

# Annual Evaluation Report 2013-2014

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This report is a compilation report for the academic year. In compiling it, we have synopsised data from several sources.



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
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## COURSE SCHEMATIC FOR THE ACADEMIC YEAR

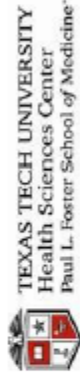
MI& M2

July	Aug	Dec	Jan	May		
<b>SCI</b>	SPM Unit 1 Health & Disease	SPM Unit 2 Musculo-skeletal/ Derm	SPM Unit 3 GI System	SPM Unit 4 Liver and Hematology	SPM Unit 5 Cardio/ Pulmonary	<b>C E Y E</b>
<b>Medical Skills</b>						
<b>Master's Colloquium</b>						
<b>Society, Community and the Individual</b>						
<b>SPM</b>	Scientific Principles of Medicine					
<b>SCI</b>	Society, Community, and Individual					
<b>CEYE</b>	Comprehensive End of the Year Exam					

Aug	Dec	Jan	May	June			
SPM Unit 6 CNS/ Special Senses	SPM Unit 7 Renal System	SPM Unit 8 Endocrine System	SPM Unit 9 Reproduction System	SPM Unit 10 Mind and Human Development	SPM Unit 11 Integration of Systems	End of Year OSCE and CBSE	<b>Self Study and USMLE Step 1</b>
<b>Medical Skills</b>							
<b>Master's Colloquium</b>							
<b>Society, Community and the Individual</b>							

OSCE      Objective Structured Clinical Examination  
 CBSE      Comprehensive Basic Science Examination

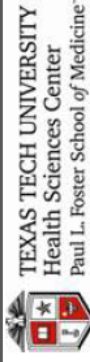
**MSI ACADEMIC CALENDAR 2013- 2014  
GRADUATING CLASS OF 2017**



	START DATE	END DATE
SCT Language & Culture Immersion & Orientation	07/08/13	07/26/13
Unit 1 Introduction to Health and Disease	07/29/13	08/30/13
<i>Labor Day</i>	09/02/13	09/02/13
Summative and OSCEs Exam Week	09/02/13	09/06/13
Unit 2 Neuroanatomical and Integumentary Systems	09/09/13	10/25/13
Summative and OSCEs Exam Week	10/28/13	11/01/13
Unit 3 Gastrointestinal System	11/04/13	12/06/13
<i>Thanksgiving Break</i>	11/28/13	11/29/13
Summative and OSCEs Exam Week	12/09/13	12/13/13
<i>Christmas Holiday Break</i>	12/16/13	01/06/14
Unit 4 Liver and Hematology	01/06/14	02/14/14
<i>Martin Luther King Jr. Day</i>	01/20/14	01/20/14
Summative and OSCEs Exam Week	02/17/14	02/21/14
Unit 5 Cardiovascular/ Respiratory	02/24/14	04/18/14
<i>Spring Break</i>	03/17/14	03/21/14
Summative and OSCEs Exam Week	04/21/14	04/25/14
<b>Self-Study</b>	04/28/14	05/08/14
<b>CEYE EXAM</b>	05/09/14	05/09/14
Summer Break	05/12/14	05/23/14
Scholarly Activity Research Program (SARP)	05/26/14	06/27/14
<b>CEYE Remediation Dates May 16<sup>th</sup>, May 30<sup>th</sup></b>		
<b>Course Remediation Dates: May 1st, May 15<sup>th</sup></b>		

July	August	September
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
October	November	December
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
January	February	March
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
April	May	June
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

MSII ACADEMIC CALENDAR 2013-2014  
GRADUATING CLASS OF 2016



	START	END
Summer Break	07/02/13	07/26/13
Unit 6: CNS and Special Senses	07/29/13	09/17/13
<i>Labor Day</i>	09/02/13	09/02/13
Summative and OSCE Exam Week	09/18/13	09/20/13
Unit 7: Renal System	09/25/13	10/29/13
Summative and OSCE Exam Week	10/30/13	11/01/13
Unit 8: Endocrine System	11/06/13	12/10/13
<i>Thanksgiving Break</i>	11/28/13	11/29/13
Summative and OSCE Exam Week	12/11/13	12/13/13
<i>Christmas Holiday Break</i>	12/16/13	01/01/14
Unit 9: Reproduction	01/02/14	02/11/14
<i>Martin Luther King Jr. Day</i>	01/20/14	01/20/14
Summative and OSCE Exam Week	02/12/14	02/14/14
Unit 10: Mind and Human Development	02/19/14	04/09/14
<i>Spring Break</i>	03/17/14	03/21/14
Summative and OSCE Exam Week	04/09/14	04/11/14
Unit 11 Integration of Systems	04/14/14	05/02/14
Exam Remediation 1 <sup>st</sup> Rd	05/08/14	05/08/14
Exam Remediation 2 <sup>nd</sup> Rd	05/22/14	05/22/14
Summative and OSCE Exam	04/24/14	05/02/14



### M3

16 Weeks	16 Weeks	16 Weeks
<ul style="list-style-type: none"> <li>- Internal Medicine general</li> <li>- selective (2 weeks)</li> <li>- Psychiatry</li> </ul>	<ul style="list-style-type: none"> <li>- Obstetrics-Gynecology</li> <li>- Pediatrics</li> </ul>	<ul style="list-style-type: none"> <li>- Family Medicine</li> <li>- Surgery</li> <li>- general (6 weeks)</li> <li>- selective (4 weeks)</li> </ul>
<ul style="list-style-type: none"> <li>- Integrated Teaching and Learning Experiences</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated Teaching and Learning Experiences</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated Teaching and Learning Experiences</li> </ul>
<ul style="list-style-type: none"> <li>- Longitudinal Selective in Psychiatry</li> </ul>	<ul style="list-style-type: none"> <li>- Maternal/Fetal/ Neonate Experience</li> </ul>	<ul style="list-style-type: none"> <li>- Longitudinal Selective in Family Medicine</li> </ul>
<p><b>Threads:</b> Geriatrics, Basic Sciences, Ethics, Professionalism, EBM, Patient Safety, Pain Management, Chronic Illness Care, Palliative Care, Quality Improvement, Communication Skills, Diagnostic Imaging, Clinical Pathology, Clinical and Translational Research.</p>		

### M4

Year Four Curriculum							
4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Sub Internship	Critical Care	Emergency Medicine	Neurology	Elective	Elective	Elective	Flex Scheduling
<p><b>Threads:</b> Geriatrics, Basic Sciences, Ethics, Professionalism, EBM, Patient Safety, Pain Management, Chronic Illness Care, Palliative Care, Quality Improvement, Communication Skills, Diagnostic Imaging, Clinical Pathology, Clinical and Translational Research</p>							

## MATRICULANTS' CHARACTERISTICS

PLFSOM average matriculants (2009-2014) scores	Mean	Median	Std. Deviation	Minimum	Maximum	N	
						Valid	Missing
Over all GPA	3.67	3.69	.22	2.90	4.00	459	3
Science GPA	3.62	3.61	.24	2.60	4.00	459	3
Non-Science GPA	3.74	3.81	.26	2.55	4.00	455	7
MCAT total	28.58	28	2.87	21	38	459	3
Verbal Reasoning	9.15	9.00	1.62	3	14	459	3
Physical Sciences	9.44	9.00	1.64	6	15	459	3
Biological Sciences	9.98	10.00	1.31	6	14	459	3

Our matriculants come in with significantly lower MCAT scores than the national average.<sup>1</sup> They do, however, not differ in their grade point averages.

Means Test Results: PLFSOM average matriculants (2009-2014) scores compared to national average scores for matriculants	PLFSOM Mean	National Mean <sup>i</sup>	p value
Over all GPA	3.67	3.68	.161
Science GPA	3.62	3.62	.669
Non-Science GPA	3.74	3.75	.394
MCAT total	28.58	31.2	>.000
Verbal Reasoning	9.15	9.00	.048
Physical Sciences	9.44	10.5	>.000
Biological Sciences	9.98	10.9	>.000

## MI & M2 CURRICULUM INFORMATION

### Student Curricular Hours

(the number of hours a student is expected in curricular activities)

	Unit	Unit Based Hours			Semester Based Hours		
		Session Type	SPM	Medical Skills	Session Type	SCI	Masters Colloquium
Semester I	Immersion & Introduction to Health and Disease	Lab	10.0		Large Group	13	30
		Large Group	4.0				
		Lecture	41.0				
		Large/Small	18.0	2			
		Optional	2.0		Lecture	25.5	
		Simulation		8			
		Self-Taught	5.0				
		Work Case	10.0				
	Integumentary, Musculoskeletal and Nervous Systems	Lab	16.5		Large/Small	1.5	6
		Large Group	2.0				
		Lecture	54.5				
		Large/Small	10.0	6			
		Optional	14.0		Reflection		0.25
		Review Session	1.0				
		Self-Taught	6.5				
		Simulation		8			
		TBL	2.0				
	Work Case	14.0					
	Gastrointestinal System	Lab	13.0		Self-Taught	2	
		Large Group	2.0				
		Lecture	35.0				
		Large/Small	7.0				
		Optional	6.0		Small Group	82.5	
		Self-Taught	1.0				
		Simulation		8			
		Work Case	10.0				



	Unit	Unit Based Hours			Semester Based Hours		
			SPM	Medical Skills		SCI	Master's Colloquium
Semester II	Hematologic System	Lab	2.0		Large Group	6	42
		Large Group	5.0				
		Lecture	42.5				
		Large/Small	8.5	6	Lecture	2	
		Office		2			
		Review Session	1.0				
		Self-Taught	8.0				
		Simulation		4			
		Work Case	10.0		Self-Taught	2	
	Cardiovascular and Respiratory Systems	Lab	11.0				
		Large Group	21.0				
		Lecture	48.0				
		Large/Small	11.5	2			
		Optional	11.5				
		Self-Taught	9.0				
		Simulation		12			
		TBL	214.0		Reflection		2
Work Case							

## Outcomes

### IN HOUSE EXAMS

We provide the students 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 administered before 1 July 2014. Please note that items may be classified as more than one discipline and that the number of items (Num Items) affects the sensitivity of the mean to single item changes.

MI & M2 Averages	Class of 2013		Class of 2014		Class of 2015		Class of 2016		Class of 2017 to date	
Discipline	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items
Anatomy	70.38	77	74.11	96	72.72	85	74.92	108	69.34	82
Behavior	66.63	33	82.78	48	75.94	19	78.25	53	84.96	3
Biochemistry	68.25	60	75.85	85	75.16	84	73.16	92	61.61	67
Cell and Molecular Biology	68.3	15	81.14	14	75.65	24	78.77	21	63.38	14
Embryology	71.88	38	70.63	30	70.11	39	66.83	40	67.24	20
Histology	79.11	29	76.99	33	75.88	45	72.26	51	78.32	29
Immunology	77.57	60	81.72	62	81.33	78	80.04	98	76.1	73
Medical Genetics	76.46	31	78.43	31	78.7	52	79.32	67	76.43	31
Microbiology	73.15	64	77.23	76	75.34	97	79.3	116	70.39	88
Neuro-anatomy	71.21	52	74.67	90	76.78	77	68.2	59	65.7	7
Neuroscience / Special senses	71.02	20	66.31	9	69.22	29	66.88	45	61.67	26
Pathology	81.88	118	84.67	126	84.84	167	84.1	182	78.59	97
Pharmacology	75.56	87	75.79	105	71.24	114	75.82	112	73.74	58
Physiology	80.37	148	80.74	172	80.91	195	80.4	196	77.32	95
Scheme	81.7	130	82.36	144	79.33	122	82.12	159	79.25	66

### CEYE

The CEYE is a customized exam compiled from NBME items by our faculty and given to the students at the end of their first year. We calculate first time pass rate and other statistics based on the class the student was originally part of.

Class	High Score	Low Score	Median	Mean	Std Dev
<b>All Classes Average</b>	88.1	58.3	73.2	73.2	6.9
2013	88.5	57.0	70.0	71.1	7.8
2014	85.0	58.5	71.5	71.6	6.5
2015	89.0	58.5	72.0	72.7	6.8
2016	90.0	59.5	77.5	76.6	7.0
2017	88.0	58.0	75.0	74.2	6.4

### STEP I

At the end of the second year, students take STEP I; passing is required in order to continue into the M3 year. We calculate first time pass rate and other statistics based on the class the student was originally part of. A student who, for example, was in

the class of 2014 but moved to the class of 2015 because s/he had to retake the STEP exam, is included in the calculations for the class of 2014.

Class	First time pass rate	High Score	Low Score	Median 3 digit score	Mean 3 digit score	Std Dev 3 digit score
All Classes Average	98%	266	179	229.1	229.0	17.6
2013	97%	266	179	223.0	224.0	18.7
2014	98%	255	179	233.0	230.1	17.5
2015	100%	262	195	224.5	225.5	18.4
2016	98%	264	187	236.0	236.1	15.8

## Evaluation Results

For the evaluation data, quantitative data is reported for the prior 5 years. We believe that this provides enough data to begin to follow trends. It should be noted, however, that we have added and removed questions throughout the 5 year cycle. As a result, some items will have blanks across the table for those items not measured in any given cycle. In addition, changes to both the questions and the curricular structure (units dividing, for instance) can make the trend data misleading. Further, please note class size changes also influence the volatility of the measures; as the class size has grown, a single student's response has less impact on the mean.

Evaluation items, with the exception of the learning environment questions, use a 5 point Likert scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, and 5 strongly agree. All items using this scale are worded for the desired outcome so we have informed the course directors that they should be aiming for an average response of 4.0 or higher.

Qualitative data from the evaluation reports has been summarized into top strengths and suggestions keywords. We created this from each evaluation reports thematic analysis of the comments. Any theme with 4 or more individuals commenting on it was included by its summarizing word. In order to keep the report shorter, we have not included an appendix with the full comments. A copy of the full report is available on request. Please note that some themes had only strengths or suggestions.

### SCIENTIFIC PRINCIPLES OF MEDICINE

#### *Introduction to Health and Disease Quantitative Data Trends*

	2013	2014	2015	2016	2017
This unit was well organized.	3.0	4.2	4.0	4.3	4.1
The learning objectives were clearly identified.	--	4.0	4.0	4.3	4.3
The course met the identified learning objectives.	--	4.0	3.9	4.3	4.3
The order of the clinical presentation skills made sense to me.	--	4.0	3.9	4.3	4.3
The basic science material was well integrated.	3.4	4.2	4.0	4.3	4.1
The amount of material presented was reasonable.	2.7	4.1	3.8	4.2	4.2
I knew what I was supposed be learning and why.	--	4.0	3.5	4.2	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.5	3.9	3.6	4.2	
The lectures helped me learn the material.	--	3.9	3.9	4.0	4.0
The Self-taught sessions helped me learn the material.	--	--	--	3.9	3.8
The clinical presentation 'schemes' contributed to my learning in this unit.	4.1	--	4.0	4.4	4.3
The process worksheets contributed to my learning in this unit.	3.9	--	3.7	4.3	4.2
The Work Case Examples helped me learn the material.	4.8	4.5	4.1	4.5	4.3
Anatomy Labs helped me learn the material.	--	3.2	3.5	4.2	--
Microbiology Labs helped me learn the material.	--	3.2	2.6	3.6	--
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	--	3.9	--
Overall, I learned useful knowledge and/or skills during this unit.	4.0	4.5	4.5	4.5	--
N	29	60	84	81	101
Class size at date	39	60	87	81	103
Response Rate	74%	100%	97%	100%	98%

Organization – Suggestions: work on flow of material, it was disjointed. Strengths: weekly schedule and organization of unit.

Integration – Suggestions: improve cohesion between the basic sciences and lectures/schemes. Strengths: courses and integration of curriculum.

Objectives – Suggestions: organize objectives in a list format to include more detail and explicitly address them in lectures. Strengths: objectives clearly defined and stated.

Schemes – Suggestions: rework schemes, they were not helpful and vague. Strengths: integration of information and organization.

Exams – Suggestions: better anticipate technical difficulties when administering formatives and summatives. Strengths: formatives were helpful in gauging progress and weaknesses.

Practice Problems – Suggestions: assign additional practice problems to help better retain the material.

Material Availability – Suggestions: upload and make material available on Blackboard, at minimum, a day before the lecture as opposed to being posted hours before. Strengths: convenience of course material availability, calendar linkage to notes, and class recordings.

Presentation Style – Suggestions: increase number of interactive lectures and include more group activities (reading off of PowerPoint slides did not assist in the learning process). Strengths: q&a lectures, vignette type questions, and use of videos during class.

Covering Material in Class – Suggestions: improve time management professors in lectures (professors were unable to cover material in the time allotted and forced to rush through explanations). Strengths: informative lectures and helpful vignettes.

Self-taughts – Suggestions: include brief discussions after self-taughts from professors to reinforce concepts.

Anatomy – Suggestions: organize and improve accessibility of material (e.g., material having to be searched through multiple books). Strengths: clinical relevance of subject material, use of STS during labs, and TA sessions.

Biochemistry – Strengths: vast amount of resources provided and group question game.

Histology – Suggestions: schedule additional histology labs, create a question bank, and incorporate more hands on activities.

Immunology – Strengths: PowerPoints, lectures, and Dr. Piskurich’s teaching style.

Microbiology – Suggestions: organize PowerPoint presentation material, condense lecture material, and reduce group sizes.

Pathology – Strengths: organization of lectures and PowerPoint presentations, relevancy, and professors (e.g., Drs. Sparks and Velasco).

Physiology – Strengths: components taught well and integration of material.

***Neuromusculoskeletal and Integumentary Systems Quantitative Data Trends***

	2013	2014	2015	2016	2017
This unit was well organized.	2.8	3.4	2.5	3.2	3.8
The learning objectives were clearly identified.	--	3.5	3.0	3.7	4.2
The course met the identified learning objectives.	--	3.6	3.2	3.7	4.2
The order of the clinical presentation skills made sense to me.	--	3.9	3.2	3.5	3.8
The basic science material was well integrated.	3.0	3.8	3.3	3.9	4.2
The amount of material presented was reasonable.	3.4	2.9	2.7	3.1	3.3
I knew what I was supposed be learning and why.	--	3.6	3.0	3.6	4.1
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	2.8	3.2	3.0	3.1	4.1
The lectures helped me learn the material.	--	3.7	3.7	3.9	4.1
The Self-taught sessions helped me learn the material.	--	--	--	3.4	3.5
The clinical presentation ‘schemes’ contributed to my learning in this unit.	4.2	3.9	3.3	3.9	4.1
The process worksheets contributed to my learning in this unit.	3.7	3.6	3.2	3.8	3.8
The Work Case Examples helped me learn the material.	4.7	4.4	4.2	3.7	4.3
Anatomy Labs helped me learn the material.	--	2.4	2.7	3.6	3.4
Microbiology Labs helped me learn the material.	--	--	2.8	3.0	3.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	--	3.7	4.0
Overall, I learned useful knowledge and/or skills during this unit.	4.0	4.2	4.1	4.3	4.5
N	31	57	64	77	101
Class size at date	39	60	87	81	103

	2013	2014	2015	2016	2017
Response Rate	79%	95%	74%	95%	98%

### *Neuromusculoskeletal and Integumentary Systems Themes*

Organization – Suggestions: improve organization of course, specifically during the last two weeks. Strengths: organization of material into clinical presentations and CPs in appropriate order.

Course Load – Suggestions: reduce number of material covered in the last two weeks before the exam (first few weeks were light).

Objectives – Suggestions: objectives need to be clearly stated and defined. Strengths: objectives were clearly stated and easy to follow.

Schemes/WCE Sessions/ Process Worksheets – Suggestions: rework schemes so that they are useful/helpful and condense information on process worksheets. Strengths: schemes were informative and relevant to material covered in lectures.

Integration – Suggestions: reorganize material, there was too much overlap between certain disciplines and very little coverage of others. Strengths: lectures related to one another and were well integrated.

Self-taughts – Suggestions: reduce number of self-taughts, specifically those for biochemistry and pathology.

Time Allotted for Studying – Suggestions: increase time given to study for the summative and for the abundance of information presented

Anatomy – Suggestions: rework anatomy test questions (not reflective of what was taught), material presented needs to be more straightforward, clearly state and address objectives in lectures, improve relevancy of labs and what is tested on the exam, and restructure STS sessions. Strengths: class material assisted in visualizing many diagnoses and provided ways of remembering concepts.

Dermatology – Strengths: section well presented, particularly the 3rd and 4th week.

Neuro – Suggestions: reorganize neuro portion and provide the adequate amount of time necessary to properly cover all of the material. Strengths: interesting and well taught material, portions were well integrated, and organized presentations.

Pathology – Suggestions: reorganize pathology lectures and schedule them earlier in the week. Strengths: organization of presentations and material, effectively presented material, and Drs. Padilla and Velasco's teaching style/technique.

Pharmacology – Strengths: Dr. Quest's supplemental objective overview documents and interesting and well taught material.

Additional Resources / Study Aids to Consider – Suggestions: increase number of q&a sessions, create question banks, and assign different/additional textbooks to supplement what was taught in class. Strengths: Dr. Pfarr's quizzes, Dr. Velasco's path slides, Drs. Brower and Padilla's PowerPoints, and Dr. Quest's annotated objective documents.

Online Postings/Resources – Suggestions: provide video recordings of all lectures and make them available online; upload materials prior to lecture.

Exams – Suggestions: rework exam questions so that they are reflective of the material taught in class.

### *Gastrointestinal System Quantitative Data Trends*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.9	4.5	4.1	4.4	4.5
The learning objectives were clearly identified.	--	4.5	3.9	4.3	4.4
The course met the identified learning objectives.	--	4.4	3.9	4.3	4.4
The order of the clinical presentation skills made sense to me.	--	4.3	4.2	4.3	4.5
The basic science material was well integrated.	--	4.6	4.1	4.4	4.5
The amount of material presented was reasonable.	4.5	4.2	4.0	4.4	4.5
I knew what I was supposed be learning and why.	--	4.5	3.9	4.3	4.4
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.5	4.1	3.6	4.2	4.3
The lectures helped me learn the material.	--	4.1	3.9	4.1	4.3
The Self-taught sessions helped me learn the material.	--	--	3.5	3.7	4.0

Class of	2013	2014	2015	2016	2017
The clinical presentation 'schemes' contributed to my learning in this unit.	4.5	4.2	4.2	4.3	4.4
The process worksheets contributed to my learning in this unit.	3.9	4.0	3.9	4.0	4.0
The Work Case Examples helped me learn the material.	4.9	4.8	4.5	4.5	4.4
Anatomy Labs helped me learn the material.	--	3.4	3.3	3.4	2.7
Microbiology Labs helped me learn the material.	--	3.6	3.0	3.3	3.9
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	3.9	4.0	4.2
Overall, I learned useful knowledge and/or skills during this unit.	4.7	4.6	4.4	4.5	4.6
N	28	44	79	83	101
Class size at date	39	60	87	83	103
Response Rate	72%	73%	91%	100%	98%

### *Gastrointestinal System Themes Summary of Qualitative Data Themes*

Organization – Suggestions: reduce number of material covered week before Thanksgiving break, provide additional time off for the Thanksgiving holiday, and reorganize disciplines. Strengths: flow/progression of the course material and the integration of the basic sciences into the clinical presentations.

Objectives – Suggestions: clearly define objectives, specifically in anatomy.

Integration – Suggestions: incorporate more real-world examples in the WCEs. Strengths: well integrated disciplines/subjects and WCEs.

Schemes/Process Worksheets – Suggestions: reduce length of PWs and work on organization. Strengths: Dr. Wood's PWs, helpful WCEs, and overall organization of the material.

Lecture Material – Strengths: reasonable amount of material presented and Drs. Padilla, Velasco, and Quest's PowerPoints and notes.

Anatomy – Suggestions: rework videos provided by Dr. Beale (too lengthy), provide additional resources for anatomy, and state the focus/expectations for the course.

Non-STs Sessions – Suggestions: improve anatomy sessions, they were ineffective, disorganized, and lacked objectives/expectations.

Microbiology – Suggestions: reorganize material, reformat presentations, improve integration of material, and designate more time during lab sessions. Strengths: laboratory sessions, improved organization of course material and presentations, and relevant use of handouts.

Pathology – Suggestions: reduce amount of material presented, rework pathology questions written by Dr. Do, and improve integration of pathology schemes. Strengths: course material, presentation and delivery of information.

Pharmacology – Suggestions: state and provide objectives/expectations, improve organization of lectures, and reduce the large number of self-taught sessions scheduled. Strengths: explanations of drugs and mechanisms and quick notes.

Physiology – Strengths: Dr. Osborne's lectures and online postings.

Exams – Suggestions: rethink number of test questions per discipline (they were not representative of amount of lecture material taught) and review questions prior to exam.

Self-assessments – Suggestions: increase number of self-assessments/practice questions and assure that all follow the same format. Strengths: self-check quizzes and quiz material posted online.

### *Liver and Hematology Quantitative Data Trends*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.9	4.5	4.4	4.2	4.5
The learning objectives were clearly identified.	--	4.5	4.3	4.2	4.4
The course met the identified learning objectives.	--	4.4	4.3	4.2	4.4

Class of	2013	2014	2015	2016	2017
The order of the clinical presentation skills made sense to me.	--	4.3	4.3	4.3	4.5
The basic science material was well integrated.	--	4.6	4.3	4.3	4.4
The amount of material presented was reasonable.	4.5	4.2	4.1	4.2	4.4
I knew what I was supposed be learning and why.	--	4.5	4.2	4.3	4.4
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.5	4.1	4.0	4.1	4.3
The lectures helped me learn the material.	--	4.1	4.3	4.1	4.4
The Self-taught sessions helped me learn the material.	--	--	3.9	4.0	3.8
The clinical presentation 'schemes' contributed to my learning in this unit.	4.5	4.2	4.2	4.1	4.3
The process worksheets contributed to my learning in this unit.	3.9	4.0	4.1	3.7	4.0
The Work Case Examples helped me learn the material.	4.9	4.8	4.5	4.5	4.5
Anatomy Labs helped me learn the material.	--	3.4	3.1	3.4	3.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	--	4.2	4.1
Overall, I learned useful knowledge and/or skills during this unit.	4.7	4.6	4.5	4.4	4.6
N	28	44	83	76	103
Class size at date	39	60	87	83	103
Response Rate	72%	73%	95%	92%	100%

#### ***Liver and Hematology Summary of Qualitative Data Themes***

Organization – Suggestions: evenly distribute amount of material throughout the weeks, rethink order of presentations and scheduling of WCE sessions before formatives. Strengths: flow of material, progression through schemes, and transition from GI to heart/lungs.

Schemes/Process Worksheets – Suggestions: condense PWs and improve correlation between PWs and lectures. Strengths: information given to work through cases and progression of case presentations.

Integration – Strengths: integration between basic sciences and schemes and organized, logical flow of material.

Self-taught Biochemistry Sessions – Suggestions: limit number of self-taughts scheduled, they were not conducive to learning due to the overwhelmingly difficult material assigned for reading and studying.

Biochemistry – Suggestions: reduce number of biochemistry summative exam questions, clearly state objectives/expectations, and provide practice questions for studying. Strengths: Dr. Hogg's concise method of teaching and delivery information.

Microbiology – Suggestions: find a consistent way to present each organism and improve emphasis of subject matter on exam.

Pathology – Suggestions: assure that all material presented by professors is consistent and accurate and revise number of exam questions so that they are representative of the amount material taught. Strengths: Dr. Padilla's teaching and lectures.

Lecture Material – Suggestions: improve and reorganize material provided by Drs. Bramblett (more summary charts requested), Janssen (material should be given before lectures), and Ozer (recommended use of quick notes). Strengths: course load and manageability of study material.

Availability of Material – Suggestions: assure that materials are posted in advance and request all lectures be recorded.

Review Sessions – Suggestions: provide additional biochemistry review sessions and additional overview/summaries of material taught in lectures. Strengths: well-presented and structured self-study information/material.

Self-assessments/Quizzes – Suggestions: schedule additional interactive/small group sessions and provide similar self-quizzes such as those created by Drs. Bramblett and Baatar.

Exams – Suggestions: change Friday afternoon formatives after WCE sessions, reduce number of biochemistry questions on summative, and separate formatives for weeks 2 & 3.



### *Cardiovascular/Respiratory Quantitative Data Trends*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.5	3.9	3.8	3.9	4.4
The learning objectives were clearly identified.	--	4.2	3.9	4.0	4.3
The course met the identified learning objectives.	--	4.1	3.9	4.1	4.4
The order of the clinical presentation skills made sense to me.	--	4.0	3.8	3.9	4.4
The basic science material was well integrated.	3.9	4.1	4.1	3.9	4.5
The amount of material presented was reasonable.	4.4	4.2	3.6	3.9	4.1
I knew what I was supposed be learning and why.	--	4.2	4.0	3.9	4.4
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.7	4.1	3.7	3.7	4.3
The lectures helped me learn the material.	--	4.0	3.9	3.9	4.3
The Self-taught sessions helped me learn the material.	--		3.7	3.8	3.8
The clinical presentation 'schemes' contributed to my learning in this unit.	3.7	4.1	3.8	4.1	4.2
The process worksheets contributed to my learning in this unit.	3.3	4.1	3.8	4.0	4.0
The Work Case Examples helped me learn the material.	4.4	4.6	4.3	4.4	4.5
Anatomy Labs helped me learn the material.	--	3.5	3.3	3.8	3.5
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	3.8	4.0	4.1
Overall, I learned useful knowledge and/or skills during this unit.	4.6	4.4	4.3	4.3	4.5
N	34	42	84	77	101
Class size at date	37	60	87	83	103
Response Rate	92%	70%	97%	93%	98%

### *Cardiovascular/Respiratory Summary of Qualitative Data Themes*

Organization – Suggestions: reduce amount of material covered and separate material into two units. Strengths: organization of unit and lecture materials.

Integration – Suggestions: improve integration between cardio and pulmonary. Strengths: relevancy and integration of concepts across disciplines and subjects.

Schemes/Process Worksheets – Suggestions: reduce number of schemes presented, improve Dyspnea scheme (it was not useful/helpful because of its vagueness). Strengths: WCEs and PWs, both were well integrated week by week and organized.

Lecture Material – Suggestions: improve organization of material and provide additional practice on x-rays, CTs, and EKGs. Strengths: ECG and heart sounds lecture, amount of course work, and relevancy of material presented.

Anatomy – Suggestions: improve organization of laboratory sessions, provide additional information on CT scans and X-rays (many questions on those topics were seen on exams), and provide guidance. Strengths: Dr. Gest's lectures (presented material in a clear and understandable manner).

Biochemistry – Suggestions: reduce number of self-taught sessions, increase lectures given by Dr. Hogg and scale down the information.

Pharmacology – Suggestions: organize lectures, increase time allocated for pharmacology.

Pathology – Strengths: Dr. Velasco's lectures (organized and effective).

Physiology – Suggestions: improvement is needed in Dr. Janssen's teaching style (lectures were not helpful, the way in which the material was presented made it difficult to understand) and answer explanations to questions should be provided regardless of attendance. Strengths: Drs. Janssen and Osborne's lectures, audio recordings, and q & a lecture sessions.

Self-taughts – Suggestions: remove most of the self-taught sessions scheduled, particularly those for biochemistry and pathology. Strengths: practice questions and cases.

Exams – Suggestions: reexamine material tested on exams, questions were composed of material that was not previously taught in lectures. Strengths: scheduling of summative, specifically the two extra days for studying.

Self-assessments/Quizzes – Suggestions: add more online quizzes and case studies to review.

Posting/Availability of Material – Suggestions: provide additional PowerPoints, recorded lectures, and class materials on Blackboard.

### *CNS and Special Senses Quantitative Data Trends*

Class of	2013	2014	2015	2016
This unit was well organized.	3.8	3.6	3.4	3.2
The learning objectives were clearly identified.	4.1	3.8	3.7	3.8
The course met the identified learning objectives.	4.0	3.9	3.8	3.6
The order of the clinical presentation skills made sense to me.	4.1	3.8	3.7	3.5
The basic science material was well integrated.	2.9	3.8	4.0	3.7
The amount of material presented was reasonable.	4.2	4.0	3.6	3.5
I knew what I was supposed be learning and why.	3.8	4.0	3.7	3.8
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.1	3.8	3.8	3.7
The lectures helped me learn the material.	3.8	3.9	4.0	3.9
The Self-taught sessions helped me learn the material.	--	--	3.3	3.1
The clinical presentation 'schemes' contributed to my learning in this unit.	4.3	3.3	3.9	3.7
The process worksheets contributed to my learning in this unit.	4.3	3.0	3.8	3.6
The Work Case Examples helped me learn the material.	4.1	3.8	4.2	4.3
Microbiology Labs helped me learn the material.	2.8	3.6	3.9	--
Physiology Labs helped me learn the material.	--	--	3.5	--
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	3.7	3.7
Overall, I learned useful knowledge and/or skills during this unit.	4.4	4.1	4.3	
N	32	64	81	76
Class size at date	39	64	87	83
Response Rate	82%	100%	93%	92%

### *CNS and Special Senses Summary of Qualitative Data Themes*

Organizations – Suggestions: reduce amount of time spent on eye course material, too much material was covered at once and some should be taught at the beginning of the unit to more evenly distribute the information. Strengths: organization of schemes, course material, and overall unit.

Schemes/Process Worksheets – Suggestions: improve flow and integration of schemes. Strengths: organization of schemes and PWs.

Post Material in a Timely Manner – Suggestions: post online lectures, PowerPoints, and other course materials before the scheduled lectures.

Exams – Suggestions: revisit exam questions to assure that they are representative of the material covered in lectures reduce number of microbiology questions.

Gaps/Holes/Content – Suggestions: reduce number of gaps in material, specifically for topics such as blood brain barrier, normal CNS cells, internuclear monophthalmoplegia, and general pathology and neuro.

Self-taughts – Suggestions: rethink material provided in the EEG pathology self-study sessions so that it is helpful and effective.

Anatomy – Suggestions: reorganize and split individuals into smaller groups in laboratory sessions, spend more time covering topics such as CT and MRI structures. Strengths: the brain and “dry” anatomy labs.

Microbiology – Suggestions: condense microbiology lecture material and reorganize the data that is presented.

Study Aids and Other Learning Modules – Suggestions: provide more practice questions to study with, explanations outside of class, and WCE cases to take home. Strengths: neuroscience lectures, material provided in PowerPoint presentations, and the micro lectures.

Faculty – Strengths: lectures by Drs. Nestic-Taylor, Pfarr, Quest, De la Torre, Jaraba, Brower and Diaz.

### *Renal System Quantitative Data Trends*

	2013	2014	2015	2016
This unit was well organized.	3.4	3.7	3.6	3.5
The learning objectives were clearly identified.	3.3	4.0	3.7	3.8
The course met the identified learning objectives.	3.6	3.9	3.7	3.7
The order of the clinical presentation skills made sense to me.	3.7	3.7	3.8	3.6
The basic science material was well integrated.	3.3	3.7	3.8	3.6
The amount of material presented was reasonable.	3.6	4.1	4.0	4.0
I knew what I was supposed be learning and why.	3.4	3.9	3.6	3.6
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	2.6	3.6	3.4	3.7
The lectures helped me learn the material.	3.8	3.6	3.6	3.6
The Self-taught sessions helped me learn the material.			3.8	3.8
The clinical presentation ‘schemes’ contributed to my learning in this unit.	3.6	3.6	3.5	3.7
The process worksheets contributed to my learning in this unit.	3.5	3.5	3.2	3.7
The Work Case Examples helped me learn the material.	4.0	4.0	4.2	4.4
Anatomy Labs helped me learn the material.	--	3.5	3.3	3.2
Physiology Labs helped me learn the material.	--	--	3.2	3.1
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	3.7	3.6
Overall, I learned useful knowledge and/or skills during this unit.	3.8	4.2	4.0	4.0
N	12	57	81	77
Class size at date	39	64	90	83
Response Rate	31%	83%	90%	93%

### *Renal System Summary of Qualitative Data Themes*

Organization – Suggestions: improve organization of pathology lectures and condense the amount of hours dedicated to physiology. Strengths: additional time given to students for studying (Fridays) and the integration of histology, anatomy and physiology with pathology.

Gaps – Suggestions: increase material relevant to Step I (e.g., renal tubular acidosis, Wilm’s tumor, bladder, urinary tract, and transitional cell carcinoma).

Reading/Resources – Suggestions: provide outside resources to learn material covered in lectures. Strengths: Dr. Janssen’s practice questions and TBL sessions.

Lecture Slides/PowerPoints – Suggestions: Some videos and notes need improvement, both were not very helpful and difficult to review.

Schemes/Process Worksheets/PWs – Suggestions: organize PWs and WCEs (information in schemes did not cover the basic science courses). Strengths: organization of WCEs and Dr. Sandroni’s process worksheets.

Exams – Suggestions: rewrite exam questions and assure that physiology questions are representative of what is needed to pass Step I.

Pathology – Strengths: Dr. Velasco’s pathology sessions and her organization of presentations.

Session Specific – Suggestions: rework physiology labs, they were unhelpful, redundant, poorly explained and disorganized. Strengths: Dr. Janssen’s review, Dr. Sandroni’s lectures, physiology q & a sessions, and pharmacology material.

### *Endocrine System Quantitative Data Trends*

	2013	2014	2015	2016
This unit was well organized.	3.3	3.5	4.0	4.1
The learning objectives were clearly identified.	3.2	4.1	4.1	4.1
The course met the identified learning objectives.	3.2	4.1	4.0	4.2
The order of the clinical presentation skills made sense to me.	3.5	3.1	4.0	4.1
The basic science material was well integrated.	3.2	3.9	4.1	4.1
The amount of material presented was reasonable.	3.4	4.1	4.1	4.3
I knew what I was supposed be learning and why.	3.2	4.1	4.0	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	4.0	3.9	4.0
The lectures helped me learn the material.	3.6	4.1	4.1	4.2
The Self-taught sessions helped me learn the material.		2.8	3.9	4.1
The clinical presentation 'schemes' contributed to my learning in this unit.	3.1	4.1	4.1	4.3
The process worksheets contributed to my learning in this unit.	2.6	4.2	4.2	4.4
The Work Case Examples helped me learn the material.	3.6	4.1	4.2	4.5
Anatomy Labs helped me learn the material.	--	--	3.6	3.6
Physiology Labs helped me learn the material.	--	--	3.6	3.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	4.0	4.2
Overall, I learned useful knowledge and/or skills during this unit.	3.7	4.2	4.1	4.4
N	18	58	78	73
Class size at date	39	64	90	83
Response Rate	46%	91%	88%	88%

### *Endocrine System Summary of Qualitative Data Themes*

Organization – Suggestions: improve organization of schemes (e.g., diabetes, HPA axis, adrenal, and thyroid) and the placement of the hypothalamus/pituitary schemes (students felt it should be discussed earlier in the week). Strengths include organization of the unit in general and clinical schemes.

Objectives – Suggestions: clearly state biochemistry objectives and improve correlation between the information presented and the objectives.

Integration – Strengths: integration between immunology and pathology, Drs. Piskurich and Velasco's lectures, and the overlap of topics throughout the weeks.

Schemes/WCEs/Process Worksheets – Suggestions: condense information on PWs. Strengths: informative and detailed PWs.

Dr. Bright – Strengths: Dr. Bright's PWs, schemes, and presentations.

Biochemistry – Suggestions: reduce amount of biochemistry information presented and provide practice questions.

Additional Lectures/Explanations Needed – Suggestions: provide additional information for the physiology lectures, TBL diabetes session, neurology, and endocrine disorders.

### *Reproduction Quantitative Data Trends*

	2013	2014	2015	2016
This unit was well organized.	3.3	4.3	3.7	2.5
The learning objectives were clearly identified.	3.2	4.3	3.8	3.2
The course met the identified learning objectives.	3.2	4.4	3.8	3.2
The order of the clinical presentation skills made sense to me.	3.5	4.1	3.5	2.8
The basic science material was well integrated.	3.2	4.2	3.9	3.2
The amount of material presented was reasonable.	3.4	4.0	3.7	3.4
I knew what I was supposed be learning and why.	3.2	4.1	3.8	3.0
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	4.0	3.7	3.3
The lectures helped me learn the material.		4.2	4.0	3.6
The Self-taught sessions helped me learn the material.	3.1	3.7	3.8	3.5

	2013	2014	2015	2016
The clinical presentation 'schemes' contributed to my learning in this unit.	2.6	4.3	3.7	2.4
The process worksheets contributed to my learning in this unit.	3.6	4.1	3.3	2.4
The Work Case Examples helped me learn the material.	3.6	4.4	4.1	3.6
Anatomy Labs helped me learn the material.	2.8	3.5	3.5	3.5
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	--	3.9	3.4
Overall, I learned useful knowledge and/or skills during this unit.	3.7	4.5	4.2	3.8
N	18	55	79	75
Class size at date	39	64	90	83
Response Rate	46%	86%	88%	90%

### ***Reproduction Summary of Qualitative Data Themes***

Organization – Suggestions: reorganize the order of presentations and material presented and evenly distribute the amount of material taught throughout the weeks. Strengths: sequence and order of lecture material and the pacing of the CPs when going over material.

Schemes/Process Worksheets/WCE – Suggestions: improve correlation between PWs and schemes, condense information provided in PWs, and better organized presentations are needed from Dr. Manting. Strengths: PWS, WCEs and order of schemes.

Integration – Strengths: integration of the microbiology and pharmacology, integration of the basic sciences, and good integration of WCEs and SPM schemes.

Faculty – Strengths: Drs. Woods (good health session), Velasco (PowerPoint slides), Quest (health session), Lyn, Beale and Balsinger (anatomy material).

Covering the Basics – Suggestions: improve emphasis of the basic sciences in lectures, provide additional background information in order to better understand the concepts.

Lecture Material – Suggestions: address gaps in information presented in lectures (e.g., dysmenorrhea, Wilm's tumor), reduce time allocated for contraception, and condense lecture material. Strengths: round-table rotation format during anatomy sessions, Dr. Beale's videos, anatomy laboratory sessions, and pathology lectures.

Exams – Suggestions: assure that pathology exam material was taught in lectures and reduce the number of clinical questions asked.

Quizzes/Self-assessments – Strengths: self-assessment tests provided by Drs. Beale, Baatar, and Bramblett.

Self-taughts – Suggestions: remove the self-study sessions scheduled (e.g., genetics, histology).

Discipline Specific – Suggestions: reduce time allocated for contraception, improve organization of pathology lectures, and simplify information provided in immunology and histology. Strengths: pathology and pharmacology lectures.

PowerPoints – Suggestions: improve online accessibility to PowerPoint presentations, improve organization of PowerPoints, and designate enough time to avoid rushing over material covered in presentations.

### ***Mind and Human Development*<sup>1</sup>**

	2014	2015	2016
This unit was well organized.	2.9	3.4	4.0
The learning objectives were clearly identified.	3.3	3.5	4.0
The course met the identified learning objectives.	3.2	3.4	4.0
The order of the clinical presentation skills made sense to me.	3.3	3.7	4.2
The basic science material was well integrated.	3.3	3.5	4.0
The amount of material presented was reasonable.	3.7	3.8	4.2
I knew what I was supposed be learning and why.	2.9	3.4	4.0
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.2	3.5	4.0
The lectures helped me learn the material.	3.0	3.4	4.1

<sup>1</sup> The evaluations of this unit have been handled differently for the Class of 2013 and the data has been combined.

	2014	2015	2016
The Self-taught sessions helped me learn the material.	3.1	3.5	3.7
The clinical presentation 'schemes' contributed to my learning in this unit.	3.3	3.6	3.9
The process worksheets contributed to my learning in this unit.	3.2	3.6	3.8
The Work Case Examples helped me learn the material.	3.9	3.9	4.1
Anatomy Labs helped me learn the material.	--	2.9	3.7
The Thursday formatives helped me prepare for the Friday WCE sessions.	--	3.5	4.1
Overall, I learned useful knowledge and/or skills during this unit.	3.5	3.9	4.3
N	55	79	74
Class size at date	64	90	83
Response Rate	86%	88%	89%

### *Mind and Human Development Summary of Qualitative Data Themes*

Organization – Suggestions: redistribute material so that it is not heavily front-loaded and consider condensing first 2 weeks of material into I. Strengths: organization of schemes and flow of material presented.

Objectives – Suggestions: provide objectives in PowerPoint presentations and in lectures (e.g., pediatric unit, physiology).

Inconsistencies – Suggestions: assure that all information taught in lectures is consistent, especially information regarding the stages of development and milestones.

Schemes/Process Worksheets/WCE/TBLs – Suggestions: condense and reorganize information in schemes (pre-adolescent, adolescent, mood disorders, and neuroscience) and reduce number of TBL learning sessions. Strengths: organization of schemes and PWS, specifically those for psychology and pharmacology.

Faculty Specific – Suggestions: Dr. Arana's PowerPoints need improvement (they are difficult to understand and follow) and designate more time to Dr. Nestic-Taylor's lecture sessions. Strengths: Drs. Blunk, Nestic-Taylor, Quest, and Hogg's lectures and review sessions.

Lecture material – Suggestions: provide additional information on sleep, genetics, pharmacology, and neurotransmitters, and reduce time allocated for pre-adolescent lectures. Strengths: interactive biochemistry lectures by Dr. Hogg and the psychology review session.

Summative Material Not Covered in Lectures – Suggestions: provide additional information on sleep wave cycles and sleep stages.

### *Integration of Systems <sup>2</sup>*

	2013	2014	2016
This unit was well organized.	3.5	4.4	4.5
The learning objectives were clearly identified.	3.9	4.3	4.6
The course met the identified learning objectives.	3.9	4.4	4.6
The order of the clinical presentation skills made sense to me.	3.5	4.2	4.5
The basic science material was well integrated.	3.5	4.5	4.5
The amount of material presented was reasonable.	3.7	4.4	4.5
I knew what I was supposed be learning and why.	4.0	4.3	4.5
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.9	4.3	4.3
The lectures helped me learn the material.	4.1	--	4.5
The Self-taught sessions helped me learn the material.	--	3.8	--
The clinical presentation 'schemes' contributed to my learning in this unit.	3.9	3.9	--
The process worksheets contributed to my learning in this unit.	3.7	3.7	--
Overall, I learned useful knowledge and/or skills during this unit.	4.3	4.5	4.6

<sup>2</sup> Note that this unit was not offered one year as the curriculum was undergoing a sequencing change. The integration unit moved from the end of the MI year to the end of the M2 year. Further, the items asked for the unit are undergoing a substantial change.

	2013	2014	2016
N	25	73	73
Class size at date	39	73	83
Response Rate	64%	100%	88%

### *Summary of Qualitative Data Themes*

#### *Integration of Systems Themes*

Organization – Suggestions: reorganize order of material by scheduling tank side grand rounds after first year. Strengths: organization of unit.

Course Material – Strengths: concise presentation of material, conversion of basic science principles into clinical skills, and preparation for clinical rotations.

Integration – Strengths: integration of material previously reviewed in past units and relevancy of material.

Coding the Rich and Famous – Strengths: learning relevant ED procedures.

Length of Unit – Suggestions: minimizing the unit down to one week as opposed to 2 in order to allow more time for studying for the Step exam.

Dr. Stump – Strengths: Dr. Stump's lectures and intubation sessions.

Microbiology – Suggestions: improve detail and thoroughness of microbiology slides and incorporate the use of anki flash cards.

Step Preparation – Strengths: review of basic sciences and clinical knowledge.

Topics Needing More Time/Coverage – Suggestions: provide additional review sessions on EKG and rhythm strips, use better diagrams when explaining the cholinergic and noradrenergic junctions, increase amount of time dedicated to intubation, and more schedule additional pathology lectures.

## MEDICAL SKILLS

### *Quantitative Data Trends*

#### *Introduction to Health and Disease*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.4	4.3	4.5	4.5	4.4
The learning objectives were clearly identified.	3.8	4.3	4.3	4.5	4.5
The course met the identified learning objectives.	4.0	4.3	4.3	4.5	4.5
I knew what I was supposed to be learning and why.		4.3	4.1	4.4	4.3
The amount of material presented was reasonable.	4.0	4.5	4.4	4.5	4.5
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	3.8	4.3	4.1	4.4	4.4
The preparation materials helped me learn the material.	4.0	4.4	4.2	4.5	4.5
The group skill building activities helped me learn the material.		4.0	4.0	4.4	4.4
The material covered is relevant to the practice of medicine.	4.5	4.6	4.7	4.6	4.7
The Standardized Patient Encounters helped me learn the material.		4.7	4.5	4.5	4.7
This course encourages me.	4.0	4.3	4.3	4.4	4.5
The feedback I received helped me learn the material.	2.8	3.9	4.1	4.3	4.3
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.7	4.2	4.0	4.3	4.4
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.4	4.6	4.6	4.6	4.7
The ATACS staff treat students with respect.				4.4	
The ATACS staff create an environment conducive to learning.				4.5	
N	24	60	85	81	101
Class size at date	39	60	87	82	103
Response Rate	62%	100%	98%	99%	98%

### *Summary of Qualitative Data Themes*

#### *Introduction to Health and Disease Themes*

More Skills/Training – Suggestions: conduct more skills lab sessions where students can practice skill building, procedures with standardized patients, and using medical equipment. Strengths: group exercise at the simulation center, group SOAP note session after the SP encounters, and sessions in small groups where demonstrations were explained and discussed.

Materials – Suggestions: improve organization of materials, allow videos, outlines/guidelines and sample patient interviews to be accessible. Strengths: videos, exam room guides, Dr. Wood's recordings, and quizzes.

Feedback – Suggestions: increase feedback from instructors about performance with SPs, receive feedback from SPs about ways to improve, and feedback on SOAP notes. Strengths: feedback from both SPs and peers.

Explanations – Suggestions: provide additional explanations needed for exam room guides, indications of the patient's responses, questions selected during SP encounters

More Clarity – Suggestions: clearly state expectations regarding how to close a patient encounter, the structure of the medical skills course, and required videos to watch.

SPs – Suggestions: receive feedback from standardized patients in order to discuss SOAP notes in small groups. Strengths: SP interviews and encounters in general.

Computers /Note-taking – Suggestions: provide notes/videos from patient encounters and allow students to take notes on paper versus laminated boards or tablets.



Exams – Suggestions: provide samples of vignette style practice questions, schedule question sessions during all lectures, and clearly identify objectives.

Logistics – Suggestions: provide opportunities to practice outside of regular sessions, allow students to visit the ATACS to practice various skills, practice material before the SP encounter, and give each student an equal opportunity to be a learner with the SPs.

### ***Quantitative Data Trends***

#### *Neuromusculoskeletal and Integumentary Systems*

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
This unit was well organized.		4.4	4.1	4.6	4.1
The learning objectives were clearly identified.	4.5	4.4	4.2	4.5	4.3
The course met the identified learning objectives.	4.3	4.4	4.3	4.5	4.3
I knew what I was supposed to be learning and why.	4.3	4.4	4.0	4.5	4.1
The amount of material presented was reasonable.	4.6	4.5	4.4	4.5	4.1
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.6	4.6	4.1	4.5	4.2
The preparation materials helped me learn the material.		4.4	4.3	4.5	4.2
The group skill building activities helped me learn the material.		4.0	4.3	4.4	4.3
The material covered is relevant to the practice of medicine.	4.7	4.6	4.5	4.7	4.6
The Standardized Patient Encounters helped me learn the material.		4.4	4.3	4.5	4.4
This course encourages me.	4.5	4.2	4.3	4.4	4.3
The feedback I received helped me learn the material.	1.3	3.6	4.0	4.2	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.3	4.2	4.2	4.2	4.2
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.7	4.5	4.5	4.6	4.5
The ATACS staff treat students with respect.				4.4	4.4
The ATACS staff create an environment conducive to learning.				4.6	4.4
N	29	56	63	31	103
Class size at date	39	60	87	77	103
Response Rate	74%	93%	72%	40%	100%

### ***Summary of Qualitative Data Themes***

#### *Neuromusculoskeletal and Integumentary Systems Themes*

Organization – Suggestions: revisit procedures, move the casting or vital sessions to the last week, improve organization for numbness and tingling sessions, and separate the unit into two separate units. Strengths: organization of presentations.

Schemes/WCE Sessions/Process Worksheets – Suggestions: make the cases more challenging and provide explanations as to why PW questions ask what they ask and/or what the answers mean.

Objectives – Suggestions: balance the material better or provide objectives more clearly when presented in lectures and provide clearer explanations during anatomy sessions. Strengths: clear objectives by professors.

Integration – Strengths: application of physical exams in encounters, relevancy of clinical skills, and material reinforcing knowledge learned in SPM course.

Course Load – Suggestions: spread the material out more evenly especially during the last week. Strengths: useful and well covered course materials.

Lab Sessions/Workshops – Strengths: visit to the suture clinic, casting and injections skills session, and the SOAP note session.

Lecture/Course Material/Study Aids – Strengths: exam room guides, videos, review sessions, and STEP 2 style encounters.

Faculty/Lectures/Staff – Strengths: lectures/presentations/study material by Drs. Hogg, Francis, Woods, Pfarr, and Nesic-Taylor.

Allotted Time for Studying – Suggestions: have an extra day off before summative to study rather than having days off throughout the unit.

Anatomy – Suggestions: adopt a more traditional approach to teaching the material, provide alternative sources for learning, improve organization of presentations (more text, less diagrams), clearly state expectations/objectives, place more emphasis on structures and actions, and assure that all students receive the same information during the STS sessions.

Dermatology – Suggestions: place dermatology lectures at the end of the unit and improve the flow of material.

Microbiology – Suggestions: organize microbiology lab sessions and have clearer objectives.

Neuroanatomy/Neuroscience – Suggestions: more evenly distribute the material and schedule the neurology lectures before two weeks of the exam date. Strengths: videos posted on Blackboard, practicing of neurological exams, and introduction to neuroscience.

Physiology – Suggestions: place the muscular physiology at the beginning, specifically after the derm material. Strengths: relevancy of pathology topics covered.

Online Postings – Suggestions: provide optional practice questions for each lecture and make them available on Blackboard.

Hands on Activities/Teaching – Strengths: hands on activities in the skills lab and discussing procedures in interactive activities.

SOAP Notes – Strengths: SOAP note session and writing portion.

OSCE Schedule – Suggestions: have an OSCE schedule at the beginning of the unit and assign the schedule in a rotating format.

Standardized Patient Encounters – Suggestions: reschedule the Lower Back Pain encounter for later on in the unit, assure SPs are prepared and provide them with adequate instructions, provide opportunities to learn the physical exam portion before the encounters, receive more practice in general with the exams, provide video examples of physical exams, and assure that all information received from SPs is accurate and consistent. Strengths: SP feedback and interaction of SP encounters.

### *Quantitative Data Trends*

#### *Gastrointestinal System*

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.6	4.4	4.5	4.4
The learning objectives were clearly identified.		4.6	4.4	4.5	4.5
The course met the identified learning objectives.		4.6	4.4	4.5	4.5
I knew what I was supposed to be learning and why.		4.5	4.3	4.5	4.4
The amount of material presented was reasonable.		4.5	4.3	4.5	4.6
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.6	4.3	4.3	4.3
The preparation materials helped me learn the material.		4.5	4.4	4.5	4.4
The group skill building activities helped me learn the material.		4.3	4.3	4.6	4.5
The material covered is relevant to the practice of medicine.		4.7	4.6	4.6	4.7
The Standardized Patient Encounters helped me learn the material.		4.5	4.3	4.5	4.5
This course encourages me.		4.2	4.3	4.6	4.5
The feedback I received helped me learn the material.		3.8	3.9	4.3	4.3
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	4.2	4.4	4.5
Overall, I learned useful knowledge and/or skills during this unit		4.6	4.5	4.6	4.7

Class of	2013	2014	2015	2016	2017
of Medical Skills.					
The ATACS staff treat students with respect.				4.6	4.5
The ATACS staff create an environment conducive to learning.				4.7	4.6
N		44	80	77	101
Class size at date		60	87	77	103
Response Rate		73%	92%	100%	98%

### *Summary of Qualitative Data Themes*

#### *Gastrointestinal System Themes*

Organization – Suggestions: improve organization of materials, guides, and scheme for constipation. Strengths: pace, flow, and organization of material.

Schemes – Strengths: Dr. Wood's scheme presentations and WCE's use of solidifying each week's scheme.

Integration – Suggestions: use images/content from other classes for better integration and better correlation of SPM topics. Strengths: integration of the curriculum, reinforcement of the SPM content, and incorporation of SPM an SCI topics.

Increase Skills Portion – Suggestions: have more SIM stations and focus more on rectal and pelvic examinations. Strengths: practicing procedures and exams on patients, the colonoscopy session, and the simulations for STEP exam.

Lectures/Course Material/Review Sessions – Strengths: group skill building activities, questions provided in guides, and patient presentations.

OSCE Schedule – Suggestions: post OSCE schedule at the beginning of the unit and/or organization of the schedule sooner.

Standardized Patients – Suggestions: make sure that SPs are consistent with the scripts, increase interaction with the SPs, provide opportunities to evaluate SPs, and improve SP feedback. Strengths: interactions with SPs in a clinical setting and feedback given from the encounters.

Videos – Suggestions: provide video examples of clinical presentations and physical examinations on Blackboard. Strengths: Dr. Wood's videos and quizzes.

Additional Material/Discussions/Quizzes – Suggestions: provide practice quizzes to assess learning, schedule time to discuss questions pertaining to diagnoses, update exam room guides, and conduct practice exams before SP interaction.

### *Quantitative Data Trends*

#### *Liver and Hematology*

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.6	4.4	4.4	4.5
The learning objectives were clearly identified.		4.6	4.4	4.4	4.4
The course met the identified learning objectives.		4.6	4.4	4.4	4.5
I knew what I was supposed to be learning and why.		4.5	4.4	4.4	4.4
The amount of material presented was reasonable.		4.5	4.4	4.5	4.5
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.6	4.4	4.4	4.4
The preparation materials helped me learn the material.		4.5	4.4	4.4	4.4
The group skill building activities helped me learn the material.		4.3	4.3	4.4	4.4
The material covered is relevant to the practice of medicine.		4.7	4.6	4.5	4.6
The Standardized Patient Encounters helped me learn the material.		4.5	4.4	4.5	4.4
This course encourages me.		4.2	4.4	4.4	4.4

Class of	2013	2014	2015	2016	2017
The feedback I received helped me learn the material.		3.8	4.1	4.2	4.3
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	4.3	4.3	4.4
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.6	4.5	4.5	4.6
The ATACS staff treat students with respect.					4.6
The ATACS staff create an environment conducive to learning.					4.6
N		44	83	76	103
Class size at date		60	87	82	103
Response Rate		73%	96%	93%	100%

### *Summary of Qualitative Data Themes*

#### *Liver and Hematology Themes*

Organization – Suggestions: improve organization of material, specifically week 27 and evenly distribute material. Strengths: structure and flow of unit and division of activities throughout weeks.

Schemes/WCE Sessions/Process Worksheets – Suggestions: re-write some of the schemes and explanations of drugs pertaining to the cases.

Relevancy – Suggestions: provide more relevant tutoring sessions, and focus more on the skills aspect as opposed to discussing conflict management and a phlebotomist's responsibilities. Strengths: relevance and application of skills to real life situations.

Integration – Strengths: integration and correlation of material with SPM course.

Consistency – Suggestions: assure that all information given by instructors and staff members is consistent and accurate when practicing for the OSCE.

Expectations – Suggestions: clarify expectations for end of unit exam, STEP's sessions, and cancer session.

Standardized Patients – Suggestions: provide annotated videos for SP encounters and assure that all requirements on the SP checklist are present and mentioned in the exam room guide. Strengths: the SP encounters in general, cases, and feedback received.

Skill Sessions – Suggestions: have access to labs to practice skills, increase number of instructor driven sessions, and schedule additional discussions on differentiating diagnoses. Strengths: the practice sessions and the interaction with patients at the clinics.

Pathology – Strengths: Dr. Padilla's lectures, specifically the WBC and RBC disorder and blood smear skills sessions.

Field Trips – Strengths: trip to the blood bank.

STEPPS – Strengths: Team STEPPS activity, specifically the teamwork aspect and the informative conflict resolution session.

Videos – Suggestions: provide video examples of physical exams and procedures on Blackboard. Strengths: video of Dr. Francis's lymph node exam.

### *Quantitative Data Trends*

#### *Cardiovascular/Respiratory*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	4.6	4.4	4.2	4.4	4.5
The learning objectives were clearly identified.	4.5	4.4	4.1	4.3	4.5
The course met the identified learning objectives.	4.5	4.4	4.2	4.4	4.5

Class of	2013	2014	2015	2016	2017
I knew what I was supposed to be learning and why.	4.5	4.4	4.2	4.3	4.5
The amount of material presented was reasonable.	4.5	4.4	4.2	4.3	4.4
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.3	4.0	4.2	4.4
The preparation materials helped me learn the material.	4.6	4.5	4.1	4.2	4.4
The group skill building activities helped me learn the material.		4.2	4.3	4.5	4.3
The material covered is relevant to the practice of medicine.	4.6	4.6	4.6	4.6	4.7
The Standardized Patient Encounters helped me learn the material.		4.5	4.2	4.5	4.4
This course encourages me.	3.4	4.5	4.2	4.5	4.4
The feedback I received helped me learn the material.	3.4	4.0	4.0	4.2	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.3	4.1	3.9	4.2	4.3
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	4.4	4.5	4.6
The ATACS staff treat students with respect.				4.6	4.7
The ATACS staff create an environment conducive to learning.				4.5	4.6
N	34	41	83	77	101
Class size at date	39	60	87	82	103
Response Rate	87%	68%	96%	94%	98%

### *Summary of Qualitative Data Themes*

#### *Cardiovascular/Respiratory Themes*

Organization – Suggestions: improve organization of unit, shorten the length of unit, and reorganize material. Strengths: organization of information and progression of material.

Objectives – Suggestions: provide additional clarification on what is expected during clinical exams and in the course in general.

Integration – Strengths: well integrated material that was relevant to clinical medicine and correlated with SPM material.

EKG and CXR Reading Sessions – Strengths: interactive CXR and EKG sessions, the material/cases presented, and the guidance of the faculty during the sessions.

Skills Not Emphasized/Skills Needing More Coverage – Suggestions: provide additional discussions in small group, provide additional anatomical practicals, better emphasize EKG, heart defects, radiographs, and arrhythmias. Strengths: learning how to conduct physical exams.

Faculty/Instructors – Strengths: lectures by Drs. Woods, Francis, and Osborne.

Standardized Patients – Suggestions: provide additional training for SPs, specifically with the script and receiving constructive feedback from SPs. Strengths: practicing clinical procedures under the direction of a physician and the communication between the patients.

Videos – Suggestions: post additional videos demonstrating procedures, specifically like those provided by Dr. Francis. Strengths: videos provided by Dr. Woods, specifically those on the heart and lung exam.

OSCE Schedule – Suggestions: have the OSCE schedule available at the beginning of the unit and rotate morning and afternoon shifts for students.

### *Quantitative Data Trends*

#### *CNS and Special Senses*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	4.3	4.3	4.3	3.8	
The learning objectives were clearly identified.	4.2	4.4	4.4	4.0	
The course met the identified learning objectives.	4.3	4.3	4.4	4.0	
I knew what I was supposed to be learning and why.	4.1	4.4	4.4	4.0	
The amount of material presented was reasonable.	4.3	4.4	4.2	3.9	
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.0	4.2	4.3	3.8	
The preparation materials helped me learn the material.	4.1	4.2	4.4	4.1	
The group skill building activities helped me learn the material.	4.2	4.4	4.4	4.1	
The material covered is relevant to the practice of medicine.	4.5	4.6	4.5	4.4	
The Standardized Patient Encounters helped me learn the material.	4.4	4.4	4.3	4.3	
This course encourages me.	4.4	4.3	4.3	4.1	
The feedback I received helped me learn the material.	4.5	4.1	4.1	4.0	
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.3	4.2	4.1	3.8	
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.7	4.5	4.4	4.4	
The ATACS staff treat students with respect.			4.2		
The ATACS staff create an environment conducive to learning.			4.3		
N	31	57	90	76	
Class size at date	39	62	90	82	
Response Rate	79%	92%	100%	93%	

### *Summary of Qualitative Data Themes*

#### *CNS and Special Senses Themes*

Organization – Strengths: organization of schemes, material, and overall unit.

SOAP Notes – Suggestions: provide examples/outlines of SOAP notes and receive feedback on notes.

Tablets – Suggestions: implement the use of blank clipboards instead of the tablets during the SP encounters, specifically for observers.

More Time – Suggestions: allocate more time during the SP encounters and additional time for stations during the eye week.

Exam Guides/Materials/Schemes – Suggestions: provide adequate guidelines to follow when performing SP encounters, specifically for the dizziness/vertigo case and post materials/videos on Blackboard.

Standardized Patients – Strengths: SP encounters in general, specifically during the stroke aphasia week.

Small Group/Skills Session – Strengths: interactive sessions (e.g., lumbar puncture and delirium/stupor/coma simulation), skill building exercises with Dr. Nelson, sessions with the ER doctors, and practice sessions with the fundoscope and otoscope.

Videos/Demonstrations – Strengths: Dr. Brower's videos.

Faculty – Strengths: information/materials provided by Drs. Quest, Woods, Brower, Nestic-Taylor, Akle, Padilla, and Francis.

### *Quantitative Data Trends*

#### *Renal System*

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.7	3.8	3.9	3.7	

Class of	2013	2014	2015	2016	2017
The learning objectives were clearly identified.	4.0	3.7	3.7	3.8	
The course met the identified learning objectives.	4.0	3.7	3.6	3.8	
I knew what I was supposed to be learning and why.	3.9	3.5	3.7	3.7	
The amount of material presented was reasonable.	4.1	4.1	4.0	4.1	
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.1	2.8	3.1	3.4	
The preparation materials helped me learn the material.	4.1	3.1	3.5	3.5	
The group skill building activities helped me learn the material.	3.7	3.8	4.0	3.8	
The material covered is relevant to the practice of medicine.	4.1	4.4	4.1	4.3	
The Standardized Patient Encounters helped me learn the material.	4.1	3.4	3.4	3.7	
This course encourages me.	4.1	3.6	3.6	3.7	
The feedback I received helped me learn the material.	3.9	3.6	3.5	3.9	
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.9	3.3	3.3	3.5	
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.1	4.0	3.9	4.2	
The ATACS staff treat students with respect.			4.2	4.4	
The ATACS staff create an environment conducive to learning.			4.2	4.4	
N	14	56	81	77	
Class size at date	39	62	90	82	
Response Rate	36%	90%	90%	94%	

### *Summary of Qualitative Data Themes*

#### *Renal System Themes*

Organization – Suggestions: improve organization of lecture scheduling, designate more time for cases, reduce amount of material covered and evenly distribute it throughout the unit. Strengths: layout of course and covering physiology at the beginning of the unit.

Additional Resources – Suggestions: provide additional resources for study outside of class, videos for all lectures, and practice problems.

TBLs/WCE/Schemes – Suggestions: assure that all reading materials are integrated and correlated with the TBLs, clarify questions presented for TBLs, and improve material so that it may prepare students for real world scenarios. Strengths: TBL learning groups, the real world aspect of the cases presented, organization of the schemes, and explanations of answers for case presentations.

Quizzes/Exams – Suggestions: assure that all TBL questions are representative of what was learned or covered in required readings.

Lecture/Course Material – Suggestions: condense the amount of lecture material and provide the appropriate material needed for answering questions. Strengths: the abundance of resource materials available to assist with studying, Dr. Velasco's pathology lectures, practice questions, and scheduling of review sessions.

Integration/Inconsistencies – Suggestions: make preparation material consistent with information provided in handouts and online questions and consider integrating pathology earlier in the unit.

Learning the Basics/Material Not Covered – Suggestions: review the basic sciences before learning new material and assure that material tested in TBL quizzes was covered in previous lectures.

Dialysis Center Trip – Strengths: visit to the dialysis center, specifically being given the opportunity to see the treatments offered and performed.

## *Quantitative Data Trends*

### *Endocrine System*

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.2	4.2	4.3	
The learning objectives were clearly identified.		4.2	4.1	4.4	
The course met the identified learning objectives.		4.2	4.2	4.3	
I knew what I was supposed to be learning and why.		4.2	4.2	4.3	
The amount of material presented was reasonable.		4.3	4.3	4.4	
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.3	4.1	4.4	
The preparation materials helped me learn the material.		4.3	4.2	4.4	
The group skill building activities helped me learn the material.		4.2	4.2	4.4	
The material covered is relevant to the practice of medicine.		4.4	4.3	4.5	
The Standardized Patient Encounters helped me learn the material.		4.2	4.3	4.4	
This course encourages me.		4.3	4.2	4.4	
The feedback I received helped me learn the material.		4.1	4.2	4.3	
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	4.1	4.3	
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.3	4.3	4.4	
The ATACS staff treat students with respect.			4.6	4.6	
The ATACS staff create an environment conducive to learning.			4.6	4.5	
N		57	78	73	
Class size at date		62	90	82	
Response Rate		92%	88%	89%	

## *Summary of Qualitative Data Themes*

### *Endocrine System Themes*

Feedback – Suggestions: increase the amount of feedback provided by the SPs and the number of one-on-one review sessions with evaluators/professors.

Standardized Patient Encounters – Suggestions: provide more time to conduct encounters, add an SP with hyperthyroidism, and reduce the number of time the CORE examination is conducted/practiced. Strengths: SP encounters in general and their performance during the cases.

SOAP Notes – Suggestions: conduct the SOAP note session during the first year in addition to the second year and provide more opportunities to receive individualized assistance/guidance with writing notes.

Material Covered/Additional Practice – Suggestions: provide additional/better explanations on group case questions, physical exams, and diabetes week. Strengths: posting of material available in a timely fashion, specifically Dr. Bramblett's online handouts.

Schemes/Process Worksheets/TBL Sessions – Strengths: Dr. Bright's process worksheets and lectures.

Workshop/Faculty Feedback – Strengths: physician feedback during the H & P workshop and the SOAP note session.

Simulations – Strengths: ER simulations because they were engaging and were well integrated with the material learned in SPM.

Core Physical Exam Sessions – Strengths: review/preparation of the physical exam sessions and overall the opportunity to practice the skills.



## Quantitative Data Trends

### Reproduction

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.5	3.8	2.4	
The learning objectives were clearly identified.		4.4	3.7	2.9	
The course met the identified learning objectives.		4.5	3.8	3.0	
I knew what I was supposed to be learning and why.		4.5	3.8	3.0	
The amount of material presented was reasonable.		4.5	3.7	3.5	
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.1	3.5	3.1	
The preparation materials helped me learn the material.		4.2	3.6	3.2	
The group skill building activities helped me learn the material.		4.6	4.0	3.4	
The material covered is relevant to the practice of medicine.		4.6	4.1	4.0	
The Standardized Patient Encounters helped me learn the material.		4.4	3.8	3.4	
This course encourages me.		4.4	3.8	3.2	
The feedback I received helped me learn the material.		4.3	3.7	3.4	
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	3.7	3.3	
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.5	4.0	3.8	
The ATACS staff treat students with respect.				4.6	
The ATACS staff create an environment conducive to learning.				4.6	
N		55	81	75	
Class size at date		62	90	82	
Response Rate		89%	90%	91%	

## Summary of Qualitative Data Themes

### Reproduction Themes

Organization – Suggestions: improve organization of the SP encounters and the MS course overall.

Objectives – Suggestions: clarify scheme objectives and requirements for cases.

Schemes/Process Worksheets/WCEs – Suggestions: improve organization of information in the schemes and PWs, provide additional explanations of pathologies, implement more screening and diagnostic studies, and better prepare students for pelvic and breast examinations. Strengths: pelvic exam skills session and the pap smears and breast examinations.

Expectations – Suggestions: assure that all information provide by professors is consistent and accurate in regards to expectations for the OSCEs and the cases.

Redundancy – Suggestions: minimize the amount of sessions scheduled to practice pap smears and breast exams and schedule additional time to practice other exams (e.g., ultrasounds). Strengths: repetitive pap smears and breast examination sessions and their ability to solidify what was taught.

Time Constraints/Time Management – Suggestions: schedule more time per session for patient encounters and physical exams (e.g., pap smears, breast exams).

Standardized Patients – Suggestions: assure that information provided remains consistent with past lectures (e.g., asking open ended questions vs. specific questions during encounters), students felt that they were to stick to a script of questions instead of interacting with patients as they had before. Strengths: repetitive nature of the sessions and the feedback provided.

SOAP Notes – Suggestions: schedule additional practice session for writing SOAP notes and provide clear directions in regards to the format to be followed. Strengths: Dr. Manting’s approach on the SOAP notes, specifically the format and the set up process.

Faculty Specific – Suggestions: assure that all information and materials are accurate and consistent throughout the unit and have Dr. Wood’s be a more active participant in the unit. Strengths: lectures/sessions taught by Drs. Quest and Molokwu and midwife Claudette.

OSCE – Suggestions: provide guidelines and assure that information provided is correct, especially prep material to be used in the OSCE (e.g., use of ePSS app). Strengths: grading process implemented for OSCE.

### *Quantitative Data Trends*

#### *Mind and Human Development*

Class of	2013	2014	2015	2016	2017
This unit was well organized.		3.9	3.9	4.2	
The learning objectives were clearly identified.		4.1	4.0	4.0	
The course met the identified learning objectives.		4.0	4.1	4.1	
I knew what I was supposed to be learning and why.		4.0	3.9	4.1	
The amount of material presented was reasonable.		4.1	4.0	4.2	
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		3.7	3.9	3.9	
The preparation materials helped me learn the material.		3.8	3.9	3.9	
The group skill building activities helped me learn the material.		3.9	3.9	4.1	
The material covered is relevant to the practice of medicine.		4.2	4.2	4.4	
The Standardized Patient Encounters helped me learn the material.		4.1	4.0	4.2	
This course encourages me.		4.2	4.0	4.2	
The feedback I received helped me learn the material.		4.0	3.9	4.1	
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.0	3.9	4.1	
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.3	4.2	4.4	
The ATACS staff treat students with respect.			4.6	4.7	
The ATACS staff create an environment conducive to learning.			4.6	4.6	
N		55	78	74	
Class size at date		62	90	82	
Response Rate		89%	87%	90%	

### *Summary of Qualitative Data Themes*

#### *Mind and Human Development Themes*

Organization – Suggestions: improve organization of material and Psych unit for the ATACS session. Strengths: overall organization and integration of the material throughout the unit.

Skills not Emphasized/Skills Needing More Coverage – Suggestions: provide additional material/lectures that discuss maternal depression, procedures for interviewing a patient with ADHD and psychosis, and psych pharmacology. Strengths: child exams, practice of bio psychosocial spheres, addition, and body dysmorphic disorder, and screening sessions for depression, anxiety and substance abuse.

Exam Room Guides – Suggestions: provide concise/structured exam room guides for cases (e.g., ADHD, psychosis, adolescent).

Course Material – Suggestions: provide materials explaining the relevancy of each clinical presentation, provide handouts when practicing interviews with SPs, and increase number of lectures by Dr. Hogg. Strengths: drug explanations, psych and geriatric cases and use of multiple choice questions.

Expectations – Suggestions: clearly state and provide objectives for the OSCE and for the pediatric patient encounter week.

Group Activities – Suggestions: change the format used for small group interviews, students suggest that interviews be conducted as a group and having one pediatrician lecturing on the scheme presentations as opposed to having groups work on handouts.

Standardized Patients – Strengths: SP interactions, feedback and overall experience.

Faculty Specific – Strengths: lectures and materials given by Dr. Blunk.

Field Trips/Hospital Visits – Strengths: visits to the newborn nursery and pediatric clinic, specifically the opportunity to interact with the pediatric patients.

## SOCIETY, COMMUNITY, AND THE INDIVIDUAL

### *Immersion*

Class of	2014	2015	2016	2017
The SCI Immersion Block was well organized.	4.0	3.4	4.0	4.4
The learning objectives for the SCI Immersion Block were clearly identified.	4.0	3.5	4.1	4.3
The SCI Immersion Block met the identified learning objectives.	4.0	3.6	4.2	4.4
The community assessment gave me a good feel for the El Paso community.	4.4	4.1	4.4	4.7
The amount of material presented was reasonable.	4.2	3.6	4.3	4.6
I improved my Spanish speaking skills.	4.2	4.0	4.2	4.5
The lectures helped me learn the material.	3.8	3.5	4.3	4.4
The small group learning activities helped me learn the material.	4.1	3.7	4.3	4.6
The community assessment helped me learn the material.	4.0	3.7	4.2	4.4
The interactive sessions helped me learn the material.	4.2	3.7	4.3	4.6
I understand how the SCI Immersion Block course content is applicable to the practice of medicine.	4.1	4.0	4.4	4.6
Overall, I learned useful knowledge and/or skills during the SCI Immersion Block.	3.9	3.7	4.4	4.5
N	60	82	76	76
Class size at date	60	82	82	103
Response Rate	97%	100%	93%	74%

#### *Class of 2014 Themes*

Course Length – Suggestions: shorten the length to two weeks.

Spanish Groups – Suggestions: separate groups even further, especially those that are at the beginner level; some require additional lessons while others that have spoken the language need a reminder course.

Material Covered – Suggestions: tailor material based on levels, do not cover the same amount of material and spend the same amount of time with each group.

Time Management – Suggestions: shorten sessions, too much time was wasted between presentations.

Interactive Activities – Suggestions: incorporate more interactive sessions that allow students to practice speaking the language. Strengths: ability to bond and get acquainted with classmates before the school year begins.

Community Assessment Project – Strengths: informational, great introduction to the people and community.

#### *Class of 2015 Themes*

Course Lengths – Suggestions: shorten portions of the program in order to make the best use of time, too long for the amount of content.

Spanish Groups – Suggestions: reassign individuals in the beginner levels if they are learning at a faster pace and challenge advanced speakers with more difficult assignments.

Organization – Suggestions: better organize course assessment, state objectives for sessions, and reduce number of gaps between sessions (too much down time).

Material/Lectures/Presentations – Suggestions: reduce the number of lectures and the amount of time allotted to present, there was a clear loss of interest after 4 hours and focus more on grammar. Strengths: small group discussions of videos, Spanish language sessions, windshield survey.

Community Assessment Project – Strengths: informational, great introduction to the people and exposure to the community.

Instructors – Strengths: all very helpful, patient, and friendly, especially Willivaldo, Gabriel, Ms. Navarro and Nigro.

### *Class of 2016 Themes*

Organization – Suggestions: better organize sessions, assure that professors are prepared, and improve course structure by incorporating homework assignments to reinforce material taught.

Interaction – Suggestions: incorporate more interactive activities, specifically with advanced Spanish speakers.

Labs – Suggestions: rework lab sessions, they were not as effective as they could have been since they did not give students an opportunity to interact, lab activities could have been completed at home giving more class time for practice sessions.

Small Group Format – Strengths: individualized attention, conversational tutoring, games played.

Instructors – Strengths: instructors such as Ms. V, Willivaldo, Ms. Navarro.

Community Field Trips – Strengths: exposure to the culture, opportunity to practice skills in social environments.

### *Class of 2017 Themes*

Organization – Suggestions: break up instruction sessions to two, two hour segments, eliminate number of gaps between sessions, provide a different curriculum based on speaking level, and better organize activities. Strengths: smooth transition into the beginning of the year, curriculum, course structure.

Objectives – Suggestions: clearly state objectives and expectations.

Community Assessment – Suggestions: shorten length of presentations, ensure that scheduled interviews have not been cancelled, and allow students to choose their own groups. Strengths: great experience, valuable information given about community issues, and better understanding of the community and its culture.

Material/Lectures/Activities – Suggestions: incorporate more conversational sessions, assign more homework, and reduce amount of videos shown. Strengths: ability to practice and improve grammar and vocabulary, small group activities, documentaries.

Community Field Trips – Suggestions: better organize trip to San Elizario, focus on clinics in the area instead of trips to the museum and Pro Ranch, and choose locations that are not so far away. Strengths: allowed for application of the language, fun, effective, interesting.

Interaction – Suggestions: incorporate more interactive sessions/events and allow for more conversational practice sessions with other students or native Spanish speakers. Strengths: small group projects, meeting classmates before beginning of academic year.

Patient Interviews – Strengths: stressed the importance of proper interviewing skills, good introduction and guideline to patient interviewing, and encounters with standardized patients.

Instructors/Faculty – Strengths: instructors such as Dr. Byrd, Gabriel Avila, Mrs. Grajeda, Ms. Viridiana, and Dr. Chavez.

### *Semester Evaluations of Course*

SCI I					
Class of	2013	2014	2015	2016	2017
SCI was well organized.	3.6	3.7	3.0	3.9	4.2
The learning objectives were clearly identified.	3.7	3.8	3.5	3.9	4.2
The course met the identified learning objectives.		3.9	3.5	3.9	4.3
The amount of material presented was reasonable.	3.7	3.9	3.8	4.1	4.5
I knew what I was supposed to be learning and why.	3.7	3.9	3.0	3.8	4.1
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	3.5	3.9	3.2	3.8	4.2
SCI broadens my perspectives.		3.5	3.0	4.0	4.2
The material covered in SCI is relevant to the practice of medicine.	3.3	4.0	3.3	4.0	4.2
The lectures helped me learn the material.	3.5	3.2	2.8	3.8	4.1
The community clinic experience is a worthwhile component of the curriculum.		4.2	3.9	4.2	4.4
Spanish is a worthwhile component of the curriculum.		3.7	3.7	4.0	4.3
My community preceptor understood the learning objectives.			3.3	4.1	4.2
My community preceptor ensured that the learning objectives			3.8	4.0	4.2

**SCI I**

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
were met.					
Overall, I learned useful knowledge and/or skills during SCI.	3.4	3.7	3.2	4.0	4.3
N	29	51	79	54	102
Class size at date	39	60	84	83	103
Response Rate	74%	85%	94%	65%	99%

**SCI II**

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
SCI was well organized.	3.1	3.5	3.0	3.8	4.1
The learning objectives were clearly identified.	3.5	3.5	3.2	4.2	4.3
The course met the identified learning objectives.		3.7	3.2	4.1	4.3
The amount of material presented was reasonable.	3.4	3.9	3.4	4.2	4.5
I knew what I was supposed to be learning and why.	3.5	3.6	3.1	4.0	4.2
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	3.3	3.7	3.0	4.1	4.1
SCI broadens my perspectives.		3.6	3.1	4.1	4.2
The material covered in SCI is relevant to the practice of medicine.	3.3	3.7	3.3	4.1	4.2
The lectures helped me learn the material.	3.1	3.3	3.1	3.8	4.1
The community clinic experience is a worthwhile component of the curriculum.		3.9	3.6	4.2	4.1
Spanish is a worthwhile component of the curriculum.			3.4	4.1	4.2
My community preceptor understood the learning objectives.			3.5	4.0	4.2
My community preceptor ensured that the learning objectives were met.		3.6	3.5	4.0	4.2
Overall, I learned useful knowledge and/or skills during SCI.	3.5	3.7	3.3	4.1	4.2
N	34	43	81	77	101
Class size at date	39	64	84	83	103
Response Rate	87%	67%	96%	93%	98%

**SCI III**

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
SCI was well organized.	2.5	2.9	3.2	3.7	
The learning objectives were clearly identified.	2.9	2.9	3.2	3.7	
The course met the identified learning objectives.	2.7	2.9		3.5	
The amount of material presented was reasonable.	2.5	3.3		3.4	
I knew what I was supposed to be learning and why.	2.6	2.9		3.5	
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	2.4	2.9		3.9	
SCI broadens my perspectives.	2.8	3.1		3.7	
The material covered in SCI is relevant to the practice of medicine.	3.3	3.1		3.4	
The lectures helped me learn the material.	2.2	2.6		3.3	
The community clinic experience is a worthwhile component of the curriculum.	4.2	3.5		4.0	
Spanish is a worthwhile component of the curriculum.	3.4			3.9	
My community preceptor understood the learning objectives.				3.8	
My community preceptor ensured that the learning objectives were met.		3.5		3.8	
Overall, I learned useful knowledge and/or skills during SCI.	3.3	3.0	3.6	4.0	

### SCI III

Class of	2013	2014	2015	2016	2017
N	27	57	81	73	
Class size at date	39	64	90	83	
Response Rate	69%	89%	90%	88%	

### SCI IV

Class of	2013	2014	2015	2016	2017
SCI was well organized.	2.4	2.4	3.5	3.9	
The learning objectives were clearly identified.	2.3	2.5	3.5	3.9	
The course met the identified learning objectives.	2.2	2.6	3.5	3.9	
The amount of material presented was reasonable.	2.3	3.2	3.7	3.9	
I knew what I was supposed to be learning and why.	1.8	2.2	3.4	3.8	
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	1.8	2.4	3.6	4.0	
SCI broadens my perspectives.	2.7	3.0	3.4	4.0	
The material covered in SCI is relevant to the practice of medicine.	2.8	3.2	3.4	4.0	
The lectures helped me learn the material.	1.6	2.2	3.2	3.8	
The community clinic experience is a worthwhile component of the curriculum.	4.1	3.5	3.5	3.9	
Spanish is a worthwhile component of the curriculum.	3.7		3.6	4.0	
My community preceptor understood the learning objectives.			3.4	3.8	
My community preceptor ensured that the learning objectives were met.		3.5	3.4	3.7	
Overall, I learned useful knowledge and/or skills during SCI.	3.2	3.0	3.5	4.1	
N	19	55	78	75	
Class size at date	39	64	90	83	
Response Rate	49%	86%	87%	90%	

### SCI I Themes

Organization – Suggestions: schedule additional time for epidemiology sessions, improve the continuity of the material and overall organization. Strengths: overall organization of the material.

Objectives – Suggestions: list objectives for each guest speaker and improve clarity and structure of objectives. Strengths: clearly defined objectives.

Relevancy – Suggestions: minimize the number of topics discussed because many seem irrelevant and instead focus on providing a deeper understanding of the material taught in SPM and MS. Strengths: provided relevant information in regards to medical topics and material covered in SPM

Course Material/Activities – Suggestions: improve preparation of PowerPoints, annotate slides, rework material presented so that it is more challenging, provide additional problem solving worksheets, and focus on learning the vocabulary rather than memorizing scripts. Strengths: learning different cultures/beliefs/ideas and exposure to range of topics

Interaction – Suggestions: provide more opportunities to interact with others and implement more interactive activities.

Exams/Quizzes – Suggestions: rework questions on test, many were too specific and failed to test on the broader concepts that were taught, while other questions were subjective and open to different interpretations. Strengths: amount of depth of the material.

Instructors/Faculty – Strengths: epidemiology lectures by Dr. Mulla and Mr. Avila's sessions.

Guest Speakers – Strengths: guest speaker insight, perspectives, and in depth understanding of material.

Community Clinic Experience – Suggestions: rotate community clinics, allow for more flexibility when scheduling attendance at the community clinics, and prevent scheduling community clinic before the exam. Strengths: overall community clinic experience.

Changing Session Day/Amount of Hours – Suggestions: schedule additional time per sessions and consider moving SCI sessions to Fridays.

### *SCI II Themes*

AYUDA Clinic Experience – Suggestions: consider doing away with the AYUDA clinic experience, students found it unhelpful and much too far to travel to considering the amount of time spent there; consider having the preceptor visit the school instead.

Community Clinic Experience – Suggestions: rotate students with different doctors/preceptors in order to increase the variety of experiences. Strengths: learning about the services and shadowing doctors at the community clinic.

Self-taught Sessions/Modules – Suggestions: schedule additional self-taught sessions and reduce lecture sessions and have Dr. Mena teach her material in person. Strengths: online modules were succinct and explained concepts.

Faculty/Speakers/Preceptors – Strengths: lectures by Drs. Byrd and Asheryl.

Student-led Sessions – Strengths: student taught session on disability and informative talks/presentations.

Broadens Perspectives – Strengths: challenges assumptions, provides insight into the needs of the community, and exposure to different cultures/beliefs.

Exam – Suggestions: rework test questions, many are debatable and subjective.

Attendance – Suggestions: require attendance to lectures.

Course Material/Lectures – Suggestions: provide direction during lectures, incorporate more group activities, encourage more class participation, and provide more practice problems/questions. Strengths: interesting topics/issues, guest speakers, and relevancy of material. Strengths: wide diversity of topics discussed, guest speakers sharing area of expertise, and overall material.

Memorizing Dialogues – Suggestions: approach Spanish grammatically rather than through the memorization of dialogues, change the way in which Spanish is taught and focus more on teaching sentence structure.

### *SCI III Themes*

Biostats – Suggestions: condense the information provided for statistics, simplify the material, and provide better explanations. Strengths: lectures by Drs. Dwivedi and Tarwater, organization of lectures, and informative slides.

Lectures/Course Material – Suggestions: evenly distribute material, incorporate more interactive lectures, and encourage class participation. Strengths: organization of PowerPoints.

PowerPoint Lectures – Suggestions: better organize presentations and provide more information and clearer explanations.

Community Clinic Experience – Suggestions: rewrite and tailor schemes so that correlate with the learning objectives of the community clinics and make sure preceptors arrive on time and are willing to allow students to participate in the clinics. Strengths: opportunities to hear about medical experiences, shadowing doctors, and application of skills in a clinical setting.

Exam – Suggestions: proofread exam, rewrite questions so that they are not vague, and administer exam earlier on in the unit. Strengths: convenience of take-home exams

Review/Practice Sessions – Suggestions: provide opportunities to receive feedback, provide practice questions/problem sets, and incorporate more role-playing practice sessions.

### *SCI IV Themes*

Biostats Material – Suggestions: simplify information provided in biostats, schedule additional biostats sessions, and rework material presented so that it is more applicable to the medical field. Strengths: lectures taught by Dr. Dwivedi.



STEP Relevant – Suggestions: focus more on material tested in the STEP exam and provide more STEP related practice questions. Strengths: epidemiology/biostatistics reviews.

Literature Review Sessions – Suggestions: reduce the time allotted for literature review sessions, provide more guidance over what is expected in the sessions, and evenly distribute sessions throughout the year. Strengths: small group session format, reviewing and discussing articles, and solidifying previously learned topics.

Clinic Activities/Visits – Suggestions: schedule clinical activities earlier on in the year, improve the organization of the visits, reduce community clinic requirements, remove the dental clinic visit, and rework the STD clinic session to include more learning opportunities and improve the quality of the experience. Strengths: encouraging, interesting, and invaluable visits.

Faculty/Instructors – Strengths: sessions/lectures by Drs. Chesbro, Dwivedi, and Gupta; Ms. Sanchez-Llorente and Ms. Aragon.

### *Spanish*

Evaluated with Units not ending a semester – labeled for the unit asked. Note that this data was not available before 2015.

#### *Introduction to Health and Disease*

Class of	2015	2016	2017
SCI was well organized.	3.1	3.9	4.3
The learning objectives were clearly identified.	3.1	3.8	4.3
Spanish met the identified learning objectives.	3.1	3.8	4.3
The amount of material presented was reasonable.	3.7	4.0	4.4
I understand how I am graded in Spanish.	3.6	3.9	
I improved my Spanish speaking skills.	3.4	3.7	4.2
I can ask basic patient information in Spanish.	3.3	3.9	4.2
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.3	3.7	4.3
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.4	4.0	4.4
The homework provided practical reinforcement of the material covered in class.	3.2	3.7	4.2
The course handouts were practical.	3.7	4.2	4.5
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.5	4.0	4.4
N	87	82	101
Class size at date	87	82	103
Response Rate	100%	100%	98%

Move to Different Day/Increase Session Time – Suggestions: reschedule SCI classes to Fridays and increase the amount of time scheduled for the sessions.

Increase Interactions – Suggestions: increase number of interactive activities where conversational Spanish is practiced. Strengths: small group activities, interactions with upper level Spanish speakers, conversational activities.

Separate Groups by Levels – Suggestions: separate students based on the level of Spanish they are at, it becomes frustrating when all are lumped into the same learning environment.

Relevancy – Strengths: lectures/sessions are clinically relevant.

Instructors – Strengths: sessions led by Ms. Sanchez-Llorente, Aguirre, Tabuenca-Moyer, and Mr. Avila.

#### *Neuromusculoskeletal and Integumentary Systems*

Class of	2014	2015	2016	2017
SCI was well organized.	3.3	3.2	3.5	4.3
The learning objectives were clearly identified.	3.2	3.1	3.3	4.2
Spanish met the identified learning objectives.	3.2	3.0	3.4	4.3
The amount of material presented was reasonable.	3.5	3.4	3.9	4.4
I understand how I am graded in Spanish.		3.3	3.7	4.4

Class of	2014	2015	2016	2017
I improved my Spanish speaking skills.	3.0	2.8	3.5	4.0
I can ask basic patient information in Spanish.		3.3	4.1	4.2
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.		3.1	3.8	4.4
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.		3.0	3.8	4.4
The homework provided practical reinforcement of the material covered in class.		2.9	3.4	4.3
The course handouts were practical.		3.5	3.9	4.4
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.2	3.1	3.7	4.2
N	56	62	79	103
Class size at date	60	87	81	103
Response Rate	93%	71%	98%	100%

Objectives/Expectations – Suggestions: increase number of resources in order to help meet Spanish expectations and requirements and set goals weekly to take note of progress throughout course.

Move to Different Day – Suggestions: reschedule SCI classes to Fridays so that students may focus on SPM and skills on Thursdays.

Time Allotted for Spanish – Suggestions: increase the amount of time designated for SCI, students feel one hour a week is not very conducive to learning.

Increase Interactions – Suggestions: increase number of interactive activities and have more group sessions with advanced Spanish speakers. Strengths: practice interviews, feedback on conversational Spanish activities, and time spent listening to others speak Spanish.

Dialogue Sheets – Suggestions: adopt a more useful way of learning vocabulary, students feel as if they are merely memorizing words without understanding the sentence structure.

Handouts/Powerpoints/Translations – Suggestions: simplify the patient visit handouts in order to better understand the translations and condense the amount of information in the powerpoint presentations. Strengths: notes, handouts, and dialogues provided by instructors.

Additional Materials/Study Aids – Suggestions: increase number of writing exercises, include a weekly vocabulary list, make material available online (e.g., quizzes), assign short worksheets for homework, and have more of an emphasis on medial Spanish.

Verbal Communication/Practice – Suggestions: increase number of opportunities to speak in class, focus more on conversational Spanish, and dedicate more time to verbal communication.

Instructors – Strengths: sessions led by Mr. Avila, Mrs. Echavarri, Sanchez-Llorente, Casillas, and Tabuenca.

Clinically Oriented/Relevant – Strengths: integration of vocabulary/phrases into the dialogues, relevancy of schemes, and opportunity to learn clinical terminology.

#### *Liver and Hematology*

Class of	2014	2015	2016	2017
SCI was well organized.	4.0	3.1	3.8	4.3
The learning objectives were clearly identified.	3.8	3.1	3.6	4.3
Spanish met the identified learning objectives.	3.9	3.1	3.7	4.3
The amount of material presented was reasonable.	4.1	3.6	4.0	4.4
I understand how I am graded in Spanish.	3.7	3.2	3.9	4.3
I improved my Spanish speaking skills.	3.5	3.0	3.8	4.1
I can ask basic patient information in Spanish.		3.5	4.1	4.3
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.		3.2	3.8	4.3
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.		3.2	3.9	4.4

Class of	2014	2015	2016	2017
The homework provided practical reinforcement of the material covered in class.		2.7	3.6	4.3
The course handouts were practical.		3.3	3.9	4.4
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	4.0	3.2	3.9	4.3
N	44	83	76	103
Class size at date	60	87	83	103
Response Rate	73%	95%	92%	100%

Integration – Strengths: integration and material coinciding between medical skills and the SCI course.

Comprehension – Suggestions: focus more on understanding the language as opposed to memorizing scripts.

Move to Different Day – Suggestions: reschedule SCI classes to Fridays so that students may focus on SPM and skills on Thursdays.

Time Allotted for Spanish – Suggestions: increase the amount of time designated for SCI, students feel one hour a week is not very conducive to learning.

Increase Interactions – Suggestions: spend more time on communication skills, conversational Spanish activities, and dialogues. Strengths: one on one practice sessions with patients and doctors, group exercises, and practicing dialogue with advance Spanish speakers.

Dialogue Sheets – Suggestions: increase number of dialogues and condensing the information that they contain. Strengths: synchronization of dialogues with the case presentations in SPM and Med Skills and practicing the dialogues in community clinics.

Additional Materials/Study Aids – Suggestions: increase the number of written assignments, adding more basic grammar learning, and doing sentence drills. Strengths: Dr. Woods's handouts, translation packets, and process worksheets.

Instructors – Strengths: sessions led by Mr. Avila, Mrs. Echavarri, Sanchez-Llorente, Casillas, and Tabuenca.

### *CNS and Special Senses*

Class of	2013	2014	2015	2016	2017
SCI was well organized.	3.5	3.9	3.9	4.0	
The learning objectives were clearly identified.	3.2	3.9	3.6	3.8	
Spanish met the identified learning objectives.	3.4	3.8		3.8	
The amount of material presented was reasonable.	3.5	4.1	4.0	4.1	
I understand how I am graded in Spanish.	3.0	3.8	3.2	3.9	
I improved my Spanish speaking skills.	3.4	3.4	3.5	3.7	
I can ask basic patient information in Spanish.		3.4	3.7	4.2	
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.		3.7	3.8	4.1	
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.		3.8	3.9	4.1	
The homework provided practical reinforcement of the material covered in class.		3.5	3.5	3.9	
The course handouts were practical.		4.1	3.9	4.1	
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.6	3.7	3.8	4.0	
N	32	58	87	75	
Class size at date	39	64	90	83	
Response Rate	82%	91%	97%	90%	

Practice Sessions – Suggestions: increase number of practice sessions, specifically when role-playing and when speaking to native Spanish speakers. Strengths: ability to recall information and improve communication.

Integration – Suggestions: assure that material taught in Spanish has been covered in SPM lectures and that the syllabus coincides with SPM lecture topics. Strengths: Spanish has become more relevant to SPM material.

Material Covered – Suggestions: reduce the amount of material covered, focus more on conversational Spanish, and simplify the dialogues and questions. Strengths: exposure to medical vocabulary, patient interviewing, discussion of scripts/dialogues.

Instructors – Strengths: sessions led by Ms. Sanchez-Llorente, Graciela, Mr. Navarro,

### *Renal System*

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
SCI was well organized.	3.1	3.8	3.5	3.8	
The learning objectives were clearly identified.	2.9	3.7	3.2	3.8	
Spanish met the identified learning objectives.	3.2	3.5		3.8	
The amount of material presented was reasonable.	3.3	3.8	3.9	4.1	
I understand how I am graded in Spanish.	2.7	3.6	3.0	4.0	
I improved my Spanish speaking skills.	3.1	3.2	3.5	3.7	
I can ask basic patient information in Spanish.		3.5	3.8	4.2	
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.		3.5	4.0	4.1	
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.		3.4	4.0	4.1	
The homework provided practical reinforcement of the material covered in class.		3.3	3.3	3.9	
The course handouts were practical.		3.9	3.6	4.0	
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.1	3.5	3.7	4.0	
N	12	55	81	75	
Class size at date	39	62	90	82	
Response Rate	31%	89%	90%	91%	

Integration/Relevancy – Suggestions: improve correlation between interview questions and what was taught in SPM course, students indicated that they were learning neurology Spanish terms during the renal unit. Strengths: better integration with SPM course work than in previous units.

Interactions – Suggestions: incorporate more interactive activities and more practice of dialogues and less focus on book chapters. Strengths: practice sessions with professors and peers (e.g., role-playing exercise).

Course Material/Handouts – Suggestions: condense the information provided in handouts, focus on understanding responses from patients in order to be able to communicate, and make materials available online. Strengths: watching video clips, book works resource, reviewing clinical skills and dialysis vocabulary.

Quizzes/Exams – Suggestions: minimize the number of quizzes and exams and focus more on conversational Spanish.

Homework – Suggestions: design homework relevant to learning objectives, correlate the syllabus to items taught in medical skills, and use a different textbook.

Instructors – Strengths: sessions with Ms. Macias and Casillas, specifically their attentiveness and their ability to simplify the dialogues.

### *Reproduction System*

<b>Class of</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
SCI was well organized.			3.5	4.1	
The learning objectives were clearly identified.			3.4	4.1	
Spanish met the identified learning objectives.			3.4	4.0	
The amount of material presented was reasonable.			3.9	4.3	
I understand how I am graded in Spanish.			3.4	4.1	
I improved my Spanish speaking skills.			3.6	3.9	

Class of	2013	2014	2015	2016	2017
I can ask basic patient information in Spanish.			3.8	4.3	
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.			4.0	4.1	
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.			4.0	4.2	
The homework provided practical reinforcement of the material covered in class.			3.4	4.2	
The course handouts were practical.			3.6	4.3	
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.			3.6	4.2	
N			78	75	
Class size at date			90	82	
Response Rate			87%	91%	

Integration – Suggestions: improve integration of the material discussed in the unit with the Spanish dialogues and exercises, tailor practice questions to lectures taught in SPM, and spend time practicing patient questions from Medical Skills in SCI. Strengths: oral quizzes being relevant to material learned in SPM course.

Handouts/Textbooks/Videos/Quizzes – Suggestions: provide simplified/condensed versions of the handouts, focus more on handouts and less on the textbook, and incorporate more handouts to translate. Strengths: Dr. Wood's handouts, videos, and the simplified dialogues.

Increase Interactions – Suggestions: spend more time practicing with other Spanish speakers and decrease time spent on written quizzes and focus more on patient doctor conversational sessions. Strengths: practicing the medical interviews, dialogues, and conversational practice with peers.

Switching Instructors – Suggestions: switch instructors in order to experience a different approach to learning the language and to be exposed to different speaking styles. Strengths: Mrs. Nigro, specifically her abridged versions of the patient encounters, Graciela for her simplified questions, and Rosario for setting attainable goals.

#### MASTERS' COLLOQUIUM

MCI					
Class of	2014	2015	2016	2017	
Masters' Colloquium was well organized.	3.5	4.0	4.3	4.4	
The learning objectives were clearly identified.	3.2	3.4	4.0	4.3	
Masters' Colloquium met the identified learning objectives.	3.3	3.7	4.2	4.4	
The amount of material presented was reasonable.	3.8	4.2	4.4	4.6	
I knew what I was supposed to be learning and why.	3.3	3.7	4.1	4.3	
The methods used to evaluate my performance were fair measures of my effort and learning.	3.5	3.6	4.1	4.4	
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.0	3.9	4.4	4.5	
The course format is appropriate.	3.7	3.8	4.1	4.3	
Masters' Colloquium broadens my perspectives.	3.8	3.8	4.3	4.4	
Masters' Colloquium challenges my assumptions.	3.3	3.7	4.3	4.2	
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	3.8	4.3	4.4	
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.6	3.8	4.2	4.3	
I feel that Masters' Colloquium has been valuable to me.	3.4	3.7	4.2	4.3	
N	52	80	77	102	
Class size at date	60	84	83	103	
Response Rate	87%	95%	93%	99%	

**MC II**

<b>Class of</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Masters' Colloquium was well organized.	3.9	3.9	4.2	4.5
The learning objectives were clearly identified.	4.0	3.8	4.1	4.4
Masters' Colloquium met the identified learning objectives.	3.9	3.8	4.2	4.5
The amount of material presented was reasonable.	4.3	4.1	4.4	4.7
I knew what I was supposed to be learning and why.	4.0	3.8	4.1	4.4
The methods used to evaluate my performance were fair measures of my effort and learning.	4.0	3.9	4.2	4.5
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.3	4.0	4.3	4.6
The course format is appropriate.	3.9	3.9	4.2	4.5
Masters' Colloquium broadens my perspectives.	4.1	4.0	4.3	4.5
Masters' Colloquium challenges my assumptions.	3.7	3.9	4.3	4.4
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.0	3.9	4.3	4.5
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.0	4.0	4.3	4.4
I feel that Masters' Colloquium has been valuable to me.	3.9	3.9	4.2	4.4
N	42	71	77	101
Class size at date	64	84	83	103
Response Rate	66%	85%	93%	98%

**MC III**

<b>Class of</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Masters' Colloquium was well organized.	4.0	4.2	4.2	
The learning objectives were clearly identified.	4.0	4.0	4.0	
Masters' Colloquium met the identified learning objectives.	4.0	4.1	4.0	
The amount of material presented was reasonable.	4.1	4.2	4.3	
I knew what I was supposed to be learning and why.	4.0	4.0	3.9	
The methods used to evaluate my performance were fair measures of my effort and learning.	4.0	4.0	4.0	
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.0	4.2	4.1	
The course format is appropriate.	4.0	4.1	4.0	
Masters' Colloquium broadens my perspectives.	3.9	4.2	4.1	
Masters' Colloquium challenges my assumptions.	3.8	4.1	4.1	
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	4.1	4.1	
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.9	4.1	4.2	
I feel that Masters' Colloquium has been valuable to me.	3.8	4.1	4.0	
N	56	80	73	
Class size at date	64	90	83	
Response Rate	88%	89%	88%	

**MC IV**

<b>Class of</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Masters' Colloquium was well organized.	4.1	4.3	4.3	
The learning objectives were clearly identified.	4.1	4.2	4.2	
Masters' Colloquium met the identified learning objectives.	4.1	4.2	4.3	
The amount of material presented was reasonable.	4.1	4.3	4.4	
I knew what I was supposed to be learning and why.	4.0	4.2	4.3	
The methods used to evaluate my performance were fair measures of my effort and learning.	4.0	4.2	4.2	

## MC IV

Class of	2014	2015	2016	2017
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.1	4.3	4.5	
The course format is appropriate.	4.1	4.3	4.3	
Masters' Colloquium broadens my perspectives.	4.1	4.2	4.4	
Masters' Colloquium challenges my assumptions.	4.0	4.1	4.4	
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.1	4.2	4.4	
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.1	4.2	4.4	
I feel that Masters' Colloquium has been valuable to me.	4.0	4.2	4.4	
N	55	78	75	
Class size at date	64	90	83	
Response Rate	86%	88%	90%	

### *MC I Themes*

Structure/Guidance/Direction – Suggestions: provide more structure on what will be taught, more direction when discussing topics in a group, and more real world applications.

Topics to Discuss – Suggestions: consider discussing topics such as formal medical laws in Texas, issues and ethics, healthcare, and malpractice.

Topics Discussed – Suggestions: discuss topics that are challenging and controversial. Strengths: helps to show dilemmas physicians face daily, good case examples, great personal stories, and addresses pressing issues.

Interactive Sessions/Activities – Suggestions: increase number of small group discussions, provide opportunity for equal involvement, incorporate more interactive activities, and implement “rules of order” to assure no one person dominates the discussion. Strengths: excellent way to express and hear new perspectives, provides valuable information, challenges ideas, and promotes critical thinking.

Writing Assignments – Suggestions: provide plenty of notice when a paper will be assigned and its due date, provide more guidance and direction when assigning papers, and assign topics that are relevant and allow for reflection.

Documentaries/Movies – Suggestions: show documentaries/movies at the beginning of the unit and not before the summative and increase number of videos shown but limit their length to fit within the scheduled class time. Strengths: watching A Lion in the House and the cancer movie.

Allotted Time/Session Days – Suggestions: reduce the time scheduled for class to possibly one hour.

College Masters – Strengths: Drs. Blunk and Coue are good at facilitating discussions, Dr. Woods and Osborne take turns presenting and allow for interaction, Drs. Piskurich and Francis share interesting information, and Drs. Sandroni and Pfarr discuss clinical experiences and provide informative PowerPoint presentations.

Environment – Strengths: comfortable, non-judgmental environment, provides a fair chance to express opinions, bonding between students and is a non-demanding course.

### *MC II Themes*

Topics Discussed – Suggestions: incorporate discussions that involve more controversial topics and reduce number of ethic discussions. Strengths: readings were thought provoking, discussions regarding aspects of patient care, analyses of poetry and art, and insight to medicine were useful.

Activities to Do/Discussions to Have – Suggestions: incorporate more interactive activities, schedule time to answer thought provoking questions, present more challenging ethical situations, and discuss more current topics/issues. Strengths: debates, discussions among groups, thoughtful arguments, and great time for reflection.

Essays – Suggestions: reduce number of papers assigned and evenly schedule paper assignments throughout semester.

Scheduled Time/Days – Suggestions: reduce time scheduled for class, consider making it one hour long.

Class Structure – Suggestions: plan and prep for lessons and avoid having students take over the discussions, notify students of what will be discussed during the week, and remain on topic.

Environment – Strengths: atmosphere conducive to sharing opinions, comfortable and non-judgmental environment.

College Masters – Strengths: Drs. Blunk and Coue allow discussions to flow naturally and do well facilitating conversations and Drs. Pfarr and Sandroni are knowledgeable and well-rounded and make topics interesting.

Movies/Sessions/Plays – Strengths: Imelda play, Art of Observation session, A Lion in the House, and the cancer movie.

### *MC III Themes*

Strep Preparation – Suggestions: focus more on ethical questions for Step I and provide resource materials for ethical practice.

Topics to Discuss – Suggestions: discuss topics that involve legal information and research pertaining to the field of medicine and allow students to choose topics to discuss. Strengths: interesting topics, good stories, ethical discussions related to healthcare/insurance, incorporation of STEP material.

Student-taught Sessions – Suggestions: provide a list of objectives and limit the number of student-run sessions. Strengths: interesting format, encourages involvement, entertaining.

Student Involvement/Interactive Sessions – Suggestions: incorporate more interactive discussions and allow students to discuss themes of assigned papers prior to the deadline.

Essays – Suggestions: reduce the number of papers assigned and provide clear expectations and guidelines for papers.

Scheduled Time/Dates – Suggestions: reduce class time to one hour.

Environment – Strengths: open/diplomatic format, laid back and comfortable environment.

### *MC III Themes*

Topics to Discuss – Suggestions: discuss up-to-date relevant topics, incorporate more hypothetical scenarios to engage students, and provide more USMLE questions to discuss. Strengths: topics discussed were fitting and allowed student to reflect on important ethical dilemmas.

Essays – Suggestions: change deadline of papers until after summative exam, provide topics to all papers at the beginning of the unit, and reduce number of essays assigned.

Feedback – Suggestions: discuss paper topics after the due date and provide feedback of papers.

Ethics Practice Questions – Suggestions: provide more Step material to discuss and incorporate them in the first semester of colloquium. Strengths: helpful, enjoyable sessions, extremely valuable, and useful.

College Master Talks – Strengths: masters provide perspectives from their own career experiences, share wisdom and different points of views.

College Masters – Strengths: Drs. Woods and Osborne were both great, Drs. Blunk and Coue provided a comfortable learning environment and did a great job of engaging students, and Dr. Pfarr did a good job of challenging students.

Environment – Strengths: open and safe environment, able to express viewpoints and opinions freely.



## M3 CURRICULUM INFORMATION

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### Outcomes

#### SHELF EXAMS

Under current grading policy, a student receives honors for the course if the NBME shelf score is  $\geq$  the 75th percentile, is eligible for honors if the NBME shelf score is in the 56th to 74th percentile, and receives a pass if the score is within the 6th to 55th percentile. Anything below the 6th percentile requires the student to remediate the exam. If the individual makes the 6th percentile or above on the remediation exam, s/he receives a pass for the course. Otherwise, s/he fails the course. To date, no student has failed a course.

**Distribution of NBME Shelf Exam Score by Grade Categories, all Blocks  
AY 2013-2014**

	Overall			
	Honors	Eligible	Pass	Fail
Family Medicine (FM)	11	20	37	5
Surgery	16	17	38	3
Internal Medicine (IM)	20	10	41	4
Psychiatry (Psych)	27	13	31	3
OB/Gynecology (OB/Gyn)	16	15	38	8
Pediatrics (Peds)	19	16	38	4

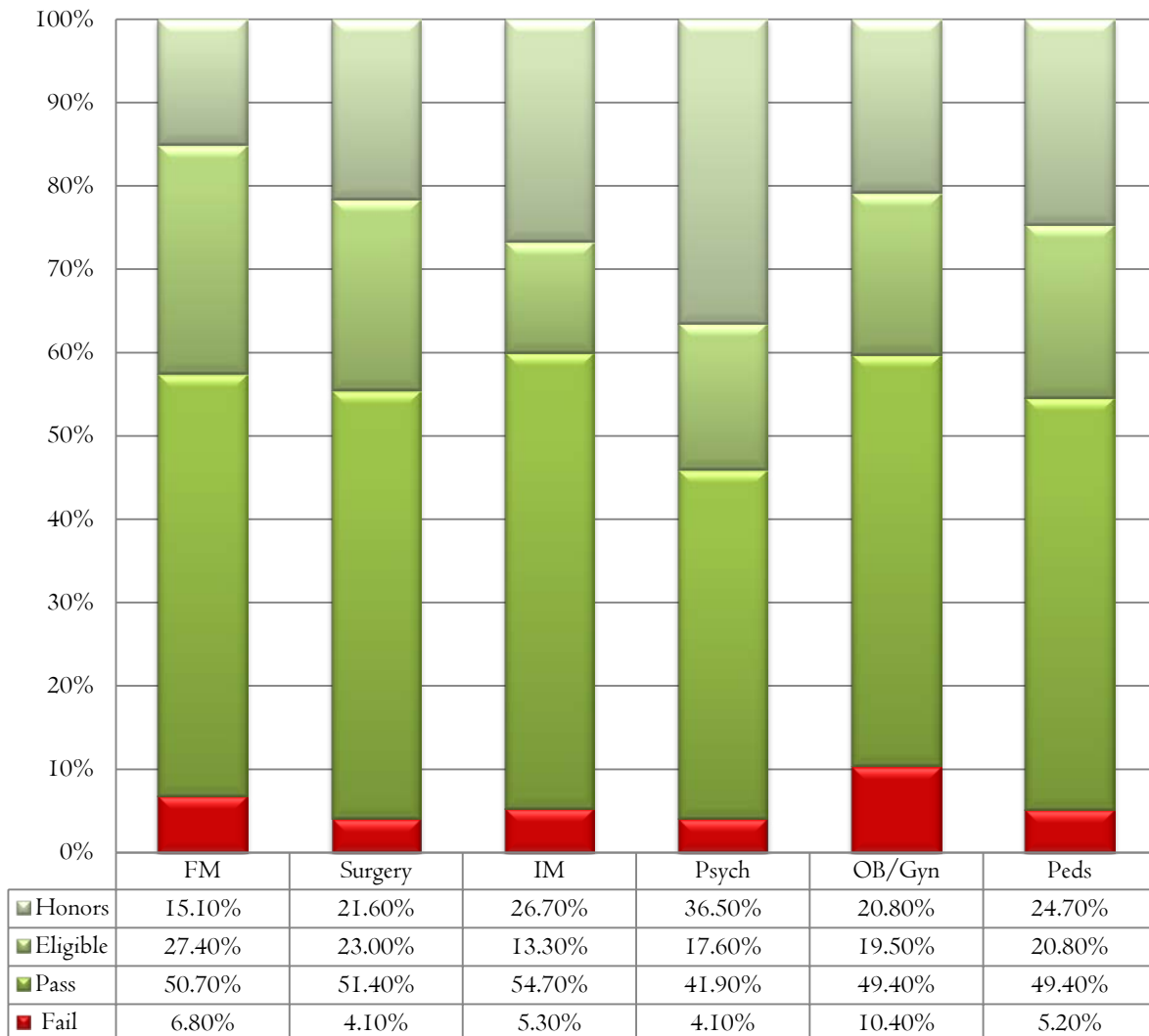
**Distribution of NBME Shelf Exam Score by Grade Categories, all Blocks  
AY 2012-2013**

	Overall			
	Honors	Eligible	Pass	Fail
Family Medicine (FM)	20	12	21	2
Surgery	20	10	23	1
Internal Medicine (IM)	15	11	25	0
Psychiatry (Psych)	17	20	18	0
OB/Gynecology (OB/Gyn)	12	13	30	0
Pediatrics (Peds)	17	14	23	2

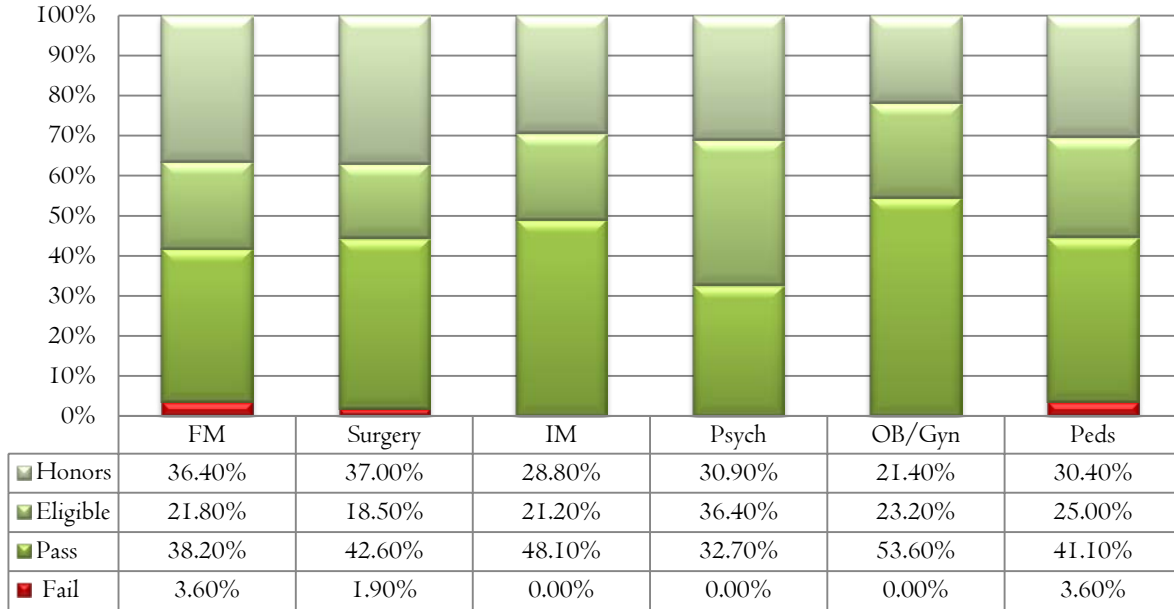
**Distribution of NBME Shelf Exam Score by Grade Categories, all Blocks  
AY 2011-2012**

	Score Category			
	Honors	Eligible	Pass	Fail
Family Medicine (FM)	7	12	18	1
Surgery	14	5	19	0
Internal Medicine (IM)	10	9	17	0
Psychiatry (Psych)	11	7	21	0
OB/Gynecology (OB/Gyn)	11	10	15	0
Pediatrics (Peds)	12	4	20	0

**Percentage Distribution of NBME Shelf Exam Scores  
by Grade Categories  
AY 2013-2014, all Blocks**



**Percentage Distribution of NBME Shelf Exam Scores  
by Grade Categories  
AY 2012-2013, all Blocks**



**Percentage Distribution of NBME Shelf Exam Scores  
by Grade Categories  
AY 2011-2012, all Blocks**



STEP 2 RESULTS

*Clinical Knowledge*

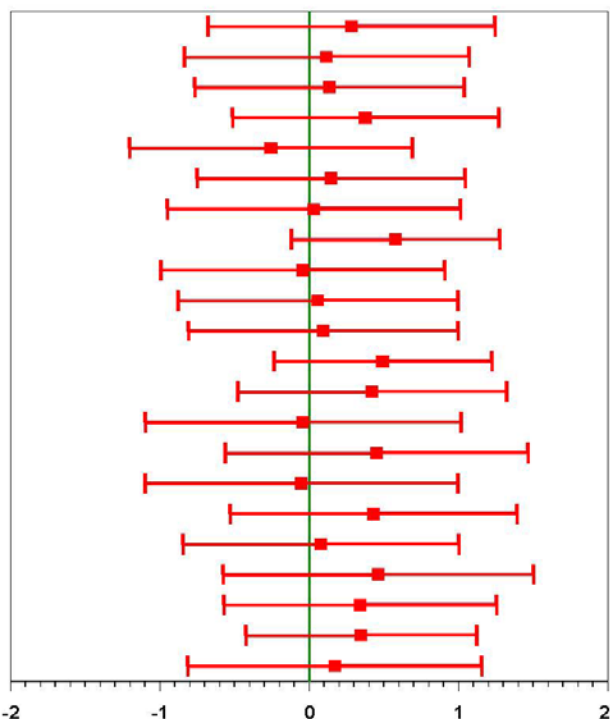
<b>Clinical Knowledge Class</b>	First time pass rate	High Score	Low Score	Median 3 digit score	Mean 3 digit score	Std Dev 3 digit score
<b>All</b>	99%	275	191	241.0	240.8	16.8
2013	100%	275	205	238.0	238.6	16.9
2014	98%	267	191	244.0	243.1	16.7

# NATIONAL BOARD OF MEDICAL EXAMINERS®

## Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2013 to June 2014

Medical School: 044-200 Paul L. Foster School of Medicine

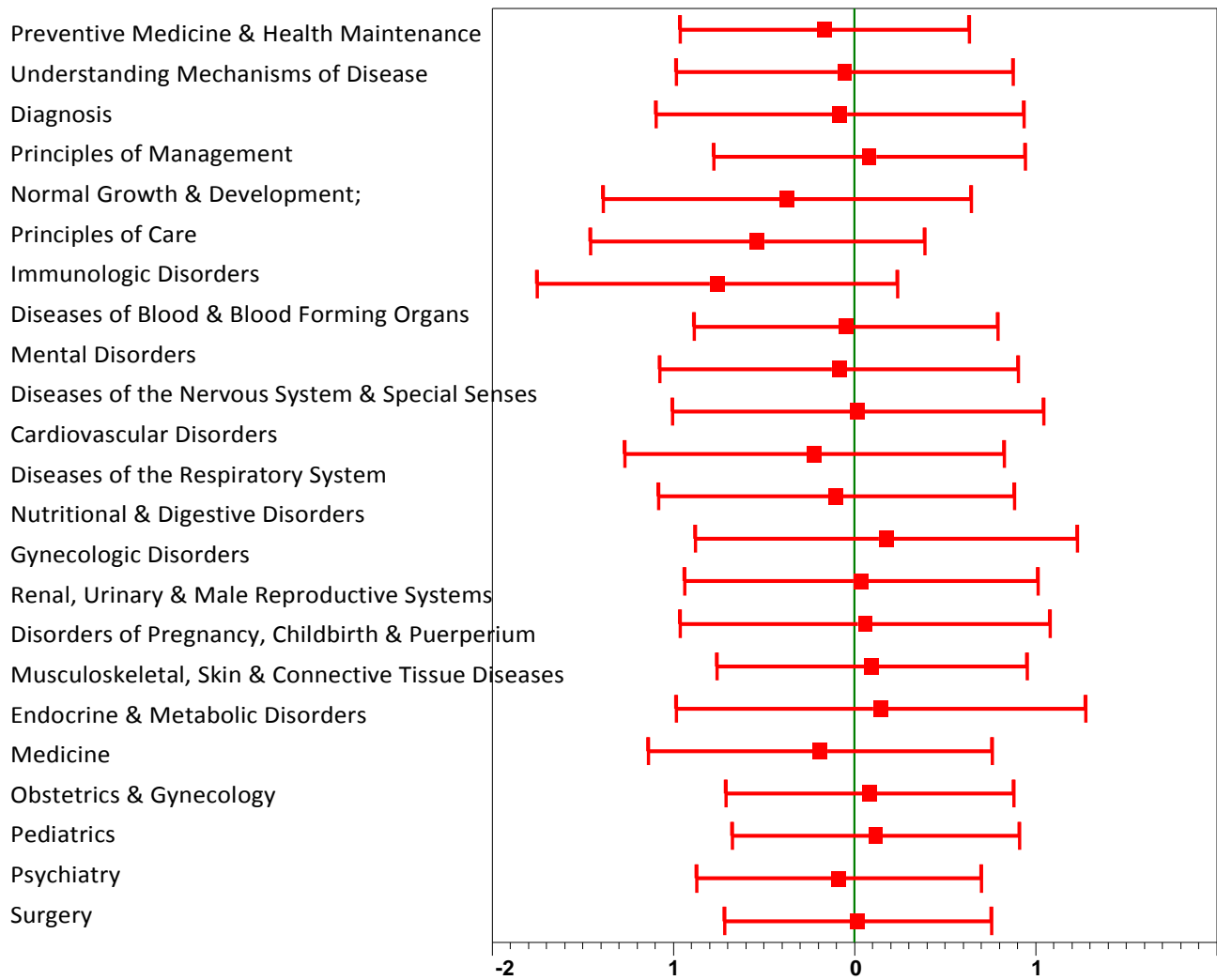
Preventive Medicine & Health Maintenance  
Understanding Mechanisms of Disease  
Diagnosis  
Principles of Management  
Normal Growth & Development; Principles of Care  
Immunologic Disorders  
Diseases of Blood & Blood Forming Organs  
Mental Disorders  
Diseases of the Nervous System & Special Senses  
Cardiovascular Disorders  
Diseases of the Respiratory System  
Nutritional & Digestive Disorders  
Gynecologic Disorders  
Renal, Urinary & Male Reproductive Systems  
Disorders of Pregnancy, Childbirth & Puerperium  
Musculoskeletal, Skin & Connective Tissue Diseases  
Endocrine & Metabolic Disorders  
Medicine  
Obstetrics & Gynecology  
Pediatrics  
Psychiatry  
Surgery



The above 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 score category. 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 score category. 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 score category in which the performance of your students was relatively strong and 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 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.

Performance of Examinees Taking USMLE <sup>®</sup> Step 2 Clinical Knowledge (CK)  
 for the First Time in the Academic Year  
 July 2012 to June 2013



2

The above 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 score category. 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 score category. 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.

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***Clinical Skills***

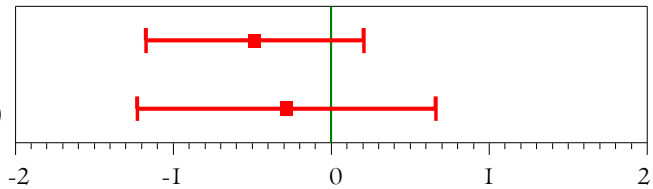
Please note, score plots for AY 2013-2014 are not yet available.

Clinical Skills By Class	First time pass rate
All	96%
2013	100%
2014	92%

NATIONAL BOARD OF MEDICAL EXAMINERS®  
 Performance of Examinees Taking USMLE® Step 2 Clinical Skills (CS)  
 for the First Time in the Academic Year June 17, 2012 to June 2013

**Integrated Clinical Encounter (ICE)**

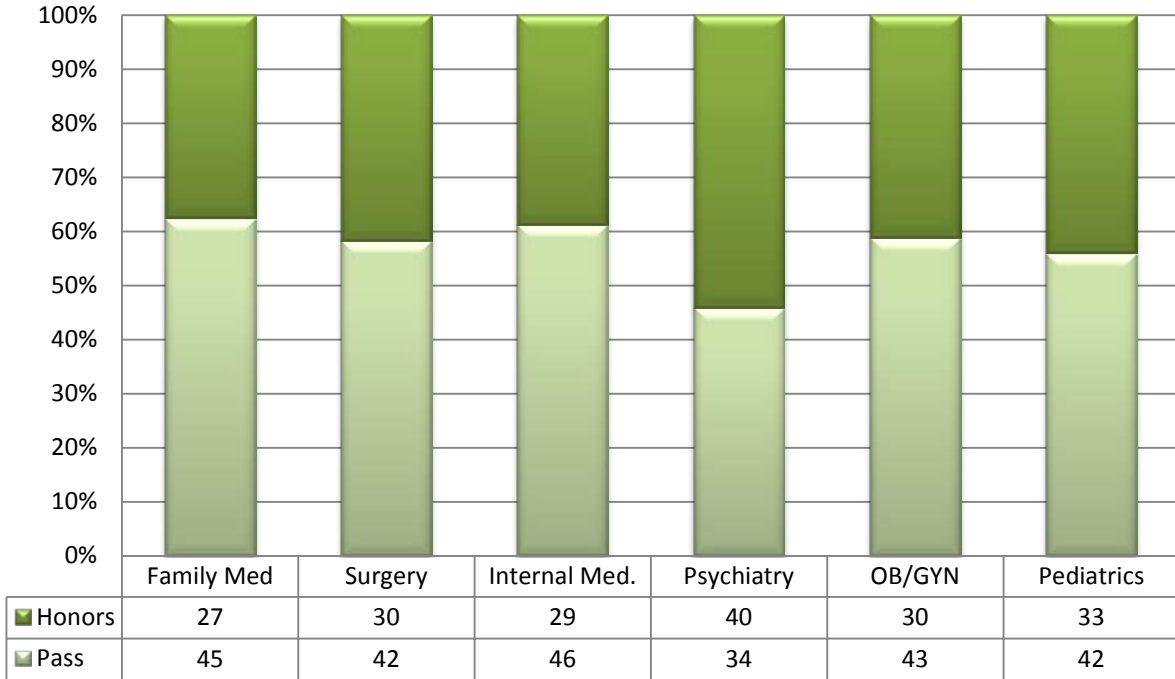
**Communication & Interpersonal Skills (CIS)**



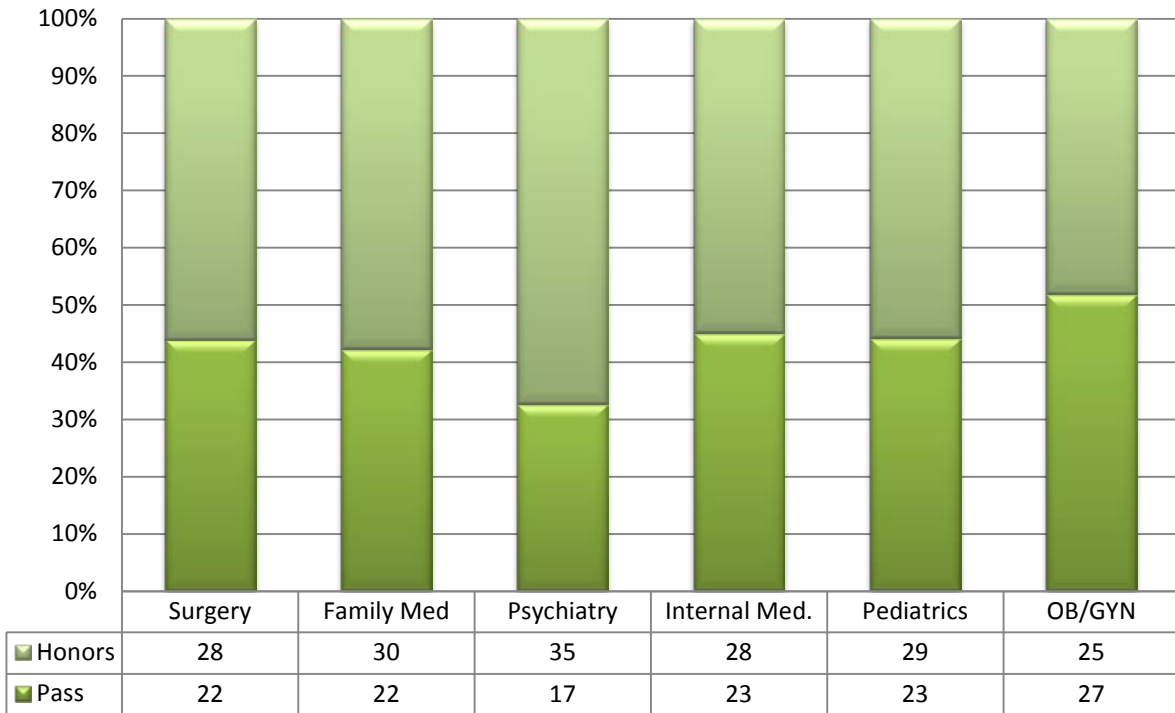
**GRADES AS SHOWN IN THE MSPE**

Note, all graphics in the MSPE are based on the results for on-cycle students.

**Class of 2015 MS III Grade Distribution**

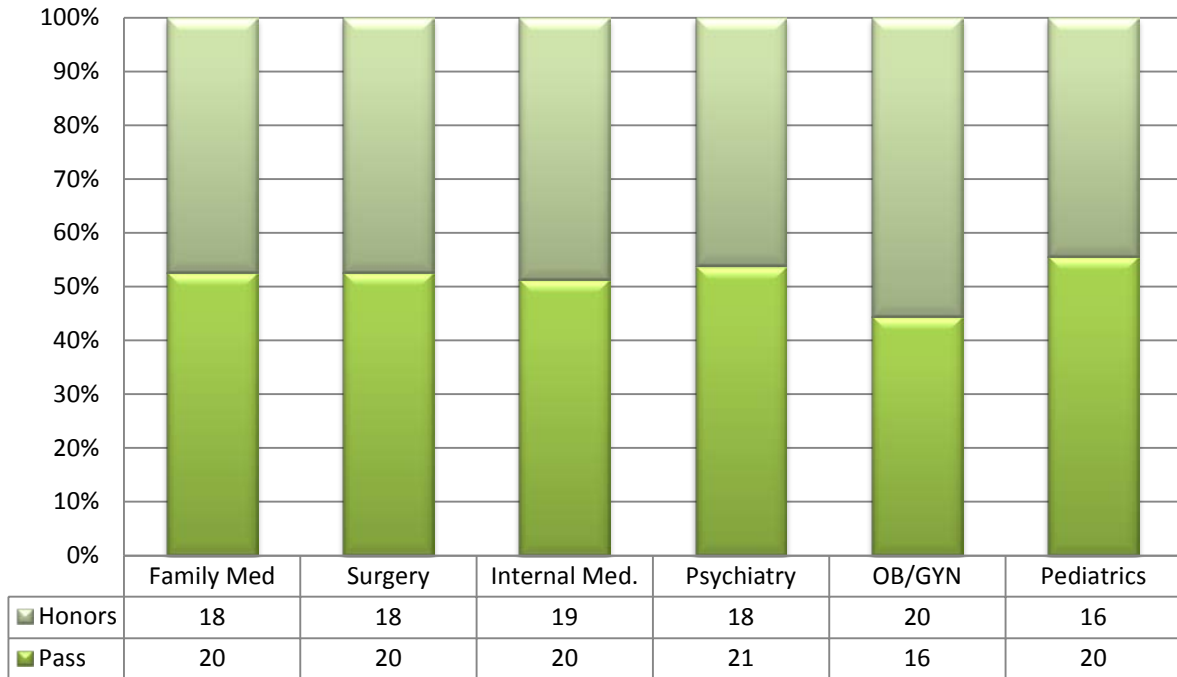


**Class of 2014 MS III Grade Distribution**





### Class of 2013 MS III Grade Distribution



### OPLOG STATISTICS BY LOCATION

#### Internal Medicine

Location	# of Pts.	Diagnostic Level			Procedure Level		
		Managed	Assisted	Observed	Performed	Assisted	Observed
UMC	46.5	28.1	29.2	34.6	2.6	0.5	2.8
WBAMC	50.0	29.8	25.9	27.3	0.7	1.0	3.9
All locations	48.6	29.1	27.2	30.3	1.5	0.8	3.5

#### Surgery

Location	# of Pts.	Diagnostic Level			Procedure Level		
		Managed	Assisted	Observed	Performed	Assisted	Observed
UMC	72.4	21.2	45.1	14.0	8.4	16.6	5.2
WBAMC	87.9	22.9	60.4	28.5	12.1	20.9	9.3
All locations	78.7	21.9	51.3	19.8	9.9	18.3	6.8

#### Psychiatry

Location	# of Pts.	Diagnostic Level			Procedure Level		
		Managed	Assisted	Observed	Performed	Assisted	Observed
EPPC	38.6	7.3	25.7	25.6	2.3	0.9	1.4
UBH	41.8	18.3	26.4	23.5	1.5	0.5	0.1
All locations	40.1	12.5	26.0	24.6	1.9	0.7	0.8

NBME "SHELF" EXAMS BY LOCATION

*Internal Medicine*

Location	Block I	Block 2	Block 3	Full Year
WBAMC	75.9	78.6	81.5	78.7
UMC	75.3	74.9	75.4	75.2
All locations	75.6	76.9	79.3	77.3

*Surgery*

Location	Block I	Block 2	Block 3	Full Year
WBAMC	76.7	71.8	78.5	75.7
UMC	69.3	73.2	76.1	72.9
All Locations	73.0	72.5	77.3	74.3

*Psychiatry*

	Block I	Block 2	Block 3	Full year
UBH	81.6	80.8	82.6	81.7
UMC	79.9	82.4	84.3	82.2
All locations	80.3	81.4	83.3	81.9

## Evaluation Results

Evaluation items, with the exception of the learning environment questions, use a 5 point Likert For the evaluation data, quantitative data is reported for the prior 3 years. It should be noted, however, that we have added and removed questions throughout the 5 year cycle. As a result, some items will have blanks across the table for those items not measured in any given cycle. In addition, changes to both the questions and the curricular structure (units dividing, for instance) can make the trend data misleading. Further, please note class size changes also influence the volatility of the measures; as the class size has grown, a single student's response has less impact on the mean.

Evaluation items, with the exception of the learning environment questions, use a 5 point Likert scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, and 5 strongly agree. All items using this scale are worded for the desired outcome so we have informed the course directors that they should be aiming for an average response of 4.0 or higher.

Qualitative data from the evaluation reports has been summarized into top strengths and suggestions keywords. We created this from each evaluation reports thematic analysis of the comments. Any theme with 4 or more individuals commenting on it was included by its summarizing word. In order to keep the report shorter, we have not included an appendix with the full comments. A copy of the full report is available on request. Please note that some themes had only strengths or suggestions.

### SURGERY & FAMILY MEDICINE CLERKSHIP BLOCK EVALUATIONS

#### *Block*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
This block was well organized.	3.7	3.5	3.5	3.6	4.0	4.2	4.0	4.0	4.1
The learning objectives were clearly identified.	4.0	3.7	3.8	3.6	4.2	4.2	3.7	4.0	3.9
The block met the identified learning objectives.	4.0	3.5	3.8	3.5	4.2	4.2	3.8	3.8	4.0
The amount of material presented during the block was reasonable.	4.3	3.5	4.1	3.8	4.1	4.3	4.0	3.8	4.1
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	4.0	2.8	3.3	3.2	3.9	3.6	3.1	3.2	3.7
N	9	12	11	16	17	13	22	24	27

#### *Surgery*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The first two years of medical school adequately prepared me for this clerkship.	2.8	3.3	4.1	3.1	3.3	3.6	3.4	3.1	3.1
The methods used to evaluate my performance were fair.	2.7	3.2	3.6	2.9	3.7	3.9	3.9	3.3	3.4
In this clerkship, duty hour policies were adhered to strictly.	3.7	3.8	3.4	3.4	3.6	4.0	4.6	4.0	4.1
I had appropriate exposure to ambulatory patients.	3.8	3.8	4.2	4.1	4.4	4.4	4.3	4.1	3.7
I had enough patient management opportunities.	3.4	3.3	4.3	4.0	4.2	4.4	3.9	3.7	3.6

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
I received sufficient supervision during my clinical interactions.	3.8	3.5	4.4	3.9	4.2	4.5	4.2	3.9	4.2
The clinical presentation schemes helped me organize my approach to patient care.	2.8	3.1	3.0	3.1	3.5	3.4	3.3	3.0	3.1
I received sufficient oral feedback on my performance.	2.9	3.0	3.8	3.2	3.8	3.9	3.8	3.1	3.6
I received sufficient written feedback on my performance.	2.9	3.2	3.9	3.1	3.7	3.9	4.0	2.8	3.6
The clerkship provided appropriate preparation for the shelf exam.	3.0	3.1	3.5	2.1	3.4	3.7	3.8	3.0	3.2
I was observed delivering patient care.	3.8	3.7	4.1	4.0	4.1	4.2	4.1	3.8	4.0
Overall, I learned useful knowledge and/or skills.	4.2	3.9	4.4	4.1	4.2	4.5	4.4	4.0	4.2
N	9	12	11	16	17	13	22	24	27

Patient interaction – Suggestions: increase patient interaction at WBAMC.

Expectations/Instructions – Suggestions: provide clearer instructions about expectations (i.e. how many patients scheduled in the morning) and provide instructions on where to be and when.

Evaluations/Feedback – Suggestions: submit evaluations in a timely fashion and provide more oral feedback while in the clerkship. Strengths: good oral feedback from residents.

Surgeries – Suggestions: allow for more opportunities to assist in minor surgeries. Strengths: great opportunity to assist and see many unique surgery cases.

Residents – Strengths: intelligent, great teachers, patient, informative, and always available.

OR – Suggestions: schedule more time in the OR and if necessary less time in clinic. Strengths: adequate OR time and professors were very welcoming in the OR.

Teaching – Suggestions: schedule more time for teaching, lectures that discuss complications in surgeries and how to manage them, and ask more questions. Strengths: challenged students with anatomy knowledge.

### ***Family Medicine***

	AY 2012-2013			AY 2013-2014					
	Block I	Block 2	Block 3	Block I	Block 2	Block 3			
The first two years of medical school adequately prepared me for this clerkship.	3.9	4.2	4.5	4.1	4.1	4.0	4.1	3.8	4.0
The methods used to evaluate my performance were fair.	4.0	4.0	4.3	3.9	4.2	4.2	3.4	3.6	4.0
In this clerkship, duty hour policies were adhered to strictly.	4.3	4.3	4.7	4.3	4.0	4.4	4.6	4.3	4.5
I had appropriate exposure to ambulatory patients.	4.6	4.3	4.8	4.5	4.5	4.5	4.5	4.3	4.3
I had enough patient management opportunities.	4.6	4.1	4.8	4.4	4.5	4.5	4.4	4.0	4.4
I received sufficient supervision during my clinical interactions.	4.6	4.1	4.6	4.5	4.5	4.5	4.5	4.1	4.4
The clinical presentation schemes helped me organize my approach to patient care.	4.3	4.1	4.1	4.0	3.8	3.7	3.9	3.5	3.8
I received sufficient oral feedback on my performance.	4.5	3.8	4.5	4.4	4.4	4.5	3.8	4.0	4.1
I received sufficient written feedback on my performance.	4.5	3.8	4.5	4.4	4.4	4.4	4.0	4.0	4.0

				AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The clerkship provided appropriate preparation for the shelf exam.	4.3	3.4	4.1	2.9	3.8	4.1	3.2	3.4	3.7
I was observed delivering patient care.	4.3	4.2	4.8	4.2	4.4	4.5	4.6	4.0	4.3
Overall, I learned useful knowledge and/or skills.	4.4	4.2	4.6	4.4	4.4	4.5	4.4	4.3	4.3
N	9	12	11	16	17	13	22	23	26

Organization – Strengths: overall very well organized.

Inconsistent info./Instructions – Suggestions: assure that all residents and faculties are on the same page regarding clerkship rules, expectations, and guidelines.

Design a Case – Suggestions: rework questions, they were not constructive for preparing for shelf and the case seemed to be extra work that was not very useful.

Longitudinal Selective – Suggestions: allow selectives to be optional, improve the educational aspect of the selective, provide direction and assure that all expectations/assignments are consistent across selectives.

Patients – Strengths: patient centered and ability to see a diverse group of patients.

Hospice – Suggestions: reduce amount of time spent in Hospice, it was not useful and repetitive, consider reducing it to two days.

Study Materials – Suggestions: reduce number of PowerPoints and quizzes. Strengths: NBME and lecture quizzes enforce student learning.

Kenworthy Clinic – Strengths: organized, lots of patient encounters, great experience

### INTERNAL MEDICINE & PSYCHIATRY BLOCK

#### *Block*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
This block was well organized.	3.3	3.8	3.7	3.4	4.2	4.3	4.1	4.1	
The learning objectives were clearly identified.	3.5	3.8	3.7	3.6	4.1	4.3	3.6	4.0	
The block met the identified learning objectives.	3.7	3.7	3.7	3.6	4.2	4.3	3.7	4.1	
The amount of material presented during the block was reasonable.	4.1	3.8	3.3	3.6	4.2	4.3	4.0	4.1	
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.1	3.7	2.5	2.9	3.5	3.8	3.8	4.2	
N	11	12	14	14	16	15	25	24	

#### *Internal Medicine*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The first two years of medical school adequately prepared me for this clerkship.	4.5	3.6	4.0	4.0	3.7	3.9	3.8	3.7	3.9
The methods used to evaluate my performance were fair.	3.1	3.5	2.8	3.9	3.8	3.9	3.7	3.8	3.8

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
In this clerkship, duty hour policies were adhered to strictly.	3.4	3.7	2.7	3.9	4.1	4.4	4.1	4.0	4.1
I had appropriate exposure to ambulatory patients.	3.5	3.8	3.3	3.7	4.2	4.1	4.1	4.3	4.1
I had enough patient management opportunities.	3.7	4.2	4.2	4.1	4.4	4.5	4.3	4.4	4.1
I received sufficient supervision during my clinical interactions.	4.2	3.8	3.9	4.2	3.9	4.2	4.0	4.3	4.4
The clinical presentation schemes helped me organize my approach to patient care.	3.1	3.7	3.5	3.1	3.9	4.1	3.6	3.8	3.9
I received sufficient oral feedback on my performance.	3.8	3.8	3.7	4.2	4.1	4.3	3.8	4.0	4.1
I received sufficient written feedback on my performance.	3.8	4.1	3.5	4.1	3.8	3.9	4.0	4.1	3.8
The clerkship provided appropriate preparation for the shelf exam.	3.1	3.6	3.6	3.8	3.7	4.2	3.3	3.7	3.6
I was observed delivering patient care.	4.5	3.9	4.2	4.4	4.3	4.5	4.2	4.3	4.1
Overall, I learned useful knowledge and/or skills.	4.6	4.2	4.2	4.4	4.4	4.7	4.5	4.3	4.3
N	11	12	14	14	16	15	25	24	23

Consistency – Suggestions: assure that rotations at WBAMC and UMC are standardized and have the same guidelines/expectations (e.g. work schedule).

Instruction – Suggestions: improve instruction regarding bedside rounds, observed H & Ps, spend more time explaining and quizzing on material taught. Strengths: didactic lectures were helpful, specifically the x-ray reading and EKG session.

Faculty/Residents/Coordinator – Strengths: residents and faculties were helpful and involved, especially Dr. Davis; Marissa provided schedules in a timely fashion.

MKSAP – Suggestions: do not make it a requirement and instead allow student to review it on their own. Strengths: questions kept students on task for studying and sessions were helpful.

OSCE – Suggestions: assure that the OSCE is following the Step 2 format, standardized patients were told to withhold information unless specifically asked and open-ended questions were discouraged.

### *Psychiatry*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The first two years of medical school adequately prepared me for this clerkship.	4.4	4.3	4.5	4.0	4.3	4.0	4.3	4.0	3.9
The methods used to evaluate my performance were fair.	4.8	4.5	4.6	3.9	4.3	4.3	4.0	4.0	3.8
In this clerkship, duty hour policies were adhered to strictly.	5.0	4.7	4.7	4.4	4.4	4.5	4.4	4.5	4.1
I had appropriate exposure to ambulatory patients.	4.5	4.8	4.5	4.1	4.2	4.1	4.3	4.2	3.9
I had enough patient management opportunities.	4.2	4.8	4.5	3.9	4.4	4.2	4.2	4.1	3.9
I received sufficient supervision during my clinical interactions.	4.5	4.8	4.6	4.3	4.3	4.3	4.4	4.2	4.0

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
The clinical presentation schemes helped me organize my approach to patient care.	3.8	4.8	4.5	3.4	4.1	3.9	3.7	3.7	3.8
I received sufficient oral feedback on my performance.	4.7	4.3	4.7	4.0	4.3	4.4	3.9	4.1	4.1
I received sufficient written feedback on my performance.	4.7	4.3	4.7	4.2	4.2	4.2	4.2	4.0	3.9
The clerkship provided appropriate preparation for the shelf exam.	4.7	4.6	4.8	3.9	4.3	4.0	3.9	4.0	3.9
I was observed delivering patient care.	4.5	4.7	4.8	4.4	4.3	4.4	4.2	4.0	4.0
Overall, I learned useful knowledge and/or skills.	4.8	4.7	4.8	4.1	4.4	4.5	4.4	4.4	4.1
N	11	12	14	14	16	15	25	24	23

DIM – Suggestions: rework the DIM exercise, it was not helpful in learning the material; it is unnecessary to read over the entire document, instead provide 30 min before the conference to prepare and schedule a patient interview.

Interviewing Patients – Suggestions: allow for more opportunities to interview patient unsupervised. Strengths: good variety of patients providing many clinical scenarios.

CL Rotation – Strengths: CL rotation was useful and correlated with internal medicine.

Faculty/Instructors/Coordinators – Strengths: residents and faculties (Dr. Weisman) and Jayme were helpful and friendly and invested in the learning experience.

Lectures/Quizzes – Suggestions: rework didactics, they were not helpful, provide more psychopharmacology lectures, and provide access to quizzes after they are administered for studying purposes.

### OB/GYNECOLOGY & PEDIATRIC BLOCK

#### *Block*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	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	3.4	3.5	4.0	3.7	3.7	4.1	3.9	3.8
The learning objectives were clearly identified.	4.1	3.1	3.7	3.8	4.0	4.1	4.0	4.2	4.1
The block met the identified learning objectives.	4.1	3.5	3.8	3.9	4.1	4.1	4.0	4.3	4.2
The amount of material presented during the block was reasonable.	4.0	3.5	4.1	4.0	4.3	4.2	4.2	4.3	4.2
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.8	2.7	3.0	2.9	4.3	4.1	3.6	4.2	4.0
N	12	11	13	11	19	21	25	25	22

#### *OB/Gynecology*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The first two years of medical school adequately prepared me for this clerkship.	4.7	4.5	4.4	3.8	4.2	4.2	4.0	4.2	4.2
The methods used to evaluate my performance were fair.	3.5	3.4	4.1	3.8	4.1	4.1	4.0	3.9	4.2
In this clerkship, duty hour policies were adhered to strictly.	3.6	3.5	4.3	3.7	4.1	4.0	3.9	4.4	4.2
I had appropriate exposure to ambulatory patients.	4.5	4.3	4.2	4.5	4.3	4.4	4.3	4.4	4.3
I had enough patient management opportunities.	4.5	3.6	4.2	4.5	4.2	4.3	4.4	4.1	4.1
I received sufficient supervision during my clinical interactions.	4.6	4.1	4.0	4.2	4.3	4.2	4.3	4.0	4.2
The clinical presentation schemes helped me organize my approach to patient care.	3.4	3.5	4.0	4.0	3.8	3.6	3.5	3.9	3.8
I received sufficient oral feedback on my performance.	3.4	3.0	4.0	4.0	3.8	3.9	3.9	3.9	3.9
I received sufficient written feedback on my performance.	3.4	3.2	4.0	3.9	3.8	3.9	3.7	3.9	3.7
The clerkship provided appropriate preparation for the shelf exam.	4.2	3.7	4.0	4.1	3.6	3.9	3.7	3.9	3.8
I was observed delivering patient care.	4.5	4.4	4.3	4.3	4.2	4.1	4.4	4.2	4.1
Overall, I learned useful knowledge and/or skills.	4.5	4.3	4.4	4.4	4.3	4.2	4.5	4.5	4.2
N	12	11	13	11	19	21	25	26	22

Organization – Suggestions: provide schedules earlier.

Triage Week – Suggestions: reduce amount of time scheduled for triage and allow more time for studying.

Hands-on Opportunities – Suggestions: provide more opportunities for hand-on practice, such as performing a pelvic exam under observation. Strengths: opportunity to assist in delivering a baby, and scrubbing into surgery.

Expectations – Suggestions: provide list of expectations and explicitly state what needs to be turned in.

Residents – Suggestions: ensure that residents are willing to teach. Strengths: residents provided opportunities to participate in patient care, were helpful, and provided guidance.

Didactic Lectures – Suggestions: reduce number of lectures, lecturers were consistently tardy, consider scheduling more review sessions in place of lectures. Strengths: didactic lectures were helpful and strong.

Faculty – Strengths: Dr. Lyn is very enthusiastic and her workshops on Fridays were helpful, faculty dedicated to medical education and spent time teaching students.

### *Pediatrics*

	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
The first two years of medical school adequately prepared me for this clerkship.	3.0	2.6	3.7	4.5	4.0	4.2	3.5	4.0	4.1
The methods used to evaluate my performance were fair.	3.9	3.3	4.2	4.3	4.1	3.9	3.7	4.0	4.1
In this clerkship, duty hour policies were adhered to strictly.	4.0	4.7	4.5	4.5	4.5	4.4	4.3	4.7	4.3



	AY 2011-2012			AY 2012-2013			AY 2013-2014		
	Block I	Block 2	Block 3	Block I	Block 2	Block 3	Block I	Block 2	Block 3
I had appropriate exposure to ambulatory patients.	4.3	4.2	4.0	4.2	4.5	4.4	4.4	4.4	4.1
I had enough patient management opportunities.	4.1	4.0	4.0	4.3	4.0	4.0	4.3	4.5	4.1
I received sufficient supervision during my clinical interactions.	4.3	4.3	4.0	4.3	4.3	4.3	4.4	4.5	4.2
The clinical presentation schemes helped me organize my approach to patient care.	3.2	4.0	4.0	3.9	3.6	3.5	3.7	3.7	3.6
I received sufficient oral feedback on my performance.	3.9	3.2	4.0	4.3	4.2	4.1	4.0	4.1	4.2
I received sufficient written feedback on my performance.	3.9	3.2	4.0	4.4	4.0	4.0	4.0	4.2	3.9
The clerkship provided appropriate preparation for the shelf exam.	3.0	3.2	4.0	4.0	3.7	3.6	3.5	3.6	3.8
I was observed delivering patient care.	4.5	4.3	4.3	4.5	4.3	4.2	4.3	4.5	4.3
Overall, I learned useful knowledge and/or skills.	4.2	4.4	4.4	4.4	4.4	4.2	4.4	4.6	4.3
N	12	11	13	11	19	21	25	26	22

Teaching – Suggestions: provide more experience with the assessment and plan and teach how to assess a patient effectively in 10 min or less. Strengths: lectures that included a question session were very helpful, incontinence and pediatric gait abnormalities lectures were helpful.

Expectations – Suggestions: clearly define the roles of the medical students, provide clearer expectations for rotations and direction during wards week.

ILP Week – Strengths: allowed students to explore their interests, good balance of study and clinic time, good concept.

Wards – Suggestions: provide more wards experience and reduce study time. Strengths: great learning experience and beneficial, consider scheduling more time in wards by eliminating ILP week.

Walk-in Clinic – Suggestions: schedule number of students to walk-in clinic based on patient load, students only saw 1-2 patients per morning.

Faculty – Strengths: faculty members passionate about medical education, approachable, took the time to educate students, clinic with Dr. Loomba was very helpful.

## M4 CURRICULUM EVALUATIONS

### Emergency Medicine

	AY 2012-2013	AY 2013-2014
The clerkship was well organized.	4.5	4.8
The learning objectives were clearly identified.	4.8	4.7
The clerkship met the identified learning objectives.	4.7	4.7
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.5
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.4	4.0
The amount of material presented was reasonable.	4.7	4.6
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.6	4.4
In the clerkship, duty hours were adhered to strictly.	4.6	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.7
In the clerkship, I had enough patient management opportunities.	4.8	4.7

In the clerkship, I was observed delivering patient care.	4.7	4.7
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.7
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.7
In the clerkship, I received sufficient written feedback on my performance.	4.7	4.7
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.7
N	34	52

## Neurology

	AY 2012-2013	AY 2013-2014
The clerkship was well organized.	4.7	4.4
The learning objectives were clearly identified.	4.6	4.3
The clerkship met the identified learning objectives.	4.6	4.3
The first three years of medical school adequately prepared me for this clerkship.	4.5	4.2
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.2	3.6
The amount of material presented was reasonable.	4.8	4.4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.5	4.3
In the clerkship, duty hours were adhered to strictly.	4.8	4.5
In the clerkship, I had appropriate exposure to ambulatory patients.	4.7	4.4
In the clerkship, I had enough patient management opportunities.	4.7	4.2
In the clerkship, I was observed delivering patient care.	4.7	4.4
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.7	4.3
In the clerkship, I received sufficient written feedback on my performance.	4.8	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.5
N	29	56

## Critical Care Selectives

AY 2013-2014	NICU	PICU	SICU	CVCU	MICU
The clerkship was well organized.	4.5	4.2	4.5	3.9	4.2
The learning objectives were clearly identified.	4.5	4.3	4.6	3.6	4.2
The clerkship met the identified learning objectives.	4.5	4.2	4.6	3.8	4.3
The first three years of medical school adequately prepared me for this clerkship.	3.8	4.2	4.2	4.3	4.1
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.0	3.2	3.6	3.9	3.7
The amount of material presented was reasonable.	4.5	4.5	4.6	4.3	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.5	4.0	4.4	4.1	4.0
In the clerkship, duty hours were adhered to strictly.	4.5	4.8	4.3	4.3	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	5.0	4.4	4.2	3.9	4.3
In the clerkship, I had enough patient management opportunities.	5.0	4.7	4.9	3.9	4.7
In the clerkship, I was observed delivering patient care.	4.5	4.5	4.8	4.0	4.4
In the clerkship, I received sufficient supervision during my clinical interactions.	4.5	4.2	4.8	4.0	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.0	4.8	3.8	4.2
In the clerkship, I received sufficient written feedback on my performance.	4.8	3.7	4.0	3.8	3.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5	4.8	4.2	4.6

AY 2013-2014	NICU	PICU	SICU	CVCU	MICU
N	4	6	12	9	17

## Sub-Internships

AY 2013-2014	FM	Surgery	IM	Peds	OB/Gyn
The clerkship was well organized.	4.6	3.3	4.6	4.6	4.0
The learning objectives were clearly identified.	4.2	3.3	4.6	4.8	4.3
The clerkship met the identified learning objectives.	4.2	4.0	4.6	4.8	4.3
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.3	4.4	4.6	4.7
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.4	3.7	3.8	4.4	4.3
The amount of material presented was reasonable.	4.4	4.5	4.6	4.4	4.7
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.3	4.4	4.3	4.0
In the clerkship, duty hours were adhered to strictly.	4.4	4.3	4.6	4.5	4.3
In the clerkship, I had appropriate exposure to ambulatory patients.	3.8	4.5	4.6	4.7	4.3
In the clerkship, I had enough patient management opportunities.	4.2	4.8	4.6	4.8	4.3
In the clerkship, I was observed delivering patient care.	4.2	4.8	4.6	4.8	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.2	4.8	4.6	4.7	4.3
In the clerkship, I received sufficient oral feedback on my performance.	4.4	4.8	4.4	4.8	4.3
In the clerkship, I received sufficient written feedback on my performance.	4.4	4.3	4.2	4.5	4.0
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	3.7	4.5	4.7	5.0
N	5	6	25	14	3

## Electives

Only those electives with 4 or more evaluations are reported here.

AY 2013-2014	Anesthesiology Research	GI Elective	Nephrology	Radiology
I received sufficient oral feedback on my performance.	5.0	5.0	4.5	4.1
I received sufficient written feedback on my performance.	5.0	5.0	5.0	4.1
The clerkship was well organized.	5.0	5.0	4.5	4.4
The learning objectives were clearly identified.	5.0	5.0	4.5	4.6
The clerkship met the identified learning objectives.	5.0	5.0	4.5	4.6
The first three years of medical school adequately prepared me for this clerkship.	5.0	5.0	4.5	4.1
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	5.0	5.0	5.0	3.7
The amount of material presented was reasonable.	5.0	5.0	4.5	4.6
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	5.0	5.0	5.0	4.4

AY 2013-2014

	Anesthesiology Research	GI Elective	Nephrology	Radiology
In the clerkship, duty hours were adhered to strictly.	5.0	5.0	4.5	4.8
In the clerkship, I had appropriate exposure to ambulatory patients.	5.0	5.0	4.5	4.0
In the clerkship, I had enough patient management opportunities.	5.0	5.0	4.5	4.1
In the clerkship, I was observed delivering patient care.	5.0	5.0	4.5	4.1
In the clerkship, I received sufficient supervision during my clinical interactions.	5.0	5.0	4.5	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	5.0	4.5	4.8
N	6	4	5	21

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<sup>i</sup> AAMC mean was calculated as the average mean for 2011, 2012, and 2013. Single year data was not used as the national mean on all items has been increasing over the years. The 2010 data was not included as our 2010 class is much smaller than the other classes. It was felt that including that data would also potentially bias the analysis more than was warranted.