year Graduation Rate
2013	40	90% (N=36)	93% (N=1)
2014	59	85% (N=50)	93% (N=5)
2015	81	86% (N=70)	94% (N=6)
2016	78	85% (N=66)	88% (N=6)
2017	96	83% (N=80)	94% (N=6)*
2018	97	76% (N=74)**	🕒
2019	104	🕒	🕒
2020	103	🕒	🕒
2021	103	🕒	🕒

🕒 Indicates that the rate cannot yet be calculated.

*Only includes academic year 2017-18 graduates.

**Number of graduates for academic year 2017-18 is preliminary.

Graduate Placement - Summary Data

Table 114: Summary of Match Day Results

Match Results	Class of			
	2015	2016	2017	2018
Number of students successfully matching	73	71	86	91
% Students remaining in El Paso	10%	1%	4%	6%
% Students remaining in Texas	40%	44%	61%	69%
% Matching in primary care	45%	39%	52%	53%
% Matching in military hospital	4%	3%	6%	3%

Match to Primary Care Specialties

Data in the following table adheres to the AAMC definition* of primary care: Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: adolescent medicine, family medicine, general practice, geriatric medicine, internal medicine, internal medicine/pediatrics, or pediatrics.

Table 115: Summary Primary Care Match Results

Primary Care Specialty	Class of			
	2015	2016	2017	2018
Family Medicine	5	6	13	17
Internal Medicine	11	8	12	14
Pediatrics	17	14	20	16
Total	33	28	45	47

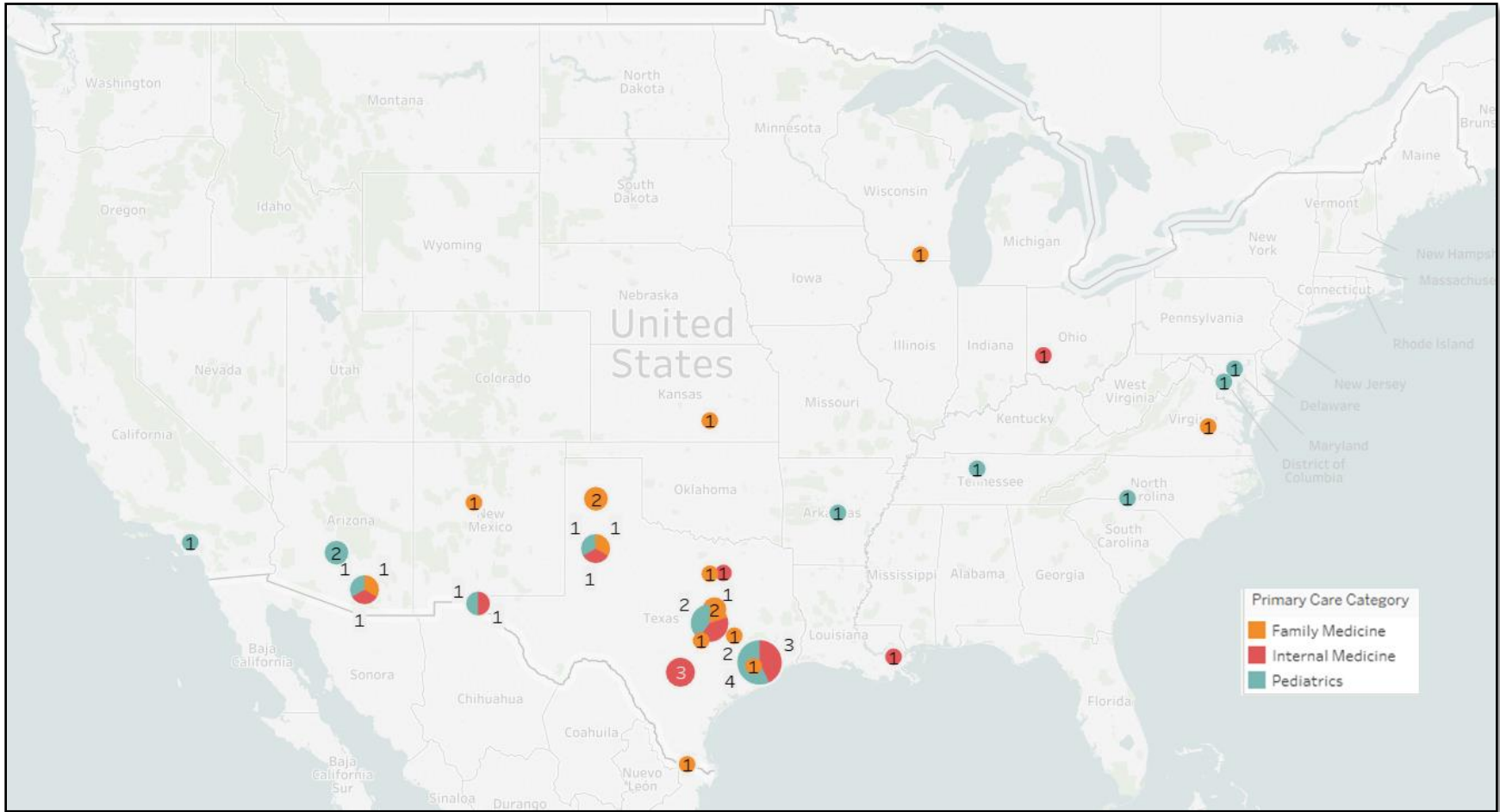
Match to Primary Care Specialty in Texas

Table 116: Summary Primary Care Match - Texas

Primary Care Specialty Match in Texas	Class of			
	2015	2016	2017	2018
Family Medicine	3	3	6	11
Internal Medicine	7	4	6	11
Pediatrics	4	5	8	8
Total	13	12	20	30

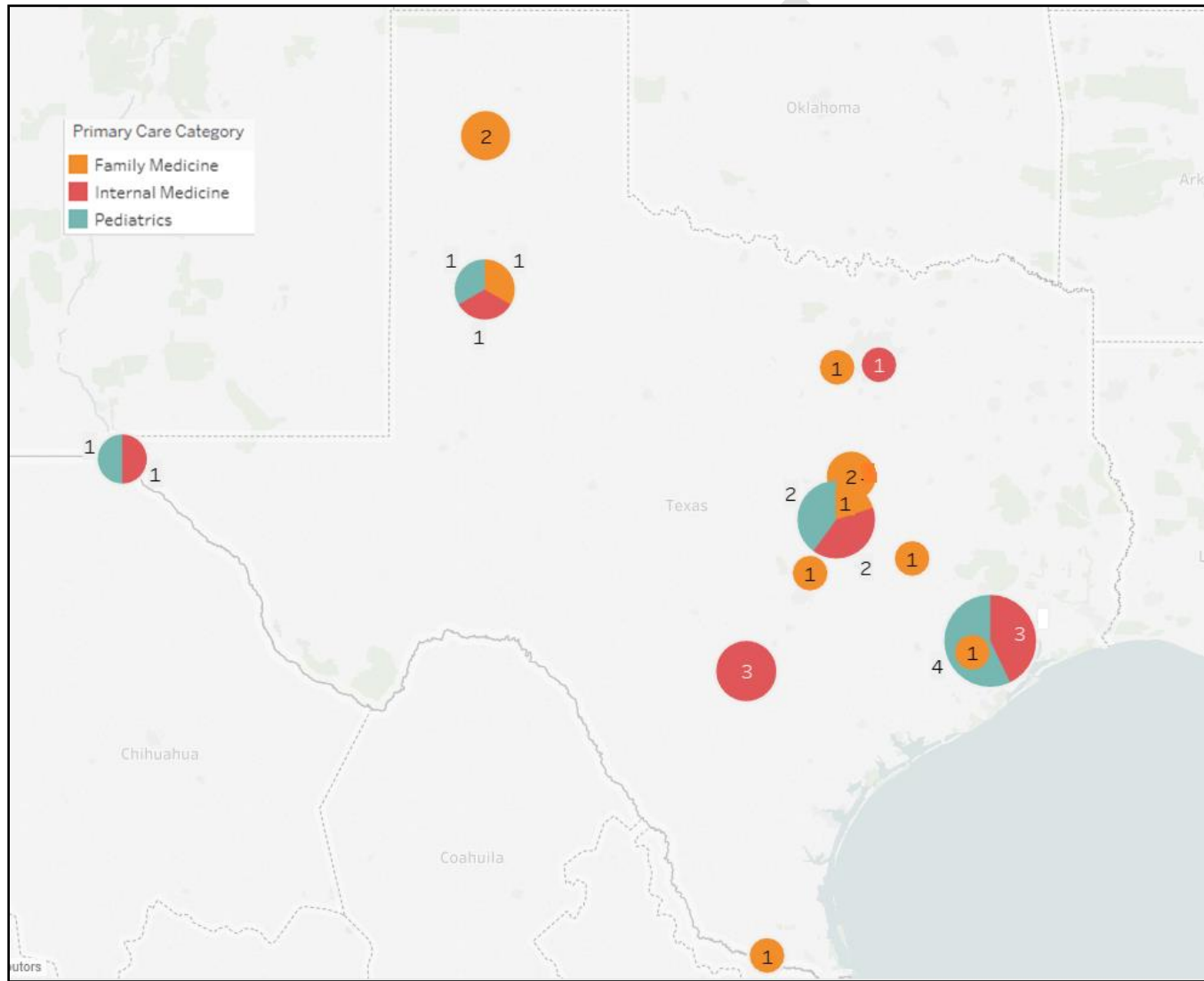
Class of 2018 Match to Primary Care by State

Figure 28: Summary Primary Care Match Map



Class of 2018 Match to Primary Care in Texas-

Figure 29: Summary Primary Care Match



All Specialties Match

Table 117: Summary of matches by specialty

Specialty Match	Class of			
	2015	2016	2017	2018
Anesthesiology	4.2%	2.8%	1.2%	2.2%
Dermatology	-	1.4%	-	2.2%
Emergency Medicine	5.6%	4.2%	9.6%	4.4%
Family Medicine	5.6%	8.4%	15.6%	18.7%
Internal Medicine	16.8%	11.2%	14.4%	15.4%
Neurology	2.8%	1.4%	1.2%	4.4%
Obstetrics-Gynecology	4.2%	14%	8.4%	3.3%
Ophthalmology	5.6%	4.2%	3.6%	2.2%
Otolaryngology	1.4%	-	-	1.1%
Pathology	2.8%	7%	-	3.3%
Pediatrics	22.4%	19.6%	24%	17.6%
Preliminary Medicine	1.4%	-	1.2%	-
Psychiatry	5.6%	2.8%	3.6%	5.5%
Radiology	4.2%	5.6%	6%	6.6%
Surgery	18.2%	16.8%	13.2%	13.2%
Urology	-	-	1.2%	-
N=	73	71	86	91

AAMC Y2Q and GQ Questionnaires

The AAMC administers two national questionnaires annually: the Medical School Year Two Questionnaire (Y2Q) and the Graduate Questionnaire (GQ).

The Y2Q is offered once a year to all active MS Yr. 2 students for their thoughts on a range of topics from learning environment and adjustment to medical school, to future career plans. The results are provided by the AAMC in two reports: An Individual School report to every school containing historical, school specific data, and an All Schools Summary Report which provides aggregate national data from all medical education programs accredited by the LCME.

The Graduate Questionnaire (GQ) is administered to students the year of their graduation, and is designed as a tool to help programs evaluate and improve the medical student experience. As with the Y2Q, results are provided by the AAMC in two reports: An Individual, school specific report, and an All Schools report which displays aggregate national data.

Additionally, the AAMC provides a Supplementary Benchmarking Report which differs from both the GQ All Schools Report and the GQ Individual School Report in that it analyzes GQ data at the school level, using percentiles, to facilitate school to school comparison. Data tables from the Benchmarking report are provided here with a modification to show the estimated percentile group PLFSOM falls in.

As a note: Official AAMC report tables reference our medical school (TTUHSC El Paso - PLFSOM) as Texas Tech-Foster, but due to a naming convention requirement from our Office of Institutional Advancement, we have changed 'Texas Tech-Foster' to "PLFSOM" on all GQ and Y2 tables. All other information and data is as originally reported by the AAMC.

AAMC Y2Q

Methodology

"The 2017 Y2Q All Schools Summary Report provides aggregate data from active second-year students at U.S. medical education programs accredited by the Liaison Committee on Medical Education (LCME). The 2017 Y2Q was open from October 1, 2017 to January 3, 2018. Initial participants were identified by the AAMC Student Records System (SRS). While the survey was open, medical schools could request changes to the list of eligible participants to reflect changes in second-year status.

The data in the 2017 Y2Q All Schools Summary Report reflect the responses of 13,467 individuals from the 145 medical schools with second-year students in the 2017-2018 academic year. This represents a 63.5% response rate of the 21,193 individuals identified by SRS as active second-year students at the time the survey closed. Survey data for participating individuals may not be comparable to data for nonparticipants.

The AAMC sent email invitations and reminders to students using email addresses on record in SRS. Due to the impact of hurricanes in 2017, the AAMC did not sent invitations to students at one medical school; the total number of schools with participants in the 2017 Y2Q was thus 144. The response rates varied among the participating medical schools. There were 15 medical schools with a response rate of 90% or above; 16 medical schools with response rates between 80% and 89%; 30 medical schools with response rates between 70% and 79%; 27 medical schools with response rates between 60% and 69%; 19 medical schools with response rates between 50% and 59%; 21 schools with response rates between 40% and 49%; and 16 medical schools with response rates below 40%. The median response rate across participating schools was 66.3%.

The Y2Q included questions regarding the lifestyles, personal characteristics, and learning environments of second-year medical students. Established research scales were included to assess tolerance for ambiguity, empathy, quality of life, perceived stress, perceptions of the learning environment, and burnout. Descriptions of each scale and scoring conventions are provided within the report. Where applicable, a reliability estimate (Cronbach's alpha) is also provided as a measure of internal consistency. A reference list of articles describing these scales is provided at the end of this report.

Percentages displayed in the report may not sum to 100 due to rounding or to questions permitting more than one response. All percentages are rounded. As a result, a percentage of "0.0" does not necessarily indicate that no students responded to that survey option." ([Link to full report](#))

Selected Findings

Total MS2 Students from 145 Medical Schools: 21,193

N for this report: 13,467 / 63.5%

- Second-Year Medical Students Report Satisfaction with Their Medical School Education.
- In-Person Class Attendance Continues to Decline as Virtual Class Attendance Rises
- Student Awareness of Mistreatment Policies and Procedures Continues to Increase.
- Medical Schools Provide Increasingly Effective Tools for Bias Detection.
- Most Students Sleep Seven Hours or More Each Day
- Second-Year Medical Students Self-Report Their Marital Status, Sexual Orientation, and Gender Identity

Y2Q Overall

6 Please indicate the extent to which you agree with the following statement:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Overall, I am satisfied with the quality of my medical education							
All Medical Schools	2017	1.0	4.6	9.3	57.1	28.0	13,460
PLFSOM	2017	0.0	4.5	1.5	60.6	33.3	66
PLFSOM	2016	1.3	3.8	6.4	46.2	42.3	78
PLFSOM	2015	1.4	1.4	5.4	48.6	43.2	74

School Course/Lecture Attendance

7 Please describe how often you attend:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Almost Never	Occasionally	Somewhat Often	Often	Most of the Time	
In-person pre-clerkship courses/lectures at YOUR medical school							
All Medical Schools	2017	23.5	17.4	11.8	12.6	34.7	13,234
PLFSOM	2017	32.3	9.2	7.7	20.0	30.8	65
PLFSOM	2016	16.9	10.4	7.8	18.2	46.8	77
PLFSOM	2015	12.2	6.8	6.8	14.9	59.5	74

	Year	Percentage of Respondents Selecting Each Rating					Count
		Almost Never	Occasionally	Somewhat Often	Often	Most of the Time	
Virtual pre-clerkship courses/lectures (e.g., podcast or video) at YOUR medical school							
All Medical Schools	2017	17.0	14.0	11.0	15.6	42.4	13,128
PLFSOM	2017	28.8	24.2	16.7	6.1	24.2	66
PLFSOM	2016	25.3	14.7	8.0	20.0	32.0	75
PLFSOM	2015	47.3	12.2	9.5	4.1	27.0	74

Use of Online Resources

8 Please describe how often you utilize the following online resources:

Percentage of Respondents Selecting Each Rating							
	Year	Almost Never	Occasionally	Somewhat Often	Often	Most of the Time	Count
Online medical education courses/lectures from OTHER medical schools							
All Medical Schools	2017	42.4	27.2	13.4	10.6	6.4	13,257
PLFSOM	2017	43.9	28.8	10.6	12.1	4.5	66
PLFSOM	2016	53.2	15.6	11.7	13.0	6.5	77
PLFSOM	2015	55.4	25.7	8.1	6.8	4.1	74
Percentage of Respondents Selecting Each Rating							
	Year	Almost Never	Occasionally	Somewhat Often	Often	Most of the Time	Count
Online videos for medical education information (e.g., YouTube)							
All Medical Schools	2017	3.6	13.5	21.8	36.9	24.2	13,265
PLFSOM	2017	0.0	10.8	21.5	44.6	23.1	65
PLFSOM	2016	2.6	2.6	24.7	54.5	15.6	77
PLFSOM	2015	4.1	17.6	33.8	35.1	9.5	74
Percentage of Respondents Selecting Each Rating							
	Year	Almost Never	Occasionally	Somewhat Often	Often	Most of the Time	Count
Other online content for medical education information (e.g., Wikipedia)							
All Medical Schools	2017	1.7	5.2	10.7	37.7	44.7	13,188
PLFSOM	2017	1.5	6.1	10.6	42.4	39.4	66
PLFSOM	2016	3.9	1.3	6.6	42.1	46.1	76
PLFSOM	2015	2.7	6.8	9.5	37.8	43.2	74

Y2Q Learning Environment

Emotional Climate

"The emotional climate subscale combines the responses of three items assessing a student's affective response to the learning environment. These questions ask to what extent [or, how often] the educational experience leads to a sense of achievement, valuing oneself, and confidence in one's academic abilities. The possible range of responses for the emotional climate subscale is 0 to 15. Higher scores are correlated with positive perceptions of the learning environment."

Emotional Climate		Reliability Estimate	Mean	Standard Deviation	Count
All Medical Schools	2017	0.9	9.1	3.1	12,522
PLFSOM	2017	0.9	10.9	2.9	62
PLFSOM	2016	0.9	10.1	3.2	70
PLFSOM	2015	1.0	10.3	3.4	65

Student-Student Interaction

"The student-student interaction subscale combines responses to four items assessing peer relations at the medical school. In addition to asking about perceived distance among students, these questions ask to what extent students get to know each other well, spend time assisting each other, and gather in informal activities. The possible range of responses for the student-student interaction subscale is 0 to 20, and higher scores are correlated with positive perceptions of the learning environment."

Student-Student Interaction		Reliability Estimate	Mean	Standard Deviation	Count
All Medical Schools	2017	0.8	14.8	3.1	12,497
PLFSOM	2017	0.6	15.6	2.2	58
PLFSOM	2016	0.9	15.0	3.3	71
PLFSOM	2015	0.8	15.2	3.1	67

Student-Faculty Interaction

"The student-faculty interaction subscale combines responses to four items assessing a student's perception of faculty supportiveness. In addition to asking about perceived distance between faculty and students, these questions ask to what extent students feel that faculty are helpful when providing academic advice, when providing non-academic advice, and when answering questions and providing criticism. The possible range of responses for the student-faculty interaction subscale is 0 to 20, and higher scores are correlated with positive perceptions of the learning environment."

Student-Faculty Interaction		Reliability Estimate	Mean	Standard Deviation	Count
All Medical Schools	2017	0.8	14.8	3.2	12,518
PLFSOM	2017	0.5	15.9	2.4	63
PLFSOM	2016	0.8	15.5	3.0	72
PLFSOM	2015	0.8	16.2	3.1	67

Professional Behavior - Faculty

- 14 There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty

Percentage of Respondents Selecting Each Rating

Academic Year 2017 - 2018
Medical Education Program Evaluation Report

	Year	Never	Almost never	Sometimes	Fairly often	Very often	Always	Count
All Medical Schools	2017	18.6	46.2	24.0	5.5	4.1	2	12,705
PLFSOM	2017	34.9	41.3	15.9	0.0	6.3	1.6	63
PLFSOM	2016	20.8	55.6	16.7	4.2	1.4	1.4	72
PLFSOM	2015	38.2	45.6	7.4	7.4	0.0	1.5	68

15 Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

		Percentage of Respondents Selecting Each Rating							
	Year	Never	Almost Never	Sometimes	Fairly often	Very often	Always	Count	
Respecting patient Confidentiality									
All Medical Schools	2017	0.0	0.1	1.3	4.9	26.4	67.4	12,600	
PLFSOM	2017	0.0	0	1.6	1.6	20.6	76.2	63	
PLFSOM	2016	0.0	1.4	0	2.8	27.8	68.1	72	
PLFSOM	2015	0.0	0.0	0.0	2.9	23.5	73.5	68	
Using Professional language / avoiding derogatory language									
All Medical Schools	2017	0.7	0.6	2.4	8.3	38.1	49.9	12,591	
PLFSOM	2017	0.0	0.0	0.0	3.2	28.6	68.3	63	
PLFSOM	2016	1.4	0.0	6.9	6.9	34.7	50	72	
PLFSOM	2015	1.5	1.5	0.0	8.8	36.8	51.5	68	
Dressing in a professional manner									
All Medical Schools	2017	0.0	0.2	1.2	5.1	30.2	63.2	12,554	
PLFSOM	2017	0.0	0.0	1.6	4.8	20.6	73	63	
PLFSOM	2016	0.0	0.0	1.4	2.8	33.3	62.5	72	
PLFSOM	2015	0.0	0.0	0.0	2.9	22.1	75	68	
Resolving conflicts in ways that respect the dignity of all involved									
All Medical Schools	2017	0.2	0.7	4.6	11.2	37.3	45.9	12,529	
PLFSOM	2017	0.0	0.0	1.6	3.2	33.3	61.9	63	
PLFSOM	2016	0.0	0.0	5.7	14.3	27.1	52.9	70	
PLFSOM	2015	0.0	0.0	4.4	10.3	29.4	55.9	68	
Being respectful of house staff and other physicians									
All Medical Schools	2017	0.1	0.2	1.9	7.2	34.7	55.9	12,564	
PLFSOM	2017	0	0.0	1.6	0.0	25.4	73	63	
PLFSOM	2016	1.4	0.0	1.4	5.6	34.7	56.9	72	
PLFSOM	2015	0.0	0.0	0.0	5.9	30.9	63.2	68	
Respecting diversity									
All Medical Schools	2017	0.1	0.5	4.7	10.6	33.4	50.7	12,519	
PLFSOM	2017	0.0	0.0	0.0	1.6	20.6	77.8	63	
PLFSOM	2016	1.5	1.5	5.9	10.3	25	55.9	68	
PLFSOM	2015	0.0	0.0	1.5	6.1	27.3	65.2	66	
Being respectful of other health professions									
All Medical Schools	2017	0.1	0.2	2.7	9.3	35.7	52.1	12,595	
PLFSOM	2017	0.0	0	1.6	3.2	25.4	69.8	63	
PLFSOM	2016	0.0	1.4	1.4	6.9	29.2	61.1	72	

15 Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

		Percentage of Respondents Selecting Each Rating						
	Year	Never	Almost Never	Sometimes	Fairly often	Very often	Always	Count
PLFSOM	2015	0.0	0.0	1.5	5.9	35.3	57.4	68
Being respectful of other specialties								
All Medical Schools	2017	0.1	0.3	3.7	11.9	37.7	46.3	12,559
PLFSOM	2017	0.0	0	1.6	1.6	25.8	71	62
PLFSOM	2016	0.0	1.4	2.8	4.2	33.3	58.3	72
PLFSOM	2015	0.0	0.0	0.0	7.5	40.3	52.2	67
Being on time and managing a schedule well								
All Medical Schools	2017	0.3	1.2	7	18.9	40.4	32.2	12,572
PLFSOM	2017	0.0	0.0	6.3	15.9	34.9	42.9	63
PLFSOM	2016	0.0	0.0	6.9	12.5	44.4	36.1	72
PLFSOM	2015	1.5	0.0	4.4	11.8	42.6	39.7	68
Providing direction and constructive feedback								
All Medical Schools	2017	0.4	1.8	9	18.6	37.8	32.3	12,554
PLFSOM	2017	0.0	0.0	4.8	14.5	30.6	50	62
PLFSOM	2016	0.0	4.2	5.6	11.1	38.9	40.3	72
PLFSOM	2015	0.0	1.5	2.9	16.2	36.8	42.6	68
Showing respectful interaction with students								
All Medical Schools	2017	0.2	0.4	3.4	10.9	40.9	44.2	12,568
PLFSOM	2017	0.0	0.0	1.6	3.2	27	68.3	63
PLFSOM	2016	0.0	0.0	2.8	8.3	41.7	47.2	72
PLFSOM	2015	0.0	0.0	0.0	10.4	34.3	55.2	67
Showing empathy and compassion								
All Medical Schools	2017	0.2	0.9	4.9	13.5	40.2	40.2	12,570
PLFSOM	2017	0.0	1.6	0.0	4.8	35.5	58.1	62
PLFSOM	2016	1.4	0.0	2.8	6.9	44.4	44.4	72
PLFSOM	2015	0.0	1.5	2.9	10.3	36.8	48.5	68

Mistreatment Policy Awareness & Reporting

10 Are you aware that your school has policies regarding the mistreatment of medical students?

	PLFSOM			All Schools
	2015	2016	2017	2017
Yes	89.0	97.4	93.8	89.8
No	11.0	2.6	6.2	10.2
Number of respondents	73	76	65	13,275

11 Do you know the procedures at your school for reporting the mistreatment of medical students?

	PLFSOM			All Schools
	2015	2016	2017	2017
Yes	69.9	76.3	84.8	68.6
No	30.1	23.7	15.2	31.4
Number of respondents	73	76	66	13,281

Personal Experiences with Negative Behaviors

30 During medical school, how frequently have you:

	Year	Percentage of Respondents Selecting Each Rating				Count
		Never	Once	Occasionally	Frequently	
Been publicly embarrassed?						
All Medical Schools	2017	76.5	14.8	8.3	0.4	12,254
PLFSOM	2017	88.5	6.6	4.9	0.0	61
PLFSOM	2016	82.9	10.0	7.1	0.0	70
PLFSOM	2015	66.7	24.2	9.1	0.0	66
Been publicly humiliated?						
All Medical Schools	2017	92.1	5.5	2.2	0.2	12,240
PLFSOM	2017	96.7	1.6	1.6	0.0	61
PLFSOM	2016	90.0	2.9	7.1	0.0	70
PLFSOM	2015	87.9	9.1	3.0	0.0	66
Been threatened with physical harm?						
All Medical Schools	2017	99.1	0.6	0.3	0.0	12,224
PLFSOM	2017	100.0	0.0	0.0	0.0	60
PLFSOM	2016	100.0	0.0	0.0	0.0	70
PLFSOM	2015	98.5	1.5	0.0	0.0	65
Been physically harmed?						
All Medical Schools	2017	99.3	0.4	0.2	0.0	12,234
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	100.0	0.0	0.0	0.0	69
PLFSOM	2015	100.0	0.0	0.0	0.0	66
Been required to perform personal services?						
All Medical Schools	2017	97.7	0.6	1.1	0.5	12,249
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	98.6	0.0	1.4	0.0	69
PLFSOM	2015	97.0	0.0	3.0	0.0	66
Been subjected to unwanted sexual advances?						
All Medical Schools	2017	96.7	2.0	1.2	0.1	12,236
PLFSOM	2017	96.7	1.6	1.6	0.0	61
PLFSOM	2016	94.2	2.9	2.9	0.0	69
PLFSOM	2015	98.5	0.0	1.5	0.0	66
Been asked to exchange sexual favors for grades or other rewards?						
All Medical Schools	2017	99.8	0.1	0.1	0.0	12,240
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	100.0	0.0	0.0	0.0	69
PLFSOM	2015	100.0	0.0	0.0	0.0	66
Been denied opportunities for training or rewards based on gender?						
All Medical Schools	2017	97.2	1.4	1.1	0.3	12,232
PLFSOM	2017	98.3	1.7	0.0	0.0	60
PLFSOM	2016	98.6	0.0	1.4	0.0	69
PLFSOM	2015	97.0	1.5	0.0	1.5	66
Been subjected to offensive sexist remarks/names?						

30 During medical school, how frequently have you:

	Percentage of Respondents Selecting Each Rating					Count
	Year	Never	Once	Occasionally	Frequently	
All Medical Schools	2017	88.7	5.6	5.2	0.5	12,184
PLFSOM	2017	95.0	1.7	3.3	0.0	60
PLFSOM	2016	87.0	4.3	7.2	1.4	69
PLFSOM	2015	95.5	0.0	4.5	0.0	66
Received lower evaluations or grades solely because of gender rather than performance?						
All Medical Schools	2017	98.4	0.9	0.6	0.0	12,255
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	95.7	2.9	1.4	0.0	69
PLFSOM	2015	98.5	0.0	1.5	0.0	66
Been denied opportunities for training or rewards based on race or ethnicity?						
All Medical Schools	2017	96.6	1.2	1.7	0.5	12,243
PLFSOM	2017	98.4	0.0	1.6	0.0	61
PLFSOM	2016	97.1	0.0	1.4	1.4	69
PLFSOM	2015	92.4	1.5	6.1	0.0	66
Been subjected to racially or ethnically offensive remarks/names?						
All Medical Schools	2017	93.8	3.3	2.7	0.3	12,230
PLFSOM	2017	100.0	0.0	0.0	0.0	60
PLFSOM	2016	86.8	5.9	7.4	0.0	68
PLFSOM	2015	95.5	1.5	3.0	0.0	66
Received lower evaluations or grades solely because of race or ethnicity rather than performance?						
All Medical Schools	2017	98.9	0.5	0.5	0.1	12,234
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	98.6	0.0	0.0	1.4	69
PLFSOM	2015	98.5	0.0	1.5	0.0	66
Been denied opportunities for training or rewards based on sexual orientation?						
All Medical Schools	2017	99.4	0.2	0.3	0.0	12,237
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	100.0	0.0	0.0	0.0	68
PLFSOM	2015	100.0	0.0	0.0	0.0	66
Been subjected to offensive remarks/names related to sexual orientation?						
All Medical Schools	2017	99.4	0.2	0.3	0.0	12,237
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	100.0	0.0	0.0	0.0	68
PLFSOM	2015	100.0	0.0	0.0	0.0	66
Received lower evaluations or grades solely because of sexual orientation rather than performance?						
All Medical Schools	2017	98.2	0.8	0.8	0.1	12,214
PLFSOM	2017	100.0	0.0	0.0	0.0	61
PLFSOM	2016	97.1	0.0	2.9	0.0	69
PLFSOM	2015	98.5	0.0	1.5	0.0	66
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation?						
All Medical Schools	2017	99.7	0.1	0.2	0.0	12,209

30 During medical school, how frequently have you:

	Percentage of Respondents Selecting Each Rating					
	Year	Never	Once	Occasionally	Frequently	Count
PLFSOM	2017	100.0	0.0	0.0	0.0	60
PLFSOM	2016	100.0	0.0	0.0	0.0	69
PLFSOM	2015	100.0	0.0	0.0	0.0	66

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AAMC GQ

Methodology

"The data in the 2018 GQ All Schools Summary Report reflect the responses of 16,223 graduates of the 141 U.S. medical schools that graduated students in the 2017-2018 academic year. According to the AAMC Student Records

System (SRS) as of July 9, 2018, these 16,223 respondents represent 83.0% of the 19,537 medical students who graduated from July 1, 2017 through June 30, 2018. Survey data for participating individuals may not be comparable to data for nonparticipants. The 2018 results include responses from the first graduating class at Western Michigan University Homer Stryker M.D. School of Medicine.

The 2018 GQ was open for participation from February 14, 2018 through June 8, 2018. The initial participants were individuals with expected graduation dates between July 1, 2017 and June 30, 2018 as identified by SRS data and confirmed by medical school personnel in January 2018. While the survey was open, medical schools could request changes to the list of eligible participants to reflect changes in expected graduation status.

Through a variety of measures, medical schools independently encouraged graduating students to participate. The AAMC also sent email invitations and monthly reminders to eligible students.

Percentages displayed in the reports may not sum to 100 due to rounding or to collection formats permitting more than one response. Where the reports appear to have missing columns, rows, or blank spaces within rows, these correspond to unavailable data for a particular survey item in a given year, usually due to changes in when the survey item was offered, or to alterations to the item affecting the comparability of the data. These are to be distinguished from data with a displayed percent of '0.0', which correspond to real survey response options that were selected by no, or very few, respondents." ([Link](#) to full report)

Selected Findings

Total Graduate Students from 140 Medical Schools: 19,242

N for this report: 15,609 / 81.1%

- Graduates Report Satisfaction with Their Medical School Education and Development as Physicians
- Percentage of Students Reporting Clinical Observation and Feedback Continues to Increase
- Students Increase Engagement in Research Activities
- Graduates Report Higher Approval with Electives Advice
- Student Diversity Enhances Training, More Graduates Agree
- Medical School Debt Stays Constant, and Total Education Debt Rises
- As an Influence on Medical Specialty Choice, Debt Weakens
- In Career Plans, Caring for the Underserved Strengthens
- Awareness of Mistreatment Policies and Procedures Continues to Climb
- Indicators of Mistreatment Experienced by Medical Students Increase
- Medical School Graduates Self-Report Their Marital Status, Gender, Sexual Orientation

GQ Overall

7 Please indicate the extent to which you agree with the following statement:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Overall, I am satisfied with the quality of my medical education							
All Medical Schools	2018	1.0	3.1	6.6	51.0	38.3	16,153
PLFSOM	2018	0.0	3.7	4.9	59.3	32.1	81
PLFSOM	2017	0.0	1.3	2.6	64.1	32.1	78
PLFSOM	2016	0.0	4.4	1.5	60.3	33.8	68
PLFSOM	2015	0.0	3.2	6.5	46.8	43.5	62
PLFSOM	2014	2.1	0.0	4.2	54.2	39.6	48

GQ Clinical Experience/Relevance

8 Based on your experiences, indicate whether you agree or disagree with the following statements about medical school:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Basic Science coursework had sufficient illustrations of clinical relevance							
All Medical Schools	2018	1.3	7.7	13.8	53.1	24.1	16,078
PLFSOM	2018	1.3	1.3	1.3	52.5	43.8	80
PLFSOM	2017	0.0	1.3	5.1	52.6	41.0	78
PLFSOM	2016	0.0	2.9	5.9	51.5	39.7	68
PLFSOM	2015	1.6	1.6	4.8	48.4	43.5	62
PLFSOM	2014	2.1	2.1	2.1	52.1	41.7	48

Based on your experiences, indicate whether you agree or disagree with the following statements about medical school:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Required clinical experiences integrated basic science content.							
All Medical Schools	2018	0.7	4.6	14.1	55.1	25.6	16,028
PLFSOM	2018	0	3.8	6.3	59.5	30.4	79
PLFSOM	2017	0.0	2.6	7.7	56.4	33.3	78
PLFSOM	2016	0.0	2.9	4.4	55.9	36.8	68
PLFSOM	2015	1.6	3.2	4.8	50.8	39.7	63
PLFSOM	2014	2.1	2.1	0.0	62.5	33.3	48

Basic Science Preparation for Clerkship

9 How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?

Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

Percentage of Respondents Selecting Each Rating							
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	Year	Poor	Fair	Good	Excellent	Count
Biochemistry						
All Medical Schools	2018	10	27.7	40.1	22.2	15,780
PLFSOM	2018	2.6	24.4	44.9	28.2	78
PLFSOM	2017	0.0	13.9	38.0	48.1	79
PLFSOM	2016	2.9	14.7	27.9	54.4	68
PLFSOM	2015	3.2	9.7	43.5	43.5	62
PLFSOM	2014	6.3	14.6	39.6	39.6	48
Biostatistics and epidemiology						
All Medical Schools	2018	7.5	23.9	42.6	26	15,897
PLFSOM	2018	6.3	16.3	41.3	36.3	80
PLFSOM	2017	1.3	25.6	50.0	23.1	78
PLFSOM	2016	16.4	38.8	37.3	7.5	67
PLFSOM	2015	7.9	27.0	39.7	25.4	63
PLFSOM	2014	18.8	18.8	37.5	25.0	48
Genetics						
All Medical Schools	2018	5.2	23.4	47.2	24.2	15,915
PLFSOM	2018	3.8	27.8	39.2	29.1	79
PLFSOM	2017	0.0	24.1	44.3	31.6	79
PLFSOM	2016	4.4	26.5	48.5	20.6	68
PLFSOM	2015	3.2	17.5	47.6	31.7	63
PLFSOM	2014	4.2	22.9	52.1	20.8	48
Gross Anatomy						
All Medical Schools	2018	3.3	10.5	33.6	52.6	16,005
PLFSOM	2018	33.8	30	22.5	13.8	80
PLFSOM	2017	21.5	35.4	25.3	17.7	79
PLFSOM	2016	38.2	27.9	23.5	10.3	68
PLFSOM	2015	20.6	33.3	27.0	19.0	63
PLFSOM	2014	25.0	31.3	31.3	12.5	48
Immunology						
All Medical Schools	2018	3.5	15.5	45.6	35.5	15,973
PLFSOM	2018	1.3	12.5	45	41.3	80
PLFSOM	2017	0.0	6.3	36.7	57.0	79
PLFSOM	2016	0.0	13.4	29.9	56.7	67
PLFSOM	2015	4.8	1.6	34.9	58.7	63
PLFSOM	2014	0.0	4.3	41.3	54.3	46
Intro to Clinical Med/Intro to the Patient						
All Medical Schools	2018	1.8	6.7	30	61.5	15,759
PLFSOM	2018	1.3	2.6	20.8	75.3	77
PLFSOM	2017	0.0	2.6	32.1	65.4	78
PLFSOM	2016	0.0	4.5	23.9	71.6	67
PLFSOM	2015	0.0	3.3	19.7	77.0	61
PLFSOM	2014	0.0	0.0	22.2	77.8	45
Microanatomy/Histology						
All Medical Schools	2018	6.8	22.1	41.5	29.7	15,880

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PLFSOM	2018	3.8	23.1	50	23.1	78
PLFSOM	2017	0.0	19.0	46.8	34.2	79
PLFSOM	2016	4.5	19.7	36.4	39.4	66
PLFSOM	2015	3.2	25.4	47.6	23.8	63
PLFSOM	2014	4.2	10.4	56.3	29.2	48
Microbiology						
All Medical Schools	2018	3.8	12.6	38.9	44.8	15,972
PLFSOM	2018	5	22.5	35	37.5	80
PLFSOM	2017	3.8	16.5	53.2	26.6	79
PLFSOM	2016	8.8	22.1	33.8	35.3	68
PLFSOM	2015	15.9	28.6	39.7	15.9	63
PLFSOM	2014	6.3	22.9	41.7	29.2	48
Neuroscience						
All Medical Schools	2018	4	12.4	38.3	45.2	15,983
PLFSOM	2018	2.5	8.8	51.3	37.5	80
PLFSOM	2017	0.0	8.9	38.0	53.2	79
PLFSOM	2016	1.5	10.3	35.3	52.9	68
PLFSOM	2015	6.3	19.0	44.4	30.2	63
PLFSOM	2014	6.4	12.8	51.1	29.8	47
Pathology						
All Medical Schools	2018	2.6	12.5	40.1	44.9	15,921
PLFSOM	2018	0	12.5	26.3	61.3	80
PLFSOM	2017	0.0	7.6	27.8	64.6	79
PLFSOM	2016	0.0	1.5	13.4	85.1	67
PLFSOM	2015	0.0	4.8	16.1	79.0	62
PLFSOM	2014	2.1	0.0	29.2	68.8	48
Pharmacology						
All Medical Schools	2018	7.3	17	38.5	37.2	15,985
PLFSOM	2018	5	36.3	33.8	25	80
PLFSOM	2017	7.6	24.1	35.4	32.9	79
PLFSOM	2016	4.4	17.6	47.1	30.9	68
PLFSOM	2015	15.9	23.8	41.3	19.0	63
PLFSOM	2014	27.1	22.9	33.3	16.7	48
Physiology						
All Medical Schools	2018	2.1	8.1	37	52.8	15,968
PLFSOM	2018	6.3	7.5	36.3	50	80
PLFSOM	2017	1.3	10.1	45.6	43.0	79
PLFSOM	2016	1.5	11.8	39.7	47.1	68
PLFSOM	2015	3.2	16.1	37.1	43.5	62
PLFSOM	2014	0.0	12.5	54.2	33.3	48
Behavioral Science						
All Medical Schools	2018	2.5	11.3	43.6	42.6	15,770
PLFSOM	2018	1.3	11.4	35.4	51.9	79
PLFSOM	2017	1.3	3.8	47.4	47.4	78
PLFSOM	2016	0.0	17.6	29.4	52.9	68
PLFSOM	2015	1.6	9.5	38.1	50.8	63

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PLFSOM	2014	4.2	8.3	50.0	37.5	48
Pathophysiology of Disease						
All Medical Schools	2018	1	5.5	35.4	58	15,828
PLFSOM	2018	1.3	6.3	27.8	64.6	79
PLFSOM	2017	0.0	3.8	29.1	67.1	79
PLFSOM	2016	0.0	4.4	27.9	67.6	68
PLFSOM	2015	0.0	0.0	25.4	74.6	63
PLFSOM	2014	0.0	2.1	35.4	62.5	48

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Clerkship Experience

Rate the quality of your educational experiences in the following clerkships. If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select "Not applicable."

10 All Clerkships

	Year	Percentage of Respondents Selecting Each Rating				Count
		Poor	Fair	Good	Excellent	
Emergency Medicine						
All Medical Schools	2018	3.6	9	32	55.5	11,821
PLFSOM	2018	1.5	10.4	28.4	59.7	67
PLFSOM	2017	2.8	4.2	35.2	57.7	71
PLFSOM	2016	0.0	3.4	34.5	62.1	58
PLFSOM	2015	0.0	1.8	23.6	74.5	55
PLFSOM	2014	2.4	0.0	24.4	73.2	41
Family Medicine						
All Medical Schools	2018	3.6	11.7	31.2	53.6	15,355
PLFSOM	2018	1.3	11.3	37.5	50	80
PLFSOM	2017	3.8	10.1	40.5	45.6	79
PLFSOM	2016	1.5	7.5	37.3	53.7	67
PLFSOM	2015	1.6	3.2	27.4	67.7	62
PLFSOM	2014	4.1	8.2	40.8	46.9	49
Internal Medicine						
All Medical Schools	2018	1.8	7.1	29.5	61.6	16,046
PLFSOM	2018	1.3	13.8	40	45	80
PLFSOM	2017	0.0	7.6	35.4	57.0	79
PLFSOM	2016	3.0	17.9	38.8	40.3	67
PLFSOM	2015	1.6	11.3	37.1	50.0	62
PLFSOM	2014	2.0	4.1	38.8	55.1	49
Neurology						
All Medical Schools	2018	5.7	16.5	36.4	41.4	14,539
PLFSOM	2018	13	27.5	33.3	26.1	69
PLFSOM	2017	8.6	11.4	40.0	40.0	70
PLFSOM	2016	6.9	20.7	36.2	36.2	58
PLFSOM	2015	0.0	3.8	43.4	52.8	53
PLFSOM	2014	2.4	7.3	39.0	51.2	41
OBGyn/Women's Health						
All Medical Schools	2018	6.8	13.9	33.4	45.9	16,033
PLFSOM	2018	17.5	23.8	38.8	20	80
PLFSOM	2017	0.0	12.7	49.4	38.0	79
PLFSOM	2016	1.5	7.5	29.9	61.2	67
PLFSOM	2015	1.6	9.7	37.1	51.6	62
PLFSOM	2014	6.1	10.2	32.7	51.0	49
Pediatrics						
All Medical Schools	2018	3.2	10.3	32.8	53.8	16,045
PLFSOM	2018	2.5	10	25	62.5	80

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Rate the quality of your educational experiences in the following clerkships. If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select "Not applicable."

10 All Clerkships

	Year	Percentage of Respondents Selecting Each Rating				Count
		Poor	Fair	Good	Excellent	
PLFSOM	2017	0.0	5.1	38.0	57.0	79
PLFSOM	2016	0.0	7.6	21.2	71.2	66
PLFSOM	2015	0.0	8.1	32.3	59.7	62
PLFSOM	2014	8.3	14.6	29.2	47.9	48
Psychiatry						
All Medical Schools	2018	2.5	9.6	33.3	54.6	16,036
PLFSOM	2018	5	16.3	36.3	42.5	80
PLFSOM	2017	3.8	10.1	48.1	38.0	79
PLFSOM	2016	1.5	13.4	35.8	49.3	67
PLFSOM	2015	1.6	6.5	33.9	58.1	62
PLFSOM	2014	2.0	12.2	36.7	49.0	49
Surgery						
All Medical Schools	2018	5.1	13.1	34.8	47	16,024
PLFSOM	2018	5.1	13.9	35.4	45.6	79
PLFSOM	2017	5.1	10.1	46.8	38.0	79
PLFSOM	2016	10.4	25.4	29.9	34.3	67
PLFSOM	2015	16.1	17.7	25.8	40.3	62
PLFSOM	2014	8.2	14.3	38.8	38.8	49

Data per Clerkship

11 FAMILY MEDICINE

	PLFSOM					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	93.9	100	97.0	93.7	92.5	91.0
No	6.1	0.0	3.0	6.3	7.5	9.0
Number of respondents	49	62	67	79	80	15,293
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	89.8	98.4	95.5	92.4	96.3	92.7
No	10.2	1.6	4.5	7.6	3.8	7.3
Number of respondents	49	62	67	79	80	15,228
Were you provided with mid-clerkship feedback?						
Yes	98.0	100	100	100	98.7	95.2
No	2.0	0.0	0.0	0.0	1.3	4.8
Number of respondents	49	62	67	79	80	15,221

Percentage of Respondents Selecting Each Rating

	Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
Family Medicine: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	2.1	3.7	8.7	34.1	51.3	15,238
PLFSOM	2018	1.3	1.3	2.5	40.5	54.4	79
PLFSOM	2017	1.3	5.1	9.0	42.3	42.3	78
PLFSOM	2016	0.0	3.0	7.5	31.3	58.2	67
PLFSOM	2015	1.6	1.6	3.3	31.1	62.3	61
PLFSOM	2014	4.1	2.0	2.0	44.9	46.9	49

Family Medicine: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	2.2	3.4	9.1	32.8	52.5	8,215
PLFSOM	2018	0	10	7.5	47.5	35	80
PLFSOM	2017	3.8	5.1	9.0	42.3	39.7	78
PLFSOM	2016	1.5	4.5	14.9	34.3	44.8	67
PLFSOM	2015	0.0	4.9	6.6	39.3	49.2	61
PLFSOM	2014	4.2	0.0	8.3	37.5	50.0	48

11 INTERNAL MEDICINE

	PLFSOM					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	95.9	98.4	92.5	94.9	95	93.9
No	4.1	1.6	7.5	5.1	5.0	6.1
Number of respondents	49	62	67	79	80	15,972
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	93.9	98.4	92.5	96.2	93.8	94.8
No	6.1	1.6	7.5	3.8	6.3	5.2
Number of respondents	49	62	67	79	80	15,905
Were you provided with mid-clerkship feedback?						
Yes	100	98.4	100	100	100.0	98.0
No	0	1.6	0	0	0.0	2.0
Number of respondents	49	62	67	79	78	15,914

Percentage of Respondents Selecting Each Rating							
	Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
Internal Medicine: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	1.1	1.9	4.9	27.9	64.2	15,938
PLFSOM	2018	0	1.3	7.6	32.9	58.2	79
PLFSOM	2017	1.3	0.0	3.8	39.7	55.1	78
PLFSOM	2016	0.0	4.5	10.4	46.3	38.8	67
PLFSOM	2015	0.0	0.0	8.2	42.6	49.2	61
PLFSOM	2014	2.0	4.1	0.0	30.6	63.3	49

Internal Medicine: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	1	1.9	4.3	24.7	68.2	15,321
PLFSOM	2018	0	8.8	6.3	40	45	80
PLFSOM	2017	1.3	0.0	2.6	43.6	52.6	78
PLFSOM	2016	1.5	11.9	14.9	35.8	35.8	67
PLFSOM	2015	0.0	1.6	13.1	24.6	60.7	61
PLFSOM	2014	2.1	2.1	2.1	37.5	56.3	48

11 NEUROLOGY

	PLFSOM					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	87.8	90.6	74.6	87	68.6	84.5
No	12.2	9.4	25.4	13	31.4	15.5
Number of respondents	41	53	59	69	70	14,478
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	87.8	96.2	86.4	91.3	81.2	92.0
No	12.2	3.8	13.6	8.7	18.8	8.0
Number of respondents	41	53	59	69	69	14,417
Were you provided with mid-clerkship feedback?						
Yes	90.2	84.9	89.8	91.3	85.5	89.2
No	9.8	15.1	10.2	8.7	14.5	10.8
Number of respondents	41	53	59	69	69	14,413

Percentage of Respondents Selecting Each Rating							
Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count	
Neurology: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	1.7	4.8	12	35.6	45.9	14,439
PLFSOM	2018	2.9	12.9	14	40	30	70
PLFSOM	2017	4.3	4.3	4.3	42.9	44.3	70
PLFSOM	2016	0.0	3.4	11.9	37.3	47.5	59
PLFSOM	2015	0.0	0.0	1.9	42.3	55.8	52
PLFSOM	2014	2.4	4.9	4.9	22.0	65.9	41

Neurology: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	2.1	5.3	11.7	32.5	48.4	12,067
PLFSOM	2018	1.4	8.6	10	45.7	34.3	70
PLFSOM	2017	3.1	0.0	4.6	47.7	44.6	65
PLFSOM	2016	0.0	27.1	16.7	29.2	27.1	48
PLFSOM	2015	0.0	12.1	21.2	33.3	33.3	33
PLFSOM	2014	7.1	7.1	17.9	32.1	35.7	28

11 OBSTETRICS-GYNECOLOGY/WOMEN'S HEALTH

	PLFSOM - Percent					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	85.7	90.3	85.1	86.1	77.5	84.4
No	14.3	9.7	14.9	13.9	22.5	15.6
Number of respondents	49	62	67	79	80	15,971
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	89.6	93.4	92.5	92.0	88.6	91.2
No	10.4	6.6	7.5	7.6	11.4	8.8
Number of respondents	48	61	67	79	79	15,915
Were you provided with mid-clerkship feedback?						
Yes	93.9	91.9	97.0	96.2	94.9	94.0
No	6.1	8.1	3.0	3.8	5.1	6.0
Number of respondents	49	62	67	79	79	15,910

Percentage of Respondents Selecting Each Rating							
	Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
Obstetrics-Gynecology/Women's Health: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	3.0	6.7	12.6	37.1	40.6	15,944
PLFSOM	2018	5.0	18.8	19.0	41.3	16.3	80
PLFSOM	2017	2.6	3.8	12.8	50.0	30.8	78
PLFSOM	2016	1.5	7.5	11.9	43.3	35.8	67
PLFSOM	2015	0.0	0.0	13.1	44.3	42.6	61
PLFSOM	2014	4.1	2.0	6.1	57.1	30.6	49
Obstetrics-Gynecology/Women's Health: Residents provided effective teaching during the clerkship.							
Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.							
All Medical	2018	5.5	8.6	12.2	32.1	41.7	14,258
PLFSOM	2018	8.8	22.5	16.3	32.5	20.0	80
PLFSOM	2017	1.3	6.4	6.4	43.6	42.3	78
PLFSOM	2016	1.5	1.5	18.2	25.8	53.0	66
PLFSOM	2015	0.0	0.0	9.8	29.5	60.7	61
PLFSOM	2014	6.3	12.5	8.3	33.3	39.6	48

11 **PEDIATRICS**

	PLFSOM - Percent					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	93.9	100	100	96.2	93.8	92.8
No	6.1	0.0	0.0	4.0	6.3	7.2
Number of respondents	49	62	67	79	80	15,970
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	91.8	96.8	97.0	96.2	93.8	94.1
No	8.2	3.2	3.0	3.8	6.3	5.9
Number of respondents	49	62	66	79	80	15,901
Were you provided with mid-clerkship feedback?						
Yes	98.0	100	100	100	98.7	96.6
No	2.0	0.0	0.0	0.0	1.3	3.4
Number of respondents	49	62	67	79	79	15,908

Percentage of Respondents Selecting Each Rating							
Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count	
Pediatrics: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	1.2	2.7	7.1	34.1	54.8	15,948
PLFSOM	2018	0.0	2.5	6.0	30.0	61.3	80
PLFSOM	2017	1.3	0.0	5.1	38.5	55.1	78
PLFSOM	2016	0.0	0.0	4.5	31.3	64.2	67
PLFSOM	2015	0.0	0.0	11.5	36.1	52.5	61
PLFSOM	2014	4.1	2.0	2.0	49.0	42.9	49

Pediatrics: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	1.9	3.7	8.2	32.4	53.8	14,421
PLFSOM	2018	1.3	5.0	3.8	32.5	57.5	80
PLFSOM	2017	1.3	3.8	2.6	37.2	55.1	78
PLFSOM	2016	0.0	1.5	6.0	31.3	61.2	67
PLFSOM	2015	1.6	3.3	4.9	34.4	55.7	61
PLFSOM	2014	6.3	4.2	10.4	41.7	37.5	48

11 PSYCHIATRY

	PLFSOM - Percent					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	91.8	95.2	91.0	88.6	87.5	93.2
No	8.2	4.8	9.0	11.4	12.5	6.8
Number of respondents	49	62	67	79	80	15,968
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	91.8	93.5	94.0	86.1	87.5	92.5
No	8.2	6.5	6.0	13.9	12.5	7.5
Number of respondents	49	62	67	79	80	15,897
Were you provided with mid-clerkship feedback?						
Yes	98.0	100	100	100	98.7	94.6
No	2.0	0.0	0.0	0.0	1.3	5.4
Number of respondents	49	62	67	79	79	15,885

Percentage of Respondents Selecting Each Rating							
Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count	
Psychiatry: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	1.4	3.5	8.7	35.5	50.9	15,926
PLFSOM	2018	2.5	3.8	10.0	40.5	43.0	79
PLFSOM	2017	1.3	2.6	9.0	52.6	34.6	78
PLFSOM	2016	0.0	6.0	11.9	34.3	47.8	67
PLFSOM	2015	0.0	1.6	11.5	41.0	45.9	61
PLFSOM	2014	2.1	6.3	4.2	39.6	47.9	48

Psychiatry: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	1.3	3.7	9.9	34.2	50.9	12,509
PLFSOM	2018	0.0	7.5	8.8	37.5	46.3	80
PLFSOM	2017	2.6	2.6	6.4	44.9	43.6	78
PLFSOM	2016	0.0	7.6	10.6	36.4	45.5	66
PLFSOM	2015	0.0	1.7	8.3	35.0	55.0	60
PLFSOM	2014	2.1	2.1	2.1	45.8	47.9	48

11 SURGERY

	PLFSOM - Percent					All Schools 2018
	2014	2015	2016	2017	2018	
Were you observed taking the relevant portions of the patient history?						
Yes	79.6	80.6	62.1	78.2	71.3	74.9
No	20.4	19.4	37.9	21.8	28.8	25.1
Number of respondents	49	62	66	78	80	15,968
Were you observed performing the relevant portions of the physical or mental status exam?						
Yes	81.6	85.5	67.2	83.5	77.5	81
No	18.4	14.5	32.8	16.5	22.5	19
Number of respondents	49	62	67	79	80	15,901
Were you provided with mid-clerkship feedback?						
Yes	98	93.5	98.5	98.7	96.2	92.4
No	2.0	6.5	1.5	1.3	3.8	7.6
Number of respondents	49	62	67	79	79	15,904

Percentage of Respondents Selecting Each Rating							
Year	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count	
Surgery: Faculty provided effective teaching during the clerkship							
All Medical Schools	2018	3.4	7.7	14.1	37	37.7	15,908
PLFSOM	2018	2.5	7.5	11	45	33.8	80
PLFSOM	2017	1.3	7.7	15.4	47.4	28.2	78
PLFSOM	2016	9.0	20.9	17.9	29.9	22.4	67
PLFSOM	2015	6.6	14.8	21.3	31.1	26.2	61
PLFSOM	2014	4.1	8.2	26.5	38.8	22.4	49

Surgery: Residents provided effective teaching during the clerkship. Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

All Medical	2018	3.7	6.4	11.1	32	46.7	14,636
PLFSOM	2018	3.8	3.8	5	36.3	51.3	80
PLFSOM	2017	3.8	7.7	9.0	42.3	37.2	78
PLFSOM	2016	6.0	13.4	10.4	37.3	32.8	67
PLFSOM	2015	4.9	6.6	14.8	27.9	45.9	61
PLFSOM	2014	8.3	8.3	6.3	43.8	33.3	48

Residency Program Preparedness

12 Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
I am confident that I have acquired the clinical skills required to begin a residency program.							
All Medical	2018	0.5	1.9	6.9	46.5	44.2	15,923
PLFSOM	2018	0.0	5.0	7.5	47.5	40.0	80
PLFSOM	2017	2.6	0.0	12.8	46.2	38.5	78
PLFSOM	2016	1.5	3.0	10.4	50.7	34.3	67
PLFSOM	2015	1.6	3.3	16.4	42.6	36.1	61
PLFSOM	2014	0.0	0.0	2.0	57.1	40.8	49
PLFSOM	2013	2.9	2.9	2.9	52.9	38.2	34
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.							
All Medical	2018	0.3	1.0	5.1	49.8	43.9	15,914
PLFSOM	2018	0.0	2.5	5.0	52.5	40.0	80
PLFSOM	2017	1.3	0.0	5.1	48.7	44.9	78
PLFSOM	2016	0.0	1.5	7.5	56.7	34.3	67
PLFSOM	2015	1.6	0.0	8.2	54.1	36.1	61
PLFSOM	2014	0.0	0.0	0.0	55.1	44.9	49
PLFSOM	2013	0.0	0.0	8.8	52.9	38.2	34
I have the communication skills necessary to interact with patients and health professionals.							
All Medical	2018	0.2	0.1	1.2	22.0	76.4	15,887
PLFSOM	2018	0.0	1.3	0.0	23.8	75.0	80
PLFSOM	2017	1.3	0.0	1.3	26.9	70.5	78
PLFSOM	2016	0.0	0.0	0.0	33.3	66.7	66
PLFSOM	2015	0.0	0.0	3.3	26.2	70.5	61
PLFSOM	2014	0.0	0.0	2.0	49.0	49.0	49
PLFSOM	2013	0.0	0.0	0.0	44.1	55.9	34
I have basic skills in clinical decision making and the application of evidence based information to medical practice.							
All Medical	2018	0.3	0.7	4.7	43.1	51.3	15,884
PLFSOM	2018	0.0	3.8	3.8	48.8	43.8	80
PLFSOM	2017	1.3	0.0	6.4	44.9	47.4	78
PLFSOM	2016	0.0	1.5	4.5	50.7	43.3	67
PLFSOM	2015	1.7	0.0	8.3	43.3	46.7	60
PLFSOM	2014	0.0	0.0	2.0	55.1	42.9	49
PLFSOM	2013	0.0	0.0	8.8	50.0	41.2	34
I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization, and structure of the health care system).							
All Medical	2018	0.4	1.1	4.9	37.4	56.2	15,913
PLFSOM	2018	0.0	1.3	5.0	35.0	58.8	80
PLFSOM	2017	1.3	0.0	3.8	39.7	55.1	78
PLFSOM	2016	0.0	1.5	7.6	30.3	60.6	66

12 Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
PLFSOM	2015	1.6	0.0	4.9	27.9	65.6	61
PLFSOM	2014	0.0	0.0	2.0	51.0	46.9	49
PLFSOM	2013	0.0	2.9	0.0	55.9	41.2	34
I understand the ethical and professional values that are expected of the profession.							
All Medical	2018	0.2	0.2	1.4	25.8	72.4	15,898
PLFSOM	2018	0.0	0.0	1.3	26.3	72.5	80
PLFSOM	2017	1.3	0.0	0.0	34.6	64.1	78
PLFSOM	2016	0.0	0.0	0.0	25.4	74.6	67
PLFSOM	2015	0.0	0.0	4.9	24.6	70.5	61
PLFSOM	2014	0.0	0.0	0.0	51.0	49.0	49
PLFSOM	2013	0.0	0.0	8.8	44.1	47.1	34
I believe I am adequately prepared to care for patients from different backgrounds.							
All Medical	2018	0.3	0.7	3.1	31.8	64.1	15,870
PLFSOM	2018	0.0	0.0	1.3	27.8	70.9	79
PLFSOM	2017	1.3	0.0	5.1	30.8	62.8	78
PLFSOM	2016	0.0	0.0	0.0	35.8	64.2	67
PLFSOM	2015	0.0	0.0	6.6	37.7	55.7	61
PLFSOM	2014	0.0	2.0	0.0	51.0	46.9	49
PLFSOM	2013	2.9	0.0	5.9	50.0	41.2	34

Elective Activities and Experiences

Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis:

	PLFSOM					All Schools
	2014	2015	2016	2017	2018	2018
Independent study project for credit	67.3	41	62.7	65.4	60.8	50.4
Research project with faculty member	89.8	88.5	88.1	89.7	96.2	78.8
Authorship (sole or joint) of a peer-reviewed paper submitted for publication	51	54.1	35.8	46.2	62.0	50.5
Authorship (sole or joint) of a peer-reviewed oral or poster presentation.	61.2	80.3	49.3	61.5	84.8	56.7
Global health experience	34.7	37.7	14.9	19.2	11.4	25.9
Educating elementary, high school or college students about careers in health professions or biological sciences	59.2	73.8	45	60.3	60.8	51.6
Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity)	73.5	73.8	64.2	75.6	65.8	63.1
Field experience in providing health education in the community (e.g., adult/child protective services, family violence program, rape crisis hotline)	53.1	68.9	44.8	60.3	50.6	35.8
Field experience in home care	53.1	65.6	46.3	71.8	70.9	33.2

Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis:

	PLFSOM					All Schools
	2014	2015	2016	2017	2018	2018
Learned another language in order to improve communication with patients.	81.6	82	88.1	87.2	86.1	24.7
Learned the proper use of the interpreter when needed	79.6	70.5	76.1	78.2	87.3	83.5
Experience related to health disparities	83.7	78.7	83.6	91	88.6	79.7
Experience related to cultural awareness and cultural competence	79.6	77	86.6	89.7	89.9	75.9
Community-based research project	46.9	31.1	32.8	48.7	44.3	33.4
Field experience in nursing home care	26.5	65.6	40.3	50	45.6	31.9
Experience with a free clinic for the underserved population	77.6	77	89.6	89.7	93.7	74.7
Other	2	1.6	0	2.6	1.3	1.9
Number of respondents	49	61	67	78	79	15,932

Guidance in Selecting Elective Experiences

15 Indicate whether you agree or disagree with the following statement:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
I received appropriate guidance in the selection of electives.							
All Medical Schools	2018	2.8	8.4	17.7	44.4	26.7	15,595
PLFSOM	2018	1.3	3.8	10.3	44.9	39.7	78.0
PLFSOM	2017	0.0	5.3	18.7	50.7	25.3	75
PLFSOM	2016	0.0	4.5	11.9	53.7	29.9	67
PLFSOM	2015	0.0	0.0	18.3	43.3	38.3	60
PLFSOM	2014	2.0	10.2	26.5	32.7	28.6	49

Diversity Experience

16 Based on your experiences, indicate whether you agree or disagree with the following statements:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.							
All Medical Schools	2018	0.8	2.1	11	45.6	40.6	15,844
PLFSOM	2018	0	2.5	13.9	41.8	41.8	79.0
PLFSOM	2017	1.3	1.3	9.0	46.2	42.3	78
PLFSOM	2016	0.0	0.0	7.5	46.3	46.3	67
PLFSOM	2015	1.6	1.6	13.1	45.9	37.7	61
PLFSOM	2014	2.1	4.2	4.2	62.5	27.1	48

16 Based on your experiences, indicate whether you agree or disagree with the following statements:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds.							
All Medical Schools	2018	3.6	8.8	21.3	34.5	31.8	15,838
PLFSOM	2018	1.3	8.9	12.7	36.7	40.5	79.0
PLFSOM	2017	2.6	5.1	19.2	37.2	35.9	78
PLFSOM	2016	1.5	4.5	17.9	37.3	38.8	67
PLFSOM	2015	4.9	0.0	14.8	45.9	34.4	61
PLFSOM	2014	4.2	6.3	14.6	50.0	25.0	48

DRAFT

GQ Learning Environment

Emotional Climate

"The emotional climate subscale combines the responses of three items assessing a student's affective response to the learning environment. These questions ask to what extent [or, how often] the educational experience leads to a sense of achievement, valuing oneself, and confidence in one's academic abilities. The possible range of responses for the emotional climate subscale is 0 to 15. Higher scores are correlated with positive perceptions of the learning environment."

Emotional Climate		Reliability Estimate	Mean	Standard Deviation	Count
All Medical Schools	2018	1	9.5	3.2	15,635
PLFSOM	2018	1	10.6	3	78
PLFSOM	2017	1.0	10.5	2.9	75
PLFSOM	2016	0.9	10.9	2.8	66

Student-Faculty Interaction

"The emotional climate subscale combines the responses of three items assessing a student's affective response to the learning environment. These questions ask to what extent [or, how often] the educational experience leads to a sense of achievement, valuing oneself, and confidence in one's academic abilities. The possible range of responses for the emotional climate subscale is 0 to 15. Higher scores are correlated with positive perceptions of the learning environment."

Student-Faculty Interaction		Reliability Estimate	Mean	Standard Deviation	Count
All Medical Schools	2018	0.8	14.3	3.4	15,538
PLFSOM	2018	0.7	14.6	3	79
PLFSOM	2017	0.6	14.9	2.9	76
PLFSOM	2016	0.8	15.4	3.2	65

Professional Behavior - Faculty

18 There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty

	Year	Percentage of Respondents Selecting Each Rating						Count
		Never	Almost never	Sometimes	Fairly often	Very often	Always	
All Medical Schools	2018	7.7	37.6	34.4	9.4	7.5	3.4	15,722
PLFSOM	2018	8.9	38	32.9	7.6	10.1	2.5	79
PLFSOM	2017	14.7	33.3	20.0	10.7	13.3	8.0	75
PLFSOM	2016	7.6	39.4	31.8	10.6	6.1	4.5	66

19 Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

	Year	Percentage of Respondents Selecting Each Rating					Count
		Never	Almost Never	Sometimes	Fairly often	Very often	
Respecting patient confidentiality							

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All Medical Schools	2018	0.1	0.1	1.4	6.9	36.9	54.7	15,666
PLFSOM	2018	0.0	0.0	2.5	6.3	29.1	62.0	79
PLFSOM	2017	0.0	0.0	0.0	10.4	36.4	53.2	77
PLFSOM	2016	0.0	0.0	0.0	9.1	42.4	48.5	66
Using professional language/avoiding derogatory language								
All Medical Schools	2018	0.6	1.3	3.7	12.3	47.2	34.9	15,667
PLFSOM	2018	1.3	2.5	5.1	20.3	38.0	32.9	79
PLFSOM	2017	0.0	0.0	3.9	11.7	46.8	37.7	77
PLFSOM	2016	0.0	1.5	9.1	19.7	40.9	28.8	66
Being respectful of house staff and other physicians								
All Medical Schools	2018	0.1	0.4	3.8	13.8	49.4	32.5	15,655
PLFSOM	2018	0.0	0.0	8.9	16.5	39.2	35.4	79
PLFSOM	2017	0.0	0.0	2.6	11.7	49.4	36.4	77
PLFSOM	2016	0.0	0.0	6.1	19.7	43.9	30.3	66
Respecting diversity								
All Medical Schools	2018	0.1	0.6	4.7	12.7	41.3	40.7	15,632
PLFSOM	2018	0.0	1.3	2.5	16.5	34.2	45.6	79
PLFSOM	2017	0.0	0.0	5.2	9.1	40.3	45.5	77
PLFSOM	2016	0.0	0.0	6.1	9.1	42.4	42.4	66
Being respectful of other health professions								
All Medical Schools	2018	0.1	0.5	5.3	16.7	46.3	31.2	15,579
PLFSOM	2018	1.3	1.3	6.4	12.8	42.3	35.9	78
PLFSOM	2017	0.0	0.0	3.9	16.9	41.6	37.7	77
PLFSOM	2016	0.0	0.0	9.1	13.6	39.4	37.9	66
Being respectful of other specialties								
All Medical Schools	2018	0.2	1.1	10.2	27.1	42.6	18.8	15,658
PLFSOM	2018	0.0	1.3	19.0	19.0	38.0	22.8	79
PLFSOM	2017	0.0	0.0	11.7	27.3	36.4	24.7	77
PLFSOM	2016	0.0	1.5	9.1	28.8	37.9	22.7	66
Providing direction and constructive feedback								
All Medical Schools	2018	0.2	1.7	12.5	26.5	39.4	19.7	15,647
PLFSOM	2018	0.0	0.0	13.9	25.3	40.5	20.3	79
PLFSOM	2017	0.0	1.3	3.9	22.1	44.2	28.6	77
PLFSOM	2016	0.0	3.0	9.1	15.2	47.0	25.8	66
Showing respectful interaction with students								
All Medical Schools	2018	0.1	0.4	5.8	19.5	49.5	24.7	15,642
PLFSOM	2018	0.0	0.0	8.9	10.1	57.0	24.1	79
PLFSOM	2017	0.0	0.0	3.9	15.6	45.5	35.1	77
PLFSOM	2016	0.0	0.0	4.6	15.4	50.8	29.2	65
Showing empathy and compassion								
All Medical Schools	2018	0.1	0.5	5.9	19.7	49.8	24.0	15,638
PLFSOM	2018	0.0	0.0	6.3	21.5	49.4	22.8	79
PLFSOM	2017	0.0	0.0	6.7	21.3	40.0	32.0	75
PLFSOM	2016	0.0	1.5	9.1	18.2	50.0	21.2	66
Being respectful of patients' dignity and autonomy								

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All Medical Schools	2018	0.1	0.3	3.8	14.3	46.8	34.7	15,581
PLFSOM	2018	0.0	1.3	5.1	10.3	50.0	33.3	78
PLFSOM	2017	0.0	0.0	2.6	17.1	44.7	35.5	76
PLFSOM	2016	0.0	0.0	7.6	15.2	43.9	33.3	66
Actively listened and showed interest in patients								
All Medical Schools	2018	0.1	0.3	4.4	17.8	51.7	25.7	15,654
PLFSOM	2018	0.0	0.0	6.3	19.0	51.9	22.8	79
PLFSOM	2017	0.0	0.0	5.2	22.1	42.9	29.9	77
PLFSOM	2016	0.0	0.0	7.7	21.5	41.5	29.2	65
Taking time and effort to explain information to patients								
All Medical Schools	2018	0.1	0.7	7.3	23.0	46.9	22.0	15,638
PLFSOM	2018	0.0	0.0	11.4	31.6	35.4	21.5	79
PLFSOM	2017	0.0	1.3	13.0	13.0	44.2	28.6	77
PLFSOM	2016	0.0	0.0	12.1	22.7	47.0	18.2	66
Advocating appropriately on behalf of his/her patients								
All Medical Schools	2018	0.1	0.4	4.8	17.3	47.8	29.6	15,630
PLFSOM	2018	0.0	0.0	7.6	20.3	44.3	27.8	79
PLFSOM	2017	0.0	0.0	11.7	14.3	41.6	32.5	77
PLFSOM	2016	0.0	0.0	9.1	16.7	50.0	24.2	66
Resolving conflicts in ways that respect the dignity of all involved								
All Medical Schools	2018	0.1	0.4	4.9	17.5	49.5	27.6	15,605
PLFSOM	2018	0.0	0.0	5.1	20.3	45.6	29.1	79
PLFSOM	2017	0.0	1.3	5.2	19.5	41.6	32.5	77
PLFSOM	2016	0.0	0.0	4.5	19.7	53.0	22.7	66

Mistreatment Policy Awareness & Reporting

37 Are you aware that your school has policies regarding the mistreatment of medical students?

	PLFSOM						All Schools 2018
	2013	2014	2015	2016	2017	2018	
Yes	94.1	100	96.7	100	100	100	97.5
No	5.9	0.0	3.3	0.0	0.0	0.0	2.5
Number of respondents	34	48	60	63	77	76	15,371

38 Do you know the procedures at your school for reporting the mistreatment of medical students?

	PLFSOM						All Schools 2018
	2013	2014	2015	2016	2017	2018	
Yes	82.4	89.6	98.3	93.7	96.1	96.1	88.1
No	17.6	10.4	1.7	6.3	3.9	3.9	11.9
Number of respondents	34	48	60	63	76	76	15,358

Personal Experiences with Negative Behaviors

39 During medical school, how frequently have you:

	Year	Percentage of Respondents Selecting Each Rating					Count
		Never	Once	Occasionally	Frequently		
Been publicly embarrassed?							
All Medical Schools	2018	56.7	21.8	20.6	1.0	15342	
PLFSOM	2018	68.8	19.5	11.7	0.0	77	
PLFSOM	2017	64.9	22.1	11.7	1.3	77	
PLFSOM	2016	66.7	19.0	14.3	0.0	63	
PLFSOM	2015	65.5	15.5	17.2	1.7	58	
PLFSOM	2014	67.4	15.2	17.4	0.0	46	
Been publicly humiliated?							
All Medical Schools	2018	77.6	13.7	8.2	0.5	15340	
PLFSOM	2018	78.9	13.2	7.9	0.0	76	
PLFSOM	2017	81.8	15.6	2.6	0.0	77	
PLFSOM	2016	84.1	11.1	4.8	0.0	63	
PLFSOM	2015	81.0	8.6	8.6	1.7	58	
PLFSOM	2014	80.0	11.1	8.9	0.0	45	
Been threatened with physical harm?							
All Medical Schools	2018	98.6	1.1	0.2	0.1	15325	
PLFSOM	2018	100	0.0	0.0	0.0	75	
PLFSOM	2017	100	0.0	0.0	0.0	77	
PLFSOM	2016	100	0.0	0.0	0.0	63	
PLFSOM	2015	96.6	1.7	1.7	0.0	58	
PLFSOM	2014	97.9	2.1	0.0	0.0	47	
Been physically harmed?							
All Medical Schools	2018	98.3	1.5	0.2	0.0	15332	
PLFSOM	2018	98.7	1.3	0.0	0.0	77	
PLFSOM	2017	100	0.0	0.0	0.0	76	
PLFSOM	2016	100	0.0	0.0	0.0	63	
PLFSOM	2015	98.3	1.7	0.0	0.0	58	
PLFSOM	2014	100	0.0	0.0	0.0	47	
Been required to perform personal services?							
All Medical Schools	2018	94.1	4.1	1.7	0.1	15350	
PLFSOM	2018	92.2	6.5	0.0	1.3	77	
PLFSOM	2017	92.2	6.5	1.3	0.0	77	
PLFSOM	2016	92.1	4.8	1.6	1.6	63	
PLFSOM	2015	93.1	5.2	1.7	0.0	58	
PLFSOM	2014	93.6	6.4	0.0	0.0	47	
Been subjected to unwanted sexual advances?							
All Medical Schools	2018	95.1	3.0	1.8	0.2	15342	
PLFSOM	2018	97.4	2.6	0.0	0.0	77	
PLFSOM	2017	97.4	2.6	0.0	0.0	77	
PLFSOM	2016	98.4	1.6	0.0	0.0	63	
PLFSOM	2015	98.3	1.7	0.0	0.0	58	

39 During medical school, how frequently have you:

	Year	Percentage of Respondents Selecting Each Rating				Count
		Never	Once	Occasionally	Frequently	
PLFSOM	2014	91.5	8.5	0.0	0.0	47
Been asked to exchange sexual favors for grades or other rewards?						
All Medical Schools	2018	99.8	0.1	0.1	0.0	15352
PLFSOM	2018	100	0.0	0.0	0.0	77
PLFSOM	2017	100	0.0	0.0	0.0	77
PLFSOM	2016	100	0.0	0.0	0.0	63
PLFSOM	2015	100	0.0	0.0	0.0	58
PLFSOM	2014	100	0.0	0.0	0.0	46
Been denied opportunities for training or rewards based on gender?						
All Medical Schools	2018	93.1	3.4	3.1	0.3	15341
PLFSOM	2018	93.5	3.9	2.6	0.0	77
PLFSOM	2017	94.8	3.9	1.3	0.0	77
PLFSOM	2016	96.8	1.6	1.6	0.0	63
PLFSOM	2015	93.1	1.7	5.2	0.0	58
PLFSOM	2014	95.7	2.2	2.2	0.0	46
Been subjected to offensive sexist remarks/names?						
All Medical Schools	2018	83.5	7.5	8.3	0.7	15343
PLFSOM	2018	90.9	5.2	3.9	0.0	77
PLFSOM	2017	87.0	6.5	5.2	1.3	77
PLFSOM	2016	85.7	7.9	4.8	1.6	63
PLFSOM	2015	93.1	3.4	3.4	0.0	58
PLFSOM	2014	80.9	8.5	8.5	2.1	47
Received lower evaluations or grades solely because of gender rather than performance?						
All Medical Schools	2018	93.6	4.3	1.8	0.3	15327
PLFSOM	2018	97.4	2.6	0.0	0.0	77
PLFSOM	2017	98.7	1.3	0.0	0.0	77
PLFSOM	2016	95.2	4.8	0.0	0.0	63
PLFSOM	2015	96.6	1.7	1.7	0.0	58
PLFSOM	2014	93.6	2.1	4.3	0.0	47
Been denied opportunities for training or rewards based on race or ethnicity?						
All Medical Schools	2018	96.7	1.3	1.6	0.4	15335
PLFSOM	2018	98.7	0.0	0.0	1.3	77
PLFSOM	2017	98.7	0.0	1.3	0.0	77
PLFSOM	2016	100	0.0	0.0	0.0	63
PLFSOM	2015	96.6	1.7	1.7	0.0	58
PLFSOM	2014	100	0.0	0.0	0.0	47
Been subjected to racially or ethnically offensive remarks/names?						
All Medical Schools	2018	91.3	4.4	3.9	0.4	15324
PLFSOM	2018	90.9	7.8	0.0	1.3	77
PLFSOM	2017	97.4	0.0	1.3	1.3	77
PLFSOM	2016	95.2	0.0	3.2	1.6	63
PLFSOM	2015	94.8	1.7	3.4	0.0	58

39 During medical school, how frequently have you:

	Year	Percentage of Respondents Selecting Each Rating				Count
		Never	Once	Occasionally	Frequently	
PLFSOM	2014	87.2	2.1	10.6	0.0	47
Received lower evaluations or grades solely because of race or ethnicity rather than performance?						
All Medical Schools	2018	97.0	1.6	1.1	0.3	15325
PLFSOM	2018	96.1	2.6	1.3	0.0	77
PLFSOM	2017	97.4	2.6	0.0	0.0	77
PLFSOM	2016	100	0.0	0.0	0.0	63
PLFSOM	2015	100	0.0	0.0	0.0	58
PLFSOM	2014	100	0.0	0.0	0.0	47
Been denied opportunities for training or rewards based on sexual orientation?						
All Medical Schools	2018	99.4	0.2	0.3	0.1	15338
PLFSOM	2018	98.7	0.0	1.3	0.0	77
PLFSOM	2017	100	0.0	0.0	0.0	77
PLFSOM	2016	100	0.0	0.0	0.0	63
PLFSOM	2015	100	0.0	0.0	0.0	58
PLFSOM	2014	100	0.0	0.0	0.0	47
Been subjected to offensive remarks/names related to sexual orientation?						
All Medical Schools	2018	97.7	1.1	1.1	0.1	15337
PLFSOM	2018	98.7	0.0	1.3	0.0	77
PLFSOM	2017	1.3	0.0	0.0	34.6	78
PLFSOM	2016	0.0	0.0	0.0	25.4	67
PLFSOM	2015	0.0	0.0	4.9	24.6	61
PLFSOM	2014	0.0	0.0	0.0	51.0	49
Received lower evaluations or grades solely because of sexual orientation rather than performance?						
All Medical Schools	2018	99.4	0.3	0.2	0.0	15323
PLFSOM	2018	98.7	0.0	1.3	0.0	77
PLFSOM	2017	1.3	0.0	5.1	30.8	78
PLFSOM	2016	0.0	0.0	0.0	35.8	67
PLFSOM	2015	0.0	0.0	6.6	37.7	61
PLFSOM	2014	0.0	2.0	0.0	51.0	49
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation?						
All Medical Schools	2018	91.7	4.0	3.8	0.5	15316
PLFSOM	2018	90.9	6.5	2.6	0.0	77
PLFSOM	2017	90.9	5.2	3.9	0.0	77
PLFSOM	2016	96.8	0.0	1.6	1.6	63

Source of Negative Behaviors

Please indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply.

	PLFSOM					All Schools
	2014	2015	2016	2017	2018	2018
Preclerkship Faculty	4.3	1.7	0.0	0.0	1.3	2.6
Clerkship Faculty (class)	2.1	1.7	6.3	2.6	1.3	2.5
Clerkship Faculty (Clinical)	25.5	8.6	6.3	14.3	16.9	20.8
Resident/Inter	21.3	15.5	14.3	15.6	14.3	15.9
Nurse	10.6	1.7	1.6	2.6	3.9	4.8
Administrator	0.0	1.7	0.0	0.0	1.3	1.6
Other Institution Employee	4.3	3.4	1.6	1.3	1.3	5.0
Student	10.6	5.2	3.2	5.2	3.9	6.2
TOTAL	47	58	63	77	77	15,357

DRAFT

Graduated Student Surveys

The surveys of graduates and their program directors are based on the 13 entrustable activities that “all entering residents should be expected to perform on day 1 of residency without direct supervision, regardless of specialty.”[10] The thirteen core EPAs are:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

In addition, graduates are asked about their satisfaction with the school and program directors are asked about the MSPE. The AAMC has mapped the EPAs to the eight competency domains as:

Table 118: AAMC Mapping of EPAs to PGOs

AAMC Mapping of EPAs by Program Goals	Patient Care	Knowledge for Practice	Practice Based Learning & Improvement	Interpersonal and Communication Skills	Professionalism	Systems Based Practice	Interprofessional Collaboration	Personal & Professional Development
EPA 1:	✓	✓		✓	✓			
EPA 2:	✓	✓	✓	✓				✓
EPA 3:	✓	✓	✓			✓		
EPA 4:	✓	✓	✓	✓		✓		
EPA 5:	✓			✓	✓	✓		
EPA 6:	✓		✓	✓	✓			✓
EPA 7:		✓	✓					
EPA 8:	✓		✓	✓	✓			
EPA 9:				✓	✓	✓	✓	
EPA 10:	✓			✓				
EPA 11:	✓			✓	✓	✓		✓
EPA 12:	✓			✓	✓	✓		✓
EPA 13:		✓	✓	✓	✓	✓		

TTUHSC El Paso - PLFSOM Graduate - Director Surveys

Data Instrument

The data is collected using surveys delivered via Qualtrics survey platform. Survey items focus on the core entrustable activities expected of an incoming intern with an additional overall measure of performance/preparation. Both sets of respondents had the opportunity to provide narrative feedback as well.

Data collection

Methodology has been modified slightly from the first data collection in an effort to increase response rates.

For the class of 2014, data collection began in May and the survey was left open one month. An email was sent from the Associate Dean for Medical Education informing the recipients that the survey was being sent out and that we greatly appreciate individuals taking the time to complete the survey.

For the class of 2015, data collection began in February and the survey was left open 'till June. The notification process began with an initial email being sent directly from Qualtrics, with a follow-up email from the Director of Assessment & Evaluation and the Associate Dean for Medical Education.

For the class of 2016, a modified Dillman approach was adopted [11]. One month before survey launch, a letter was sent to the program directors informing them that the survey was coming and requesting confirmation of the email address at which the survey would be received. On the day of the survey launch, letters with the survey printed on the back were sent out to all residency program directors informing them they would also receive an emailed link to the survey, in case this was more convenient to them. Enclosed with each letter was a gourmet tea and coffee sample as a thank you for their time and feedback. The survey was left open for the same duration as 2015. This resulted in an increase in the response rate, with many directors emailing or mailing scans of the hardcopy survey.

Graduated Student Survey Results

Polling of graduates and their program directors began with the 1st graduating class of TTUHSC El Paso - PLFSOM's. In the 1st year, the response rate was too low to make the results meaningful. Beginning with the class of 2014 the survey was redesigned to reflect the entrustable activities for entering interns.

Residency Program Director Survey Results

Table 119: Results of Survey of Program Directors

EPA	Question	Answer	Percent of Respondents			
			C2014 (N=13)	C2015 (N=16)	C2016 (N= 46)	C2017 (N=49)
NA	This resident's standing in the program compared to others in his/her cohort?	Superior	26.7%	15.8%	30.4%	30.6%
		About the same	56.7%	79.0%	56.5%	55.1%
		Worse	16.7%	5.3%	13.0%	14.3%
1	Gather a history and perform a physical examination.	Superior	34.5%	5.3%	32.6%	20.4%
		About the same	58.6%	84.2%	58.7%	63.3%
		Worse	6.9%	10.5%	8.7%	16.3%
2	Prioritize a differential diagnosis following a clinical encounter.	Superior	30.0%	10.5%	26.1%	20.4%
		About the same	60.0%	79.0%	56.5%	65.3%
		Worse	10.0%	10.5%	17.4%	14.3%
3	Recommend and interpret common diagnostic and screening tests.	Superior	26.7%	5.3%	19.6%	24.5%
		About the same	70.0%	89.5%	73.9%	63.3%
		Worse	3.3%	5.3%	6.5%	12.2%
4	Enter and discuss orders and prescriptions.	Superior	27.6%	5.3%	21.7%	20.4%
		About the same	72.4%	89.5	73.9%	71.4%
		Worse	0.0%	5.3%	4.3%	8.2%
5	Document a clinical encounter in the patient record.	Superior	27.6%	5.3%	28.3%	30.6%
		About the same	69.0%	84.2%	60.9%	57.1%
		Worse	3.4%	10.5%	10.9%	12.2%
6	Provide an oral presentation of a clinical encounter.	Superior	31.0%	15.8%	28.3%	18.4%
		About the same	58.6%	68.4%	60.9%	67.3%
		Worse	10.3%	15.8%	10.9%	14.3%
7	Form clinical questions and retrieve evidence to advance patient care.	Superior	37.9%	5.3%	21.7%	14.3%
		About the same	62.1%	89.5%	67.4%	75.5%
		Worse	0.0%	5.3%	10.9%	10.2%
8	Give or receive a patient handover to transition care responsibility.	Superior	34.5%	5.3%	26.1%	36.7%
		About the same	65.5%	89.5%	67.4%	53.1%
		Worse	0.0%	5.3%	6.5%	10.2%
9	Collaborate as a member of an interprofessional team.	Superior	40.0%	36.8%	41.3%	14.3%
		About the same	50.0%	52.6%	56.5%	75.5%
		Worse	10.0%	10.5%	2.2%	10.2%
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Superior	31.0%	15.8%	23.9%	12.2%
		About the same	65.5%	79.0%	67.4%	83.7%
		Worse	3.4%	5.3%	8.7%	4.1%
11		Superior	20.7%	5.3%	21.7%	10.2%

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EPA	Question	Answer	Percent of Respondents			
			C2014 (N=13)	C2015 (N=16)	C2016 (N= 46)	C2017 (N=49)
	Obtain informed consent for tests and/or procedures.	About the same	75.9%	0.0%	73.9%	85.7%
		Worse	3.4%	94.7%	4.3%	4.1%
12	Perform general procedures of a physician.	Superior	20.0%	0.0%	23.9%	10.2%
		About the same	76.7%	100.0%	76.1%	83.7%
		Worse	3.3%	0.0%	0.0%	6.1%
13	Identify system failures and contribute to a culture of safety and improvement.	Superior	30.0%	5.3%	17.4%	34.7%
		About the same	70.0%	94.7%	80.4%	53.1%
		Worse	0.0%	0.0%	2.2%	12.2%
NA	The MSPE accurately reflected this resident's abilities.	Strongly Agree	3.3%	5.3%	23.9%	14.3%
		Agree	80.0%	73.7%	54.3%	63.3%
		Disagree	10.0%	0.0%	8.7%	6.1%
		Strongly disagree	0.0%	10.5%	0.0%	4.1%
		Not Sure	6.7%	10.5%	13.0%	12.2%

DRAFT

Graduate Survey Results

Table 120: Survey of Graduates Results

EPA Association	Question	Answer	Percent Responding			
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)	C2017 (N=35)
1	Gather a history and perform a physical examination	Strongly Agree	84.0%	46.0%	58.3%	68.6%
		Agree	16.0%	50.0%	33.3%	28.6%
		Slightly Agree	0.0%	5.0%	8.3%	2.9%
		Slightly Disagree	0.0%	0.0%	0.0%	0.0%
		Disagree	0.0%	0.0%	0.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%	0.0%
2	Prioritize a differential diagnosis following a clinical encounter	Strongly Agree	48.0%	23.0%	37.5%	34.3%
		Agree	32.0%	36.0%	54.2%	51.4%
		Slightly Agree	16.0%	27.0%	8.3%	11.4%
		Slightly Disagree	4.0%	9.0%	0.0%	2.9%
		Disagree	0.0%	5.0%	0.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%	0.0%
3	Recommend and interpret common diagnostic and screening tests	Strongly Agree	40.0%	18.0%	37.5%	28.6%
		Agree	44.0%	46.0%	45.8%	60.0%
		Slightly Agree	16.0%	23.0%	16.7%	11.4%
		Slightly Disagree	0.0%	9.0%	0.0%	0.0%
		Disagree	0.0%	5.0%	0.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%	0.0%
4	Enter and discuss orders and prescriptions	Strongly Agree	16.0%	5.0%	20.8%	11.4%
		Agree	28.0%	18.0%	16.7%	14.3%
		Slightly Agree	20.0%	36.0%	29.2%	34.3%
		Slightly Disagree	8.0%	9.0%	16.7%	8.6%
		Disagree	16.0%	18.0%	8.3%	20.0%
		Strongly Disagree	12.0%	14.0%	8.3%	11.4%
5	Document a clinical encounter in the patient record	Strongly Agree	56.0%	50.0%	33.3%	25.7%
		Agree	24.0%	32.0%	25.0%	28.6%
		Slightly Agree	12.0%	14.0%	16.7%	31.4%
		Slightly Disagree	4.0%	0.0%	8.3%	2.9%
		Disagree	4.0%	5.0%	8.3%	5.7%
		Strongly Disagree	0.0%	0.0%	8.3%	5.7%
6	Provide an oral presentation of a clinical encounter	Strongly Agree	52.0%	46.0%	45.8%	45.7%
		Agree	36.0%	32.0%	41.7%	37.1%
		Slightly Agree	4.0%	14.0%	4.2%	17.1%
		Slightly Disagree	0.0%	9.0%	0.0%	0.0%
		Disagree	4.0%	0.0%	8.3%	0.0%
		Strongly Disagree	4.0%	0.0%	0.0%	0.0%
7		Strongly Agree	44.0%	14.0%	37.5%	34.3%

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EPA Association	Question	Answer	Percent Responding			
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)	C2017 (N=35)
	Form clinical questions and retrieve evidence to advance patient care.	Agree	36.0%	46.0%	50.0%	45.7%
		Slightly Agree	16.0%	32.0%	8.3%	14.3%
		Slightly Disagree	4.0%	5.0%	4.2%	2.9%
		Disagree	0.0%	0.0%	0.0%	2.9%
		Strongly Disagree	0.0%	5.0%	0.0%	0.0%
8	Give or receive a patient handover to transition care responsibility.	Strongly Agree	28.0%	9.0%	16.7%	28.6%
		Agree	32.0%	18.0%	45.8%	25.7%
		Slightly Agree	20.0%	23.0%	12.5%	22.9%
		Slightly Disagree	8.0%	23.0%	16.7%	11.4%
		Disagree	4.0%	9.0%	4.2%	11.4%
9	Collaborate as a member of an interprofessional team.	Strongly Disagree	8.0%	18.0%	4.2%	0.0%
		Disagree	4.0%	9.0%	4.2%	5.7%
		Slightly Disagree	4.0%	0.0%	4.2%	0.0%
		Slightly Agree	0.0%	23.0%	4.2%	0.0%
		Agree	28.0%	27.0%	37.5%	31.4%
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Strongly Agree	64.0%	41.0%	50.0%	62.9%
		Strongly Disagree	4.0%	0.0%	0.0%	0.0%
		Disagree	4.0%	9.0%	4.2%	5.7%
		Slightly Disagree	4.0%	0.0%	4.2%	0.0%
		Slightly Agree	12.0%	27.0%	8.3%	8.6%
11	Obtain informed consent for tests and/or procedures.	Agree	40.0%	50.0%	37.5%	42.9%
		Strongly Agree	40.0%	23.0%	45.8%	48.6%
		Strongly Disagree	4.0%	0.0%	0.0%	0.0%
		Disagree	4.0%	0.0%	8.3%	0.0%
		Slightly Disagree	0.0%	0.0%	0.0%	0.0%
12	Perform general procedures of a physician.	Strongly Disagree	0.0%	5.0%	12.5%	0.0%
		Disagree	12.0%	0.0%	0.0%	2.9%
		Slightly Disagree	0.0%	5.0%	12.5%	2.9%
		Slightly Agree	16.0%	18.0%	20.8%	17.1%
		Agree	48.0%	59.0%	50.0%	45.7%
13	Identify system failures and contribute to a culture of safety and improvement.	Strongly Agree	24.0%	14.0%	12.5%	31.4%
		Strongly Disagree	0.0%	5.0%	4.2%	0.0%
		Disagree	12.0%	0.0%	0.0%	2.9%
		Slightly Disagree	0.0%	5.0%	4.2%	0.0%
		Slightly Agree	20.0%	18.0%	12.5%	17.1%
		Agree	36.0%	46.0%	66.7%	40.0%
		Strongly Agree	36.0%	23.0%	16.7%	40.0%
		Slightly Disagree	0.0%	5.0%	0.0%	2.9%

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EPA Association	Question	Answer	Percent Responding			
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)	C2017 (N=35)
		Disagree	4.0%	9.0%	4.2%	0.0%
		Strongly Disagree	4.0%	0.0%	0.0%	0.0%
NA	Overall, I was prepared to assume the roles and responsibilities of a first year resident in my specialty.	Strongly Agree	44.0%	24.0%	29.2%	34.3%
		Agree	22.0%	38.0%	45.8%	54.3%
		Slightly Agree	26.0%	14.0%	8.3%	8.6%
		Slightly Disagree	8.7%	10.0%	0.0%	2.9%
		Disagree	0.0%	10.0%	12.5%	0.0%
		Strongly Disagree	0.0%	5.0%	4.2%	0.0%
NA	If I had it to do over again, I would attend PLFSOM for my medical school training.	Strongly Agree	48.0%	52.0%	58.3%	40.0%
		Agree	44.0%	29.0%	25.0%	57.1%
		Slightly Agree	4.0%	10.0%	12.5%	2.9%
		Slightly Disagree	0.0%	10.0%	0.0%	0.0%
		Disagree	0.0%	0.0%	0.0%	0.0%
		Strongly Disagree	4.0%	0.0%	4.2%	0.0%
NA	I am happy with the career choice I made.	Strongly Agree	57.0%	52.0%	58.3%	62.9%
		Agree	35.0%	33.0%	25.0%	34.3%
		Slightly Agree	0.0%	10.0%	4.2%	2.9%
		Slightly Disagree	4.0%	5.0%	0.0%	0.0%
		Disagree	0.0%	0.0%	12.5%	0.0%
		Strongly Disagree	4.0%	0.0%	0.0%	0.0%

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