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HEALTH SCIENCES CENTER™
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Paul L. Foster School of Medicine

Annual Evaluation Report 2014-2015

*Prepared by the
Paul L Foster School of Medicine
Office of Assessment & Evaluation*

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

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EXECUTIVE SUMMARY

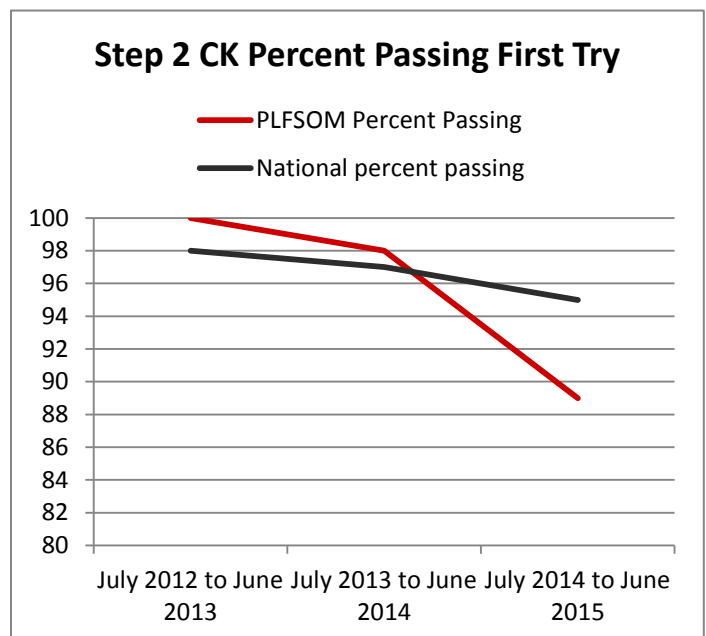
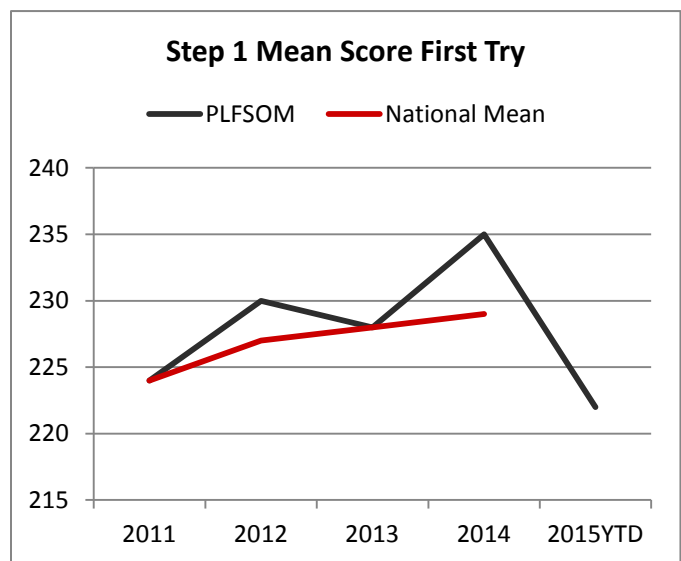
This year's report contains much the same content as last year's. We have, however, added information on overall outcome as indicated by the program director survey results and switched reporting of NBME passing rates to those reported by the NBME, rather than the students' original class year. This moves STEP 1 result reporting to a calendar year basis, rather than academic year basis. No other changes are considered significant in terms of methodology.

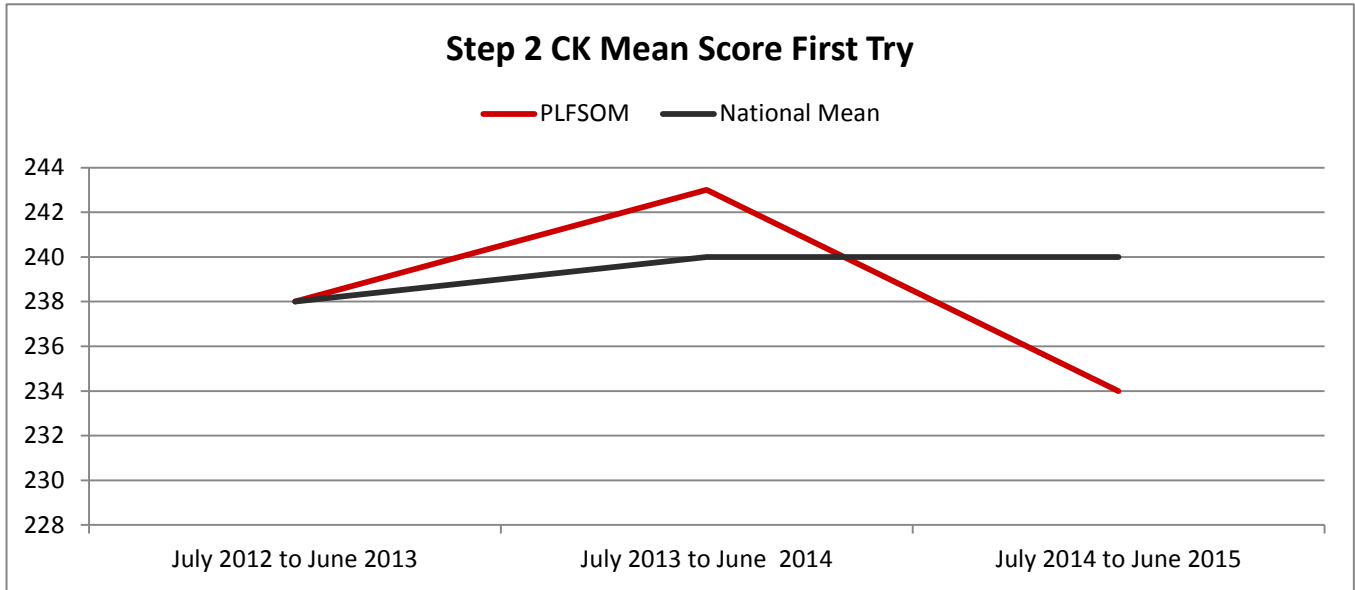
This year saw no change in the curriculum's overall design; all courses were the same offerings and timings as they were in the prior year. Course evaluation results suggest that students remain generally happy with the curriculum.

Course outcomes show more variability compared to prior years. The CEYE exam and the in-house exams show little variation in the outcomes over time. However, STEP scores do show more volatility. Step 1 passing rate reached 100% for 2013 and was at an all-time low of 95% for the year to date. However, the sample is so small that these changes should be used as significant with extreme caution. Looking at the class average score, the average value has also moved around slightly. It should be noted that our scores have been at or better than the national mean scores in prior years. Data is not yet available for this year to determine if this will be true again this year.

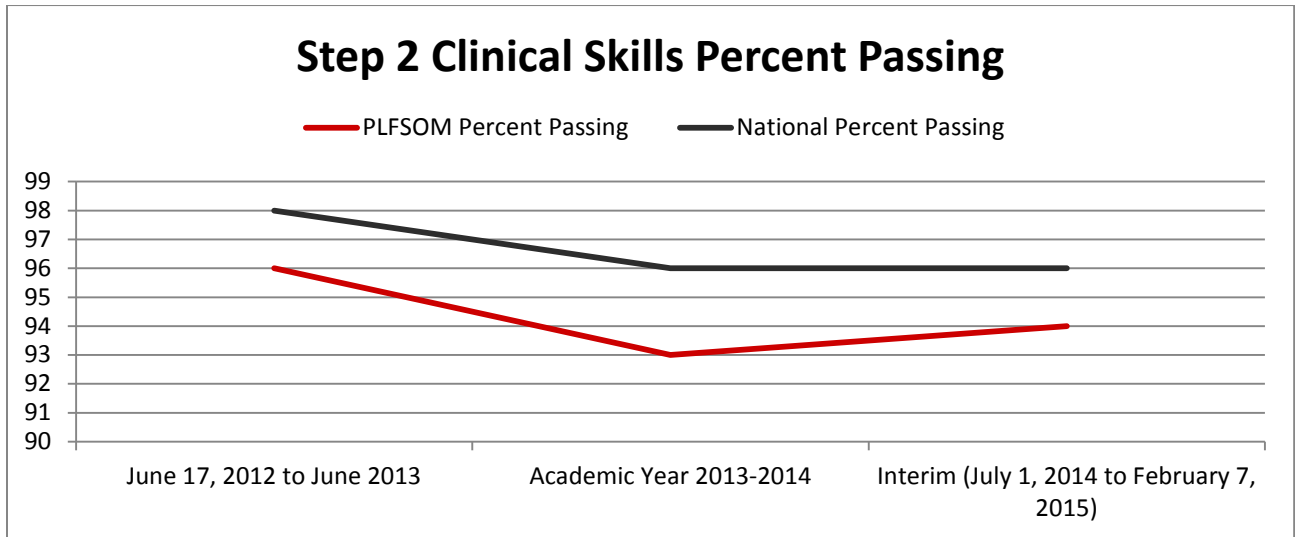
STEP 2 Clinical Knowledge (CK) (2 figures):
Passing rates and scores show a more consistent pattern, although the numbers and the number of iterations are again too small to warrant making decisions on their basis without extreme caution. Step 2 CK shows a steep drop in the first time passing rate. While the national percent passing rate trend shows some decline for the same period, the decline for PLFSOM is notably larger.

In prior years, PLFSOM mean scores on first try was at or above the national average. This year our mean dropped below the national average. Again, our numbers are more volatile than the national averages since we have a much smaller n.





Step 2 Clinical Skills (CS) (1 figure): PLFSOM's CS first time pass rate has historically been below average. This trend has continued although the gap between the PLFSOM and National pass rates has narrowed slightly as of the interim report.



CURRICULUM SCHEMATICS FOR THE ACADEMIC YEAR

This year saw no change in the curriculum layout. The CEPC did, however, approve a plan to reorder the curriculum units for the first two years, compress the M1 & M2 curriculum, and transition to a schedule that would allow off-cycle students to complete all three clerkship blocks prior to compilation of the MSPE. Changes will also include replacing the integration unit with an Integrated Curricular Elements (ICE) course in the spring semester of the M2 year. These changes will show up in next year's schematics.

M1& M2¹

July	Aug	Dec	Jan	May		
SCI	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	C E Y E
Medical Skills						
Master's Colloquium						
Society, Community and the Individual						
<p>SPM Scientific Principles of Medicine</p> <p>SCI Society, Community, and Individual</p> <p>CEYE Comprehensive End of the Year Exam</p>						

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	Self Study and USMLE Step 1
Medical Skills							
Master's Colloquium							
Society, Community and the Individual							

OSCE Objective Structured Clinical Examination
 CBSE Comprehensive Basic Science Examination

¹ These schematics represent the 2013-2014 and 2014-2015 Academic Year. The Integration of Systems unit was not given in the 2012-2013 Academic Year as that year was a transition from offering the unit at the end of the M1 year.

M3

16 Weeks	16 Weeks	16 Weeks
<ul style="list-style-type: none"> - Internal Medicine general selective (2 weeks) - Psychiatry 	<ul style="list-style-type: none"> - Obstetrics-Gynecology - Pediatrics 	<ul style="list-style-type: none"> - Family Medicine Surgery general (6 weeks) - selective (4 weeks)
<ul style="list-style-type: none"> - Integrated Teaching and Learning Experiences 	<ul style="list-style-type: none"> - Integrated Teaching and Learning Experiences 	<ul style="list-style-type: none"> - Integrated Teaching and Learning Experiences
<ul style="list-style-type: none"> - Longitudinal Selective in Psychiatry 	<ul style="list-style-type: none"> - Maternal/Fetal/ Neonate Experience 	<ul style="list-style-type: none"> - Longitudinal Selective in Family Medicine
<p>Threads: 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>		

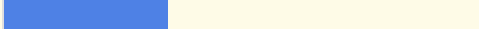

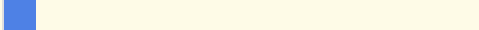
M4

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>Threads: 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>							

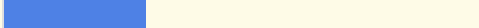

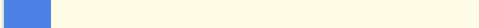
OVERALL CURRICULAR OUTCOMES

With the graduation of our first class, we started polling graduates and their program directors. In the first year, the response rate was so low as to make the results meaningless. This year, the survey was redesigned to reflect the entrustable activities for entering interns. The survey was distributed to 53 program directors via an individualized email containing a link to the survey. One of the directors indicated the student was not in their program. Of the 33 responses, 2 were duplicates and 1 was empty, resulting in a total of 30 respondents for a response rate of 56%. Not all respondents answered all questions.

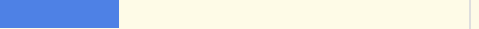

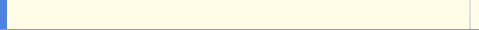
Gather a history and perform a physical examination

Answer		Response	%
Superior		10	34%
About the same		17	59%
Worse		2	7%
Total		29	100%



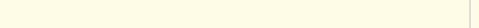
Prioritize a differential diagnosis following a clinical encounter

Answer		Response	%
Superior		9	30%
About the same		18	60%
Worse		3	10%
Total		30	100%




Recommend and interpret common diagnostic and screening tests

Answer		Response	%
Superior		8	27%
About the same		21	70%
Worse		1	3%
Total		30	100%

Enter and discuss orders and prescriptions

Answer		Response	%
Superior		8	28%
About the same		21	72%
Worse		0	0%
Total		29	100%

Document a clinical encounter in the patient record

Answer		Response	%
Superior		8	28%
About the same		20	69%
Worse		1	3%
Total		29	100%

Provide an oral presentation of a clinical encounter

Answer		Response	%
Superior		9	31%
About the same		17	59%
Worse		3	10%
Total		29	100%

Form clinical questions and retrieve evidence to advance patient care.

Answer		Response	%
Superior		11	38%
About the same		18	62%
Worse		0	0%
Total		29	100%

Give or receive a patient handover to transition care responsibility.

Answer		Response	%
Superior		10	34%
About the same		19	66%
Worse		0	0%
Total		29	100%

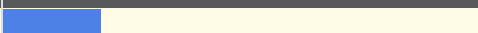
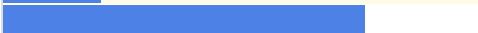
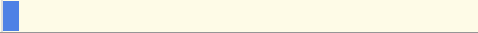
Collaborate as a member of an interprofessional team.

Answer		Response	%
Superior		12	40%
About the same		15	50%
Worse		3	10%
Total		30	100%

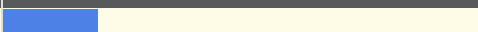
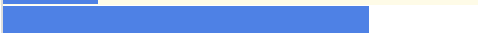
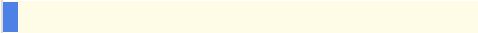
Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

Answer		Response	%
Superior		9	31%
About the same		19	66%
Worse		1	3%
Total		29	100%

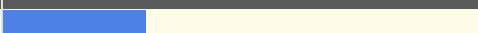
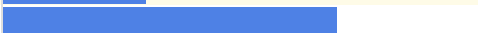
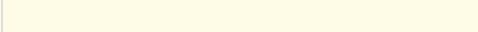
Obtain informed consent for tests and/or procedures.

Answer		Response	%
Superior		6	21%
About the same		22	76%
Worse		1	3%
Total		29	100%

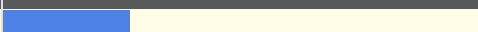


Perform general procedures of a physician.

Answer		Response	%
Superior		6	20%
About the same		23	77%
Worse		1	3%
Total		30	100%

Identify system failures and contribute to a culture of safety and improvement.

Answer		Response	%
Superior		9	30%
About the same		21	70%
Worse		0	0%
Total		30	100%

Overall Assessment This resident's standing in the program compared to others in his/her cohort?

Answer		Response	%
Superior		8	27%
About the same		17	57%
Worse		5	17%
Total		30	100%

Comments were variable. Of note, however, one student "was elected as Intern of the Year from an exceptional class."

M1 & M2 CURRICULUM INFORMATION

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. 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.

M1 & M2 Summative Averages	Class of 2014		Class of 2015		Class of 2016		Class of 2017		Class of 2018 to date	
	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items	Weighted Average	Num Items
Anatomy	74.11	96	72.72	85	74.92	108	69.34	82	71.78	59
Behavior	82.78	48	75.94	19	78.25	53	84.96	3	72.60	2
Biochemistry	75.85	85	75.16	84	73.16	92	61.61	67	68.94	53
Cell and Molecular Biology	81.14	14	75.65	24	78.77	21	63.38	14	59.30	17
Embryology	70.63	30	70.11	39	66.83	40	67.24	20	68.55	9
Histology	76.99	33	75.88	45	72.26	51	78.32	29	76.71	23
Immunology	81.72	62	81.33	78	80.04	98	76.1	73	74.21	65
Medical Genetics	78.43	31	78.7	52	79.32	67	76.43	31	73.52	30
Microbiology	77.23	76	75.34	97	79.3	116	70.39	88	77.37	86
Neuro-anatomy	74.67	90	76.78	77	68.2	59	65.7	7	50.18	3
Neuroscience / Special senses	66.31	9	69.22	29	66.88	45	61.67	26	67.43	22
Pathology	84.67	126	84.84	167	84.1	182	78.59	97	79.11	85
Pharmacology	75.79	105	71.24	114	75.82	112	73.74	58	75.95	53
Physiology	80.74	172	80.91	195	80.4	196	77.32	95	75.97	52
Scheme	82.36	144	79.33	122	82.12	159	79.25	66	79.93	50

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
2013	88	57	70.0	71.1	7.8
2014	85	58	71.5	71.6	6.5
2015	89	58	72.0	72.7	6.8
2016	90	59	77.5	76.6	7.0
2017	88	58	75.0	74.2	6.4
2018	89	61	73.0	73.5	5.8

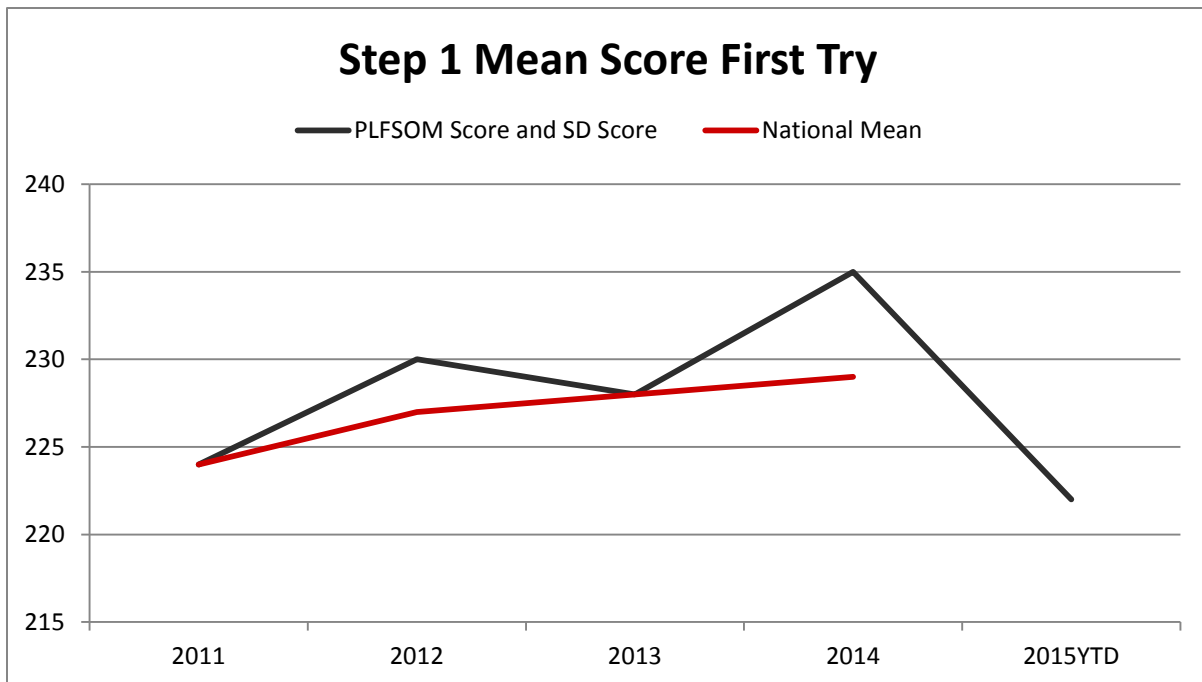
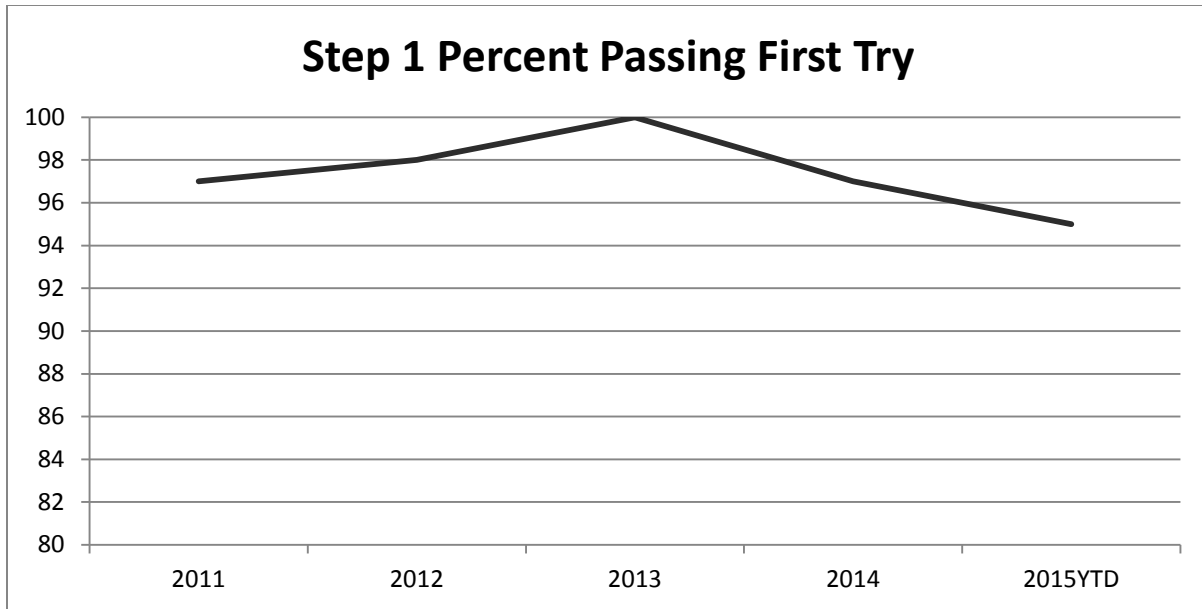
STEP 1²

At the end of the second year, students take STEP 1; passing is required in order to continue into the M3 year. Data below comes from annual reports from the NBME. STEP1 scores are reported on the calendar year basis, not class year.

Table 8.4-3 | STEP 1 USMLE Results of First-time Takers **Source: School-reported from** **National Board of Medical Examiners School Reports**

Provide the requested <i>Step 1 USMLE results of first-time takers</i> during the three most recently completed academic years.						
Academic Year	No. Examined	Percent Passing	Mean Total Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
2011	36	97	224	19	224	22
2012	55	98	230	17	227	22
2013	76	100	228	18	228	21
2014	73	97	235	16	229	20
2015YTD	92	95	222	19		

² Note that we have changed our reporting from the prior years' reports. Rather than calculating the pass rate and averages on the basis of graduating class, we now report the values from the NBME Performance of Examinees Taking USMLE® Step 1 Report. This report is based on the calendar year the student took the test, not the year of expected graduation. Further, we are reporting the data in the format required for the LCME Data Collection Instrument.



Score Plots:

The following graphics are the annual score plots for STEP1 provided by the NBME. These allow a school to determine how they are doing in comparison to the national pool of test takers by discipline. The standard explanation under each plot in the individual reports reads:

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 discipline and organ system. All scores are scaled in standard score units based on the performance of

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

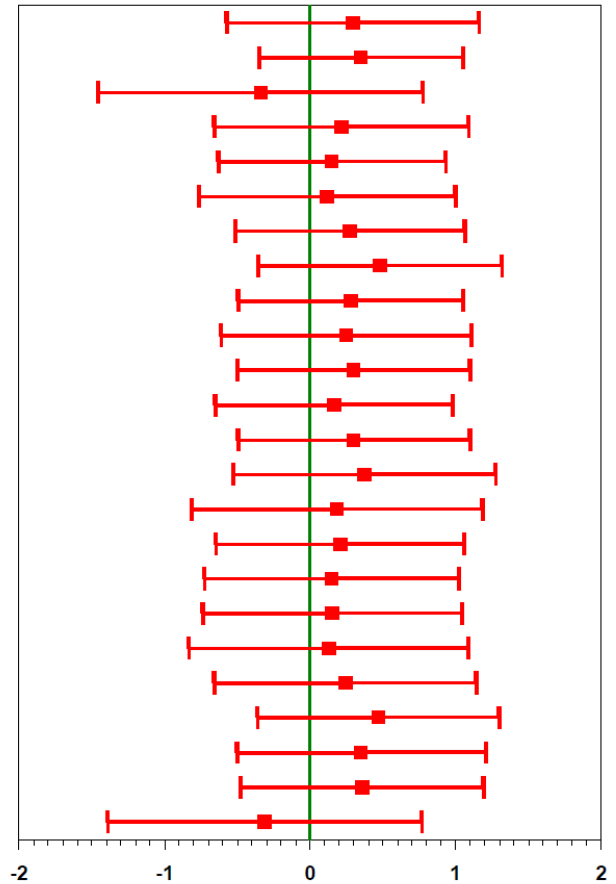
By comparing the locations of the red boxes, you can determine the disciplines and organ systems in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not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

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

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

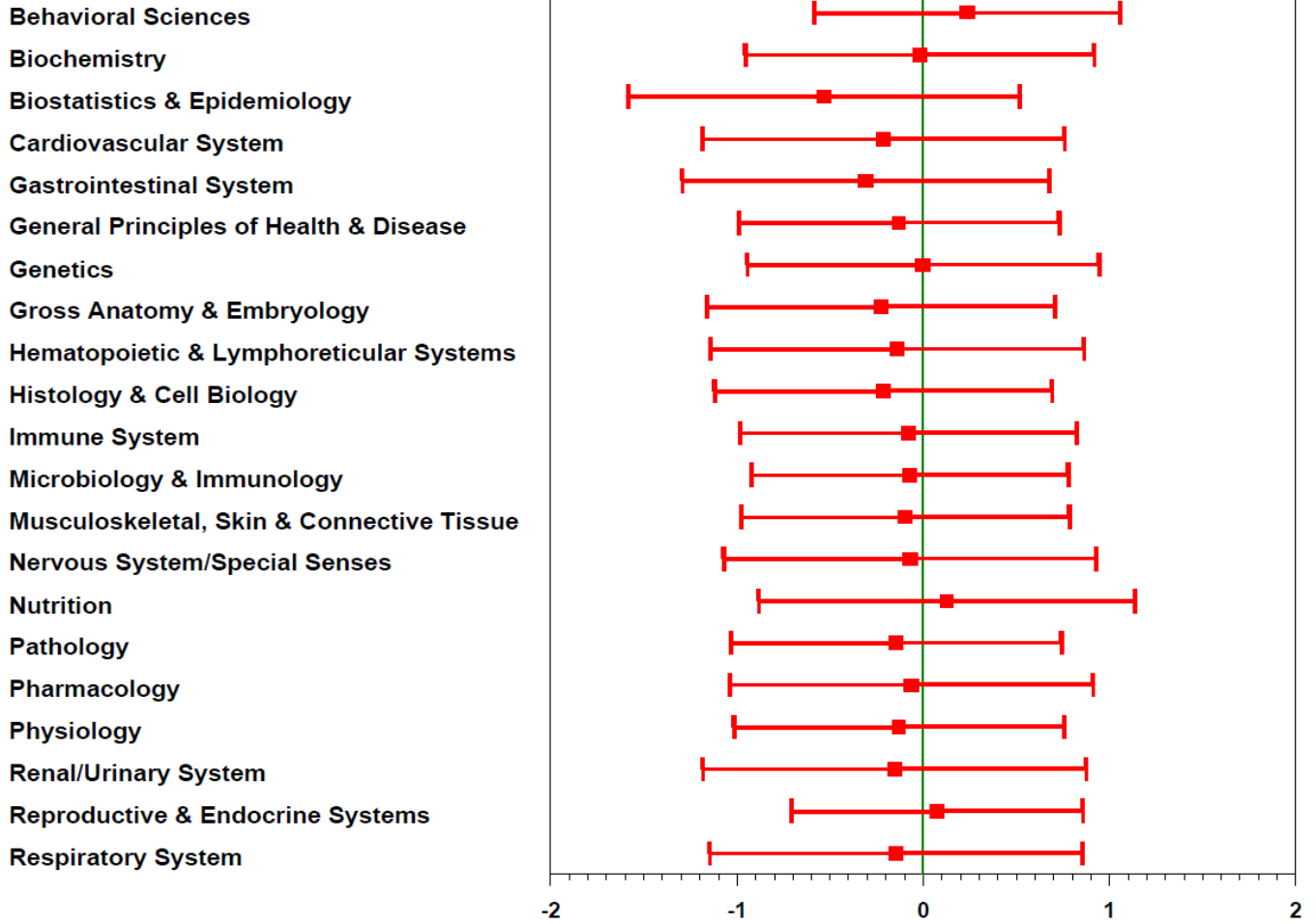
- 1-Behavioral Sciences
- 1-Biochemistry
- 1-Biostatistics
- 1-Genetics
- 1-Gross Anatomy & Embryology
- 1-Histology & Cell Biology
- 1-Microbiology & Immunology
- 1-Nutrition
- 1-Pathology
- 1-Pharmacology
- 1-Physiology
- 2-General Principles of Foundational Science
- 2-Immune System
- 2-Blood & Lymphoreticular System
- 2-Behavioral Health & Nervous Systems/Special Senses
- 2-Musculoskeletal, Skin, & Subcutaneous Tissue
- 2-Cardiovascular System
- 2-Respiratory System
- 2-Gastrointestinal System
- 2-Renal/Urinary System
- 2-Reproductive System
- 2-Endocrine System
- 2-Multisystem Processes & Disorders
- 2-Biostatistics & Epidemiology/Population Health



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2013

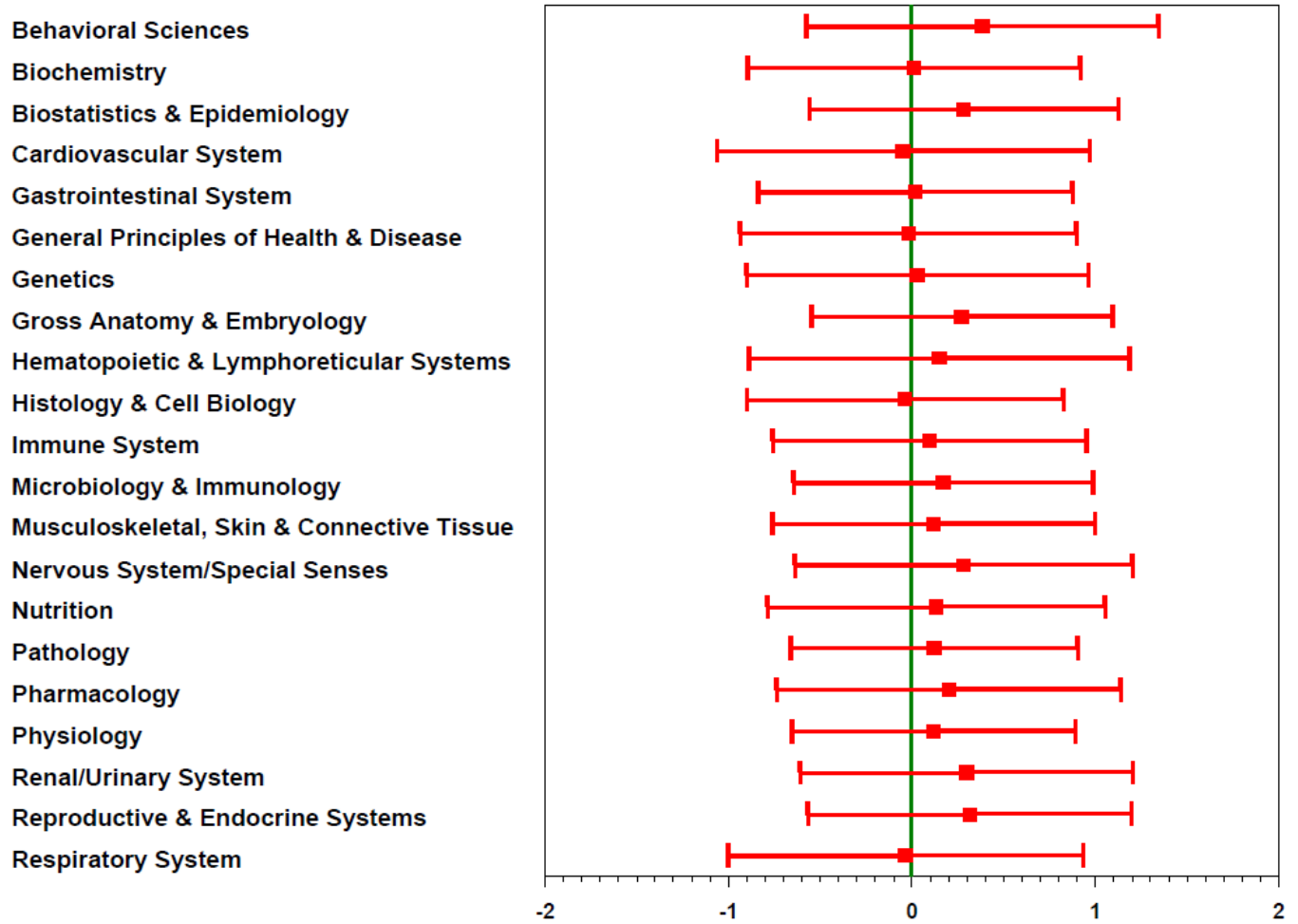
Medical School: 044-200 Paul L. Foster School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2012

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



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.

SCIENTIFIC PRINCIPLES OF MEDICINE

Introduction to Health and Disease

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.2	4.0	4.3	4.1	4.2
The learning objectives were clearly identified.	4.0	4.0	4.3	4.3	4.3
The course met the identified learning objectives.	4.0	3.9	4.3	4.3	4.3
The order of the clinical presentation skills made sense to me.	4.0	3.9	4.3	4.3	4.3
The basic science material was well integrated.	4.2	4.0	4.3	4.1	4.3
The amount of material presented was reasonable.	4.1	3.8	4.2	4.2	3.9
I knew what I was supposed be learning and why.	4.0	3.5	4.2	4.2	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.9	3.6	4.2	-	4.1
The lectures/sessions helped me learn the material.	3.9	3.9	4.0	4.0	4.3
The Self-taught sessions helped me learn the material.	-	-	3.9	3.8	3.7
The clinical presentation 'schemes' contributed to my learning.	-	4.0	4.4	4.3	4.4
The process worksheets contributed to my learning.	-	3.7	4.3	4.2	4.2
The Work Case Examples helped me learn the material.	4.5	4.1	4.5	4.3	4.3
Anatomy Labs helped me learn the material.	3.2	3.5	4.2	-	3.9
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	3.9	-	4.0
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.5	4.5	-	4.6
N	60	84	81	101	106

Neuromusculoskeletal and Integumentary Systems

Class of	2014	2015	2016	2017	2018
This unit was well organized.	3.4	2.5	3.2	3.8	4.1
The learning objectives were clearly identified.	3.5	3.0	3.7	4.2	4.2
The course met the identified learning objectives.	3.6	3.2	3.7	4.2	4.3
The order of the clinical presentation skills made sense to me.	3.9	3.2	3.5	3.8	4.2
The basic science material was well integrated.	3.8	3.3	3.9	4.2	4.3
The amount of material presented was reasonable.	2.9	2.7	3.1	3.3	3.5
I knew what I was supposed be learning and why.	3.6	3.0	3.6	4.1	4.1
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.2	3.0	3.1	4.1	4.1
The lectures/sessions helped me learn the material.	3.7	3.7	3.9	4.1	4.2
The Self-taught sessions helped me learn the material.	-	-	3.4	3.5	3.4
The clinical presentation 'schemes' contributed to my learning	3.9	3.3	3.9	4.1	4.2
The process worksheets contributed to my learning	3.6	3.2	3.8	3.8	3.9
The Work Case Examples helped me learn the material.	4.4	4.2	3.7	4.3	4.4
Anatomy Labs helped me learn the material.	2.4	2.7	3.6	3.4	3.4
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	3.7	4.0	3.9
Overall, I learned useful knowledge and/or skills during this unit.	4.2	4.1	4.3	4.5	4.5
N	57	64	77	101	104

Gastrointestinal System

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.5	4.1	4.4	4.5	4.1
The learning objectives were clearly identified.	4.5	3.9	4.3	4.4	4.5
The course met the identified learning objectives.	4.4	3.9	4.3	4.4	4.4
The order of the clinical presentation skills made sense to me.	4.3	4.2	4.3	4.5	4.2
The basic science material was well integrated.	4.6	4.1	4.4	4.5	4.5
The amount of material presented was reasonable.	4.2	4.0	4.4	4.5	4.2
I knew what I was supposed be learning and why.	4.5	3.9	4.3	4.4	4.5
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.1	3.6	4.2	4.3	4.3
The lectures/sessions helped me learn the material.	4.1	3.9	4.1	4.3	4.3
The Self-taught sessions helped me learn the material.	-	3.5	3.7	4.0	3.8
The clinical presentation 'schemes' contributed to my learning	4.2	4.2	4.3	4.4	4.3
The process worksheets contributed to my learning	4.0	3.9	4.0	4.0	4.2
The Work Case Examples helped me learn the material.	4.8	4.5	4.5	4.4	4.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	3.9	4.0	4.2	4.2
Overall, I learned useful knowledge and/or skills during this unit.	4.6	4.4	4.5	4.6	4.7
N	44	79	83	101	102

Liver and Hematologic System

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.5	4.4	4.2	4.5	4.6
The learning objectives were clearly identified.	4.5	4.3	4.2	4.4	4.6
The course met the identified learning objectives.	4.4	4.3	4.2	4.4	4.5
The order of the clinical presentation skills made sense to me.	4.3	4.3	4.3	4.5	4.6
The basic science material was well integrated.	4.6	4.3	4.3	4.4	4.5
The amount of material presented was reasonable.	4.2	4.1	4.2	4.4	4.6
I knew what I was supposed be learning and why.	4.5	4.2	4.3	4.4	4.5
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.1	4.0	4.1	4.3	4.4
The lectures/sessions helped me learn the material.	4.1	4.3	4.1	4.4	4.4
The Self-taught sessions helped me learn the material.	-	3.9	4.0	3.8	3.9
The clinical presentation 'schemes' contributed to my learning.	4.2	4.2	4.1	4.3	4.4
The process worksheets contributed to my learning.	4.0	4.1	3.7	4.0	4.0
The Work Case Examples helped me learn the material.	4.8	4.5	4.5	4.5	4.7
Anatomy Labs helped me learn the material.	3.4	3.1	3.4	3.6	3.7
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	4.2	4.1	4.5
Overall, I learned useful knowledge and/or skills during this unit.	4.6	4.5	4.4	4.6	-
N	44	83	76	103	101

Cardiovascular and Respiratory System

Class of	2014	2015	2016	2017	2018
This unit was well organized.	3.9	3.8	3.9	4.4	4.2
The learning objectives were clearly identified.	4.2	3.9	4.0	4.3	4.4
The course met the identified learning objectives.	4.1	3.9	4.1	4.4	4.3
The order of the clinical presentation skills made sense to me.	4.0	3.8	3.9	4.4	4.2
The basic science material was well integrated.	4.1	4.1	3.9	4.5	4.2
The amount of material presented was reasonable.	4.2	3.6	3.9	4.1	4.0
I knew what I was supposed be learning and why.	4.2	4.0	3.9	4.4	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.1	3.7	3.7	4.3	4.0
The lectures/sessions helped me learn the material.	4.0	3.9	3.9	4.3	4.2
The Self-taught sessions helped me learn the material.		3.7	3.8	3.8	4.1
The clinical presentation 'schemes' contributed to my learning.	4.1	3.8	4.1	4.2	4.1
The process worksheets contributed to my learning.	4.1	3.8	4.0	4.0	4.2
The Work Case Examples helped me learn the material.	4.6	4.3	4.4	4.5	4.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	3.8	4.0	4.1	4.2
Overall, I learned useful knowledge and/or skills during this unit.	4.4	4.3	4.3	4.5	4.5
N	42	84	77	101	99

CNS and Special Senses

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.8	3.6	3.4	3.2	4.2
The learning objectives were clearly identified.	4.1	3.8	3.7	3.8	4.4
The course met the identified learning objectives.	4.0	3.9	3.8	3.6	4.3
The order of the clinical presentation skills made sense to me.	4.1	3.8	3.7	3.5	4.2
The basic science material was well integrated.	2.9	3.8	4.0	3.7	4.3
The amount of material presented was reasonable.	4.2	4.0	3.6	3.5	4.1
I knew what I was supposed be learning and why.	3.8	4.0	3.7	3.8	4.3
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	4.3
The lectures/sessions helped me learn the material.	3.8	3.9	4.0	3.9	4.2
The Self-taught sessions helped me learn the material.	-	-	3.3	3.1	3.7
The clinical presentation 'schemes' contributed to my learning.	4.3	3.3	3.9	3.7	4.1
The process worksheets contributed to my learning.	4.3	3.0	3.8	3.6	3.9
The Work Case Examples helped me learn the material.	4.1	3.8	4.2	4.3	4.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	3.7	3.7	4.2
Overall, I learned useful knowledge and/or skills during this unit.	4.4	4.1	4.3	-	4.6
N	32	64	81	76	99

Renal System

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.4	3.7	3.6	3.5	3.6
The learning objectives were clearly identified.	3.3	4.0	3.7	3.8	4.0
The course met the identified learning objectives.	3.6	3.9	3.7	3.7	3.8
The order of the clinical presentation skills made sense to me.	3.7	3.7	3.8	3.6	3.8
The basic science material was well integrated.	3.3	3.7	3.8	3.6	3.8
The amount of material presented was reasonable.	3.6	4.1	4.0	4.0	4.4
I knew what I was supposed be learning and why.	3.4	3.9	3.6	3.6	3.8
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	4.0
The lectures/sessions helped me learn the material.	3.8	3.6	3.6	3.6	3.7
The Self-taught sessions helped me learn the material.	-	-	3.8	3.8	3.9
The clinical presentation 'schemes' contributed to my learning.	3.6	3.6	3.5	3.7	3.4
The process worksheets contributed to my learning.	3.5	3.5	3.2	3.7	3.5
The Work Case Examples helped me learn the material.	4.0	4.0	4.2	4.4	4.4
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	3.7	3.6	3.8
Overall, I learned useful knowledge and/or skills during this unit.	3.8	4.2	4.0	4.0	4.1
N	12	57	81	77	104

Endocrine System

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.3	3.5	4.0	4.1	4.4
The learning objectives were clearly identified.	3.2	4.1	4.1	4.1	4.5
The course met the identified learning objectives.	3.2	4.1	4.0	4.2	4.5
The order of the clinical presentation skills made sense to me.	3.5	3.1	4.0	4.1	4.4
The basic science material was well integrated.	3.2	3.9	4.1	4.1	4.5
The amount of material presented was reasonable.	3.4	4.1	4.1	4.3	4.6
I knew what I was supposed be learning and why.	3.2	4.1	4.0	4.2	4.5
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	4.5
The lectures/sessions helped me learn the material.	3.6	4.1	4.1	4.2	4.4
The Self-taught sessions helped me learn the material.	-	2.8	3.9	4.1	4.2
The clinical presentation 'schemes' contributed to my learning.	3.1	4.1	4.1	4.3	4.4
The process worksheets contributed to my learning.	2.6	4.2	4.2	4.4	4.5
The Work Case Examples helped me learn the material.	3.6	4.1	4.2	4.5	4.6
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	4.0	4.2	4.4
Overall, I learned useful knowledge and/or skills during this unit.	3.7	4.2	4.1	4.4	4.6
N	18	58	78	73	104

Reproductive System

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.3	4.3	3.7	2.5	3.1
The learning objectives were clearly identified.	3.2	4.3	3.8	3.2	3.7
The course met the identified learning objectives.	3.2	4.4	3.8	3.2	3.7
The order of the clinical presentation skills made sense to me.	3.5	4.1	3.5	2.8	3.3
The basic science material was well integrated.	3.2	4.2	3.9	3.2	3.6
The amount of material presented was reasonable.	3.4	4.0	3.7	3.4	3.6
I knew what I was supposed be learning and why.	3.2	4.1	3.8	3.0	3.6
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	3.8
The lectures/sessions helped me learn the material.	-	4.2	4.0	3.6	3.7
The Self-taught sessions helped me learn the material.	3.1	3.7	3.8	3.5	3.8
The clinical presentation 'schemes' contributed to my learning.	2.6	4.3	3.7	2.4	3.1
The process worksheets contributed to my learning.	3.6	4.1	3.3	2.4	2.9
The Work Case Examples helped me learn the material.	3.6	4.4	4.1	3.6	4.1
The anatomy lab(s) helped me learn the material.	-	-	3.5	3.5	3.4
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	3.9	3.4	3.8
Overall, I learned useful knowledge and/or skills during this unit.	3.7	4.5	4.2	3.8	4.0
N	18	55	79	75	104

Mind and Human Development

Class of	2014	2015	2016	2017
This unit was well organized.	2.9	3.4	4.0	4.2
The learning objectives were clearly identified.	3.3	3.5	4.0	4.4
The course met the identified learning objectives.	3.2	3.4	4.0	4.4
The order of the clinical presentation skills made sense to me.	3.3	3.7	4.2	4.3
The basic science material was well integrated.	3.3	3.5	4.0	4.4
The amount of material presented was reasonable.	3.7	3.8	4.2	4.3
I knew what I was supposed be learning and why.	2.9	3.4	4.0	4.4
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.2	3.5	4.0	4.4
The lectures/sessions helped me learn the material.	3.0	3.4	4.1	4.3
The Self-taught sessions helped me learn the material.	3.1	3.5	3.7	4.1
The clinical presentation 'schemes' contributed to my learning.	3.3	3.6	3.9	4.4
The process worksheets contributed to my learning.	3.2	3.6	3.8	4.3
The Work Case Examples helped me learn the material.	3.9	3.9	4.1	4.4
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	3.5	4.1	4.4
Overall, I learned useful knowledge and/or skills during this unit.	3.5	3.9	4.3	4.5
N	55	79	74	103

Integration of Systems

Class of	2013	2014	2015³	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/sessions 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.	3.9	3.9	-	
The process worksheets contributed to my learning.	3.7	3.7	-	
The Work Case Examples helped me learn the material.	3.9	-	-	
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	-	-	
Overall, I learned useful knowledge and/or skills during this unit.	4.3	4.5	-	4.6
N	25	73	-	73

³ Integration of Systems was not offered this year as a curricular revision moved it from year 1 to year 2 of the curriculum.

MEDICAL SKILLS

Introduction to Health and Disease

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.3	4.5	4.5	4.4	4.2
The learning objectives were clearly identified.	4.3	4.3	4.5	4.5	4.4
The course met the identified learning objectives.	4.3	4.3	4.5	4.5	4.4
I knew what I was supposed to be learning and why.	4.3	4.1	4.4	4.3	4.3
The amount of material presented was reasonable.	4.5	4.4	4.5	4.5	4.1
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.3	4.1	4.4	4.4	4.3
The preparation materials helped me learn the material.	4.4	4.2	4.5	4.5	4.4
The group skill building activities helped me learn the material.	4.0	4.0	4.4	4.4	4.2
The material covered is relevant to the practice of medicine.	4.6	4.7	4.6	4.7	4.5
The Standardized Patient Encounters helped me learn the material.	4.7	4.5	4.5	4.7	4.6
This course encourages me.	4.3	4.3	4.4	4.5	4.2
The feedback I received helped me learn the material.	3.9	4.1	4.3	4.3	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.2	4.0	4.3	4.4	4.2
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	4.6	4.7	4.6
The ATACS staff treat students with respect.	-	-	4.4	-	4.5
The ATACS staff create an environment conducive to learning.	-	-	4.5	-	4.5
N	60	85	81	101	106
Class size at date	60	87	82	103	
Response Rate	100%	98%	99%	98%	

Neuromusculoskeletal and Integumentary Systems

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.4	4.1	4.6	4.1	3.9
The learning objectives were clearly identified.	4.4	4.2	4.5	4.3	4.3
The course met the identified learning objectives.	4.4	4.3	4.5	4.3	4.3
I knew what I was supposed to be learning and why.	4.4	4.0	4.5	4.1	4.1
The amount of material presented was reasonable.	4.5	4.4	4.5	4.1	3.8
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.6	4.1	4.5	4.2	4.1
The preparation materials helped me learn the material.	4.4	4.3	4.5	4.2	4.2
The group skill building activities helped me learn the material.	4.0	4.3	4.4	4.3	4.0
The material covered is relevant to the practice of medicine.	4.6	4.5	4.7	4.6	4.6
The Standardized Patient Encounters helped me learn the material.	4.4	4.3	4.5	4.4	4.4
This course encourages me.	4.2	4.3	4.4	4.3	4.1
The feedback I received helped me learn the material.	3.6	4.0	4.2	4.2	4.1
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.2	4.2	4.2	4.2	4.2
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.5	4.6	4.5	4.6
The ATACS staff treat students with respect.	-	-	4.4	4.4	4.6
The ATACS staff create an environment conducive to learning.	-	-	4.6	4.4	4.6
N	56	63	31	103	104
Class size at date	60	87	77	103	
Response Rate	93%	72%	40%	100%	

Gastrointestinal System

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.6	4.4	4.5	4.4	4.5
The learning objectives were clearly identified.	4.6	4.4	4.5	4.5	4.6
The course met the identified learning objectives.	4.6	4.4	4.5	4.5	4.6
I knew what I was supposed to be learning and why.	4.5	4.3	4.5	4.4	4.6
The amount of material presented was reasonable.	4.5	4.3	4.5	4.6	4.5
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.6	4.3	4.3	4.3	4.5
The preparation materials helped me learn the material.	4.5	4.4	4.5	4.4	4.6
The group skill building activities helped me learn the material.	4.3	4.3	4.6	4.5	4.5
The material covered is relevant to the practice of medicine.	4.7	4.6	4.6	4.7	4.7
The Standardized Patient Encounters helped me learn the material.	4.5	4.3	4.5	4.5	4.7
This course encourages me.	4.2	4.3	4.6	4.5	4.5
The feedback I received helped me learn the material.	3.8	3.9	4.3	4.3	4.4
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	4.4
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.5	4.6	4.7	4.7
The ATACS staff treat students with respect.	-	-	4.6	4.5	4.7
The ATACS staff create an environment conducive to learning.	-	-	4.7	4.6	4.7
N	44	80	77	101	102
Class size at date	60	87	77	103	
Response Rate	73%	92%	100%	98%	

Liver and Hematology System

Class of	2014	2015	2016	2017⁴	2018
This unit was well organized.	4.6	4.4	4.4	4.5	4.6
The learning objectives were clearly identified.	4.6	4.4	4.4	4.4	4.6
The course met the identified learning objectives.	4.6	4.4	4.4	4.5	4.6
I knew what I was supposed to be learning and why.	4.5	4.4	4.4	4.4	4.6
The amount of material presented was reasonable.	4.5	4.4	4.5	4.5	4.6
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.6	4.4	4.4	4.4	4.5
The preparation materials helped me learn the material.	4.5	4.4	4.4	4.4	4.6
The group skill building activities helped me learn the material.	4.3	4.3	4.4	4.4	4.4
The material covered is relevant to the practice of medicine.	4.7	4.6	4.5	4.6	4.7
The Standardized Patient Encounters helped me learn the material.	4.5	4.4	4.5	4.4	4.5
This course encourages me.	4.2	4.4	4.4	4.4	4.5
The feedback I received helped me learn the material.	3.8	4.1	4.2	4.3	4.5
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	4.5
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.5	4.5	4.6	4.7
The ATACS staff treat students with respect.	-	-	-	4.6	4.7
The ATACS staff create an environment conducive to learning.	-	-	-	4.6	4.7
N	44	83	76	103	102
Class size at date	60	87	82	103	
Response Rate	73%	96%	93%	100%	

⁴ Data in this report has been updated to reflect one student evaluation not available at the time the course evaluation report was written.

Cardiovascular and Respiratory System

Class of	2014	2015	2016	2017	2018
This unit was well organized.	4.4	4.2	4.4	4.5	4.5
The learning objectives were clearly identified.	4.4	4.1	4.3	4.5	4.5
The course met the identified learning objectives.	4.4	4.2	4.4	4.5	4.5
I knew what I was supposed to be learning and why.	4.4	4.2	4.3	4.5	4.5
The amount of material presented was reasonable.	4.4	4.2	4.3	4.4	4.4
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.3	4.0	4.2	4.4	4.4
The preparation materials helped me learn the material.	4.5	4.1	4.2	4.4	4.4
The group skill building activities helped me learn the material.	4.2	4.3	4.5	4.3	4.3
The material covered is relevant to the practice of medicine.	4.6	4.6	4.6	4.7	4.7
The Standardized Patient Encounters helped me learn the material.	4.5	4.2	4.5	4.4	4.4
This course encourages me.	4.5	4.2	4.5	4.4	4.4
The feedback I received helped me learn the material.	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.	4.1	3.9	4.2	4.3	4.3
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.4	4.5	4.6	4.6
The ATACS staff treat students with respect.	-	-	4.6	4.7	4.7
The ATACS staff create an environment conducive to learning.	-	-	4.5	4.6	4.7
N	41	83	77	101	200
Class size at date	60	87	82	103	
Response Rate	68%	96%	94%	98%	

CNS and Special Senses

Class of	2013	2014	2015	2016	2017
This unit was well organized.	4.3	4.3	4.3	3.8	4.4
The learning objectives were clearly identified.	4.2	4.4	4.4	4.0	4.4
The course met the identified learning objectives.	4.3	4.3	4.4	4.0	4.4
I knew what I was supposed to be learning and why.	4.1	4.4	4.4	4.0	4.5
The amount of material presented was reasonable.	4.3	4.4	4.2	3.9	4.3
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.0	4.2	4.3	3.8	4.4
The preparation materials helped me learn the material.	4.1	4.2	4.4	4.1	4.5
The group skill building activities helped me learn the material.	4.2	4.4	4.4	4.1	4.3
The material covered is relevant to the practice of medicine.	4.5	4.6	4.5	4.4	4.6
The Standardized Patient Encounters helped me learn the material.	4.4	4.4	4.3	4.3	4.5
This course encourages me.	4.4	4.3	4.3	4.1	4.4
The feedback I received helped me learn the material.	4.5	4.1	4.1	4.0	4.2
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.3	4.2	4.1	3.8	4.5
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.7	4.5	4.4	4.4	4.6
The ATACS staff treat students with respect.	-	-	4.2	-	4.7
The ATACS staff create an environment conducive to learning.	-	-	4.3	-	4.7
N	31	57	90	76	103
Class size at date	39	62	90	82	
Response Rate	79%	92%	100%	93%	

Renal System

Class of	2013	2014	2015	2016	2017
This unit was well organized.	3.7	3.8	3.9	3.7	4.0
The learning objectives were clearly identified.	4.0	3.7	3.7	3.8	3.9
The course met the identified learning objectives.	4.0	3.7	3.6	3.8	4.0
I knew what I was supposed to be learning and why.	3.9	3.5	3.7	3.7	3.8
The amount of material presented was reasonable.	4.1	4.1	4.0	4.1	4.4
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.1	2.8	3.1	3.4	3.6
The preparation materials helped me learn the material.	4.1	3.1	3.5	3.5	3.7
The group skill building activities helped me learn the material.	3.7	3.8	4.0	3.8	3.9
The material covered is relevant to the practice of medicine.	4.1	4.4	4.1	4.3	4.2
The Standardized Patient Encounters helped me learn the material.	4.1	3.4	3.4	3.7	4.0
This course encourages me.	4.1	3.6	3.6	3.7	3.8
The feedback I received helped me learn the material.	3.9	3.6	3.5	3.9	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	3.8
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.1	4.0	3.9	4.2	4.1
The ATACS staff treat students with respect.	-	-	4.2	4.4	4.6
The ATACS staff create an environment conducive to learning.	-	-	4.2	4.4	4.6
N	14	56	81	77	104
Class size at date	39	62	90	82	
Response Rate	36%	90%	90%	94%	

Endocrine System

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.2	4.2	4.3	4.6
The learning objectives were clearly identified.		4.2	4.1	4.4	4.6
The course met the identified learning objectives.		4.2	4.2	4.3	4.6
I knew what I was supposed to be learning and why.		4.2	4.2	4.3	4.6
The amount of material presented was reasonable.		4.3	4.3	4.4	4.7
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.3	4.1	4.4	4.6
The preparation materials helped me learn the material.		4.3	4.2	4.4	4.6
The group skill building activities helped me learn the material.		4.2	4.2	4.4	4.5
The material covered is relevant to the practice of medicine.		4.4	4.3	4.5	4.7
The Standardized Patient Encounters helped me learn the material.		4.2	4.3	4.4	4.5
This course encourages me.		4.3	4.2	4.4	4.5
The feedback I received helped me learn the material.		4.1	4.2	4.3	4.4
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	4.1	4.3	4.6
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.3	4.3	4.4	4.6
The ATACS staff treat students with respect.		-	4.6	4.6	4.7
The ATACS staff create an environment conducive to learning.		-	4.6	4.5	4.7
N		57	78	73	104
Class size at date		62	90	82	
Response Rate		92%	88%	89%	

Reproductive System

Class of	2013	2014	2015	2016	2017
This unit was well organized.		4.5	3.8	2.4	3.2
The learning objectives were clearly identified.		4.4	3.7	2.9	3.4
The course met the identified learning objectives.		4.5	3.8	3.0	3.6
I knew what I was supposed to be learning and why.		4.5	3.8	3.0	3.4
The amount of material presented was reasonable.		4.5	3.7	3.5	4.0
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		4.1	3.5	3.1	3.2
The preparation materials helped me learn the material.		4.2	3.6	3.2	3.2
The group skill building activities helped me learn the material.		4.6	4.0	3.4	3.8
The material covered is relevant to the practice of medicine.		4.6	4.1	4.0	4.2
The Standardized Patient Encounters helped me learn the material.		4.4	3.8	3.4	3.8
This course encourages me.		4.4	3.8	3.2	3.8
The feedback I received helped me learn the material.		4.3	3.7	3.4	3.9
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.3	3.7	3.3	3.9
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.5	4.0	3.8	3.9
The ATACS staff treat students with respect.		-	-	4.6	4.6
The ATACS staff create an environment conducive to learning.		-	-	4.6	4.6
N		55	81	75	104
Class size at date		62	90	82	
Response Rate		89%	90%	91%	

Mind and Human Development

Class of	2013	2014	2015	2016	2017
This unit was well organized.		3.9	3.9	4.2	4.2
The learning objectives were clearly identified.		4.1	4.0	4.0	4.2
The course met the identified learning objectives.		4.0	4.1	4.1	4.3
I knew what I was supposed to be learning and why.		4.0	3.9	4.1	4.2
The amount of material presented was reasonable.		4.1	4.0	4.2	4.3
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.		3.7	3.9	3.9	3.9
The preparation materials helped me learn the material.		3.8	3.9	3.9	4.0
The group skill building activities helped me learn the material.		3.9	3.9	4.1	4.3
The material covered is relevant to the practice of medicine.		4.2	4.2	4.4	4.5
The Standardized Patient Encounters helped me learn the material.		4.1	4.0	4.2	4.3
This course encourages me.		4.2	4.0	4.2	4.3
The feedback I received helped me learn the material.		4.0	3.9	4.1	4.3
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.		4.0	3.9	4.1	4.4
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.		4.3	4.2	4.4	4.4
The ATACS staff treat students with respect.		-	4.6	4.7	4.6
The ATACS staff create an environment conducive to learning.		-	4.6	4.6	4.6
N		55	78	74	103
Class size at date		62	90	82	
Response Rate		89%	87%	90%	

MASTERS' COLLOQUIUM

Master's Colloquium I

Class of	2014	2015	2016	2017	2018
Masters' Colloquium was well organized.	3.5	4.0	4.3	4.4	4.4
The learning objectives were clearly identified.	3.2	3.4	4.0	4.3	4.2
Masters' Colloquium met the identified learning objectives.	3.3	3.7	4.2	4.4	4.4
The amount of material presented was reasonable.	3.8	4.2	4.4	4.6	4.6
I knew what I was supposed to be learning and why.	3.3	3.7	4.1	4.3	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	4.4
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.0	3.9	4.4	4.5	4.5
The course format is appropriate.	3.7	3.8	4.1	4.3	4.5
Masters' Colloquium broadens my perspectives.	3.8	3.8	4.3	4.4	4.4
Masters' Colloquium challenges my assumptions.	3.3	3.7	4.3	4.2	4.3
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	3.8	4.3	4.4	4.5
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.6	3.8	4.2	4.3	4.4
I feel that Masters' Colloquium has been valuable to me.	3.4	3.7	4.2	4.3	4.2
N	52	80	77	102	102
Class size at date	60	84	83	103	
Response Rate	87%	95%	93%	99%	

Master's Colloquium II

Class of	2014	2015	2016	2017	2018
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%	

Master's Colloquium III

Class of	2014	2015	2016	2017
Masters' Colloquium was well organized.	4.0	4.2	4.2	4.5
The learning objectives were clearly identified.	4.0	4.0	4.0	4.5
Masters' Colloquium met the identified learning objectives.	4.0	4.1	4.0	4.5
The amount of material presented was reasonable.	4.1	4.2	4.3	4.6
I knew what I was supposed to be learning and why.	4.0	4.0	3.9	4.5
The methods used to evaluate my performance were fair measures of my effort and learning.	4.0	4.0	4.0	4.5
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.0	4.2	4.1	4.6
The course format is appropriate.	4.0	4.1	4.0	4.6
Masters' Colloquium broadens my perspectives.	3.9	4.2	4.1	4.5
Masters' Colloquium challenges my assumptions.	3.8	4.1	4.1	4.5
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	4.1	4.1	4.5
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.9	4.1	4.2	4.5
I feel that Masters' Colloquium has been valuable to me.	3.8	4.1	4.0	4.4
N	56	80	73	104
Class size at date	64	90	83	
Response Rate	88%	89%	88%	

Master's Colloquium IV

Class of	2014	2015	2016	2017
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	
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	

Society, Community, and the Individual

SCI has the most complex evaluation system of all the courses. The Immersion unit, although graded as part of the fall semester, is evaluated as an independent unit using a form that is specific to the unit. SCI is evaluated during the standard course year using two separate evaluation cycles. The first is the course evaluations and is administered on the semester basis. Because Spanish is such a large component of SCI, we have a second evaluation set, administered at the end of units that are not also semester ends. This spreads out the burden of evaluating all the SCI components. This section reports the immersion results, followed by the course results collected at the end of each semester, and concludes with the Spanish component evaluations from the units.

Immersion

Class of	2014	2015	2016	2017	2018
The SCI Immersion Block was well organized.	4.0	3.4	4.0	4.4	4.0
The learning objectives for the SCI Immersion Block were clearly identified.	4.0	3.5	4.1	4.3	4.0
The SCI Immersion Block met the identified learning objectives.	4.0	3.6	4.2	4.4	4.2
The community assessment gave me a good feel for the El Paso community.	4.4	4.1	4.4	4.7	4.5
The amount of material presented was reasonable.	4.2	3.6	4.3	4.6	4.4
I improved my Spanish speaking skills.	4.2	4.0	4.2	4.5	4.6
The lectures helped me learn the material.	3.8	3.5	4.3	4.4	3.9
The small group learning activities helped me learn the material.	4.1	3.7	4.3	4.6	4.5
The community assessment helped me learn the material.	4.0	3.7	4.2	4.4	4.2
The interactive sessions helped me learn the material.	4.2	3.7	4.3	4.6	4.5
I understand how the SCI Immersion Block course content is applicable to the practice of medicine.	4.1	4.0	4.4	4.6	4.5
Overall, I learned useful knowledge and/or skills during the SCI Immersion Block.	3.9	3.7	4.4	4.5	4.4
N	60	82	76	103	107

Society, Community & the Individual I

Class of	2014	2015	2016	2017	2018
SCI was well organized.	3.7	3.0	3.9	4.2	4.1
The learning objectives were clearly identified.	3.8	3.5	3.9	4.2	4.3
The course met the identified learning objectives.	3.9	3.5	3.9	4.3	4.2
The amount of material presented was reasonable.	3.9	3.8	4.1	4.5	4.4
I knew what I was supposed to be learning and why.	3.9	3.0	3.8	4.1	4.1
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	3.9	3.2	3.8	4.2	4.3
SCI broadens my perspectives.	3.5	3.0	4.0	4.2	4.1
The material covered in SCI is relevant to the practice of medicine.	4.0	3.3	4.0	4.2	4.3
The lectures helped me learn the material.	3.2	2.8	3.8	4.1	4.1
The community clinic experience is a worthwhile component of the curriculum.	4.2	3.9	4.2	4.4	4.2
Spanish is a worthwhile component of the curriculum.	3.7	3.7	4.0	4.3	4.1
My community preceptor understood the learning objectives.	-	3.3	4.1	4.2	4.2
My community preceptor ensured that the learning objectives were met.	-	3.8	4.0	4.2	4.1
Overall, I learned useful knowledge and/or skills during SCI.	3.7	3.2	4.0	4.3	4.4
N	51	79	54	102	102

Society, Community & the Individual II

Class of	2014	2015	2016	2017	2018
SCI was well organized.	3.5	3.0	3.8	4.1	
The learning objectives were clearly identified.	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.	3.9	3.4	4.2	4.5	
I knew what I was supposed to be learning and why.	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.	3.7	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.	3.7	3.3	4.1	4.2	
The lectures helped me learn the material.	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.	3.7	3.3	4.1	4.2	
N	43	81	77	101	

Society, Community & the Individual III

Class of	2013	2014	2015	2016	2017
SCI was well organized.	2.5	2.9	3.2	3.7	3.9
The learning objectives were clearly identified.	2.9	2.9	3.2	3.7	4.0
The course met the identified learning objectives.	2.7	2.9	-	3.5	4.0
The amount of material presented was reasonable.	2.5	3.3	-	3.4	4.2
I knew what I was supposed to be learning and why.	2.6	2.9	-	3.5	3.9
The methods used to evaluate my performance during SCI provided fair measures of my effort and learning.	2.4	2.9	-	3.9	4.4
SCI broadens my perspectives.	2.8	3.1	-	3.7	4.0
The material covered in SCI is relevant to the practice of medicine.	3.3	3.1	-	3.4	4.0
The lectures helped me learn the material.	2.2	2.6	-	3.3	3.6
The community clinic experience is a worthwhile component of the curriculum.	4.2	3.5	-	4.0	4.4
Spanish is a worthwhile component of the curriculum.	3.4	-	-	3.9	4.4
My community preceptor understood the learning objectives.	-	-	-	3.8	4.0
My community preceptor ensured that the learning objectives were met.	-	3.5	-	3.8	4.3
Overall, I learned useful knowledge and/or skills during SCI.	3.3	3.0	3.6	4.0	4.3
N	27	57	81	73	98

Society, Community & the Individual 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	

Spanish

Note that this data is not available for all years and units. Data is collected in connection with the unit evaluations for SPM for the three units that do not correspond with the end of a semester.

Introduction to Health and Disease

Class of	2015	2016	2017	2018
SCI was well organized.	3.1	3.9	4.3	4.1
The learning objectives were clearly identified.	3.1	3.8	4.3	4.1
Spanish met the identified learning objectives.	3.1	3.8	4.3	4.2
The amount of material presented was reasonable.	3.7	4.0	4.4	4.4
I understand how I am graded in Spanish.	3.6	3.9		3.9
I improved my Spanish speaking skills.	3.4	3.7	4.2	3.9
I can ask basic patient information in Spanish.	3.3	3.9	4.2	4.4
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.3	3.7	4.3	4.2
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.4	4.0	4.4	4.2
The homework provided practical reinforcement of the material covered in class.	3.2	3.7	4.2	4.2
The course handouts were practical.	3.7	4.2	4.5	4.3
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.5	4.0	4.4	4.1
N	87	82	101	106

Musculoskeletal and Dermatology

Class of	2014	2015	2016	2017	2018
SCI was well organized.	3.3	3.2	3.5	4.3	4.0
The learning objectives were clearly identified.	3.2	3.1	3.3	4.2	4.0
Spanish met the identified learning objectives.	3.2	3.0	3.4	4.3	4.1
The amount of material presented was reasonable.	3.5	3.4	3.9	4.4	4.3
I understand how I am graded in Spanish.	-	3.3	3.7	4.4	4.1
I improved my Spanish speaking skills.	3.0	2.8	3.5	4.0	4.0
I can ask basic patient information in Spanish.	-	3.3	4.1	4.2	4.4
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	3.1	3.8	4.4	4.3
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	-	3.0	3.8	4.4	4.3
The homework provided practical reinforcement of the material covered in class.	-	2.9	3.4	4.3	4.1
The course handouts were practical.	-	3.5	3.9	4.4	4.1
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.2	3.1	3.7	4.2	4.1
N	56	62	79	103	104

Liver and Hematology

Class of	2014	2015	2016	2017	2018
SCI was well organized.	4.0	3.1	3.8	4.3	4.3
The learning objectives were clearly identified.	3.8	3.1	3.6	4.3	4.3
Spanish met the identified learning objectives.	3.9	3.1	3.7	4.3	4.3
The amount of material presented was reasonable.	4.1	3.6	4.0	4.4	4.4
I understand how I am graded in Spanish.	3.7	3.2	3.9	4.3	4.4
I improved my Spanish speaking skills.	3.5	3.0	3.8	4.1	4.2
I can ask basic patient information in Spanish.	-	3.5	4.1	4.3	4.5
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	3.2	3.8	4.3	4.4
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	-	3.2	3.9	4.4	4.4.
The homework provided practical reinforcement of the material covered in class.	-	2.7	3.6	4.3	4.3
The course handouts were practical.	-	3.3	3.9	4.4	4.4
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	4.0	3.2	3.9	4.3	4.4
N	44	83	76	103	101

CNS and Special Senses

Class of	2013	2014	2015	2016	2017
SCI was well organized.	3.5	3.9	3.9	4.0	4.4
The learning objectives were clearly identified.	3.2	3.9	3.6	3.8	4.4
Spanish met the identified learning objectives.	3.4	3.8		3.8	4.5
The amount of material presented was reasonable.	3.5	4.1	4.0	4.1	4.5
I understand how I am graded in Spanish.	3.0	3.8	3.2	3.9	4.5
I improved my Spanish speaking skills.	3.4	3.4	3.5	3.7	4.3
I can ask basic patient information in Spanish.	-	3.4	3.7	4.2	4.4
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	3.7	3.8	4.1	4.6
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	-	3.8	3.9	4.1	4.6
The homework provided practical reinforcement of the material covered in class.	-	3.5	3.5	3.9	4.4
The course handouts were practical.	-	4.1	3.9	4.1	4.4
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.6	3.7	3.8	4.0	4.4
N	32	58	87	75	100

Renal System

Class of	2013	2014	2015	2016	2017
SCI was well organized.	3.1	3.8	3.5	3.8	4.4
The learning objectives were clearly identified.	2.9	3.7	3.2	3.8	4.4
Spanish met the identified learning objectives.	3.2	3.5		3.8	4.4
The amount of material presented was reasonable.	3.3	3.8	3.9	4.1	4.6
I understand how I am graded in Spanish.	2.7	3.6	3.0	4.0	4.5
I improved my Spanish speaking skills.	3.1	3.2	3.5	3.7	4.3
I can ask basic patient information in Spanish.	-	3.5	3.8	4.2	4.4
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	3.5	4.0	4.1	4.5
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	-	3.4	4.0	4.1	4.5
The homework provided practical reinforcement of the material covered in class.	-	3.3	3.3	3.9	4.4
The course handouts were practical.	-	3.9	3.6	4.0	4.3
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.1	3.5	3.7	4.0	4.4
N	12	55	81	75	101

Reproductive System

Class of	2015	2016	2017
SCI was well organized.	3.5	4.1	4.2
The learning objectives were clearly identified.	3.4	4.1	4.4
Spanish met the identified learning objectives.	3.4	4.0	4.3
The amount of material presented was reasonable.	3.9	4.3	4.4
I understand how I am graded in Spanish.	3.4	4.1	4.4
I improved my Spanish speaking skills.	3.6	3.9	4.3
I can ask basic patient information in Spanish.	3.8	4.3	4.5
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	4.0	4.1	4.4
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	4.0	4.2	4.4
The homework provided practical reinforcement of the material covered in class.	3.4	4.2	4.3
The course handouts were practical.	3.6	4.3	4.4
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.6	4.2	4.3
N	78	75	101

M3 Curriculum

Outcomes

DISTRIBUTION OF NBME SHELF EXAM PERCENTILE SCORE BY GRADE CATEGORIES, ALL BLOCKS

Under the 2014-2015 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. The tables below group students by their NBME score within these ranges. This does not represent the final grade distribution.

AY 2014-2015

	Honors	Eligible	Pass	Fail
Family Medicine (FM)	30	21	22	0
Surgery	26	15	32	0
Internal Medicine (IM)	30	14	30	0
Psychiatry (Psych)	27	16	31	0
OB/Gynecology (OB/Gyn)	28	18	24	0
Pediatrics (Peds)	33	19	18	0

AY 2013-2014

	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

AY 2012-2013

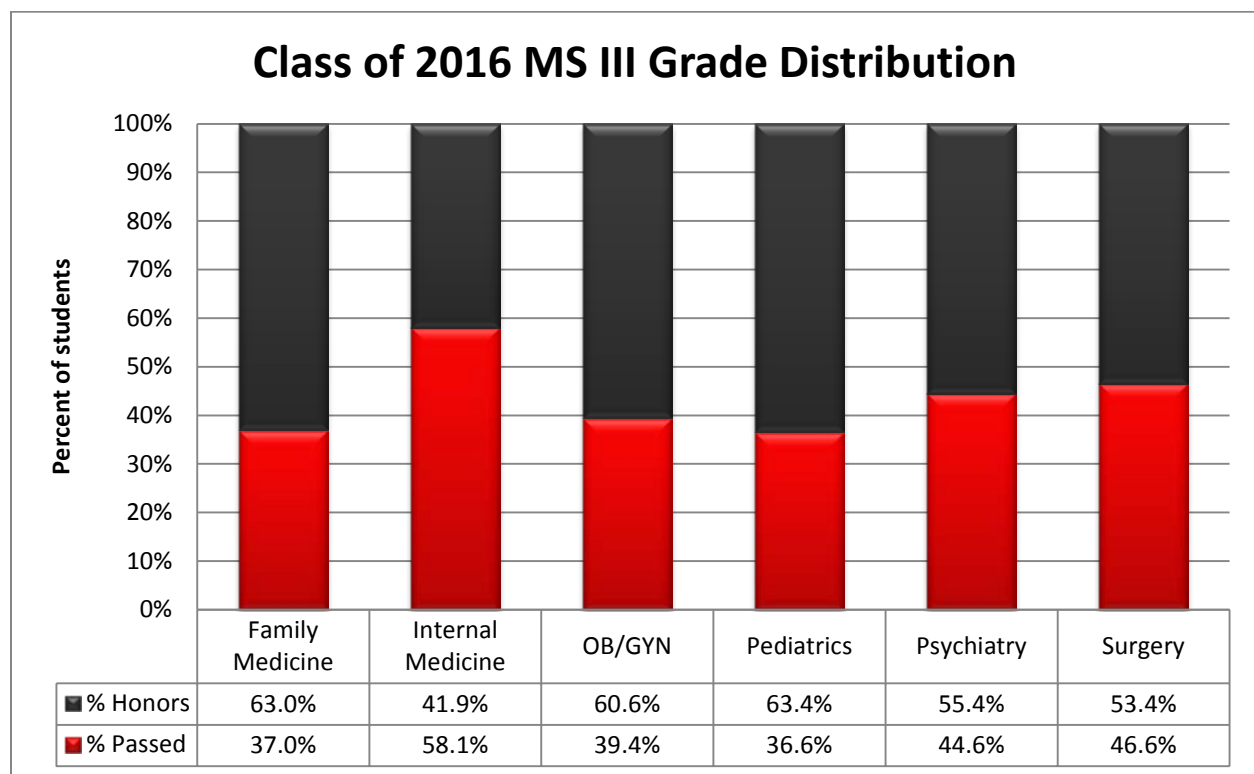
	Honors	Eligible	Pass	Fail
Family Medicine (FM)	20	12	21	2
Surgery	20	10	23	1
Internal Medicine (IM)	15	11	25	0
Psychiatry (Psych)	17	20	18	0
OB/Gynecology (OB/Gyn)	12	13	30	0
Pediatrics (Peds)	17	14	23	2

AY 2011-2012

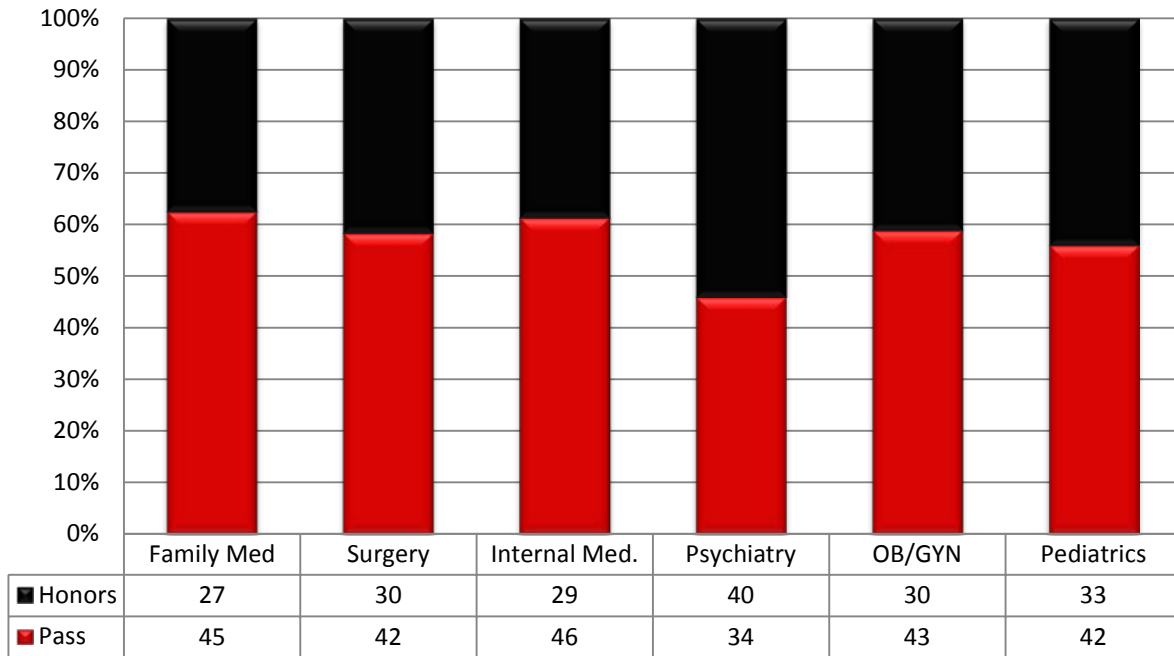
	Honors	Eligible	Pass	Fail
Family Medicine (FM)	7	12	18	1
Surgery	14	5	19	0
Internal Medicine (IM)	10	9	17	0
Psychiatry (Psych)	11	7	21	0
OB/Gynecology (OB/Gyn)	11	10	15	0
Pediatrics (Peds)	12	4	20	0

DISTRIBUTION OF FINAL GRADES AS SHOWN IN THE MSPE

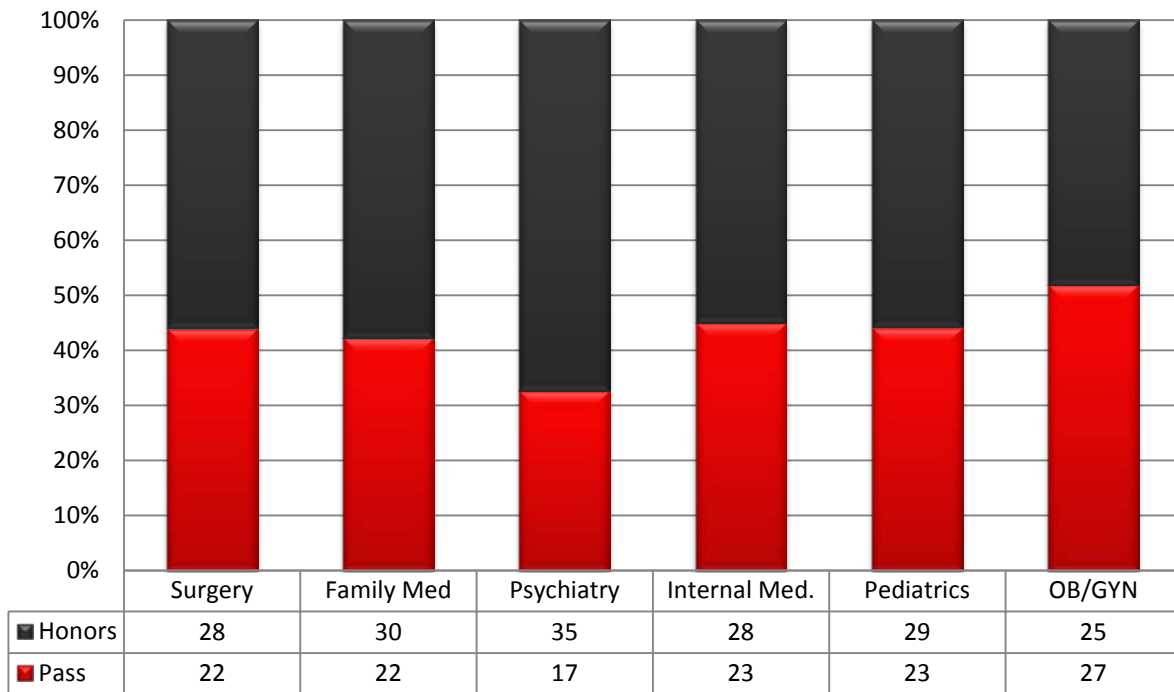
Note, all graphics in the MSPE are based on the results for on-cycle students.



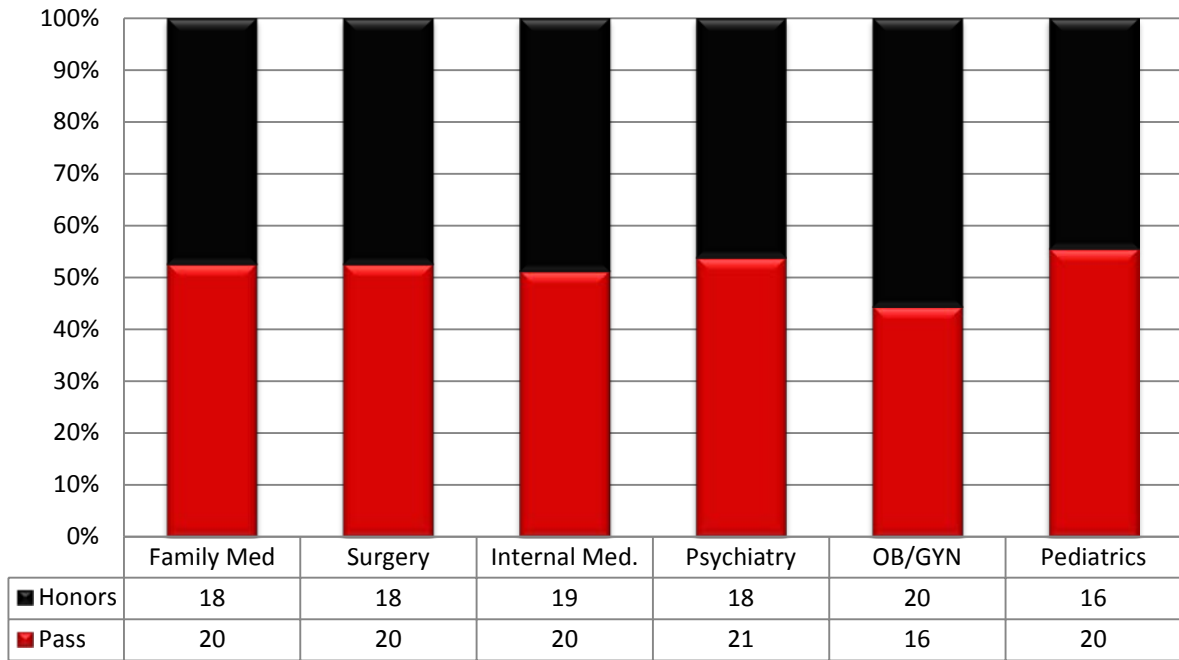
Class of 2015 MS III Grade Distribution



Class of 2014 MS III Grade Distribution



Class of 2013 MS III Grade Distribution



STEP 2 SCORES

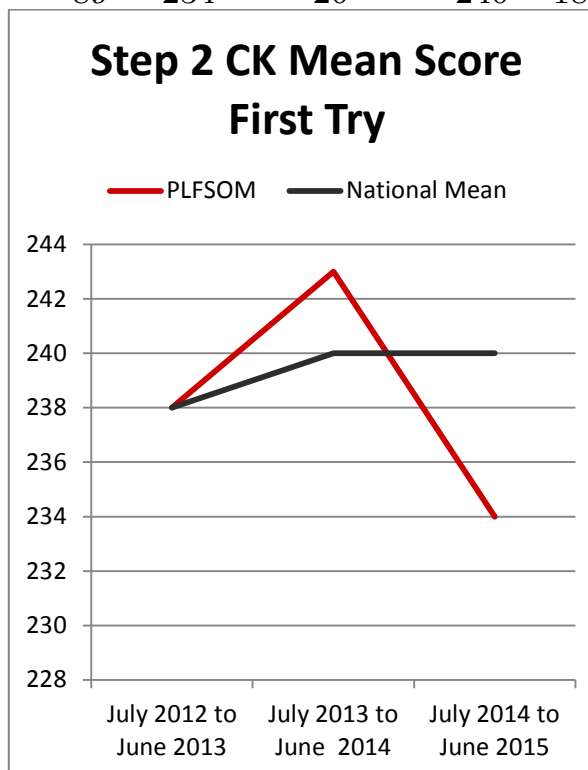
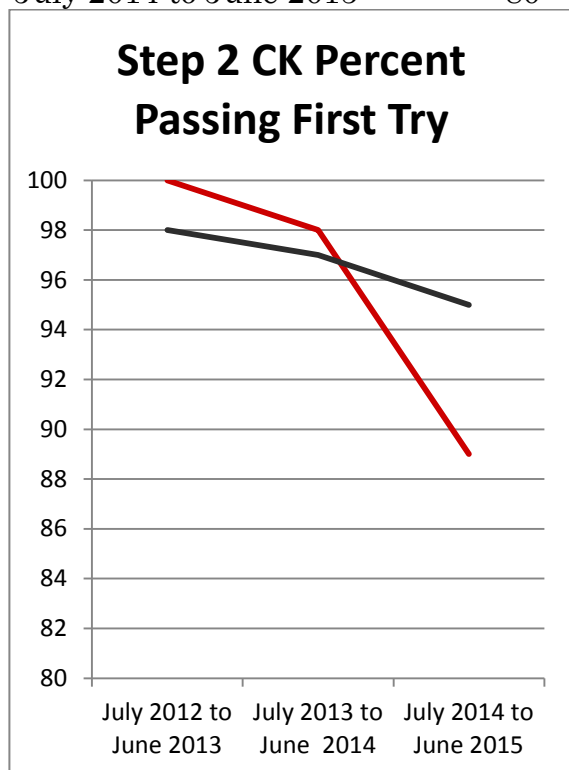
STEP 2 RESULTS Clinical Knowledge⁵

Table 8.4-4 | STEP 2 CK USMLE Results of First-time Takers

Source: School-reported from

National Board of Medical Examiners School Reports

Provide the requested <i>Step 2 CK USMLE</i> results of <u>first-time takers</u> during the three most recently completed academic years.							
Academic Year	No. Examined	Percent Passing	Mean Total Score and SD		National Mean Total Score and SD		
			Score	SD	Score	SD	
July 2011 to June 2012	2	100	251	13	237	21	
July 2012 to June 2013	37	100	238	17	238	19	
July 2013 to June 2014	54	98	243	17	240	18	
July 2014 to June 2015	80	89	234	20	240	18	

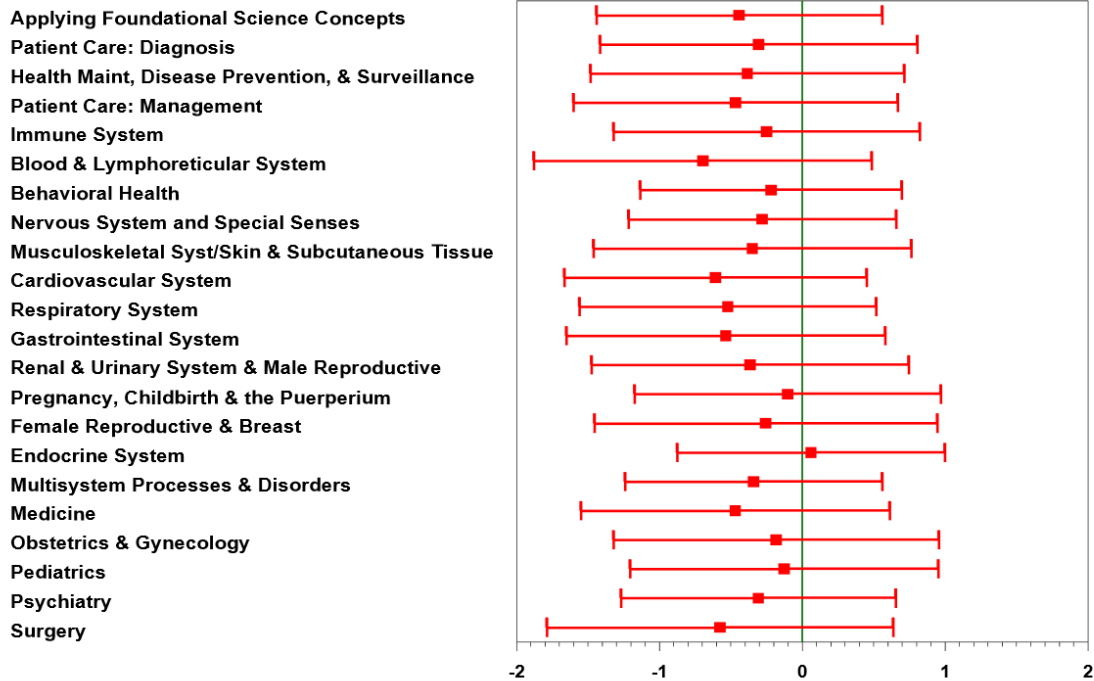


⁵ Note that we have changed our reporting from the prior years' reports. Rather than calculating the pass rate and averages on the basis of graduating class, we now report the values from the NBME Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) Report. This report is based on the year the student took the test, not the year of expected graduation. Further, we are reporting the data in the format required for the LCME Data Collection Instrument.

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2014 to June 2015

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



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.

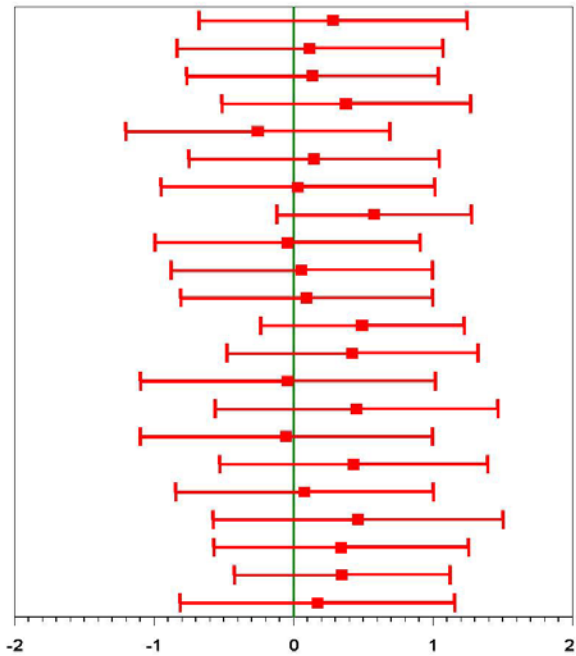
By comparing the locations of the red boxes, you can determine the score category in which the performance of your students was relatively strong and weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. 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.

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

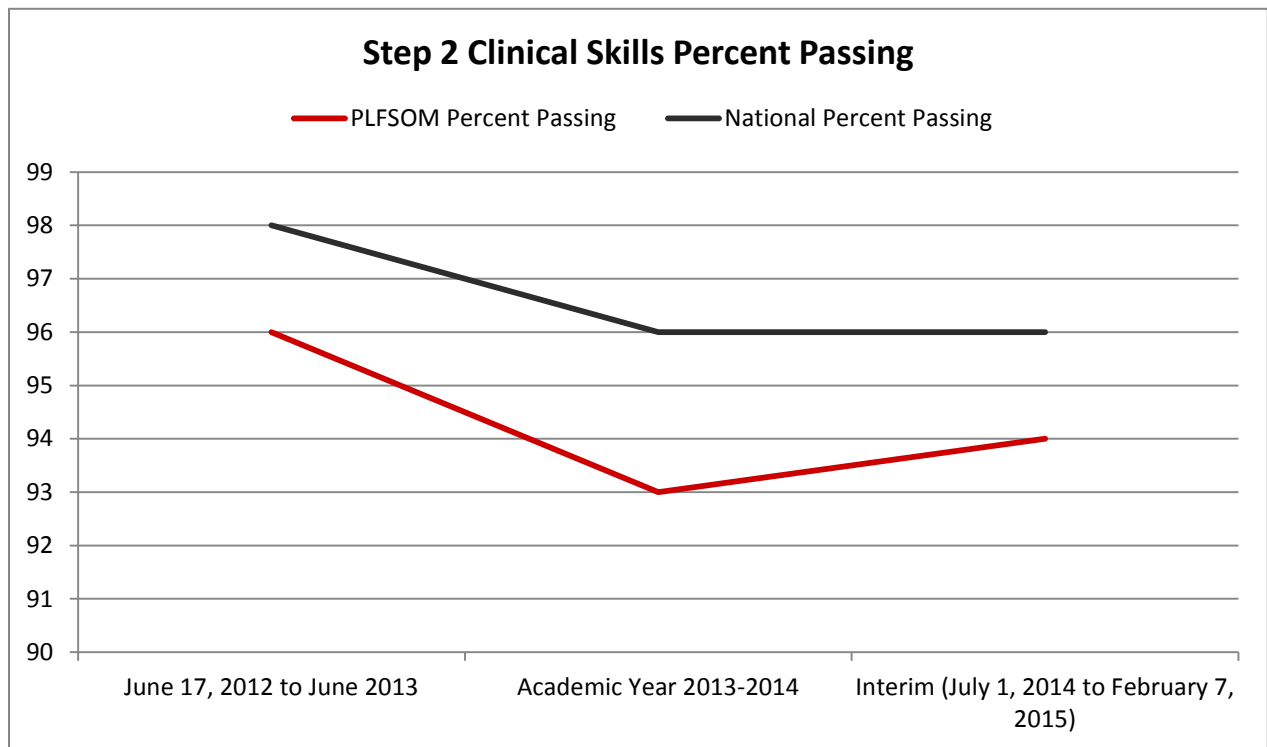


The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each score category. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: 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.

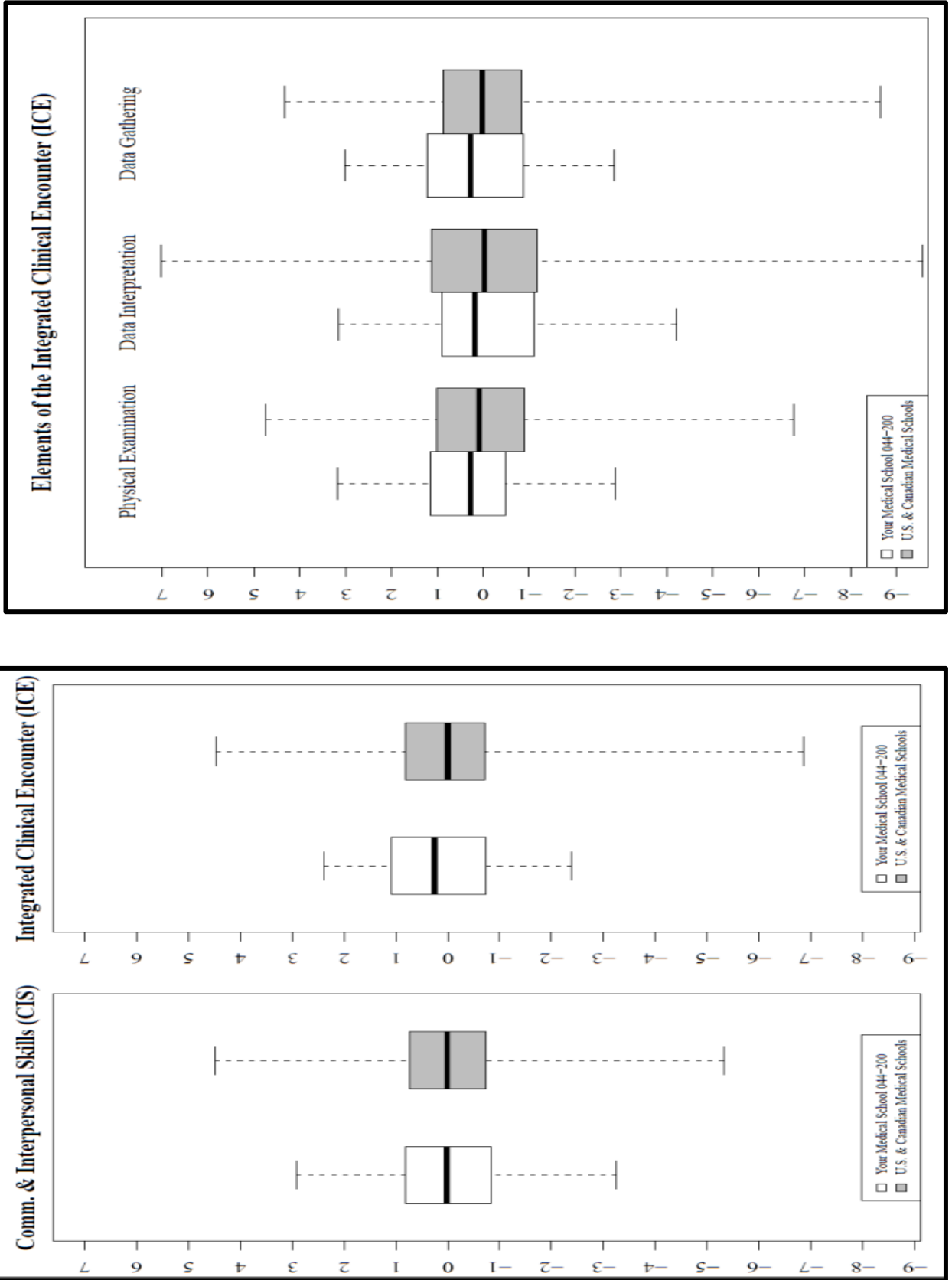
By comparing the locations of the red boxes, you can determine the score category in which the performance of your students was relatively strong and weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. 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.

Clinical Skills

Time period	N	First time pass Total Test	Integrated Clinical Encounter	Communication & Interpersonal Skills	Spoken English Proficiency
July 2011 to May 19, 2012	1	100	100	100	100
June 17, 2012 to June 2013	47	96	100	96	100
Academic Year 2013-2014	56	93	98	95	100
Interim (July 1, 2014 to February 7, 2015)	65	94	94	100	100



USMLE® Step 2 Clinical Skills (CS) Report AY 2013-2014 Figures



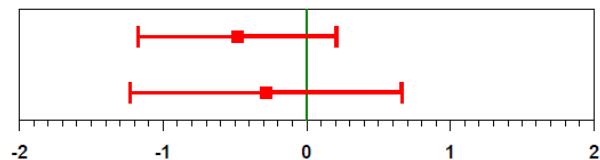
NATIONAL BOARD OF MEDICAL EXAMINERS[®]

Performance of Examinees Taking USMLE[®] Step 2 Clinical Skills (CS) for the First Time in the Academic Year June 17, 2012 to June 2013

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

Integrated Clinical Encounter (ICE)

Communication & Interpersonal Skills (CIS)



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 on the ICE and CIS subcomponents of Step 2 CS. The Spoken English Proficiency (SEP) subcomponent is not included because performance of U.S./Canadian students is uniformly high on that subcomponent and feedback will not be particularly meaningful. 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 subcomponent. To facilitate interpretation, the reliability of each subcomponent has been used in adjusting the standard scores. 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 for 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.

By comparing the locations of the red boxes, you can determine the subcomponents on which the performance of your students was relatively strong or weak. However, caution should be used in interpreting differences between the means of the subcomponents, especially when the differences are smaller than a few tenths of an SD.

OPLOG STATISTICS BY LOCATION

Internal Medicine

AY 2014-2015	Avg # Patients/Student	Avg. # Diagnoses/Student	Diagnostic Level				Avg # Procedures/Student	Procedure Level			
			Managed/Assisted		Observed			Performed/Assisted		Observed	
			Avg #	%	Avg #	%		Avg #	%	Avg #	%
UMC	54.0	108.7	81.8	75%	28.8	25%	5.17	2.6	49%	2.61	51%
WBAMC	51.4	91.3	66.8	73%	24.5	27%	4.11	2.2	54%	1.87	46%
Total	52.7	99.7	74.1	74%	25.6	26%	4.62	2.4	52%	2.23	48%

Surgery

AY 2014-2015	Avg # Patients/Student	Avg. # Diagnoses/Student	Diagnostic Level				Avg # Procedures/Student	Procedure Level			
			Managed/ Assisted		Observed			Performed/Assisted		Observed	
			Avg #	%	Avg #	%		Avg #	%	Avg #	%
UMC	78.4	98.3	85.2	87%	13.1	13%	31.57	26.1	83%	5.45	17%
WBAMC	80.6	96.6	81.8	85%	14.8	15%	31.66	29.8	85%	4.69	15%
Total	79.3	97.6	83.9	86%	13.7	14%	31.6	26.5	84%	5.15	16%

Psychiatry

AY 2014-2015	Avg # Patients/Student	Avg. # Diagnoses/Student	Diagnostic Level				Avg # Procedures/Student	Procedure Level			
			Managed/Assisted		Observed			Performed/Assisted		Observed	
			Avg #	%	Avg #	%		Avg #	%	Avg #	%
EPPC	41.6	83.1	56.7	68.2%	26.5	31.8%	4.9	4.2	85.1%	0.7	14.9%
UBH	48.3	79.0	59.5	75.3%	19.5	24.7%	5.1	4.0	77.5%	1.2	22.5%
Total	45.3	80.8	58.2	72.1%	22.6	28.0%	5.0	10.8	80.8%	1.0	19.2%

NBME “SHELF” EXAMS BY LOCATION

Internal Medicine NBME Scores

2014-2015	Block 1		Block 2		Block 3		All Year	
	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation
UMC	80.56	8.17	85.77	9.38	83.21	6.8	83.47	8.17
WBAMC	80.4	7.65	81.43	8.53	76.67	6.87	79.89	7.84
All Locations	80.46	7.67	83.52	9.05	80.65	7.43	81.64	8.15

2013-2014	Block 1	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 NBME Scores

2014-2015	Block 1		Block 2		Block 3		All Year	
	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation
UMC	73.0	6.51	80.73	6.31	79.71	10.4	77.52	8.74
WBAMC	73.67	4.82	79.9	3.6	82.6	9.98	78.9	7.54
All Locations	73.24	5.86	80.33	5.09	80.78	10.15	78.07	8.26

2013-2014	Block 1	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 NBME Scores

AY 2014-2015	Block 1		Block 2		Block 3		All Year	
	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation	Avg Score	Std. Deviation
EPPC	82.5	7.21	86.75	9.87	89.6	7.76	86.31	8.69
UBH	82.71	7.43	87.4	8.61	84.08	7.79	84.81	8.04
All Locations	82.63	7.18	87.11	9.01	86.48	8.1	85.46	8.3

2013-2014	Block 1	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 not been included. A copy of the full report is available on request.

Surgery & Family Medicine Clerkship Block Evaluations

Block

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	3.7	3.5	3.5	3.6	4.0	4.2	4.0	4.0	4.1	4.1	4.2	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	3.8	4.2	4.0
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	3.9	4.3	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	3.9	4.3	3.8
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	3.7	4.0	3.6
N	9	12	11	16	17	13	22	24	27	21	21	27

Surgery

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	2.9	3.4	3.2
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	3.2	3.7	3.6
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	4.1	4.3	4.2
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	3.7	4.0	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	3.6	3.9	3.6
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	3.5	4.1	3.8
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	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	3.4	4.1	4.0
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	3.5	4.0	4.0
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	2.9	3.8	3.3
I was observed delivering patient care.	3.8	3.7	4.1	4.0	4.1	4.2	4.1	3.8	4.0	3.9	4.1	3.7
I used Spanish frequently in this rotation	-	-	-	-	-	-	-	-	-	3.7	3.6	3.6
Spanish instruction in the first 2 years helped prepare me for this rotation	-	-	-	-	-	-	-	-	-	3.6	3.6	3.2
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	4.2	4.3	4.3
N	9	12	11	16	17	13	22	24	27	21	21	27

Family Medicine

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	3.9	4.3	4.1
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	3.6	4.3	4.2
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	4.4	4.7	4.4
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	4.2	4.7	4.4
I had enough patient management opportunities.	4.6	4.1	4.8	4.4	4.5	4.5	4.4	4.0	4.4	3.9	4.5	4.3
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	4.3	4.6	4.2
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	3.3	-	-
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	4.2	4.2	4.3
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	4.1	4.6	4.3
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	3.3	4.2	3.8
I was observed delivering patient care.	4.3	4.2	4.8	4.2	4.4	4.5	4.6	4.0	4.3	4.2	4.7	4.2
I used Spanish frequently in this rotation	-	-	-	-	-	-	-	-	-	4.1	4.4	4.3
Spanish instruction in the first 2 years helped prepare me for this rotation	-	-	-	-	-	-	-	-	-	3.8	4.0	3.3
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	4.4	4.6	4.4
N	9	12	11	16	17	13	22	23	26	22	21	27

Internal Medicine & Psychiatry Block

Block

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	3.3	3.8	3.7	3.4	4.2	4.3	4.1	4.1	-	3.8	3.9	3.8
The learning objectives were clearly identified.	3.5	3.8	3.7	3.6	4.1	4.3	3.6	4.0	-	3.9	3.9	3.8
The block met the identified learning objectives.	3.7	3.7	3.7	3.6	4.2	4.3	3.7	4.1	-	4.0	4.2	3.8
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	-	4.0	4.1	4.0
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	-	4.3	4.1	3.9
N	11	12	14	14	16	15	25	24	-	24	27	22

Internal Medicine

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	4.1	3.9	4.1
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	3.6	3.2	3.4
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	4.0	3.9	4.0
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	4.3	4.3	3.9
I had enough patient management opportunities.	3.7	4.2	4.2	4.1	4.4	4.5	4.3	4.4	4.1	4.3	4.1	4.3
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	4.0	3.7	4.3
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	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	3.8	4.0	3.8
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	3.8	3.8	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	4.0	3.7	4.0
I was observed delivering patient care.	4.5	3.9	4.2	4.4	4.3	4.5	4.2	4.3	4.1	4.2	4.2	4.2
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.1	4.3	4.1
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.8	3.0	3.6
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	4.4	4.5	4.4
N	11	12	14	14	16	15	25	24	23	24	27	22

Psychiatry

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	4.3	4.0	4.1
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	3.7	3.6	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	4.1	4.3	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	4.4	4.2	4.0
I had enough patient management opportunities.	4.2	4.8	4.5	3.9	4.4	4.2	4.2	4.1	3.9	4.3	4.0	3.7
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	4.2	4.3	3.7
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	3.7	-	-
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	3.8	3.8	3.6
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	3.6	3.4	3.5
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	4.1	4.0	3.8
I was observed delivering patient care.	4.5	4.7	4.8	4.4	4.3	4.4	4.2	4.0	4.0	4.0	4.1	3.6
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	3.4	3.7	3.5
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-		3.5	2.7	3.4
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	4.4	4.3	3.9
N	11	12	14	14	16	15	25	24	23	23	27	22

OB/GYNECOLOGY & PEDIATRIC BLOCK

Block

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	3.7	3.4	3.5	4.0	3.7	3.7	4.1	3.9	3.8	3.7	4.1	3.9
The learning objectives were clearly identified.	4.1	3.1	3.7	3.8	4.0	4.1	4.0	4.2	4.1	3.8	4.1	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	4.0	4.1	4.0
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	4.0	4.0	4.0
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	4.0	4.1	4.1
The mother/newborn continuity experience was a useful learning experience	-	-	-	-	-	-	-	-	-	3.9	3.7	3.9
N	12	11	13	11	19	21	25	25	22	26	21	21

OB/Gynecology

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	3.8	3.9	4.1
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	3.8	4.1	3.8
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	4.3	4.1	4.1
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	4.1	4.0	4.1
I had enough patient management opportunities.	4.5	3.6	4.2	4.5	4.2	4.3	4.4	4.1	4.1	3.7	4.2	3.8
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	4.3	4.3	3.9
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	3.4	-	-
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	4.0	4.1	3.8
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	3.9	3.8	3.6
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	3.8	4.0	4.1
I was observed delivering patient care.	4.5	4.4	4.3	4.3	4.2	4.1	4.4	4.2	4.1	4.2	4.2	4.1
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.8	4.3	4.5
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.2	3.9	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	4.5	4.5	4.1
N	12	11	13	11	19	21	25	26	22	25	21	21

Pediatrics

	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	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	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	4.1	3.9	3.9
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	4.4	4.1	4.4
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	4.3	4.3	4.4
I had enough patient management opportunities.	4.1	4.0	4.0	4.3	4.0	4.0	4.3	4.5	4.1	4.3	4.3	4.2
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	4.3	4.4	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	3.5	-	-
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	4.1	4.4	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	4.2	4.4	4.1
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	3.9	3.9	4.0
The Individual Learning Plan was a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.1	4.3
The telephone medicine curriculum is a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.1	3.8
The group “transparent” OSCE is a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.2	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	4.2	4.4	4.2
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.7	4.4	4.2
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.3	4.1	3.8
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	4.5	4.4	4.4
N	12	11	13	11	19	21	25	26	22	26	19	22

M4 CURRICULUM INFORMATION

Emergency Medicine

OUTCOMES

Emergency Medicine has switched to assessing knowledge using the NBME shelf exam; the first year of available data is AY 2014-2015.

NBME	Avg Score	Std. Deviation
AY 2014-2015	68.07	6.74

EVALUATION DATA TRENDS

	AY 2012-2013	AY 2013-2014	AY 2014-2015
The clerkship was well organized.	4.5	4.8	4.6
The learning objectives were clearly identified.	4.8	4.7	4.5
The clerkship met the identified learning objectives.	4.7	4.7	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.5	4.4
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.4	4.0	4.0
The amount of material presented was reasonable.	4.7	4.6	4.4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.6	4.4	4.5
In the clerkship, duty hours were adhered to strictly.	4.6	4.7	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.7	4.6
In the clerkship, I had enough patient management opportunities.	4.8	4.7	4.5
In the clerkship, I was observed delivering patient care.	4.7	4.7	4.6
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.7	4.6
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.7	4.6
In the clerkship, I received sufficient written feedback on my performance.	4.7	4.7	4.6
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.7	4.7
N	34	52	72

Neurology

OUTCOMES

NBME Scores

	NBME	Avg Score	Std. Deviation
AY 2014-2015	EPPC	76.53	6.19
	WBAMC	77.81	6.18
	Total	76.8	6.17

Oplog

AY 2014-2015	Avg # Patients/Student	Avg. # Diagnoses/Student	Diagnostic Level				Avg # Procedures/Student	Procedure Level			
			Managed/Assisted		Observed			Performed/Assisted		Observed	
			Avg #	%	Avg #	%		Avg #	%	Avg #	%
EPPC	27.0	31.6	28.1	89.0%	3.5	11.0%	1.9	1.1	58.4%	0.8	41.6%
WBAMC	20.9	23.3	22.7	97.6%	0.6	2.4%	1.3	1.0	80.0%	0.3	20.0%
Total	25.7	29.8	27.0	90.4%	2.9	9.6%	1.8	1.1	61.7%	0.7	38.4%

Evaluation Data Trends

	AY 2012-2013	AY 2013-2014	AY 2014-2015
The clerkship was well organized.	4.7	4.4	4.4
The learning objectives were clearly identified.	4.6	4.3	4.4
The clerkship met the identified learning objectives.	4.6	4.3	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.5	4.2	4.2
The amount of material presented was reasonable.	4.8	4.4	4.4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.5	4.3	4.3
In the clerkship, duty hours were adhered to strictly.	4.8	4.5	4.5
In the clerkship, I had appropriate exposure to ambulatory patients.	4.7	4.4	4.4
In the clerkship, I had enough patient management opportunities.	4.7	4.2	4.5
In the clerkship, I was observed delivering patient care.	4.7	4.4	4.5
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.5	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.7	4.3	4.2
In the clerkship, I received sufficient written feedback on my performance.	4.8	4.3	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.5	4.5
N	29	56	72

Critical Care Selective

NICU	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.5	4.5
The learning objectives were clearly identified.	4.5	4.2
The clerkship met the identified learning objectives.	4.5	4.4
The first three years of medical school adequately prepared me for this clerkship.	3.8	3.5
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.0	3.8
The amount of material presented was reasonable.	4.5	4.6
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.	4.5	4.8
In the clerkship, I had enough patient management opportunities.	5.0	4.4
In the clerkship, I was observed delivering patient care.	4.5	4.5
In the clerkship, I received sufficient supervision during my clinical interactions.	4.5	4.3
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.0
In the clerkship, I received sufficient written feedback on my performance.	4.8	3.9
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5
N	4	13

PICU	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.2	4.0
The learning objectives were clearly identified.	4.3	4.1
The clerkship met the identified learning objectives.	4.2	4.1
The first three years of medical school adequately prepared me for this clerkship.	4.2	4.0
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.2	3.8
The amount of material presented was reasonable.	4.5	4.3
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	3.9
In the clerkship, duty hours were adhered to strictly.	4.8	4.7
In the clerkship, I had enough patient management opportunities.	4.7	4.2
In the clerkship, I was observed delivering patient care.	4.5	4.1
In the clerkship, I received sufficient supervision during my clinical interactions.	4.2	4.4
In the clerkship, I received sufficient oral feedback on my performance.	4.0	4.3
In the clerkship, I received sufficient written feedback on my performance.	3.7	4.1
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.6
N	6	16

SICU	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.5	3.7
The learning objectives were clearly identified.	4.6	3.9
The clerkship met the identified learning objectives.	4.6	3.9
The first three years of medical school adequately prepared me for this clerkship.	4.2	3.4
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.6	3.0
The amount of material presented was reasonable.	4.6	4.0
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	3.8
In the clerkship, duty hours were adhered to strictly.	4.3	4.1
In the clerkship, I had enough patient management opportunities.	4.9	4.1
In the clerkship, I was observed delivering patient care.	4.8	4.0
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.2
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.3
In the clerkship, I received sufficient written feedback on my performance.	4.0	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.3
N	12	22

CVCU	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	3.9	3.9
The learning objectives were clearly identified.	3.6	4.2
The clerkship met the identified learning objectives.	3.8	4.3
The first three years of medical school adequately prepared me for this clerkship.	4.3	4.2
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.9	4.3
The amount of material presented was reasonable.	4.3	4.3
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.1	4.3
In the clerkship, duty hours were adhered to strictly.	4.3	4.5
In the clerkship, I had enough patient management opportunities.	3.9	4.5
In the clerkship, I was observed delivering patient care.	4.0	4.5
In the clerkship, I received sufficient supervision during my clinical interactions.	4.0	4.5
In the clerkship, I received sufficient oral feedback on my performance.	3.8	4.5
In the clerkship, I received sufficient written feedback on my performance.	3.8	3.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.2	4.5
N	9	9

MICU	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.2	4.1
The learning objectives were clearly identified.	4.2	4.4
The clerkship met the identified learning objectives.	4.3	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.1	4.2
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.7	4.2
The amount of material presented was reasonable.	4.5	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.1
In the clerkship, duty hours were adhered to strictly.	4.7	4.6
In the clerkship, I had enough patient management opportunities.	4.7	4.3
In the clerkship, I was observed delivering patient care.	4.4	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.5	4.3
In the clerkship, I received sufficient oral feedback on my performance.	4.2	4.0
In the clerkship, I received sufficient written feedback on my performance.	3.8	4.1
Overall, I learned useful knowledge and/or skills during the clerkship.	4.6	4.3
N	17	16

Sub-Internships

Family Medicine Sub Internship	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.6	4.8
The learning objectives were clearly identified.	4.2	4.9
The clerkship met the identified learning objectives.	4.2	4.9
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.6
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.4	4.8
The amount of material presented was reasonable.	4.4	4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.6
In the clerkship, duty hours were adhered to strictly.	4.4	5.0
In the clerkship, I had appropriate exposure to ambulatory patients.	3.8	4.8
In the clerkship, I had enough patient management opportunities.	4.2	4.8
In the clerkship, I was observed delivering patient care.	4.2	4.8
In the clerkship, I received sufficient supervision during my clinical interactions.	4.2	4.8
In the clerkship, I received sufficient oral feedback on my performance.	4.4	4.8
In the clerkship, I received sufficient written feedback on my performance.	4.4	4.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	4.8
N	5	8

Surgery Sub Internship	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	3.3	3.27
The learning objectives were clearly identified.	3.3	3.07
The clerkship met the identified learning objectives.	4.0	3.43
The first three years of medical school adequately prepared me for this clerkship.	4.3	3.67
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.7	2.9
The amount of material presented was reasonable.	4.5	4.0
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	3.6
In the clerkship, duty hours were adhered to strictly.	4.3	4.0
In the clerkship, I had appropriate exposure to ambulatory patients.	4.5	3.29
In the clerkship, I had enough patient management opportunities.	4.8	3.71
In the clerkship, I was observed delivering patient care.	4.8	4.14
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.0
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.0
In the clerkship, I received sufficient written feedback on my performance.	4.3	3.7
Overall, I learned useful knowledge and/or skills during the clerkship.	3.7	3.6
N	6	15

Internal Medicine Sub Internship	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.6	4.3
The learning objectives were clearly identified.	4.6	4.3
The clerkship met the identified learning objectives.	4.6	4.5
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.5
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.8	3.3
The amount of material presented was reasonable.	4.6	4.6
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.3
In the clerkship, duty hours were adhered to strictly.	4.6	4.6
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.6
In the clerkship, I had enough patient management opportunities.	4.6	4.5
In the clerkship, I was observed delivering patient care.	4.6	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.6	4.3
In the clerkship, I received sufficient oral feedback on my performance.	4.4	4.4
In the clerkship, I received sufficient written feedback on my performance.	4.2	4.4
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5
N	25	31

Pediatric Sub Internship	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.6	4.4
The learning objectives were clearly identified.	4.8	4.3
The clerkship met the identified learning objectives.	4.8	4.3
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.4
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.4	4.2
The amount of material presented was reasonable.	4.4	4.3
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	4.3
In the clerkship, duty hours were adhered to strictly.	4.5	4.0
In the clerkship, I had appropriate exposure to ambulatory patients.	4.7	4.6
In the clerkship, I had enough patient management opportunities.	4.8	4.8
In the clerkship, I was observed delivering patient care.	4.8	4.8
In the clerkship, I received sufficient supervision during my clinical interactions.	4.7	4.8
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.8
In the clerkship, I received sufficient written feedback on my performance.	4.5	3.9
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.4
N	14	14

Obstetrics/Gynecology Sub Internship	AY 2013- 2014	AY 2014- 2015
The clerkship was well organized.	4.0	4.6
The learning objectives were clearly identified.	4.3	4.1
The clerkship met the identified learning objectives.	4.3	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.7	4.4
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.3	5.0
The amount of material presented was reasonable.	4.7	4.8
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.8
In the clerkship, duty hours were adhered to strictly.	4.3	4.8
In the clerkship, I had appropriate exposure to ambulatory patients.	4.3	5.0
In the clerkship, I had enough patient management opportunities.	4.3	5.0
In the clerkship, I was observed delivering patient care.	4.3	5.0
In the clerkship, I received sufficient supervision during my clinical interactions.	4.3	5.0
In the clerkship, I received sufficient oral feedback on my performance.	4.3	4.8
In the clerkship, I received sufficient written feedback on my performance.	4.0	4.8
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	5.0
N	3	7

Electives Evaluation Data

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
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