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Paul L. Foster School *of* Medicine

Annual Evaluation Report 2015 – 2016

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 synopsized data from several sources.

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Executive Summary

This year the annual report has undergone a several changes. The CEPC drafted a policy specifying the content of the report that effectively sets the report as both a historical curriculum record and a curriculum program evaluation data tool for the CEPC to use in its review. With that in mind, and the Office of Assessment & Evaluation has attempted to meet the proposed criteria; the report now contains a broader array of information. In addition to the expanded content, the report also contains a detailed methodology section. Please note that not all items were available at initial publication. An addendum will be completed by the end of fall semester 2016. The addendum will update the annual measures, include revised program goal and objective assessment mapping, and expand reporting on elective subscription and graduation placement data.

Curricular Content:

This year is part of a transition for the curriculum, both to condense the calendar and to rearrange the units in the first two years. This year's phase of the curriculum shift was uneventful. One of the notable implementation points was the 2 offerings of the renal unit as it shifted from the M2 year to the end of the M1 year. Additionally, the start of the AY 2016 – 2017 M3 clerkships moved forward to mid-June, resulting in a one-week overlap with the ending of AY 2015 – 2016 clerkship block. The 2016 – 2017 phase appears to be on track for implementation.

Program Goals and Objectives:

The CEPC may wish to provide guidance to the course and clerkship directors on how they link program goals and objectives (PGOs) to course goals and objectives. This year, the syllabi were much clearer in their linkages for the course/clerkship objectives to PGOs. Only a few M4 syllabi had no course director specified linkages (Neurology, Surgery Sub-internship and Surgery Critical Care Selective). There is, however, some variation in how course/clerkship directors are making the linkages. A few directors are very frugal while a few said they covered all of the PGOs. In addition, some course/clerkship directors make the linkage at the level of the course goal while others make it at the level of the course objective.

Course and clerkship PGO content linkages are not consistent with PGO assessment linkages. Course or clerkship assessments linkages are based on the assessment forms that reference the PGOs. At this time, the assistant deans are working the course/clerkship directors to provide greater consistency.

Policy Monitoring:

This year's report includes a new section on policy monitoring. The last 2 years there have been an increase number of policies which have been both codified and which have included request from the CEPC for data monitoring. Of these policy changes requiring monitoring, only one (clerkship honors policy) has had sufficient duration after a change to have post policy data available; the remainder have baseline data included in this report. Policy

compliance/achievement data is available for two other areas: grade release and target graduation rates (see outcomes below).

The change in grading for the M3 & M4s affected only the M3's this year. A review of the data supports the efficacy of the policy in reducing the number of honors per clerkship to rate more in keeping with our expectations and desires. It will take a couple more years of monitoring before this can be considered confirmed as we have a large amount of annual variance in the percentage of individuals getting honors in a couple of clerkships.

While the grade release policy was codified this summer, it has been in effect for several years. We reviewed the data and discovered that two clerkships did not meet the policy in the 2015-2016 academic year. Pediatrics had a single block with late grade postings while neurology had 5 out of 11 rotations with late grade postings. We identified no other courses with late grade postings.

Overall Outcomes:

For the first time, we are able to review Step 3 results as the class of 2013 had data available this year. The initial results are quite good at 98 % pass rate on the first attempt compared to 92% first-time pass rates for the nation. However, this year the first-time pass rate for Step 1 dropped below the national average as did the scores. For AY 2015-2016, the Step 2 CK pass rate was 99% (national was 96%) and the mean score was 4 points above the national mean at 246. It should be noted, however, that only 69 students took Step 2 CK within the academic year, suggesting that weaker students may have delayed taking the exam. Only interim data is available for Step 2 CS for AY 2015-2016; for the 33 students who took the exam in the reporting period, the first time pass rate is 94% (national is 97%). Last year's 96% first time pass rate matched the national average.

Graduation rates remain above target at 93% for the six-year graduation rate but a large number of students in 2016 went off cycle. Some of these individuals went off cycle voluntarily and the impact on graduation ratios is anticipated to be low.

Graduate program director surveys suggest that our students are mostly at or above their peers within their program. Caution is necessary in interpreting the results, however, as we continue to struggle to achieve an acceptable response rate. The intervention attempted last year did not result in an improved response rate. We have identified another intervention which we hope will improve next year's results.

Other outcome measures specific to the M1 & M2 curriculum remain relatively stable. There has been a slight drop in the overall CBSE scores at the final spring offering. This has been accompanied by a shift in the summary profile bars toward a lower performance. This is predictive of the Step 1 scores reported above.

Student Evaluation Results

Students' general perceptions of the curricula remain high; Graduate Questionnaire (GQ) data shows PLFSOM in the 75th percentile overall and in the 90th percentile for basic

science relevance and integration. Graduates strongly endorsed the concept that they had adequate communication skills, understood the professional expectations of physicians, and were adequately prepared to provide care to patients from different backgrounds (rankings in the 90th percentile).

The Graduate Questionnaire data do, however, suggest some areas for potential improvement. At the pre-clerkship level, several topics have rankings below the 50th percentile. Biostatistics and epidemiology, gross anatomy, and microbiology are in the 10th percentile. Genetics, physiology, and behavioral sciences are in the 25th percentile. It should be noted that a couple of changes in the curriculum are not represented in these results as the curricular change occurred after the graduating students left the pre-clerkship phase.

At the clerkship level, two of the preparation for residency items have rankings in the 25th percentile. One item (I am confident that I have acquired the clinical skills to begin a residency program) has an 83.1 percent agreement, which ranks in the 10th percentile. GQ data for clerkships suggests that our residents are less effective as teachers with only pediatric residents achieving a ranking above the 50th percentile. Finally, percentile rankings suggest that the CEPC might wish to assess the range of elective offerings.

At the individual clerkship level, a few trends are notable. First, Pediatrics ranked in the 75th to 90th percentile for all 5 items. The remainder of the clerkships do not have such strong results. Psychiatry's historical trend appears to be downward although their percentile rankings still fall in the 25th and 50th percentile range. The Surgery clerkship percentiles are notable for being at the bottom of the 10th percentile, with the exception of mid-clerkship feedback. Internal Medicine has percentile rankings in the bottom tiers with a trend toward the lower ratings. Obstetrics & Gynecology has rankings right on the border between the 50th and 75th percentile and a trend that appears to be improving. Family Medicine's percentile rankings are midrange and there is not a clear trend in the ratings.

Internal course evaluations for the M1 & M2 curriculum generally have means consistent with general satisfaction. Notably, however, SCI has had a decline in ratings, most into the neutral region. The Spanish content specific evaluations, however, continue to be in the satisfactory range. In addition, the item measuring work load (the amount of material was reasonable) has demonstrated a slight dip into the neutral range for several SPM units. The SPM reproductive unit, as a whole, also continues to be less favorably viewed.

Internal course evaluations for the clinical years are also generally positive. Receipt of feedback, both oral and written, continues in the 3.5 to 4.2 range. The new item on usefulness of the feedback falls into the lower level of satisfaction.

Amendments to Original Report

The following amendments were made to this Annual Report after its original publication.

- Executive summary was updated to include a paragraph on the pre-clerkship Graduate Questionnaire Data as requested by the CEPC.
- Burnout Data was added to AAMC Graduate Questionnaire Outcomes.
- Learning Environment Data was added to AAMC Graduate Questionnaire Outcomes.
- PGO assessment mapping tables were updated to reflect information from Dr. Maureen Francis and the M3 clerkship directors. Additional changes reflect notations to LCME table 6.1, which is still being edited as of 9Jan2017.
- Graduate Program Director Survey Results - Items 6 and 7. The data for answer choices 'About the Same' and 'Worse' was mistakenly swapped.
- Annual Measures - Jefferson Empathy Scale. M4 mean score for the class of 2017 and Graduation mean score for the class of 2016 were not available at the time of publication. Data were included.
- The Table of contents and Table and Figure legends were updated to include new information. The List of Tables was split into a list of tables and a separate list of figures for clarity's sake.

Methodology

This report is a compilation of data from multiple sources. The contents are a mix of data from educational systems and from students in the form of Graduate Questionnaire data and evaluation summary data. In this section, we provide explanatory detail to assist in interpretation of the data.

Report Mapping

At this time, the Office of Assessment & Evaluation maps the report's contents to both Program Goals and Objectives (PGOs) and LCME requirements.

The PGOs for this AY report are:

- Patient Care: "Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- Knowledge for Practice: demonstrate knowledge of established in the evolving biomedical, clinical, epidemiological, socio-behavioral sciences, as well as the application of this knowledge to patient care.
- Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.
- Professionalism: Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.
- Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and systems of health care as well as the ability to call on other resources in the system to provide optimal care.
- Interprofessional Collaboration: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.
- Personal and Professional Development: Demonstrate the qualities required to sustain lifelong personal and professional growth.

While several areas of this report are related to the PGOs, some of the report areas pertain to specific PGOs. The following table shows which of the following report sections have such specific linkages:

Table 1: Report sections mapped to PGOs by Number

Annual Report topic	Program Goal							
	1	2	3	4	5	6	7	8
PGO Mapping	✓	✓	✓	✓	✓	✓	✓	✓
Program Outcomes: GQ		✓						

Annual Report topic	Program Goal							
	1	2	3	4	5	6	7	8
Program Outcomes: Step3	✓	✓	✓	✓	✓	✓		
Program Outcomes: Annual measures					✓			
Program Outcomes: Graduated Student Surveys	✓	✓	✓	✓	✓	✓	✓	✓
Pre-clerkship instruction	✓	✓						
Clerkship level instruction	✓	✓		✓				

PGO Assessment Mapping

This is the first year that this item has been included in the report. As a first process, we have included the linkages as shown in table 6.1-1 of the LCME DCI in preparation. The assessments listing was compiled by the assistant deans for medical education. In reviewing the list, some of the linkages are vague. For example, M3&M4 clerkship assessment forms. It is the opinion of the director of assessment and evaluation that this is not specific enough to ensure that coverage is specific enough to ensure adequate assessment or that the PGO is actually assessed in all clerkships, though we have mapped them that way at this time. Further, assessments entered into CHAMP will have associations that we anticipate will improve our ability to identify specific linkages for those activities.

Test Item Quality

For test item quality, we report several statistics. The following are the definitions used in this report:

- Difficulty: The proportion of the test takers getting the item correct.
- Discrimination: We report the discrimination index, rather than the point biserial score. Reported scores are out of Examsoft, which calculates discrimination as the proportion of the top 27% of the test takers who got the item correct minus the proportion of the bottom 27% of the test takers who got the item correct.
- KR20: this is a reliability estimate for dichotomous data. The coefficient is "intended to be an estimate of the test's reliability with respect to a single attribute postulated to underlie all the test items. However, what any particular reliability actually refers to can only be whatever attribute the test items actually define. Sufficient time to answer the items is assumed (timed tests produce spuriously high coefficients)."(p157[1])

Test Item Quality tables and data can be found under the Policy Monitoring section.

[1] Wright B. and M Stone. 1999. Measurement Essentials, Second edition. Wide range Inc. Wilmington, Delaware.

Annual Measures

PLFSOM collects data on a longitudinal basis as a means of monitoring hidden curriculum elements. The data for the Annual Measures come from the medical school's Annual Longitudinal Attitudinal Survey, which is a three part survey consisting of 1) General demographic information questions, 2) Social Medicine Scale questions, and 3) the Jefferson Physician Empathy Scale – Student Version.

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

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

Individual scale details are discussed below. For results on the Social Medicine Scale and Jefferson Scale of Empathy please go to the Annual Measures section.

Jefferson Physician Empathy Scale – Student Version

The Jefferson Scale of Empathy (JSE-S version) is a 20 item instrument designed to assess the 3 dimensions of empathy in medical students, in the context of patient care; the three dimensions of empathy being: "1 Perspective taking, 2 Compassionate care, and 3 Emotional detachment." (p4[2]) The 20 items in the instrument are measured on a 7 point scale ranging from 1=Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4=Neutral, 5= Somewhat Agree, 6= Agree, and 7=Strongly Agree. The higher the score, the higher the empathy level. The JSE-S requires that questions 1,3,6,7,8,11,12,14,18,19 be recoded before data analysis. The scale score consists of a summed score ranging from a minimum of 20 (low empathy) to 140 (high empathy).

Social Medicine Scales

The Social Medicine scales consist of 43 items. Factor analysis indicates that the items break into 3 subscales: Expectations for Participation in Preventive Medicine, Social Determinants of Health, and Role of Physicians in Preventive Medicine. The subscale (Expectations for Participation in Preventive Medicine) relates to a students' expectations that they personally will be involved in preventative and social medicine activities. The

[2]Tavakol, S., et al. (2011). "Psychometric Properties and Confirmatory Factor Analysis of the Jefferson Scale of Physician Empathy." BMC BioMed Central Ltd., 11:54. www.biomedcentral.com/1472-6920/11/54

second subscale measure student's knowledge and beliefs of sociocultural factors' influence on health. The Role of Physicians in Preventive Medicine subscale measures students' attitudes and beliefs on the general role of physicians in the practice of preventative & social medicine.

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

Graduated Student Surveys

The surveys of graduates and their program directors are based on the 13 entrustable activities that "all entering residents should be expected to perform on day 1 of residency without direct supervision, regardless of specialty."[3] The thirteen core EPAs are :

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

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

Table 2: AAMC Mapping of EPAs to PGOs

AAMC Mapping of EPAs by Program Goals	Patient Care	Knowledge for Practice	Practice Based Learning & Improvement	Interpersonal and Communication Skills	Professionalism	Systems Based Practice	Interprofessional Collaboration	Personal & Professional Development
EPA 1:	✓	✓		✓	✓			

[3] Core Entrustable Professional Activities for Entering Residency, Curriculum Developers' Guide . AAMC http://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf

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

For data collected from these surveys please go to the section on Graduated Student Survey Results.

NBME/USMLE Examinations

Although most medical school academics are familiar with the NBME and USMLE exams, we provide here brief overviews of their content for those who may not be as familiar with the exams. Further details can be obtained from both the NBME and USMLE websites.

CEYE (Customized End of Year Exam)

The CEYE is a customized exam from the NBME offered in 2 sections to allow students a lunch break. Each section is composed of 150 MCQ items.

The CEYE is assembled by PLFSOM faculty on the basis of the content areas taught in the M1 year. Items come from a secure pool of NBME basic science subject items. The exam is given through the NBME portal and the NBME provides us with score reports, item analysis reports and, for areas with 25 or more questions, a content area sub-score.

The original exam was designed for the class of 2013 and has been updated by the faculty annually. In AY 2015-2016, the Medical Education Department faculty, in their role as the Y1&2 committee, redesigned the test. In the version used previously, only 3 areas received content area sub-scores. In the redesign, a greater number of areas received content sub-scores.

Methodology

For CEYE data please refer to the M1 & M2 Curriculum Outcomes section.

Comprehensive Basic Science Examination

The beginning of the CBSE report describes the exam as:

> NBME® subject examinations provide medical schools with a tool for measuring examinees' understanding of the basic sciences. Although these examinations are designed to be broadly appropriate as part of overall examinee assessment, course objectives vary across schools, and the congruence between subject examination content and course objectives should be considered when interpreting test scores and determining grading standards. Specifically, subject examination scores should not be used alone, but rather in conjunction with other indicators of examinee performance in determination of grades.

Per the NBME website,[4] the CBSE content area includes:

Table 3: CBSE Content

System		
	General Principles	25%–35%
	Individual Organ Systems	65%–75%
	Hematopoietic & lymphoreticular	
	Central & peripheral nervous	
	Skin & related connective tissue	
	Musculoskeletal	
	Respiratory	
	Cardiovascular	
	Gastrointestinal	
	Renal/urinary	
	Reproductive	
	Endocrine	
	Immune	
Process		
	Normal	25%–45%
	Abnormal	30%–50%
	Principles of therapeutics	15%–25%
	Psychosocial, cultural, occupational, and environmental considerations	5%–10%

[4] http://www.nbme.org/Schools/Subject-Exams/Subjects/comp_basicsci.html

Step 1

Per the USMLE, Step 1 is designed to assess whether a student can "understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: **system and process**."[5]

For Step 1 data please refer to the M1 & M2 Curriculum Outcomes section.

Step 2

Step 2 comes in 2 parts: CK and CS. Step 2 CK focuses on "the principles of clinical science that are deemed important for the practice of medicine under supervision in postgraduate training."[6] "Step 2 of the USMLE assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to the principles of clinical sciences and basic patient- centered skills that provide the foundation for the safe and effective practice of medicine. Step 2 CS uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues."[7]

For Step 2 data please refer to the M3 Clerkship Overall Outcomes section.

Step 3

Per USMLE "S*tep 3 Foundations of Independent Practice (FIP)* … Content areas covered include application of foundational sciences; understanding of biostatistics and epidemiology/population health, and interpretation of the medical literature; and application of social sciences, including communication and interpersonal skills, medical ethics, systems-based practice, and patient safety. The test day also includes content assessing knowledge of diagnosis and management, particularly focused on knowledge of history and physical examination, diagnosis, and use of diagnostic studies. …*Step 3 Advanced Clinical Medicine (ACM)* This test day focuses on assessment of the ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of

[5] USMLE Step 1 Content Description http://www.usmle.org/step-1/ last accessed 5 September 2016
[6] USMLE Step 2 Clinical Knowledge (CK)Content Description and General Information http://www.usmle.org/pdfs/step-2-ck/2016_Step2CK_Content.pdf last accessed 5 September 2015.
[7] USMLE Step 2 Clinical Skills (CS)Content Description and General Information http://www.usmle.org/step-2-cs/ last accessed 5 September 2015.

disease over time. Content areas covered include assessment of knowledge of diagnosis and management, particularly focused on prognosis and outcome, health maintenance and screening, therapeutics, and medical decision making. Knowledge of history and physical examination, diagnosis, and use of diagnostic studies also is assessed."[8]

For Step 3 data please refer to the Program Outcomes Step 3 results section.

Clerkship Metrics

Clerkship data is pulled from the report that the assistant dean for medical education – clinical skills provides to both the CEPC and the Year 3 & 4 committee. Her office has provided modified versions of the GQ data which shows where PLFSOM falls on the benchmark tables as well as the site specific information.

For clerkship data, please refer to the section on Program Outcomes: M3 & M4.

Evaluation Results

Evaluation system participation by the students is required. During the 2015-2016 AY, we started the migration out of MyEvaluations.com and into Qualtrics. The first course evaluation deployment occurred at the Fall Semester evaluation data collection. As a result of the transition, we had a small drop in participation rates. Because the data collection methodology otherwise differs between the pre-clinical and clinical courses, response rates are reported below in the relevant section.

M1&2

Evaluation data is collected from students in the week after a unit ends, during exam week. For every unit, students evaluate the SPM and Medical Skills courses in addition to the Spanish component of the SCI course. The Master's Colloquium and Society, Community and the Individual course are evaluated on a semester basis, and Learning Environment is evaluated across the board. A report is provided to the course directors, the assistant dean for medical education – clinical instruction and the associate dean for medical education. A report containing Learning Environment data only is issued to the associate dean for Student Affairs.

Table 4: Response Rates by Course and Class Year

Course	Unit	Class of					
		2014	2015	2016	2017	2018	2019
Scientific Principles of Medicine	IHD		97%	99%	98%	99%	**100%**
	GI		97%	99%	98%	99%	**100%**
	MSK		97%	99%	98%	99%	**89%**
	HEM		95%	93%	100%	94%	**97%**
	CVR		97%	94%	98%	93%	**96%**
	RNL	92%	90%	94%	100%	**93%**	**93%**

[8] USMLE Step 3 http://www.usmle.org/step-3/ accessed 6Sep2016.

Course	Unit	Class of					
		2014	2015	2016	2017	2018	2019
	CNS	92%	90%	94%	100%	**100%**	
	END	94%	87%	89%	100%	**93%**	
	REP	89%	88%	91%	100%	**93%**	
	MHD	89%	88%	90%	100%	**93%**	
Medical Skills	IHD		98%	99%	98%	99%	100%
	GI		98%	99%	98%	99%	**99%**
	MSK		98%	99%	98%	99%	**90%**
	HEM		95%	93%	100%	95%	**97%**
	CVR		95%	94%	98%	93%	**97%**
	RNL	90%	90%	94%	100%	**93%**	**93%**
	CNS	92%	100%	93%	100%	**93%**	
	END	92%	87%	89%	100%	**95%**	
	REP	89%	90%	91%	100%	**93%**	
	MHD	89%	87%	90%	100%	**93%**	
Master's Colloquium	I		95%	93%	99%	95%	**96%**
	II		66%	85%	93%	98%	**93%**
	III	89%	88%	100%	93%	**92%**	
	IV	86%	93%	90%	97%	**79%**	
Society, Community And The Individual	I		94%	65%	99%	95%	**99%**
	II		67%	96%	93%	98%	**95%**
	III	96%	88%	95%	93%	**95%**	
	IV	86%	93%	90%	-	**80%**	

Quantitative data is reported here for the prior 5 years (as available). 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) for AY 2009-10 through AY 2015-16. All items using this scale are worded for the desired outcomes 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 by block is available on request.

For all data on M1 & M2 evaluation results please refer to the M1 & M2 Curriculum Outcomes section.

M3&4

Evaluation data is collected from students in the week after a block or rotation ends. For M3 blocks, students receive evaluations specific to the block and each of the 2 associated clerkships. A report is provided to the course directors, the assistant dean for medical

education – clinical instruction and the associate dean for medical education. Department chairpersons also receive copies.

Table 5: Response Rates by clerkship and Class Year

Clerkship	Class of			
	2014	2015	2016	2017
Family Medicine	84%	89%	97%	92%
Surgery	84%	91%	97%	93%
Internal Medicine	82%	90%	100%	95%
Psychiatry	82%	90%	99%	95%
Pediatrics	93%	95%	93%	99%
Obstetrics & Gynecology	93%	95%	92%	98%
Neurology	100%	90%	93%	
Emergency Medicine	95%	90%	91%	
Sub-Internship	96%	93%	86%	
Critical Care Selective	84%	93%	86%	

Quantitative data is reported here for the prior 5 years (as available). 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.

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For all data on M3 & M4 evaluation results please refer to the M3 & M4 Curriculum Outcomes section.

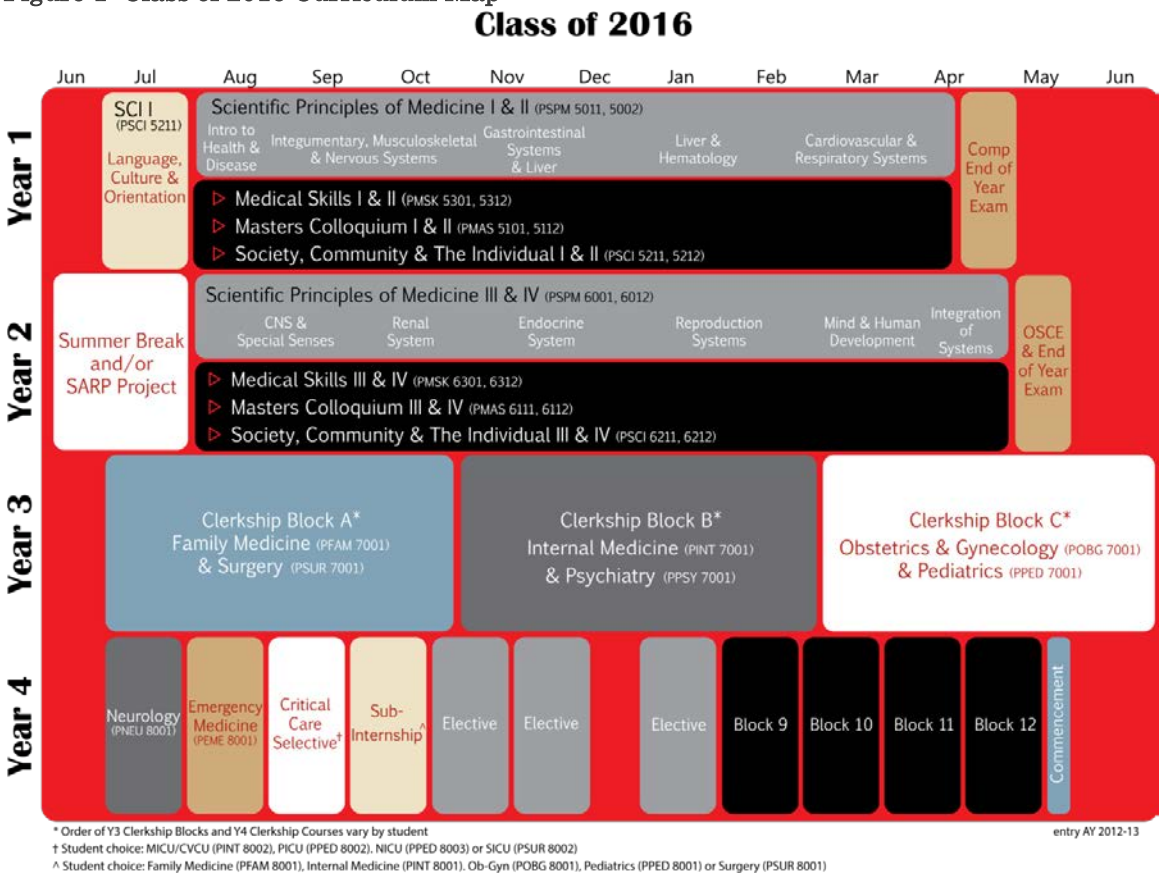
Curriculum Overview

Curriculum Changes & Schematics

This year is a transition year toward a new curriculum organization. The curricular change will shorten the duration of the first 2 years, move the start of the M3 phase forward, and lengthen the M4 phase. For the SPM and Medical Skills courses, this has meant moving the renal unit to the M1 year. In addition, the change has resulted in a reordering of the M1 fall units. This year saw the first shift forward in the clerkship block start date. It resulted in a 1 week overlap between Block 3 of the academic year and Block 1 of the 2016-2017 academic year. Next academic year will continue the change process with full implementation occurring with the class of 2020.

Given the transition status, the following graphics show the curriculum as experience by each class.[9]

Figure 1: Class of 2016 Curriculum Map



[9] Please note that we anticipate replacing the schematics for the class of 2019 & 2020 to more accurately reflect the mid-May start of the M3 clerkship.

Figure 2: Class of 2017 Curriculum Map

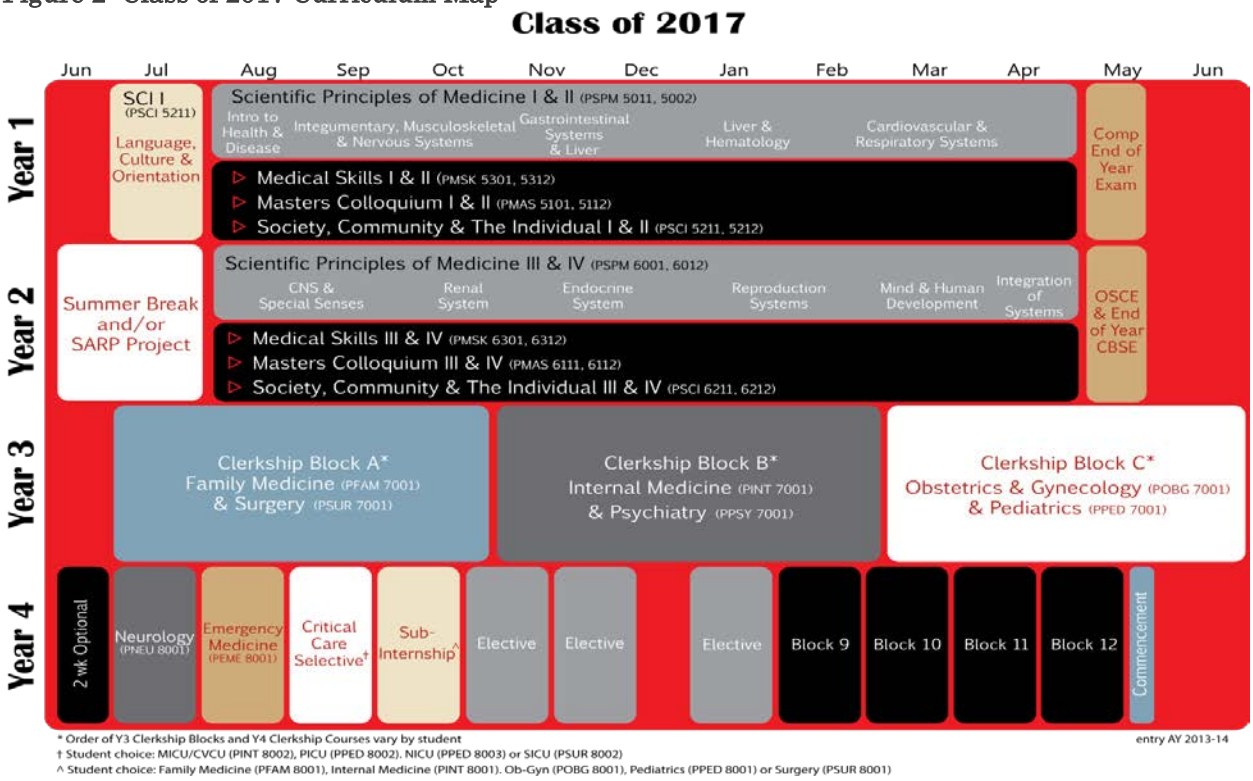


Figure 3: Class of 2018 Curriculum Map

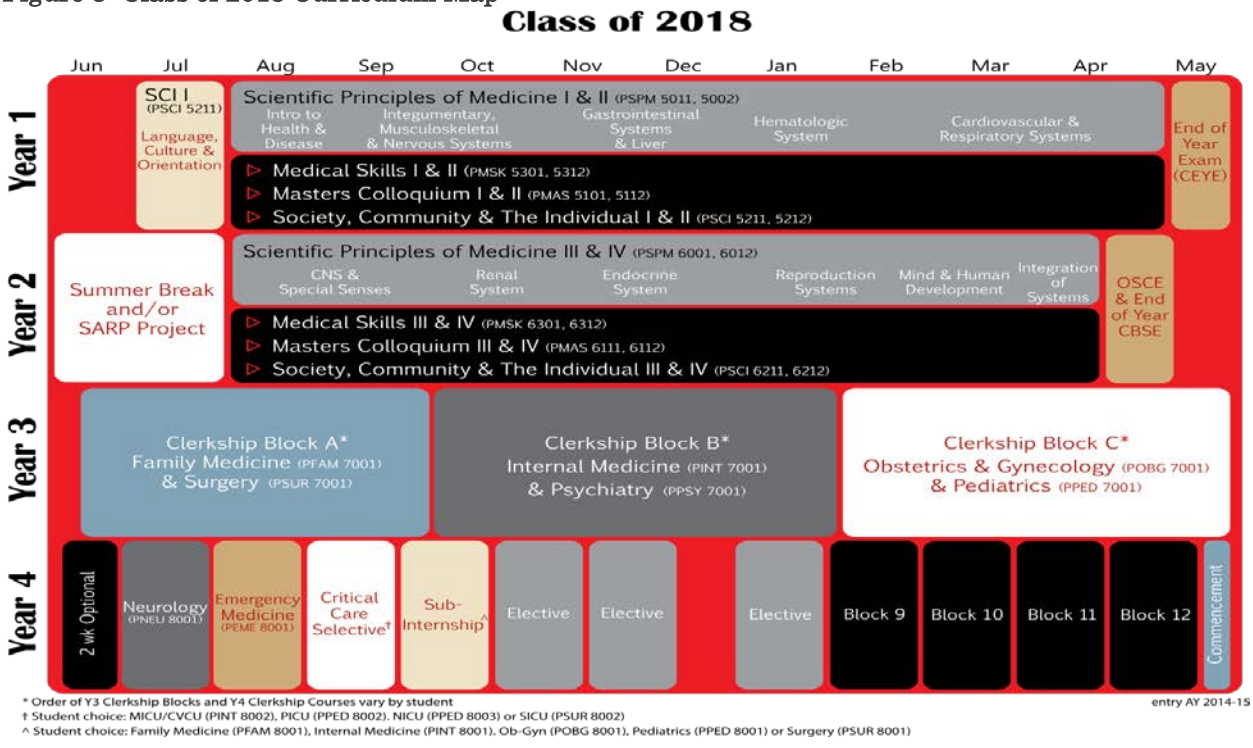


Figure 4: Class of 2019 Curriculum Map

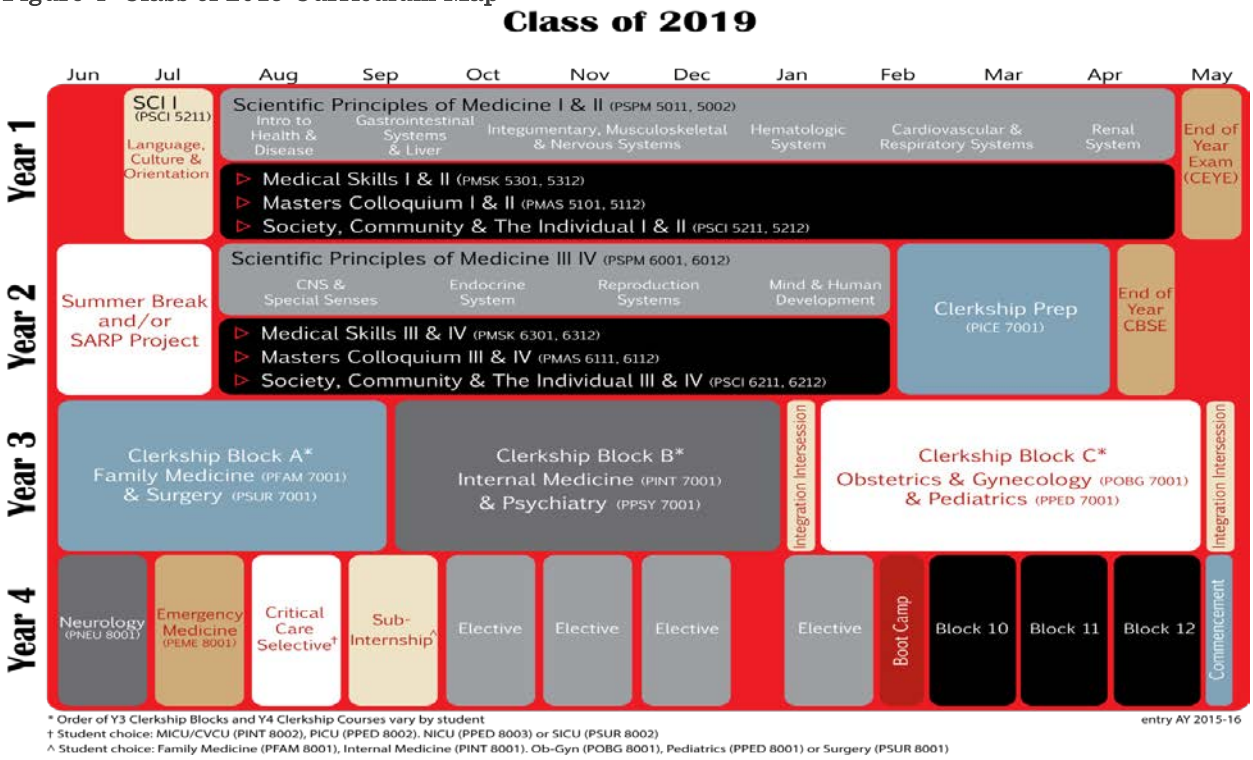
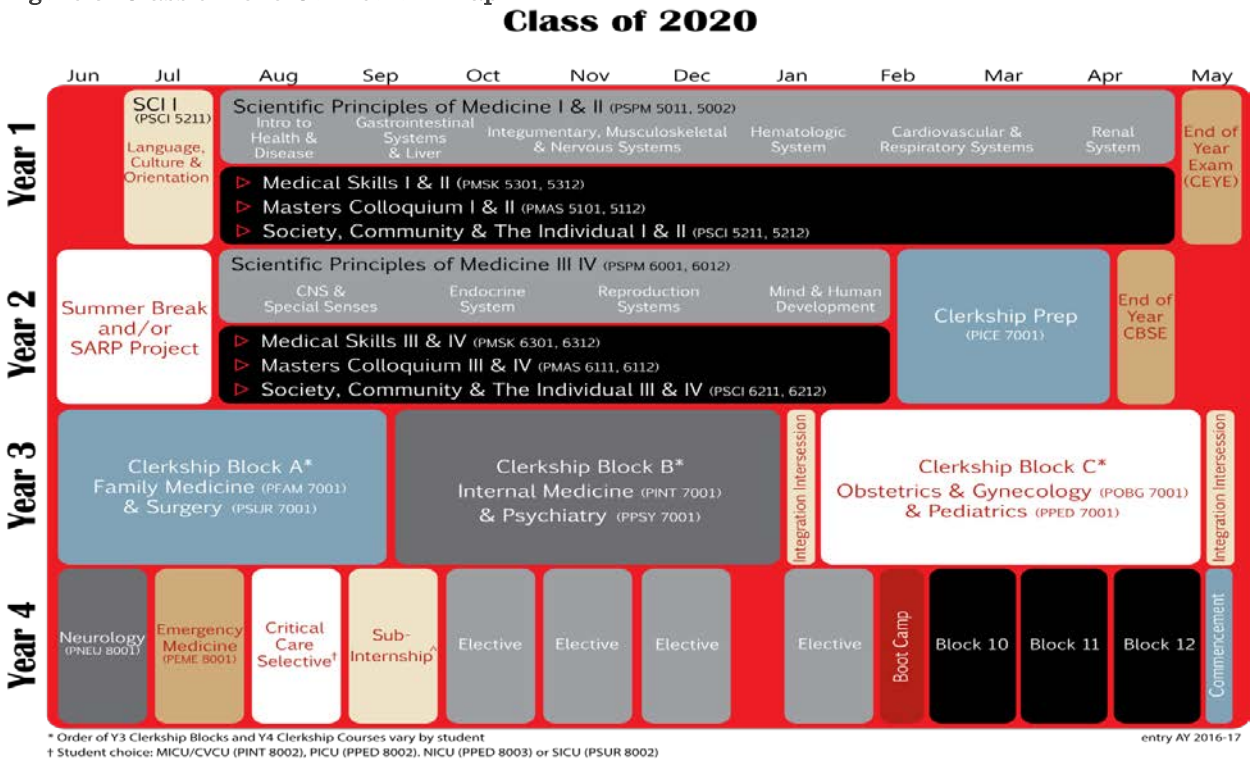


Figure 5: Class of 2020 Curriculum Map



Program Goals and Objectives Mapped by Course

The Director of Assessment and Evaluation reviewed all course syllabi for AY 2016-2017 using the versions approved by the CEPC. For each course, the director mapped a program goal and objective (PGO) if possible. Unless the course syllabi did not specifically make the linkage, all linkages are those indicated by the course director.

There is a broad range of approaches used by the course directors in making the linkages.

- Some linked to a minimum number of PGOs per course objective
- Some gave a goal linked to the PGOs (EG, *GOALS: The student, under supervision of the Faculty and Residents, will provide patient care that is … over the course of the hospitalization. (Educational Program Goals and Objectives: PC 1.1 – 1.8; ICS 4.1 - 4.4; SBP 6.3, 6.4, 6.6; Prof 5.1, 5.3, 5.7) OBJECTIVES: The student will…*
- Some gave very specific linkages at the objective level which might cover objectives from more than one goal (E.G., *Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy (1.1, 1.3, 1.4, 1.6, 1.7, 4.1 – 4.3)*).

In addition providing a mapping of the PGOs by course, the assessments are mapped by course for each PGO. As part of the LCME process, the assistant deans for medical education identified where and how they believe each PGO is assessed. The tables below indicate if a course has a mapped assessment from the 6.1-1 table data. At the time of this report, the linkage is based on form, not item on form (please see methods for discussion).

For the following tables,

✓	Indicates that the course director has made the linkage
*	Indicates that, although linkage not noted by course director, wording is verbatim/almost verbatim to the PGO
?	Indicates that the linkage was inferred by the Director of Assessment and Evaluation

1 Patient Care:

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

1.1: Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.

1.2: Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

1.3: For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.
1.4: Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.
1.5: Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.
1.6: Describe and propose treatments appropriate to the patient's condition and preferences.
1.7: Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.
1.8: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
1.9: Provide preventative health care services and promote health in patients, families and communities.

Table 6: Course Mapping for PGO 1: Patient Care

Program Goal 1: Patient Care	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9
Master's Colloquium								✓	
Medical Skills	✓	✓	✓		✓	✓	✓	✓	✓
Scientific Principles of Medicine	✓	✓	✓			✓			
Society, Community, and the Individual								✓	
Clinical Preparation Course	✓	✓	✓	✓	✓	✓	✓	✓	
Block A									
Family Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓			✓			
Block B									
Internal Medicine Clerkship	✓	✓	✓				✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓
Block C									
Obstetrics & Gynecology Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neurology Clerkship	?					?			
Critical Care Selective									
CVICU	✓				✓	✓	✓	✓	
MICU		✓	✓	✓			✓		
PICU	✓	✓	✓	✓	✓	✓	✓	✓	
NICU	✓	✓	✓		✓	✓	✓	✓	
SICU			?		?		?		
Sub Internship Selective									
Family Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
OB/Gynecology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	?	?	?						
Pediatrics									
Scholarly Activity and Research Project									

Table 7: Assessment Mapping for PGO 1: Patient Care

Program Goal 1: Patient Care	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9
Master's Colloquium									
Medical Skills	✓	✓	✓		✓	✓	✓	✓	✓
Scientific Principles of Medicine	✓	✓	✓		✓	✓			
Society, Community, and the Individual		✓				✓			✓
Clinical Preparation Course	✓	✓	✓		✓	✓			
Block A									
Family Medicine Clerkship	✓	✓	✓		✓	✓	✓		
Surgery Clerkship	✓		✓	✓	✓	✓			
Block B									
Internal Medicine Clerkship	✓	✓	✓		✓	✓	✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓	✓	✓	
Block C									
Obstetrics & Gynecology Clerkship	✓		✓			✓			✓
Pediatrics Clerkship	✓	✓	✓		✓	✓			
Emergency Medicine Clerkship	✓	✓	✓		✓	✓	✓	✓	✓
Neurology Clerkship	✓	✓	✓		✓	✓	✓	✓	✓
Critical Care Selective									
CVICU	✓	✓	✓		✓	✓	✓	✓	✓
MICU	✓	✓	✓		✓	✓	✓	✓	✓
PICU	✓	✓	✓		✓	✓	✓	✓	✓
NICU	✓	✓	✓		✓	✓	✓	✓	✓
SICU	✓	✓	✓		✓	✓	✓	✓	✓
Sub Internship Selective									
Family Medicine	✓	✓	✓		✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓		✓	✓	✓	✓	✓
OB/Gynecology	✓	✓	✓		✓	✓	✓	✓	✓
Surgery	✓	✓	✓		✓	✓	✓	✓	✓
Pediatrics	✓	✓	✓		✓	✓	✓	✓	✓
Scholarly Activity and Research Project									
Integrated Curricular Expectation (not part of course)	✓	✓	✓		✓	✓	✓	✓	✓

2 Knowledge for Practice:

Demonstrate knowledge of established in the evolving biomedical, clinical, epidemiological, socio-behavioral sciences, as well as the application of this knowledge to patient care.

2.1: Compare and contrast normal variation of pathological states the structure and function of the human body across the lifespan.
2.2: Apply established and emerging foundational/basic science principles to healthcare.
2.3: Apply evidence-based and spoke of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
2.4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
2.5: apply principles of socio-behavioral sciences to patient care including assessment of the impact of psych social, cultural, and societal influences on health, disease, care seeking, adherence, and barriers to care.
2.6: Demonstrate an understanding of the potential for engagement in creation, dissemination and application of new healthcare knowledge.

Table 8: Course Mapping for PGO 2 Knowledge for Practice

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

Table 9: Assessment Mapping for PGO 2 Knowledge for Practice

Program Goal :	2.1	2.2	2.3	2.4	2.5	2.6
Master's Colloquium						
Medical Skills	✓	✓	✓		✓	
Scientific Principles of Medicine			✓	✓	✓	✓
Society, Community, and the Individual	✓	✓	✓	✓	✓	
Clinical Preparation Course	✓	✓	✓	✓	✓	
Block A						
Family Medicine Clerkship	✓			✓		
Surgery Clerkship	✓	✓		✓		
Block B						
Internal Medicine Clerkship	✓	✓	✓		✓	
Psychiatry Clerkship	✓		✓	✓	✓	
Block C						
Obstetrics & Gynecology Clerkship	✓	✓			✓	
Pediatrics Clerkship	✓	✓	✓			
Emergency Medicine Clerkship	✓	✓	✓	✓	✓	
Neurology Clerkship	✓	✓	✓	✓	✓	
Critical Care Selective						
CVICU	✓	✓	✓	✓	✓	
MICU	✓	✓	✓	✓	✓	
PICU	✓	✓	✓	✓	✓	
NICU	✓	✓	✓	✓	✓	
SICU	✓	✓	✓	✓	✓	
Sub Internship Selective						
Family Medicine	✓	✓	✓	✓	✓	
Internal Medicine	✓	✓	✓	✓	✓	
OB/Gynecology	✓	✓	✓	✓	✓	
Surgery	✓	✓	✓	✓	✓	
Pediatrics	✓	✓	✓	✓	✓	
Scholarly Activity and Research Project						✓
Integrated Curricular Expectation (not part of course)	✓	✓	✓	✓	✓	✓

3 Practice-based Learning and Improvement:

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

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

Table 10: Course Mapping for PGO 3: Practice-Based Learning & Improvement

Program Goal :	3.1	3.2	3.3	3.4	3.5
Master's Colloquium			✓		
Medical Skills			✓		
Scientific Principles of Medicine	✓				
Society, Community, and the Individual				✓	✓
Clinical Preparation Course	✓				
Block A					
Family Medicine Clerkship	✓	✓	✓	✓	✓
Surgery Clerkship			✓	✓	
Block B					
Internal Medicine Clerkship	✓		✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓
Block C					
Obstetrics & Gynecology Clerkship		✓		✓	✓
Pediatrics Clerkship	✓		✓	✓	
Emergency Medicine Clerkship	✓		✓	✓	
Neurology Clerkship			?	?	
Critical Care Selective					
CVICU	✓	✓	✓	✓	✓
MICU	✓				
PICU			✓	✓	✓
NICU	✓	✓	✓	✓	✓
SICU					
Sub Internship Selective					
Family Medicine	✓		✓	✓	✓
Internal Medicine	✓		✓	✓	✓
OB/Gynecology	✓		✓	✓	✓
Surgery			?	?	?
Pediatrics					
Scholarly Activity and Research Project					

Table 11: Assessment Mapping for PGO 3: Practice-Based Learning & Improvement

Program Goal :	3.1	3.2	3.3	3.4	3.5
Master's Colloquium					
Medical Skills		✓			
Scientific Principles of Medicine	✓				
Society, Community, and the Individual	✓	✓	✓	✓	✓
Clinical Preparation Course	✓			✓	✓
Block A					
Family Medicine Clerkship	✓		✓		✓
Surgery Clerkship	✓		✓	✓	
Block B					
Internal Medicine Clerkship	✓		✓	✓	✓
Psychiatry Clerkship	✓		✓	✓	✓
Block C					
Obstetrics & Gynecology Clerkship	✓		✓		
Pediatrics Clerkship	✓		✓	✓	
Emergency Medicine Clerkship	✓		✓	✓	✓
Neurology Clerkship	✓		✓	✓	✓
Critical Care Selective					✓
CVICU	✓		✓	✓	✓
MICU	✓		✓	✓	✓
PICU	✓		✓	✓	
NICU	✓		✓	✓	✓
SICU	✓		✓	✓	✓
Sub Internship Selective					✓
Family Medicine	✓		✓	✓	✓
Internal Medicine	✓		✓	✓	✓
OB/Gynecology	✓		✓	✓	✓
Surgery	✓		✓	✓	✓
Pediatrics	✓		✓	✓	✓
Scholarly Activity and Research Project	✓	✓		✓	
Integrated Curricular Expectation (not part of course)		✓		✓	

4 Interpersonal and Communication Skills:

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

4.1: Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
4.2: Communicate effectively with colleagues and other healthcare professionals.
4.3: Communicate with sensitivity, honesty, compassion, and empathy.
4.4: Maintain comprehensive and timely medical records.

Table 12: Course Mapping for PGO 4: Interpersonal and Communication Skills

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

Table 13: Assessment Mapping for PGO 4: Interpersonal and Communication Skills

Program Goal :	4.1	4.2	4.3	4.4
Master's Colloquium		✓	✓	
Medical Skills	✓	✓	✓	✓
Scientific Principles of Medicine		✓	✓	
Society, Community, and the Individual	✓	✓	✓	
Clinical Preparation Course	✓	✓	✓	
Block A				
Family Medicine Clerkship	✓	✓		
Surgery Clerkship	✓	✓		
Block B				
Internal Medicine Clerkship	✓	✓		✓
Psychiatry Clerkship	✓	✓		
Block C				
Obstetrics & Gynecology Clerkship	✓	✓		
Pediatrics Clerkship	✓	✓	✓	
Emergency Medicine Clerkship	✓	✓	✓	✓
Neurology Clerkship	✓	✓	✓	✓
Critical Care Selective				
CVICU	✓	✓	✓	✓
MICU	✓	✓	✓	✓
PICU	✓	✓	✓	✓
NICU	✓	✓	✓	✓
SICU	✓	✓	✓	✓
Sub Internship Selective				
Family Medicine	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓
OB/Gynecology	✓	✓	✓	✓
Surgery	✓	✓	✓	✓
Pediatrics	✓	✓	✓	✓
Scholarly Activity and Research Project		✓		
Integrated Curricular Expectation (not part of course)	✓	✓	✓	✓

5 Professionalism:

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

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

Table 14: Course Mapping for PGO 5: Professionalism

Program Goal :	5.1	5.2	5.3	5.4	5.5	5.6	5.7
Master's Colloquium	✓	✓	✓	✓	✓	✓	✓
Medical Skills	✓	✓					
Scientific Principles of Medicine	✓		✓			✓	✓
Society, Community, and the Individual	✓						
Clinical Preparation Course	✓		✓			✓	✓
Block A							
Family Medicine Clerkship	✓	✓	✓	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	✓	✓	✓	✓
Block B							
Internal Medicine Clerkship	✓				✓	✓	
Psychiatry Clerkship	✓	✓	✓	✓	✓	✓	✓
Block C							
Obstetrics & Gynecology Clerkship	✓	✓	✓	✓	✓	✓	✓
Pediatrics Clerkship	✓	✓	✓		✓	✓	✓
Emergency Medicine Clerkship	✓	✓	✓			✓	✓
Neurology Clerkship	?	?	?			?	?
Critical Care Selective							
CVICU	✓	✓	✓		✓		✓
MICU			✓	✓			✓
PICU	✓		✓				✓
NICU	✓	✓	✓	✓	✓	✓	✓
SICU				?			?
Sub Internship Selective							
Family Medicine	✓	✓	✓		✓		✓
Internal Medicine	✓	✓	✓		✓		✓
OB/Gynecology	✓	✓	✓		✓		✓
Surgery	?		?			?	?
Pediatrics							
Scholarly Activity and Research Project		✓					

Table 15: Assessment Mapping for PGO 5: Professionalism

Program Goal :	5.1	5.2	5.3	5.4	5.5	5.6	5.7
Master's Colloquium	✓		✓	✓	✓		✓
Medical Skills	✓	✓					✓
Scientific Principles of Medicine		✓		✓			✓
Society, Community, and the Individual	✓				✓		✓
Clinical Preparation Course		✓	✓				✓
Block A							
Family Medicine Clerkship	✓	✓	✓			✓	✓
Surgery Clerkship	✓	✓	✓			✓	✓
Block B							
Internal Medicine Clerkship	✓	✓	✓			✓	✓
Psychiatry Clerkship	✓	✓	✓			✓	✓
Block C							
Obstetrics & Gynecology Clerkship	✓	✓	✓			✓	✓
Pediatrics Clerkship	✓	✓	✓			✓	✓
Emergency Medicine Clerkship	✓	✓	✓	✓			✓
Neurology Clerkship	✓	✓	✓	✓			✓
Critical Care Selective							
CVICU	✓	✓	✓	✓			✓
MICU	✓	✓	✓	✓			✓
PICU	✓	✓	✓	✓			✓
NICU	✓	✓	✓	✓			✓
SICU	✓	✓	✓	✓			✓
Sub Internship Selective							
Family Medicine	✓	✓	✓	✓			✓
Internal Medicine	✓	✓	✓	✓			✓
OB/Gynecology	✓	✓	✓	✓			✓
Surgery	✓	✓	✓	✓			✓
Pediatrics	✓	✓	✓	✓			✓
Scholarly Activity and Research Project							
Integrated Curricular Expectation (not part of course)	✓	✓	✓	✓	✓	✓	

6 Systems-based Practice:

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

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

Table 16: Course Mapping for PGO 6: Systems-based Practice

Program Goal :	6.1	6.2	6.3	6.4
Master's Colloquium	✓		✓	✓
Medical Skills				
Scientific Principles of Medicine				
Society, Community, and the Individual	✓	✓	✓	
Clinical Preparation Course				
Block A				
Family Medicine Clerkship	✓	✓	✓	✓
Surgery Clerkship	✓			
Block B				
Internal Medicine Clerkship	✓	✓		✓
Psychiatry Clerkship	✓	✓	✓	✓
Block C				
Obstetrics & Gynecology Clerkship	✓	✓	✓	✓
Pediatrics Clerkship		✓	✓	
Emergency Medicine Clerkship	✓	✓	✓	✓
Neurology Clerkship			?	?
Critical Care Selective				
CVICU			✓	
MICU	✓	✓		✓
PICU		✓	✓	✓
NICU	✓			✓
SICU				?
Sub Internship Selective				
Family Medicine	✓		✓	✓
Internal Medicine	✓		✓	✓
OB/Gynecology	✓		✓	✓
Surgery				
Pediatrics				
Scholarly Activity and Research Project				

Table 17: Assessment Mapping for PGO 6: Systems-based Practice

Program Goal :	6.1	6.2	6.3	6.4
Master's Colloquium				
Medical Skills				
Scientific Principles of Medicine	✓	✓	✓	
Society, Community, and the Individual	✓		✓	✓
Clinical Preparation Course				
Block A				
Family Medicine Clerkship	✓	✓	✓	
Surgery Clerkship		✓	✓	✓
Block B				
Internal Medicine Clerkship		✓	✓	✓
Psychiatry Clerkship			✓	✓
Block C				
Obstetrics & Gynecology Clerkship			✓	✓
Pediatrics Clerkship	✓	✓	✓	✓
Emergency Medicine Clerkship		✓	✓	✓
Neurology Clerkship		✓	✓	✓
Critical Care Selective				
CVICU		✓	✓	✓
MICU		✓	✓	✓
PICU		✓	✓	✓
NICU		✓	✓	✓
SICU		✓	✓	✓
Sub Internship Selective				
Family Medicine		✓	✓	✓
Internal Medicine		✓	✓	✓
OB/Gynecology		✓	✓	✓
Surgery		✓	✓	✓
Pediatrics		✓	✓	✓
Scholarly Activity and Research Project				
Integrated Curricular Expectation (not part of course)			✓	

7 Interprofessional Collaboration:

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

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

Table 18: Course Mapping for PGO 7: Interprofessional Collaboration

Program Goal :	7.1	7.2	7.3	7.4
Master's Colloquium		✓	✓	✓
Medical Skills	✓	✓	✓	✓
Scientific Principles of Medicine			✓	
Society, Community, and the Individual	✓	✓	✓	✓
Clinical Preparation Course		✓	✓	✓
Block A				
Family Medicine Clerkship	✓	✓	✓	✓
Surgery Clerkship	✓	✓	✓	✓
Block B				
Internal Medicine Clerkship				
Psychiatry Clerkship	✓	✓	✓	✓
Block C				
Obstetrics & Gynecology Clerkship	✓	✓	✓	✓
Pediatrics Clerkship		✓	✓	✓
Emergency Medicine Clerkship			✓	
Neurology Clerkship		*	*	
Critical Care Selective				
CVICU	✓	✓	✓	
MICU			✓	
PICU		✓	✓	✓
NICU	✓		✓	✓
SICU		?	?	
Sub Internship Selective				
Family Medicine	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓
OB/Gynecology	✓	✓	✓	✓
Surgery		?	?	
Pediatrics				
Scholarly Activity and Research Project				

Table 19: Assessment Mapping for PGO 7: Interprofessional Collaboration

Program Goal :	7.1	7.2	7.3	7.4
Master's Colloquium				
Medical Skills	✓			
Scientific Principles of Medicine		✓	✓	
Society, Community, and the Individual	✓	✓	✓	✓
Clinical Preparation Course	✓	✓	✓	✓
Block A				
Family Medicine Clerkship		✓	✓	
Surgery Clerkship		✓	✓	
Block B				
Internal Medicine Clerkship		✓	✓	✓
Psychiatry Clerkship		✓	✓	✓
Block C				
Obstetrics & Gynecology Clerkship		✓	✓	
Pediatrics Clerkship		✓	✓	
Emergency Medicine Clerkship		✓	✓	✓
Neurology Clerkship		✓	✓	✓
Critical Care Selective				
CVICU		✓	✓	✓
MICU		✓	✓	✓
PICU		✓	✓	✓
NICU		✓	✓	✓
SICU		✓	✓	✓
Sub Internship Selective				
Family Medicine		✓	✓	✓
Internal Medicine		✓	✓	✓
OB/Gynecology		✓	✓	✓
Surgery		✓	✓	✓
Pediatrics		✓	✓	✓
Scholarly Activity and Research Project				
Integrated Curricular Expectation (not part of course)		✓	✓	

8 Personal and Professional Development:

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

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

Table 20: Course Mapping for PGO8: Personal and Professional Development

Program Goal :	8.1	8.2	8.3	8.4	8.5
Master's Colloquium	✓	✓	✓	✓	✓
Medical Skills					
Scientific Principles of Medicine					
Society, Community, and the Individual				✓	
Clinical Preparation Course	✓				✓
Block A					
Family Medicine Clerkship	✓			✓	✓
Surgery Clerkship					
Block B					
Internal Medicine Clerkship					
Psychiatry Clerkship	✓	✓	✓	✓	✓
Block C					
Obstetrics & Gynecology Clerkship	✓	✓	✓	✓	✓
Pediatrics Clerkship	✓		✓	✓	✓
Emergency Medicine Clerkship	✓				✓
Neurology Clerkship	*			*	*
Critical Care Selective					
CVICU	✓				✓
MICU	✓		✓		✓
PICU	✓	✓		✓	✓
NICU	✓	✓	✓		✓
SICU					
Sub Internship Selective					
Family Medicine	✓	✓	✓		✓
Internal Medicine	✓	✓	✓		✓
OB/Gynecology	✓	✓	✓		✓
Surgery	?	?			
Pediatrics					
Scholarly Activity and Research Project					✓

Table 21: Assessment Mapping for PGO8: Personal and Professional Development

Program Goal :	8.1	8.2	8.3	8.4	8.5
Master's Colloquium			✓		✓
Medical Skills					
Scientific Principles of Medicine	✓				✓
Society, Community, and the Individual	✓	✓	✓		✓
Clinical Preparation Course	✓				✓
Block A					
Family Medicine Clerkship	✓			✓	✓
Surgery Clerkship	✓				✓
Block B					
Internal Medicine Clerkship	✓			✓	✓
Psychiatry Clerkship	✓	✓		✓	✓
Block C					
Obstetrics & Gynecology Clerkship	✓			✓	✓
Pediatrics Clerkship	✓			✓	✓
Emergency Medicine Clerkship					
Neurology Clerkship	✓	✓	✓	✓	✓
Critical Care Selective					
CVICU	✓	✓	✓	✓	✓
MICU	✓	✓	✓	✓	✓
PICU	✓	✓	✓	✓	✓
NICU	✓	✓	✓	✓	✓
SICU	✓	✓	✓	✓	✓
Sub Internship Selective					
Family Medicine	✓	✓	✓	✓	✓
Internal Medicine	✓	✓	✓	✓	✓
OB/Gynecology	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	✓	✓
Pediatrics	✓	✓	✓	✓	✓
Scholarly Activity and Research Project					✓
Integrated Curricular Expectation (not part of course)		✓	✓		

Policy Monitoring

Clerkship Grading

The CEPC approved a change in the way honors was calculated, starting with the 2015-2016 Academic Year. Under the new policy, students could not honor clerkships strictly on their NBME scores alone. In addition, the percentile at which students were eligible for honors was raised. For graphics of the grade distribution by year, please see the M3 Clerkship Overall Outcomes section.

Table 22: Percent of Class Receiving Honors by M3 Clerkship

Clerkship	Class of			
	2014	2015	2016	2017
Family Medicine	58	39	63.0	33.3
Surgery	56	43	53.4	37.0
Internal Medicine	55	42	41.9	39.5
Psychiatry	67	58	55.4	32.1
Obstetrics/Gynecology	48	43	60.6	43.2
Pediatrics	56	46	63.4	43.2

Grade Release

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

Grades are released for the clerkship years in 2 formats: official grades are released through the Banner system and grade sheets are released through one of 2 other systems. For the first 2 blocks of this academic year, grades were released through the MyEvaluations system. For block 3, this migrated to the in-house developed TAS system.

Data reported below are all for periods prior to the formal policy adoption.

Table 23: Days to Grade Release by M3 Clerkship Block

M3 Clerkship Days to Grade Release	Block 1 EOB: 10/23	Block 2 EOB: 2/26	Block 3 EOB: 6/17
Family Medicine	31	32	31
Surgery	27	29	28
Internal Medicine	28	29 – 36	28 - 31
Psychiatry	27 - 31	36 – 41	31
OB/GYN	24 - 31	33 – 40	31
Pediatrics	26 - 42	63	43*

* Grades were submitted to banner w/in 26 days.

Table 24: Days to Grade Release by M4 Clerkship Rotation

M4 Clerkships	Days till Grades Submitted & Reviewed	
Rotation End Date	Emergency Medicine	Neurology
July 31, 2015	N/A	34 - 47
August 28, 2015	19	18 - 31
September 25, 2015	26	35 -56
October 23, 2015	39 - 41	41
November 20, 2015	20	42
December 18, 2015	49	42 – 56
January 29, 2016		47 - 74
February 26, 2016	19	19
March 25, 2016	17 - 18	45
April 22, 2016	5 - 17	17
May 20, 2016	5	5

Test Item Quality

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

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

The CEPC asked for reporting of test item quality to become part of annual report so that they could monitor compliance. Implementation of the policy will occur in AY 2016-2017. As a result, all data included in this report is benchmark data.
The following section contains the requested information in 2 formats. The first is a summary data on the summative tests. We have included test statistics and number of items out of compliance with the policy. In order to provide a bench mark, we have provided data prior to policy adoption. Following the summary table, we have provide a graphic by exam showing distribution of items plotted by discrimination and difficulty.
For definitions used in this section of the report please go to the Methodology section.

SPM Summative Exam Performance Metrics:

Table 25: SPM Summative Exam Test Statistics

Unit Name	Date of Summative Test	N takers	Test Statistics			Number of items				
			Mean Difficulty	Mean Disc. Index	KR20	N Items	Difficulty < 0.2	Difficulty ≥ 0.9	Discrimination < 0.1:	Selected foil
Introduction to Health and Disease	9/4/2015	107	0.78	0.19	0.89	150	1	12	25	12
Gastrointestinal Systems	10/13/2015	107	0.75	0.18	0.85	150	0	9	34	2
Integumentary, Musculoskeletal & Nervous Systems	12/18/2015	107	0.73	0.19	0.85	150	1	8	34	10
Hematologic System	2/3/2016	105	0.81	0.18	0.86	150	2	11	26	13
Cardiovascular & Respiratory Systems	4/1/2016	104	0.76	0.15	0.77	150	0	8	39	7
Renal System C2019	5/5/2016	102	0.79	0.17	0.79	120	0	9	31	7
CNS and Special Senses	9/25/2015	100	0.79	0.16	0.82	150	0	9	37	14
Renal System C2018	11/6/2015	100	0.83	0.14	0.77	132	0	9	28	20
Endocrine System	12/17/2015	100	0.8	0.14	0.74	140	0	9	40	20
Reproductive Systems	2/12/2016	100	0.78	0.15	0.76	150	0	9	37	19
Mind & Human Development	3/31/2016	99	0.79	0.15	0.78	150	0	9	36	8

Figure 6: Test Item Discrimination by Difficulty for IHD c2019

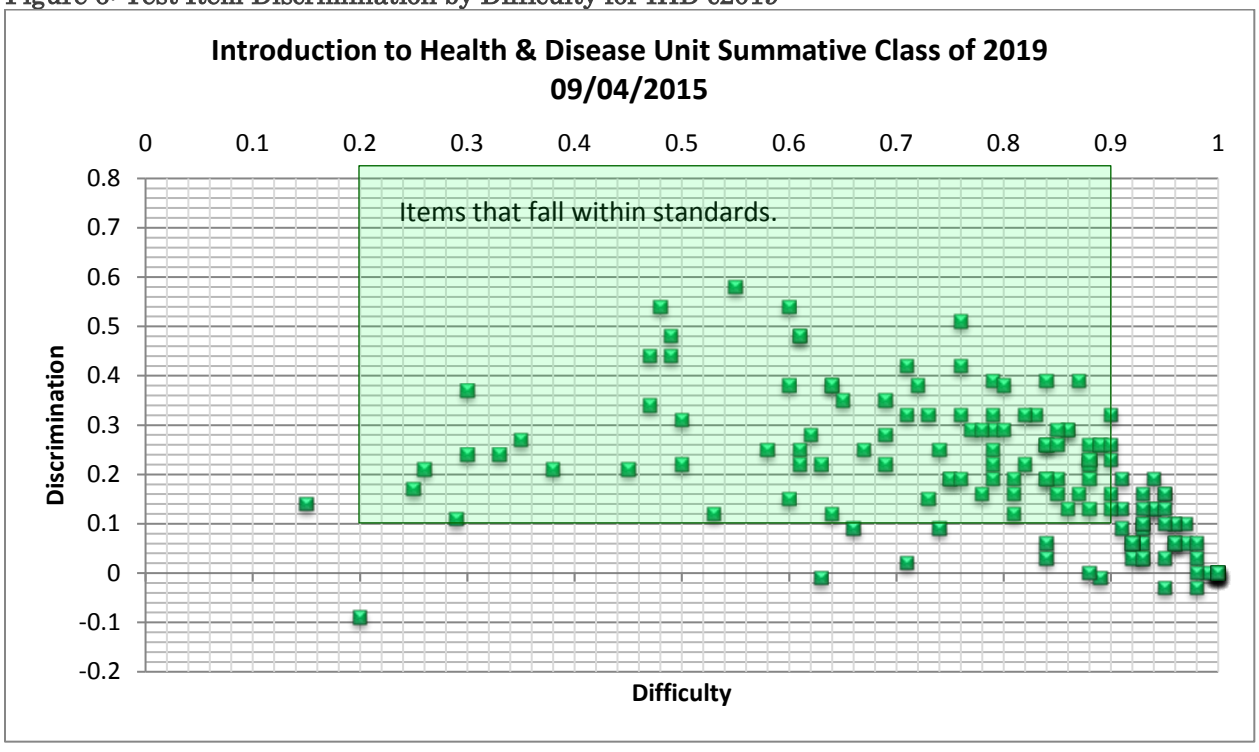


Figure 7: Test Item Discrimination by Difficulty for GIS c2019

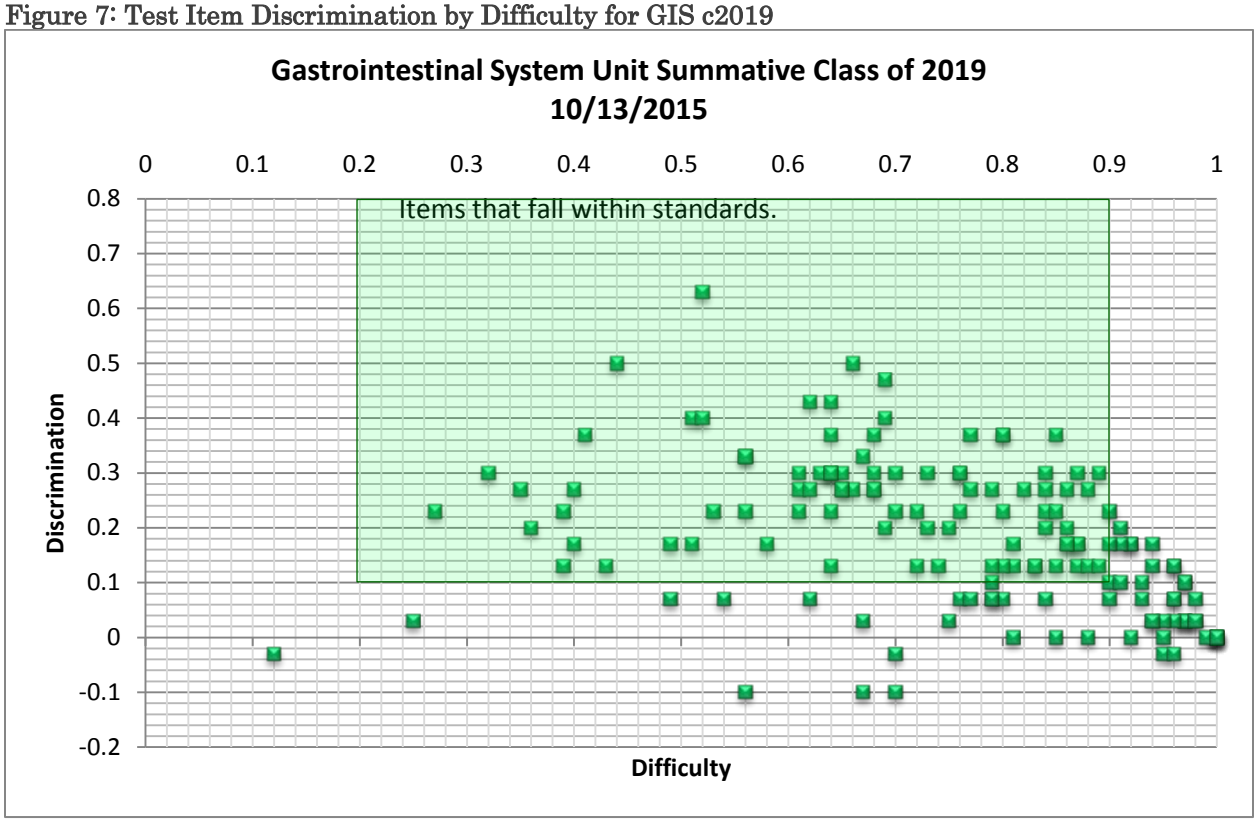


Figure 8: Test Item Discrimination by Difficulty for IMN 2019

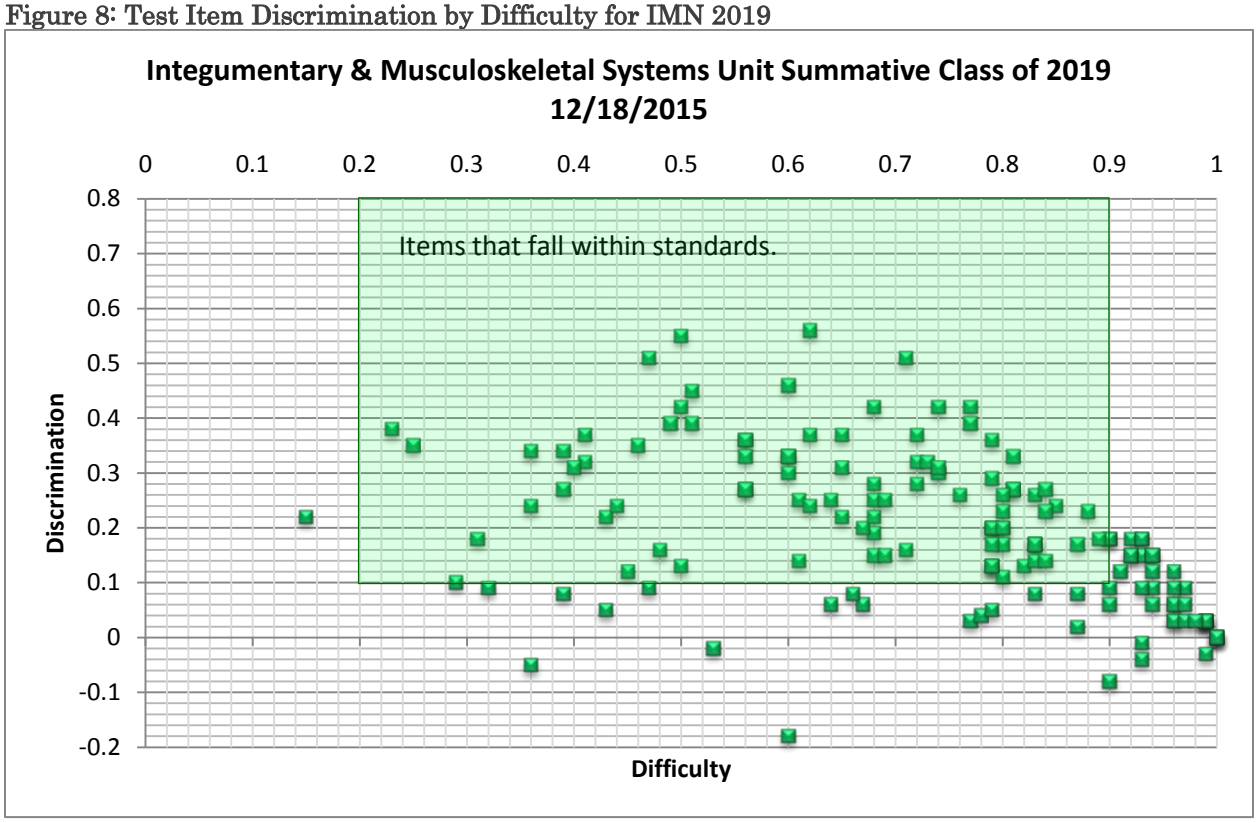


Figure 9: Test Item Discrimination by Difficulty for HEM 2019

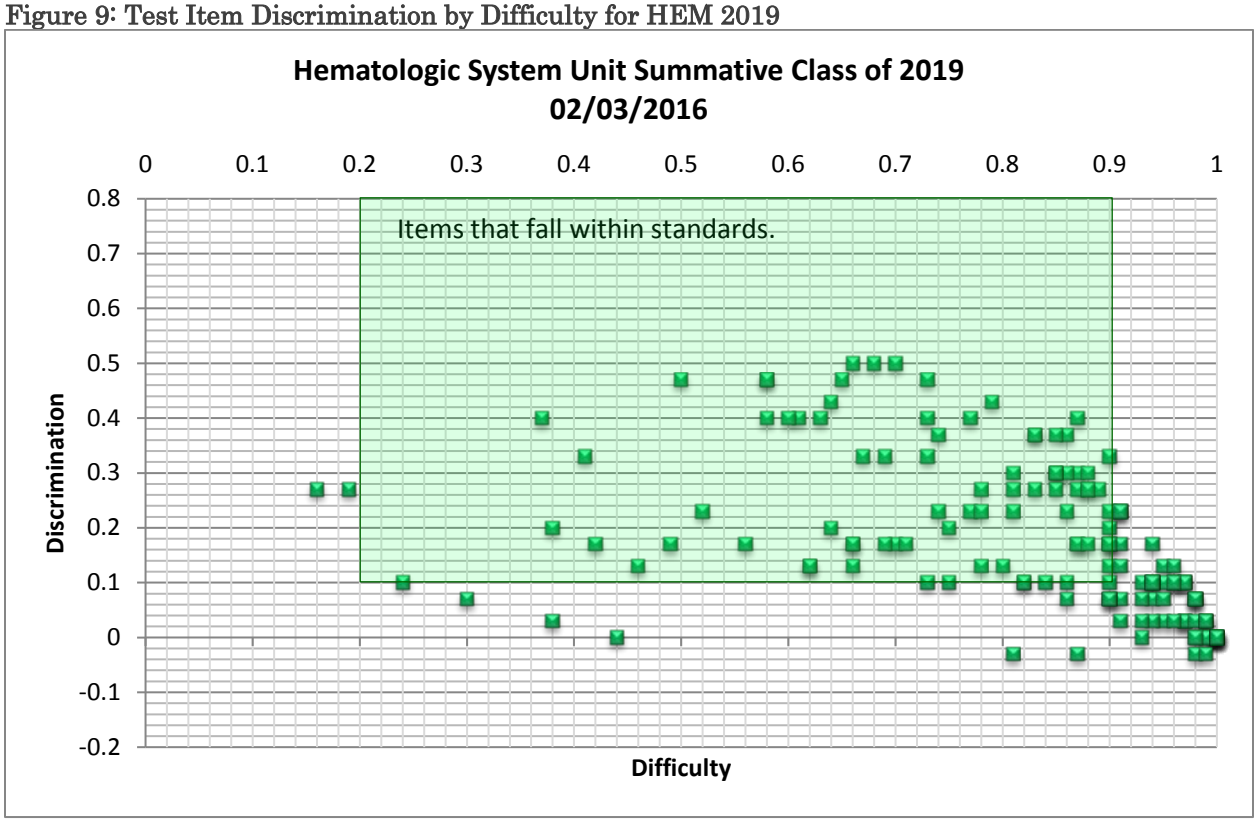


Figure 10: Test Item Discrimination by Difficulty for CVR 2019

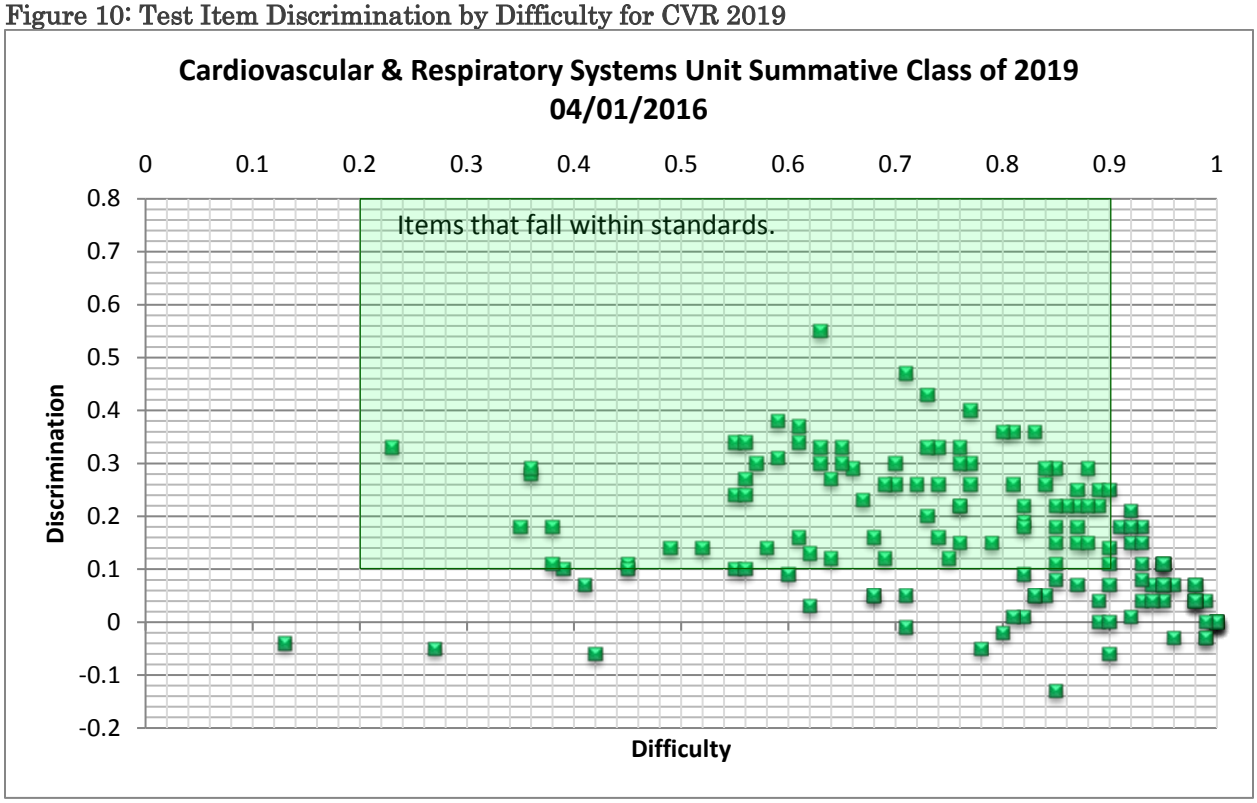


Figure 11: Test Item Discrimination by Difficulty for RNL 2019

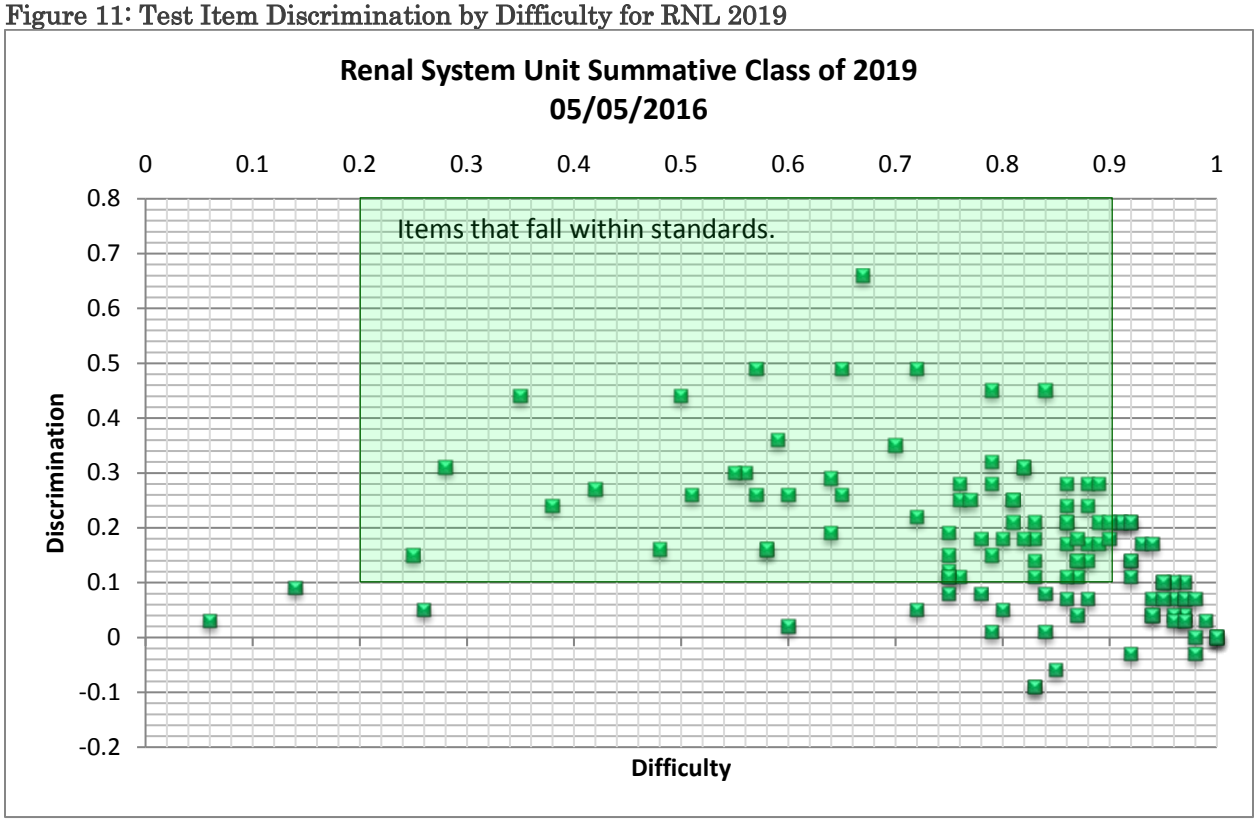


Figure 12: Test Item Discrimination by Difficulty for CSS 2018

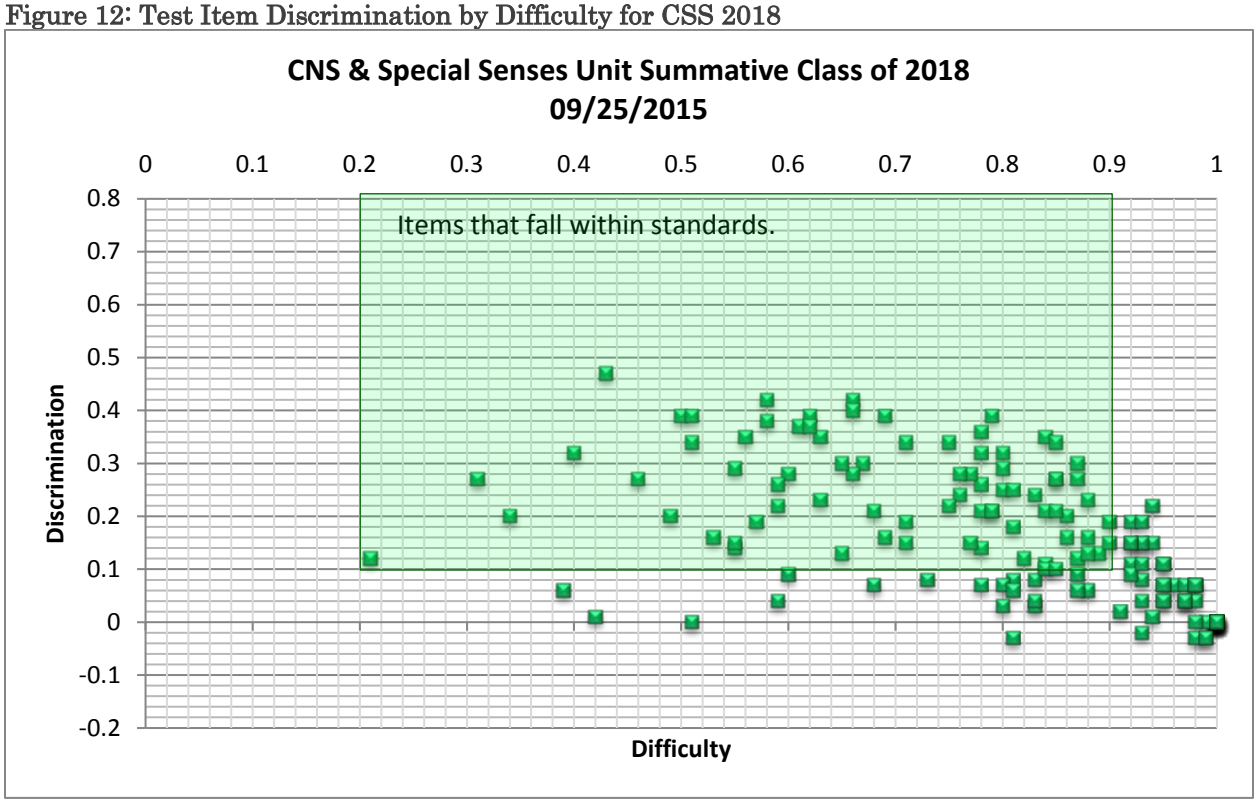


Figure 13: Test Item Discrimination by Difficulty for RNL 2018

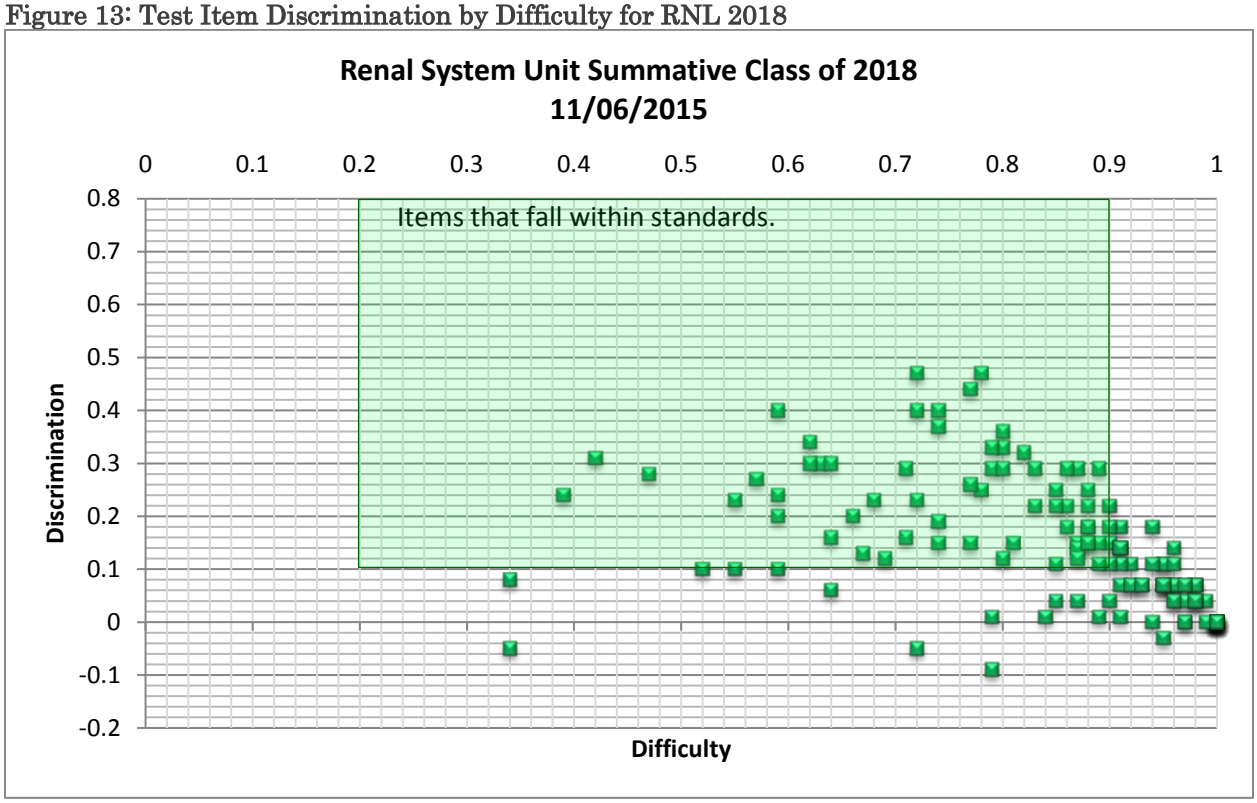


Figure 14: Test Item Discrimination by Difficulty for END 2018

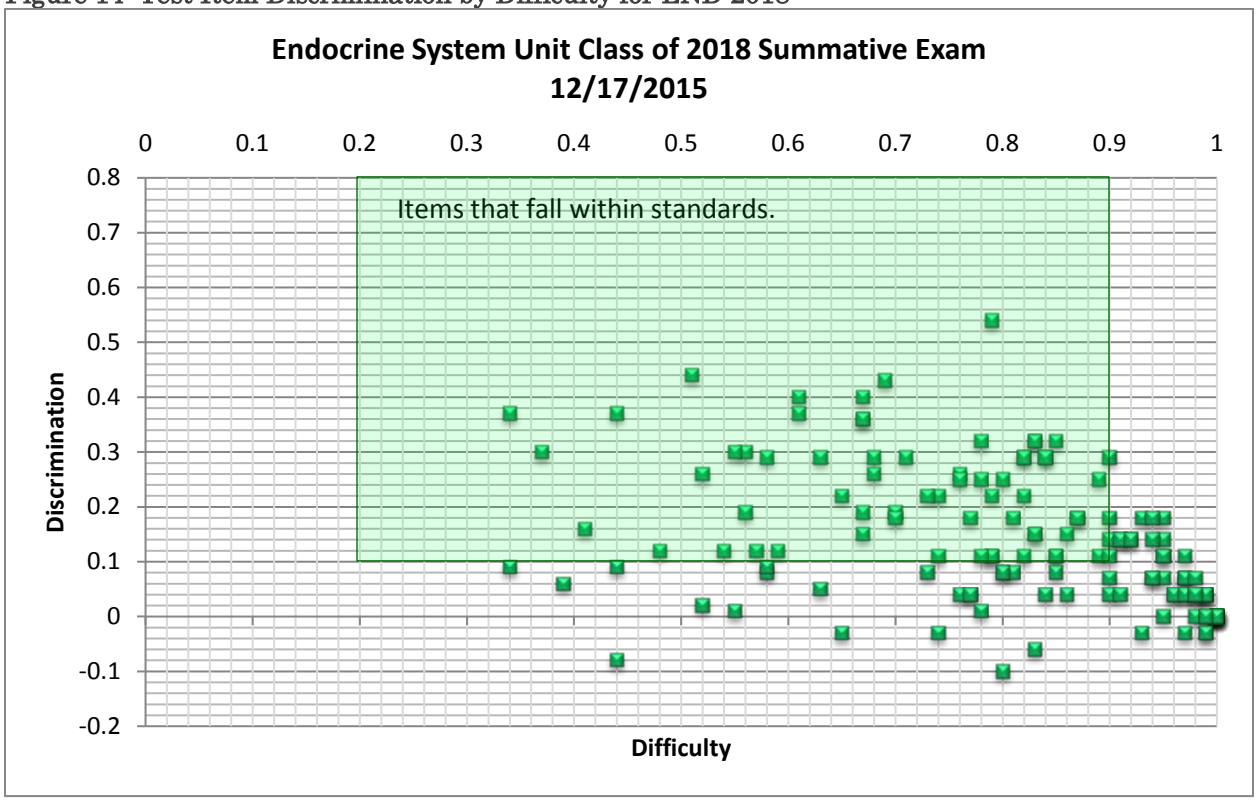


Figure 15: Test Item Discrimination by Difficulty for REP 2018

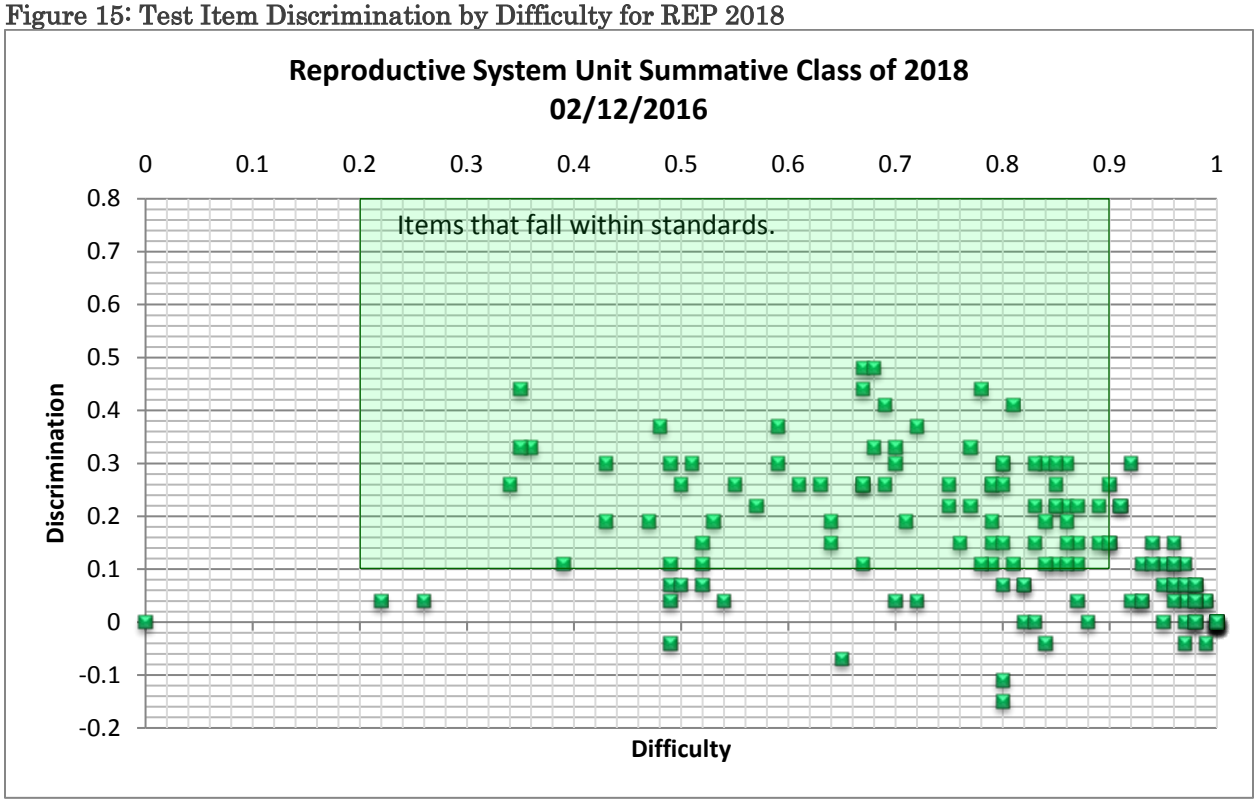
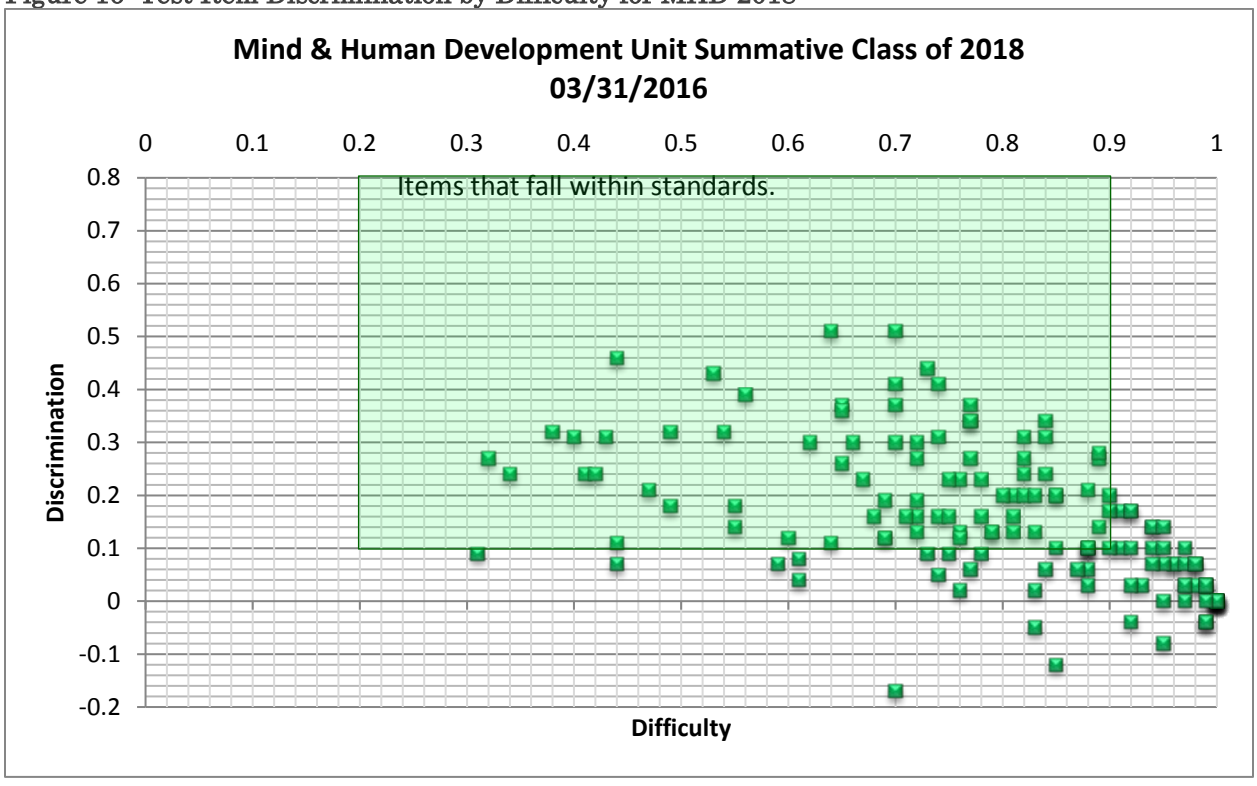


Figure 16: Test Item Discrimination by Difficulty for MHD 2018



SCI Course Exam Performance Metrics:

Table 26: SCI Mid-Term and Final Exam Test Statistics

SCI Course Evaluations	Date of Evaluation	N takers	Test Statistics			Number of items				
			Mean Difficulty	Mean Disc. Index	KR20	N Items	Difficulty < 0.2	Difficulty ≥ 0.9	Discrimination < 0.1:	Selected foil
SCI Fall Midterm c2019	10/15/15	107	0.79	0.16	0.53	35	1	14	14	10
SCI Fall Final c2019	12/15/15	107	0.68	0.19	0.60	48	2	12	12	14
SCI Spring Midterm c2019	02/02/16	105	0.78	0.17	0.61	50	0	14	15	15
SCI Spring Final c2019	05/03/16	102	0.71	0.19	0.56	51	0	8	15	17
SCI Fall Midterm c2018	11/04/15	99	0.78	0.18	0.46	32	0	16	17	11
SCI Fall Final c2018	12/16/15	99	0.66	0.18	0.49	41	1	9	12	11
SCI Spring Midterm c2018	02/11/16	99	0.78	0.19	0.56	47	0	18	11	9
SCI Spring Final c2018	4/15/16	101	0.81	0.13	0.34	31	1	14	16	11

Figure 17: Test Item Discrimination by Difficulty for SCI Fall Mid-Term C2019

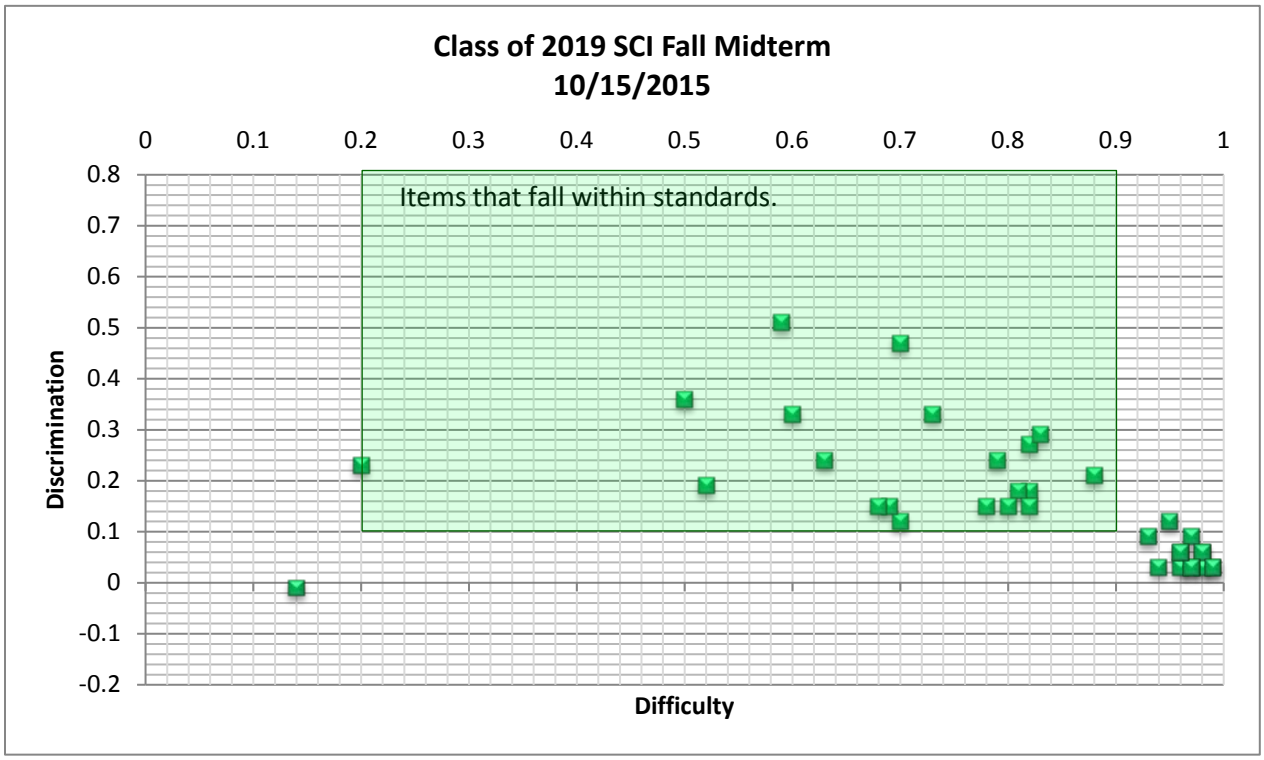


Figure 18: Test Item Discrimination by Difficulty for SCI Fall Final C2019

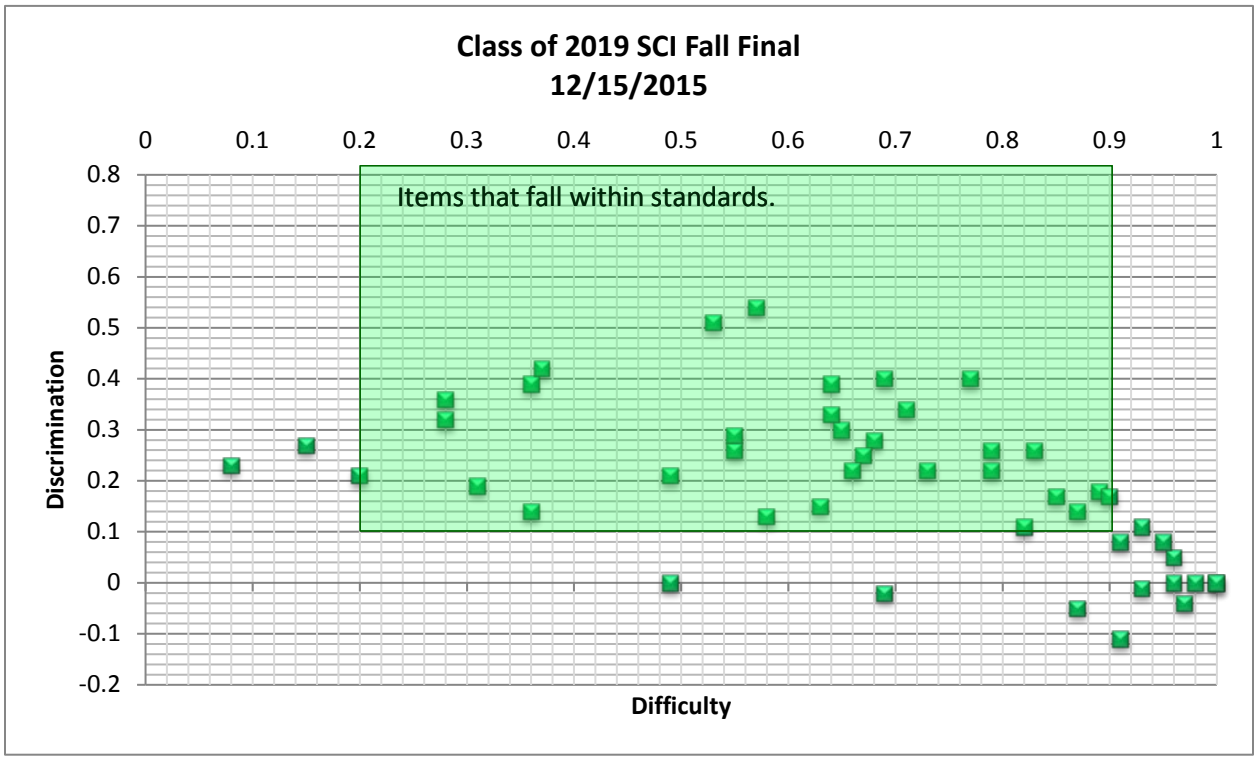


Figure 19: Test Item Discrimination by Difficulty for SCI Spring Mid-Term C2019

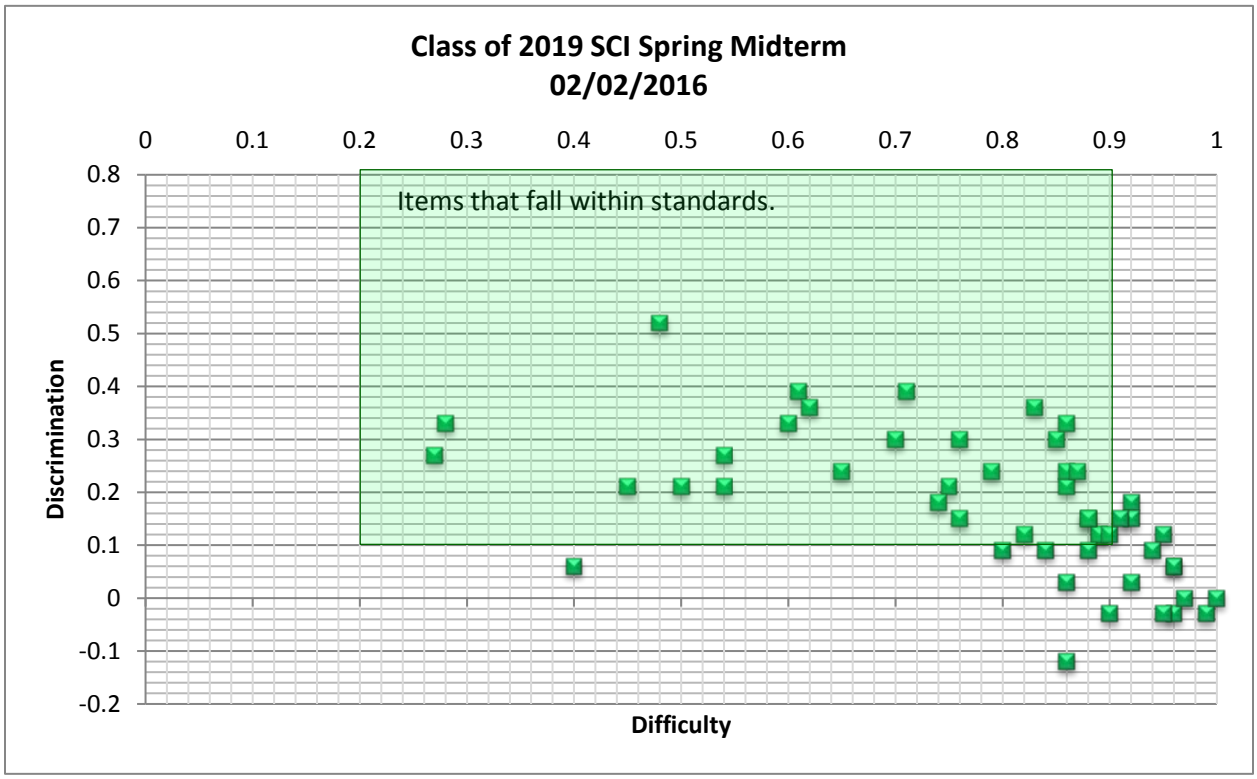


Figure 20: Test Item Discrimination by Difficulty for SCI Spring Final C2019

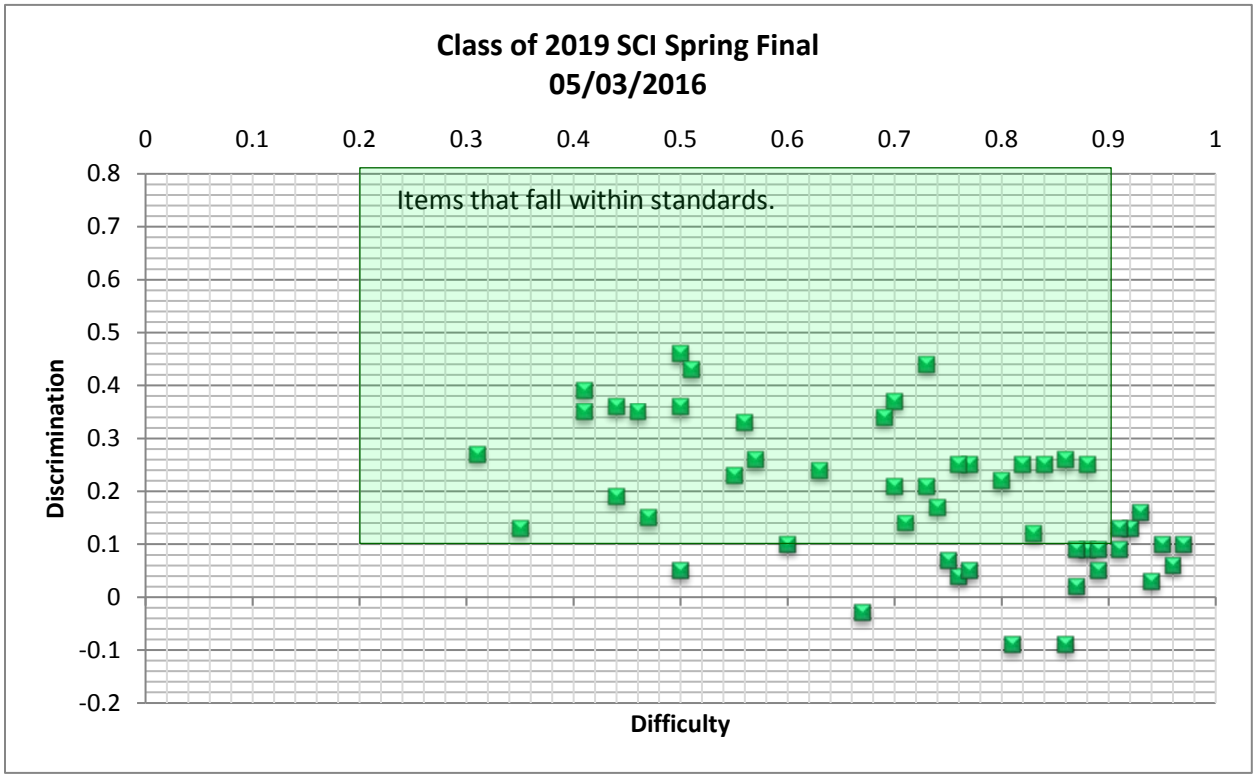


Figure 21: Test Item Discrimination by Difficulty for SCI Fall Mid-Term C2018

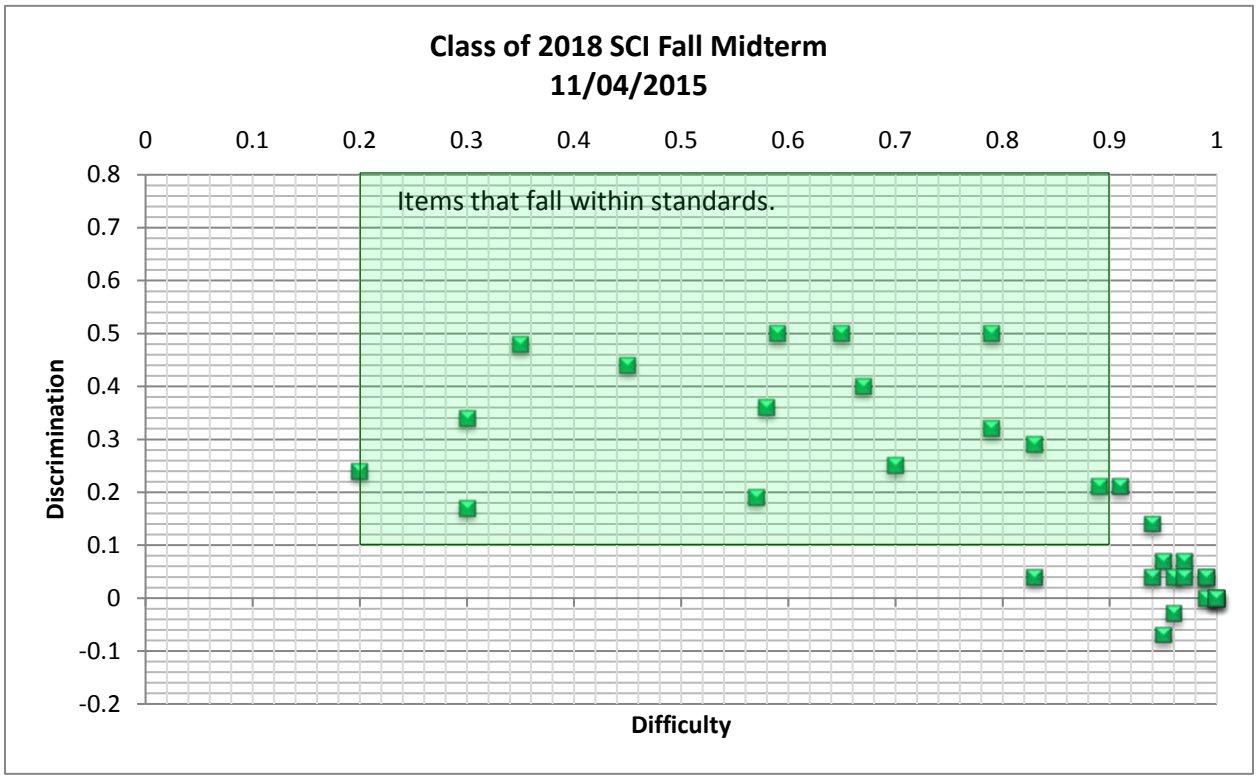


Figure 22: Test Item Discrimination by Difficulty for SCI Fall Final C2018

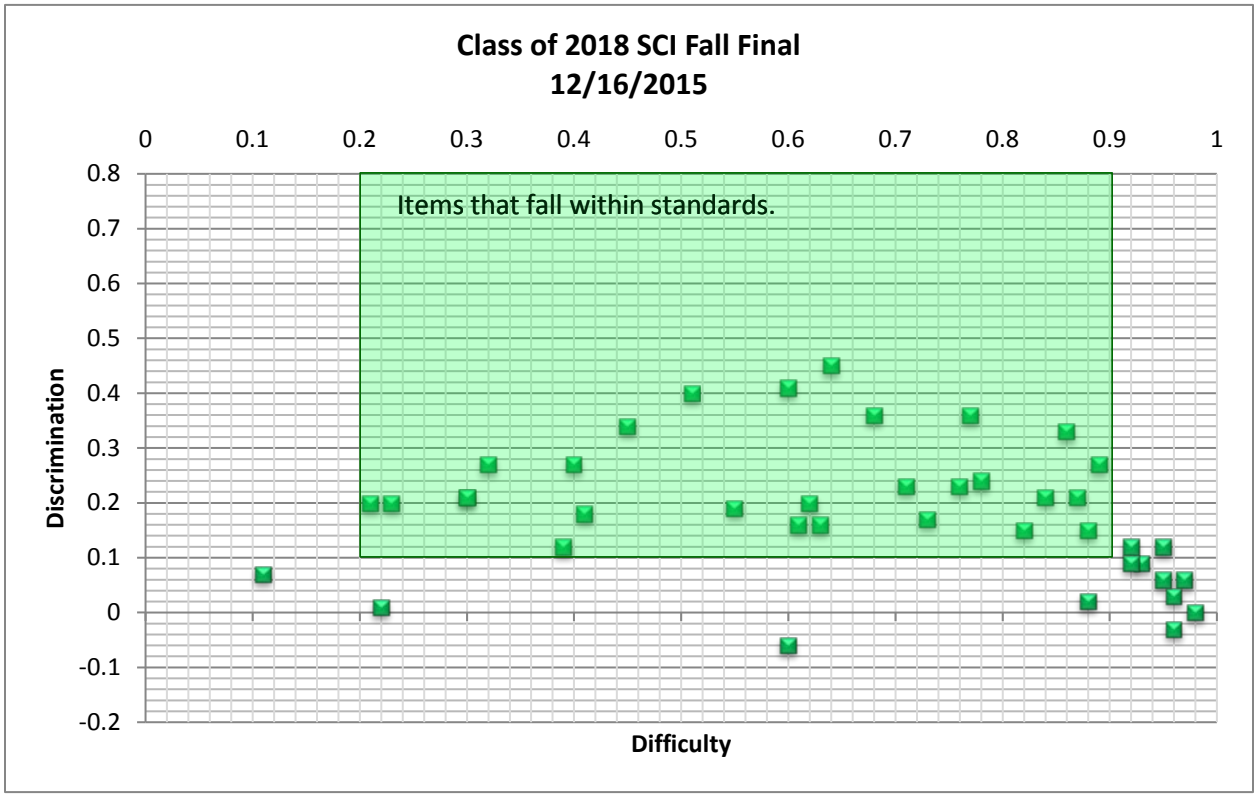


Figure 23: Test Item Discrimination by Difficulty for SCI Spring Mid-Term C2018

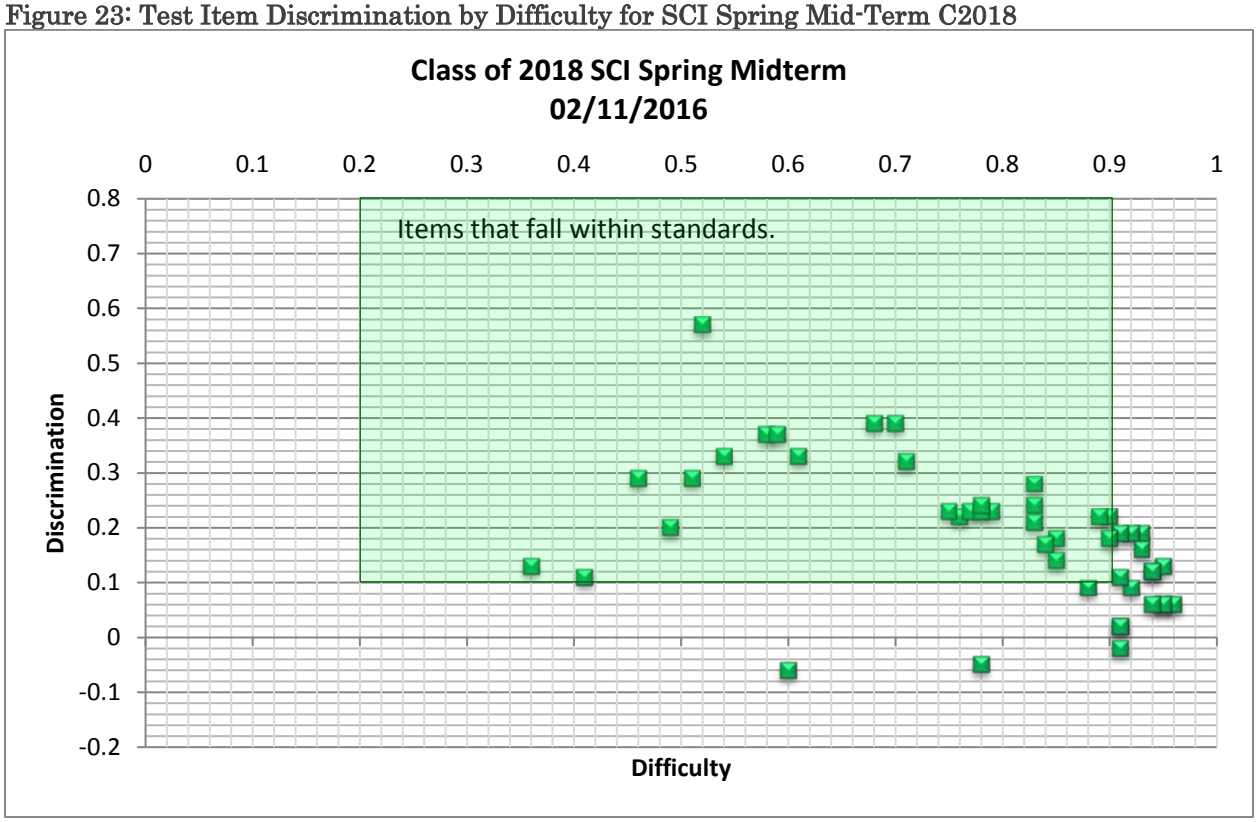
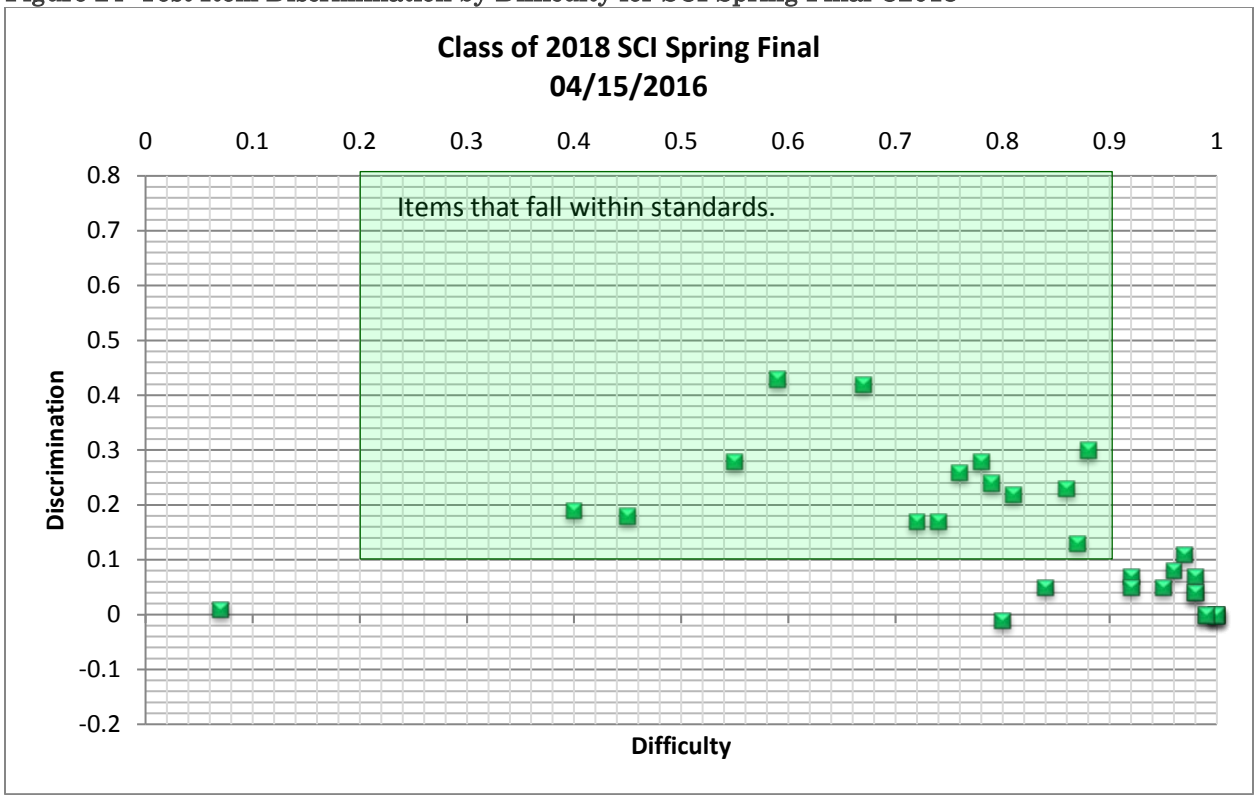


Figure 24: Test Item Discrimination by Difficulty for SCI Spring Final C2018



Hard Pass Rate

At its 11 April 2016 meeting, the CEPC changed the grading policy for SPM. For AY 2009-10 through AY 2015-2016, SPM used a curved grading policy, which ensured that a very difficult exam did not lead to a high number of fails on any given unit. At the April 2016 meeting, the CEPC agreed to change the grading policy for SPM to read *"To receive a pass (P) grade for each unit, a student must receive a summative examination score greater than or equal to 70 (percent of correctly answered questions)."* In addition, the course eliminated the bonus points. In agreeing to the change, the CEPC stipulated that the Annual Evaluation Report would include metrics to allow them to judge the impact of this policy change.

The change affects students in future academic years. The data included here is intended to provide a benchmark for comparison of future results reported between the receipt of this report and receipt of the AY 2016-2017 report.

Table 27: SPM Summative Exam Statistics

Unit	Date	N takers	N Fail	Mean %	Median %	Min %	Max %
Introduction to Health and Disease	9/4/2015	107	7	78.07	78.00	45.33	93.33
Gastrointestinal Systems	10/13/2015	107	5	75.07	76.00	32.67	91.33
Integumentary, Musculoskeletal & Nervous Systems	12/18/2015	107	7	72.61	73.33	47.33	90.00
Hematologic System	2/3/2016	105	6	81.06	81.33	57.33	96.67
Cardiovascular & Respiratory Systems	4/1/2016	104	5	76.33	77.33	61.33	94.00
Renal System C2019	5/5/2016	102	3	78.94	80.00	59.17	95.00
CNS and Special Senses	9/25/2015	100	8	79.38	80.00	55.33	91.33
Renal System C2018	11/6/2015	100	8	83.47	83.71	67.42	96.21
Endocrine System	12/17/2015	100	8	79.95	80.00	61.43	90.71
Reproductive Systems	2/12/2016	100	6	77.85	78.00	63.33	89.33
Mind & Human Development	3/31/2016	99	10	78.95	80.00	64.00	92.67

Program Outcomes

Graduation Rate

PLFSOM's curriculum is set up to allow a student to graduate with an MD degree as early as the end of the 4th year. In accordance with the Texas Higher Education Coordinating Board policy, a student is deemed to have graduated on time if s/he graduates within 6 years. PLFSOM has set its target on time graduation rate target at or above 91%; the policy was approved at the 11April2016 CEPC meeting.

Table 28: Class Graduation Rates

Class	Entering Size	Transfers In	DISMISSED	REPEAT	WITHDREW/ Transfer out	4 Year Graduation Rate	6 Year Graduation Rate
2013	40	4	2	1	1	90.91	**93.18**
2014	60	1	2	3	2	88.52	**93.44**
2015	81	0	1	5	2	90.12	--
2016	80	0	1	6	3	87.5	--
2017	100	0	0	8	1	--	--
2018	104	0	0	11	4	--	--
2019	104	0	0	5	0	--	--

-- indicates that the rate cannot yet be calculated.

Graduate Placement

Table 29: Summary of Match Day Results

Match day results	Class of			
	2013	2014	2015	2016
Number successfully matching	40	53	71	73
%in El Paso	10%	0%	7%	4%
% remaining in Texas	40%	36%	37%	47%
% in primary care	38%	38%	49%	52%
% military	5%	6%	4%	4%

Annual Match Results Tables

Table 30: Class of 2013 Match Results

Student Name	Location	Specialty
Alvarez, Erica	Univ of Chicago Med Ctr – Chicago, IL	Preliminary Medicine
	Howard University – Washington, D.C.	Ophthalmology
Ansari, Ahmed	Baylor College of Medicine – Houston, TX	Internal Medicine
Appleton, Kallie	Ohio State University Med Ctr – Columbus, OH	Obstetrics-Gynecology
Atallah, Hani	VA Greater LA Hlth System – Los Angeles, CA	Psychiatry
Atluru, Aparna	UT Southwestern Medical Center – Dallas, TX	Psychiatry
Bailey, James	Nellis AFB, U of Nevada SOM – Las Vegas, NV	Emergency Medicine
Barnard, Jami	Texas Tech University HSC – El Paso, TX	Obstetrics-Gynecology
Brautigam, Nicholas	Wright State Univ Boonshoft – Dayton, OH	Emergency Medicine

Student Name	Location	Specialty
Cosban, Travis	University of Chicago Med Ctr – Chicago, IL	Emergency Medicine
Deleon, Katrina	Olive View UCLA Med Ctr – Sylmar, CA	Internal Medicine
Devera, Gemmie	Texas Tech University HSC – El Paso, TX	Pediatrics
Encarnacion, Carlos	Beth Israel Deaconess Med Ctr – Boston, MA	Preliminary Surgery
Estrada, Nelly	UT San Antonio HSC – San Antonio, TX	Preliminary Medicine
	UT San Antonio HSC – San Antonio, TX	Radiology
Fuqua, Brandon	Presbyterian Hospital – Dallas, TX	Preliminary Medicine
	Baylor College of Medicine- Houston, TX	Radiology
Gaines, Joshua	Cleveland Clinic Fdn – Cleveland, OH	Anesthesiology
Ghosh, Romy	U Arizona Affiliated Hospitals – Tucson, AZ	Obstetrics-Gynecology
Grant, Scott	Phoenix Children's Hospital – Phoenix, AZ	Pediatrics
Huang, Cindy	Johns Hopkins Hospital – Baltimore, MD	Psychiatry
Liu, Jianqing(Jet)	Baylor College of Medicine – Houston, TX	Orthopaedic Surgery
Lopez, Jennifer	UT San Antonio HSC – San Antonio, TX	Obstetrics-Gynecology
Mai, Tu	Texas A&M Scott and White – Temple, TX	Pediatrics
Montgomery, Lisa	Kaiser Permanente – Riverside, CA	Family Medicine
Ng, Grace	U Oklahoma College of Medicine – Tulsa, OK	General Surgery
Nguyen, Tho(Quynh)	Stanford University – Stanford, CA	Anesthesiology
Nieto-Meraz, Arianna	Methodist Health System – Dallas, TX	Internal Medicine
Ramos, Benjamin	U of New Mexico SOM – Albuquerque, NM	Pathology
Rodriguez, Emmanuel	Texas Tech University HSC – El Paso, TX	Internal Medicine
Ross, Jason	U of New Mexico SOM – Albuquerque, NM	Preliminary Medicine
	UT Medical Branch – Galveston, TX	Radiology
Sanford, Jillian	Oregon Health & Science U – Portland, OR	Pediatrics
Simmons, Garrett	Methodist Hospital- Houston, TX	Transitional
	UT Medical School – Houston, TX	Radiology
Smith, Lindsey	Naval Medical Center San Diego – San Diego, CA	General Surgery
Tsang, Tiffany	Baylor College of Medicine – Houston, TX	Preliminary Medicine
	Georgia Regents University – Augusta, GA	Ophthalmology
Tullius, Thomas	MacNeal Hospital – Berwyn, IL	Transitional
	U of Chicago Medical Center – Chicago, IL	Radiology
Vaz, Arvind(Andy)	Dartmouth – Hitchcock Med Ctr – Lebanon, NH	Psychiatry
Vo, Margaret	Texas Tech University HSC – El Paso, TX	Emergency Medicine
Vu, Chau	Drexel U COM/Hahnemann – Philadelphia, PA	Anesthesiology
Wellington, Kristen	Loma Linda University – Loma Linda, CA	Anesthesiology
Wilson, Bailey	Baylor College of Medicine – Houston, TX	Obstetrics-Gynecology
Winter, Laura	U of New Mexico SOM – Albuquerque, NM	Anesthesiology
Zhou, Jenny	Scripps Mercy Hospital – San Diego, CA	Internal Medicine

Table 31: Class of 2014 Match Results

Student Name	Locati	Special
Ali, Aman	Methodist Hospital – Houston, TX	Surgery
Bih, Eric	Washington Hospital Center – Washington, DC	Preliminary Surgery
	UT Medical Branch – Galveston, TX	Radiology
Buchanan, Benjamin	Walter Reed Medical Center – Fort Belvoir, VA	Family Medicine
Cruz, Grace	Mayo School of Grad Med Ed – Jacksonville, FL	Anesthesiology

Student Name	Locati	Special
Donnally III, Chester	Jackson Memorial Hospital – Miami, FL	Orthopaedic Surgery
Estrada-Ledford, Julie	U Florida COM-Shands Hospital – Gainesville,	Emergency Medicine
Fenley, Heather	Geisinger Health System – Danville, PA	Otolaryngology
Flora, Mark Reed	U Florida COM Jacksonville – Jacksonville, FL	Emergency Medicine
Francisco, Brenton	UC Irvine Medical Center – Orange, CA	Pediatrics
Fricke, Justin	UT San Antonio HSC – San Antonio, TX	Anesthesiology
Garza, Cynthia	Texas Tech University HSC – El Paso, TX	Psychiatry
Hassan, Ryan	University of Utah – Salt Lake City, UT	Pediatrics
Hughes, Mallory	Baylor University Medical Center – Dallas, TX	Obstetrics-Gynecology
Imam, Jaafer Saadi	Mayo School of Grad Med Ed – Jacksonville, FL	Internal Medicine
Jabbar, Aysha	Morehouse School of Medicine – Atlanta, GA	Pediatrics
Jantz, Adam	Texas A&M Scott and White – Temple, TX	Family Medicine
Khan, Fatima	Presbyterian Hospital – Dallas, TX	Internal Medicine
Loya, Raul	U Nevada Affiliated Hospitals – Las Vegas, NV	Preliminary Medicine
	Florida Hospital Orlando – Orlando, FL	Radiology
Matthys, Andrew	Kaiser Permanente SF – San Francisco, CA	Internal Medicine
Maxfield, David	Baylor College of Medicine – Houston, TX	Orthopaedic Surgery
Ogawa, Jessica	Rhode Island Hospital/Brown U – Providence, RI	Pediatrics
Osborn, Michael	U Nebraska Affiliated Hospitals – Omaha, NE	Emergency Medicine
Pan, Jennifer	Santa Barbara Cottage Hosp – Santa Barbara, CA	Preliminary Medicine
	LSU Health Sciences Center – Shreveport, LA	Ophthalmology
Park, Hyun (Robert)	Walter Reed Medical Center – Bethesda, MD	Internal Medicine
Peranteau, Andrew (Jarad)	Texas A&M Scott and White – Temple, TX	Preliminary Medicine
Powell, Catherine	Group Health Cooperative – Seattle, WA	Family Medicine
Rampy, Jacqueline	Baylor University Medical Center – Dallas, TX	Internal Medicine
Reber, Joshua	Intermountain Medical Ctr – Murray, UT	Transitional
	Mayo School of Grad Med Ed – Rochester, MN	Radiology
Rettenmier, Monica	Vanderbilt University Med Ctr – Nashville, TN	Psychiatry
Roberts, Zoey	UT Southwestern Med School Dallas – Austin,	Obstetrics-Gynecology
Samocha, Yoni	Albany Medical Center – Albany, NY	Vascular Surgery
Shin, Bora	Medical College of Georgia – Augusta, GA	Pediatrics
Sparkman, Jordan	Baylor College of Medicine – Houston, TX	Preliminary Medicine
Tajnert, Kathrene	Saint Joseph Hospital – Chicago, IL	Transitional
	U of New Mexico SOM – Albuquerque, NM	Dermatology
Thompson, Nicholas	Madigan Army Medical Center – Tacoma, WA	Emergency Medicine
Thornton, Jonathan	Mayo School of Grad Med Ed – Rochester, MN	Emergency Medicine
Tie, Wayne	UC Irvine Medical Center – Orange, CA	Preliminary Medicine
	UT San Antonio HSC – San Antonio, TX	Ophthalmology
Tomas, Iris	McLennan County Family Medicine – Waco, TX	Family Medicine
Tran, Xuandung (Sunyu)	University of Chicago Med Center – Chicago, IL	Pathology
Trautman, Christopher	Mayo School of Grad Med Ed – Jacksonville, FL	Internal Medicine
Tsai, Cindy	White Memorial Med Center – Los Angeles, CA	Obstetrics-Gynecology
Uribe, Francisco	Texas A&M Scott and White – Temple, TX	Psychiatry
Villarreal, Tomas	U of New Mexico SOM – Albuquerque, NM	Emergency Medicine
Weathers, Eric	Oregon Health and Science U – Portland, OR	Psychiatry
Weimer, Samuel	Maricopa Medical Center – Phoenix, AZ	Surgery
Welch, Nicholas	UT Southwestern Medical Center – Dallas, TX	Preliminary Surgery

Student Name	Locati	Special
White, Jessica	Loyola University Medical Center – Maywood,	Preliminary Surgery
Wise, Laura	UT Southwestern Med School Dallas – Austin,	Pediatrics
Wu, Xinyu	Beaumont Health System – Royal Oak, MI	Emergency Medicine
Yarlagadda, Anita	Wayne State University SOM – Detroit, MI	Transitional
	UT Medical School – Houston, TX	Anesthesiology
Zhu, Mengsha (Melissa)	Vanderbilt University Med Ctr – Nashville, TN	Anesthesiology
Zobeck, Mark	Baylor College of Medicine – Houston, TX	Pediatrics

Table 32: Class of 2015 Match Results

Student Name	Location	Specialty
Berg, Patrick	Nellis AFB, U of Nevada SoM – Las Vegas,	Surgery
Bhat, Amar	Washington Hospital Center – Washington, DC	Preliminary Medicine
	George Washington University – Washington,	Ophthalmology
Billnitzer, Andrew	Johns Hopkin/Bayview – Baltimore, MD	Preliminary Medicine
	Johns Hopkins Hospital – Baltimore, MD	Neurology
Bullock, Timothy	Texas A&M Scott and White – Temple, TX	Preliminary Medicine
	U Florida COM Jacksonville – Jacksonville, FL	Neurology
Chaudhary, Anirudh	Texas A&M Scott and White – Temple, TX	Preliminary Medicine
	St. Joseph's Hospital – Phoenix, AZ	Radiology
Chhana, Rahul	Barnes Jewish Hospital – St. Louis, MO	Internal Medicine
Desai, Chitra	U Texas at Austin Dell Med School – Austin,	Pediatrics
Diaz, Katherine	Baylor College of Medicine – Houston, TX	Pediatrics
Diebold, Stephanie	Denver Health Medical Center – Denver, CO	Emergency Medicine
Dioso, Jhanina	Mayo School of Grad Med Educ – Rochester,	Pediatrics
Do, Duy	U Arkansas Little Rock – Little Rock, AR	Anesthesiology
Eccles, Christian	U Louisville SOM – Louisville, KY	Orthopaedic Surgery
Ellerbrook, Lowell	Texas A&M Scott and White – Temple, TX	Preliminary Medicine
	Texas A&M Scott and White – Temple, TX	Radiology
Fang, Hongfei	Mayo School of Grad Med Educ – Rochester,	Internal Medicine
Fernandes, Susan	Texas Tech University HSC El Paso – El Paso,	Pediatrics
Gelman, Yana	U Illinois St. Francis Med Ctr – Peoria, IL	Emergency Medicine
Ghazali, Ebrahim	Baylor College of Medicine – San Antonio, TX	Pediatrics
Griesel, Jennifer (Jenni)	UT San Antonio HSC – Edinburg, TX	Obstetrics-Gynecology
Hahn, Laura	University of Washington – Seattle, WA	Pediatric Ophthalmology
Halgas, Barret	William Beaumont Army Medical Ctr – El	Surgery
Hall, Mark	UT San Antonio HSC – San Antonio, TX	Internal Medicine
Haney, Lindsey	Texas Tech University HSC El Paso – El Paso,	Emergency Medicine
Harrell, Meredith	Methodist Hospital – Houston, TX	Transitional
	Louisiana State U/Ochsner – New Orleans, LA	Ophthalmology
Haykal, Nadine	University of Buffalo SOM – Buffalo, NY	Otolaryngology
Hebert, David (Scott)	Oshsner Clinic Foundation – New Orleans, LA	Preliminary Medicine
Hernandez-Ortiz, Patricia	George Washington University – Washington,	Psychiatry
Jackson, Jay	McLennan County FM – Waco, TX	Family Medicine
James, Jennifer	Memorial Hermann Hospital – Sugar Land, TX	Family Medicine
Jenson, Amanda	Methodist Hospital – Houston, TX	Neurological Surgery
Joseph, Riya	Methodist Health System Dallas – Dallas, TX	Internal Medicine

Student Name	Location	Specialty
Kang, Danby	Rush University Medical Center – Chicago, IL	Surgery
Khang, Tony	Loma Linda University – Loma Linda, CA	Internal Medicine
Kim, Uejin	UT San Antonio HSC – San Antonio, TX	Psychiatry
Kypreos, Margaret (Megan)	UT Southwestern Med School Dallas – Dallas,	Internal Medicine
Lavezo, Jonathan	Stanford University – Stanford, CA	Pathology
Lee, Hannah	University of Chicago Med Ctr – Chicago, IL	Pediatrics
Lee, Theodore	Tulane University SOM – New Orleans, LA	Medicine – Pediatrics
Ma, Zinmar	UC Davis Medical Center – Sacramento, CA	Pediatrics
Mauricio, Rica	Loyola University Medical Center – Maywood,	Preliminary Medicine
	Johns Hopkins Hospital – Baltimore, MD	Anesthesiology
Mendel, Jameson (Travis)	Tucson Hospitals Med Ed – Tucson, AZ	Transitional
	UT Southwestern Med School Dallas – Dallas,	Radiation Oncology
Mohlman, Jeffrey	U Utah Affiliated Hospitals – Salt Lake City,	Pathology – AP/CP Comb
Molinar, Vanessa	Mayo School of Grad Med Educ – Rochester,	Plastic Surgery
Monga, Kanika	UT Medical School – Houston, TX	Internal Medicine
		Internal Medicine – ABIM
Nguyen, Emily	Loma Linda University – Loma Linda, CA	Pediatrics
Odom, Christopher	U Alabama Med Ctr – Birmingham, AL	Orthopaedic Surgery
Palmer, Jon-Davy (JD)	Mercy Memorial Hospital System – Monroe,	Family Medicine
Pande, Chetna	Johns Hopkins Hospital – Baltimore, MD	Pediatrics
Patel, Akash	Vidant Medical Center – Greenville, NC	Emergency Medicine
Patel, Chandani (Rinkal)	Phoenix Children's Hospital – Phoenix, AZ	Pediatrics
Paul, Joshua	Madigan Army Medical Center – Tacoma, WA	Obstetrics-Gynecology
Prompuntagorn,	UT Medical Branch – Galveston, TX	Obstetrics-Gynecology
Ragsdale, Colton	Greenville Health System – Greenville, SC	Pediatrics
Ragula, Nikolaus	U Illinois St. Francis Med Ctr – Peoria, IL	Surgery
Roe, Crystal	Baylor Medical Center – Garland, TX	Family Medicine
Ryburn, Cullen	Virginia Mason Medical Center – Seattle, WA	Transitional
	University of Colorado – Aurora, CO	Ophthalmology
Sepulveda, Sarah	Texas Tech University HSC El Paso – El Paso,	Family Medicine
Sheikh, Maria	Loyola University Medical Center – Maywood,	Anesthesiology
Sigireddi, Meenakshi	Kaiser Permanente – Santa Clara, CA	Internal Medicine
Sippel, Michael	UT San Antonio HSC – San Antonio, TX	Surgery
Speer, Nathan	Texas Tech University HSC El Paso – El Paso,	Pediatrics
Stout, Maricarmen	University of Colorado SOM – Aurora, CO	Pediatrics
Tanner, Stephen (Blake)	Texas A&M Scott and White – Temple, TX	Internal Medicine

Table 33: Class of 2016 Match Results

Student Name	Location	Specialty
Alex, Maya	Methodist Health System Dallas – Dallas, TX	Obstetrics-Gynecology
Anderson, Raleigh	U Colorado SOM Denver – Aurora, CO	Anesthesiology
Azimova, Komola	Abington Memorial Hospital – Abington, PA	Surgery
Black, Matthew	Baylor University Medical Center – Dallas, TX	Surgery
Bullock, Timothy	Texas Tech University HSC El Paso – El Paso, TX	Psychiatry
Button, Roxana	U Oklahoma COM – Oklahoma City, OK	Obstetrics-Gynecology
Chacko, Joel	Baylor University Medical Center – Dallas, TX	Surgery

Student Name	Location	Specialty
Chapel, Ashley	St. Louis University SOM – St. Louis, MO	Internal Medicine
Choi, Kati	Baylor College of Medicine – Houston, TX	Internal Medicine
Chou, Kimberly	UPMC St. Margaret – Pittsburgh, PA	Family Medicine
Chung, Monica	UT Southwestern Med School Dallas – Dallas, TX	Obstetrics-Gynecology
Corgan, Travis	Cleveland Clinic Florida – Weston, FL	Surgery
Dahlhausen, Christine	Medical College of Georgia – Augusta, GA	Surgery
Do, Linh	Texas Tech University HSC El Paso – El Paso, TX	Obstetrics-Gynecology
Duong, Cam	Methodist Hospital – Houston, TX	Internal Medicine
Floresca, Jon	Methodist Health System Dallas – Dallas, TX	Preliminary Surgery
	Loma Linda University – Loma Linda, CA	Radiology
Folley, Tarrah	Morehouse School of Medicine – Atlanta, GA	Obstetrics-Gynecology
Gaulding, James	Vanderbilt University Medical Ctr – Nashville, TN	Pathology
Girton, Mark	University of Virginia – Charlottesville, VA	Pathology
Goldstein, Alexander	Texas Tech University HSC – Amarillo, TX	Internal Medicine
Gurusamy, Pradyumna	UC San Diego Medical Ctr – San Diego, CA	Orthopaedic Surgery
Jacob, Merlyn	UT Medical School /LBJ – Houston, TX	Obstetrics-Gynecology
Kallman, Joshua	Emory University SOM – Atlanta, GA	Pediatrics
Lampley, Joshua	John Peter Smith Hospital – Fort Worth, TX	Obstetrics-Gynecology
Lampley, Susana	UT Southwestern Med School Dallas – Dallas, TX	Psychiatry
Lee, Gloria	UC San Francisco – San Francisco, CA	Pediatrics
Lee, Susan	UT San Antonio HSC – San Antonio, TX	Pediatrics
Lowder, Kevin	U Louisville SOM – Louisville, KY	Preliminary Medicine
	U Louisville SOM – Louisville, KY	Ophthalmology
Ly, Huy	Harbor – UCLA Med Center – Torrance, CA	Preliminary Medicine
	Case Western Reserve University – Cleveland, OH	Ophthalmology
Lyons, Matthew	Ohio State University Medical Ctr – Columbus,	Medicine/Pediatrics
Mattingly, Michael	John Peter Smith Hospital – Fort Worth, TX	Family Medicine
McBath, Michael (Alex)	John Peter Smith Hospital – Fort Worth, TX	Obstetrics-Gynecology
Mistrot, John	Texas Tech University HSC – Lubbock, TX	Preliminary Surgery
Morton, Rebecca	Texas Tech University HSC – Lubbock, TX	Obstetrics-Gynecology
Nassiri, Arianna	Childrens National Medical Ctr – Washington, DC	Pediatrics
Nguyen, Huy	Texas Tech University HSC El Paso – El Paso, TX	Neurology
Nunez, Victoria	McLennan County Family Medicine – Waco, TX	Family Medicine
O'Krafka, Catherine	U Wisconsin Hospital and Clinics – Madison, WI	Emergency Medicine
Page, Lindsay	UT Southwestern Med School Dallas – Dallas, TX	Psychiatry
Pai, Albert	U Iowa Hospitals and Clinics – Iowa City, IA	Surgery
Parikh, Monisha	UT Medical Branch – Galveston, TX	Anesthesiology
Payne, Jon	Methodist Health System Dallas – Dallas, TX	Family Medicine
Phillips, Jessica	Medical College Wisconsin – Milwaukee, WI	Pediatrics
Poe, Amanda	Tufts Medical Center – Boston, MA	Obstetrics-Gynecology
Powers, Astin	National Institute of Health – Bethesda, MD	Pathology
Rafferty, David	U of New Mexico SOM – Albuquerque, NM	Pediatrics
Ramirez, Saul	UT San Antonio HSC – San Antonio, TX	Internal Medicine
Rasmussen, Cory	Beaumont Health System – Royal Oak, MI	Radiology
Reyes-Barron, Cynthia	U Rochester/ Strong Memorial – Rochester, NY	Pathology
Roberts, Rene	Baylor College of Medicine – Houston, TX	Preliminary Medicine
	Baylor College of Medicine – Houston, TX	Radiology

Student Name	Location	Specialty
Salire, Kevin	UT Medical School – Houston, TX	Internal Medicine
Salmon, Jordan	Nellis AFB, U of Nevada SOM – Las Vegas, NV	Family Medicine
Santiago, Jose	B I Deaconess Medical Center – Boston, MA	Preliminary Surgery
	B I Deaconess Medical Center – Boston, MA	Radiology
Seegers, Amy	Dartmouth-Hitchcock Medical Ctr – Lebanon, NH	Emergency Medicine
Shah, Chintan	Baylor College of Medicine – Houston, TX	Neurology
Sharp, Leigha	U Texas at Austin Dell Med School – Austin, TX	Preliminary Medicine
	Texas Tech University HSC – Lubbock, TX	Dermatology
Showery, James	UT Medical School – Houston, TX	Orthopaedic Surgery
Slief, Sarah	San Antonio Military Med Ctr – San Antonio, TX	Pediatrics
Smith, Jacob	UPMC Medical Education – Pittsburgh, PA	Pathology
Soekamto, Christa	U of Missouri – KC Programs – Kansas City, MO	Preliminary Medicine
	U of Missouri – Kansas City, MO	Ophthalmology
Speirs, Joshua	Loma Linda University – Loma Linda, CA	Orthopaedic Surgery
Tabibian, Borna (Ethan)	U Alabama Medical Ctr – Birmingham, AL	Neurological Surgery
Tran, Dat	Baylor University Medical Center – Dallas, TX	Internal Medicine
Trubitt, Meredith	George Washington University – Washington, DC	Internal Medicine
Valenti, Nathan	UT Medical School – Houston, TX	Pediatrics
Varela, Daniel	U Colorado SOM Denver – Aurora, CO	Internal Medicine
Verma, Kundan	Mayo School of Graduate Med Ed – Rochester,	Pediatrics
Villalobos, Erica	Baylor College of Medicine – Houston, TX	Pediatrics
Wells, Allison	Baylor College of Medicine – San Antonio, TX	Pediatrics
West, Jennifer	Vanderbilt University Medical Ctr – Nashville, TN	Emergency Medicine
Yeager, Tamanie E.	Mayo School of Grad Med Ed – Jacksonville, FL	Surgery
York, Daniel	Northwestern McGaw/Lurie Peds – Chicago, IL	Pediatrics
Zavala, Pedro	Baylor College of Medicine – San Antonio, TX	Pediatrics

Step 3 Results

This is the first year that we are able to report Step 3 results. Results are for a graduation cohort; "all 2013 graduates of U.S. and Canadian medical schools taking USMLE Step 3 for the first time during the period from May 2013 through December 2015."

For an explanation of the Step 3 exam please refer to the Methodology section.

Table 34: Step 3 Passing Rates

Period	PLFSOM		National
	N taking	Percent Passing 1st Attempt	Percent Passing 1st Attempt
May 2013 through December 2015	37	98%	92%

Graduated Student Survey Results

With the graduation of the1st class, we started polling graduates and their program directors. In the 1st year, the response rate was so low as to make the results meaningless. Beginning with the class of 2014, the survey was redesigned to reflect the entrustable activities for entering interns. The survey is distributed to program directors via an individualized email containing a link to the survey. A nearly identical survey is sent to the graduates. For an complete explanation of data collection and an explanation of mapping of EPAs to PGOs please refer to the Methodology section.

Graduate Program Director

Table 35: Results of Survey of Program Directors

EPA Association	Question	Answer	Percent of Respondents 2015 (N=13)	2016 (N=16)
NA	This resident's standing in the program compared to others in his/her cohort?	Superior	26.70	15.79
		About the same	56.70	78.95
		Worse	16.70	5.26
1	Gather a history and perform a physical examination.	Superior	34.50	5.26
		About the same	58.60	84.21
		Worse	6.90	10.53
2	Prioritize a differential diagnosis following a clinical encounter.	Superior	30.00	10.53
		About the same	60.00	78.95
		Worse	10.00	10.53
3	Recommend and interpret common diagnostic and screening tests.	Superior	26.70	5.26
		About the same	70.00	89.47
		Worse	3.30	5.26
4	Enter and discuss orders and prescriptions.	Superior	27.60	5.26
		About the same	72.40	89.47
		Worse	0.00	5.26
5		Superior	27.60	5.26
		About the same	69.00	84.21

EPA Association	Question	Answer	Percent of Respondents 2015 (N=13)	2016 (N=16)
	Document a clinical encounter in the patient record.	Worse	3.40	10.53
6	Provide an oral presentation of a clinical encounter.	Superior	31.00	15.79
		About the same	58.60	68.42
		Worse	10.30	15.79
7	Form clinical questions and retrieve evidence to advance patient care.	Superior	37.90	5.26
		About the same	62.10	89.47
		Worse	0.00	5.26
8	Give or receive a patient handover to transition care responsibility.	Superior	34.50	5.26
		About the same	65.50	89.47
		Worse	0.00	5.26
9	Collaborate as a member of an interprofessional team.	Superior	40.00	36.84
		About the same	50.00	52.63
		Worse	10.00	10.53
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Superior	31.00	15.79
		About the same	65.50	78.95
		Worse	3.40	5.26
11	Obtain informed consent for tests and/or procedures.	Superior	20.70	5.26
		About the same	75.90	0.00
		Worse	3.40	94.74
12	Perform general procedures of a physician.	Superior	20.00	0.00
		About the same	76.70	100.00
		Worse	3.30	0.00
13	Identify system failures and contribute to a culture of safety and improvement.	Superior	30.00	5.26
		About the same	70.00	94.74
		Worse	0.00	0.00
NA	The MSPE accurately reflected this resident's abilities.	Strongly Agree	3.30	5.26
		Agree	80.00	73.68
		Disagree	10.00	0.00
		Strongly disagree	0.00	10.53
		Not Sure	6.70	10.53

Graduates

Table 36: Survey of Graduates Results

EPA Association	Question	Answer	Percent Responding 2015 (N=25)	2016 (N=22)
1	Gather a history and perform a physical examination	Strongly Agree	84%	46%
		Agree	16%	50%
		Slightly Agree	0%	5%
		Slightly Disagree	0%	0%
		Disagree	0%	0%
		Strongly Disagree	0%	0%
2	Prioritize a differential diagnosis following a clinical encounter	Strongly Agree	48%	23%
		Agree	32%	36%
		Slightly Agree	16%	27%
		Slightly Disagree	4%	9%
		Disagree	0%	5%
		Strongly Disagree	0%	0%
3	Recommend and interpret common diagnostic and screening tests	Strongly Agree	40%	18%
		Agree	44%	46%
		Slightly Agree	16%	23%
		Slightly Disagree	0%	9%
		Disagree	0%	5%
		Strongly Disagree	0%	0%
4	Enter and discuss orders and prescriptions	Strongly Agree	16%	5%
		Agree	28%	18%
		Slightly Agree	20%	36%
		Slightly Disagree	8%	9%
		Disagree	16%	18%
		Strongly Disagree	12%	14%
5	Document a clinical encounter in the patient record	Strongly Agree	56 %	50%
		Agree	24 %	32%
		Slightly Agree	12 %	14%
		Slightly Disagree	4 %	0%
		Disagree	4 %	5%
		Strongly Disagree	0 %	0%
6	Provide an oral presentation of a clinical encounter	Strongly Agree	52 %	46%
		Agree	36 %	32%
		Slightly Agree	4 %	14%
		Slightly Disagree	0 %	9%
		Disagree	4 %	0%
		Strongly Disagree	4 %	0%
7	Form clinical questions and retrieve evidence to advance patient care.	Strongly Agree	44 %	14%
		Agree	36%	46%
		Slightly Agree	16 %	32%
		Slightly Disagree	4 %	5%
		Disagree	0 %	0%
		Strongly Disagree	0 %	5%

EPA Association	Question	Answer	Percent Responding 2015 (N=25)	2016 (N=22)
8	Give or receive a patient handover to transition care responsibility.	Strongly Agree	28%	9%
		Agree	32 %	18%
		Slightly Agree	20%	23%
		Slightly Disagree	8%	23%
		Disagree	4%	9%
		Strongly Disagree	8%	18%
9	Collaborate as a member of an interprofessional team.	Strongly Agree	64%	41%
		Agree	28%	27%
		Slightly Agree	0%	23%
		Slightly Disagree	4%	0%
		Disagree	4%	9%
		Strongly Disagree	0%	0%
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Strongly Agree	40%	23%
		Agree	40%	50%
		Slightly Agree	12%	27%
		Slightly Disagree	0%	0%
		Disagree	4%	0%
		Strongly Disagree	4%	0%
11	Obtain informed consent for tests and/or procedures.	Strongly Agree	24%	5%
		Agree	40%	46%
		Slightly Agree	12%	27%
		Slightly Disagree	16%	5%
		Disagree	8%	14%
		Strongly Disagree	0%	5%
12	Perform general procedures of a physician.	Strongly Agree	24%	14%
		Agree	48%	59%
		Slightly Agree	16%	18%
		Slightly Disagree	0%	5%
		Disagree	12%	0%
		Strongly Disagree	0%	5%
13	Identify system failures and contribute to a culture of safety and improvement.	Strongly Agree	36%	23%
		Agree	36%	46%
		Slightly Agree	20%	18%
		Slightly Disagree	0%	5%
		Disagree	4%	9%
		Strongly Disagree	4%	0%
NA	Overall, I was prepared to assume the roles and responsibilities of a first year resident in my specialty.	Strongly Agree	44%	24%
		Agree	22%	38%
		Slightly Agree	26%	14%
		Slightly Disagree	8.70%	10%
		Disagree	0%	10%
		Strongly Disagree	0%	5%
NA	If I had it to do over again, I would attend	Strongly Agree	48%	52%
		Agree	44%	29%

EPA Association	Question	Answer	Percent Responding 2015 (N=25)	2016 (N=22)
	PLFSOM for my medical school training.	Slightly Agree	4%	10%
		Slightly Disagree	0%	10%
		Disagree	0%	0%
		Strongly Disagree	4%	0%
NA	I am happy with the career choice I made.	Strongly Agree	57 %	52%
		Agree	35%	33%
		Slightly Agree	0%	10%
		Slightly Disagree	4 %	5%
		Disagree	0%	0%
		Strongly Disagree	4 %	0%

AAMC Graduate Questionnaire Overall Measures

Table 37: GQ 2016 Overall Satisfaction Percentile Ranking

	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
GQ Report Item #7: Overall Satisfaction Please indicate the extent to which you agree with the following statement: (Percent answering "Agree" or "Strongly agree"):						
Overall, I am satisfied with the quality of my medical education.	82.8	87.5	91.4	93.6	96.2	94.1

Table 38: GQ Overall Satisfaction (Historical)

Overall, I am satisfied with the quality of my medical education		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2016	1.0	2.8	6.1	50.3	39.8	15213
TTUHSC El Paso	2016	0.0	4.4	1.5	60.3	33.8	68
TTUHSC El Paso	2015	0.0	3.2	6.5	46.8	43.5	62
TTUHSC El Paso	2014	2.1	0.0	4.2	54.2	39.6	48
TTUHSC El Paso	2013	2.9	0.0	5.9	55.9	35.3	34

Table 39: GQ 2016 Basic Science Relevance and Integration Percentile Ranking

	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
GQ Report Item #8: Science Relevance and Integration Indicate whether you agree or disagree with the following statements about medical school (Percent answering "Agree" or "Strongly agree"):						
Basic science coursework had sufficient illustrations of clinical relevance	66.3	72.4	78.6	85.9	89.9	91.2
Required clinical experiences integrated basic science content	70.6	76.8	81.5	85.7	89.5	

Table 40: GQ - Basic science coursework had sufficient illustrations of clinical relevance (Historical)

Basic science coursework had sufficient illustrations of clinical relevance		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2016	1.4	7.8	12.6	54.0	24.2	14,932
TTUHSC El Paso	2016	0.0	2.9	5.9	51.5	39.7	68
TTUHSC El Paso	2015	1.6	1.6	4.8	48.4	43.5	62
TTUHSC El Paso	2014	2.1	2.1	2.1	52.1	41.7	48
TTUHSC El Paso	2013	2.9	0	14.7	50	32.4	34

Table 41: Required clinical experiences integrated basic science content (Historical)

Required clinical experiences integrated basic science content.		Percentage of Respondents Selecting Each Rating					Count
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
All Medical Schools	2016	0.9	5.1	13.2	55.7	25.1	14,861
TTUHSC El Paso	2016	0	2.9	4.4	55.9	36.8	68
TTUHSC El Paso	2015	1.6	3.2	4.8	50.8	39.7	63
TTUHSC El Paso	2014	2.1	2.1	0	62.5	33.3	48
TTUHSC El Paso	2013	2.9	2.9	2.9	55.9	35.3	34

Preparation for Residency

The AAMC Graduation Questionnaire (GQ) asks respondents how strongly they *agree* that they are prepared to begin a residency program in several areas. Some of these areas are reported to the LCME as part of the Data Collection Instrument (DCI).

Table 42: Preparation for Residency Percentile Rankings

GQ Report Item #12: Preparation for Residency Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program: (Percent answering "Agree" or "Strongly agree")	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
I am confident that I have acquired the clinical skills required to begin a residency program	83.1	87.4	90.6	93.7	95.4	85.0
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines	87.7	90.7	93.6	95.6	97.3	91.0
I have the communication skills necessary to interact with patients and health professionals	96.0	97.3	98.4	99.3	100.0	100.0
I have basic skills in clinical decision making and the application of evidence based information to medical practice	89.9	91.8	94.2	96.4	98.0	94.0
I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system)	88.9	91.3	93.6	96.0	97.3	90.9
I understand the ethical and professional values that are expected of the profession.	95.6	97.0	98.3	99.2	100.0	100.0
I believe I am adequately prepared to care for patients from different backgrounds.	90.5	94.2	96.0	98.0	99.2	100.0

Graduates were asked to indicate whether they agreed or disagreed with the following statements about their preparedness for beginning a residency program:

Table 43: I am confident that I have acquired the clinical skills required to begin a residency program (Historical)

		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	**2016**	0.6	2	7.3	47	43.1	14,709
TTUHSC El Paso	**2016**	1.5	3	10.4	50.7	34.3	67
TTUHSC El Paso	**2015**	1.6	3.3	16.4	42.6	36.1	61
TTUHSC El Paso	**2014**	0	0	2	57.1	40.8	49
TTUHSC El Paso	**2013**	2.9	2.9	2.9	52.9	38.2	34

Table 44: I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.

		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	**2016**	0.4	1	5.4	50.3	42.9	14,684
TTUHSC El Paso	**2016**	0	1.5	7.5	56.7	34.3	67
TTUHSC El Paso	**2015**	1.6	0	8.2	54.1	36.1	61
TTUHSC El Paso	**2014**	0	0	0	55.1	44.9	49
TTUHSC El Paso	**2013**	0	0	8.8	52.9	38.2	34

Table 45: I have the communication skills necessary to interact with patients and health professionals (Historical)

		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	**2016**	0.3	0.2	1.4	24.4	73.8	14,663
TTUHSC El Paso	**2016**	0	0	0	33.3	66.7	66
TTUHSC El Paso	**2015**	0	0	3.3	26.2	70.5	61
TTUHSC El Paso	**2014**	0	0	2	49	49	49
TTUHSC El Paso	**2013**	0	0	0	44.1	55.9	34

Table 46: I have basic skills in clinical decision making and the application of evidence based information to medical practice.

		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	**2016**	0.4	0.8	4.8	44.9	49.1	14,622
TTUHSC El Paso	**2016**	0	1.5	4.5	50.7	43.3	67
TTUHSC El Paso	**2015**	1.7	0	8.3	43.3	46.7	60
TTUHSC El Paso	**2014**	0	0	2	55.1	42.9	49
TTUHSC El Paso	**2013**	0	0	8.8	50	41.2	34

Table 47: I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system (Historical)

		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	**2016**	0.4	1.2	5	39	54.3	14,683
TTUHSC El Paso	**2016**	0	1.5	7.6	30.3	60.6	66
TTUHSC El Paso	**2015**	1.6	0	4.9	27.9	65.6	61
TTUHSC El Paso	**2014**	0	0	2	51	46.9	49

		Percentage of Respondents Selecting Each Rating					
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count
TTUHSC El Paso	**2013**	0	2.9	0	55.9	41.2	34

Table 48: I understand the ethical and professional values that are expected of the profession (Historical)

		Percentage of Respondents Selecting Each Rating					
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Count
All Medical Schools	**2016**	0.3	0.2	1.5	27.8	70.2	14,666
TTUHSC El Paso	**2016**	0	0	0	25.4	74.6	67
TTUHSC El Paso	**2015**	0	0	4.9	24.6	70.5	61
TTUHSC El Paso	**2014**	0	0	0	51	49	49
TTUHSC El Paso	**2013**	0	0	8.8	44.1	47.1	34

Hidden Curriculum Indicators

The AAMC Graduate Questionnaire (GQ) includes several items that are designed to measure the hidden curriculum around professional issues. The following tables address these issues.

Think about how often you experience[d] the following at your medical school. Determine your response by choosing one of the categories of frequency given below. Choose the category that best approximates your perceptions.

		Percentage of Respondents Selecting Each Rating						
		Never	Almost never	Sometimes	Fairly often	**Very** often	Always	Count
There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty								
All Medical Schools	2016	7.3	36.7	35.0	9.6	7.8	3.6	14,374
TTUHSC El Paso	2016	7.6	39.4	31.8	10.6	6.1	4.5	66

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

		Percentage of Respondents Selecting Each Rating						
		Never	Almost never	Sometimes	Fairly often	Very often	Always	Count
Respecting patient confidentiality								
All Medical Schools	2016	0.1	0.1	1.7	7.2	39.1	51.8	14,276
TTUHSC El Paso	2016	0.0	0.0	0.0	9.1	42.4	48.5	66
Using professional language/avoiding derogatory language								
All Medical Schools	2016	0.4	1.3	3.6	13.2	47.3	34.1	14,262
TTUHSC El Paso	2016	0.0	1.5	9.1	19.7	40.9	28.8	66
Being respectful of house staff and other physicians								
All Medical Schools	2016	0.2	0.3	3.7	14.8	50.7	30.3	14,262
TTUHSC El Paso	2016	0.0	0.0	6.1	19.7	43.9	30.3	66
Respecting diversity								
All Medical Schools	2016	0.2	0.5	4.4	12.7	42.4	39.9	14,237
TTUHSC El Paso	2016	0.0	0.0	6.1	9.1	42.4	42.4	66
Being respectful of other health professions								
All Medical Schools	2016	0.2	0.5	5.1	17.1	46.3	30.9	14,198
TTUHSC El Paso	2016	0.0	0.0	9.1	13.6	39.4	37.9	66
Being respectful of other specialties								
All Medical Schools	2016	0.2	1.2	10.7	27.1	43.5	17.2	14,268
TTUHSC El Paso	2016	0.0	1.5	9.1	28.8	37.9	22.7	66
Providing direction and constructive feedback								
All Medical Schools	2016	0.3	1.7	12.8	25.4	41.3	18.6	14,251
TTUHSC El Paso	2016	0.0	3.0	9.1	15.2	47.0	25.8	66

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

		Percentage of Respondents Selecting Each Rating						
		Never	Almost never	Sometimes	Fairly often	Very often	Always	Count
Showing respectful interaction with students								
All Medical Schools	2016	0.2	0.4	6.2	19.4	50.6	23.2	14,243
TTUHSC El Paso	2016	0.0	0.0	4.6	15.4	50.8	29.2	65
Showing empathy and compassion								
All Medical Schools	2016	0.2	0.5	6.2	20.5	50.2	22.4	14,239
TTUHSC El Paso	2016	0.0	1.5	9.1	18.2	50.0	21.2	66

Being respectful of patients' dignity and autonomy								
All Medical Schools	2016	0.1	0.3	4.3	15.4	48.6	31.2	14,168
TTUHSC El Paso	2016	0.0	0.0	7.6	15.2	43.9	33.3	66
Actively listened and showed interest in patients.								
All Medical Schools	2016	0.1	0.3	4.7	17.9	53.4	23.7	14,260
TTUHSC El Paso	2016	0.0	0.0	7.7	21.5	41.5	29.2	65
Taking time and effort to explain information to patients								
All Medical Schools	2016	0.1	0.8	8.1	22.3	48.6	20.1	14,247
TTUHSC El Paso	2016	0.0	0.0	12.1	22.7	47.0	18.2	66
Advocating appropriately on behalf of his/her patients.								
All Medical Schools	2016	0.1	0.4	5.5	17.1	49.7	27.2	14,234
TTUHSC El Paso	2016	0.0	0.0	9.1	16.7	50.0	24.2	66
Resolving conflicts in ways that respect the dignity of all involved								
All Medical Schools	2016	0.1	0.4	5.2	17.2	51.3	25.8	14,225
TTUHSC El Paso	2016	0.0	0.0	4.5	19.7	53.0	22.7	66
My medical school has done a good job of fostering and nurturing my development as a person								
All Medical Schools	2016	2.5	5.7	17.3	41.7	32.9		13,533
TTUHSC El Paso	2016	1.6	3.2	6.5	43.5	45.2		62
My medical school has done a good job of fostering and nurturing my development as a future physician								
All Medical Schools	2016	0.7	1.5	5.9	43.3	48.6		14,263
TTUHSC El Paso	2016	0.0	0.0	3.0	43.9	53.0		66

Student Burnout

In 2016, the AAMC added the "*Oldenburg Burnout Inventory for Medical Students (OLBI-MS)[*, which] *is a modified and shortened version of the Oldenburg Burnout Inventory (OLBI). The OLBI-MS instrument consists of 16 items measuring two dimensions of burnout – exhaustion and disengagement. Each subscale is calculated by summing across the items, which are measured on a 0-3 point scale. Higher scores are correlated with higher levels of burnout. Only participants who responded to every item on the scale are included in the summary statistics. For each subscale, the mean score, the standard deviation, and the number of respondents are displayed below. Additionally, a reliability estimate (Cronbach's alpha) is shown as a measure of internal consistency. The measure varies from 0 to 1, and an instrument is often considered to be reliable if the estimate is 0.7 or higher."*

Disengagement

The disengagement subscale includes eight items on a 0-3 point scale and refers to distancing oneself from the object and content of medical school work and to negative attitudes toward medical school in general. The possible range of responses for the disengagement subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.

Table 49: OLBE-MS Disengagement

	YEAR	RELIABILITY ESTIMATE	MEAN	STANDARD DEVIATION	COUNT
ALL MEDICAL SCHOOLS	2016	0.8	9.8	3.6	13,691
TTUHSC EL PASO	2016	0.8	9	3.6	62

Exhaustion

The exhaustion subscale includes eight items on a 0-3 point scale and refers to the cognitive and physical strain as a consequence of the demands of medical school. The possible range of responses for the exhaustion subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.

Table 50: OLBE-MS Exhaustion

	YEAR	RELIABILITY ESTIMATE	MEAN	STANDARD DEVIATION	COUNT
ALL MEDICAL SCHOOLS	2016	0.8	11.1	3.6	13,689
TTUHSC EL PASO	2016	0.8	10	3.3	61

Learning Environment

Policy and Procedure Awareness:

Table 51: GQ Percent responding "Yes"

	PLFSOM				All Schools
	2013	2014	2015	2016	2016
Are you aware that your school has policies regarding the mistreatment of medical students?	94.1	100	96.7	100	95.7
Number of Respondents	34	48	60	63	13,920
Do you know the procedures at your school for reporting the mistreatment of medical students?	82.4	89.6	98.3	93.7	82.3
Number of Respondents	34	48	60	63	13,927

Frequency of Negative Behaviors

Table 52: GQ Percent of respondents who indicated they personally experienced any of the listed behaviors, excluding "publicly embarrassed."

	PLFSOM				All Schools
	2013	2014	2015	2016	2016
Yes (any excluding "publically embarrassed)	50	40.4	25.9	31.7	38.1
Number of Respondents	34	47	58	63	13,920

Table 53: Frequency of Negative Behaviors by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	*Count*
		Been publicly embarrassed?				
All Medical Schools	2016	58.1	20.5	20.4	1	*13,904*
TTUHSC El Paso	2016	66.7	19	14.3	0	*63*
TTUHSC El Paso	2015	65.5	15.5	17.2	1.7	*58*
TTUHSC El Paso	2014	67.4	15.2	17.4	0	*46*
TTUHSC El Paso	2013	52.9	5.9	41.2	0	*34*
		Been publicly humiliated?				
All Medical Schools	2016	78.8	12.6	8.2	0.5	*13,886*
TTUHSC El Paso	2016	84.1	11.1	4.8	0	*63*
TTUHSC El Paso	2015	81	8.6	8.6	1.7	*58*
TTUHSC El Paso	2014	80	11.1	8.9	0	*45*
TTUHSC El Paso	2013	67.6	5.9	26.5	0	*34*
	2012					
		Been threatened with physical harm?				
All Medical Schools	2016	98.6	1	0.3	0.1	*13,891*

		Never	*Once*	*Occasionally*	*Frequently*	*Count*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	96.6	1.7	1.7	0	*58*
TTUHSC El Paso	2014	97.9	2.1	0	0	*47*
TTUHSC El Paso	2013	91.2	2.9	5.9	0	*34*
		Been physically harmed?				
All Medical Schools	2016	98.1	1.6	0.3	0.1	*13,885*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	98.3	1.7	0	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*47*
TTUHSC El Paso	2013	97.1	0	2.9	0	*34*
		Been required to perform personal services?				
All Medical Schools	2016	94.3	3.8	1.7	0.1	*13,901*
TTUHSC El Paso	2016	92.1	4.8	1.6	1.6	*63*
TTUHSC El Paso	2015	93.1	5.2	1.7	0	*58*
TTUHSC El Paso	2014	93.6	6.4	0	0	*47*
TTUHSC El Paso	2013	88.2	2.9	8.8	0	*34*
		Been subjected to unwanted sexual advances?				
All Medical Schools	2016	96.2	2.4	1.3	0.2	*13,897*
TTUHSC El Paso	2016	98.4	1.6	0	0	*63*
TTUHSC El Paso	2015	98.3	1.7	0	0	*58*
TTUHSC El Paso	2014	91.5	8.5	0	0	*47*
TTUHSC El Paso	2013	85.3	5.9	8.8	0	*34*
	2012					
		Been asked to exchange sexual favors for grades or other rewards?				
All Medical Schools	2016	99.8	0.1	0.1	0.1	*13,895*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	100	0	0	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*46*
TTUHSC El Paso	2013	94.1	2.9	2.9	0	*34*
	2012					
		Been denied opportunities for training or rewards based on gender?				
All Medical Schools	2016	94.4	2.6	2.6	0.4	*13,892*
TTUHSC El Paso	2016	96.8	1.6	1.6	0	*63*
TTUHSC El Paso	2015	93.1	1.7	5.2	0	*58*
TTUHSC El Paso	2014	95.7	2.2	2.2	0	*46*
TTUHSC El Paso	2013	85.3	5.9	5.9	2.9	*34*
	2012					
		Been subjected to offensive sexist remarks/names?				
All Medical Schools	2016	87.1	6.3	6.1	0.5	*13,891*
TTUHSC El Paso	2016	85.7	7.9	4.8	1.6	*63*
TTUHSC El Paso	2015	93.1	3.4	3.4	0	*58*
TTUHSC El Paso	2014	80.9	8.5	8.5	2.1	*47*
TTUHSC El Paso	2013	67.6	14.7	14.7	2.9	*34*
	2012					

		Never	*Once*	*Occasionally*	*Frequently*	*Count*
Received lower evaluations or grades solely because of gender rather than performance?						
All Medical Schools	2016	94.3	3.7	1.7	0.3	*13,889*
TTUHSC El Paso	2016	95.2	4.8	0	0	*63*
TTUHSC El Paso	2015	96.6	1.7	1.7	0	*58*
TTUHSC El Paso	2014	93.6	2.1	4.3	0	*47*
TTUHSC El Paso	2013	91.2	0	8.8	0	*34*
Been denied opportunities for training or rewards based on race or ethnicity?						
All Medical Schools	2016	97.1	0.9	1.5	0.5	*13,888*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	96.6	1.7	1.7	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*47*
TTUHSC El Paso	2013	88.2	2.9	5.9	2.9	*34*
Been subjected to racially or ethnically offensive remarks/names?						
All Medical Schools	2016	93.3	3.5	2.7	0.4	*13,885*
TTUHSC El Paso	2016	95.2	0	3.2	1.6	*63*
TTUHSC El Paso	2015	94.8	1.7	3.4	0	*58*
TTUHSC El Paso	2014	87.2	2.1	10.6	0	*47*
TTUHSC El Paso	2013	85.3	0	11.8	2.9	*34*
Received lower evaluations or grades solely because of race or ethnicity rather than performance?						
All Medical Schools	2016	97.3	1.3	1	0.4	*13,870*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	100	0	0	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*47*
TTUHSC El Paso	2013	94.1	0	2.9	2.9	*34*
Been denied opportunities for training or rewards based on sexual orientation?						
All Medical Schools	2016	99.5	0.2	0.2	0.1	*13,878*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	100	0	0	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*47*
TTUHSC El Paso	2013	91.2	2.9	2.9	2.9	*34*
Been subjected to offensive remarks/names related to sexual orientation?						
All Medical Schools	2016	98	0.9	1	0.2	*13,870*
TTUHSC El Paso	2016	96.8	1.6	0	1.6	*63*
TTUHSC El Paso	2015	98.3	1.7	0	0	*58*
TTUHSC El Paso	2014	100	0	0	0	*46*
TTUHSC El Paso	2013	94.1	0	2.9	2.9	*34*
Received lower evaluations or grades solely because of sexual orientation rather than performance?						
All Medical Schools	2016	99.5	0.3	0.1	0.1	*13,860*
TTUHSC El Paso	2016	100	0	0	0	*63*
TTUHSC El Paso	2015	100	0	0	0	*58*
TTUHSC El Paso	2014	97.9	2.1	0	0	*47*
TTUHSC El Paso	2013	94.1	0	2.9	2.9	*34*

		Never	*Once*	*Occasionally*	*Frequently*	*Count*
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation?						
All Medical Schools	2016	92.4	3.7	3.3	0.6	*13,874*
TTUHSC El Paso	2016	96.8	0	1.6	1.6	*63*

Annual Measures

Students are required to participate in annual measures designed to track hidden curriculum elements. A detailed explanation of the methods can be found in the methodology section.

Jefferson Empathy Scale

The Jefferson Empathy Scale is used to monitor students' general level of empathy as they cross the curriculum. Empathy is considered to be a factor in professionalism, communication and patient outcomes. Prior research has suggested that there is a drop in the M3 year.[10]

Table 54: Jefferson Empathy Mean Scores over Time by Graduating Class

Class	M1	M2	M3	M4	Graduation
2013	*	118.5	114.5	112.4	109.3
2014	110.9	112.8	112.6	106.6	111.3
2015	109.8	112.1	110.8	**	**
2016	113.2	111.4	117.8	115.6	113.7
2017	113.7	113.2	114.5	114	**
2018	113.1	109.7	**	**	**
2019	116.2	**	**	**	**

* The Class of 2013 took their first survey in a different format and we are unable to combine it with the other data.
**Data not available.

Social Medicine Scales

These scales measure the level of agreement with a set of statements related to social aspects of medicine. The first scale measures a student's expectation for their own role in preventative care. The second scale measures students' belief that social factors play a role in health. The final scale is intended to measure students' beliefs that the physician's role, in general, includes prevention and social medicine. For further information, please see the methodology section.

[10] Hojat, M., et al. (2002). "The Jefferson Scale of Physician Empathy: Further psychometric data and differences by gender and specialty at item level." Academic Medicine 77(10): S58-S60.

Hojat, M., et al. (2009). "Empathy: The Devil is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School." Acad Med 84(9).

Figure 25: Mean Expectation for Personal Participation in Preventative Medicine

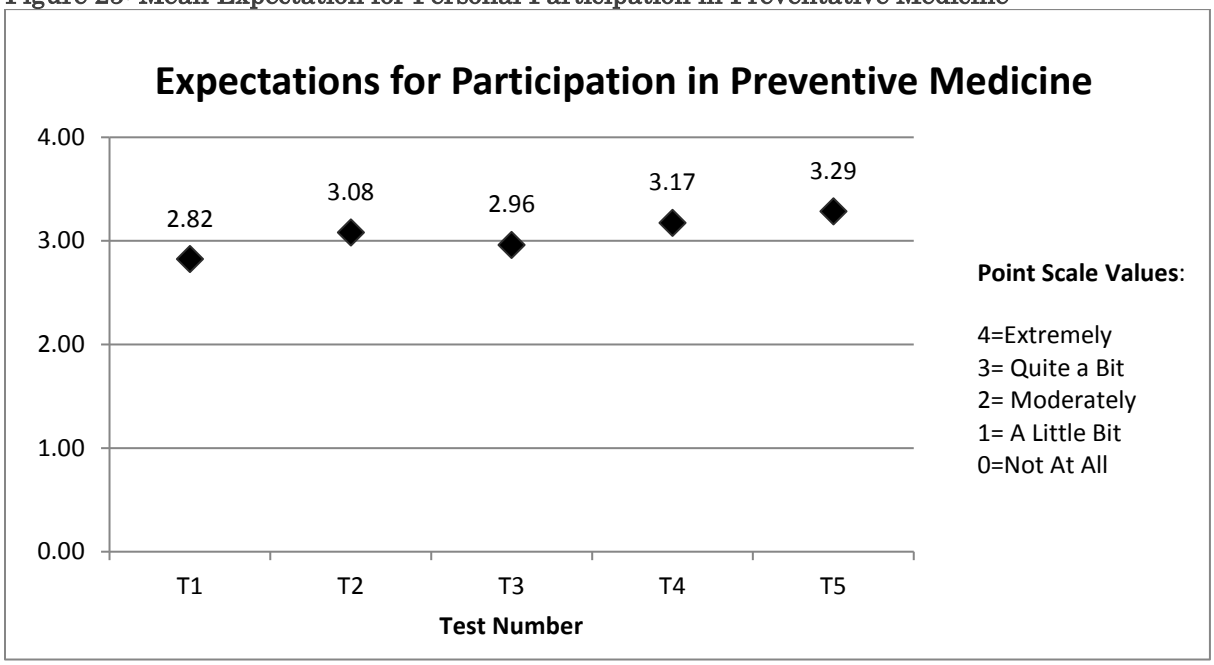


Table 55: Expectation for Personal Participation in Preventative Medicine Over Time

CLASS	Expectations for Participation in Preventive Medicine									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2013	~	~	2.97	0.79	2.91	0.84	3.15	0.85	2.86	0.82
Class of 2014	2.94	0.80	2.99	0.82	2.72	0.96	2.89	0.88	~	~
Class of 2015	2.49	0.92	3.51	1.02	2.52	0.94	3.04	0.88	2.99	0.88
Class of 2016	2.56	0.90	2.75	0.89	2.93	0.85	2.97	0.84	4.01	0.86
Class of 2017	2.57	0.93	2.73	0.87	2.88	0.93	3.82	0.90	~	~
Class of 2018	2.64	0.95	2.76	0.82	3.81	0.81	~	~	~	~
Class of 2019	2.79	0.85	3.87	0.84	~	~	~	~	~	~
Class of 2020	3.78	0.82	~	~	~	~	~	~	~	~
All Classes	**2.82**	0.88	**3.08**	0.86	**2.96**	0.89	**3.17**	0.87	**3.29**	0.85

*The tilde indicates No Reportable Data for that year.

Figure 26: Mean Social Determinants of Health Scale Score

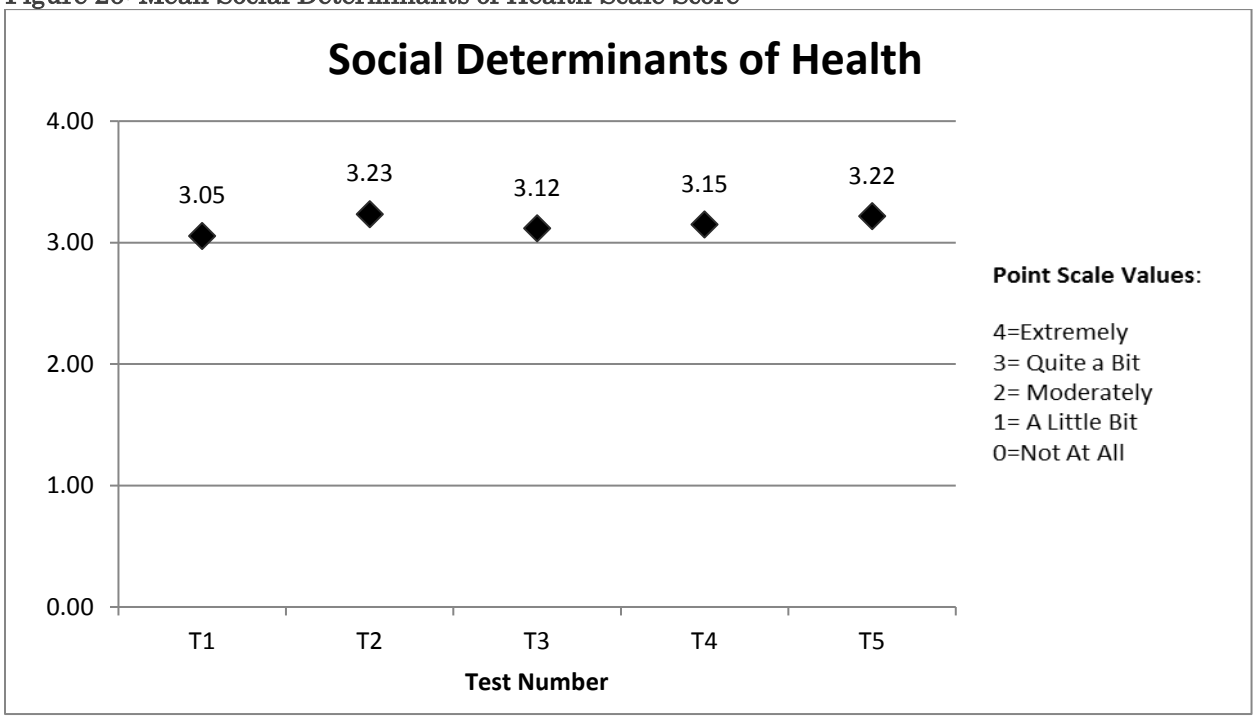


Table 56: Mean Social Determinants of Health Scale Score Over Time

CLASS	Social Determinants of Health									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2013	~	~	3.00	1.02	2.98	0.96	3.22	0.91	2.88	1.05
Class of 2014	2.94	0.90	3.01	0.93	2.86	0.92	2.80	0.96	~	~
Class of 2015	2.80	0.97	3.68	1.04	2.58	0.96	2.88	0.98	2.87	1.02
Class of 2016	2.91	0.91	2.83	0.95	3.10	0.89	3.04	0.94	3.90	0.97
Class of 2017	2.79	0.92	3.00	0.89	3.11	0.84	3.81	0.94	~	~
Class of 2018	2.87	0.92	3.07	0.82	4.08	0.80	~	~	~	~
Class of 2019	2.98	0.90	4.05	0.83	~	~	~	~	~	~
Class of 2020	4.09	0.83	~	~	~	~	~	~	~	~
All Classes	**3.05**	0.91	**3.23**	0.93	**3.12**	0.90	**3.15**	0.95	**3.22**	1.01

*The tilde indicates No Reportable Data for that year.

Figure 27: Mean Role of Physicians in Preventative Medicine Scale Score

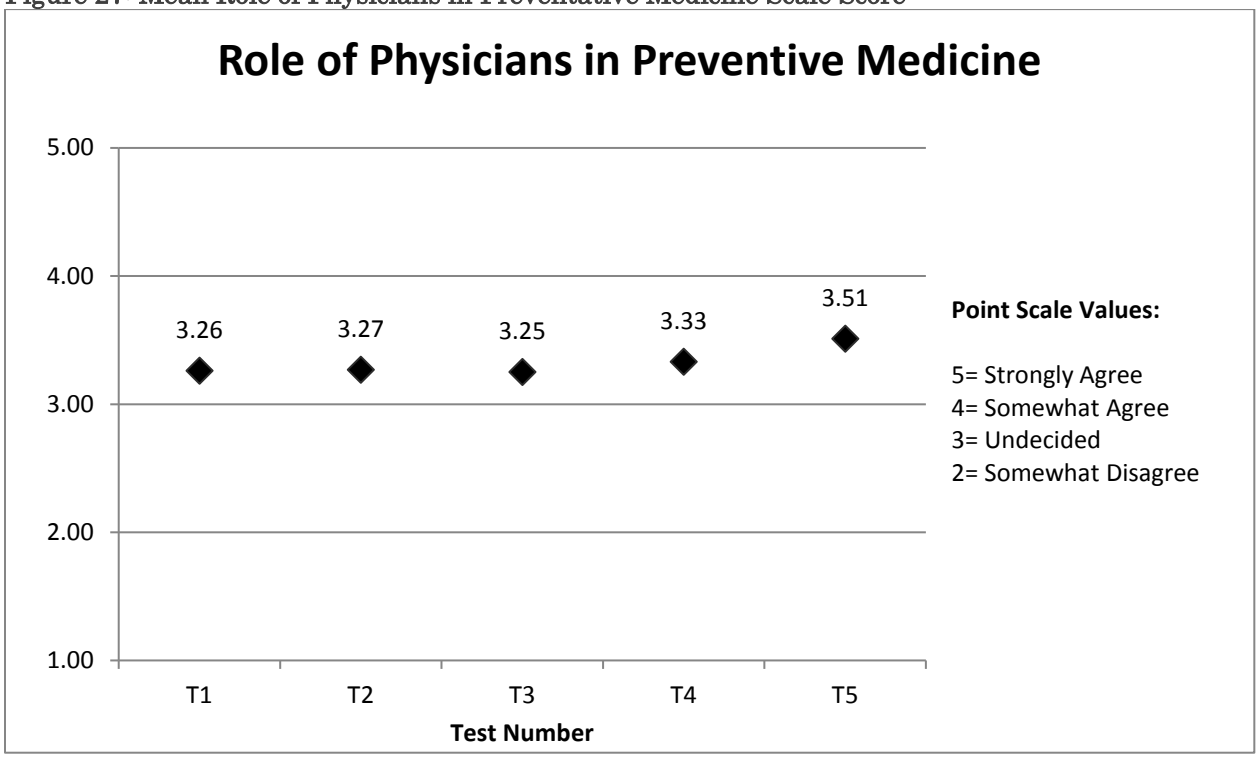


Table 57: Mean Role of Physicians in Preventative Medicine Scale Score Over Time

CLASS	Preventive Medicine Participation									
	T1		T2		T3		T4		T5	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Class of 2013	~	~	3.20	0.84	3.14	0.86	3.49	0.98	3.93	0.63
Class of 2014	3.23	0.94	3.22	0.93	3.20	0.94	3.31	1.02	~	~
Class of 2015	3.26	0.89	3.26	0.92	3.27	0.95	3.32	1.00	3.49	1.02
Class of 2016	3.33	0.87	3.38	0.89	3.43	0.87	3.45	0.96	3.11	1.12
Class of 2017	3.37	0.92	3.38	0.93	3.37	1.00	3.09	1.10	~	~
Class of 2018	3.28	0.89	3.36	0.92	3.10	1.06	~	~	~	~
Class of 2019	3.33	0.93	3.08	1.04	~	~	~	~	~	~
Class of 2020	3.03	1.05	~	~	~	~	~	~	~	~
All Classes	**3.26**	0.93	**3.27**	0.92	**3.25**	0.95	**3.33**	1.01	**3.51**	0.92

*The tilde indicates No Reportable Data for that year.

Self-Directed Learning Readiness Scale

Class of	SDLRS Average Score		
	Beginning of M1 year	Beginning of M2 Year	Beginning of M3 Year
2015	237.3	235.3	~
2016	236.1	241.3	233.9
2017	239.4	239.0	234.5
2018	232.3	~	228.0
2019	237.9	229.9	🕐
2020	234.1	🕐	🕐

~ indicates No Reportable Data for that year.
🕐 Not yet collected
See Addendum for instrument description

LCME Reporting Items

At this time, we are not required to submit in reports to the LCME other than the annual reports and those associated with our regularly scheduled accreditation review.

M1 & M2 Curriculum

Outcomes

Graduate Questionnaire Data

Table 58: Basic Science Percentile Rankings

GQ Report Item #9: Basic Sciences How well did your study of the following sciences basic to medicine prepare you for your clinical clerkships and electives: (Percent answering "Good" or "Excellent")	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Biochemistry	48.5	56.1	62.9	71.4	80.0	82.3
Biostatistics and epidemiology	51.2	60.4	69.0	78.0	86.3	44.8
Genetics	57.3	65.3	72.4	78.7	84.5	69.1
Gross anatomy	75.8	84.6	90.3	94.3	96.3	33.8
Immunology	65.3	74.4	83.3	87.5	92.0	86.6
Introduction to Clinical Medicine/ Introduction to the Patient	84.4	89.1	92.8	95.7	97.4	95.5
Microanatomy/Histology	59.6	65.1	73.6	81.1	86.4	75.8
Microbiology	67.2	75.5	85.8	90.8	93.6	69.1
Neuroscience	67.2	79.2	87.3	92.1	96.6	88.2
Pathology	74.3	82.8	88.9	93.0	96.2	98.5
Pharmacology	59.5	70.6	79.2	88.5	93.8	78
Physiology	82.6	87.4	92.0	94.8	97.2	86.8
Behavioral Science	74.5	80.3	86.8	91.2	93.9	82.3
Pathophysiology of disease	87.0	91.2	95.1	96.9	98.5	95.5

Table 59: Basic Science Preparation (Historical)

How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
Biochemistry						
All Medical Schools	2016	10.5	27.1	40.1	22.3	14,710
TTUHSC El Paso	2016	2.9	14.7	27.9	54.4	68
TTUHSC El Paso	2015	3.2	9.7	43.5	43.5	62
TTUHSC El Paso	2014	6.3	14.6	39.6	39.6	48

How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
TTUHSC El Paso	2013	6.1	18.2	48.5	27.3	33
Biostatistics and epidemiology						
All Medical Schools	2016	7	23.7	43.6	25.8	14,818
TTUHSC El Paso	2016	16.4	38.8	37.3	7.5	67
TTUHSC El Paso	2015	7.9	27	39.7	25.4	63
TTUHSC El Paso	2014	18.8	18.8	37.5	25	48
TTUHSC El Paso	2013	6.1	30.3	33.3	30.3	33
Genetics						
All Medical Schools	2016	4.8	23.7	47.1	24.5	14,833
TTUHSC El Paso	2016	4.4	26.5	48.5	20.6	68
TTUHSC El Paso	2015	3.2	17.5	47.6	31.7	63
TTUHSC El Paso	2014	4.2	22.9	52.1	20.8	48
TTUHSC El Paso	2013	0	18.2	60.6	21.2	33
Gross anatomy						
All Medical Schools	2016	2.7	9.6	33.6	54.1	14,910
TTUHSC El Paso	2016	38.2	27.9	23.5	10.3	68
TTUHSC El Paso	2015	20.6	33.3	27.0	19.0	63
TTUHSC El Paso	2014	25.0	31.3	31.3	12.5	48
TTUHSC El Paso	2013	12.1	30.3	30.3	27.3	33
Immunology						
All Medical Schools	2016	3.6	15.8	45.8	34.8	14,831
TTUHSC El Paso	2016	0	13.4	29.9	56.7	67
TTUHSC El Paso	2015	4.8	1.6	34.9	58.7	63
TTUHSC El Paso	2014	0	4.3	41.3	54.3	46
TTUHSC El Paso	2013	6.1	21.2	51.5	21.2	33
Introduction to Clinical Medicine/Introduction to the Patient						
All Medical Schools	2016	1.8	6.9	29.9	61.4	14,712
TTUHSC El Paso	2016	0	4.5	23.9	71.6	67
TTUHSC El Paso	2015	0	3.3	19.7	77	61
TTUHSC El Paso	2014	0	0	22.2	77.8	45
TTUHSC El Paso	2013	0	3.3	16.7	80	30
Microanatomy/Histology						
All Medical Schools	2016	6	20.7	43	30.2	14,800
TTUHSC El Paso	2016	4.5	19.7	36.4	39.4	66
TTUHSC El Paso	2015	3.2	25.4	47.6	23.8	63
TTUHSC El Paso	2014	4.2	10.4	56.3	29.2	48
TTUHSC El Paso	2013	0	25	56.3	18.8	32
Microbiology						

How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
All Medical Schools	2016	4	13.1	41	41.9	14,866
TTUHSC El Paso	2016	8.8	22.1	33.8	35.3	68
TTUHSC El Paso	2015	15.9	28.6	39.7	15.9	63
TTUHSC El Paso	2014	6.3	22.9	41.7	29.2	48
TTUHSC El Paso	2013	25	9.4	43.8	21.9	32
Neuroscience						
All Medical Schools	2016	3.4	11.7	38.3	46.5	14,883
TTUHSC El Paso	2016	1.5	10.3	35.3	52.9	68
TTUHSC El Paso	2015	6.3	19	44.4	30.2	63
TTUHSC El Paso	2014	6.4	12.8	51.1	29.8	47
TTUHSC El Paso	2013	6.5	22.6	32.3	38.7	31
Pathology						
All Medical Schools	2016	2.5	10.7	39.3	47.5	14,833
TTUHSC El Paso	2016	0	1.5	13.4	85.1	67
TTUHSC El Paso	2015	0	4.8	16.1	79	62
TTUHSC El Paso	2014	2.1	0	29.2	68.8	48
TTUHSC El Paso	2013	3.1	6.3	31.3	59.4	32
Pharmacology						
All Medical Schools	2016	6.3	16.1	39.6	38.1	14,905
TTUHSC El Paso	2016	4.4	17.6	47.1	30.9	68
TTUHSC El Paso	2015	15.9	23.8	41.3	19	63
TTUHSC El Paso	2014	27.1	22.9	33.3	16.7	48
TTUHSC El Paso	2013	12.9	22.6	38.7	25.8	31
Physiology						
All Medical Schools	2016	1.6	7.5	37.1	53.8	14,842
TTUHSC El Paso	2016	1.5	11.8	39.7	47.1	68
TTUHSC El Paso	2015	3.2	16.1	37.1	43.5	62
TTUHSC El Paso	2014	0	12.5	54.2	33.3	48
TTUHSC El Paso	2013	3	0	45.5	51.5	33
Behavioral science						
All Medical Schools	2016	2.4	12.1	44	41.5	14,737
TTUHSC El Paso	2016	0	17.6	29.4	52.9	68
TTUHSC El Paso	2015	1.6	9.5	38.1	50.8	63
TTUHSC El Paso	2014	4.2	8.3	50	37.5	48
TTUHSC El Paso	2013	0	3	42.4	54.5	33
Pathophysiology of disease						
All Medical Schools	2016	1.1	5	34.2	59.7	14,719

How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
TTUHSC El Paso	2016	0	4.4	27.9	67.6	68
TTUHSC El Paso	2015	0	0	25.4	74.6	63
TTUHSC El Paso	2014	0	2.1	35.4	62.5	48
TTUHSC El Paso	2013	3.1	3.1	34.4	59.4	32

In House Exams Performance by Discipline

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 (N) affects the sensitivity of the mean to single item changes.

Table 60: Discipline Performance on Summative Exams by Class

M1 & M2 Summative Averages*	Class of 2014		Class of 2015		Class of 2016		Class of 2017		Class of 2018		Class of 2019 to date	
Discipline	Avg	N	Avg	N	Avg	N	Avg	N	Avg	N	Avg	N
Anatomy	74.11	96	72.72	85	74.92	108	69.34	82	77.10	102	68.91	89
Behavior	82.78	48	75.94	19	78.25	53	84.96	3	74.77	31		0
Biochemistry	75.85	85	75.16	84	73.16	92	61.61	67	69.37	102	72.74	59
Cell and Molecular Biology	81.14	14	75.65	24	78.77	21	63.38	14	65.11	20	67.38	11
Embryology	70.63	30	70.11	39	66.83	40	67.24	20	78.20	19	73.15	14
Histology	76.99	33	75.88	45	72.26	51	78.32	29	77.06	39	80.16	31
Immunology	81.72	62	81.33	78	80.04	98	76.1	73	75.66	95	76.73	90
Medical Genetics	78.43	31	78.7	52	79.32	67	76.43	31	76.63	49	76.63	35
Microbiology	77.23	76	75.34	97	79.3	116	70.39	88	81.57	108	76.37	87
Neuro-anatomy	74.67	90	76.78	77	68.2	59	65.7	7	78.24	23	79.17	5
Neuroscience / Special senses	66.31	9	69.22	29	66.88	45	61.67	26	71.67	81	64.45	22
Pathology	84.67	126	84.84	167	84.1	182	78.59	97	89.42	1	81.04	127
Pharmacology	75.79	105	71.24	114	75.82	112	73.74	58	80.45	198	76.51	68
Physiology	80.74	172	80.91	195	80.4	196	77.32	95	78.21	149	80.66	159
Scheme	82.36	144	79.33	122	82.12	159	79.25	66	81.16	160	80.64	76

* Average - Please note that averages are weighted averages.

Customized End of Year Exam (CEYE)

The Customized End of Year Exam (CEYE) is a customized exam compiled from NBME items by our faculty and given to the students at the end of the first year. The test is divided into 2 sections. For this report, we first report historical data for the combined sections and then present the year's section data.

For further information on the CEYE exam please refer to the Methodology section.

Historical Performance on First Attempt

Table 61: Historical First Attempt Performance on the CEYE

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

AY2015-2016 Content Area Performance on First Attempt

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

Table 62: Content area for Section 1 of the CEYE, AY 2015-2016

Content area for Section 1 of the CEYE, AY 2015-2016	N items	Reliability	SEM	Low	High
Test total	150	0.75	4	48	92
General pathology	33	0.6	5	47	88
General principles	139	0.75	4	47	93
Society, community, and the individual	32	0.54	5	45	85
Biostatistics	14	0.38	6	49	84
Biochemistry	24	0.47	6	53	90
Cell biology	15	0.45	6	44	87
Epidemiology	10	0.47	6	50	79
Ethics	10	0.1	8	52	87
Genetics	17	0.14	7	45	
Immunology	20	0.4	6	49	84

Content area for Section 1 of the CEYE, AY 2015-2016	N items	Reliability	SEM	Low	High
Interview, patient education, communication	14	0.25	7	43	81
Microbiology	22	0.43	6	51	84
Pharmacology	17	0.27	7	53	94
Physiology	17	0.33	7	47	86
Gastrointestinal	13	0.19	7	51	87
Hematopoietic/lymphoreticular	20	0.54	6	56	87
Respiratory	16	0.32	7	52	84

Table 63: Content area for Section 2 of the CEYE, AY 2015-2016

Content area Section 2 of the CEYE, AY 2015-2016	N items	Reliability	SEM	Low	High
Test total	150	0.75	4	50	92
Clinical diagnosis	66	0.57	5	48	87
Gross anatomy	26	0.41	6	51	90
Musculoskeletal	27	0.47	6	47	87
Physiology	26	0.43	6	51	86
System pathology	74	0.63	5	49	86
Biochemistry	10	0.28	7	48	83
Embryology	10	0.28	7	52	84
Histology	18	0.38	6	49	85
Immunology	13	0.13	7	47	82
Microbiology	17	0.25	7	54	86
Neuroscience	13	0	8	53	85
Physical examination	20	0.25	7	53	87
Pharmacology	16	0.36	6	47	87
Peripheral nervous system	16	0.19	7	50	89
Cardiovascular	23	0.32	7	52	88
Skin	14	0.29	6	49	85
Gastrointestinal	23	0.48	6	54	87
Hematopoietic/lymphoreticular	19	0.42	7	46	86
Nervous	20	0.2	6	52	87
Renal	20	0.5	7	46	83
Respiratory	22	0.25	7	51	91

Comprehensive Basic Science Exam (CBSE)

PLFSOM requires its students to sit for the CBSE three times during the M2 year: December, February and again at the end of April/beginning of May. We have included here both a summary of scores by class across the three offerings plus school summary profiles and the latest content item analysis. The table across offerings shows the general improvement and the mean predicted score for Step 1 based on the class means. The summary profiles display predicted performance bands across several topic areas. The content area item analysis is a much more detailed performance report and shows PLFSOM student performance relative to the national student takers.

Table 64: Comprehensive Basic Science Exam Mean Scaled Score by Class

Class of	AY	Mean scaled score (approximate Step 1 equivalent) Standard deviation		
		Test 1: December	Test 2	Test 3
2015	2012-2013	56.1(165) 7.1	64.2 (185) 8.6	67.4 (193) 11.8
2016	2013-2014	58.8 (170) 7.9	61.8 (195) 9.1	72.1(205) 9
2017	2014-2015	54.3 (161) 7.8	59.1 (173) 10.5	65.2 (188) 11
2018	AY 2015-2016	55.4 (164) 6.9	59.6 (175) 8.4	64.6 (185) 6.9

Summary Profiles

The NBME provides this explanation at the top of each graph:

> This graph provides summary information regarding the score distribution of examinees from your medical school for this administration of the Comprehensive Basic Science Examination (CBSE). The shaded area defines a borderline level of performance for each content area. Borderline performance is comparable to a HIGH FAIL/LOW PASS on the total test of USMLE® Step 1. Feedback is shown as a performance band for each content area. The midpoint of each band represents the mean score for your school in that content area. The width of a performance band reflects the dispersion of the scores around the mean (+/- 1 standard deviation). Wide bands indicate a wide range of scores (heterogeneous group) while narrow bands indicate a narrow range of scores (homogeneous group). Assuming a normal distribution of scores, approximately two-thirds of the scores for the examinees in this report should fall within the performance band. A [right arrow] or [left arrow] symbol indicates that the performance band extends beyond the displayed portion of the scale. Because the CBSE is designed to be integrative, many items contribute to more than one content area. Use caution when interpreting differences in performance."

Figure 28: 2016 April CBSE School Summary Performance Profile

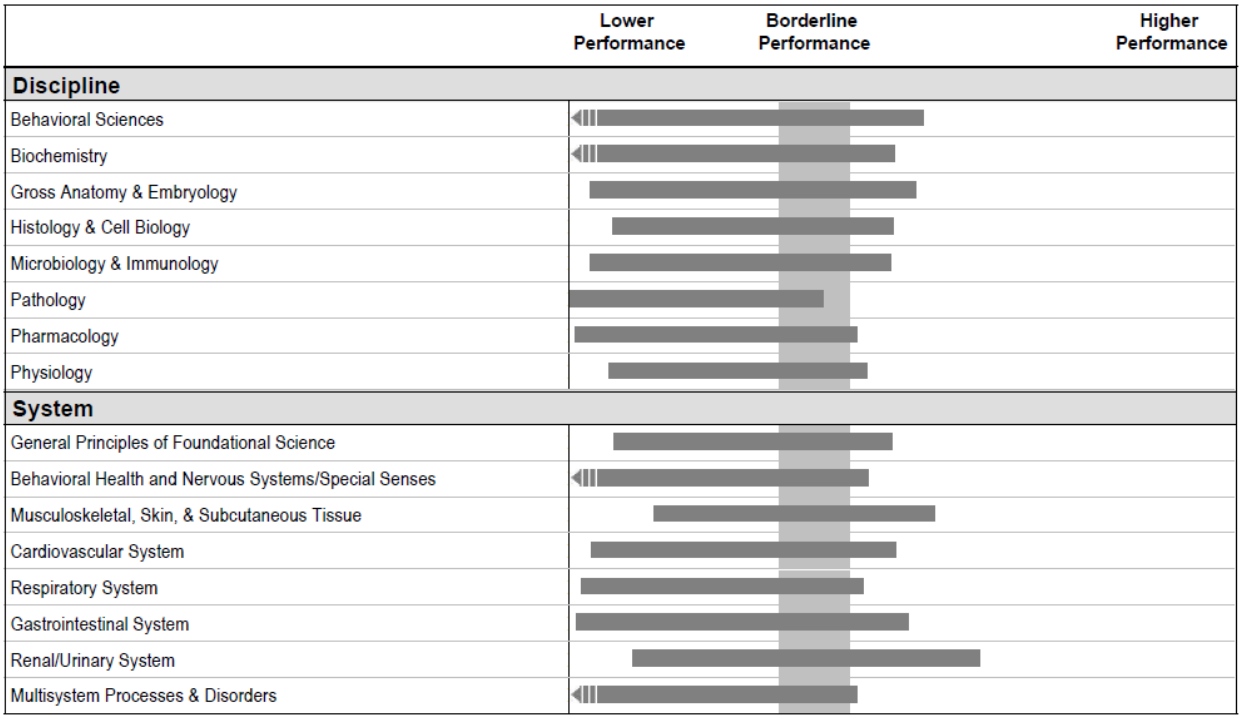


Figure 29: 2015 April CBSE School Summary Performance Profile

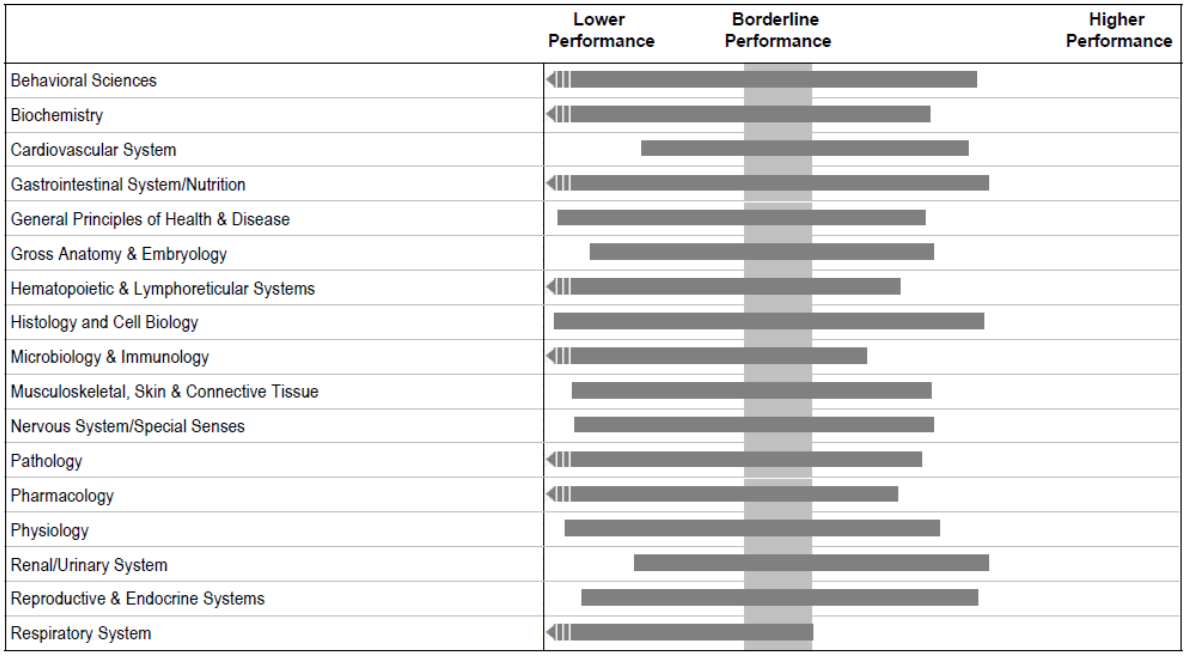
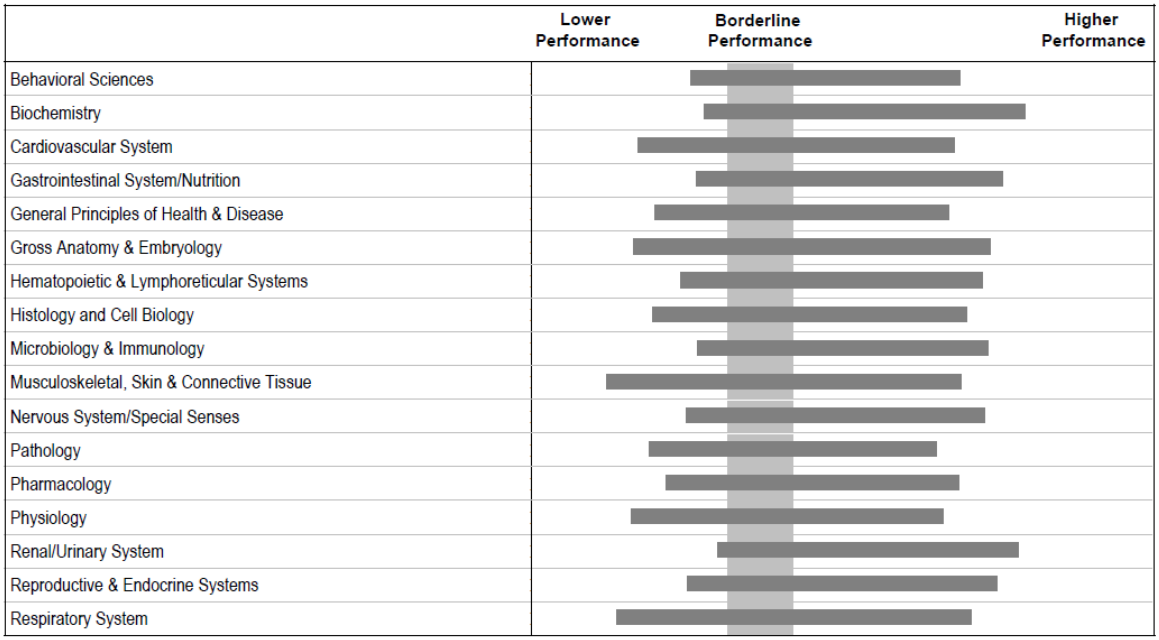


Figure 30: 2014 April CBSE School Summary Performance Profile



Content Area Item Analysis

Table 65: Comprehensive Basic Science Exam C2016 April Content Item Analysis (N=98)

Content Area Classification	Total Item Difficulty (p-value)		
	Schl	Natl	(Schl-Natl)
1 Multisystem processes and disorders: genetic: structural protein disorders	.07	.42	**-.35**
2 Nervous system and special senses: peripheral nerve/plexus injury and disorders	.08	.50	**-.42**
3 Cardiovascular system: endothelium/microcirculation/lymph flow	.13	.36	**-.23**
4 Respiratory system: adverse effects of drugs	.15	.61	**-.46**
5 Biostat, Epi, Population Health, Lit Interp: sensitivity, specificity, predictive values	.17	.40	**-.23**
6 General Principles: energy metabolism	.17	.76	**-.59**
7 Respiratory system: pneumoconiosis, fibrosing/restrictive/interstitial disorders	.17	.46	**-.29**
8 Gastrointestinal system: congenital disorders	.17	.47	**-.30**
9 Pregnancy, childbirth, and the puerperium: obstetric complications	.18	.46	**-.28**
10 Multisystem processes and disorders: mineral deficiencies and/or toxicities	.20	.65	**-.45**
11 Gastrointestinal system: disorders of the biliary system	.22	.36	**-.14**
12 Musculoskeletal system: neoplasms	.23	.56	**-.33**
13 Musculoskeletal system: degenerative/metabolic disorders: muscle/ligaments/fascia	.24	.43	**-.19**
14 Blood and lymphoreticular system: immunologic disorders	.26	.45	**-.19**
15 Cardiovascular system: diseases of the myocardium	.26	.56	**-.30**
16 Musculoskeletal system: congenital disorders	.27	.43	**-.16**

Content Area Classification	Total Item Difficulty (p-value)		
	Schl	Natl	(Schl-Natl)
17 Biostat, Epi, Population Health, Lit Interp: study design: analytical studies: interventional	.28	.34	**-.06**
18 Endocrine system: congenital disorders	.30	.57	**-.27**
19 Nervous system and special senses: disorders of spine, spinal cord, spinal nerve roots	.31	.44	**-.13**
20 Female reproductive and breast: embryology/fetal maturation/perinatal changes	.32	.47	**-.15**
21 Nervous system and special senses: peripheral nerves	.33	.50	**-.17**
22 Respiratory system: benign neoplasms	.33	.68	**-.35**
23 Nervous system and special senses: neoplasms	.33	.60	**-.27**
24 Respiratory system: obstructive airway disease	.33	.53	**-.20**
25 Nervous system and special senses: disorders of the pupil, iris, extraocular muscles	.34	.53	**-.19**
26 Nervous system and special senses: paroxysmal disorders	.36	.79	**-.43**
27 Renal and urinary system: metabolic and regulatory disorders	.36	.40	**-.04**
28 Multisystem processes and disorders: agricultural hazards	.38	.83	**-.45**
29 Gastrointestinal system: adverse effects of drugs	.39	.57	**-.18**
30 General Principles: microbial identification and classification	.39	.68	**-.29**
31 Multisystem processes and disorders: viral infections	.39	.55	**-.16**
32 Nervous system and special senses: traumatic and mechanical disorders	.40	.70	**-.30**
33 Respiratory system: lung parenchyma, vent/perfus gas exchange	.40	.62	**-.22**
34 Immune System: transplantation	.40	.46	**-.06**
35 Cardiovascular system: congenital disorders	.40	.52	**-.12**
36 Behavioral health: somatoform disorders	.42	.88	**-.46**
37 Pregnancy, childbirth, and the puerperium: disorders of the newborn	.42	.51	**-.09**
38 Multisystem processes and disorders: immunologic and inflammatory disorders	.42	.72	**-.30**
39 Behavioral health: substance abuse disorders	.42	.53	**-.11**
40 Gastrointestinal system: disorders of the esophagus	.42	.55	**-.13**
41 Blood and lymphoreticular system: hypocoagulable disorders	.43	.75	**-.32**
42 Cardiovascular system: hemodynamics	.43	.64	**-.21**
43 Multisystem processes and disorders: shock	.44	.63	**-.19**
44 General Principles: apoptosis	.44	.47	**-.03**
45 Immune System: deficiency primarily of cell-mediated immunity	.45	.82	**-.37**
46 Biostat, Epi, Population Health, Lit Interp: measures of health status	.45	.61	**-.16**
47 Cardiovascular system: adverse effects of drugs	.45	.66	**-.21**
48 Immune System: granulocytes, macrophages, NK/mast/dendritic cells	.46	.71	**-.25**
49 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	.47	.79	**-.32**
50 Behavioral health: personality disorders	.47	.78	**-.31**
51 Musculoskeletal system: inflammatory disorders	.47	.37	**.10**
52 Cardiovascular system: dyslipidemia	.47	.67	**-.20**
53 Renal and urinary system: congenital disorders	.47	.65	**-.18**
54 Gastrointestinal system: benign neoplasms	.48	.55	**-.07**
55 General Principles: mechanisms of drug interactions	.48	.94	**-.46**
56 Renal and urinary system: repair/regeneration/age-related changes	.49	.57	**-.08**
57 Nervous system and special senses: neuromuscular disorders	.49	.49	**.00**
58 General Principles: tissue response to disease: clinical manifestations	.50	.61	**-.11**

Content Area Classification	Total Item Difficulty (p-value)		
	Schl	Natl	(Schl-Natl)
59 General Principles: mechanisms of drug action, structure-activity relationships	.50	.60	**-.10**
60 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	.50	.88	**-.38**
61 Musculoskeletal system: neoplasms	.51	.80	**-.29**
62 Multisystem processes and disorders: acid-base disorders	.52	.68	**-.16**
63 Social Sciences: information provision	.52	.71	**-.19**
64 General Principles: cell biology of cancer	.53	.80	**-.27**
65 Respiratory system: infectious/immune/inflammatory disorders: lower airways	.53	.78	**-.25**
66 Gastrointestinal system: traumatic and mechanical disorders	.53	.83	**-.30**
67 Renal and urinary system: vascular disorders	.54	.59	**-.05**
68 Musculoskeletal system: degenerative/metabolic disorders: bone/cartilage	.55	.70	**-.15**
69 General Principles: structure and function of proteins and enzymes	.55	.71	**-.16**
70 Musculoskeletal system: biology of bones/joints/tendons/skeletal muscle/cartilage	.56	.69	**-.13**
71 Gastrointestinal system: endocrine and neural regulatory functions	.56	.87	**-.31**
72 Renal and urinary system: infectious disorders of the upper tract	.57	.94	**-.37**
73 Renal and urinary system: metabolic and regulatory disorders	.57	.62	**-.05**
74 Blood and lymphoreticular system: production/function of coagulation/fibrinolytic factors	.58	.82	**-.24**
75 General Principles: pharmacokinetics	.58	.63	**-.05**
76 General Principles: acute inflammation and mediator systems	.58	.62	**-.04**
77 Cardiovascular system: diseases of the veins	.59	.76	**-.17**
78 Blood and lymphoreticular system: neoplasms of blood and lymphatic system	.59	.68	**-.09**
79 General Principles: structure/replication/exchange/epigenetics	.61	.73	**-.12**
80 Social Sciences: supporting emotions	.61	.77	**-.16**
81 Endocrine system: pituitary disorders	.61	.76	**-.15**
82 Endocrine system: adrenal disorders	.61	.79	**-.18**
83 Cardiovascular system: ischemic heart disease	.61	.93	**-.32**
84 Musculoskeletal system: degenerative/metabolic disorders: joints	.62	.85	**-.23**
85 Cardiovascular system: dyslipidemia	.62	.94	**-.32**
86 Renal and urinary system: malignant neoplasms	.62	.78	**-.16**
87 Gastrointestinal system: disorders of the small intestine, colon	.62	.87	**-.25**
88 Cardiovascular system: infectious disorders	.63	.88	**-.25**
89 Gastrointestinal system: disorders of the pancreas	.63	.93	**-.30**
90 Multisystem processes and disorders: paraneoplastic syndromes	.63	.73	**-.10**
91 General Principles: childhood: developmental stages	.64	.97	**-.33**
92 Cardiovascular system: heart failure	.64	.74	**-.10**
93 Behavioral health: personality disorders	.64	.92	**-.28**
94 General Principles: occurrence and recurrence risk determination	.64	.78	**-.14**
95 Skin and subcutaneous tissue: malignant neoplasms	.64	.80	**-.16**
96 Male reproductive: adverse effects of drugs	.64	.66	**-.02**
97 Social Sciences: supporting emotions	.65	.70	**-.05**
98 Respiratory system: malignant neoplasms of the lower airways and pleura	.65	.81	**-.16**
99 General Principles: antibacterial agents	.65	.81	**-.16**
100 Renal and urinary system: traumatic and mechanical disorders	.67	.86	**-.19**
101 Multisystem processes and disorders: shock	.67	.94	**-.27**

Content Area Classification	Total Item Difficulty (p-value)		
	Schl	Natl	(Schl-Natl)
102 Blood and lymphoreticular system: traumatic, mechanical, and vascular disorders	.68	.86	**-.18**
103 Cardiovascular system: valvular heart disease	.69	.87	**-.18**
104 Respiratory system: pneumoconiosis, fibrosing/restrictive/interstitial disorders	.70	.89	**-.19**
105 Male reproductive: neoplasms	.72	.83	**-.11**
106 Biostat, Epi, Population Health, Lit Interp: Regulatory issues	.72	.58	**.14**
107 Gastrointestinal system: disorders of the esophagus	.72	.79	**-.07**
108 Blood and lymphoreticular system: anemias: decreased production	.72	.78	**-.06**
109 General Principles: microbial identification and classification	.72	.86	**-.14**
110 Respiratory system: obstructive airway disease	.73	.95	**-.22**
111 Cardiovascular system: peripheral arterial vascular disease	.73	.83	**-.10**
112 Nervous system and special senses: movement disorders	.73	.73	**.00**
113 Musculoskeletal system: adverse effects of drugs	.73	.94	**-.21**
114 Immune System: transplantation	.73	.89	**-.16**
115 Immune System: hypersensitivity reactions	.73	.94	**-.21**
116 Social Sciences: enabling patient behaviors	.74	.76	**-.02**
117 Multisystem processes and disorders: intracellular accumulations	.74	.89	**-.15**
118 Blood and lymphoreticular system: anemias: disorders of hemoglobin, heme, or membrane	.76	.90	**-.14**
119 Skin and subcutaneous tissue: disorders of sweat and sebaceous glands	.76	.86	**-.10**
120 Biostat, Epi, Population Health, Lit Interp: interp basic tests of statistical significance	.76	.72	**.04**
121 Multisystem processes and disorders: fluid volume and electrolyte disorders	.77	.79	**-.02**
122 Behavioral health: psychodynamic and behavioral factors	.78	.84	**-.06**
123 Cardiovascular system: dysrhythmias	.78	.79	**-.01**
124 Social Sciences: fostering the relationship	.78	.72	**.06**
125 Endocrine system: congenital disorders	.78	.81	**-.03**
126 Nervous system and special senses: congenital disorders	.78	.83	**-.05**
127 Skin and subcutaneous tissue: defense mechanisms and normal flora	.78	.94	**-.16**
128 General Principles: gene expression: translation	.79	.94	**-.15**
129 Nervous system and special senses: infectious disorders	.79	.92	**-.13**
130 Immune System: activation, function, molecular biology of complement	.79	.90	**-.11**
131 General Principles: mechanisms of injury and necrosis	.80	.92	**-.12**
132 Renal and urinary system: adverse effects of drugs	.80	.91	**-.11**
133 Female reproductive and breast: malignant and precancerous neoplasms	.80	.92	**-.12**
134 Multisystem processes and disorders: decreased atmospheric pressure, high-altitude sickness	.80	.94	**-.14**
135 Respiratory system: failure/arrest, pulmonary vascular disorders	.81	.91	**-.10**
136 Renal and urinary system: vascular disorders	.81	.91	**-.10**
137 Multisystem processes and disorders: bacterial infections	.81	.91	**-.10**
138 Gastrointestinal system: disorders of the liver	.81	.94	**-.13**
139 Behavioral health: anxiety disorders	.81	.93	**-.12**
140 Female reproductive and breast: embryology/fetal maturation/perinatal changes	.82	.93	**-.11**
141 Skin and subcutaneous tissue: urticaria/erythema/exanthema/purpura	.82	.88	**-.06**
142 Cardiovascular system: hypertension	.82	.83	**-.01**

Content Area Classification	Total Item Difficulty (p-value)		
	Schl	Natl	(Schl-Natl)
143 Cardiovascular system: disorders of the great vessels	.82	.88	**-.06**
144 Gastrointestinal system: viral infections	.83	.86	**-.03**
145 Respiratory system: traumatic/mechanical disorders of lower airways	.83	.92	**-.09**
146 Endocrine system: parathyroid disorders	.83	.85	**-.02**
147 Endocrine system: thyroid disorders	.83	.95	**-.12**
148 Skin and subcutaneous tissue: benign neoplasms	.84	.79	**.05**
149 Pregnancy, childbirth, and the puerperium: disorders of the newborn	.84	.72	**.12**
150 General Principles: inheritance patterns	.86	.94	**-.08**
151 Musculoskeletal system: degenerative/metabolic disorders: joints	.86	.92	**-.06**
152 Skin and subcutaneous tissue: traumatic and mechanical disorders	.86	.75	**.11**
153 Female reproductive and breast: infectious/immune/inflammatory disorders	.87	.95	**-.08**
154 Gastrointestinal system: disorders of the rectum and anus	.87	.96	**-.09**
155 Respiratory system: failure/arrest, pulmonary vascular disorders	.87	.88	**-.01**
156 Blood and lymphoreticular system: adverse effects of drugs	.87	.94	**-.07**
157 Biostat, Epi, Population Health, Lit Interp: sample size, Type II error, beta, power	.88	.93	**-.05**
158 General Principles: antifungal agents	.88	.92	**-.04**
159 General Principles: viral processes, replication, and genetics	.88	.93	**-.05**
160 General Principles: regenerative processes	.88	.88	**.00**
161 General Principles: childhood: developmental stages	.89	.95	**-.06**
162 Female reproductive and breast: fertility and infertility	.89	.95	**-.06**
163 General Principles: viral processes, replication, and genetics	.89	.95	**-.06**
164 Gastrointestinal system: salivary/GI/pancreatic/hepatic secretory products	.89	.95	**-.06**
165 Multisystem processes and disorders: genetic: triplet repeat/RNA disorders	.90	.94	**-.04**
166 Endocrine system: thyroid hormones	.90	.95	**-.05**
167 Multisystem processes and disorders: acid-base disorders	.90	.93	**-.03**
168 Biostat, Epi, Population Health, Lit Interp: measures of association, other	.90	.83	**.07**
169 Social Sciences: enabling patient behaviors	.91	.92	**-.01**
170 General Principles: tissue response to disease: clinical manifestations	.91	.83	**.08**
171 Skin and subcutaneous tissue: bacterial infections	.91	.93	**-.02**
172 Biostat, Epi, Population Health, Lit Interp: study design: analytical studies: observational	.92	.83	**.09**
173 Blood and lymphoreticular system: traumatic, mechanical, and vascular disorders	.92	.94	**-.02**
174 Pregnancy, childbirth, and the puerperium: obstetric complications	.92	.94	**-.02**
175 Biostat, Epi, Population Health, Lit Interp: Research ethics: informed consent	.93	.94	-.01
176 Behavioral health: disorders originating in infancy/childhood	.93	.87	.06
177 Social Sciences: information gathering	.94	.94	.00
178 Endocrine system: thyroid disorders	.95	.94	.01
179 Endocrine system: diabetes mellitus	.96	.89	.07
180 General Principles: childhood: developmental stages	.96	.93	.03
181 Blood and lymphoreticular system: cytopenias	.97	.95	.02
182 General Principles: population genetics	.99	.84	.15

STEP 1

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

Table 66: Step 1 Performance Over Time

Calendar Year	No. Examined	Percent Passing/National	PLFSOM Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
2011	36	97/94	224	19	224	22
2012	55	98/95	230	17	227	22
2013	76	100/96	228	18	228	21
2014	73	97/96	235	16	229	20
2015	102	93/95	220	20	229	20
INTERIM 2016	89	94/96	223	17	229	20

Trend Lines over Time

Figure 31: Step 1 Percent Passing First Try

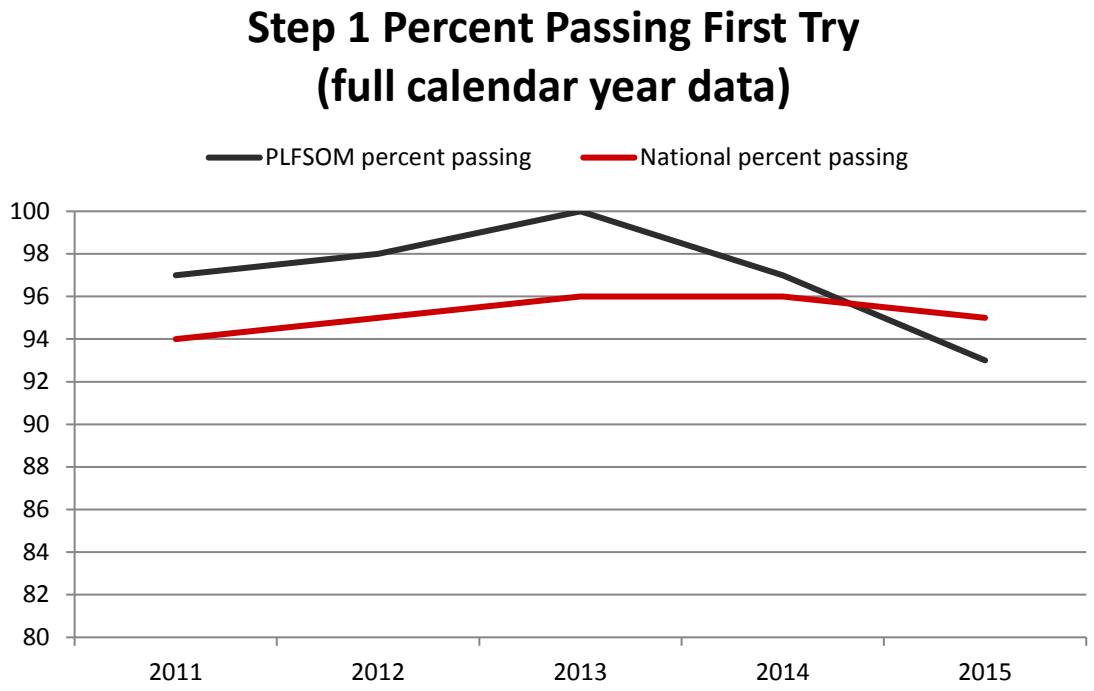
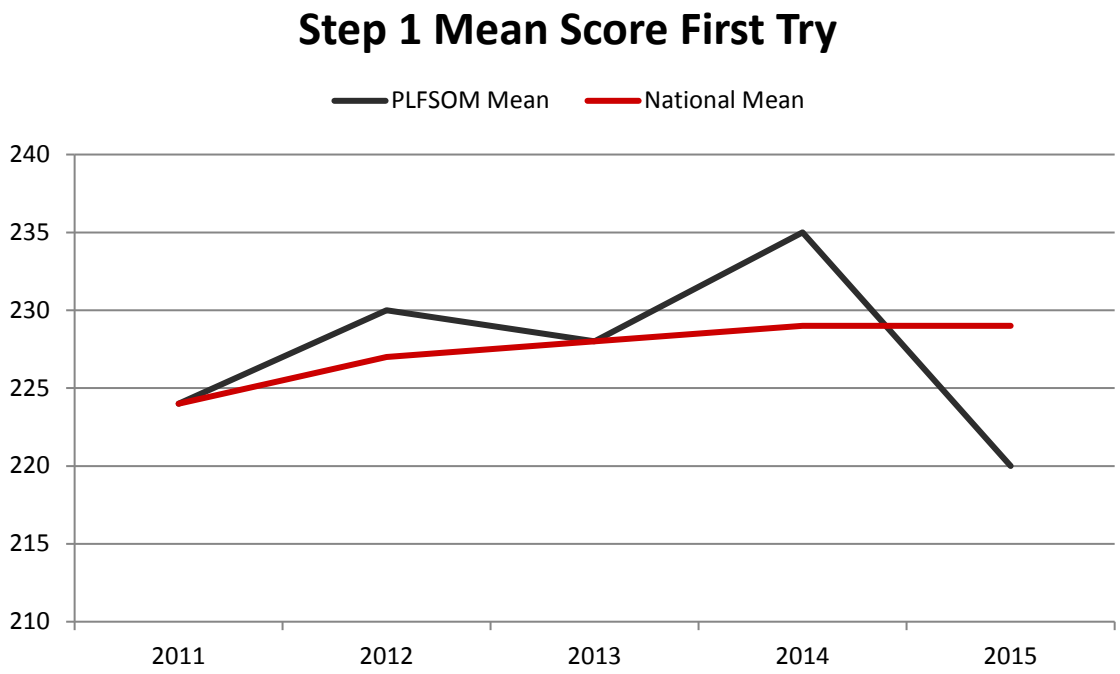


Figure 32: Step 1 Mean Score First Try



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.

Figure 33: 2015 NBME Step 1 Score Plot

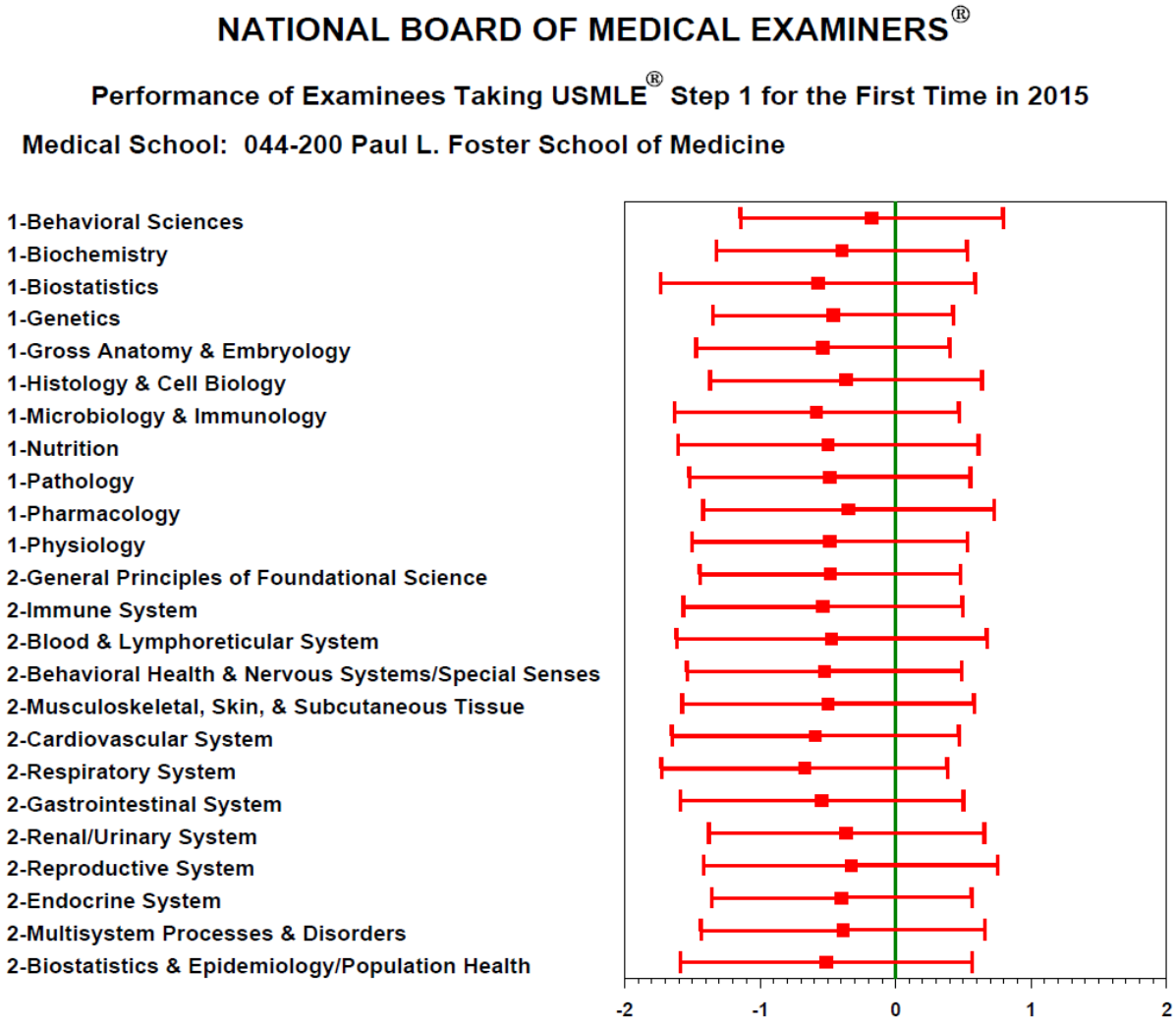


Figure 34: 2014 NBME Step1 Score Plot

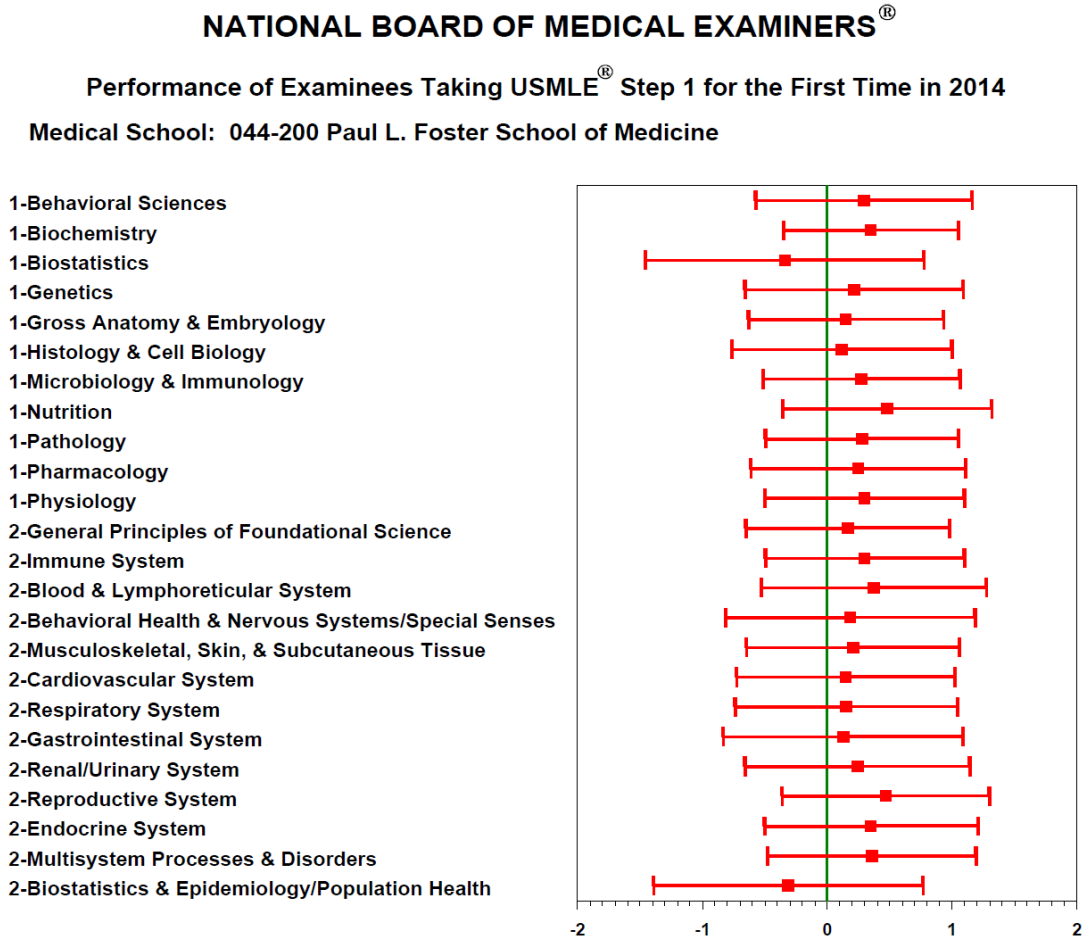


Figure 35: 2013 NBME Step1 Score Plot

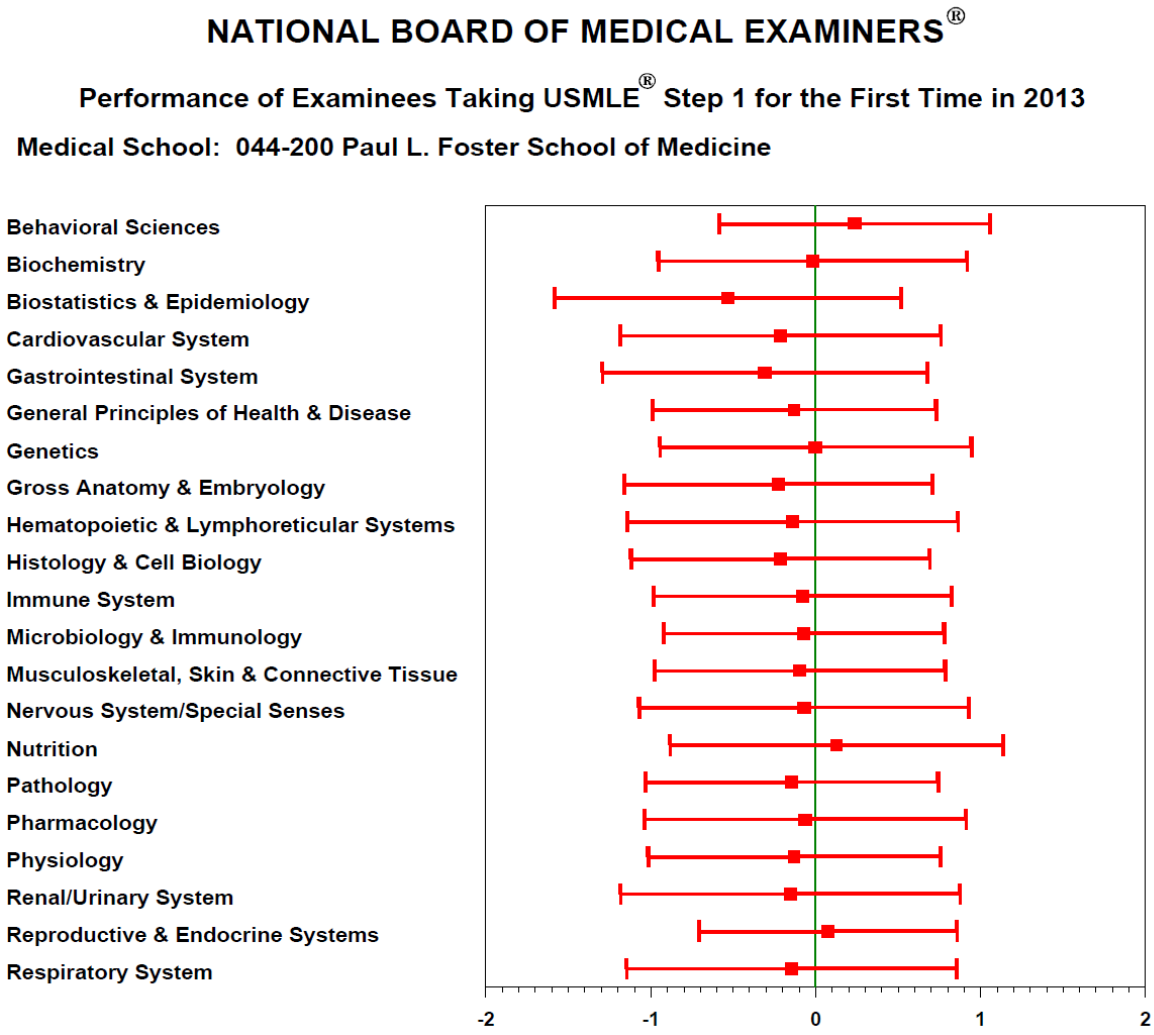
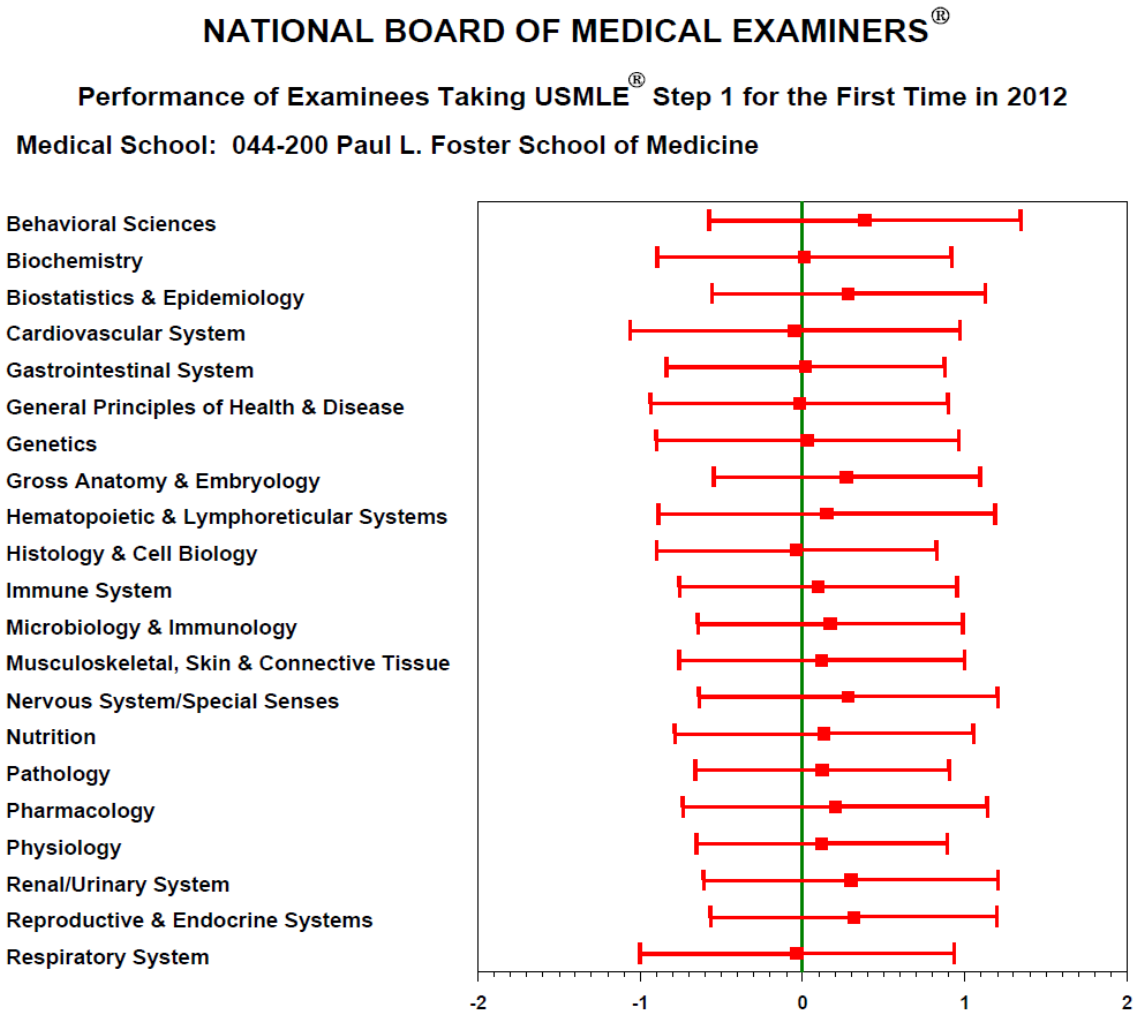


Figure 36: 2012 NBME Step1 Score Plot



Evaluation results

For the evaluation data, quantitative data is reported for the prior five years. We believe that this provides enough data to begin the following trends. It should be noted, however, that we have added and removed questions throughout the five year cycle. As a result, some items will have once 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 Trent 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 five 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.

For M1 & M2 evaluation response rates please refer to the Methodology section.

Scientific Principles of Medicine

Introduction to Health and Disease

Table 67: Evaluation Results for IHD Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.0	4.3	4.1	4.2	**4.9**
The learning objectives were clearly identified.	4.0	4.3	4.3	4.3	**4.4**
The course met the identified learning objectives.	3.9	4.3	4.3	4.3	**4.4**
The order of the clinical presentation skills made sense to me.	3.9	4.3	4.3	4.3	**4.2**
The basic science material was well integrated.	4.0	4.3	4.1	4.3	**4.3**
The amount of material presented was reasonable.	3.8	4.2	4.2	3.9	**4.1**
I knew what I was supposed be learning and why.	3.5	4.2	4.2	4.2	**4.3**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	4.2	-	4.1	**4.2**
The lectures/sessions helped me learn the material.	3.9	4.0	4.0	4.3	**4.3**
The Self-taught sessions helped me learn the material.	-	3.9	3.8	3.7	**3.5**
The clinical presentation 'schemes' contributed to my learning.	4.0	4.4	4.3	4.4	**4.4**
The process worksheets contributed to my learning.	3.7	4.3	4.2	4.2	**4.4**
The Work Case Examples helped me learn the material.	4.1	4.5	4.3	4.3	**4.4**
Anatomy Labs helped me learn the material.	3.5	4.2	-	3.9	**3.8**
The Thursday formatives helped me prepare for the Friday WCE sessions.	-	3.9	-	4.0	**4.1**

Class of	MEAN				
	2015	2016	2017	2018	2019
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.5	-	4.6	**4.6**
N	84	81	101	106	**107**
Class size at date	87	82	103	107	**107**
Response Rate	97%	99%	98%	99%	**100%**

Gastrointestinal System

Table 68: Evaluation Results for SPM GIS Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.0	4.3	4.1	4.2	**4.3**
The learning objectives were clearly identified.	4.0	4.3	4.3	4.3	**4.3**
The course met the identified learning objectives.	3.9	4.3	4.3	4.3	**4.2**
The order of the clinical presentation skills made sense to me.	3.9	4.3	4.3	4.3	**4.5**
The basic science material was well integrated.	4.0	4.3	4.1	4.3	**4.3**
The amount of material presented was reasonable.	3.8	4.2	4.2	3.9	**3.9**
I knew what I was supposed be learning and why.	3.5	4.2	4.2	4.2	**4.3**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	4.2	-	4.1	**4.1**
The lectures/sessions helped me learn the material.	3.9	4.0	4.0	4.3	**4.2**
The Self-taught sessions helped me learn the material.	-	3.9	3.8	3.7	**3.4**
The clinical presentation 'schemes' contributed to my learning.	4.0	4.4	4.3	4.4	**4.4**
The process worksheets contributed to my learning.	3.7	4.3	4.2	4.2	**4.1**
The Work Case Examples helped me learn the material.	4.1	4.5	4.3	4.3	**4.5**
Anatomy Labs helped me learn the material.	3.5	4.2	-	3.9	**3.5**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.5	-	4.6	**4.5**
N	84	81	101	106	**107**
Class size at date	87	82	103	107	**107**
Response Rate	97%	99%	98%	99%	**100%**

Neuromusculoskeletal and Integumentary Systems

Table 69: Evaluation Results for SPM IMN Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.0	4.3	4.1	4.2	**4.1**
I know the clinical relevance of the material.	-	-	-	-	**4.3**
The session learning objectives were useful.	-	-	-	-	**4.1**
The session met the identified learning objectives.	3.9	4.3	4.3	4.3	**4.1**
The schemes integrated the basic sciences.	-	-	-	-	**4.3**
The summative exam was fair.	-	-	-	-	**3.8**
The amount of material presented was reasonable.	3.8	4.2	4.2	3.9	**3.7**
The clinical presentation 'schemes' contributed to my learning in this unit.	4.0	4.4	4.3	4.4	**4.2**
The process worksheets contributed to my learning in this unit.	3.7	4.3	4.2	4.2	**4.1**
Attending sessions helped me learn the material.	3.9	4.0	4.0	4.3	**4.3**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**3.7**
Available self-tests helped me learn the material.	-	-	-	-	**4.3**
The Work Case Examples helped me learn the material.	4.1	4.5	4.3	4.3	**4.3**
Time spent in lab was helpful.	-	-	-	-	**4.0**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.5	-	4.6	**4.5**
N	84	81	101	106	**95**
Class size at date	87	82	103	107	**107**
Response Rate	97%	99%	98%	99%	**89%**

Liver and Hematology System

Table 70: Evaluation Results for SPM HEM Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.4	4.2	4.5	4.6	**4.4**
I know the clinical relevance of the material.	-	-	-	-	**4.5**
The session learning objectives were useful.	-	-	-	-	**4.1**
The course met the identified learning objectives.	4.3	4.2	4.4	4.5	**4.2**
The schemes integrated the basic sciences.	-	-	-	-	**4.4**
The summative exam was fair.	-	-	-	-	**3.7**
The amount of material presented was reasonable.	4.1	4.2	4.4	4.6	**4.2**
The clinical presentation 'schemes' contributed to my learning.	4.2	4.1	4.3	4.4	**4.4**
The process worksheets contributed to my learning.	4.1	3.7	4.0	4.0	**3.9**

Class of	MEAN				
	2015	2016	2017	2018	2019
Attending sessions helped me learn the material.	4.3	4.1	4.4	4.4	**4.3**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**3.5**
Available self-tests helped me learn the material.	-	-	-	-	**4.3**
The Work Case Examples helped me learn the material.	4.5	4.5	4.5	4.7	**4.5**
Time spent in lab was helpful.	-	-	-	-	**3.9**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.4	4.6	-	**4.6**
N	83	76	103	101	**104**
Class size at date	87	82	103	107	**107**
Response Rate	95%	93%	100%	94%	**97%**

Cardiovascular and Respiratory System

Table 71: Evaluation Results for SPM CVR Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	3.8	3.9	4.4	4.2	**4.0**
I know the clinical relevance of the material.	-	-	-	-	**4.4**
The session learning objectives were useful.	-	-	-	-	**4.0**
The sessions met the identified learning objectives.	3.9	4.1	4.4	4.3	**4.0**
The schemes integrated the basic sciences.	-	-	-	-	**4.3**
The summative exam was fair.	-	-	-	-	**3.7**
The amount of material presented was reasonable.	3.6	3.9	4.1	4.0	**3.8**
The clinical presentation 'schemes' contributed to my learning.	3.8	4.1	4.2	4.1	**4.2**
Attending sessions helped me learn the material.	3.9	3.9	4.3	4.2	**4.1**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**3.9**
Available self-tests helped me learn the material.	-	-	-	-	**3.7**
The Work Case Examples helped me learn the material.	4.3	4.4	4.5	4.6	**4.5**
The process work sheets contributed to my learning in this unit.		4.0	4.0	4.2	**4.1**
Time spent in lab was helpful	-	-	-	-	**4.5**
Overall, I learned useful knowledge and/or skills during this unit.	4.3	4.3	4.5	4.5	**3.6**
N	84	77	101	99	**103**
Class size at date	87	82	103	107	**107**
Response Rate	97%	94%	98%	93%	**96%**

Renal System

In AY 2015-2016 Renal was offered 2 times due to a change in unit scheduling. Both classes are reported here with the prior data for 4 years.

Table 72: Evaluation Results for SPM RNL Unit

Class of	MEAN					
	2014	2015	2016	2017	2018	2019
This unit was well organized.	3.7	3.6	3.5	3.6	**3.6**	**4.0**
The learning objectives were clearly identified.	4.0	3.7	3.8	4.0	**4.1**	-
The course met the identified learning objectives.	3.9	3.7	3.7	3.8	**4.1**	**4.2**
The order of the clinical presentation skills made sense to me.	3.7	3.8	3.6	3.8	**3.8**	-
The basic science material was well integrated.	3.7	3.8	3.6	3.8	**3.8**	-
The amount of material presented was reasonable.	4.1	4.0	4.0	4.4	**4.5**	**4.4**
I knew what I was supposed be learning and why.	3.9	3.6	3.6	3.8	**4.0**	-
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	3.4	3.7	4.0	**4.1**	-
The lectures/sessions helped me learn the material.	3.6	3.6	3.6	3.7	**4.0**	-
The Self-taught sessions helped me learn the material.	-	3.8	3.8	3.9	**4.1**	-
The clinical presentation 'schemes' contributed to my learning.	3.6	3.5	3.7	3.4	**4.1**	**4.3**
The process worksheets contributed to my learning.	3.5	3.2	3.7	3.5	**4.0**	**4.1**
The open ended formative review items are helpful for my learning	-	-	-	-	**4.4**	-
The Work Case Examples helped me learn the material.	4.0	4.2	4.4	4.4	**4.5**	**4.6**
I know the clinical relevance of the material.	-	-	-	-	-	**4.5**
The session learning objectives were useful.	-	-	-	-	-	**4.3**
The schemes integrated the basic sciences.	-	-	-	-	-	**4.2**
The summative exam was fair.	-	-	-	-	-	**4.0**
Attending sessions helped me learn the material.	-	-	-	-	-	**4.1**
The self-taught materials contained enough information to meet the learning...	-	-	-	-	-	**4.1**
Available self-tests helped me learn the material.	-	-	-	-	-	**4.5**
Time spent in lab was helpful.	-	-	-	-	-	**3.8**

Class of	MEAN					
	2014	2015	2016	2017	2018	2019
Overall, I learned useful knowledge and/or skills during this unit.	4.2	4.0	4.0	4.1	**4.4**	**4.6**
N	57	81	77	103	**100**	**100**
Class size at date	62	90	82	103	**107**	**107**
Response Rate	92%	90%	94%	100%	**93%**	**93%**

CNS and Special Senses

Table 73: Evaluation Results for SPM CSS Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
This unit was well organized.	3.7	3.6	3.5	3.6	**4.4**
The learning objectives were clearly identified.	4.0	3.7	3.8	4.0	**4.5**
The course met the identified learning objectives.	3.9	3.7	3.7	3.8	**4.5**
The order of the clinical presentation skills made sense to me.	3.7	3.8	3.6	3.8	**4.4**
The basic science material was well integrated.	3.7	3.8	3.6	3.8	**4.4**
The amount of material presented was reasonable.	4.1	4.0	4.0	4.4	**4.1**
I knew what I was supposed be learning and why.	3.9	3.6	3.6	3.8	**4.4**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.6	3.4	3.7	4.0	**4.4**
The lectures/sessions helped me learn the material.	3.6	3.6	3.6	3.7	**4.4**
The Self-taught sessions helped me learn the material.	-	3.8	3.8	3.9	**4.1**
The clinical presentation 'schemes' contributed to my learning.	3.6	3.5	3.7	3.4	**4.2**
The process worksheets contributed to my learning.	3.5	3.2	3.7	3.5	**4.1**
The Work Case Examples helped me learn the material.	4.0	4.2	4.4	4.4	**4.7**
Overall, I learned useful knowledge and/or skills during this unit.	4.2	4.0	4.0	4.1	**4.6**
N	57	81	77	103	**107**
Class size at date	62	90	82	103	**107**
Response Rate	92%	90%	94%	100%	**100%**

Endocrine System

Table 74: Evaluation Results for SPM END Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
This unit was well organized.	3.5	4.0	4.1	4.4	**4.3**
I know the clinical relevance of the material.	-	-	-	-	**4.4**

Class of	MEAN				
	2014	2015	2016	2017	2018
The session learning objectives were useful.	-	-	-	-	**4.2**
The sessions met the identified learning objectives.	4.1	4.0	4.2	4.5	**4.3**
The schemes integrated the basic sciences.	-	-	-	-	**4.2**
The summative exam was fair.	-	-	-	-	**4.1**
The amount of material presented was reasonable.	4.1	4.1	4.3	4.6	**4.3**
The clinical presentation 'schemes' contributed to my learning in this unit.	4.1	4.1	4.3	4.4	**4.0**
The process worksheets contributed to my learning in this unit.	4.2	4.2	4.4	4.5	**4.1**
Attending sessions helped me learn the material.	4.1	4.1	4.2	4.4	**4.0**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**4.1**
The open ended formative review items are helpful for my learning.	-	-	-	-	**4.4**
The Work Case Examples helped me learn the material.	4.1	4.2	4.5	4.6	**4.6**
Time spent in lab was helpful.	-	-	-	-	**4.1**
Overall, I learned useful knowledge and/or skills during this unit.	4.2	4.1	4.4	4.6	**4.5**
N	58	78	73	103	**100**
Class size at date	62	90	82	103	**107**
Response Rate	94%	87%	89%	100%	**93%**

Reproductive System

Table 75: Evaluation Results for SPM REP Unit

Class of	MEAN				
	2014	**2015**	**2016**	**2017**	**2018**
This unit was well organized.	4.3	3.7	2.5	3.1	**3.5**
I know the clinical relevance of the material.	-	-	-	-	**4.3**
The session learning objectives were useful.	-	-	-	-	**3.9**
The sessions met the identified learning objectives.	4.4	3.8	3.2	3.7	**3.9**
The schemes integrated the basic sciences.	-	-	-	-	**3.6**
The summative exam was fair.	-	-	-	-	**3.1**
The amount of material presented was reasonable.	4.0	3.7	3.4	3.6	**3.7**
The clinical presentation 'schemes' contributed to my learning.	4.3	3.7	2.4	3.1	**3.6**
The process worksheets contributed to my learning.	4.1	3.3	2.4	2.9	**3.2**
Attending sessions helped me learn the material.	4.2	4.0	3.6	3.7	**3.5**

Class of	MEAN				
	2014	2015	2016	2017	2018
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**3.9**
The open ended formative review items are helpful for my learning.	-	-	-	-	**4.1**
The Work Case Examples helped me learn the material.	4.4	4.1	3.6	4.1	**4.2**
Time spent in lab was helpful	-	-	-	-	**3.6**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	4.2	3.8	4.0	**4.2**
N	55	79	75	103	**100**
Class size at date	62	90	82	103	**107**
Response Rate	89%	88%	91%	100%	**93%**

Mind and Human Development

Table 76: Evaluation Results for SPM MHD Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
This unit was well organized.	2.9	3.4	4.0	4.2	**4.1**
I know the clinical relevance of the material.	-	-	-	-	**4.1**
The session learning objectives were useful.	-	-	-	-	**4.4**
The session met the identified learning objectives.	3.2	3.4	4.0	4.4	**4.0**
The schemes integrated the basic sciences.	-	-	-	-	**4.1**
The summative exam was fair.	-	-	-	-	**4.1**
The amount of material presented was reasonable.	3.7	3.8	4.2	4.3	**3.6**
The clinical presentation 'schemes' contributed to my learning.	3.3	3.6	3.9	4.4	**4.1**
The process worksheets contributed to my learning.	3.2	3.6	3.8	4.3	**4.0**
Attending sessions helped me learn the material.	3.0	3.4	4.1	4.3	**3.9**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**4.0**
The open ended formative review items are helpful for my learning.					**4.2**
The Work Case Examples helped me learn the material.	3.9	3.9	4.1	4.4	**4.2**
Time spent in lab was helpful.	-	-	-	-	**3.6**
Overall, I learned useful knowledge and/or skills during this unit.	3.5	3.9	4.3	4.5	**4.4**
N	55	79	74	103	**99**
Class size at date	62	90	82	103	**107**
Response Rate	89%	88%	90%	100%	**93%**

Medical Skills

Introduction to Health and Disease

Table 77: Evaluation Results for Medical Skills IHD Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.5	4.5	4.4	4.2	**4.3**
The learning objectives were clearly identified.	4.3	4.5	4.5	4.4	**4.4**
The course met the identified learning objectives.	4.3	4.5	4.5	4.4	**4.4**
I knew what I was supposed to be learning and why.	4.1	4.4	4.3	4.3	**4.1**
The amount of material presented was reasonable.	4.4	4.5	4.5	4.1	**4.3**
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.1	4.4	4.4	4.3	**4.2**
The preparation materials helped me learn the material.	4.2	4.5	4.5	4.4	**4.4**
The group skill building activities helped me learn the material.	4.0	4.4	4.4	4.2	**4.3**
The material covered is relevant to the practice of medicine.	4.7	4.6	4.7	4.5	**4.6**
The Standardized Patient Encounters helped me learn the material.	4.5	4.5	4.7	4.6	**4.6**
This course encourages me.	4.3	4.4	4.5	4.2	**4.5**
The feedback I received helped me learn the material.	4.1	4.3	4.3	4.2	**4.0**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.0	4.3	4.4	4.2	**4.2**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	4.7	4.6	**4.7**
The ATACS staff treat students with respect.	-	4.4	-	4.5	**4.7**
The ATACS staff create an environment conducive to learning.	-	4.5	-	4.5	**4.7**
N	85	81	101	106	**107**
Class size at date	87	82	103	107	**107**
Response Rate	98%	99%	98%	99%	100%

Gastrointestinal System

Table 78: Evaluation Results for Medical Skills GIS Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.5	4.5	4.4	4.2	**4.4**
The learning objectives were clearly identified.	4.3	4.5	4.5	4.4	**4.3**
The course met the identified learning objectives.	4.3	4.5	4.5	4.4	**4.3**
I knew what I was supposed to be learning and why.	4.1	4.4	4.3	4.3	**4.4**
The amount of material presented was reasonable.	4.4	4.5	4.5	4.1	**4.2**
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.1	4.4	4.4	4.3	**4.2**
The preparation materials helped me learn the material.	4.2	4.5	4.5	4.4	**4.3**
The group skill building activities helped me learn the material.	4.0	4.4	4.4	4.2	**4.3**
The material covered is relevant to the practice of medicine.	4.7	4.6	4.7	4.5	**4.6**
The Standardized Patient Encounters helped me learn the material.	4.5	4.5	4.7	4.6	**4.6**
This course encourages me.	4.3	4.4	4.5	4.2	**4.3**
The feedback I received helped me learn the material.	4.1	4.3	4.3	4.2	**4.1**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.0	4.3	4.4	4.2	**4.1**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	4.7	4.6	**4.6**
The ATACS staff treat students with respect.	-	4.4	-	4.5	**4.7**
The ATACS staff create an environment conducive to learning.	-	4.5	-	4.5	**4.7**
N	85	81	101	106	**106**
Class size at date	87	82	103	107	**107**
Response Rate	98%	99%	98%	99%	**99%**

Integumentary and Neuromusculoskeletal Systems

Table 79: Evaluation Results for Medical Skills IMN Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
Medical Skills was well organized.	4.5	4.5	4.4	4.2	**4.4**
The Medical Skills session objectives were clearly identified.	4.3	4.5	4.5	4.4	**4.5**
Medical Skills met the identified learning objectives.	4.3	4.5	4.5	4.4	**4.5**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**4.4**
The group skill building activities helped me learn the material.	4.0	4.4	4.4	4.2	**4.5**
The amount of material presented was reasonable.	4.4	4.5	4.5	4.1	**4.5**
The Medical Skills preparation materials helped me learn the material.	4.2	4.5	4.5	4.4	**4.5**
The Standardized Patient Encounters helped me learn the material.	4.5	4.5	4.7	4.6	**4.6**
The Standardized Patient feedback I received helped me improve my performance	-	-	-	-	**4.4**
This course encourages me.	4.3	4.4	4.5	4.2	**4.6**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.4**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.6	4.7	4.6	**4.6**
The equipment in the skills room was in good working order.	-	-	-	-	**4.7**
The standardized patients were prepared for the session.	-	-	-	-	**4.3**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.3**
N	85	81	101	106	**96**
Class size at date	87	82	103	107	**107**
Response Rate	98%	99%	98%	99%	**90%**

Liver and Hematology System

Table 80: Evaluation Results for Medical Skills HEM Unit

Class of	MEAN				
	2015	2016	2017[11]	2018	2019
Medical Skills was well organized.	4.4	4.4	4.5	4.6	**4.6**
The Medical Skill session objectives were clearly identified.	4.4	4.4	4.4	4.6	**4.5**
Medical Skills met the identified learning objectives.	4.4	4.4	4.5	4.6	**4.5**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**4.3**
The group skill building activities helped me learn the material.	4.3	4.4	4.4	4.4	**4.4**
The amount of material presented was reasonable.	4.4	4.5	4.5	4.6	**4.6**
The Medical Skills preparation materials helped me learn the material.	-	-	-	-	**4.5**
The Standardized Patient Encounters helped me learn the material.	4.4	4.5	4.4	4.5	**4.5**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	**4.3**
This course encourages me.	4.4	4.4	4.4	4.5	**4.6**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.4**
The equipment in the skills room was in good working order.	-	-	-	-	**4.6**
The standardized patients were prepared for the session.	-	-	-	-	**4.4**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.4**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.5	4.6	4.7	**4.7**
N	83	76	103	102	**104**
Class size at date	87	82	103	107	**107**
Response Rate	95%	93%	100%	95%	**97%**

[11] 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

Table 81: Evaluation Results for Medical Skills CVR Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit was well organized.	4.2	4.4	4.5	4.5	**4.6**
The Medical Skills session objectives were clearly identified.	4.1	4.3	4.5	4.5	**4.6**
Medical Skills met the identified learning objectives.	4.2	4.4	4.5	4.5	**4.6**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**4.5**
The amount of material presented was reasonable.	4.2	4.3	4.4	4.4	**4.6**
The Medical Skills preparation materials helped me learn the material.	-	-	-	-	**4.6**
The group skill building activities helped me learn the material.	4.3	4.5	4.3	4.3	**4.7**
The Standardized Patient Encounters helped me learn the material.	4.2	4.5	4.4	4.4	**4.5**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	**4.4**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.5**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.4**
This course encourages me.	4.2	4.5	4.4	4.4	**4.6**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.4	4.5	4.6	4.6	**4.7**
The equipment in the skills room was in good working order.	-	-	-	-	**4.6**
The standardized patients were prepared for the session.	-	-	-	-	**4.3**
N	83	77	101	100	**104**
Class size at date	87	82	103	107	**107**
Response Rate	95%	94%	98%	93%	**97%**

Renal System

In AY 2015-2016 Renal was offered 2 times due to a change in unit scheduling. Both classes are reported here with the prior data for 4 years.

Table 82: Evaluation Results for Medical Skills RNL Unit

Class of	MEAN					
	2014	2015	2016	2017	2018	2019
This unit was well organized.	3.8	3.9	3.7	4.0	**4.1**	**4.5**
The learning objectives were clearly identified.	3.7	3.7	3.8	3.9	**4.3**	**4.4**
The course met the identified learning objectives.	3.7	3.6	3.8	4.0	**4.3**	**4.4**
I knew what I was supposed to be learning and why.	3.5	3.7	3.7	3.8	**4.2**	-
The amount of material presented was reasonable.	4.1	4.0	4.1	4.4	**4.5**	**4.4**
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	2.8	3.1	3.4	3.6	**4.2**	-
The preparation materials helped me learn the material.	3.1	3.5	3.5	3.7	**4.2**	-
The group skill building activities helped me learn the material.	3.8	4.0	3.8	3.9	**4.3**	**4.4**
The material covered is relevant to the practice of medicine.	4.4	4.1	4.3	4.2	**4.5**	-
The Standardized Patient Encounters helped me learn the material.	3.4	3.4	3.7	4.0	**4.4**	**4.4**
This course encourages me.	3.6	3.6	3.7	3.8	**4.1**	**4.5**
The feedback I received helped me learn the material.	3.6	3.5	3.9	3.9	**4.3**	-
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	3.3	3.3	3.5	3.8	**4.2**	-
Weekly sessions prepared me for the skills exam.	-	-	-	-	-	**4.3**
The Medical Skills preparation materials helped me learn the material.	-	-	-	-	-	**4.3**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	-	**4.3**
The standardized patient case discussions helped me improve my performance	-	-	-	-	-	**4.3**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.0	3.9	4.2	4.1	**4.4**	**4.6**
The ATACS staff treat students with respect.	-	4.2	4.4	4.6	**4.7**	-

Class of	MEAN					
	2014	2015	2016	2017	2018	2019
The ATACS staff create an environment conducive to learning.	-	4.2	4.4	4.6	**4.7**	-
N	56	81	77	103	**100**	**100**
Class size at date	62	90	82	103	**107**	**107**
Response Rate	90%	90%	94%	100%	**93%**	**93%**

CNS and Special Senses

Table 83: Evaluation Results for Medical Skills CSS Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
This unit was well organized.	4.3	4.3	3.8	4.4	**4.4**
The learning objectives were clearly identified.	4.4	4.4	4.0	4.4	**4.5**
The course met the identified learning objectives.	4.3	4.4	4.0	4.4	**4.5**
I knew what I was supposed to be learning and why.	4.4	4.4	4.0	4.5	**4.5**
The amount of material presented was reasonable.	4.4	4.2	3.9	4.3	**4.4**
The materials posted on WebCT/Blackboard adequately prepared me for the learning sessions.	4.2	4.3	3.8	4.4	**4.4**
The preparation materials helped me learn the material.	4.2	4.4	4.1	4.5	**4.6**
The group skill building activities helped me learn the material.	4.4	4.4	4.1	4.3	**4.5**
The material covered is relevant to the practice of medicine.	4.6	4.5	4.4	4.6	**4.7**
The Standardized Patient Encounters helped me learn the material.	4.4	4.3	4.3	4.5	**4.6**
This course encourages me.	4.3	4.3	4.1	4.4	**4.4**
The feedback I received helped me learn the material.	4.1	4.1	4.0	4.2	**4.4**
The methods used to evaluate my performance during this unit provided fair measures of my effort and learning.	4.2	4.1	3.8	4.5	**4.4**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.4	4.4	4.6	**4.6**
The ATACS staff treat students with respect.	-	4.2	-	4.7	**4.7**
The ATACS staff create an environment conducive to learning.	-	4.3	-	4.7	**4.8**
N	57	90	76	103	**100**
Class size at date	62	90	82	103	**107**
Response Rate	92%	100%	93%	100%	**93%**

Endocrine System

Table 84: Evaluation Results for Medical Skills END Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
Medical Skills was well organized.	4.2	4.2	4.3	4.6	**4.6**
The Medical Skills session objectives were clearly identified.	4.2	4.1	4.4	4.6	**4.6**
Medical Skills met the identified learning objectives.	4.2	4.2	4.3	4.6	**4.6**
Weekly sessions prepared me for the skills exams.	-	-	-	-	**4.6**
The group skill building activities helped me learn the material.	4.2	4.2	4.4	4.5	**4.6**
The amount of material presented was reasonable.	4.3	4.3	4.4	4.7	**4.7**
The Medical Skills preparation materials helped me learn the material.	4.3	4.2	4.4	4.6	**4.7**
The Standardized Patient Encounters helped me learn the material.	4.2	4.3	4.4	4.5	**4.7**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	**4.4**
This course encourages me.	4.3	4.2	4.4	4.5	**4.7**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.6**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.3	4.3	4.4	4.6	**4.7**
The equipment in the skills room was in good working order.	-	-	-	-	**4.6**
The standardized patients were prepared for the session.	-	-	-	-	**4.4**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.4**
N	57	78	73	103	**102**
Class size at date	62	90	82	103	**107**
Response Rate	92%	87%	89%	100%	**95%**

Reproductive System

Table 85: Evaluation Results for Medical Skills REP Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
Medical Skills was well organized.	4.5	3.8	2.4	3.2	**4.2**
Medical Skills objectives were clearly identified.	4.4	3.7	2.9	3.4	**4.1**
Medical Skills met the identified learning objectives.	4.5	3.8	3.0	3.6	**4.2**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**4.3**
The group skill building activities helped me learn the material.	4.6	4.0	3.4	3.8	**4.4**
The amount of material presented was reasonable.	4.5	3.7	3.5	4.0	**4.3**
The Medical Skills preparation materials helped me learn the material.	-	-	-	-	**4.0**
The Standardized Patient Encounters helped me learn the material.	4.4	3.8	3.4	3.8	**4.3**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	**4.2**
This course encourages me.	4.4	3.8	3.2	3.8	**4.4**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.3**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.0	3.8	3.9	**4.4**
The equipment in the skills room was in good working order.	-	-	-	-	**4.6**
The standardized patients were prepared for the session.	-	-	-	-	**4.4**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.4**
N	55	81	75	103	**100**
Class size at date	62	90	82	103	**107**
Response Rate	89%	90%	91%	100%	**93%**

Mind and Human Development

Table 86: Evaluation Results for Medical Skills MHD Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
Medical Skills was well organized.	3.9	3.9	4.2	4.2	**4.5**
Medical Skills objectives were clearly identified.	4.1	4.0	4.0	4.2	**4.4**
Medical Skills met the identified learning objectives.	4.0	4.1	4.1	4.3	**4.4**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**4.4**
The group skill building activities helped me learn the material.	3.9	3.9	4.1	4.3	**4.4**
The amount of material presented was reasonable.	4.1	4.0	4.2	4.3	**4.3**
The Medical Skills preparation materials helped me learn the material.	-	-	-	-	**4.5**
The Standardized Patient Encounters helped me learn the material.	4.1	4.0	4.2	4.3	**4.5**
The Standardized Patient feedback I received helped me improve my performance.	-	-	-	-	**4.3**
This course encourages me.	4.2	4.0	4.2	4.3	**4.4**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**4.5**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.3	4.2	4.4	4.4	**4.5**
The equipment in the skills room was in good working order.	-	-	-	-	**4.5**
The standardized patients were prepared for the session.	-	-	-	-	**4.3**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**4.4**
N	55	78	74	103	**99**
Class size at date	62	90	82	103	**107**
Response Rate	89%	87%	90%	100%	**93%**

Master's Colloquium

Masters colloquium I

Table 87: Evaluation Results for Masters' Colloquium I

Class of	MEAN				
	2015	2016	2017	2018	2019
Masters' Colloquium was well organized.	4.0	4.3	4.4	4.4	**4.5**
Session objectives were clear.	3.4	4.0	4.3	4.2	**4.3**
Masters' Colloquium met the identified learning objectives.	3.7	4.2	4.4	-	**-**
The amount of material presented was reasonable.	4.2	4.4	4.6	4.6	**4.7**
I understand how the content of Colloquium is applicable to the practice of medicine.	3.9	4.4	4.5	4.5	**4.6**
I feel that Masters' Colloquium is valuable to me.	3.7	4.2	4.3	4.2	**4.3**
Masters' Colloquium broadens my perspectives.	3.8	4.3	4.4	4.4	**4.4**
Masters' Colloquium challenges my assumptions.	3.7	4.3	4.2	4.3	**4.3**
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.8	4.3	4.4	4.5	**4.4**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.8	4.2	4.3	4.4	**4.3**
N	80	77	102	102	**103**
Class size at date	84	83	103	107	**107**
Response Rate	95%	93%	99%	95%	**96%**

Masters colloquium II

Table 88: Evaluation Results for Masters' Colloquium II

Class of	MEAN				
	2015	2016	2017	2018	2019
Masters' Colloquium was well organized.	3.9	4.2	4.5	4.6	**4.5**
Session objectives were clearly identified.	3.8	4.1	4.4	4.3	**4.4**
Masters' Colloquium met the identified learning objectives.	3.8	4.2	4.5	-	**-**
The amount of material presented was reasonable.	4.1	4.4	4.7	4.6	**4.6**
I understand how the content of Colloquium is applicable to the practice of medicine.	4.0	4.3	4.6	4.6	**4.6**
I feel that Masters' Colloquium is valuable to me.	3.9	4.2	4.4	4.4	**4.3**
Masters' Colloquium broadens my perspectives.	4.0	4.3	4.5	4.5	**4.4**
Masters' Colloquium challenges my assumptions.	3.9	4.3	4.4	4.5	**4.4**

Class of	MEAN				
	2015	2016	2017	2018	2019
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	4.3	4.5	4.5	**4.4**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.0	4.3	4.4	4.5	**4.4**
N	71	77	101	100	
Class size at date	84	83	103	107	
Response Rate	85%	93%	98%	93%	

Masters colloquium III

Table 89: Evaluation Results for Masters' Colloquium III

Class of	MEAN				
	2014	2015	2016	2017	2018
Masters' Colloquium was well organized.	4.0	4.2	4.2	4.5	4.6
The learning objectives were clearly identified.	4.0	4.0	4.0	4.5	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	4.7
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	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	4.5
Masters' Colloquium challenges my assumptions.	3.8	4.1	4.1	4.5	4.4
Masters' Colloquium helps me understand what is expected of me as a doctor.	3.9	4.1	4.1	4.5	4.5
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	3.9	4.1	4.2	4.5	4.5
I feel that Masters' Colloquium has been valuable to me.	3.8	4.1	4.0	4.4	4.4
N	56	80	73	104	99
Class size at date	64	90	83	104	107
Response Rate	88%	89%	88%	100%	92%

Masters colloquium IV

Table 90: Evaluation Results for Masters' Colloquium IV

Class of	MEAN				
	2014	2015	2016	2017	2018
Masters' Colloquium was well organized.	4.1	4.3	4.3	4.5	**4.5**
The learning objectives were clearly identified.	4.1	4.2	4.2	4.4	**4.4**
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	4.7	**4.6**
I knew what I was supposed to be learning and why.	4.0	4.2	4.3	4.4	-
The methods used to evaluate my performance were fair measures of my effort and learning.	4.0	4.2	4.2	4.5	-
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.1	4.3	4.5	4.6	**4.5**
The course format is appropriate.	4.1	4.3	4.3	-	-
Masters' Colloquium broadens my perspectives.	4.1	4.2	4.4	4.5	**4.4**
Masters' Colloquium challenges my assumptions.	4.0	4.1	4.4	4.4	**4.3**
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.1	4.2	4.4	4.5	**4.4**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.1	4.2	4.4	4.4	**4.5**
I feel that Masters' Colloquium has been valuable to me.	4.0	4.2	4.4	4.4	**4.3**
N	55	78	75	100	**84**
Class size at date	64	84	83	103	**107**
Response Rate	86%	93%	90%	97%	**79%**

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 this unit. SEI is evaluated during the standard course year using 2 separate evaluation cycles. The 1st is the course evaluations and is administered on the semester basis. Because Spanish is such a large component of SCI, we have a 2nd 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

(This item was not evaluated in AY 2015-2016)

Table 91: Evaluation Results for SCI Immersion

Class of	MEAN				
	2015	2016	2017	2018	2019
The SCI Immersion Block was well organized.	3.4	4.0	4.4	4.0	-
The learning objectives for the SCI Immersion Block were clearly identified.	3.5	4.1	4.3	4.0	-
The SCI Immersion Block met the identified learning objectives.	3.6	4.2	4.4	4.2	-
The community assessment gave me a good feel for the El Paso community.	4.1	4.4	4.7	4.5	-
The amount of material presented was reasonable.	3.6	4.3	4.6	4.4	-
I improved my Spanish speaking skills.	4.0	4.2	4.5	4.6	-
The lectures helped me learn the material.	3.5	4.3	4.4	3.9	-
The small group learning activities helped me learn the material.	3.7	4.3	4.6	4.5	-
The community assessment helped me learn the material.	3.7	4.2	4.4	4.2	-
The interactive sessions helped me learn the material.	3.7	4.3	4.6	4.5	-
I understand how the SCI Immersion Block course content is applicable to the practice of medicine.	4.0	4.4	4.6	4.5	-
Overall, I learned useful knowledge and/or skills during the SCI Immersion Block.	3.7	4.4	4.5	4.4	-
N	82	76	103	107	-
Class size at date	84	83	103	107	**107**
Response Rate	98%	92%	100%	100%	**0%**

Society, community and the individual I

Table 92: Evaluation Results for SCI I

Class of	MEAN				
	2015	2016	2017	2018	2019
SCI was well organized.	3.0	3.9	4.2	4.1	**3.3**
SCI session learning objectives were clearly identified.	3.5	3.9	4.2	4.3	**3.5**
The course met the identified learning objectives.	3.5	3.9	4.3	4.2	**3.3**
SCI broadens my perspectives.	3.0	4.0	4.2	4.1	**3.4**
The material covered is relevant to the practice of medicine.	3.3	4.0	4.2	4.3	**3.6**
The amount of material presented was reasonable.	3.8	4.1	4.5	4.4	**3.9**
Attending sessions helped me learn the material.	2.8	3.8	4.1	4.1	**3.0**
The community clinic experience is a worthwhile component of the curriculum.	3.9	4.2	4.4	4.2	**3.9**
My community preceptor understood the learning objectives.	3.3	4.1	4.2	4.2	**3.7**
My community preceptor ensured that the learning objectives were met.	3.8	4.0	4.2	4.1	**3.6**
Spanish is a worthwhile component of the curriculum.	3.7	4.0	4.3	4.1	**4.3**
Overall, I learned useful knowledge and/or skills during SCI.	3.2	4.0	4.3	4.4	**4.1**
N	79	54	102	102	**106**
Class size at date	84	83	103	107	**107**
Response Rate	94%	65%	99%	95%	**99%**

Society, community and the individual II

Table 93: Evaluation Results for SCI II

Class of	MEAN				
	2015	2016	2017	2018	2019
SCI was well organized.	3.0	3.8	4.1	4.1	**3.5**
SCI session learning objectives were clearly identified.	3.2	4.2	4.3	4.3	**3.5**
The course met the identified learning objectives.	3.2	4.1	4.3	4.3	**3.5**
The amount of material presented was reasonable.	3.4	4.2	4.5	4.5	**3.3**
SCI broadens my perspectives.	3.1	4.1	4.2	4.2	**3.6**
The material covered is relevant to the practice of medicine.	3.3	4.1	4.2	4.2	**3.6**
Attending sessions helped me learn the material	3.1	3.8	4.1	4.1	**2.8**

Class of	MEAN				
	2015	2016	2017	2018	2019
The community clinic experience is a worthwhile component of the curriculum	3.6	4.2	4.1	4.1	**4.1**
Spanish is a worthwhile component of the curriculum	3.4	4.1	4.2	4.2	**4.1**
My community preceptor understood the learning objectives.	3.5	4.0	4.2	4.2	**4.0**
My community preceptor ensured that the learning objectives were met	3.5	4.0	4.2	4.2	**3.9**
Overall, I learned useful knowledge and/or skills during this unit/course.	3.3	4.1	4.2	4.2	**4.1**
N	81	77	101	101	**102**
Class size at date	84	83	103	107	**107**
Response Rate	96%	92%	98%	94%	**95%**

Society, community and the individual III

Table 94: Evaluation Results for SCI III

Class of	MEAN				
	2014	2015	2016	2017	2018
SCI was well organized.	4.0	3.2	3.7	3.9	4.3
SCI session learning objectives were clearly identified.	4.0	3.2	3.7	4.0	4.4
The course met the identified learning objectives.	4.0	4.1	3.5	4.0	4.4
SCI broadens my perspectives.	3.9	4.2	3.7	4.0	4.4
The material covered in SCI is relevant to the practice of medicine.	-	-	3.4	4.0	4.4
The amount of material presented was reasonable.	4.1	4.2	3.4	4.2	4.5
Attending sessions helped me learn the material.	-	-	3.3	3.6	4.2
The community clinic experience is a worthwhile component of the curriculum.	-	-	4.0	4.4	4.3
My community preceptor understood the learning objectives.	-	-	3.8	4.0	4.4
My community preceptor ensured that the learning objectives were met.	-	-	3.8	4.3	4.3
Spanish is a worthwhile component of the curriculum.	-	-	3.9	4.4	4.4
Overall, I learned useful knowledge and/or skills during SCI.	3.9	3.6	4.0	4.3	4.4
N	56	81	73	98	99
Class size at date	64	84	83	103	107
Response Rate	88%	96%	88%	95%	93%

Society, community and the individual IV

Table 95: Evaluation Results for SCI IV

Class of	MEAN				
	2014	2015	2016	2017	2018
SCI was well organized.	2.4	3.5	3.9	-	**3.1**
SCI session learning objectives were clearly identified.	2.5	3.5	3.9	-	**3.1**
The course met the identified learning objectives.	2.6	3.5	3.9	-	**2.8**
SCI broadens my perspectives.	3.0	3.4	4.0	-	**3.3**
The material covered in SCI is relevant to the practice of medicine.	3.2	3.4	4.0	-	**3.1**
The amount of material presented was reasonable.	3.2	3.7	3.9	-	**3.9**
Attending sessions helped me learn the material.	2.2	3.2	3.8	-	**2.5**
The community clinic experience is a worthwhile component of the curriculum.	3.5	3.5	3.9	-	**3.8**
My community preceptor understood the learning objectives.	-	3.4	3.8	-	**3.7**
My community preceptor ensured that the learning objectives were met.	3.5	3.4	3.7	-	**3.8**
Spanish is a worthwhile component of the curriculum.	-	3.6	4.0	-	**4.2**
Overall, I learned useful knowledge and/or skills during SCI.	3.0	3.5	4.1	-	**3.8**
N	55	78	75	-	**86**
Class size at date	64	84	83	103	**107**
Response Rate	86%	93%	90%	0%	**80%**

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 3 units – per MS year – that do not correspond with the end of the semester.

Table 96: MS1 Weeks corresponding to Introduction to Health and Disease (IHD) Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This unit/course was well organized.	3.1	3.9	4.3	4.1	**4.3**
The learning objectives were clearly identified.	3.1	3.8	4.3	4.1	**4.3**
The course met the identified learning objectives.	3.1	3.8	4.3	4.2	**4.3**
The amount of material presented was reasonable.	3.7	4.0	4.4	4.4	**4.4**
The homework provided practical reinforcement of material covered in class.	-	-	4.2	4.2	**4.2**
The course handouts were practical.	-	-	4.5	4.3	**4.5**

Class of	MEAN				
	2015	2016	2017	2018	2019
I understand how I am graded in Spanish.	-	-	-	3.9	-
I improved my Spanish speaking skills.	-	-	4.2	3.9	**4.2**
I can ask basic patient information in Spanish.	-	-	4.2	4.4	**4.2**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	-	4.3	4.2	**4.3**
My medical Spanish instructor/TA conducted practical in class activities that helped improve my medical Spanish skills.	-	-	4.4	4.2	**4.4**
Overall, I learned useful knowledge and/or skills during SCI.	3.3	4.1	4.4	4.1	**4.4**
N	81	77	101	106	**107**
Class size at date	84	83	103	107	**107**
Response Rate	96%	93%	98%	99%	**100%**

Table 97: MS2 Weeks corresponding to CNS and Special Senses (CSS) Unit

Class of	MEAN				
	2014	2015	2016	2017	2018
This unit/course was well organized.	3.3	3.2	3.5	4.3	**4.3**
The learning objectives were clearly identified.	3.2	3.1	3.3	4.2	**4.2**
The course met the identified learning objectives.	3.2	3.0	3.4	4.3	**4.4**
The amount of material presented was reasonable.	3.5	3.4	3.9	4.4	**4.5**
The homework provided practical reinforcement of the material covered in class.	-	2.9	3.4	4.3	**4.3**
The course handouts were practical.	-	3.5	3.9	4.4	**4.4**
I understand how I am graded in Spanish.	-	3.3	3.7	4.4	**4.4**
I improved my Spanish speaking skills.	3.0	2.8	3.5	4.0	**4.2**
I can ask basic patient information in Spanish.	-	3.3	4.1	4.2	**4.6**
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	**4.5**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.2	3.1	3.7	4.2	**4.4**
N	56	62	79	103	**99**
Class size at date	64	84	83	103	**107**
Response Rate	87%	73%	95%	100%	**93%**

Table 98: MS1 Week corresponding to Gastrointestinal Systems and Liver (GIS) Unit

Class of	MEAN				
	2015	2016	2017	2018	**2019**
This unit/course was well organized.	3.1	3.8	4.3	4.3	**4.3**
The learning objectives were clearly identified.	3.1	3.6	4.3	4.3	**4.2**
The course met the identified learning objectives.	3.1	3.7	4.3	4.3	**4.2**
The amount of material presented was reasonable.	3.6	4.0	4.4	4.4	**4.5**
The homework provided practical reinforcement of the material covered in class.	2.7	3.6	4.3	4.3	**4.2**
The course handouts were practical.	3.3	3.9	4.4	4.4	**4.3**
I understand how I am graded in Spanish.	3.2	3.9	4.3	4.4	**4.2**
I improved my Spanish speaking skills.	3.0	3.8	4.1	4.2	**3.9**
I can ask basic patient information in Spanish.	3.5	4.1	4.3	4.5	**4.1**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.2	3.8	4.3	4.4	**4.2**
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.	**4.2**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.2	3.9	4.3	4.4	**4.2**
N	83	76	103	101	**106**
Class size at date	84	83	103	107	**107**
Response Rate	99%	92%	100%	94%	**99%**

Table 99: MS2 Weeks corresponding to Renal System (RNL) Unit

Class of	MEAN				
	2014	2015	2016	2017	**2018**
This unit/course was well organized.	3.9	3.9	4.0	4.4	**4.4**
The learning objectives were clearly identified.	3.9	3.6	3.8	4.4	**4.4**
The course met the identified learning objectives.	3.8		3.8	4.5	**4.5**
The amount of material presented was reasonable.	4.1	4.0	4.1	4.5	**4.5**
The homework provided practical reinforcement of the material covered in class.	3.5	3.5	3.9	4.4	**4.4**
The course handouts were practical.	4.1	3.9	4.1	4.4	**4.4**
I understand how I am graded in Spanish.	3.8	3.2	3.9	4.5	**4.4**
I improved my Spanish speaking skills.	3.4	3.5	3.7	4.3	**4.2**
I can ask basic patient information in Spanish.	3.4	3.7	4.2	4.4	**4.6**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.7	3.8	4.1	4.6	**4.4**

Class of	MEAN				
	2014	2015	2016	2017	**2018**
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	**4.5**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.7	3.8	4.0	4.4	**4.4**
N	58	87	75	100	**100**
Class size at date	64	87	83	103	**107**
Response Rate	91%	100%	90%	96%	**93%**

Table 100: MS1 Weeks corresponding to Hematologic System (HEM) Unit

Class of	MEAN				
	2015	2016	2017	2018	2019
This course was well organized.	3.1	3.8	4.3	4.3	**3.9**
The learning objectives were clearly identified.	3.1	3.6	4.3	4.3	**3.9**
The course met the identified learning objectives.	3.1	3.7	4.3	4.3	**4.0**
The amount of material presented was reasonable.	3.6	4.0	4.4	4.4	**4.2**
The homework provided practical reinforcement of the material covered in class.	2.7	3.6	4.3	4.3	**3.9**
The course handouts were practical.	3.3	3.9	4.4	4.4	**4.1**
I understand how I am graded in Spanish.	3.2	3.9	4.3	4.4	**4.1**
I improved my Spanish speaking skills.	3.0	3.8	4.1	4.2	**3.9**
I can ask basic patient information in Spanish.	3.5	4.1	4.3	4.5	**4.2**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.2	3.8	4.3	4.4	**4.3**
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.2	3.9	4.4	4.4.	**4.1**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.2	3.9	4.3	4.4	**4.0**
N	83	76	103	101	**102**
Class size at date	84	83	103	107	**107**
Response Rate	99%	92%	100%	94%	**95%**

Table 101: MS2 Weeks corresponding to Reproductive Systems (REP) Unit

Class of	MEAN			
	2015	2016	2017	2018*
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	-

Class of	MEAN			
	2015	2016	2017	2018*
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	**4.0**
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	**100**
Class size at date	84	83	103	**107**
Response Rate	93%	90%	98%	**93%**

* For the Spanish portion of the Reproduction System Unit students were erroneously assigned the SCI-Spanish end of Semester Evaluation, instead of the Spanish Unit Evaluation.

M3 & M4 Curriculum

M3 Clerkships

Overall Outcomes

Graduate Questionnaire Data

Table 102: GQ 2016 Preparation for Residency Percentile Rankings

	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	
GQ Report Item #12: Preparation for Residency Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program: (Percent answering "Agree" or "Strongly agree")						PLFSOM RESULTS
I am confident that I have acquired the clinical skills required to begin a residency program	83.1	87.4	90.6	93.7	95.4	85.0
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines	87.7	90.7	93.6	95.6	97.3	91.0
I have the communication skills necessary to interact with patients and health professionals	96.0	97.3	98.4	99.3	100.0	100.0
I have basic skills in clinical decision making and the application of evidence based information to medical practice	89.9	91.8	94.2	96.4	98.0	94.0
I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system)	88.9	91.3	93.6	96.0	97.3	90.9
I understand the ethical and professional values that are expected of the profession.	95.6	97.0	98.3	99.2	100.0	100.0
I believe I am adequately prepared to care for patients from different backgrounds.	90.5	94.2	96.0	98.0	99.2	100.0

Table 103: GQ 2016 Quality of Clerkships

GQ Report Item #10: Quality of Clerkships Rate the quality of your educational experience in the following clerkships. If you participated in an integrated clerkship, please answer the question in terms of you educational experience in each discipline. (Percent answering "Good" or "Excellent")	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Emergency medicine	72.0	82.0	88.9	92.9	96.2	96.6
Family medicine	74.7	80.0	85.7	89.7	93.5	91
Internal medicine	83.5	87.6	91.9	95.1	97.1	79.1
Neurology	49.3	68.6	80.0	85.5	91.2	72.4
Obstetrics-Gynecology/Women's Health	64.4	74.7	79.5	86.0	91.0	91.1
Pediatrics	75.0	82.4	87.5	93.3	96.0	92.4
Psychiatry	75.0	81.7	88.2	92.1	95.6	85.1
Surgery	74.4	79.5	83.4	88.5	92.9	64.2

Table 104: GQ 2016 Preparation for Residency (Historical)

Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:	Percentage of Respondents Selecting Each Rating All Medical Schools 2016	TTUHSC El Paso 2016	TTUHSC El Paso 2015	TTUHSC El Paso 2014	TTUHSC El Paso 2013
I am confident that I have acquired the clinical skills required to begin a residency program.					
Strongly Disagree	0.6	1.5	1.6	0	2.9
Disagree	2	3	3.3	0	2.9
Neutral	7.3	10.4	16.4	2	2.9
Agree	47	50.7	42.6	57.1	52.9
Strongly Agree	43.1	34.3	36.1	40.8	38.2
Count	14,709	67	61	49	34
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.	2016	2016	2015	2014	2013
Strongly Disagree	0.4	0	1.6	0	0
Disagree	1	1.5	0	0	0

Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:	Percentage of Respondents Selecting Each Rating				
	All Medical Schools	TTUHSC El Paso	TTUHSC El Paso	TTUHSC El Paso	TTUHSC El Paso
	2016	**2016**	**2015**	**2014**	**2013**
Neutral	5.4	7.5	8.2	0	8.8
Agree	50.3	56.7	54.1	55.1	52.9
Strongly Agree	42.9	34.3	36.1	44.9	38.2
Count	14,684	67	61	49	34

I have the communication skills necessary to interact with patients and health professionals.

	2016	**2016**	**2015**	**2014**	**2013**
Strongly Disagree	0.3	0	0	0	0
Disagree	0.2	0	0	0	0
Neutral	1.4	0	3.3	2	0
Agree	24.4	33.3	26.2	49	44.1
Strongly Agree	73.8	66.7	70.5	49	55.9
Count	14,663	66	61	49	34

I have basic skills in clinical decision making and the application of evidence based information to medical practice.

	2016	**2016**	**2015**	**2014**	**2013**
Strongly Disagree	0.4	0	1.7	0	0
Disagree	0.8	1.5	0	0	0
Neutral	4.8	4.5	8.3	2	8.8
Agree	44.9	50.7	43.3	55.1	50
Strongly Agree	49.1	43.3	46.7	42.9	41.2
Count	14,622	67	60	49	34

I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system.

	2016	**2016**	**2015**	**2014**	**2013**
Strongly Disagree	0.4	0	1.6	0	0
Disagree	1.2	1.5	0	0	2.9
Neutral	5	7.6	4.9	2	0
Agree	39	30.3	27.9	51	55.9
Strongly Agree	54.3	60.6	65.6	46.9	41.2
Count	14,683	66	61	49	34

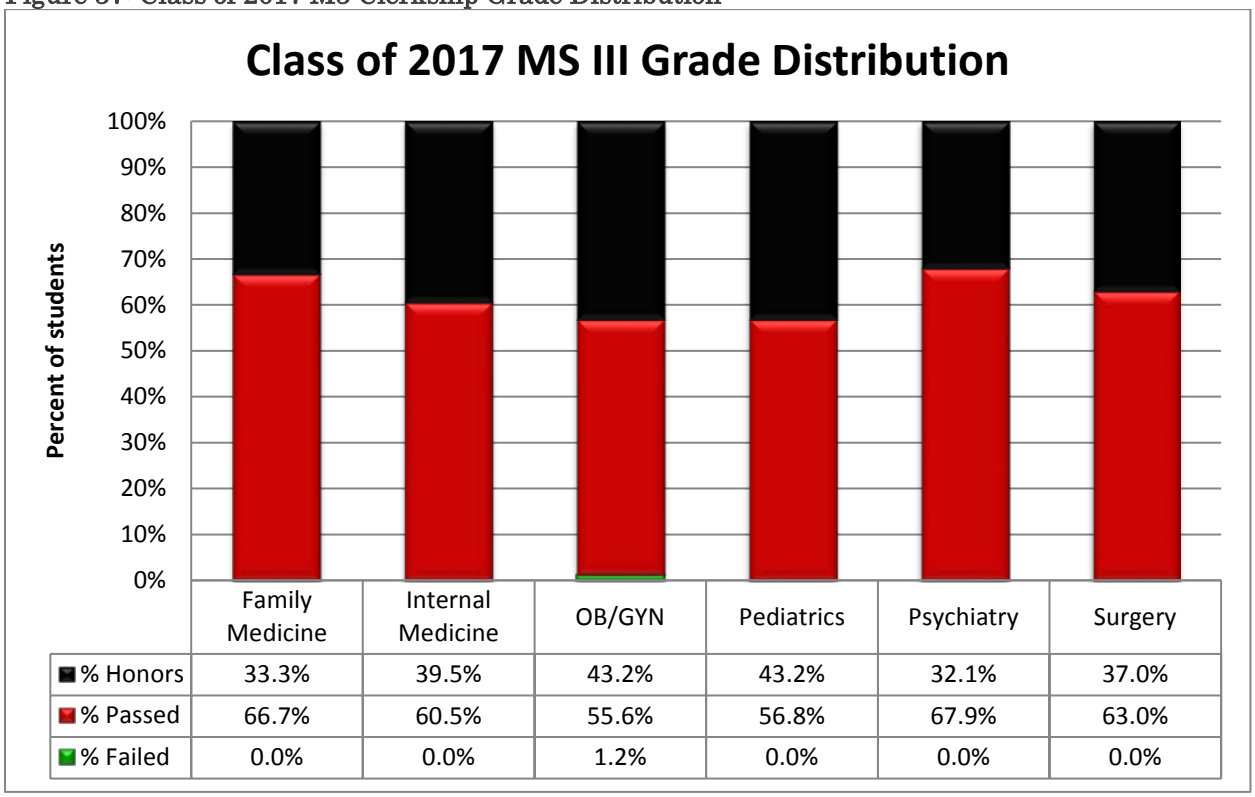
Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:	Percentage of Respondents Selecting Each Rating				
	All Medical Schools	TTUHSC El Paso	TTUHSC El Paso	TTUHSC El Paso	TTUHSC El Paso
	2016	**2016**	**2015**	**2014**	**2013**
I understand the ethical and professional values that are expected of the profession.					
	2016	**2016**	**2015**	**2014**	**2013**
Strongly Disagree	0.3	0	0	0	0
Disagree	0.2	0	0	0	0
Neutral	1.5	0	4.9	0	8.8
Agree	27.8	25.4	24.6	51	44.1
Strongly Agree	70.2	74.6	70.5	49	47.1
Count	14,666	67	61	49	34

Final Grade Distributions

Distribution of final grades as shown in the MSPE

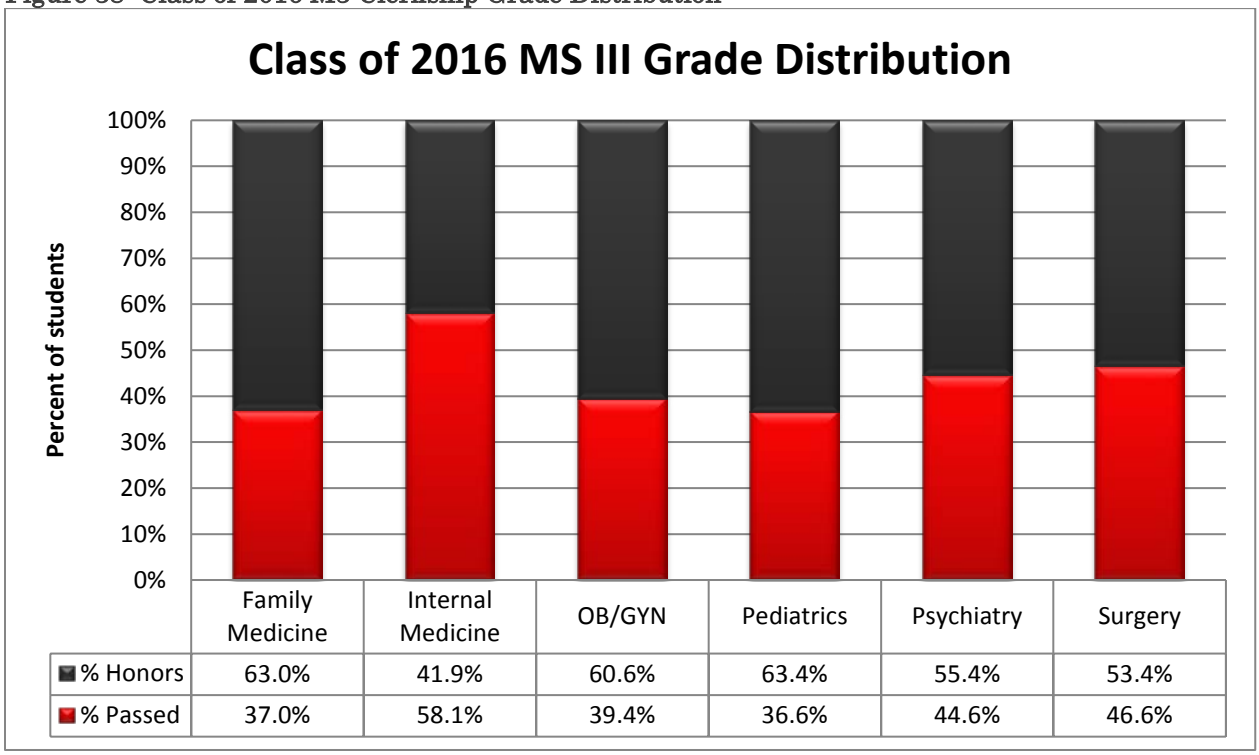
Note, all graphics in the MSPE are based on results for on cycle students.

Figure 37: Class of 2017 M3 Clerkship Grade Distribution



	Family Medicine	Internal Medicine	OB/GYN	Pediatrics	Psychiatry	Surgery
% Honors	33.3%	39.5%	43.2%	43.2%	32.1%	37.0%
% Passed	66.7%	60.5%	55.6%	56.8%	67.9%	63.0%
% Failed	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%

Figure 38: Class of 2016 M3 Clerkship Grade Distribution



	Family Medicine	Internal Medicine	OB/GYN	Pediatrics	Psychiatry	Surgery
% Honors	63.0%	41.9%	60.6%	63.4%	55.4%	53.4%
% Passed	37.0%	58.1%	39.4%	36.6%	44.6%	46.6%

Figure 39: Class of 2015 M3 Clerkship Grade Distribution

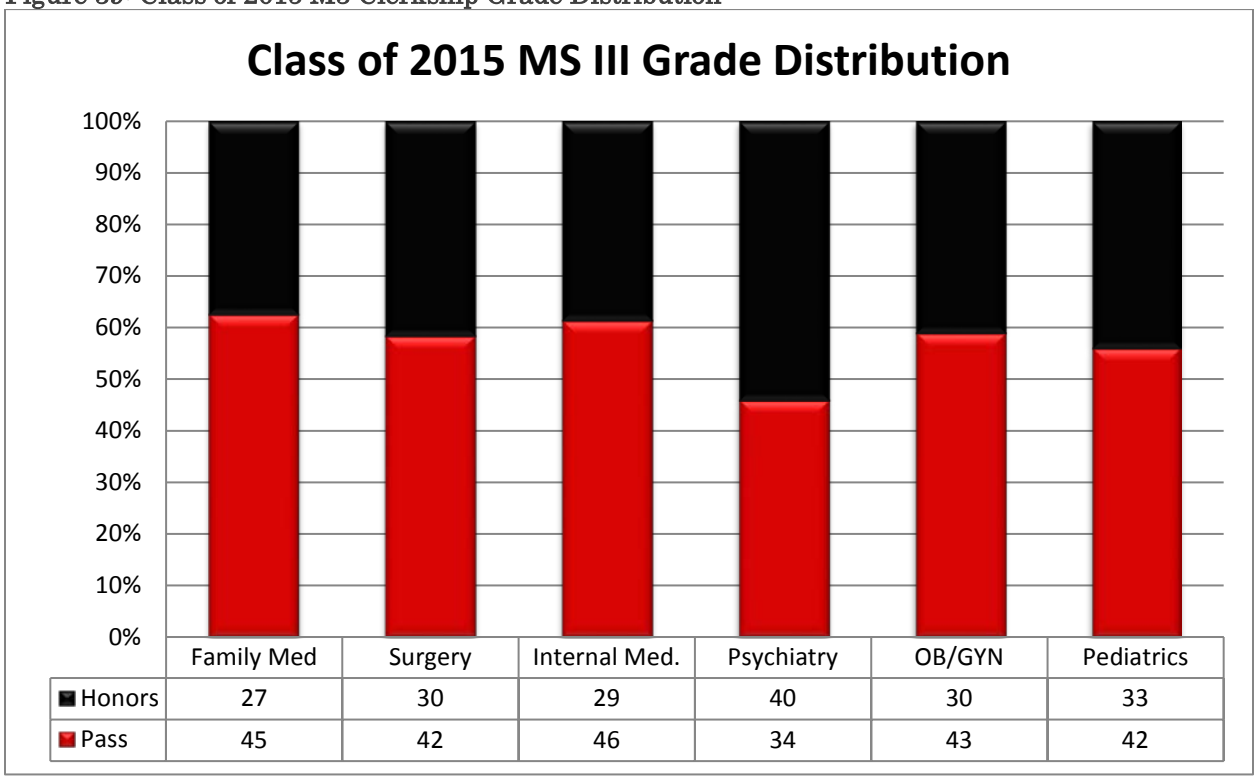


Figure 40: Class of 2014 M3 Clerkship Grade Distribution

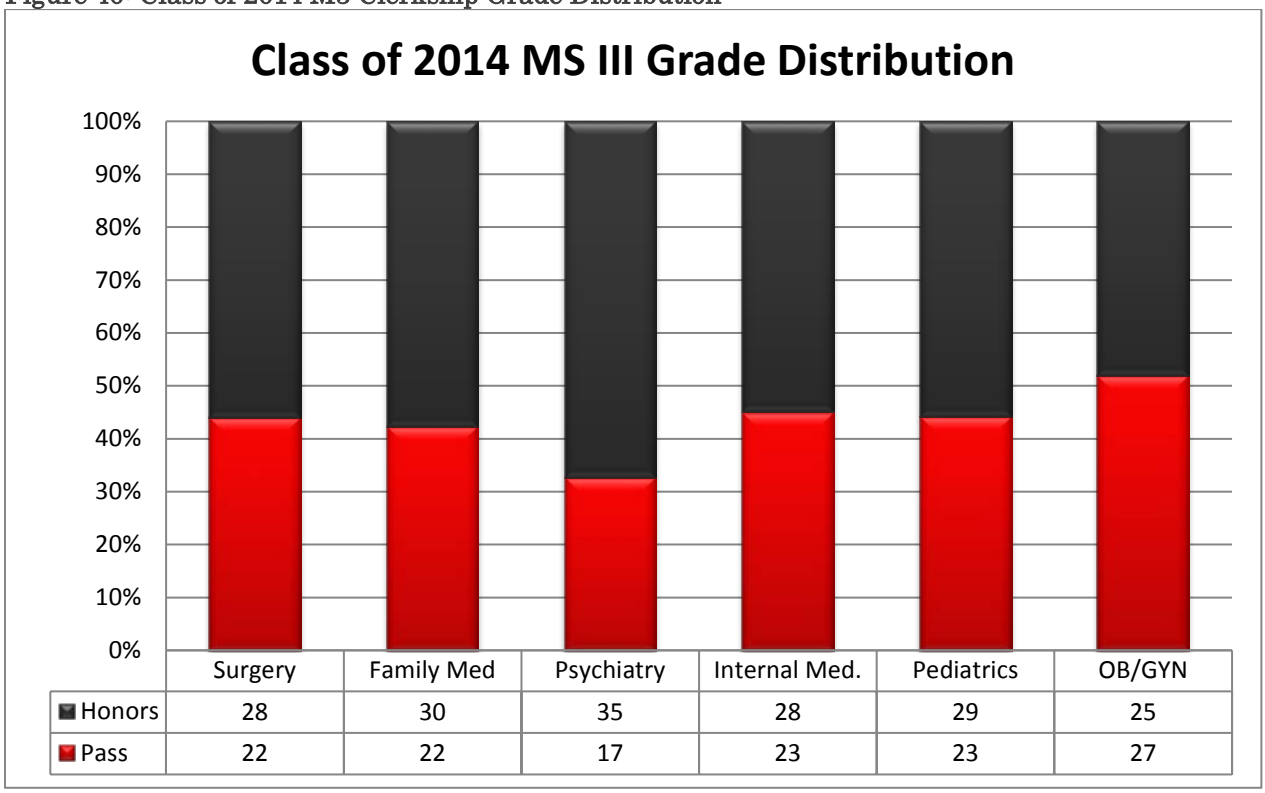
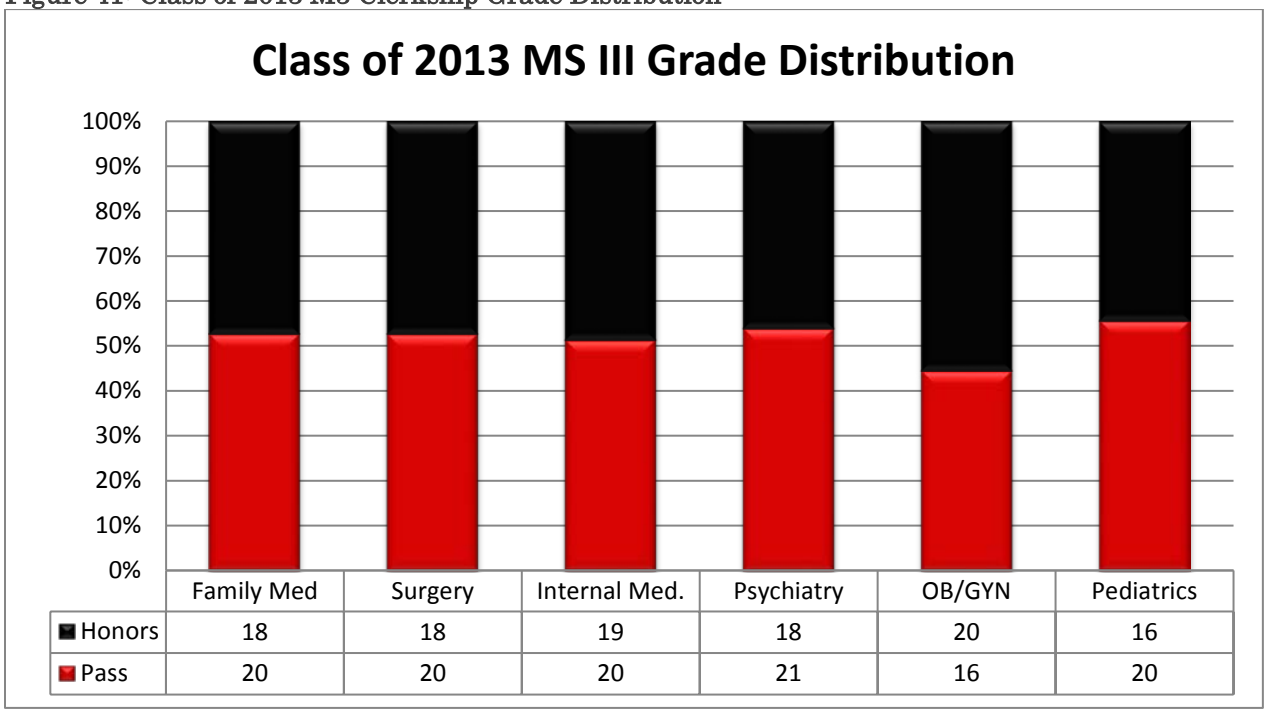


Figure 41: Class of 2013 M3 Clerkship Grade Distribution



	Family Med	Surgery	Internal Med.	Psychiatry	OB/GYN	Pediatrics
Honors	18	18	19	18	20	16
Pass	20	20	20	21	16	20

NBME Summary Results

Table 105: NBSE Shelf Exam Average Scores by Clerkship

Clerkship	2014-2015 Average Score	2015-2016 Average Score*
Family Medicine	77.29 (79)	72.32
Surgery	78.07 (75)	71.51
Internal Medicine	81.64 (78)	72.21
Psychiatry	85.46	75.76
Obstetrics/Gynecology	80.10 (81)	75.92
Pediatrics	83.44 (81)	75.96
Emergency Medicine	68.07	70.23
Neurology	76.80	81.10

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in ( ) are the rough equivalents of equated percent correct.

Core Clinical Science Exam (CCSE) Results

Starting in this academic year, students were offered the opportunity to take the CCSE. It was not required for the students and students had multiple opportunities to take, or retake, the exam. We report here results where 10 or more students took the exam both because that is where more information becomes available from the NBME and because smaller numbers of takers reduce the usefulness of the data as a measure of program successes. Only two offerings met the criteria of 10 or more takers. Given the small number of takers at any given time point, we encourage caution in interpreting the results.

Table 106: CCSE Scores for Offerings with 10 or More Sitting for the Exam

Test date	N	Mean Score	Standard Deviation	Low Score	High Score
22 Jun 2015	10	85.8	10.6	68	99
10 Jul 2015	16	85.4	10.7	60	99

The NBME provides school wide data when the number of takers is sufficiently high enough to meet their reliability standards. These are a school summary report (available when n≥ 15) and a content area item analysis (n≥10). We provide the content item analysis only for dates where the school summary performance report is not available. The NBME describes the content area item analysis as "… Descriptors of the items, which reviewed together, can be helpful in determining the extent to which your examinees have learned the content of individual items."

2015 Jul 10 School Summary Performance

> "This graph provides summary information regarding the score distribution of examinees from your medical school for this administration of the Comprehensive Clinical Science Examination (CCSE). The shaded area to find the borderline level of performance for each content area. Borderline

performance is comparable to HIGH FAIL/LOW PASS on the total test of USMLE Step 2 Clinical Knowledge (CK). Feedback is shown as a performance band for each content area. The midpoint of each band represents the mean score for your school in that content area. The width of the performance band reflects a dispersion of scores around the mean (+/-1 standard deviation). Wide bands indicate a wide range of scores (heterogeneous group) while narrow bands indicate a narrow range of scores (homogenous group). Assuming a normal distribution of scores, approximately two– thirds of scores for the examinees in this report should fall within the performance band.… Because the CCSE is designed to be integrative, many items contribute to more than one content area. Use caution when interpreting differences in performance across content areas."

Table 107: CCSE 2015 July Summary Performance Profile

	Lower Performance	Borderline Performance	Higher Performance
Physician Tasks			
Preventive Medicine & Health Maintenance			
Understanding Mechanisms of Disease			
Diagnosis			
Principles of Management			
Normal Conditions and Diseases			
Normal Growth & Development: Principles of Care			
Immunologic and Blood Disorders			
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			
Endocrine & Metabolic Disorders			
Disciplines			
Medicine			
Obstetrics & Gynecology			
Pediatrics			
Psychiatry			
Surgery			

2016 July 15 Content Item Analysis

This report provides the content area classification for each item on the examination, along with the proportion of the examinees from your institution (Schl) and a projected proportion of examinees nationally (Natl) who answered each item correctly. These proportions (also referred to as p-values) represent the difficulty of the items for the examinees at your institution and for the national group. In addition, differences between the p-values for your examinees and for the national group are shown in the last column (Difference). Items are sorted in ascending order by institution p-value so that the items that were the most difficult for your examinees are listed first.

Reporting Group	Test Purpose	# Examinees	Order ID	Form	# Scored
Medical Students	Other	1 2	B42300	MSS Comprehensive Clinical Science - 2009 Form# 01-Web	180

Table 108: Content Area Classification

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
1 Blood and lymphoreticular system: bacterial infections	.25	.55	-.30
2 Nervous system and special senses: cerebrovascular disease	.25	.56	-.31
3 Pregnancy, childbirth, and the puerperium: obstetric complications	.25	.59	-.34
4 Social Sciences: information provision	.33	.45	-.12
5 Behavioral health: adverse effects of drugs	.33	.49	-.16
6 Musculoskeletal system: immunologic disorders	.42	.56	-.14
7 Respiratory system: malignant neoplasms of the upper airways	.42	.53	-.11
8 Multisystem processes and disorders: immunologic and inflammatory disorders	.42	.61	-.19
9 Female reproductive and breast: infectious/immune/inflammatory disorders	.42	.73	-.31
10 Multisystem processes and disorders: agricultural hazards	.50	.63	-.13
11 Musculoskeletal system: inflammatory disorders	.50	.55	-.05
12 Nervous system and special senses: immunologic and inflammatory disorders	.50	.60	-.10
13 Endocrine system: adrenal disorders	.50	.63	-.13
14 Male reproductive: infectious disorders	.50	.71	-.21
15 Female reproductive and breast: malignant and precancerous neoplasms	.50	.58	-.08
16 Pregnancy, childbirth, and the puerperium: obstetric complications	.50	.51	-.01
17 Gastrointestinal system: disorders of the liver	.50	.63	-.13
18 Musculoskeletal system: degenerative/metabolic disorders: joints	.50	.70	-.20
19 Behavioral health: anxiety disorders	.50	.85	-.35
20 Skin and subcutaneous tissue: traumatic and mechanical disorders	.50	.77	-.27
21 Behavioral health: anxiety disorders	.58	.58	.00

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
22 Respiratory system: failure/arrest, pulmonary vascular disorders	.58	.63	-.05
23 Respiratory system: malignant neoplasms of the lower airways and pleura	.58	.61	-.03
24 Cardiovascular system: infectious disorders	.58	.83	-.25
25 Multisystem processes and disorders: paraneoplastic syndromes	.58	.56	.02
26 Musculoskeletal system: immunologic disorders	.58	.72	-.14
27 Female reproductive and breast: malignant and precancerous neoplasms	.58	.75	-.17
28 Respiratory system: obstructive airway disease	.58	.70	-.12
29 Behavioral health: mood disorders	.58	.63	-.05
30 Gastrointestinal system: malignant neoplasms	.58	.59	-.01
31 Gastrointestinal system: bacterial infections	.58	.63	-.05
32 Respiratory system: obstructive airway disease	.58	.62	-.04
33 Immune System: transplantation	.58	.70	-.12
34 Multisystem processes and disorders: gases, vapors, smoke inhalation	.58	.88	-.30
35 Gastrointestinal system: disorders of the small intestine, colon	.58	.52	.06
36 Skin and subcutaneous tissue: bacterial infections	.58	.48	.10
37 Nervous system and special senses: adverse effects of drugs	.58	.76	-.18
38 Female reproductive and breast: malignant and precancerous neoplasms	.67	.82	-.15
39 Multisystem processes and disorders: bacterial infections	.67	.83	-.16
40 Biostat, Epi, Population Health, Lit Interp: causation	.67	.74	-.07
41 Endocrine system: congenital disorders	.67	.84	-.17
42 Respiratory system: infectious/immune/inflammatory disorders: lower airways	.67	.69	-.02
43 Immune System: HIV/AIDS	.67	.83	-.16
44 Nervous system and special senses: infectious/inflammatory disorders of the ear	.67	.79	-.12
45 Nervous system and special senses: infectious disorders	.67	.89	-.22
46 Gastrointestinal system: Immunologic and inflammatory disorders	.67	.77	-.10
47 Cardiovascular system: heart failure	.67	.64	.03
48 Pregnancy, childbirth, and the puerperium: puerperium, including complications	.67	.76	-.09
49 Endocrine system: diabetes mellitus	.67	.64	.03
50 Immune System: hypersensitivity reactions	.67	.82	-.15
51 Musculoskeletal system: immunologic disorders	.67	.65	.02
52 Endocrine system: adrenal disorders	.67	.82	-.15
53 Behavioral health: psychotic disorders	.67	.63	.04
54 Endocrine system: thyroid disorders	.67	.67	.00
55 Cardiovascular system: traumatic and mechanical disorders	.67	.77	-.10
56 Female reproductive and breast: infectious/immune/inflammatory disorders	.67	.60	.07
57 Blood and lymphoreticular system: anemias: disorders of hemoglobin, heme, or membrane	.75	.68	.07
58 Behavioral health: psychotic disorders	.75	.91	-.16

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
59 Multisystem processes and disorders: genetic: intra/extracellular transport receptors	.75	.71	.04
60 Behavioral health: somatoform disorders	.75	.81	-.06
61 Biostat, Epi, Population Health, Lit Interp: probability	.75	.84	-.09
62 Cardiovascular system: disorders of the great vessels	.75	.78	-.03
63 Musculoskeletal system: infectious disorders	.75	.69	.06
64 Multisystem processes and disorders: immunologic and inflammatory disorders	.75	.76	-.01
65 Nervous system and special senses: degenerative disorders, amnestic syndromes	.75	.88	-.13
66 Nervous system and special senses: hearing loss/deafness	.75	.67	.08
67 Renal and urinary system: metabolic and regulatory disorders	.75	.66	.09
68 Nervous system and special senses: cerebrovascular disease	.75	.73	.02
69 Endocrine system: diabetes mellitus	.75	.76	-.01
70 Skin and subcutaneous tissue: malignant neoplasms	.75	.68	.07
71 Cardiovascular system: ischemic heart disease	.75	.74	.01
72 Male reproductive: infectious disorders	.75	.86	-.11
73 Pregnancy, childbirth, and the puerperium: disorders of the newborn	.75	.60	.15
74 Multisystem processes and disorders: immunologic and inflammatory disorders	.75	.55	.20
75 Respiratory system: infectious/immune/inflammatory disorders: lower airways	.75	.86	-.11
76 Endocrine system: diabetes mellitus	.75	.84	-.09
77 Blood and lymphoreticular system: anemias: decreased production	.75	.77	-.02
78 Respiratory system: traumatic/mechanical disorders of upper airways	.75	.70	.05
79 Female reproductive and breast: fertility and infertility	.83	.74	.09
80 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	.83	.73	.10
81 Cardiovascular system: diseases of the veins	.83	.89	-.06
82 Cardiovascular system: valvular heart disease	.83	.90	-.07
83 Multisystem processes and disorders: genetic: intra/extracellular transport receptors	.83	.83	.00
84 Multisystem processes and disorders: genetic: large genomic changes	.83	.90	-.07
85 Endocrine system: diabetes mellitus	.83	.84	-.01
86 Cardiovascular system: hypotension	.83	.84	-.01
87 Nervous system and special senses: neoplasms	.83	.85	-.02
88 Blood and lymphoreticular system: adverse effects of drugs	.83	.73	.10
89 Nervous system and special senses: infectious/inflammatory disorders of the ear	.83	.88	-.05
90 Renal and urinary system: traumatic and mechanical disorders	.83	.73	.10
91 Behavioral health: mood disorders	.83	.81	.02
92 Gastrointestinal system: Immunologic and inflammatory disorders	.83	.89	-.06
93 Nervous system and special senses: cerebrovascular disease	.83	.71	.12

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
94 Behavioral health: substance abuse disorders	.83	.81	.02
95 Cardiovascular system: congenital disorders	.83	.71	.12
96 Cardiovascular system: ischemic heart disease	.83	.81	.02
97 Gastrointestinal system: disorders of the liver	.83	.55	.28
98 Pregnancy, childbirth, and the puerperium: puerperium, including complications	.83	.61	.22
99 Gastrointestinal system: malignant neoplasms	.83	.72	.11
100 Pregnancy, childbirth, and the puerperium: disorders of the newborn	.83	.80	.03
101 Multisystem processes and disorders: viral infections	.83	.81	.02
102 Multisystem processes and disorders: paraneoplastic syndromes	.83	.77	.06
103 Cardiovascular system: congenital disorders	.83	.61	.22
104 Blood and lymphoreticular system: hypocoagulable disorders	.83	.82	.01
105 Female reproductive and breast: menstrual and endocrine disorders	.83	.78	.05
106 Biostat, Epi, Population Health, Lit Interp: relative risk	.83	.79	.04
107 Skin and subcutaneous tissue: viral infections	.83	.78	.05
108 Respiratory system: obstructive airway disease	.83	.80	.03
109 Gastrointestinal system: disorders of the pancreas	.83	.68	.15
110 Nervous system and special senses: disorders of the eye and eyelid, structural	.83	.86	-.03
111 Gastrointestinal system: disorders of the biliary system	.83	.82	.01
112 Endocrine system: pituitary disorders	.83	.60	.23
113 Multisystem processes and disorders: fluid volume and electrolyte disorders	.83	.70	.13
114 Endocrine system: thyroid disorders	.83	.57	.26
115 Cardiovascular system: congenital disorders	.83	.72	.11
116 Respiratory system: failure/arrest, pulmonary vascular disorders	.83	.84	-.01
117 Respiratory system: failure/arrest, pulmonary vascular disorders	.83	.84	-.01
118 Gastrointestinal system: disorders of the esophagus	.83	.74	.09
119 Skin and subcutaneous tissue: fungal infections	.83	.79	.04
120 Cardiovascular system: diseases of the myocardium	.83	.63	.20
121 Gastrointestinal system: disorders of the small intestine, colon	.83	.68	.15
122 Musculoskeletal system: infectious disorders	.83	.57	.26
123 Female reproductive and breast: menstrual and endocrine disorders	.83	.84	-.01
124 Cardiovascular system: ischemic heart disease	.92	.92	.00
125 Gastrointestinal system: disorders of the small intestine, colon	.92	.81	.11
126 Musculoskeletal system: traumatic and mechanical disorders	.92	.66	.26
127 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	.92	.91	.01
128 Skin and subcutaneous tissue: traumatic and mechanical disorders	.92	.92	.00
129 Nervous system and special senses: movement disorders	.92	.73	.19
130 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	.92	.83	.09
131 Renal and urinary system: traumatic and mechanical disorders	.92	.83	.09

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
132 Gastrointestinal system: viral infections	.92	.95	-.03
133 Respiratory system: obstructive airway disease	.92	.92	.00
134 Renal and urinary system: immune/inflammatory: glomerular disorders	.92	.93	-.01
135 Respiratory system: failure/arrest, pulmonary vascular disorders	.92	.88	.04
136 Behavioral health: psychotic disorders	.92	.80	.12
137 Renal and urinary system: infectious disorders of the lower tract	.92	.78	.14
138 Multisystem processes and disorders: paraneoplastic syndromes	.92	.61	.31
139 Respiratory system: pneumoconiosis, fibrosing/restrictive/interstitial disorders	.92	.88	.04
140 Nervous system and special senses: cerebrovascular disease	.92	.81	.11
141 Cardiovascular system: peripheral arterial vascular disease	.92	.68	.24
142 Renal and urinary system: infectious disorders of the upper tract	.92	.85	.07
143 Cardiovascular system: hypertension	.92	.79	.13
144 Pregnancy, childbirth, and the puerperium: obstetric complications	.92	.86	.06
145 Gastrointestinal system: Immunologic and inflammatory disorders	.92	.87	.05
146 Musculoskeletal system: inflammatory disorders	.92	.69	.23
147 Social Sciences: information provision	.92	.85	.07
148 Behavioral health: mood disorders	.92	.80	.12
149 Female reproductive and breast: menstrual and endocrine disorders	.92	.79	.13
150 Gastrointestinal system: disorders of the pancreas	.92	.82	.10
151 Cardiovascular system: diseases of the pericardium	.92	.78	.14
152 Respiratory system: metastatic neoplasms	.92	.87	.05
153 General Principles: childhood: developmental stages	.92	.71	.21
154 Female reproductive and breast: infectious/immune/inflammatory disorders	.92	.78	.14
155 Male reproductive: infectious disorders	.92	.78	.14
156 Behavioral health: psychosocial disorders/behaviors	.92	.88	.04
157 Respiratory system: infectious/immune/inflammatory disorders: lower airways	1.00	.82	.18
158 Gastrointestinal system: disorders of the esophagus	1.00	.91	.09
159 Cardiovascular system: hypertension	1.00	.94	.06
160 Cardiovascular system: peripheral arterial vascular disease	1.00	.83	.17
161 Multisystem processes and disorders: vitamin deficiencies and/or toxicities	1.00	.81	.19
162 Musculoskeletal system: traumatic and mechanical disorders	1.00	.84	.16
163 Nervous system and special senses: disorders of the retina	1.00	.73	.27
164 Nervous system and special senses: peripheral nerve/plexus injury and disorders	1.00	.66	.34
165 General Principles: senescence: developmental stages	1.00	.91	.09
166 Behavioral health: disorders originating in infancy/childhood	1.00	.79	.21
167 Respiratory system: failure/arrest, pulmonary vascular disorders	1.00	.86	.14
168 Respiratory system: traumatic/mechanical disorders of lower airways	1.00	.74	.26

Content Area Classification	Total Item Difficulty (p value)		Difference
	PLFSOM	National	PLFSOM - National
169 Cardiovascular system: hypertension	1.00	.91	.09
170 Immune System: HIV/AIDS	1.00	.82	.18
171 Renal and urinary system: traumatic and mechanical disorders	1.00	.73	.27
172 Endocrine system: diabetes mellitus	1.00	.93	.07
173 Social Sciences: physician-patient relationship	1.00	.84	.16
174 Female reproductive and breast: benign and undefined neoplasms of the breast	1.00	.82	.18
175 Multisystem processes and disorders: immunologic and inflammatory disorders	1.00	.89	.11
176 General Principles: adolescence: normal physical changes	1.00	.89	.11
177 Endocrine system: thyroid disorders	1.00	.88	.12
178 Musculoskeletal system: immunologic disorders	1.00	.80	.20
179 Cardiovascular system: hypertension	1.00	.88	.12
180 Behavioral health: anxiety disorders	1.00	.79	.21
169 Cardiovascular system: hypertension	1.00	.91	.09
170 Immune System: HIV/AIDS	1.00	.82	.18
171 Renal and urinary system: traumatic and mechanical disorders	1.00	.73	.27
172 Endocrine system: diabetes mellitus	1.00	.93	.07
173 Social Sciences: physician-patient relationship	1.00	.84	.16
174 Female reproductive and breast: benign and undefined neoplasms of the breast	1.00	.82	.18
175 Multisystem processes and disorders: immunologic and inflammatory disorders	1.00	.89	.11

Table 109: Step 2 Clinical Knowledge Results

Academic Year	No. Examined	PLFSOM/National Percent Passing	PLFSOM Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
July 2011 to June 2012	2	100/98	251	13	237	21
July 2012 to June 2013	37	100/98	238	17	238	19
July 2013 to June 2014	54	98/97	243	17	240	18
July 2014 to June 2015	80	89/95	234	20	240	18
July 2015 to June 2016	70	99/96	246	16	242	17

Trend Lines over Time

We show here the trend line of the data as reported by the NBME. Please note that it does not correspond directly to class.

Figure 42: NBME CK Step 2 Score Plot

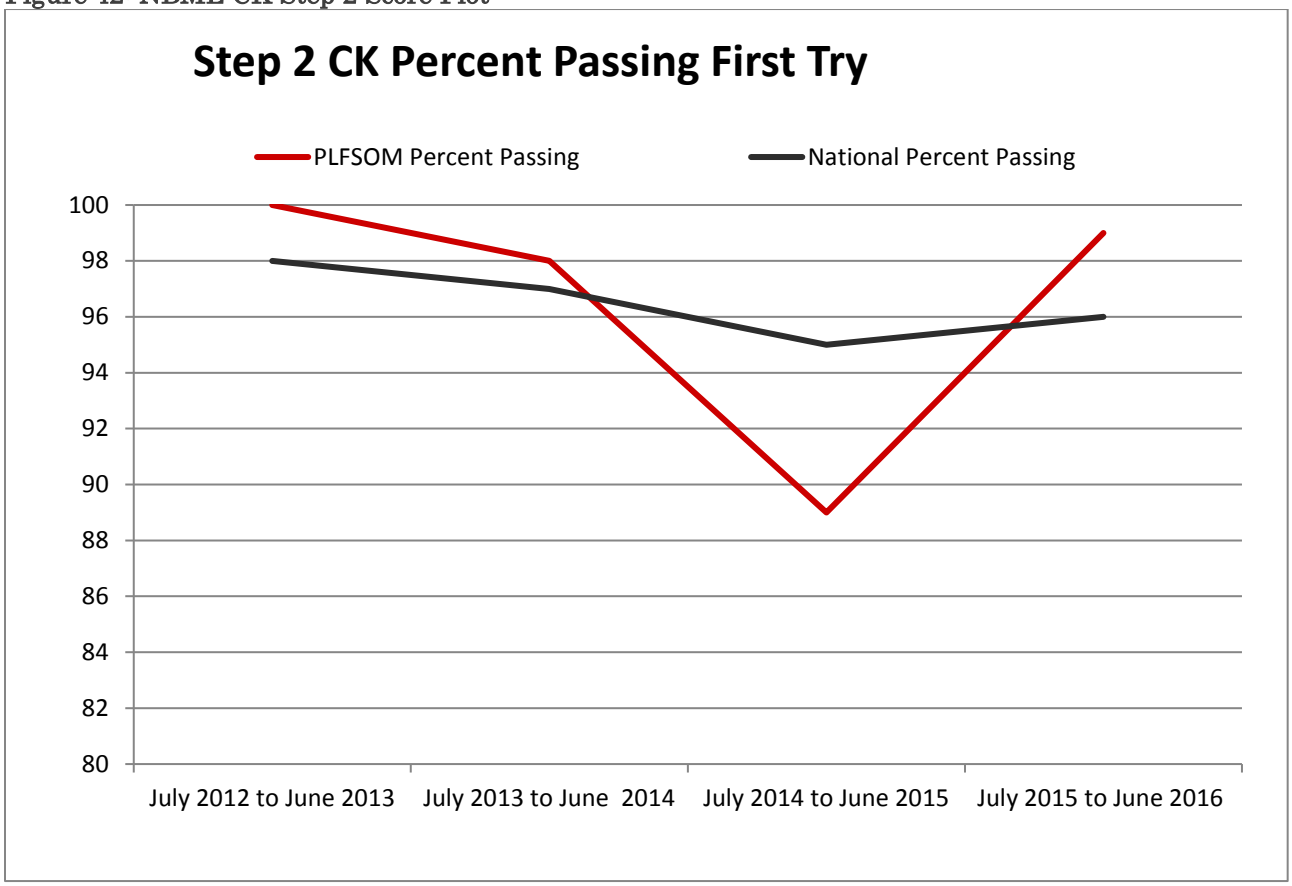
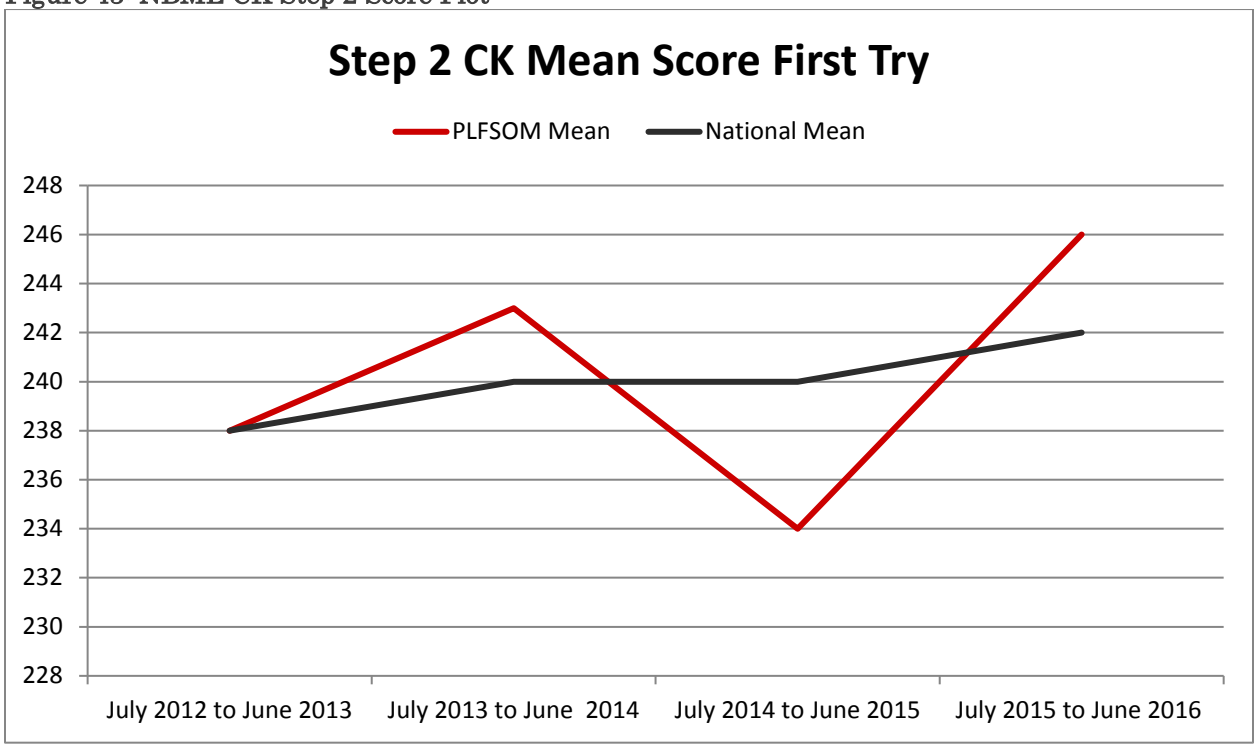


Figure 43: NBME CK Step 2 Score Plot



NBME Score Plots

The following graphics are the annual score plots for STEP2 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 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.

Figure 44: NBME Step 2 CK First Time 2016

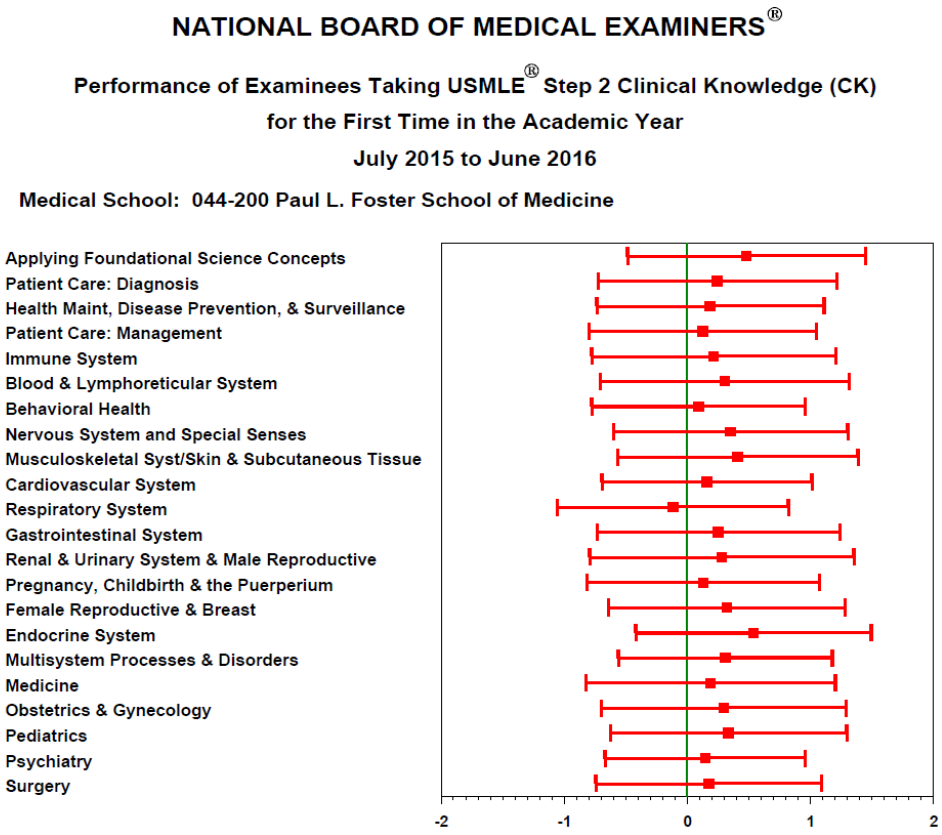


Figure 45: NBME Step 2 CK First Time 2015

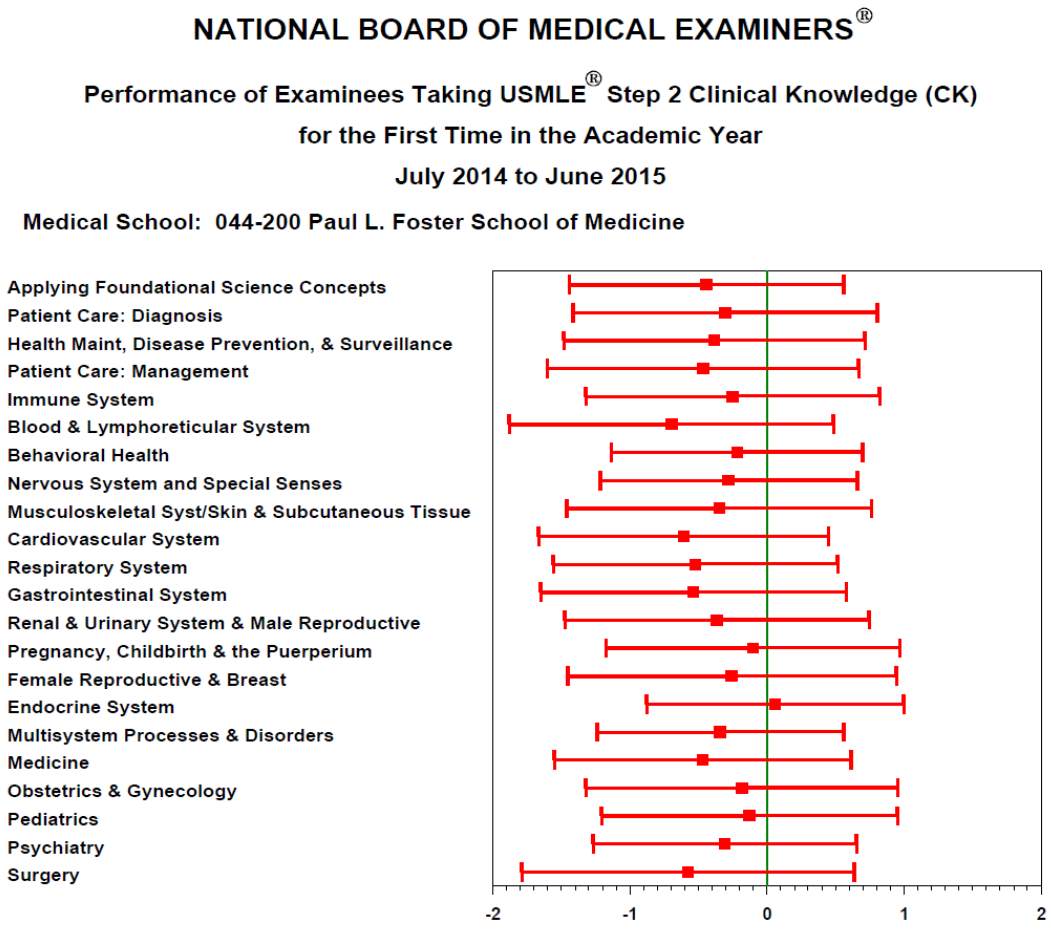


Figure 46: NBME Step 2 CK First Time 2014

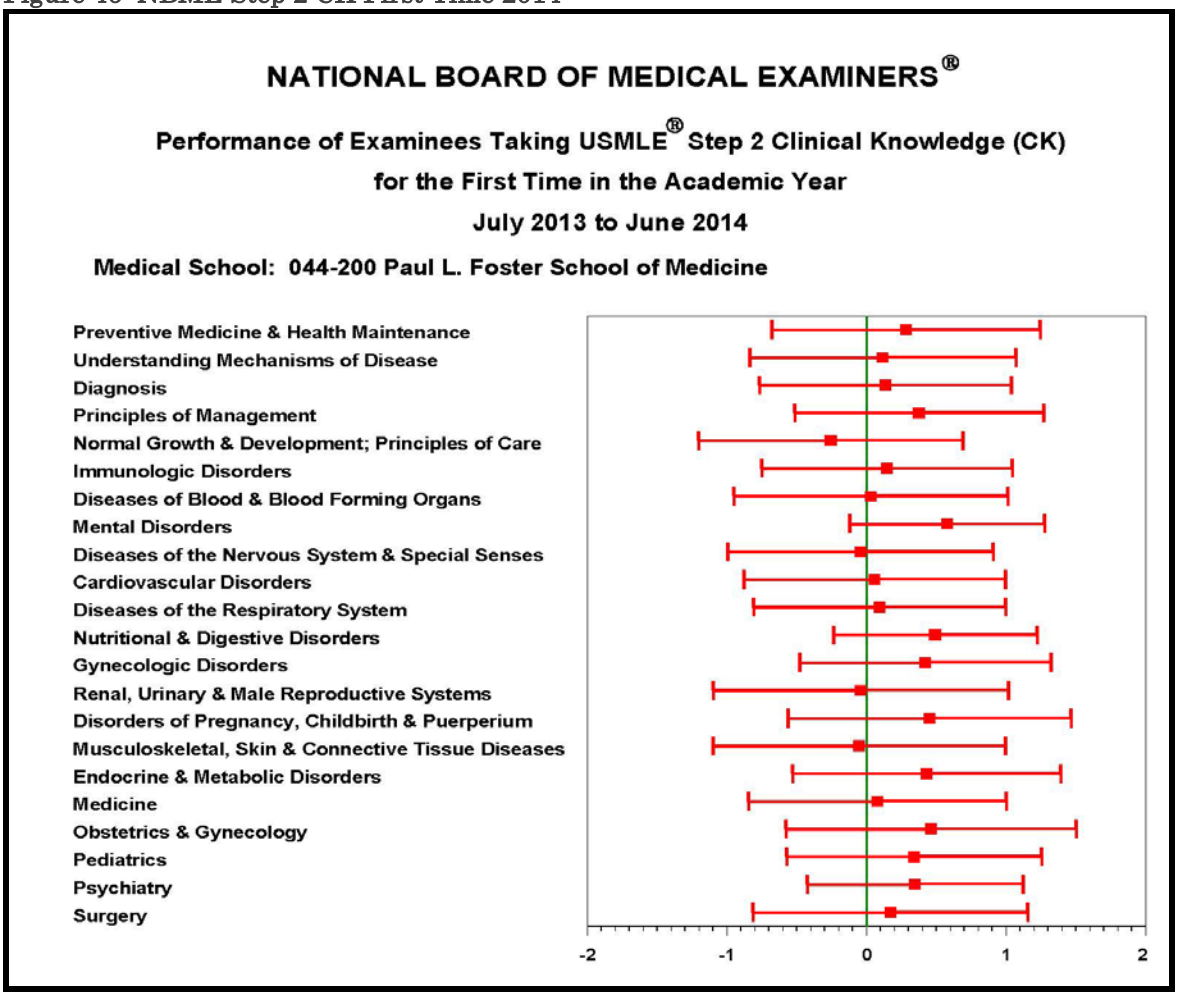


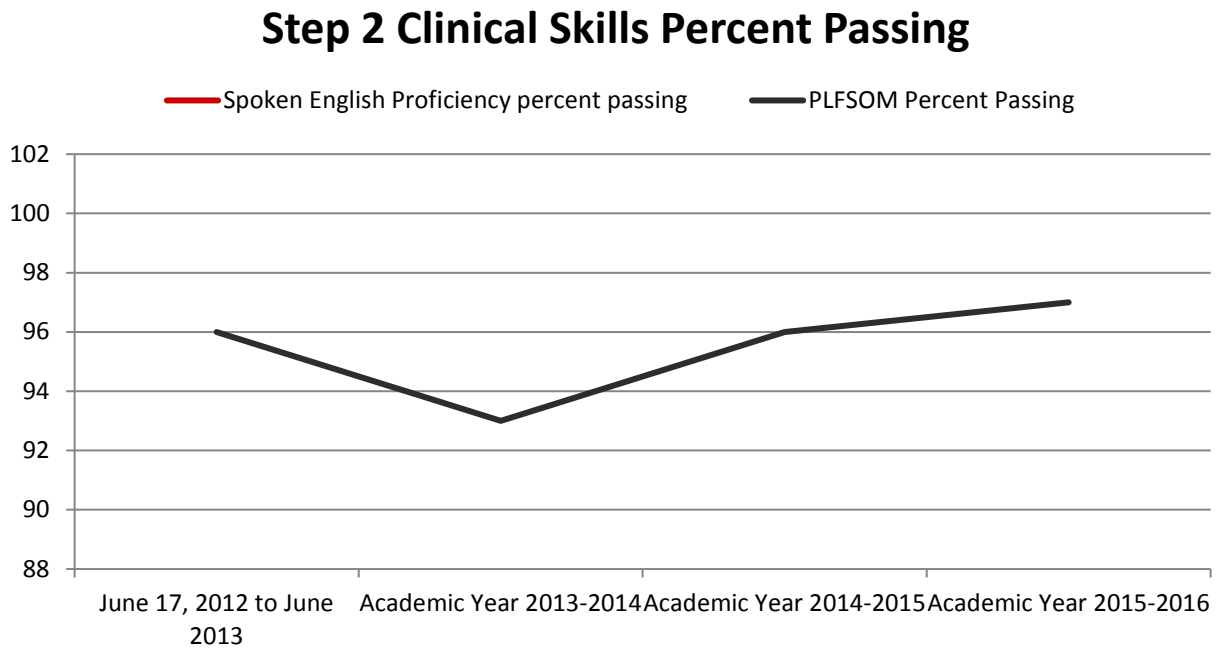
Table 110: Step 2 Clinical Skills Results

Academic Year	No. Examined	PLFSOM/National Percent Passing
July 2011 to May 19, 2012	1	100
June 17, 2012 to June 2013	47	96/98
Academic Year 2013-2014	56	93/96
Academic Year 2014-2015	103	96/96
Academic Year 2015-2016	65	97/97

Trend Lines over Time

We show here the trend line data as reported by the NBME.

Figure 47: Step 2 Trend Lines



NBME Score Plots

Figure 48 AY 2015-2016 Step 2 CS Performance Boxplots

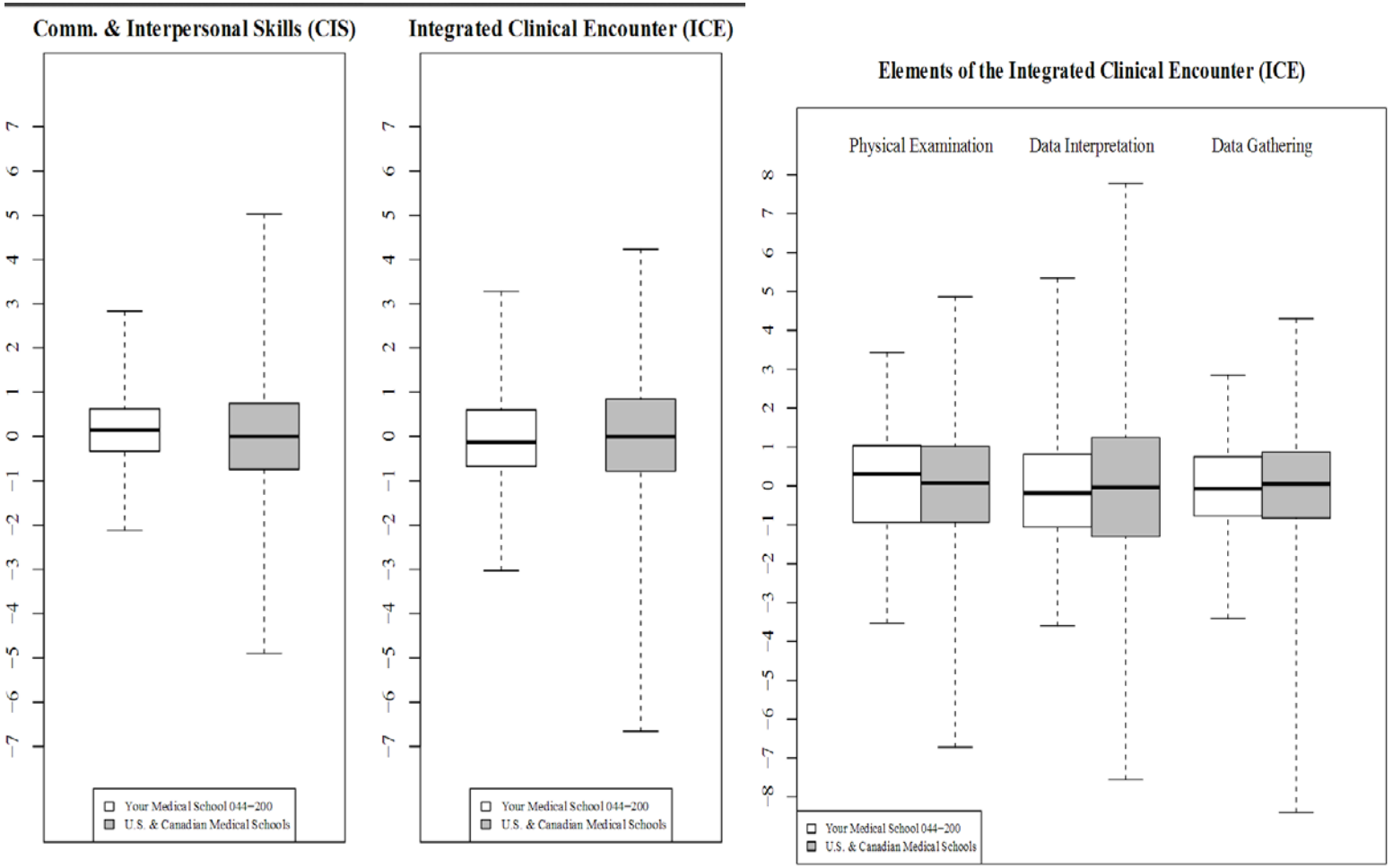


Figure 49: AY 2014-2015 Step 2 CS Performance Boxplots

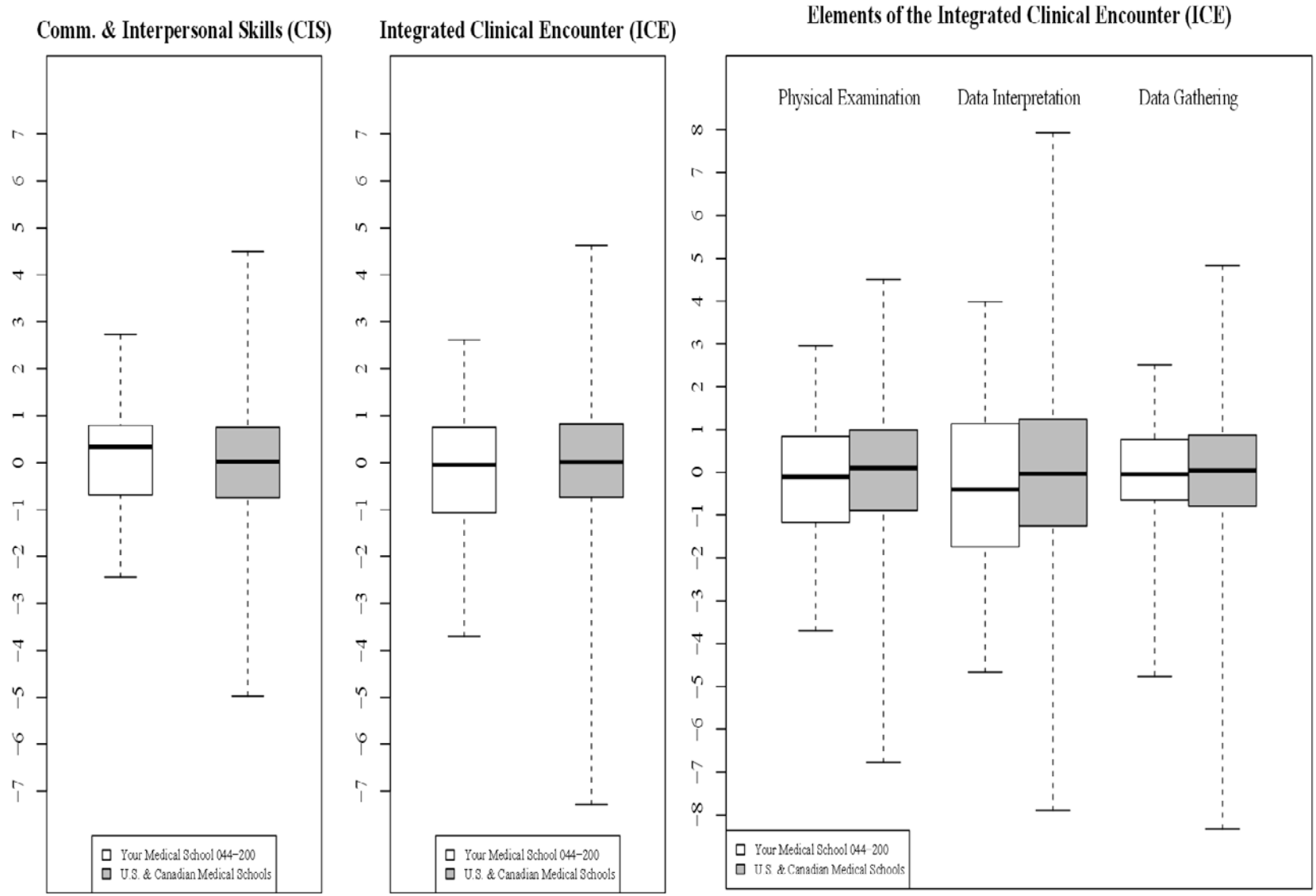
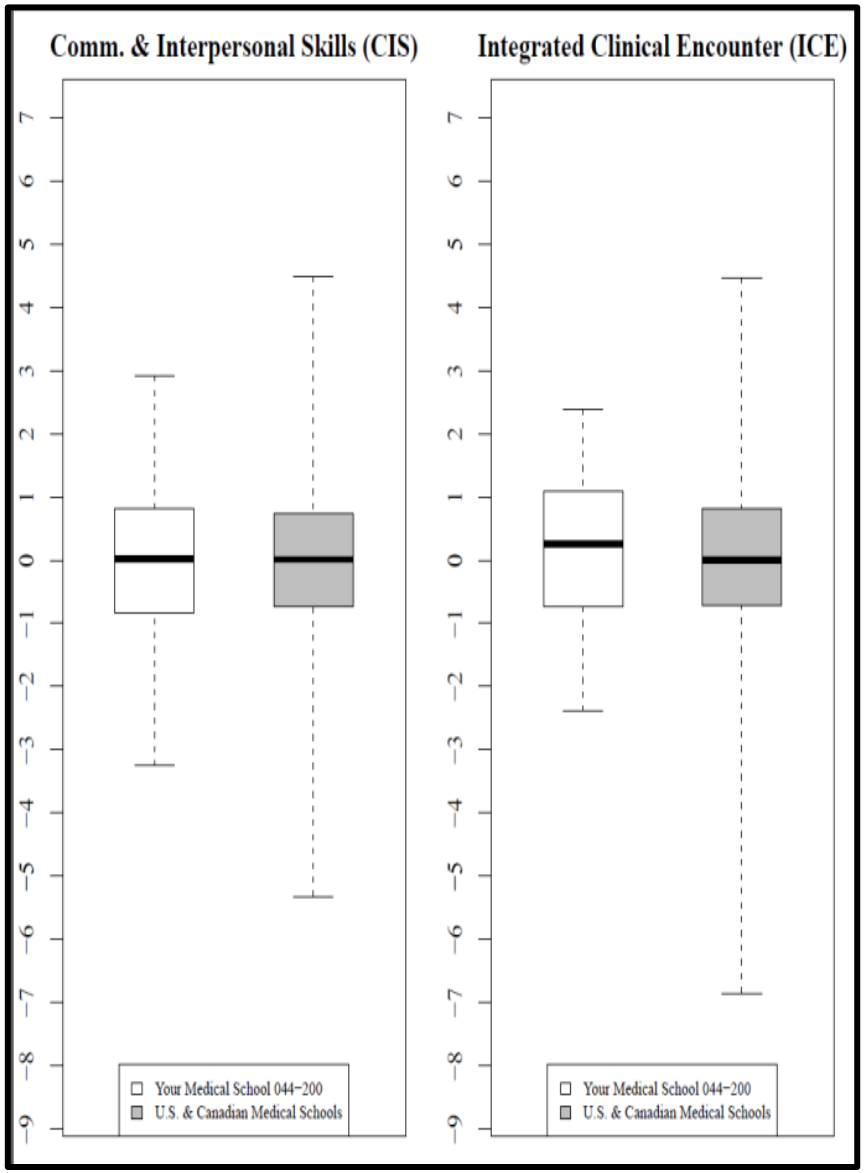


Figure 50: AY 2013-2014 Step 2 CS Performance Boxplots



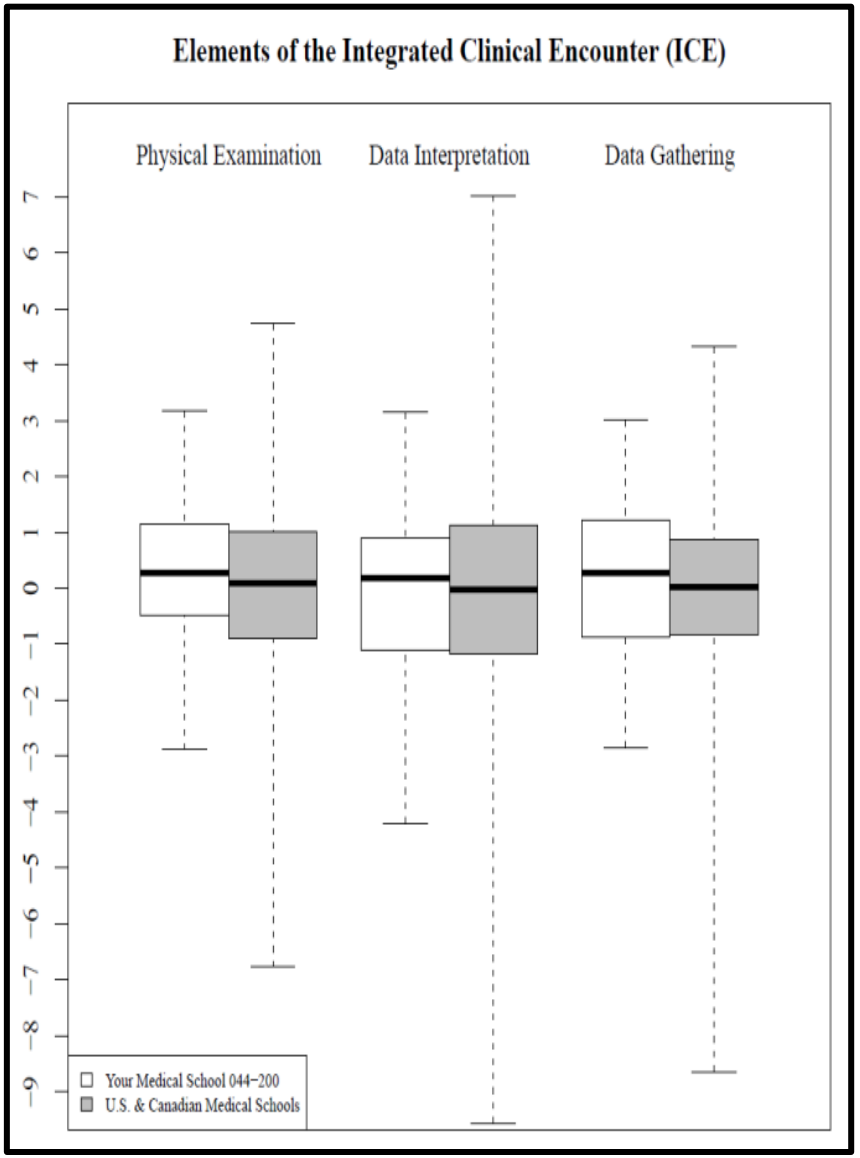
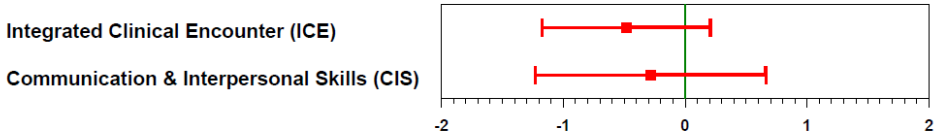


Figure 51 AY 2012-2013 Step 2 CS Performance Plot

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



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.

For an explanation of the Step 2 exam please refer to the Methodology section.

Mid-Clerkship Completion Rate

Each clerkship is expected to provide the students with mid-clerkship feedback at least once. This is tied to LCME Element 9.7.

Table 111: Mid-Clerkship Feedback completion rate

Clerkship	AY 2015-2016	
	% Completed as scheduled*	# of special circumstance delays
Family Medicine	100	1
Surgery	100	0
Internal Medicine	100	0
Psychiatry	100	0
Obstetrics/Gynecology	100	1
Pediatrics	99	0
Emergency Medicine	100	0
Neurology	97[1]	0

* Does not include delays for special circumstances such as family or medical leave.

[1] One student assessment was saved in the system but not finalized within the 6 week time frame

Observation of Performance of Core Clinical Skills

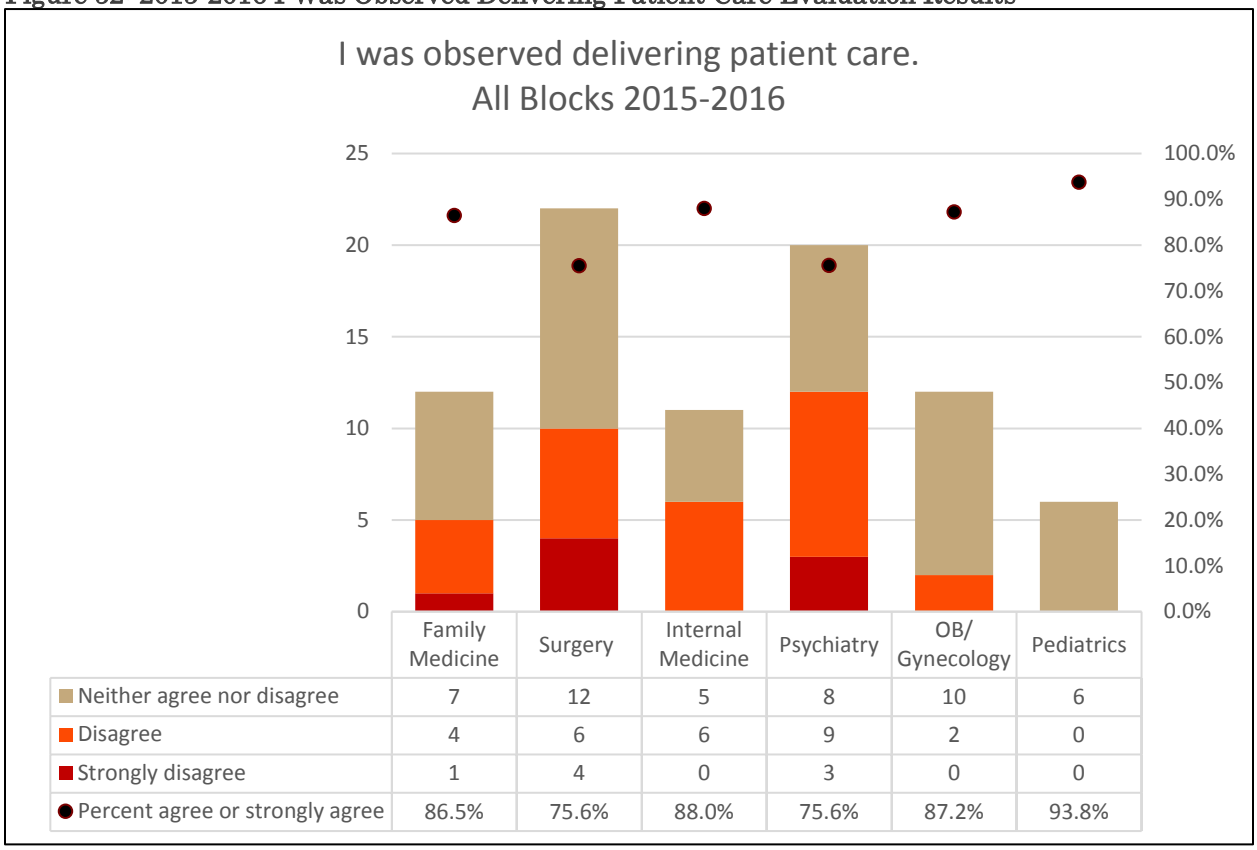
Element 9.4 in the LCME Data Collection Instrument (DCI) asks "provide data from school-specific sources on student perceptions that they were observed performing core clinical skills." Sources of data requested in the response are from the AAMC Graduation Questionnaire. Low levels of agreement with the GQ items on being observed performing a history, observed performing a physical exam, and "Acquired the clinical skills required to begin a residency program" are generally considered to be "red flags."

Dr. Maureen Francis, the Assistant Dean for Medical Education – Clinical Sciences, reports that all clerkships have required H&Ps. The following data, thus reflects students' perceptions of being observed.

Evaluation Data

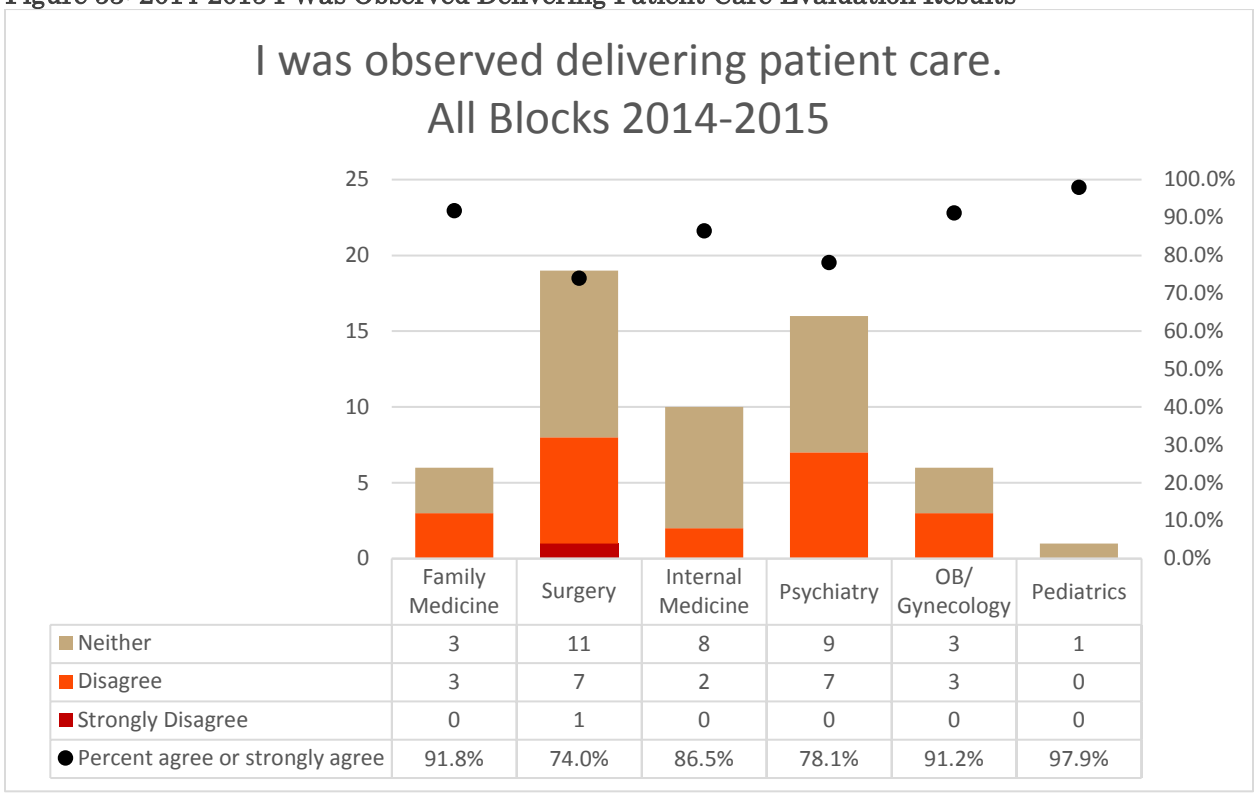
The following tables are double scaled: Percentage disagreement is shown in bars and percentage agreement is shown in dots.

Figure 52: 2015-2016 I Was Observed Delivering Patient Care Evaluation Results



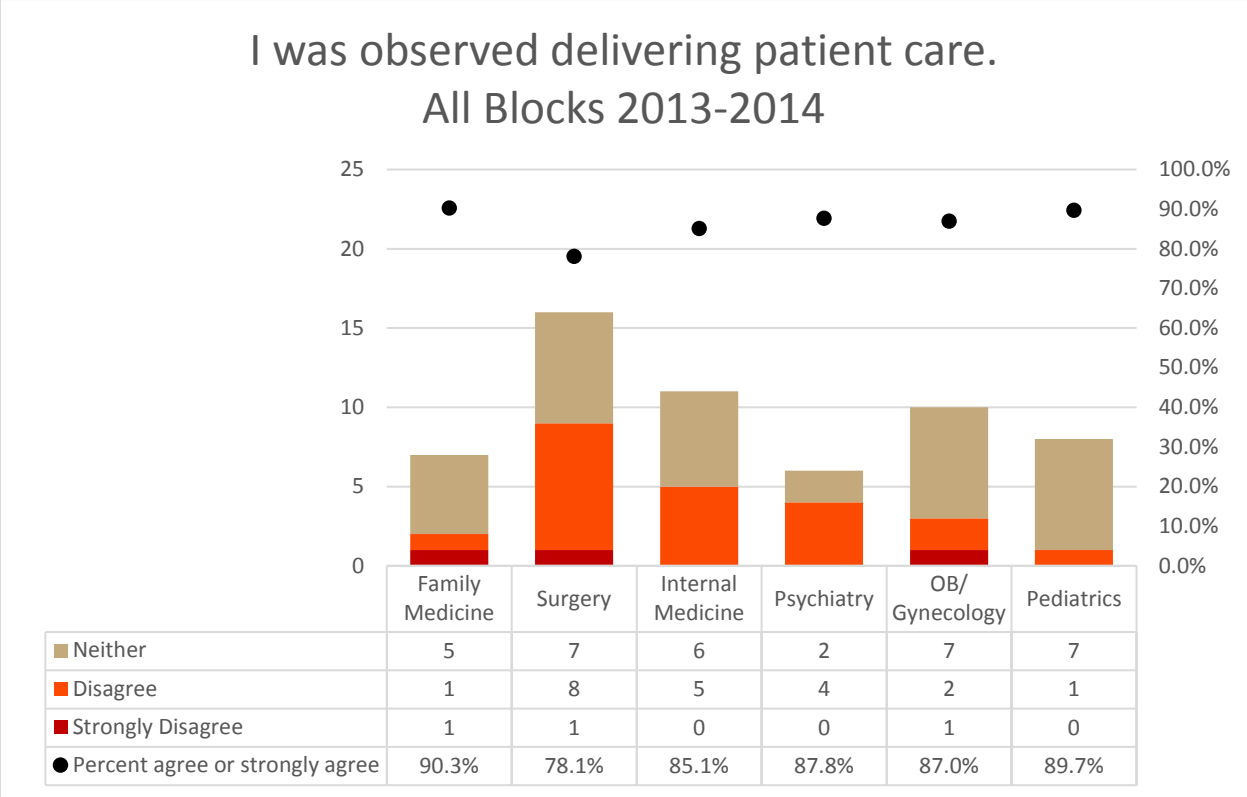
	Family Medicine	Surgery	Internal Medicine	Psychiatry	OB/ Gynecology	Pediatrics
Neither agree nor disagree	7	12	5	8	10	6
Disagree	4	6	6	9	2	0
Strongly disagree	1	4	0	3	0	0
Percent agree or strongly agree	86.5%	75.6%	88.0%	75.6%	87.2%	93.8%

Figure 53: 2014-2015 I Was Observed Delivering Patient Care Evaluation Results



	Family Medicine	Surgery	Internal Medicine	Psychiatry	OB/ Gynecology	Pediatrics
Neither	3	11	8	9	3	1
Disagree	3	7	2	7	3	0
Strongly Disagree	0	1	0	0	0	0
Percent agree or strongly agree	91.8%	74.0%	86.5%	78.1%	91.2%	97.9%

Figure 54: 2013-2014 I Was Observed Delivering Patient Care Evaluation Results



	Family Medicine	Surgery	Internal Medicine	Psychiatry	OB/ Gynecology	Pediatrics
Neither	5	7	6	2	7	7
Disagree	1	8	5	4	2	1
Strongly Disagree	1	1	0	0	1	0
Percent agree or strongly agree	90.3%	78.1%	85.1%	87.8%	87.0%	89.7%

Block A – Family Medicine & Surgery

Table 112: Block A Evaluation Results

Block A Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	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	4.1	3.7	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	3.6	3.7	3.9
The block met the identified learning objectives.	4.0	3.5	3.8	3.5	4.2	4.2	3.8	3.8	4.0	3.9	4.3	4.0	3.9	3.7	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	3.8	3.8	4.1
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	4.0	2.8	3.3	3.2	3.9	3.6	3.1	3.2	3.7	3.7	4.0	3.6	3.6	3.4	3.7
N	9	12	11	16	17	13	22	24	27	21	21	27	29	32	29

Family Medicine

Graduate Questionnaire Data for the Clerkship

Table 113: GQ Clerkship Experience Rankings for Family Medicine

GQ Report Item #11: Clerkship Experiences: Family Medicine	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	77.9	85.5	89.8	94.6	97.1	97
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	80.6	87.8	92.1	95.7	98.0	95.5
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	85.7	93.5	96.5	98.3	100.0	100
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	74.6	80.0	86.6	90.2	93.4	89.5
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	72.2	77.8	85.0	90.7	95.2	79.1

Table 114: Quality of Clerkship Experience (Historical): Family Medicine

Rate the quality of your educational experiences in the following clerkships.		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
Family Medicine						
All Medical Schools	2016	3.8	11.6	32.8	51.8	14,359
TTUHSC El Paso	2016	1.5	7.5	37.3	53.7	67
TTUHSC El Paso	2015	1.6	3.2	27.4	67.7	62
TTUHSC El Paso	2014	4.1	8.2	40.8	46.9	49
TTUHSC El Paso	2013	0	8.6	25.7	65.7	35

NBME Shelf Exam Results

Table 115: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	# Fails on First Attempt
2014-2015 (raw)	77.29 (79)	0
2015-2016	72.32	4.26%

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Evaluation Results

Table 116: Family Medicine Evaluation Results

Family Medicine Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning, and why.	-	-	-	-	-	-	-	-	-	-	-	-	3.9	3.9	4.1
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	4.4	4.3	4.1
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	4.1	4.2	4.1
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	4.3	4.3	4.1
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	4.5	4.4	4.3
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	4.2	3.9	3.8
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	4.0	4.1	3.9
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	4.3	4.2	3.9

Family Medicine Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-	-	-	-	-	4.1	4.3	3.9
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	4.3	4.2	4.1
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	3.6	3.6	3.6
I used Spanish frequently in this rotation	-	-	-	-	-	-	-	-	-	4.1	4.4	4.3	4.5	4.2	4.2
Spanish instruction in the first 2 years helped prepare me for this rotation	-	-	-	-	-	-	-	-	-	3.8	4.0	3.3	4.0	3.8	3.5
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	4.4	4.4	4.3
N	9	12	11	16	17	13	22	23	26	22	21	27	29	32	28

Surgery

Graduate Questionnaire Data for the Clerkship

Table 117: GQ Clerkship Experience Rankings for Surgery

GQ Report Item #11: Clerkship Experiences: Surgery	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	54.8	65.5	73.4	81.5	88.1	62.1
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	64.9	72.9	80.1	87.3	93.4	67.2
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	80.3	87.7	93.3	97.3	98.4	98.5
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	63.4	69.0	75.9	81.9	87.8	52.3
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	71.4	75.7	81.4	85.9	90.6	70.1

Table 118: : Quality of Clerkship Experience (Historical): Surgery

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Surgery						
All Medical Schools	2016	4.9	11.9	35.2	48	14,937
TTUHSC El Paso	2016	10.4	25.4	29.9	34.3	67
TTUHSC El Paso	2015	16.1	17.7	25.8	40.3	62
TTUHSC El Paso	2014	8.2	14.3	38.8	38.8	49
TTUHSC El Paso	2013	2.9	22.9	42.9	31.4	35

NBME Shelf Exam Results

Table 119: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	% Fails on First Attempt
2014-2015 (raw)	78.07 (75)	
2015-2016	71.51	6.5[①]

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

[①]Data not provided for AY 2014-2015. Data provided only by block, number represents the average from block data.

Scores by location

Table 120: Scores by Location

	AY 2014-2015	AY 2015-2016
UMC	77.52 (75)	71.42
William Beaumont Army Medical Center	78.9 (76)	71.34

Fails by location

Table 121: Fails by Location

Percent	AY 2014-2015	AY 2015-2016
UMC		8.0[①]
William Beaumont Army Medical Center		5.1[①]

[①]Data not provided for AY 2014-2015. Data provided only by block, number represents the average from block data.

OpLog Data

Table 122: OpLog Data

OpLog – Average number of patients recorded per student by location	AY 2014-2015	AY 2015-2016
UMC	78.43	94.34
William Beaumont Army Medical Center	80.55	85.27

Table 123: Student Level of Responsibility for Diagnostic Categories

Student Level of Responsibility for Diagnostic Categories		
	AY 14/15	AY 15/16
	% Managed/Assisted	
UMC	86.72	55.06
William Beaumont Army Medical Center	84.72	73.67
	% Observed	
UMC	13.28	44.83
William Beaumont Army Medical Center	15.28	26.25

Table 124: Student Level of Responsibility for Procedure Categories

Student Level of Responsibility for Procedure Categories		
	AY 14/15	AY 15/16
	% Managed/Assisted	
UMC	82.72	71.78
William Beaumont Army Medical Center	85.19	73.47
	% Observed	
UMC	17.28	28.22
William Beaumont Army Medical Center	14.81	26.53

Duty Hours

Table 125: Duty Hours

Average Student Recorded Duty Hours	AY 2014-2015	AY 2015-2016
UMC	53.45	53.35
William Beaumont Army Medical Center	45.15	53.90

Evaluation Results

Table 126: Surgery Evaluation Results

Surgery Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning, and why.	-	-	-	-	-	-	-	-	-	-	-	-	4.0	4.0	4.1
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	3.9	4.0	4.0
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	4.0	3.9	3.9
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	4.1	4.0	4.1
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	3.8	4.2	4.0
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	3.9	3.8	3.9
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	4.0	3.7	3.9
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	4.0	3.7	3.9
I was given sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-	-	-	-	-	4.0	4.1	4.0
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	4.2	3.9	4.0

Surgery Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	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 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	3.6	3.4	3.7
I used Spanish frequently in this rotation	-	-	-	-	-	-	-	-	-	3.7	3.6	3.6	3.9	3.5	3.3
Spanish instruction in the first 2 years helped prepare me for this rotation	-	-	-	-	-	-	-	-	-	3.6	3.6	3.2	3.7	3.5	3.3
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	4.5	4.2	4.3
N	9	12	11	16	17	13	22	24	27	21	21	27	29	32	29

Block B – Internal Medicine & Psychiatry

Table 127: Block B Evaluation Results

Block B Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	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	4.1	3.8	4.2
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	4.0	3.9	4.2
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	4.1	3.9	4.2
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	4.1	4.1	4.2
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	4.1	3.7	4.1
N	11	12	14	14	16	15	25	24	-	24	27	22	32	30	30

Internal Medicine

Graduate Questionnaire Data for the Clerkship

Table 128: GQ Clerkship Experience Rankings for Internal Medicine

GQ Report Item #11: Clerkship Experiences: Internal Medicine	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	87.4	90.2	93.2	96.5	98.4	92.5
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	89.0	91.8	94.6	97.2	98.6	92.5
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	94.0	96.6	98.3	99.4	100.0	100.0
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	85.7	90.1	93.3	95.4	97.4	85.1
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	86.6	91.2	93.8	95.7	97.7	71.6

Table 129:: Quality of Clerkship Experience (Historical): Internal Medicine

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Internal						
All Medical Schools	2016	2	6.7	28.8	62.6	14,947
TTUHSC El Paso	2016	3	17.9	38.8	40.3	67
TTUHSC El Paso	2015	1.6	11.3	37.1	50	62
TTUHSC El Paso	2014	2	4.1	38.8	55.1	49
TTUHSC El Paso	2013	5.7	5.7	40	48.6	35

NBME Shelf Exam Results

Table 130: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	% Fails on First Attempt
2014-2015 (raw)	81.64(78)	0
2015-2016	72.21	4.26

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Scores by location

Table 131: Scores by Location

	AY 2014-2015	AY 2015-2016
UMC	83.47 (80)	70.89
William Beaumont Army Medical Center	79.89 (75)	74.25
The Hospitals of Providence	N/A	N/A

Fails by location

Table 132: Fails by Location

Percent	AY 2014-2015	AY 2015-2016
UMC	0	4.08
William Beaumont Army Medical Center	0	5.13
The Hospitals of Providence	N/A	0

OpLog Data

Table 133: OpLog Data

OpLog – Average number of patients recorded per student by location	AY 2014-2015	AY 2015-2016
UMC	54.03	62.73
William Beaumont Army Medical Center	51.37	57.59

OpLog – Average number of patients recorded per student by location	AY 2014-2015	AY 2015-2016
The Hospitals of Providence	N/A	46.67

Table 134:Student Level of Responsibility for Diagnostic Categories

Student Level of Responsibility for Diagnostic Categories		
	AY 2014-2015	AY 2015-2016
		% Managed/Assisted
UMC	75.31	55.38
William Beaumont Army Medical Center	73.21	75.19
The Hospitals of Providence	N/A	82.08
		% Observed
UMC	24.69	44.62
William Beaumont Army Medical Center	26.79	24.79
The Hospitals of Providence	N/A	17.92

Table 135: Student Level of Responisbility for Procedure Categories

Student Level of Responsibility for Procedure Categories		
	AY 14/15	AY 15/16
		% Managed/Assisted
UMC	49.46	58.78
William Beaumont Army Medical Center	54.49	45.45
The Hospitals of Providence	N/A	0
		% Observed
UMC	50.54	39.53
William Beaumont Army Medical Center	45.51	54.55
The Hospitals of Providence	N/A	100.00

Duty Hours

Table 136: Duty Hours

Student Recorded Duty Hours	AY 2014-2015	AY 2015-2016
UMC	38.30	41.09
William Beaumont Army Medical Center	41.72	47.56
The Hospitals of Providence	N/A	37.00

Evaluation Results

Table 137: Internal Medicine Evaluation Results

Internal Medicine Evaluation results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning and why.	-	-	-	-	-	-	-	-	-	-	-	-	4.3	4.3	4.2
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	4.5	4.3	4.3
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	4.3	4.2	4.3
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	4.1	4.2	4.1
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	4.3	4.0	4.1
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	4.3	4.2	4.2
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	4.3	4.3	4.2
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	4.2	4.3	4.2
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-	-	-	-	-	4.5	4.4	4.2
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	4.2	4.3	4.3
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	3.8	3.9	4.0
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.1	4.3	4.1	4.4	4.2	4.1
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.8	3.0	3.6	4.0	3.7	3.9
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	44	4.5	4.4	4.4	4.4	4.3

N	11	12	14	14	16	15	25	24	23	24	27	22	32	30	30

Psychiatry

During the psychiatry clerkship, students may have gone to one of three locations. Students did not experience all three locations so the internal data below are reported by location. Please note that one of the locations, Peak, was used for only one block.

Graduate Questionnaire Data for the Clerkship

Table 138: GQ Clerkship Experience Rankings for Psychiatry

GQ Report Item #11: Clerkship Experiences: Psychiatry	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	84.0	89.7	93.8	96.3	98.3	91.0
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	82.6	87.4	92.1	95.7	98.1	94.0
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	84.3	91.8	95.7	98.0	100.0	100.0
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	73.3	80.3	85.3	91.2	95.3	82.1
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	67.9	77.0	83.0	87.5	92.4	81.9

Table 139: Quality of Clerkship Experience (Historical): Psychiatry

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Psychiatry						
All Medical Schools	2016	3.1	10.4	34.6	51.9	14,939
TTUHSC El Paso	2016	1.5	13.4	35.8	49.3	67
TTUHSC El Paso	2015	1.6	6.5	33.9	58.1	62
TTUHSC El Paso	2014	2	12.2	36.7	49	49
TTUHSC El Paso	2013	0	2.9	8.6	88.6	35

NBME Shelf Exam Results

Table 140: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	% Fails on First Attempt
2014-2015 (raw)	85.46	0
2015-2016	75.46	4.26

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Scores by location

Table 141: Scores by Location

	EPPC	Peak	EPBH
AY 2014-2015	86.31 (82)	N/A	84.81 (80)
AY 2015-2016	75.37	78.25	75.47

Fails by location

Table 142: Fails by Location

Percent	EPPC	Peak	EPBH
AY 2014-2015	0	N/A	0
AY 2015-2016	5.88		2.56

OpLog Data

Table 143: OpLog Data

Psychiatry OpLog – Average number of patients recorded per student by location	AY 2014-2015	AY 2015-2016
EPPC	41.55	42.35
Peak	N/A	47.50
EPBH	48.38	44.38

Table 144: Student Level of Responsibility for Psychiatry Diagnostic Categories

Student Level of Responsibility for Psychiatry Diagnostic Categories		
	AY 14/15	AY 15/16
% Managed/Assisted		
EPPC	68.17	53.02
Peak	N/A	36.47
EPBH	75.33	72.89
% Observed		
EPPC	31.83	46.98
Peak	N/A	63.53
EPBH	24.67	27.11

Table 145: Student Level of Responsibility for Psychiatry Procedure Categories

Student Level of Responsibility for Psychiatry Procedure Categories		
	AY 14/15	AY 15/16
% Managed/Assisted		
EPPC	85.09	66.86
Peak	N/A	73.91
EPBH	77.51	85.42
% Observed		
EPPC	14.91	33.14
Peak	N/A	26.09
EPBH	22.49	14.58

Duty Hours

Table 146: Duty Hours

Student Recorded Duty Hours	AY 2014-2015	AY 2015-2016
EPPC	28.96	37.93
Peak	N/A	37.42
EPBH	33.00	38.30

Evaluation Results

Table 147: Psychiatry Evaluation Results

Psychiatry Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning and why.	-	-	-	-	-	-	-	-	-	-	-	-	3.7	3.7	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	4.1	4.2	4.1
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	4.0	3.6	3.8
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	4.4	4.0	4.2
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	4.3	4.1	4.2
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	3.9	3.7	3.7
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	3.8	3.6	3.7
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	3.9	3.7	3.8
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-		-	-	-	4.2	4.2	4.1
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	4.0	3.6	3.7
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	3.9	3.8	4.0
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	3.4	3.7	3.5	3.9	3.3	3.7

Psychiatry Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.5	2.7	3.4	3.9	3.2	3.3
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	4.3	4.1	4.1
N	11	12	14	14	16	15	25	24	23	23	27	22	32	30	21

Block C – Obstetrics/Gynecology & Pediatrics

Table 148: Block C Evaluation Results

Block C Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	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	3.5	4.0	3.7
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	3.9	4.0	3.7
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	3.8	4.1	3.8
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	4.1	3.9	3.7
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	3.9	4.0	3.7
The mother/newborn continuity experience was a useful learning experience	-	-	-	-	-	-	-	-	-	3.9	3.7	3.9	3.9	4.1	-
N	12	11	13	11	19	21	25	25	22	26	21	21	29	32	36

Obstetrics/Gynecology

Graduate Questionnaire Data for the Clerkship

Table 149: GQ Clerkship Experience Rankings for Obstetrics/Gynecology

GQ Report Item #11: Clerkship Experiences: Obstetrics-Gynecology/Women's Health	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	69.9	75.3	82.7	89.4	94.4	85.1
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	81.1	87.0	91.0	94.7	97.2	92.5
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	84.5	90.7	95.4	97.7	98.9	97.0
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	64.6	70.2	78.2	84.2	90.2	79.1
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	62.5	69.1	75.9	82.0	86.9	78.8

Table 150: Quality of Clerkship Experience (Historical): Obstetrics/Gynecology

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Obstetrics-Gynecology/Women's						
All Medical Schools	2016	7	14.4	34.8	43.9	14,957
TTUHSC El Paso	2016	1.5	7.5	29.9	61.2	67
TTUHSC El Paso	2015	1.6	9.7	37.1	51.6	62
TTUHSC El Paso	2014	6.1	10.2	32.7	51	49
TTUHSC El Paso	2013	2.9	14.3	22.9	60	35

NBME Shelf Exam Results

Table 151: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	# Fails on First Attempt
2014-2015 (raw)	80.10 (81)	
2015-2016	75.92	

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-

2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Evaluation Results

Table 152: OBGyn Evaluation Results

Obstetrics/Gynecology Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning and why.	-	-	-	-	-	-	-	-	-	-	-	-	4.0	4.1	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	3.9	4.1	4.2
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	4.0	4.2	4.2
I had appropriate exposure to ambulatory patients.	4.5	4.3	4.2	4.5	4.3	4.4	4.3	4.4	4.3	4.1	4	4.1	3.9	4.1	4.3
Duty hour policies were adhered to strictly.	3.6	3.5	4.3	3.7	4.1	4	3.9	4.4	4.2	4.3	4.1	4.1	3.3	4.3	4.3
I received sufficient oral feedback on my performance.	3.4	3	4	4	3.8	3.9	3.9	3.9	3.9	4	4.1	3.8	3.6	4.1	3.9
I received sufficient written feedback on my performance.	3.4	3.2	4	3.9	3.8	3.9	3.7	3.9	3.7	3.9	3.8	3.6	3.6	3.9	3.9
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-	-	-	-	-	4.0	4.0	3.9
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	3.9	4.1	4.2
I received sufficient supervision during my clinical interactions.	4.6	4.1	4	4.2	4.3	4.2	4.3	4	4.2	4.3	4.3	3.9	4.1	4.2	4.2
The clerkship provided appropriate preparation for the shelf exam.	4.2	3.7	4	4.1	3.6	3.9	3.7	3.9	3.8	3.8	4	4.1	4.0	3.9	3.8
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.8	4.3	4.5	4.5	4.4	4.2
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.2	3.9	4.1	3.8	3.9	3.8
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	4.4	4.3	4.4
N	12	11	13	11	19	21	25	26	22	25	21	21	29	32	36

Pediatrics

The pediatrics clerkship uses only common locations for its clerkship. Since all students rotate through the same locations, no data are reported by location.

Graduate Questionnaire Data for the Clerkship

Table 153: GQ Clerkship Experience Rankings for Pediatrics

GQ Report Item #11: Clerkship Experiences: Pediatrics	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	83.2	89.2	92.6	96.2	97.9	100.0
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	85.5	90.8	94.2	96.6	98.4	97.0
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	88.3	93.8	97.6	99.0	100.0	100.0
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	79.5	84.5	89.7	93.1	95.7	95.5
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	73.7	80.4	86.2	91.4	94.3	92.5

Table 154: Quality of Clerkship Experience (Historical): Pediatrics

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Pediatrics						
All Medical Schools	2016	3	10.4	32.3	54.3	14,941
TTUHSC El Paso	2016	0	7.6	21.2	71.2	66
TTUHSC El Paso	2015	0	8.1	32.3	59.7	62
TTUHSC El Paso	2014	8.3	14.6	29.2	47.9	48
TTUHSC El Paso	2013	14.3	20	28.6	37.1	35

NBME Shelf Exam Results

Table 155: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	# Fails on First Attempt
2014-2015 raw	83.44 (81)	
2015-2016	75.96	

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Evaluation Results

Table 156: Pediatric Evaluation Results

Pediatric Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
I knew what I was supposed to be learning and why.	-	-	-	-	-	-	-	-	-	-	-	-	4.3	4.2	4.1
The Individual Learning Plan was a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.1	4.3	4.2	4.4	4.4
The telephone medicine curriculum is a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.1	3.8	4.1	3.9	3.8
The group "transparent" OSCE is a useful learning experience.	-	-	-	-	-	-	-	-	-	-	4.2	3.8	4.3	3.9	4.0
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	4.3	4.3	4.1
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	4.4	4.4	4.3
I had appropriate exposure to ambulatory patients.	4.3	4.2	4.0	4.2	4.5	4.4	4.4	4.4	4.1	4.3	4.3	4.4	4.4	4.3	4.2
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	4.4	4.3	4.3
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	4.2	4.2	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	4.1	4.0	4.2
The feedback I received helped me improve my performance.	-	-	-	-	-	-	-	-	-	-	-	-	4.2	4.1	4.0
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	-	-	-	-	-	-	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	4.4	4.4	4.3

Pediatric Evaluation Results	AY 2011-2012			AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016		
	Block 1	Block 2	Block 3	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 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	3.8	4.0	3.7
I used Spanish frequently in this rotation.	-	-	-	-	-	-	-	-	-	4.7	4.4	4.2	4.5	4.2	4.1
Spanish instruction in the first 2 years helped prepare me for this rotation.	-	-	-	-	-	-	-	-	-	3.3	4.1	3.8	3.9	3.8	3.7
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	4.4	4.4	4.2
N	12	11	13	11	19	21	25	26	22	26	19	22	29	32	35

M4 Required Courses

Emergency Medicine

Graduate Questionnaire Data for the Clerkship

Table 157: Quality of Clerkship Experience (Historical): Emergency Medicine

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Emergency						
All Medical Schools	2016	2.8	9.5	31.7	56	10,580
TTUHSC El Paso	2016	0	3.4	34.5	62.1	58
TTUHSC El Paso	2015	0	1.8	23.6	74.5	55
TTUHSC El Paso	2014	2.4	0	24.4	73.2	41
TTUHSC El Paso	2013	0	6.1	15.2	78.8	33

NBME Shelf Exam Results

Table 158: NBME Shelf Exam Results

AY	Average Equated Percent Correct	% Fails on First Attempt
2014-2015	68.07	
2015-2016	70.23	

Evaluation results

Table 159: Emergency Medicine Evaluation Results

Emergency Medicine Evaluation Results	AY 2012-2013	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.5	4.8	4.6	4.5
The learning objectives were clearly identified.	4.8	4.7	4.5	4.5
The clerkship met the identified learning objectives.	4.7	4.7	4.5	4.5
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.5	4.4	4.6
The amount of material presented was reasonable.	4.7	4.6	4.4	4.6
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.6	4.4	4.0	4.5
In the clerkship, duty hours were adhered to strictly.	4.6	4.7	4.4	4.5
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.7	4.6	4.6

Emergency Medicine Evaluation Results	AY 2012-2013	AY 2013-2014	AY 2014-2015	AY 2015-2016
In the clerkship, I had enough patient management opportunities.	4.8	4.7	4.6	4.5
In the clerkship, I was observed delivering patient care.	4.7	4.7	4.4	4.4
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.7	4.5	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.7	4.6	4.5
In the clerkship, I received sufficient written feedback on my performance.	4.7	4.7	4.5	4.6
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.7	4.6	4.7
N	39	52	72	**67**
Class size at date	39	56	75	**74**
Response Rate	100%	93%	96%	**91%**

Neurology

Graduate Questionnaire Data for the Clerkship

Table 160: GQ 2016 Clerkship Experience Rankings for Neurology

GQ Report Item #11: Clerkship Experiences: Neurology	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	60.8	72.5	82.6	88.3	94.6	74.6
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	74.2	84.8	90.3	95.1	97.3	86.4
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	66.7	80.9	91.0	95.8	98.3	89.8
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	57.4	72.9	81.9	88.0	92.6	84.8
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	53.7	70.0	81.4	87.5	92.4	56.3

Table 161: Quality of Clerkship Experience (Historical): Neurology

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Neurology						
All Medical Schools	2016	6.9	17	36.7	39.4	13,511
TTUHSC El Paso	2016	6.9	20.7	36.2	36.2	58
TTUHSC El Paso	2015	0	3.8	43.4	52.8	53
TTUHSC El Paso	2014	2.4	7.3	39	51.2	41
TTUHSC El Paso	2013	3.2	3.2	35.5	58.1	31

NBME Shelf Exam Results

Table 162: NBME Shelf Exam Results

AY	Average Equated Percent Correct*	% Fails on First Attempt
2014-2015 (raw)	76.80 (78)	0
2015-2016	81.10	1.37

* The NBME changed the way it reported scores starting in 2015-2016. Scores are not direct equivalents. Scores prior AY 2014-2015 are reported as raw scores. After AY 2014-2015, scores are reported as Equated Percent Correct. Numbers reported in (brackets) are the rough equivalents of equated percent correct.

Scores by location

Table 163: Scores by Location

	AY 2014-2015	AY 2015-2016
TTUHSC El Paso	76.53 (78)	81.14
William Beaumont Army Medical Center	77.81 (79)	80.78

Fails by location

Table 164: Fails by Location

Percent	AY 2014-2015	AY 2015-2016
TTUHSC El Paso	0	1.56
William Beaumont Army Medical Center	0	0

OpLog Data

Table 165: Neurology Op Log Recording by Location

OpLog – Average number of patients recorded per student by location	AY 2014-2015	AY 2015-2016
TTUHSC El Paso	26.95	38.50
William Beaumont Army Medical Center	20.88	33.11

Table 166: Neurology Level of Responsibility for Diagnostic Categories by Location

Student Level of Responsibility for Diagnostic Categories		
	AY 2014-2015	AY 2015-2016
% Managed/Assisted		
TTUHSC El Paso	88.98	79.49
William Beaumont Army Medical Center	97.58	89.27
% Observed		
TTUHSC El Paso	11.02	20.51
William Beaumont Army Medical Center	2.43	10.73

Table 167: Neurology Level of Responsibility for Procedures by Location

Student Level of Responsibility for Procedure Categories		
	AY 14/15	AY 15/16
% Managed/Assisted		
TTUHSC El Paso	58.41	50.00
William Beaumont Army Medical Center	80.0	33.33
% Observed		
TTUHSC El Paso	41.59	50.00
William Beaumont Army Medical Center	20.00	66.67

Duty Hours

Table 168: Neurology Duty Hours by Location

Student Recorded Duty Hours	AY 2014-2015	AY 2015-2016
TTUHSC El Paso	①	33.35
William Beaumont Army Medical Center	①	29.65

① Duty hours were not tracked in prior academic years.

Evaluation Results

Table 169: Evaluation Results for Neurology ClerkshipTable

Neurology	AY 2012-2013	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.5	4.8	4.4	4.0
The learning objectives were clearly identified.	4.8	4.7	4.3	3.9
The clerkship met the identified learning objectives.	4.7	4.7	4.4	4.0
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.5	4.2	4.1
The amount of material presented was reasonable.	4.7	4.6	4.5	4.3
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.6	4.4	4.0	3.8
In the clerkship, duty hours were adhered to strictly.	4.6	4.7	4.3	4.4
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.7	4.5	4.4
In the clerkship, I had enough patient management opportunities.	4.8	4.7	4.5	4.1
In the clerkship, I was observed delivering patient care.	4.7	4.7	4.4	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.7	4.5	4.4
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.7	4.5	4.0
In the clerkship, I received sufficient written feedback on my performance.	4.7	4.7	4.2	3.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.7	4.3	4.1
N	37	56	72	**69**
Class size at date	39	56	75	**74**
Response Rate	95%	100%	96%	**93%**

Critical Care Selective

Table 170 Evaluation Results for Cardiovascular Critical Care

CVCU	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	3.9	3.9	4.0
The learning objectives were clearly identified.	3.6	4.2	4.1
The clerkship met the identified learning objectives.	3.8	4.3	4.3
The first three years of medical school adequately prepared me for this clerkship.	4.3	4.2	4.3
The amount of material presented was reasonable.	4.3	4.3	4.4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.1	4.3	4.4
In the clerkship, duty hours were adhered to strictly.	4.3	4.5	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	-	-	3.9
In the clerkship, I had enough patient management opportunities.	3.9	4.5	4.9
In the clerkship, I was observed delivering patient care.	4.0	4.5	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.0	4.5	4.7
In the clerkship, I received sufficient oral feedback on my performance.	3.8	4.5	4.7
In the clerkship, I received sufficient written feedback on my performance.	3.8	3.8	4.5
Overall, I learned useful knowledge and/or skills during the clerkship.	4.2	4.5	4.6
N	9	9	**7**

Table 171 Evaluation Results for MICU

MICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.2	4.1	4.2
The learning objectives were clearly identified.	4.2	4.4	3.9
The clerkship met the identified learning objectives.	4.3	4.4	4.1
The first three years of medical school adequately prepared me for this clerkship.	4.1	4.2	4.3
The amount of material presented was reasonable.	4.5	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	4.1
In the clerkship, duty hours were adhered to strictly.	4.7	4.6	4.5
In the clerkship, I had appropriate exposure to ambulatory patients.	-	-	4.4
In the clerkship, I had enough patient management opportunities.	4.7	4.3	4.7
In the clerkship, I was observed delivering patient care.	4.4	4.3	4.4
In the clerkship, I received sufficient supervision during my clinical interactions.	4.5	4.3	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.2	4.0	4.5

MICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
In the clerkship, I received sufficient written feedback on my performance.	3.8	4.1	4.4
Overall, I learned useful knowledge and/or skills during the clerkship.	4.6	4.3	4.6
N	17	16	**15**

Table 172 Evaluation Results for NICU

NICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.5	4.5	3.8
The learning objectives were clearly identified.	4.5	4.2	3.9
The clerkship met the identified learning objectives.	4.5	4.4	4.0
The first three years of medical school adequately prepared me for this clerkship.	3.8	3.5	3.5
The amount of material presented was reasonable.	4.5	4.6	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.5	4.3	4.2
In the clerkship, duty hours were adhered to strictly.	4.5	4.8	4.2
In the clerkship, I had appropriate exposure to ambulatory patients.	-	-	3.8
In the clerkship, I had enough patient management opportunities.	5.0	4.4	4.3
In the clerkship, I was observed delivering patient care.	4.5	4.5	4.0
In the clerkship, I received sufficient supervision during my clinical interactions.	4.5	4.3	4.2
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.0	4.1
In the clerkship, I received sufficient written feedback on my performance.	4.8	3.9	3.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5	4.4
N	4	13	**13**

Table 173: Evaluation Results for Pediatric Critical Care

PICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.2	4.0	4.4
The learning objectives were clearly identified.	4.3	4.1	4.3
The clerkship met the identified learning objectives.	4.2	4.1	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.2	4.0	4.3
The amount of material presented was reasonable.	4.5	4.3	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	3.9	4.2
In the clerkship, duty hours were adhered to strictly.	4.8	4.7	4.5

PICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
In the clerkship, I had appropriate exposure to ambulatory patients.	-	-	4.3
In the clerkship, I had enough patient management opportunities.	4.7	4.2	4.6
In the clerkship, I was observed delivering patient care.	4.5	4.1	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.2	4.4	4.4
In the clerkship, I received sufficient oral feedback on my performance.	4.0	4.3	4.3
In the clerkship, I received sufficient written feedback on my performance.	3.7	4.1	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.6	4.6
N	6	16	**18**

Table 174 Evaluation Results for Surgery Critical Care

SICU	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.5	3.7	3.5
The learning objectives were clearly identified.	4.6	3.9	3.7
The clerkship met the identified learning objectives.	4.6	3.9	3.5
The first three years of medical school adequately prepared me for this clerkship.	4.2	3.4	3.3
The amount of material presented was reasonable.	4.6	4.0	3.7
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	3.8	3.9
In the clerkship, duty hours were adhered to strictly.	4.3	4.1	4.1
In the clerkship, I had appropriate exposure to ambulatory patients.	-	-	3.5
In the clerkship, I had enough patient management opportunities.	4.9	4.1	3.9
In the clerkship, I was observed delivering patient care.	4.8	4.0	4.0
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.2	4.2
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.3	3.9
In the clerkship, I received sufficient written feedback on my performance.	4.0	4.3	4.2
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.3	4.3
N	12	22	**13**

Sub-Internships

Table 175: Evaluation Results for Family Medicine Sub-Internship

Family Medicine Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.6	4.8	4.7
The learning objectives were clearly identified.	4.2	4.9	4.5
The clerkship met the identified learning objectives.	4.2	4.9	4.5
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.6	4.3
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.4	4.8	4.5
The amount of material presented was reasonable.	4.4	4	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.6	4.7
In the clerkship, duty hours were adhered to strictly.	4.4	5.0	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	3.8	4.8	4.5
In the clerkship, I had enough patient management opportunities.	4.2	4.8	4.3
In the clerkship, I was observed delivering patient care.	4.2	4.8	4.7
In the clerkship, I received sufficient supervision during my clinical interactions.	4.2	4.8	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.4	4.8	4.5
In the clerkship, I received sufficient written feedback on my performance.	4.4	4.8	4.7
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	4.8	4.7
N	5	8	**6**

Table 176: Evaluation Results for Surgery Sub-Internship

Surgery Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	3.3	3.3	4.1
The learning objectives were clearly identified.	3.3	3.1	4.0
The clerkship met the identified learning objectives.	4.0	3.4	4.0
The first three years of medical school adequately prepared me for this clerkship.	4.3	3.7	4.1
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.7	2.9	4.3
The amount of material presented was reasonable.	4.5	4.0	4.0
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	3.6	4.0
In the clerkship, duty hours were adhered to strictly.	4.3	4.0	4.4

Surgery Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
In the clerkship, I had appropriate exposure to ambulatory patients.	4.5	3.3	4.3
In the clerkship, I had enough patient management opportunities.	4.8	3.7	4.4
In the clerkship, I was observed delivering patient care.	4.8	4.1	4.4
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.0	4.5
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.0	4.1
In the clerkship, I received sufficient written feedback on my performance.	4.3	3.7	4.5
Overall, I learned useful knowledge and/or skills during the clerkship.	3.7	3.6	4.1
N	6	15	**8**

Table 177 Evaluation Results for Internal Medicien Sub-Internship

Internal Medicine Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.6	4.3	4.2
The learning objectives were clearly identified.	4.6	4.3	4.1
The clerkship met the identified learning objectives.	4.6	4.5	4.1
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.5	4.4
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	3.8	3.3	4.4
The amount of material presented was reasonable.	4.6	4.6	4.2
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.3	4.4
In the clerkship, duty hours were adhered to strictly.	4.6	4.6	4.1
In the clerkship, I had appropriate exposure to ambulatory patients.	4.6	4.6	4.5
In the clerkship, I had enough patient management opportunities.	4.6	4.5	4.3
In the clerkship, I was observed delivering patient care.	4.6	4.3	4.5
In the clerkship, I received sufficient supervision during my clinical interactions.	4.6	4.3	4.3
In the clerkship, I received sufficient oral feedback on my performance.	4.4	4.4	4.2
In the clerkship, I received sufficient written feedback on my performance.	4.2	4.4	4.5
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5	4.2
N	25	31	**30**

Table 178: Evaluation Results for Pediatrics Sub-Internship

Pediatric Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.6	4.4	4.7
The learning objectives were clearly identified.	4.8	4.3	4.8
The clerkship met the identified learning objectives.	4.8	4.3	4.8
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.4	4.7
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.4	4.2	4.8
The amount of material presented was reasonable.	4.4	4.3	4.8
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	4.3	4.6
In the clerkship, duty hours were adhered to strictly.	4.5	4.0	4.6
In the clerkship, I had appropriate exposure to ambulatory patients.	4.7	4.6	4.8
In the clerkship, I had enough patient management opportunities.	4.8	4.8	4.8
In the clerkship, I was observed delivering patient care.	4.8	4.8	4.8
In the clerkship, I received sufficient supervision during my clinical interactions.	4.7	4.8	4.8
In the clerkship, I received sufficient oral feedback on my performance.	4.8	4.8	4.3
In the clerkship, I received sufficient written feedback on my performance.	4.5	3.9	4.8
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.4	4.7
N	14	14	**12**

Table 179: Evaluation Results for Obstetrics/Gynecology Sub-Internship

Obstetrics/Gynecology Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
The clerkship was well organized.	4.0	4.6	3.9
The learning objectives were clearly identified.	4.3	4.1	4.3
The clerkship met the identified learning objectives.	4.3	4.4	4.4
The first three years of medical school adequately prepared me for this clerkship.	4.7	4.4	4.3
In the clerkship, the clinical presentation schemes helped me organize my approach to patient care.	4.3	5.0	4.5
The amount of material presented was reasonable.	4.7	4.8	4.4
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.8	4.4
In the clerkship, duty hours were adhered to strictly.	4.3	4.8	4.3
In the clerkship, I had appropriate exposure to ambulatory patients.	4.3	5.0	4.3
In the clerkship, I had enough patient management opportunities.	4.3	5.0	4.5
In the clerkship, I was observed delivering patient care.	4.3	5.0	4.3
In the clerkship, I received sufficient supervision during my clinical interactions.	4.3	5.0	4.4
In the clerkship, I received sufficient oral feedback on my performance.	4.3	4.8	4.4

Obstetrics/Gynecology Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016
In the clerkship, I received sufficient written feedback on my performance.	4.0	4.8	4.5
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	5.0	3.9
N	3	7	**12**

M4 Electives

Outcomes

Table 180: GQ 2016 Elective Activities Rankings

GQ Report Item #14: Elective Activities Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis: (Percent selecting)	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	PLFSOM RESULTS
Independent study project for credit	29.5	33.7	45.6	56.9	73.2	62.7
Research project with faculty member	52.4	63.8	75.6	89.1	96.4	88.1
Authorship (sole or joint) of a peer-reviewed paper submitted for publication	28.2	35.8	44.5	55.8	69.8	35.8
Authorship (sole or joint) of a peer-reviewed oral or poster presentation	31.3	39.0	48.2	60.0	74.1	49.3
Global health experience	15.6	20.2	27.4	33.8	43.4	14.9
Educating elementary, high school or college students about careers in health professions or biological sciences	33.1	41.9	49.2	57.2	69.8	44.8
Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity)	47.3	55.1	62.2	71.3	79.8	64.2
Field experience in providing health education in the community (e.g., adult/child protective services, family	23.0	28.9	35.2	40.8	51.3	44.8
Field experience in home care	10.0	17.9	33.5	47.8	61.8	46.3
Learned another language in order to improve communication with patients	10.5	13.1	19.4	29.4	45.1	88.1
Learned the proper use of the interpreter when needed	67.6	74.4	82.0	87.2	90.6	76.1
Experience related to health disparities	64.1	69.4	75.7	82.4	87.0	83.6
Experience related to cultural awareness and cultural competence	61.2	66.5	72.7	78.5	85.9	86.6
Community-based research project	12.8	19.7	28.0	43.8	61.4	32.8
Field experience in nursing home care	11.4	19.0	30.2	45.5	59.2	40.3
Experience with a free clinic for the underserved population	51.2	64.0	75.4	85.6	91.5	89.6

Elective Subscription

The information for this area is not available at time of initial release.

Evaluation Data

Only those electives with 4 or more evaluations are reported here

Table 181: Evaluation Results for Electives with 4 or more evaluations

AY 2015-2016	Adolescent Med	Anatomy	Anesthesiology	Biomed. Info. Mgmt.	Cardiology	Comm. Serv. / Child Psych	EM Bootcamp	Gross Anatomy	IM Research	Nutrition Support	Pathology	PPACA	Radiology	Surgical Anatomy
I received sufficient oral feedback on my performance.	5.0	4.6	4.3	4.5	3.8	4.0	4.7	4.5	4.5	4.8	4.5	4.3	4.1	4.3
I received sufficient written feedback on my performance.	4.8	3.0	2.0	4.5	3.3	3.5	4.5	4.5	4.5	4.0	4.6	3.0	4.0	4.3
The clerkship was well organized.	5.0	4.0	3.7	4.7	3.8	4.8	4.8	4.5	4.8	4.0	4.3	3.3	4.2	4.5
The learning objectives were clearly identified.	4.8	4.4	3.7	4.8	3.5	3.8	4.5	4.8	4.5	4.0	4.5	4.8	4.3	4.5
The clerkship met the identified learning objectives.	5.0	4.4	3.7	4.7	3.8	3.8	4.7	4.8	4.5	4.0	4.3	4.5	4.3	4.7
The first three years of medical school adequately prepared me for this clerkship.	5.0	4.2	4.0	3.9	4.0	4.8	4.3	4.0	4.0	4.8	4.3	2.3	3.6	3.3
The amount of material presented was reasonable.	5.0	4.6	4.8	4.7	3.4	4.8	4.8	4.8	4.5	4.8	4.3	3.0	4.5	4.5
In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	5.0	4.4	3.8	4.6	3.8	4.5	4.5	4.8	4.5	4.0	4.3	4.3	4.3	4.5
In the clerkship, duty hours were adhered to strictly.	4.8	5.0	4.8	4.7	5.0	4.5	4.4	4.8	5.0	4.8	4.5	4.5	4.6	4.7
In the clerkship, I had appropriate exposure to ambulatory patients.	4.8	4.0	4.8	3.8	4.5	4.5	4.0	5.0	5.0	4.8	4.3	0.0	4.3	5.0

AY 2015-2016	Adolescent Med	Anatomy	Anesthesiology	Biomed. Info. Mgmt.	Cardiology	Comm. Serv. / Child Psych	EM Bootcamp	Gross Anatomy	IM Research	Nutrition Support	Pathology	PPACA	Radiology	Surgical Anatomy
In the clerkship, I had enough patient management opportunities.	4.8	5.0	4.8	3.8	4.6	4.3	4.8	5.0	5.0	4.3	4.0	0.0	4.1	5.0
In the clerkship, I was observed delivering patient care.	4.8	5.0	5.0	4.5	2.8	4.3	4.7	5.0	5.0	4.3	4.3	0.0	3.8	0.0
In the clerkship, I received sufficient supervision during my clinical interactions.	4.8	4.3	4.8	4.7	3.6	4.8	4.7	5.0	5.0	4.3	4.5	0.0	4.3	4.3
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	4.8	5.0	4.7	4.4	4.8	4.8	4.8	4.5	4.8	4.5	4.5	4.6	4.8
N	4	5	4	14	5	4	6	4	4	4	6	4	26	6

For M3 & M4 evaluation response rates please refer to the Methodology section.

List of Tables

List of Charts and Graphs

Figure 4: Class of 2019 Curriculum Map

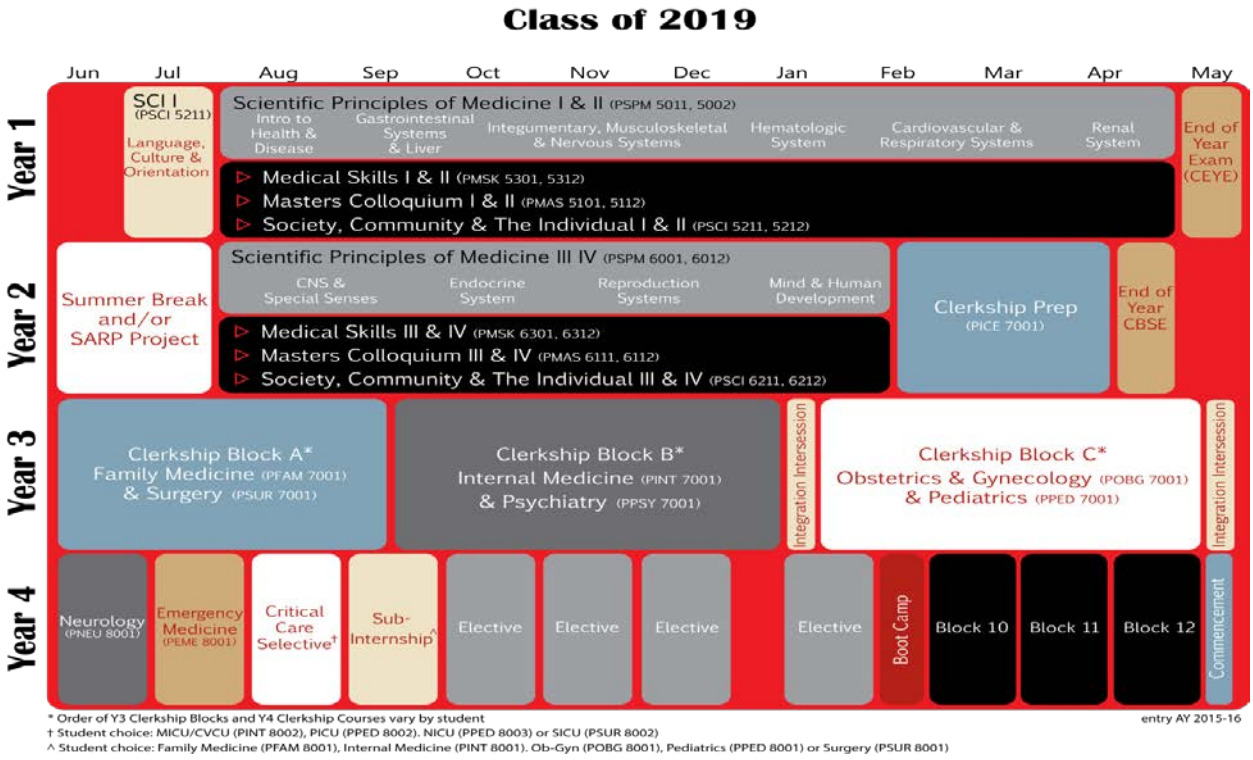


Figure 5: Class of 2020 Curriculum Map

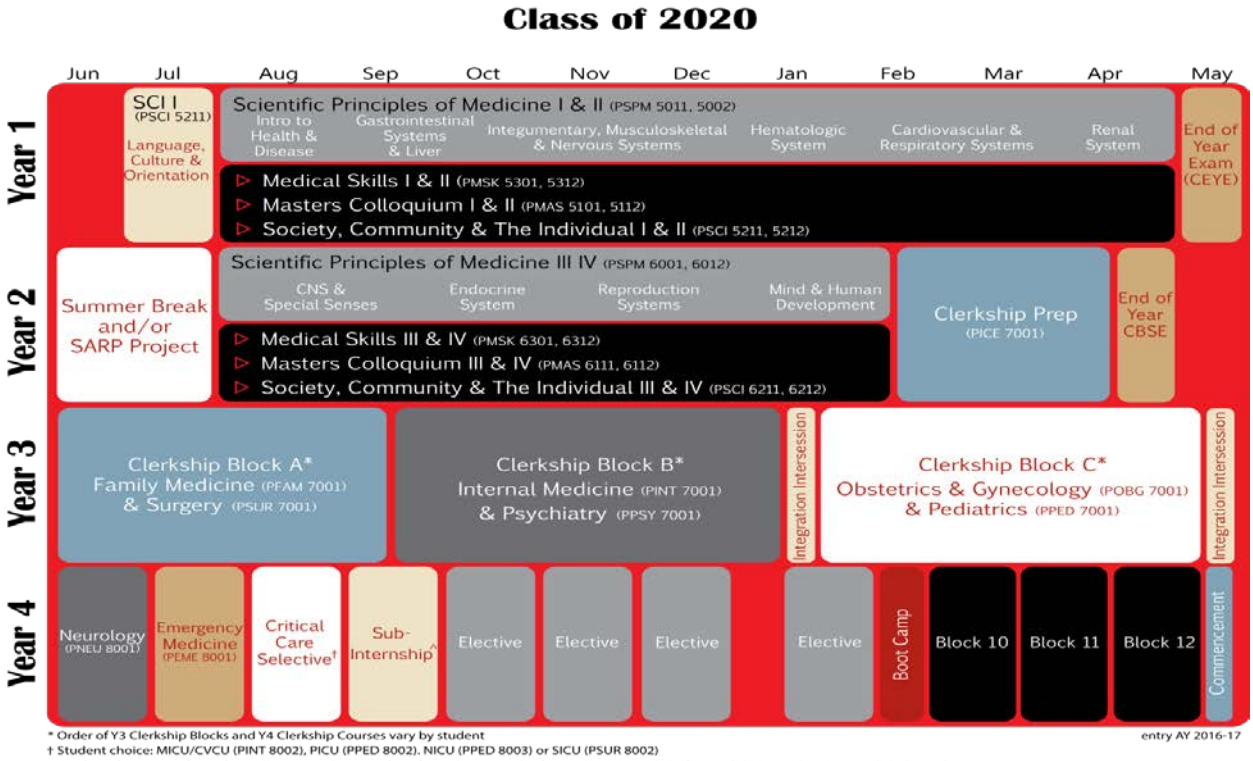
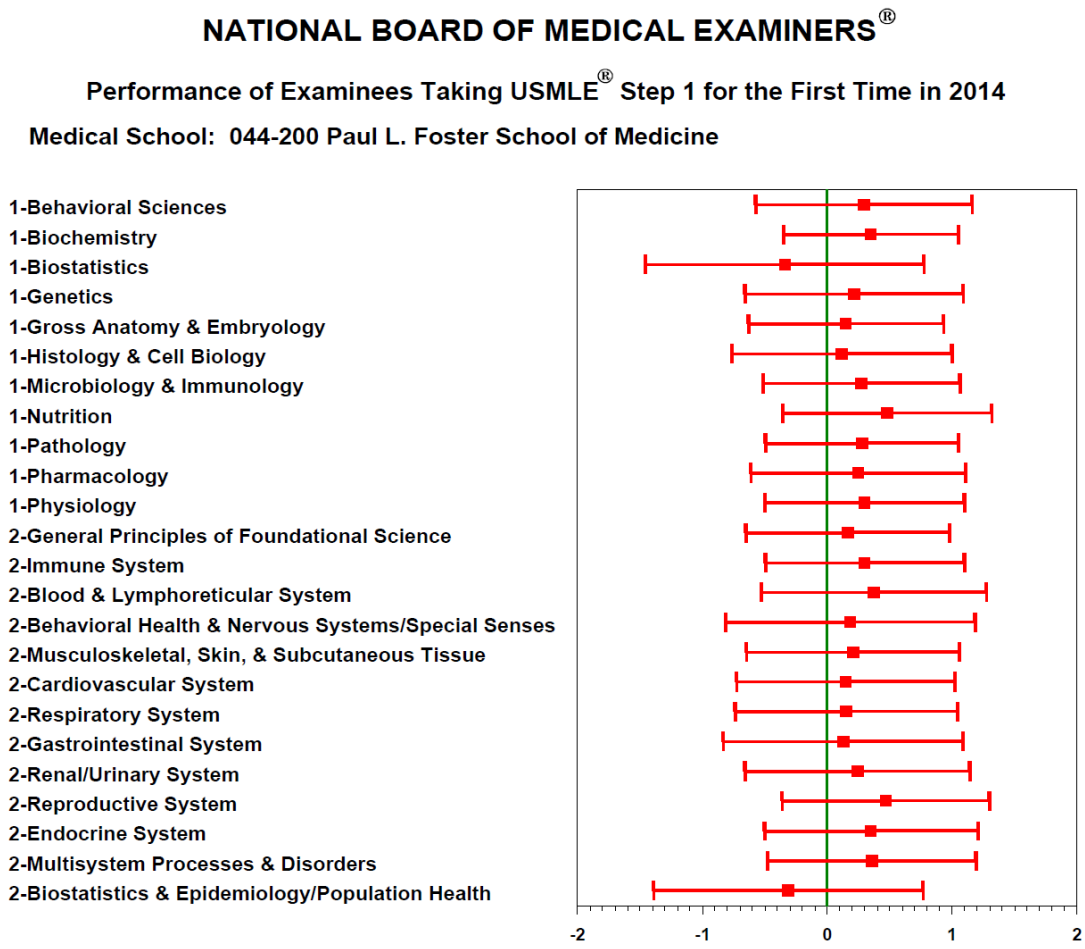


Figure 34: 2014 NBME Step1 Score Plot

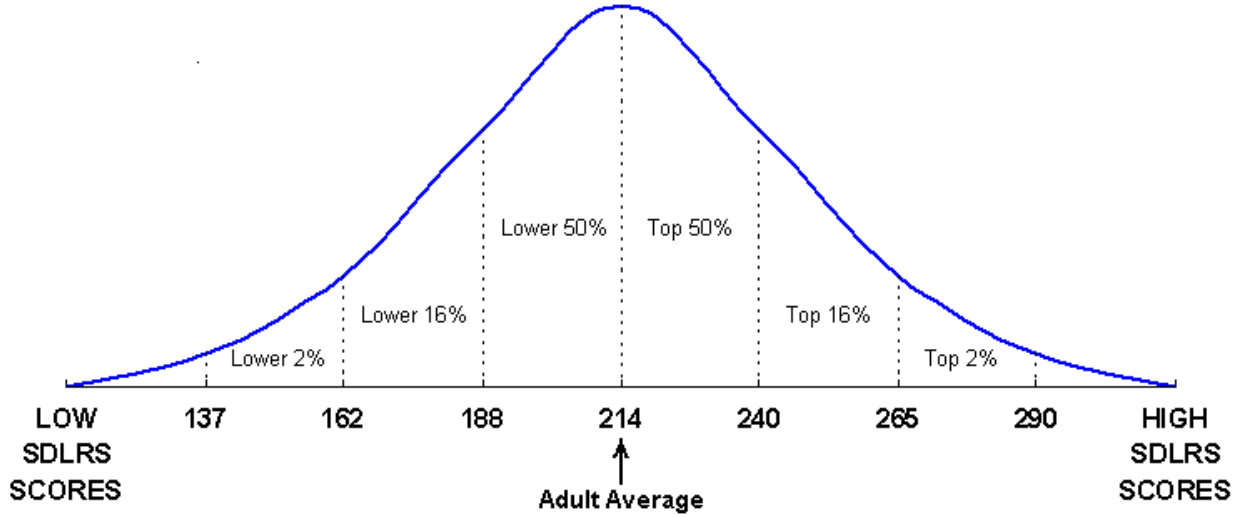


Addendum

Self-Directed Learning Readiness Scale

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

Figure 55: General Adult Score Distribution from http://www.lpasdlrs.com/, the official website



Reference	Population	Average SDLRS Score	STD	Range
G Shokar, et al. (Fam Med 2002;34(3):197-200.)	M3 students: University of Texas Medical Branch at Galveston	235.81	19.99	183-284
Frisby, 1991. Self-Directed Learning Readiness In Medical Students At The Ohio State University	M1, 2,3 students: the Ohio State University, College of Medicine	230	21.5	162-290
Premkumar, K. et al. 2013. Academic Medicine. 88(11):1754-1764	5 classes (N = 375): The School of Medicine, University of Saskatchewan	230.58	Not available	Not available

Premkumar, et al found that:

There was a significant drop ($P < .001$) in SDLRS scores in all cohorts one year after admission. The scores of all cohorts continued to be significantly lower than that at admission throughout training and at graduation. The mean SDLRS scores of the 2006 cohort were used to calculate the effect size. The effect sizes of the score at admission versus end of year 1, admission versus end of year 2, and admission versus end of year 4 were 2.997, 1.841, and 3.064, respectively. A similar trend was seen for the other cohorts. (Premkumar, K. et al. 2013. Academic Medicine. 88(11):1754-1764)