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Paul L. Foster School *of* Medicine

Annual Evaluation Report 2016 – 2017

Prepared by the
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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

Step Results

The percentage of our students passing Step 1 on the 1st attempt is at the national average. The average score for our first time takers is, this year, slightly below the average for all national first-time takers. A review of the score plot shows that in no area are students' scores statistically different than the national average. The mean for most disciplines is slightly left of the national average with whiskers extending across the bar.

For Step 2 CK, this year shows a small drop in the first-time pass rate and scores relative to the national average. Again, a review of the score plots shows no statistical difference. There has been a slight shift to the left for the means but no clear pattern exists.

For Step 2 CS, this year, our students' pass rate is slightly higher than the national average. Review of the box plots shows no statistical differences.

Our Step 3 results show that 98% of our graduates passed on the 1st attempt. This is based on those students who choose to let us see the results.

General Observations

Despite the issues around implementation of the test item quality policy, there has been an improvement in the quality of SPM test items. For most exams, the number of items with low difficulty has dropped as has the number of items with poor discrimination and/or too many unselected foils. There is a corresponding improvement in the KR20 scores

PGO mapping has improved. Syllabi more clearly state linkages and for no courses or clerkships was the mapping missing from the syllabus.

The six-year graduation rate remains above the targeted 91% and is at 93.8%.

Match data shows a slight drop in the percent of individuals remaining in El Paso, but this marker shows wide variation from year to year. There is a trend with a slight increase in those remaining in Texas and those matching in primary care. For the class of 2017, 51% matched at Texas residencies and 60% went into Primary Care (Family Medicine, Internal Medicine, Pediatrics or Obstetrics-Gynecology).

Our indicators of the hidden curriculum show a fairly steady trajectory across all 4 years of the curriculum. Notably however, student expectations of participation in preventative medicine increase across the 4 years of our curriculum.

Survey of Graduates and Their Program Directors

We have an improved response rate from our graduate program directors for the annual survey. Program directors were asked to rate our graduates as superior, about the same, or worse than their cohort peers. For most categories, 10% or fewer are rated as worse than

others in their cohort. The one exception is prioritizing the differential diagnosis; 17.4% of program directors rated our graduates as "worse."

At the same time our graduates' self rating (in equal to 24) had low levels of disagreement on 10 of the same items. Levels of disagreement were higher for the items regarding orders and prescriptions (33%), handover patient care (25%), and obtaining informed consent (25%). Overall, only 16.9% of graduates disagreed that they were prepared for their intern year.

AAMC Indicators

The AAMC Y2Q data, now included in this report, show that a greater percent of our students attend "most of the time" compared to the national average. Simultaneously, more of our students report "almost never" using podcasts and video. Further, students generally agree the faculty behaviors match the professional behaviors we teach.

The AAMC GQ data shows generally strong results. We rank in the 90th percentile on the GQ global satisfaction item. 93.6% of our graduates agreed that basic science course work had sufficient sufficient illustrations of clinical relevance and 89.7% agreed that required clinical experiences integrated basic science content. This placed us in the 90th percentile of the national benchmark data provided by the AAMC.

Our students continue to score below the national average of the AAMC's indicators of burnout and exhaustion.

The AAMC learning environment indicators generally place PLFSOM in the 10th the 25th percentile (in 3 instances 0 is the 10th, 25th and 50th percentile). The exceptions to our low placement are in personal service (50th percentile), lower grades based on race or ethnicity (50th percentile), offensive remarks regarding sexual orientation (75th percentile), and other offensive behaviors not specified (50th percentile).

At the same time, the percent of our students answering that they are aware of mistreatment policies and procedures has a positive trend. 100% of our students were aware of the policy and 96% were aware of the procedures.

There continue to be areas of concern in the perceptions of basic science preparation. 5 subjects rank in the 90th percentile and 4 rank in the 75th percentile. However, 3 subjects (pharmacology, physiology and microbiology) rank in the 25th percentile and 1 ranks in the 10th percentile (gross anatomy). Gross anatomy is notable for having an agreement score of 43%, 31.9 percentage points below the median for the 10th percentile.

Mid-clerkship feedback continues to be provided in all clerkships and for almost all students. There are few minor exceptions which have been documented in the clerkship reviews provided by Dr. Maureen Francis, Assistant Dean for clinical science instruction. This is reflected in the AAMC item regarding mid-clerkship feedback; 5 of the 7 clerkships covered by the AAMC rank in the 90th percentile.

Rankings for observation of clinical skills was generally in the 50th percentile for clerkships, despite all clerkships having a required H&P.

Prepared to Assume the Roles and Responsibilities of a First Year Resident

The AAMC GQ report and the survey of graduates suggest graduates may not feel that they are prepared to be a first year resident. The AAMC GQ report indicates that PLFSOM ranks in the 10th percentile for 4 of the 7 items. Of the remaining 3 items, PLFSOM is in the 25th percentile for one and the 50th percentile for the remaining 2. In reviewing the data, only a few respondents disagreed. The most common pattern is a higher number of neutral responses.

Our internal survey of graduates is based on EPAs and asks a single item about preparation. For the class of 2016, 16.7% of responding graduates disagreed with a statement on being prepared to assume the roles and responsibilities of a first year resident. This is reduced from 25% in the class of 2015 respondent pool. In neither case is the response rate for graduates high enough to be reliable as a single indicator.

The survey of program directors does not provide clarification. 34% of program directors responded that our graduates are superior while 13% responded that our graduates are weaker than the other interns.

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.

PGO/LCME 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		✓						
Program Outcomes: Step3	✓	✓	✓	✓	✓	✓		
Program Outcomes: Annual measures					✓			
Program Outcomes: Graduated Student Surveys	✓	✓	✓	✓	✓	✓	✓	✓
Pre-clerkship instruction	✓	✓						
Clerkship level instruction	✓	✓		✓				

PGO Assessment Mapping

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. This year's report format is different but shows the type of assessment using Medbiquitous vocabulary. Additionally, this year's report shows if the assessments are formative, summative or both.

Note: At this time, PLFSOM IT solutions are being developed that will allow associations at the item level for each assessment; we anticipate this will improve our ability to identify specific linkages.

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)."[1]p157

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

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 consists of 1) General demographic information questions, 2) Social

Medicine Scale questions, 3) the Jefferson Physician Empathy Scale – Student Version[2, 3], and the Self-Directed Learning Readiness Scale (SDLRS)[4].

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 AY 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."[5] 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

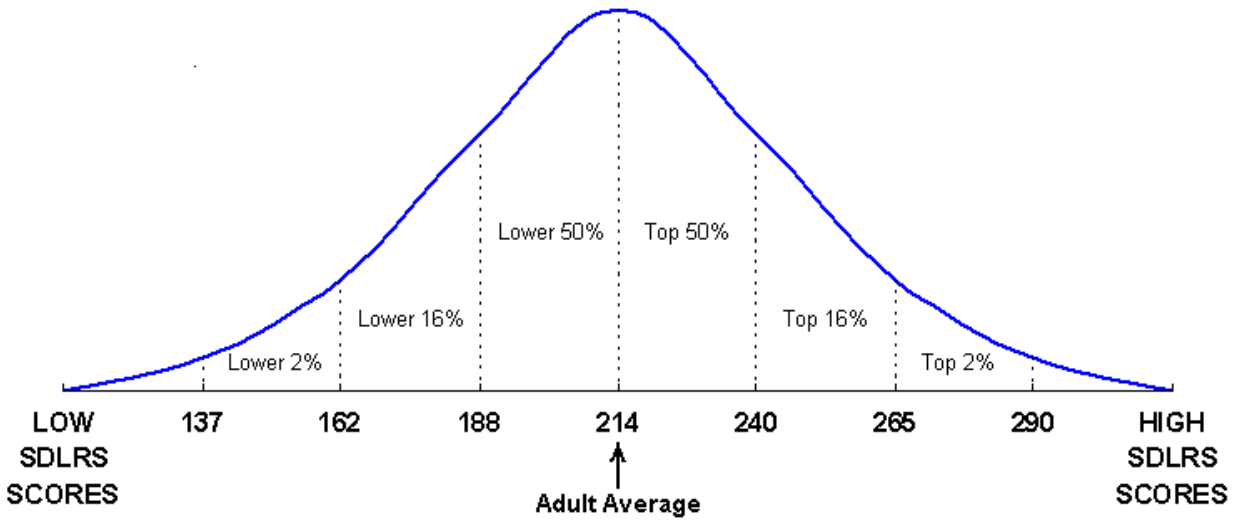
The Social Medicine scales consist of 43 items. Factor analysis indicates that the items break into 3 subscales: Expectations for Participation in Preventive Medicine, Social Determinants of Health, and Role of Physicians in Preventive Medicine. The subscale (Expectations for Participation in Preventive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

Self-Directed Learning Readiness Scale (SDLRS)

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."[4] 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 1: General Adult SDLRS Score Distribution (from http://www.lpasdlrs.com/)



Scores in medical students are generally higher, though the data is limited.

Table 2 Medical Student Mean SDLRS Scores from the Published Literature

Reference	Population	Average SDLRS Score	STD	Range
G Shokar, et al. [6]	M3 students: University of Texas Medical Branch at Galveston	235.81	19.99	183-284
Frisby, 1991. [7]	M1, 2,3 students: the Ohio State University, College of Medicine	230	21.5	162-290
Premkumar, K. et al. [8]	5 classes (N = 375): The School of Medicine, University of Saskatchewan	230.58	Not available	Not available
Abraham, RR. Et al[9]	M1 medical students Melaka Manipal Medical College of Manipal University (Karnataka, India) N118	151.4	Not available	Not available

Premkumar, et al[8] 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.

Graduated Student Surveys

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

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

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

Table 3: AAMC Mapping of EPAs to PGOs

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

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 10:	✓			✓				
EPA 11:	✓			✓	✓	✓		✓
EPA 12:	✓			✓	✓	✓		✓
EPA 13:		✓	✓	✓	✓	✓		

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

Data Instrument

The data is collected using surveys delivered via Qualtrics survey platform. Survey items focus on the core entrustable activities expected of an incoming intern with an additional overall measure of performance/preparation. Both sets of respondents had the opportunity to provide narrative feedback as well. The content of the surveys for the class of 2016 is identical to that for the classes of 2015 & 2014.

Data collection

We have changed our methodology slightly in an effort to increase our response rate. We obtained the contact information for both graduates and their program directors from the Office of Student Affairs.

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

For the class of 2015, we opened the survey in February and left it open till June. Conversations with colleagues across the nation indicated that this was helpful in increasing response rates. In addition, we changed the notification process, sending initial emails direct from Qualtrics with a follow-up email from the Director of Assessment & Evaluation and the Associate Dean for Medical Education.

For the class of 2016, the Director of Assessment & Evaluation again implemented a change in methodology, adopting a modified Dillman approach [11]. One month before survey launch, a letter was sent to the program directors informing them that the survey was coming and requesting confirmation of the email address at which the survey would be received. On the day of

the survey launch, letters with the survey printed on the back were sent out to all residency program directors informing them they would also receive an emailed link to the survey, in case this was more convenient to them. Enclosed with each letter was a gourmet tea and coffee sample as a thank you for their time and feedback. The survey was left open for the same duration as 2015. This resulted in an increase in the response rate, with many directors emailing or mailing scans of the hardcopy survey to us.

AAMC Y2Q and GQ data

The report includes data from both the AAMC Y2Q and GQ reports. "The AAMC administers the Medical School Year Two Questionnaire (Y2Q) annually to all active, second-year medical students. The online questionnaire asks second-year medical students to share their thoughts on a variety of topics, such as:

- Learning climate
- Adjustment to medical school
- Future career plans"[12]

The AAMC provides a report to PLFSOM with school specific data. Additionally, they publish summary reports which combine student response from all schools. This data can be used in combination with the school specific data to provide estimates of performance relative to that of participating schools.

The Graduate Questionnaire (GQ) is administered to students the year of their graduation. Schools provide information on expected graduation and the survey is open from February through June.[13] "The GQ includes questions related to:

- Pre-clinical, clinical, and elective experiences
- General medical education and readiness for residency
- Student services
- Experiences of negative behaviors
- Financial aid and indebtedness
- Career intentions
- Strengths of the medical school and areas that need improvement"[14]

As with the Y2Q, the AAMC provides PLFSOM with a school specific report. It also provides a benchmarking report with percentile ranking information.

> In this report, the 10th, 25th, 50th, 75th, and 90th percentile data are displayed. For each item in the GQ Supplementary Benchmarking Report, the displayed percentiles were calculated as follows:
>
> - 10th percentile—the percentage corresponding to the 15th medical school out of 140 medical schools. Ten percent of schools, or 14 total, have data below this number.

- 25th percentile—the percentage corresponding to the 36th medical school out of 140 medical schools. There are 21 schools with data between the 10th percentile and the 25th percentile.
- 50th percentile—the percentage corresponding to the midpoint of the 70th and 71st medical schools out of 140 medical schools.
- 75th percentile—the percentage corresponding to the 105th medical school out of 140 medical schools. There are the same number of schools between the 50th and 75th percentile as there are between the 25th and the 50th percentile.
- 90th percentile—the percentage corresponding to the 126th medical school out of 140 medical schools. There are 21 schools with data between the 75th and 90th percentiles, and ten percent of schools, or 14 total, have data above this number.

The GQ Supplementary Benchmarking Report differs from both the GQ All Schools Report and the GQ Individual School Report in another notable way. For several items, the report uses combined responses, such as "Agree" with "Strongly agree" or "Satisfied" with "Very satisfied," in its calculations.[13]

We have provided the benchmarking report tables with a modification to show the estimated percentile group PLFSOM is in. We calculate this by calculating the benchmark combined category score. We then calculate the midpoint between the percentile midpoints. Our calculated midpoint is used to decide which percentile our combined score belongs in. We then format the cell our combined score belongs in with a grey background.

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

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.

Customized End of Year Exam (CEYE)

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.

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

Comprehensive Basic Science Examination (CBSE)

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[15], the CBSE content area includes:

Table 4: 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%

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**."[16]

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."[17] "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."[18]

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

Step 3

Per the USMLE "Step 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 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."[19]

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 and completed full migration of the evaluation system during AY 2016-2017. For all previous academic years, evaluation items used a five point Likert scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, and 5 strongly agree, with the exception of the learning environment questions. Starting AY 2016-2017 all evaluation items -except for the learning environment questions- were changed to a 6-point scale: 1 strongly disagree, 2 disagree, 3 somewhat disagree, 4 somewhat agree, 5 agree, and 6 strongly agree, making the aimed for average response a 5.0 or higher. In addition, this year we are transitioning response rate reporting from means to percentage agreement; for the purpose of ease of comparison to previous year's means, this report response rates are stated in both means and percent agreement.

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 deans for medical education, and the associate dean for medical education. A report containing Learning Environment data is issued to the associate dean for Student Affairs, as well as the assistant deans for medical education, and the associate dean for medical education.

Table 5: Response Rates by Course and Class Year

Course	Unit	Response Rate for the Class of				
		2016	2017	2018	2019	2020
Scientific Principles of Medicine	IHD	99%	98%	99%	100%	100%
	GI	99%	98%	99%	100%	98%
	IMN	99%	98%	99%	89%	92%
	HEM	93%	100%	94%	97%	99%

Course	Unit	Response Rate for the Class of				
		2016	2017	2018	2019	2020
	CVR	94%	98%	93%	96%	94%
	RNL	94%	100%	93%	93%	88%
	CNS	94%	100%	100%	89%	🕒
	END	89%	100%	93%	100%	🕒
	REP	91%	100%	93%	98%	🕒
	MHD	90%	100%	93%	98%	🕒
Medical Skills	IHD	99%	98%	99%	100%	93%
	GI	99%	98%	99%	99%	98%
	IMN	99%	98%	99%	90%	92%
	HEM	93%	100%	95%	97%	99%
	CVR	94%	98%	93%	97%	93%
	RNL	94%	100%	93%	93%	88%
	CNS	93%	100%	93%	92%	🕒
	END	89%	100%	95%	98%	🕒
	REP	91%	100%	93%	99%	🕒
	MHD	90%	100%	93%	94%	🕒
Master's Colloquium	I	93%	99%	95%	96%	93%
	II	85%	93%	98%	93%	89%
	III	100%	93%	92%	98%	🕒
	IV	90%	97%	79%	77%	🕒
Society, Community And The Individual	I	65%	99%	95%	99%	92%
	II	96%	93%	98%	95%	87%
	III	95%	93%	95%	96%	🕒
	IV	90%	NA	80%	80%	🕒
Clerkship Preparation Course	PICE	NA	NA	NA	80%	🕒

🕒 Indicates that the rate cannot yet be calculated.

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. Beginning AY 2016-2017 all items use a 6 point Likert scale (1 strongly disagree, 2 disagree, 3 somewhat disagree, 4 somewhat agree, 5 agree, and 6 strongly agree).

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 6: Response Rates by Clerkship and Class Year

Clerkship	Response Rates for the Class of				
	2014	2015	2016	2017	2018
Family Medicine	84%	89%	97%	92%	91%
Surgery	84%	91%	97%	93%	91%
Internal Medicine	82%	90%	100%	95%	95%
Psychiatry	82%	90%	99%	95%	95%
Pediatrics	93%	95%	93%	99%	92%
Obstetrics & Gynecology	93%	95%	92%	98%	92%
Neurology	100%	90%	93%	74%	🕒
Emergency Medicine	95%	90%	91%	80%	🕒
Sub-Internship	96%	93%	86%	80%	🕒
Critical Care Selective	84%	93%	86%	78%	🕒

🕒 Indicates that the rate cannot yet be calculated.

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. Beginning AY 2016-2017 all items use a 6 point Likert scale (1 strongly disagree, 2 disagree, 3 somewhat disagree, 4 somewhat agree, 5 agree, and 6 strongly agree).

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 the third transition year toward a new curriculum organization. The curricular change shortened the duration of the first 2 years, moved the start of the M3 phase forward, and lengthened 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. AY 2016-2017 saw the implementation of the clerkship preparation course (PICE) and the second 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 AY 2017-2018. The change process will have full implementation occurring with the class of 2020's graduation.

Given the transition status, the following graphics show the curriculum as experience by each enrolled class.

Figure 2: Class of 2018 Curriculum Map

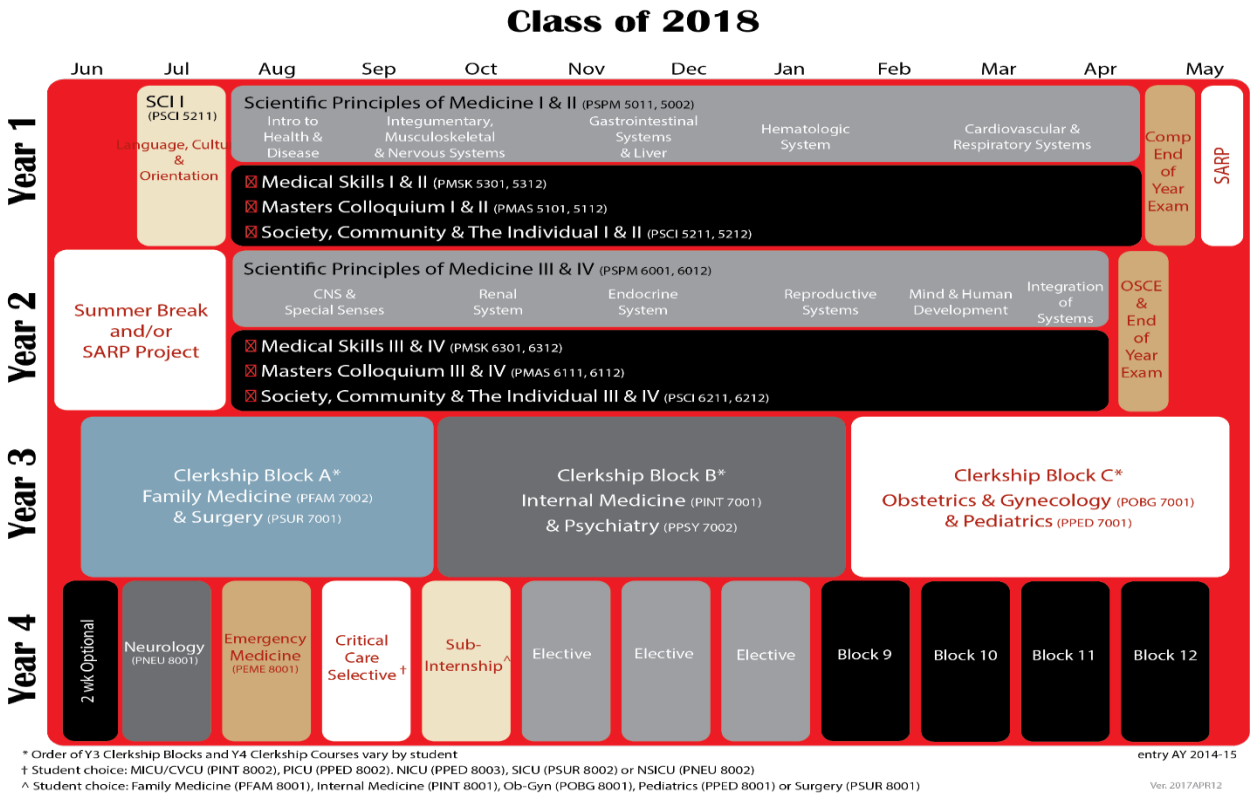


Figure 3: Class of 2019 Curriculum Map

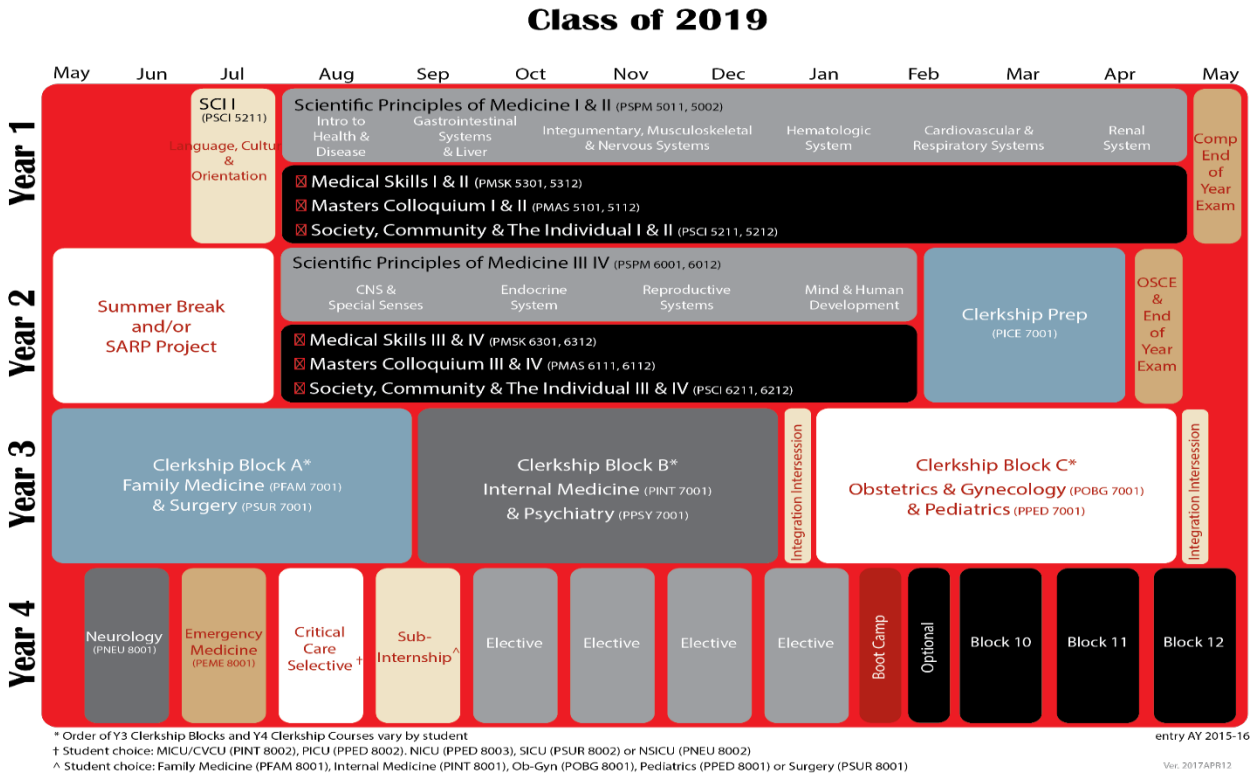
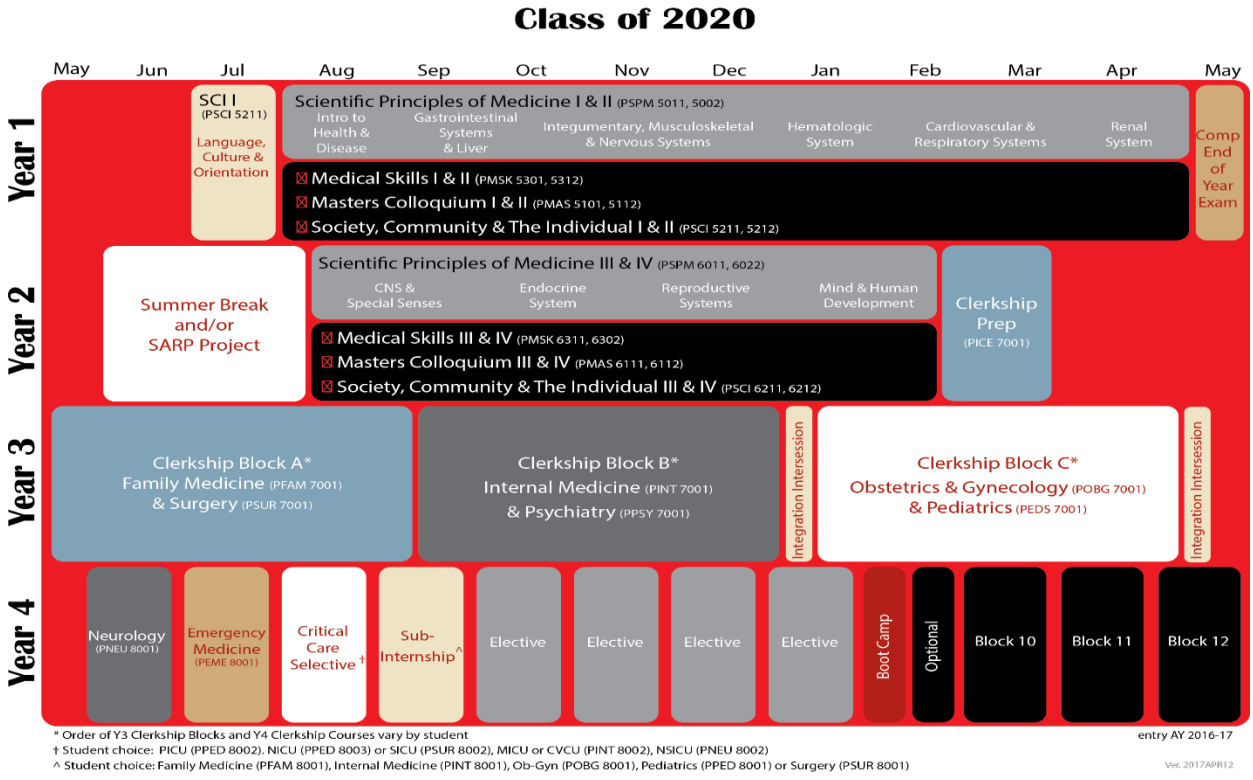


Figure 4: Class of 2020 (and subsequent years) Curriculum Map



Program Goals and Objectives Mapped by Course

In addition to providing 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 LCME 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).

1 Patient Care:

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

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

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

1.3: For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.

1.4: Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.

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

1.6: Describe and propose treatments appropriate to the patient's condition and preferences.

1.7: Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.

1.8: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.

1.9: Provide preventative health care services and promote health in patients, families and communities.

1.10: Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.

Table 7: 2017-2018 Syllabi Mapping for PGO 1: Patient Care

Program Goal 1: Patient Care	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Master's Colloquium	✓	✓				✓		✓	✓	
Medical Skills	✓	✓	✓		✓	✓	✓	✓	✓	✓
Scientific Principles of Medicine	✓	✓	✓			✓	✓		✓	
Society, Community, and the Individual	✓							✓	✓	
Clinical Preparation Course	✓	✓	✓	✓	✓	✓	✓			
Block A	✓	✓	✓		✓	✓	✓		✓	✓
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NSICU		✓	✓	✓		✓	✓	✓		✓
NICU	✓	✓	✓	✓	✓	✓	✓	✓		✓
SICU	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sub Internship Selective										
Family Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Internal Medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	
OB/Gynecology	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Surgery		✓	✓	✓	✓	✓	✓	✓		✓
Pediatrics	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Scholarly Activity and Research Project	✓	✓	✓			✓	✓		✓	

Table 8: 2016-2017 M1 & 2 Formal Didactic 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	✓	✓	✓		✓	✓			

Table 9: Assessment Mapping for PGO 1: Patient Care

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	M1 medical record keeping graded assignment	Clinical Documentation Review (Summative)
		M2 hospital inpatient history and physical examinations	Clinical Documentation Review (Summative)
		M3 & M4 H&P and progress note written assignments	Clinical Documentation Review (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)
		M1 & M2 SPERRSA)peer observer feedback	Peer Assessment (Formative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 standardized patient checklists	Clinical Performance Rating/Checklist (Formative)
		M2 history and physical workshop	Clinical Performance Rating/Checklist (Formative)
		M3 & M4 observed H&P assessments	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 physical exam skill evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 course/clerkship based OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CS exams	Exam - Licensure, Clinical Performance (Summative)
		M3 & M4 simulation exercises	Exam - Institutionally Developed, Clinical Performance (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up to date scientific evidence, and clinical judgment.	M2 patient history and physical examinations	Clinical Documentation Review (Summative)
		M3 & M4 H&P and progress note written assignments and educational prescriptions	Clinical Documentation Review (Summative)
		M1 medical skills graded TBL sessions	Narrative Assessment (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 medical skills readiness assurance quizzes o	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M1 NBME customized end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
1.3	For a given clinical presentation, use data	M2 hospital inpatient history and physical examinations	Clinical Documentation Review (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
	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.	M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M2 History and physical workshop	Clinical Performance Rating/Checklist (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative)
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 & M4 observed H&P evaluations, H&P write ups, and progress notes	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 medical skills graded TBL sessions	Exam - Institutionally Developed, Written/ Computer-based
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative)
		M1 NBME customized end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
1.4	Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.	M3 Matrix exercise in IM/Psychiatry Block	Clinical Documentation Review (Summative)
		M3 M4 clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M4 clinical assessment in Sub Internship and Critical Care selectives.	Clinical Performance Rating/Checklist (Summative)
		M3 Telephone Medicine OSCE (Pediatrics)	Exam - Institutionally Developed, Clinical Performance (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 emergency delivery and neonatal resuscitation (OB/GYN and Pediatric combined activity)	Exam - Institutionally Developed, Clinical Performance
1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.	M2 ACLS practical and written assessments	Participation (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 physical exam skill evaluation	Clinical Performance Rating/Checklist (Formative)
		Emergency Medicine Shift Assessment	Clinical Performance Rating/Checklist (Summative)
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 & M4 simulation activities	Exam - Institutionally Developed, Clinical performance
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M1 NBME customized end of year exam (CEYE) identify exam questions for example	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
1.6	Describe and propose treatments appropriate to the patient's condition and preferences.	M3 Admission and Discharge order writing activities	Clinical Documentation Review (Summative)
		M3 & M4 observed H&P and written H&P evaluations and progress notes	Clinical Documentation Review (Summative)
		M1 medical skills graded TBL sessions	Narrative Assessment (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 and M4 Simulation activities	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 Case Discussions (Ethics Case Discussion OB/GYN and Pediatrics Combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
1.7	Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.	M1 medical record keeping graded assignment	Clinical Documentation Review (Summative)
		M2 patient history and physical examinations	Clinical Documentation Review (Summative)
		M3 & M4 observed H&P and written H&P evaluations and progress notes	Clinical Documentation Review (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative)
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)
1.8	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.	M3 & M4 Discharge Orders and Discharge Planning activities	Clinical Documentation Review (Summative)
		M1 & M2 SPERRSA)peer observer feedback	Peer Assessment (Formative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 standardized patient checklist	Clinical Performance Rating/Checklist (Formative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)
1.9	Provide preventative health care services and promote health in patients, families and communities.	M3 Matrix activity (Psychiatry)	Clinical Documentation Review (Summative)
		M3 & M4 Discharge Orders and Discharge Planning activities	Clinical Documentation Review (Summative)
		M3 Colon Cancer screening program participation (Project ACCION in Family Medicine)	Participation (Summative)
		M1 & M2 peer observer feedback	Peer Assessment (Formative)
		M3 student presentations (Family Medicine)	Research or Project Assessment (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 standardized patient checklist	Clinical Performance Rating/Checklist (Formative)
		M3 & M4 observed and written H&P evaluations and progress notes	Exam - Institutionally Developed, Clinical Performance (Formative & Summative);
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)
1.10	Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.	M3 & M4 clerkship assessment forms	Clinical Documentation Review Narrative Assessment

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

Table 10: 2017-2018 Syllabi Mapping for PGO 2: Knowledge for Practice

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

Program Goal :	2.1	2.2	2.3	2.4	2.5	2.6
OB/Gynecology		✓	✓	✓		✓
Surgery	✓	✓	✓	✓	✓	✓
Pediatrics		✓	✓	✓	✓	✓
Scholarly Activity and Research Project						✓

Table 11: 2016-2017 M1 & 2 Formal Didactic 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		✓	✓			

Table 12: Assessment Mapping for PGO 2: Knowledge for Practice

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
2.1	Compare and contrast formal variation and pathological states in the structure and function of the human body across the life span.	M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		(M1) M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M3 CCSE	Exam - Nationally Normed/Standardized, Subject (Formative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
2.2	Apply established and emerging foundational/basic science principles to health care.	M2 ACLS practical and written assessments	Participation (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative);
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 end of unit summative exams	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		(M1) M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M3 CCSE	Exam - Nationally Normed/Standardized, Subject (Formative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
2.3	Apply evidenced based principles of clinical sciences to diagnostic and therapeutic decision making and clinical problem solving.	M3 Educational Prescription (Internal Medicine)footnote"	Clinical Documentation Review
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Formative & Summative);
		M1, M2 & M3 course/clerkship OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 & M2 SCI problem sets & written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M3 CCSE	Exam - Nationally Normed/Standardized, Subject (Formative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
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.	M1 & M2 weekly formative assessments	Exam - Institutionally Developed, Written/ Computer-based (Formative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		(m1) M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M3 CCSE	Exam - Institutionally Developed, Clinical Performance CCSE
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
		USMLE Step 1 and Step 2 CK exams	Exam - Licensure, Written/Computer-based (Summative)
2.5	Apply principles of social behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M1 & M2 standardized patient checklist and verbal feedback	Clinical Performance Rating/Checklist (Formative)
		M1 & M2 peer observer feedback	Peer Assessment (Formative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M1 Dialysis visit SOAP note	Clinical Documentation Review (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 Matrix Assignment [FM52] Used in IM and Psych.	Clinical Documentation Review (Summative)
		M3 & M4 NBME subject exams	Exam - Nationally Normed/Standardized, Subject (Summative)
		End of Year 2 Comprehensive OSCE exam	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE exam	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CK/CS exams check content description	Exam - Licensure, Clinical Performance (Summative) Exam - Licensure, Written/Computer-based (Summative)
2.6	Demonstrate an understanding of and potential for engagement in the creation, dissemination and application of new health care knowledge.	SARP report, presentation & assessment forms	Research or Project Assessment (Summative)
		M1 & M2 SCI problem sets & written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		FM Clinical and Translational Research Activity	Participation (Summative)

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 in patient and/or population-based care.
3.3: Accept and incorporate feedback into practice.
3.4: Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
3.5: Obtain and utilize information about individual patients, populations or communities to improve care.

Table 13: 2017-2018 Syllabi Mapping for PGO 3: Practice-Based Learning & Improvement

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

Program Goal :	3.1	3.2	3.3	3.4	3.5
OB/Gynecology	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	✓	✓
Pediatrics	✓		✓	✓	✓
Scholarly Activity and Research Project					

Table 14 2016-2017 M1 & 2 Formal Didactic 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	✓				

Table 15: Assessment Mapping for PGO 3: Practice Based Learning and Improvement

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
3.1	Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.	SARP assessment forms	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds assessment forms e	Research or Project Assessment (Summative)
		M2 self-directed learning plan aa & assessment item writing	Research or Project Assessment (Summative)
		M3 & M4 'design a case' requirement	Research or Project Assessment (Summative)
		M3 Matrix assignment (Psychiatry)	Clinical Documentation Review (Summative)
		M3 Student Morning Report (IM) and Educational Prescription (IM)	Clinical Documentation Review (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 Individual Learning Project (Pediatrics)	Research or Project Assessment (Summative)
		M3 Mock Root Cause Analysis (Ob/GYN and Pediatrics combined activity)	Clinical Documentation Review (Summative)
		M3 Peer Teaching sessions (Pediatrics)	Peer Assessment (Summative)
3.2	Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population based care.	USMLE Step 1 exam	Exam - Licensure, Written/Computer-based (Summative)
		USMLE Step 2 CK exam	Exam - Licensure, Written/Computer-based (Summative)
		M3 Mock Root Cause Analysis (OB/GYN and Pediatrics Combined Activity)	Clinical Documentation Review (Summative)
		M3 matrix Activity (Psychiatry)	Clinical Documentation Review (Summative)
		M3 Combined Integrated Case Presentation (Family Medicine)	Research or Project Assessment (Summative)
3.3	Accept and incorporate feedback into practice.	M1 and M2 Medical Skills physical examination skill stations	Exam - Institutionally Developed, Clinical Performance
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M2 History and Physical Workshop	Clinical Performance Rating/Checklist (Formative)
		M2 History and Physical write ups	Clinical Documentation Review (Formative)
		M4 Procedure workshop	Exam - Institutionally Developed, Clinical performance
		M3 feedback on observed Histories and Physicals and Order Writing activities	Clinical Documentation Review (Summative)
		M3 and M4 Mid Clerkship Assessments	Narrative Assessment (Formative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
3.4	Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.	M1 & M2 SCI graded problem sets	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M3 & M4 ICE Case Presentation Exercise	Research or Project Assessment (Summative)
		M3 Educational Prescription (IM)	Clinical Documentation Review (Summative)
		M3 Individual Learning Project (Pediatrics)	Research or Project Assessment (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 Peer Teaching Sessions (Pediatrics)	Peer Assessment (Summative)
		M3 Ethics Activity (OB/GYN and Pediatrics Combined Activity)	Practical (Lab) (Summative)
		M3 Journal Article Review (Family Medicine)	Research or Project Assessment (Formative)
3.5	Obtain and utilize information about individual patients,	M1 & M2 SCI graded problem sets	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
	populations or communities to improve care.	M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M3 Health Matrix assignment	Clinical Documentation Review (Summative)
		M3 Mock Root Cause Analysis (OB/GYN and Pediatrics Combined Activity)	Clinical Documentation Review (Summative)
		M3 Peer Teaching Sessions (Pediatrics)	Peer Assessment (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)

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 health care professionals.
4.3: Communicate with sensitivity, honesty, compassion and empathy.
4.4: Maintain comprehensive and timely medical record.

Table 16: 2017-2018 Syllabi Mapping for PGO 4: Interpersonal and Communication Skills

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

Table 17: 2016-2017 M1 & 2 Formal Didactic 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	✓	✓		

Table 18: Assessment Mapping for PGO 4: Interpersonal and Communication Skills

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
4.1	Communicate effectively with patients and families across a broad range of socio economic and cultural backgrounds.	M1 & M2 SCI Spanish language assessments	Exam - Institutionally Developed, Oral (Summative)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 weekly standardized patient checklist	Clinical Performance Rating/Checklist (Formative)
		M1 & M2 peer observer feedback	Peer Assessment (Formative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M1 Inter Professional Collaborative Practice Modules &	Exam - Institutionally Developed, Clinical Performance
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CS exams	Exam - Licensure, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
4.2	Communicate effectively with colleagues and other health care professionals.	M3 & M4 observed H&P and written H&P evaluations and progress notes	Clinical Documentation Review (Formative) Exam - Institutionally Developed, Clinical Performance (Summative)
		M2 patient history and physical examinations s	Clinical Documentation Review (Summative)
		M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M1 IPE session on roles and responsibilities	Narrative Assessment (Formative)
		M3 student morning report (IM)	Oral Patient Presentation (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 student peer presentations	Research or Project Assessment (Summative)
		M2 SDL PICE Assessment Item Writing	Research or Project Assessment (Summative)
		SARP assessment forms	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds assessment forms e	Research or Project Assessment (Summative)
		M3 M4 ICE Case Presentation	Research or Project Assessment (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 simulated delivery, neonatal resuscitation, and ethic case discussions (OB/GYN and Pediatrics combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 Inter Professional Collaborative Practice Modules & Simulations	Exam - Institutionally Developed, Clinical Performance
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)
4.3	Communicate with sensitivity, honesty, compassion and empathy.	M2 patient history and physical examinations s	Clinical Documentation Review (Summative)
		M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 morning report and student morning report presentations (Psychiatry and IM Clerkships)	Oral Patient Presentation (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M1 & M2 peer observer feedback	Peer Assessment (Formative)
		M3 Ethics activity (Pediatrics)	Practical (Lab) (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds presentation rubric	Research or Project Assessment (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 standardized patient checklist	Clinical Performance Rating/Checklist (Formative)
		M3 Hospice rotation (FM clerkship)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 breaking bad news session (FM and Surgery combined activity)	Exam - Institutionally Developed, Clinical performance
		USMLE Step2 CS exams	Exam - Licensure, Clinical Performance (Summative)
4.4	Maintain comprehensive and timely medical records.	M1 medical record keeping graded assignment	Clinical Documentation Review (Summative)
		M2 patient history and physical examinations	Clinical Documentation Review (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 & M4 observed H&P evaluations and progress notes	Exam - Institutionally Developed, Clinical Performance (Summative)

Medical Education Program Objective(s)		Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)

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 health care team.
5.4: Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.
5.5: Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest.
5.6: Demonstrate honesty in all professional and academic interactions.
5.7: Meet professional and academic commitments and obligations.

Table 19: 2017-2018 Syllabi Mapping for PGO 5: Professionalism

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

Table 20: 2016-2017 M1 & 2 Formal Didactic 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							✓

Table 21: 2017-2018 Planned Assessment Mapping for PGO 5: Professionalism

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.	M2 patient history and physical examinations	Clinical Documentation Review (Summative)
		M3 Mock Root Cause Analysis (Ob/GYN and Pediatrics combined activity)	Clinical Documentation Review (Summative)
		M1 & M2 professionalism reporting in student e Portfolio & Professionalism in Colloquium statement M2 in MSPE & M1 formative	Narrative Assessment (Formative & Summative);
		M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M1 & M2 standardized patient checklist	Clinical Performance Rating/Checklist (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative)
		M3 Hospice assessment (FM)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 Clerkship Coordinator Assessment	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 2 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 Inter Professional Collaborative TEAM STEPS Modules & Simulations	Exam - Institutionally Developed, Clinical Performance
		USMLE Step 2 CS exam	Exam - Licensure, Clinical Performance (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
5.2	Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.	M3 Combined Ethics Case (OB/GYN and Pediatrics combined activity)	Clinical Documentation Review (Summative)
		M2 patient history and physical examinations	Clinical Documentation Review (Summative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative)
		M3 Clerkship Coordinator assessment	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 observed H&P evaluations	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1, M2 & M3 OSCEs	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 1 and Step 2 CK/CS exams	Exam - Licensure, Written/Computer-based (Summative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		M3 NBME subject exams (FM)	Exam - Nationally Normed/Standardized, Subject (Summative)
		SARP CITI training	Exam - Nationally Normed/Standardized, Subject (Summative)
		(Boot Camp for future inclusion AY 18 19)	
5.3	Demonstrate accountability to patients and fellow members of the health care team.	M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M3 & M4 Clerkship Coordinator Assessment	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M1 Team STEPPS Simulations	Participation (Formative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative)
		M2 ACLS	Participation (Summative)
		M3 M4 Simulation Exercises (OB/PEDS/EM)	Exam - Institutionally Developed, Clinical Performance (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
5.4	Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.	M3 Matrix activity (Psychiatry)	Clinical Documentation Review (Summative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 Ethics case discussion (OB/GY and Pediatrics combined activity)	Practical (Lab) (Summative)
		M3 Hospice professionalism assessment (FM)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 Breaking Bad News activity (FM and Surgery Combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 1 and 2 CK/CS exams	Exam - Licensure, Clinical Performance (Summative) Exam - Licensure, Written/Computer-based (Summative)
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
		NBME CCSE & Subject Exams (verify)	Exam - Nationally Normed/Standardized, Subject (Summative)
5.5	Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest.	M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 Ethics case discussion (OB/GYN and Pediatrics combined activity)	Practical (Lab) (Summative)
		M3 Breaking Bad news activity (FM and Surgery Combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 2 CK exam	Exam - Licensure, Written/Computer-based (Summative)
		CITI training	Exam - Nationally Normed/Standardized, Subject (Summative)
5.6	Demonstrate honesty in all professional and academic interactions.	M1 & M2 professionalism reporting in student ePortfolio	Narrative Assessment (Summative)
		M3 & M4 clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 & M4 Clerkship Coordinator Assessment	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		Honor Code & enforcement process for PLFSOM and before OSCEs	Multisource Assessment (Summative)
5.7	Meet professional and academic commitments and obligations.	M1 & M2 professionalism reporting in student ePortfolio	Narrative Assessment (Summative)
		M1 & M2 Professionalism in Colloquium statement	Narrative Assessment (Formative & Summative)
		M1 M2 Attendance Required Activities & Assignments	Participation (Formative & Summative)
		M1 M2 SARP & ICE	Research or Project Assessment (Summative)
		M3 & M4 clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 & M4 timely completion of op log, duty hour reports, and other clerkship assignments.	Participation (Formative & Summative)
		M3 & M4 Clerkship Coordinator Assessment	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)

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 considerations of benefits, risks and costs in patient and/or population care.
6.4: Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.

Table 22: 2017-2018 Syllabi Mapping for PGO 6: Systems-based Practice

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

Table 23: 2016-2017 M1 & 2 Formal Didactic 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				

Table 24: Planned Assessment Mapping for PGO 6: System-based Practice

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
6.1	Describe the health system and its component parts, how the system is funded and how it affects individual and community health.	M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 Journal article review (FM)	Research or Project Assessment (Summative)
		M3 Pediatric SNAP Challenge	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 Selective Presentations (FM)	Research or Project Assessment (Summative)
		M3 Systems based Practice week in FM/Surgery Block	Clinical Performance Rating/Checklist (Summative) Narrative Assessment S
		M3 Hospice assessment (FM)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
6.2	Demonstrate the ability to identify patient access to public, private, commercial and/or community based resources relevant to patient health and care.	M3 Health Matrix assignment (Psychiatry and IM)	Clinical Documentation Review (Summative)
		M3 Discharge planning activity (OB/GYN and Pediatrics)	Clinical Documentation Review (Summative)
		M3 Pediatric SNAP Challenge	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 & M4 clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 Systems based Practice week (Surgery)	Clinical Performance Rating/Checklist(Summative) Narrative Assessments
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
6.3	Incorporate considerations of benefit, risks and costs in patient and/or population care.	M3 Health Matrix assignment (IM)	Clinical Documentation Review (Summative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 Discharge Planning activity (Pediatrics)	Clinical Documentation Review(Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 & M4 clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		End of Year 3 Comprehensive OSCE	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 SCI graded problem sets	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		USMLE Step 1 and 2 CK exams	Exam - Licensure, Written/Computer-based (Summative)
		M2 NBME comprehensive basic science exams (CBSE)	Exam - Nationally Normed/Standardized, Subject (Formative & Summative);
		M1 NBME comprehensive end of year exam (CEYE)	Exam - Nationally Normed/Standardized, Subject (Summative)
6.4	Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.	M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M4 Hand off assignments (Sub Internship)	Narrative Assessment (Summative)
		M3 & M4 clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)

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 and the roles of other health care professionals to work together in providing safe and effective care.
7.3: Function effectively both as a team leader and team member.
7.4: Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.

Table 25: 2017-2018 Syllabi Mapping for PGO 7: Interprofessional Collaboration

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

Program Goal :	7.1	7.2	7.3	7.4
Internal Medicine	✓	✓	✓	✓
OB/Gynecology	✓			
Surgery	✓			
Pediatrics	✓			
Scholarly Activity and Research Project	✓			

Table 26: 2016-2017 M1 & 2 Formal Didactic 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	✓	✓	✓	

Table 27: 2017-2018 Planned Assessment Mapping for PGO 7: Interprofessional Collaboration

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
7.1	Describe the roles of health care professionals.	M3 system based practice week (Surgery)	Narrative Assessment(Summative)
		M3 Psychiatry morning report activity	Oral Patient Presentation (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)
		M3 community colon cancer screening program (Project ACCION in FM)	Participation (Summative)
		M1 Team Based Learning Activity assessments for roles and responsibilities of health care professionals	Participation Formative
		M3 Supplemental Nutrition Assistance Program activity (Pediatrics)	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 Selective Presentations (FM)	Research or Project Assessment (Summative)
		M1 & M2 standardized patient encounter review and reflective self-assessment (SPERRSA)	Self-Assessment (Formative)
		M3 and M4 Clerkship Clinical assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 SCI community clinic preceptor feedback form	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 and M4 Clerkship clinical assessment forms	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 Hospice assessment (FM)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M1 Inter Professional Collaborative Practice Modules	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 Ethics Case Discussion (OB/GYN and Pediatrics combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
7.2		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)

	Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.	M2 ACLS practical and written assessments	Participation (Summative)
		M3 Pediatric SNAP Challenge	Research or Project Assessment (Summative)
		M1 & M2 SCI community clinic student activity checklist	Self-Assessment (Summative)
		M3 Discharge planning activity (Pediatrics)	Clinical Documentation Review (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 SCI community clinic preceptor feedback form	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M1 Inter Professional Collaborative Practice Modules	Exam - Institutionally Developed, Clinical Performance (Summative)
		USMLE Step 2 CK exam	Exam - Licensure, Written/Computer-based (Summative)
7.3	Function effectively both as a team leader and team member.	M3 Mock Root Cause Analysis (Pediatrics)	Clinical Documentation Review (Summative)
		M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M2 ACLS practical and written assessments	Participation (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		SARP assessment forms	Research or Project Assessment (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 Inter Professional Collaborative Practice Modules	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 & M4 simulation activities	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 Telephone OSCE (Pediatrics)	Exam - Institutionally Developed, Clinical Performance (Summative)
7.4	Recognize and respond appropriately to	M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)

	circumstances involving conflict with other health care professionals and team members.	M3 Ethics Case Discussion activity (OB/GYN and Pediatrics)	Practical (Lab) (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 & M2 SCI community clinic preceptor feedback form	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M1 Inter Professional Collaborative Practice Modules	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 Emergency delivery simulation (OB/GYN)	Exam - Institutionally Developed, Clinical Performance (Summative)

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 in adjusting to change and difficult situations.
8.4: Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.
8.5: Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

Table 28: 2017-2018 Syllabi Mapping for PGO 8: Personal and Professional Development

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

Program Goal :	8.1	8.2	8.3	8.4	8.5
Scholarly Activity and Research Project					

Table 29: 2016-2017 M1 & 2 Formal Didactic Mapping PGO 8: Personal and Professional Development

Program Goal :	8.1	8.2	8.3	8.4	8.5
Master's Colloquium	✓	✓	✓	✓	✓
Medical Skills					
Scientific Principles of Medicine					
Society, Community, and the Individual				✓	
Clinical Preparation Course	✓				✓

Table 30: Planned Assessment Mapping for PGO 8: Personal and Professional Development

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
8.1	Recognize when to take responsibility and when to seek assistance.	M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M2 ACLS practical and written assessments	Participation (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M1 Inter Professional Collaborative Practice Modules	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 & M4 simulation activities	Exam - Institutionally Developed, Clinical Performance (Summative)
8.2	Demonstrate healthy coping mechanisms in response to stress and professional responsibilities.	M1 & M2 small group assessment forms	Narrative Assessment (Formative)
		M1 & M2 professionalism reporting in student e Portfolio	Narrative Assessment (Summative)
		M1 & M2 SCI community clinic preceptor feedback form	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 and M4 Simulation activities (e.g. OB/GYN)	Exam - Institutionally Developed, Clinical Performance (Summative)
8.3	Demonstrate flexibility in adjusting to change and difficult situations.	M1 & M2 professionalism reporting in student ePortfolio	Narrative Assessment (Summative)
		M3 and M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 Hospice assessment (FM)	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)
		M3 & M4 Clerkship Coordinator assessment forms	Clinical Performance Rating/Checklist (Summative) Narrative Assessment (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 Breaking Bad news activity (FM and Surgery combined activity)	Exam - Institutionally Developed, Clinical Performance (Summative)
		M3 and M4 simulation activities (e.g. emergency delivery in OB/GYN)	Exam - Institutionally Developed, Clinical Performance (Summative)
8.4	Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.	M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 Ethics case discussion activity (OB/GYN and Pediatrics combined activity)	Practical (Lab) (Summative)
		M3 & M4 clinical clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)
		M3 and M4 simulation activities	Exam - Institutionally Developed, Clinical Performance (Summative)
		M1 & M2 SCI graded problem sets	Exam - Institutionally Developed, Written/ Computer-based (Summative)
		M1 & M2 SCI written examinations	Exam - Institutionally Developed, Written/ Computer-based (Summative)
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.	M3 educational prescription (IM)	Clinical Documentation Review (Summative)
		M1 & M2 Masters' Colloquium graded essays	Narrative Assessment (Summative)
		M3 Ethics case discussion activity (OB/GYN and Pediatrics combined activity)	Practical (Lab) (Summative)
		M1 & M2 SDL assessment item writing requirement	Research or Project Assessment (Summative)
		M1 & M2 SCI graded oral presentations	Research or Project Assessment (Summative)
		M2 Tankside Grand Rounds assessment forms	Research or Project Assessment (Summative)
		M3 Individual Learning Project (Pediatrics)	Research or Project Assessment (Summative)
		SARP assessment forms	Research or Project Assessment (Summative)
		M2 self-directed learning plan	Research or Project Assessment (Summative)
		M3 & M4 'design a case' requirement (*pending CEPC approval)	Research or Project Assessment (Summative)
		M3 and M4 Student presentations (e.g. Pediatrics, Psychiatry, EM)	Research or Project Assessment (Summative)

	Medical Education Program Objective(s)	Outcome Measure(s) for Objective	Type of Outcome measure (Summative, Formative or both)
		M3 discharge planning activity (Ob/GYN)	Clinical Documentation Review (Summative)
		M3 & M4 clerkship assessment forms	Clinical Performance Rating/Checklist (Formative & Summative); Narrative Assessment (Formative & Summative)

Policy Monitoring

Clerkship Grading

The CEPC approved a change in the way honors was calculated, starting with AY 2015-2016. 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 31: Percent of Class Receiving Honors by M3 Clerkship

Clerkship	Class of				
	2014	2015	2016	2017	2018
Family Medicine	58%	39%	63%	33%	46%
Surgery	56%	43%	53%	37%	32%
Internal Medicine	55%	42%	41%	39%	23%
Psychiatry	67%	58%	55%	32%	48%
Obstetrics/Gynecology	48%	43%	60%	43%	40%
Pediatrics	56%	46%	63%	43%	31%

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 into student ePortfolios through TTAS (Texas Tech Assessment System) system.

The following tables contain the data from Banner, as it is the official record. For each required course/clerkship, the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years is provided; the percentage of students who did not receive grades within 6 weeks is also provided.

Table 32: M1&2 Course Banner Posting of Grades

Course	Average number of days to Banner Posting	Maximum number of days to Banner Posting	Percent of Grades in excess of policy
Scientific Principles of Medicine I	**14**	**27**	**0%**
Scientific Principles of Medicine II	**28**	**28**	**0%**
Scientific Principles of Medicine III	**28**	**28**	**0%**
Scientific Principles of Medicine IV	**-25 (31)**	**-25 (31)**	**0%**
Society, Community, & the Individual I	**28**	**28**	**0%**
Society, Community, & the Individual II	**14**	**14**	**0%**
Society, Community, & the Individual III	**28**	**28**	**0%**
Society, Community, & the Individual IV	**-25 (31)**	**-25 (31)**	**0%**
SARP I	**20**	**20**	**0%**
SARP II	**-52**	**-52**	**0%**
SARP III	**-24 (30)**	**-24 (30)**	**0%**
Medical Skills I	**28**	**28**	**0%**
Medical Skills II	**14**	**14**	**0%**
Medical Skills III	**28**	**28**	**0%**
Medical Skills IV	**-25 (31)**	**-25 (31)**	**0%**
Master's Colloquium I	**28**	**28**	**0%**
Master's Colloquium II	**14**	**14**	**0%**
Master's Colloquium III	**28**	**28**	**0%**
Master's Colloquium IV	**-25 (31)**	**-25 (31)**	**0%**
Clerkship Preparation Course	**25**	**25**	**0%**

[1] For M2 spring semester courses, the end-date of classes is earlier than the end-date in Banner. Negative numbers reflect the Banner value. Values in (parentheses) represent the number of days from the February 17th end of courses.

Table 33: Year 3 Required Clerkships Grade Posting to Banner

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

*extenuating circumstances caused by a family emergency

Table 34: Required Clerkship Grade Posting in ePortfolios

Core Clerkship	AY 2014-15				AY 2015-16				AY 2016-17			
	Avg. # of Weeks	**Min # of Weeks**	**Max# of Weeks**	**% of Grades late**	**Avg. # of Weeks**	**Min# of Weeks**	**Max# of Weeks**	% of Grades late	**Avg. # of Weeks**	**Min# of Weeks**	**Max# of Weeks**	% of Grades late
Family Medicine Clerkship	4	0	18	1	4	4	12	3	4	2	4	0
Internal Medicine Clerkship	5	1	9	36	4	4	4	0	4	2	4	0
Ob/Gyn Clerkship	5	2	11	31	5	4	12	3	4	2	4	0
Pediatrics Clerkship	4	1	6	0	7	5	12	50 *	3	2	4	0
Psychiatry Clerkship	3	1	25	1	5	4	13	5	4	2	4	0
Surgery Clerkship	3	2	18	1	4	3	4	0	1	0	3	0
Clinical Neurosciences	4	1	8	19	3	0	23	1	4	0	8	2
Emergency Medicine	3	0	9	11	2	0	10	1	2	0	5	0

*extenuating circumstances caused by a family emergency

Table 35: Days to Grade Posting to Banner - Year 4 Required Clerkships

Core Clerkship	AY 2014-15				AY 2015-16				AY 2016-17			
	Avg. # of Weeks	Min # of Weeks	Max# of Weeks	% of Grades late	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	**% of Grades late**	Avg. # of Weeks	Min# of Weeks	Max# of Weeks	**% of Grades late**
Clinical Neurosciences	4	1	8	19	3	0	23	1	4	0	22	9
Emergency Medicine	3	0	9	11	2	0	10	1	2	0	20	2
Sub-Internships - Student selects one from the following choices												
Family Medicine Sub-Internship	3	1	9	13	3	1	4	0	1	-13	12	29
General Surgery Sub-internship	3	1	4	0	2	0	3	0	1	1	4	0
Internal Med Sub-Internship	3	1	7	21	4	0	6	0	3	0	7	2
Pediatric Sub-internship	4	1	7	9	4	1	6	8	4	1	8	15
OB/GYN Sub-internship	1	1	1	0	2	1	5	0	4	0	8	21
Intensive Care - Student selects one from the following choices												
MICU/CVICU	2	0	7	4	3	0	5	0	4	0	13	17
Neonatology Intensive Care	2	1	3	0	3	1	5	0	3	0	10	16
Pediatric Intensive Care Unit	3	0	9	11	3	0	6	6	3	1	5	0
Surgical Intensive Care	3	0	5	0	2	1	5	0	4	0	9	21

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 was to occur AY 2016-2017. However, reporting limitations resulted in the policy not being implemented. Item analysis reports made it difficult for the faculty to identify their items that needed adjusting.

In order to meet the policy monitoring requested by the CEPC, the following contains information on the summative exams developed in-house. The first is a Table with overall test quality indicators by academic year. 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 provided graphics for each 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 36: SPM Summative Exam Test Statistics Trend

Unit Name	Class	Test Statistics					Number of items out of compliance				
		Date of Summative Test	N Takers	Mean Difficulty	Mean Disc. Index	KR20	N Items	Difficulty		Disc. < 0.1	Selected foil
								< 0.2	≥ 0.9		
Introduction to Health and Disease	2019	9/4/2015	107	0.78	0.19	0.89	150	1	52	40	11
	2020	9/292016	108	0.78	0.21	0.87	149	0	42	40	15
Gastrointestinal Systems	2019	10/13/2015	107	0.75	0.18	0.85	150	1	39	44	2
	2020	10/13/2016	106	0.75	0.22	0.88	142	0	35	31	7
Integumentary, Musculoskeletal & Nervous Systems	2019	12/18/2015	107	0.73	0.19	0.85	150	1	40	42	10
	2020	12/15/2016	105	0.73	0.22	0.87	146	0	37	32	5
Hematologic System	2019	2/3/2016	105	0.81	0.18	0.86	150	2	67	45	13
	2020	2/2/2017	104	0.78	0.21	0.89	147	1	44	36	10
Cardiovascular & Respiratory Systems	2019	4/1/2016	104	0.76	0.15	0.77	150	1	44	53	7
	2020	3/30/2017	102	0.74	0.21	0.87	144	2	26	25	2
Renal System[1]	2018	11/6/2015	100	0.83	0.14	0.77	132	0	59	53	20
	2019	5/5/2016	102	0.79	0.17	0.79	120	2	36	38	7
	2020	5/4/2017	99	0.79	0.18	0.79	115	0	42	34	7
CNS and Special Senses	2018	9/25/2015	100	0.79	0.16	0.82	150	0	53	59	14
	2019	9/23/2016	106	0.76	0.18	0.83	150	0	47	44	13
Endocrine System	2018	12/17/2015	100	0.80	0.14	0.74	140	0	54	61	20
	2019	10/28/2016	106	0.80	0.15	0.81	144	0	61	55	16
Reproductive Systems	2018	2/12/2016	100	0.78	0.15	0.76	150	1	51	59	19
	2019	12/16/2016	107	0.80	0.16	0.82	150	0	52	47	14
Mind & Human Development	2018	3/31/2016	99	0.79	0.15	0.78	150	0	50	55	8
	2019	2/17/2017	104	0.77	0.16	0.80	145	0	44	52	13

[1] The renal system was offered to 2 classes in the same academic year due to curriculum modifications.

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

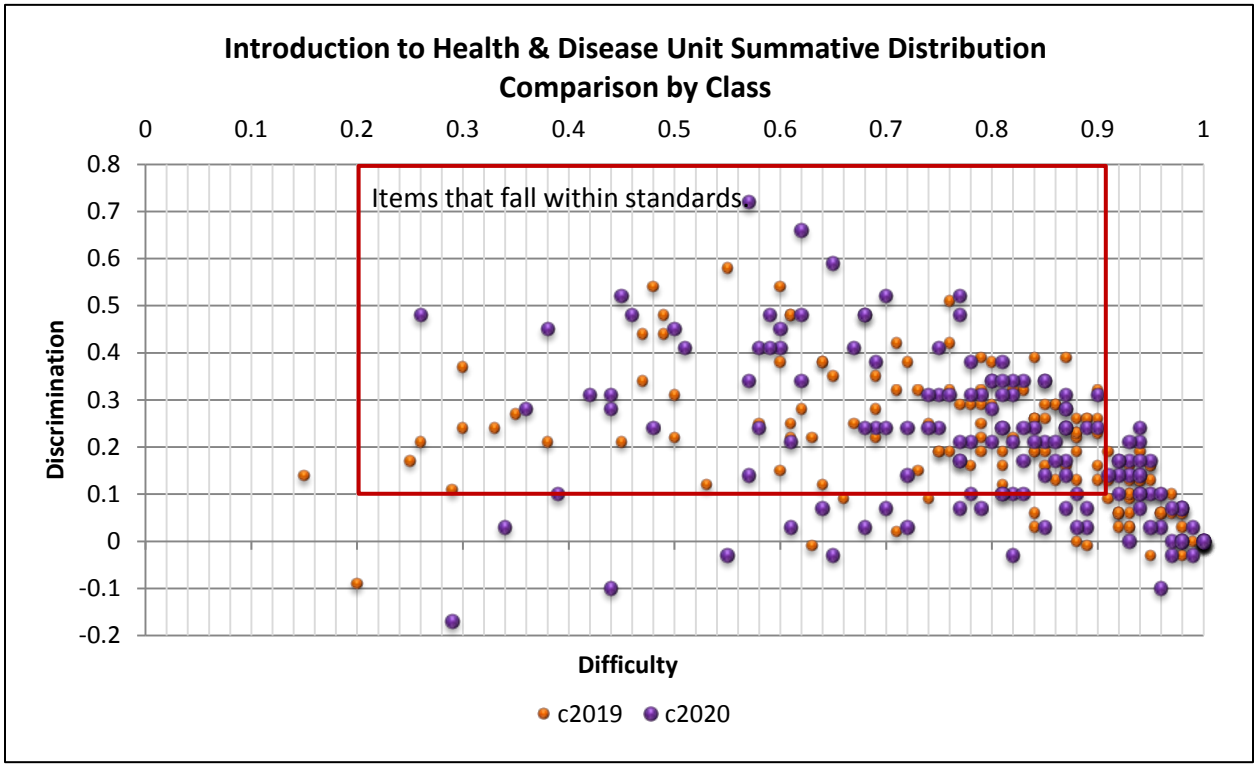


Figure 6: Test Item Discrimination by Difficulty for GIS Unit Comparison by Class

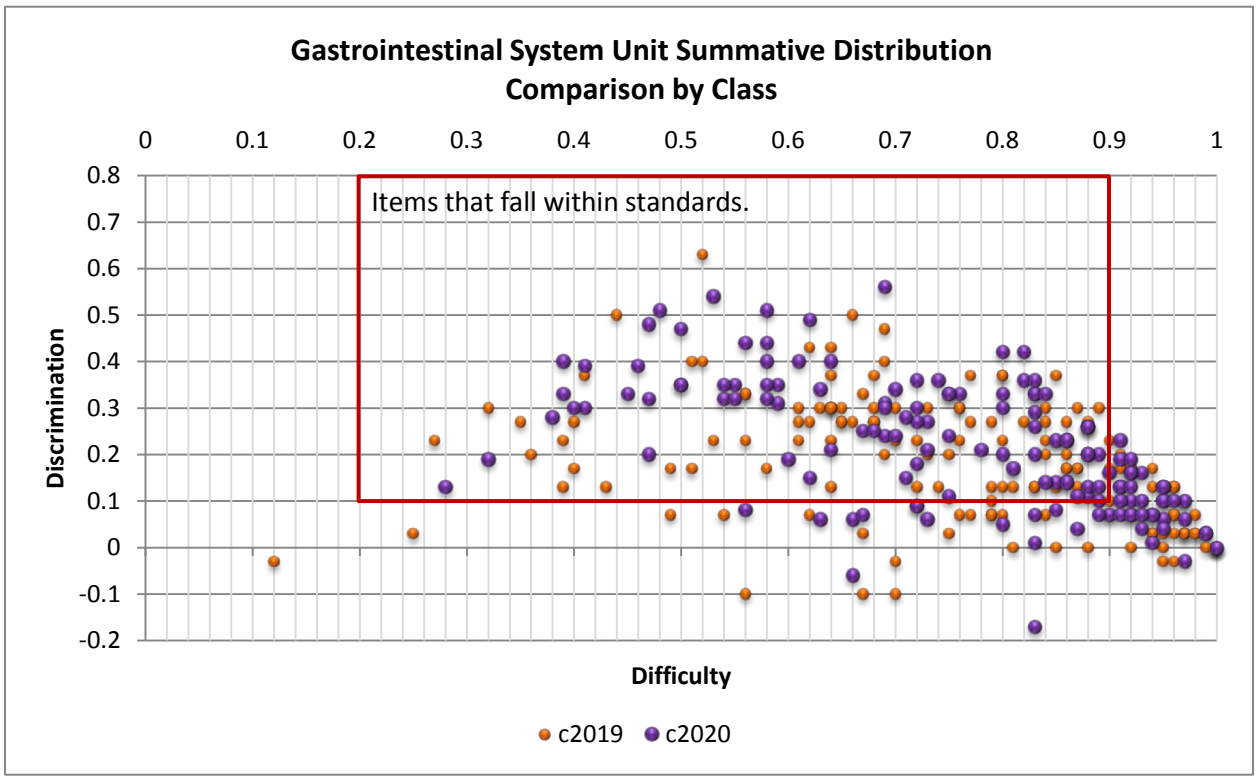


Figure 7: Test Item Discrimination by Difficulty for IMN Unit Comparison by Class

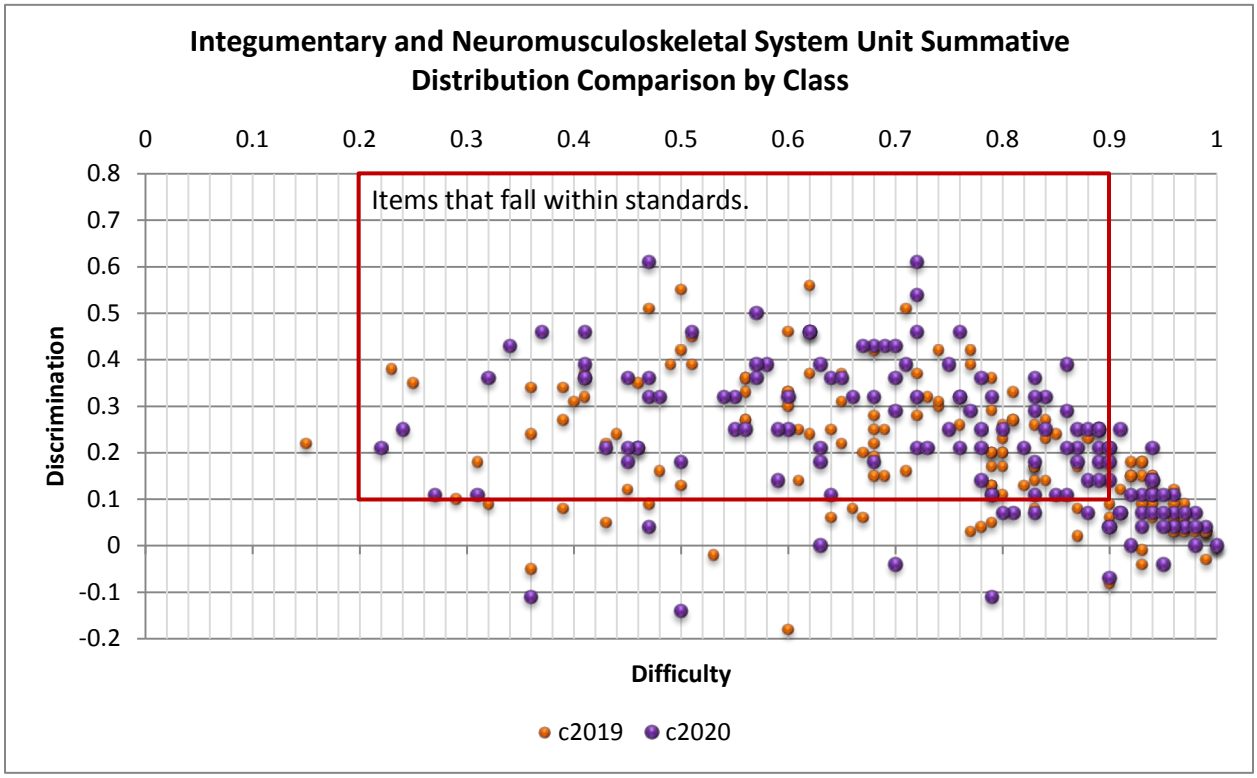


Figure 8: Test Item Discrimination by Difficulty for HEM Unit Comparison by Class

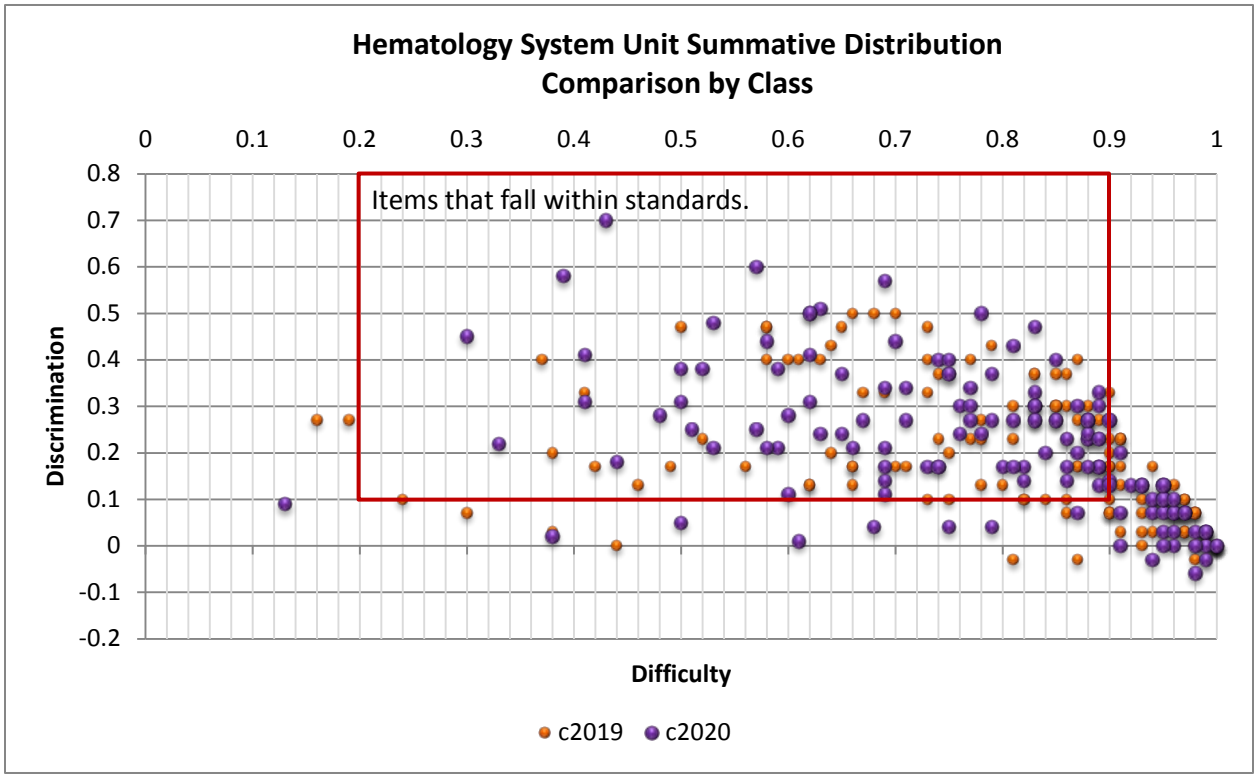


Figure 9: Test Item Discrimination by Difficulty for CVR Unit Comparison by Class

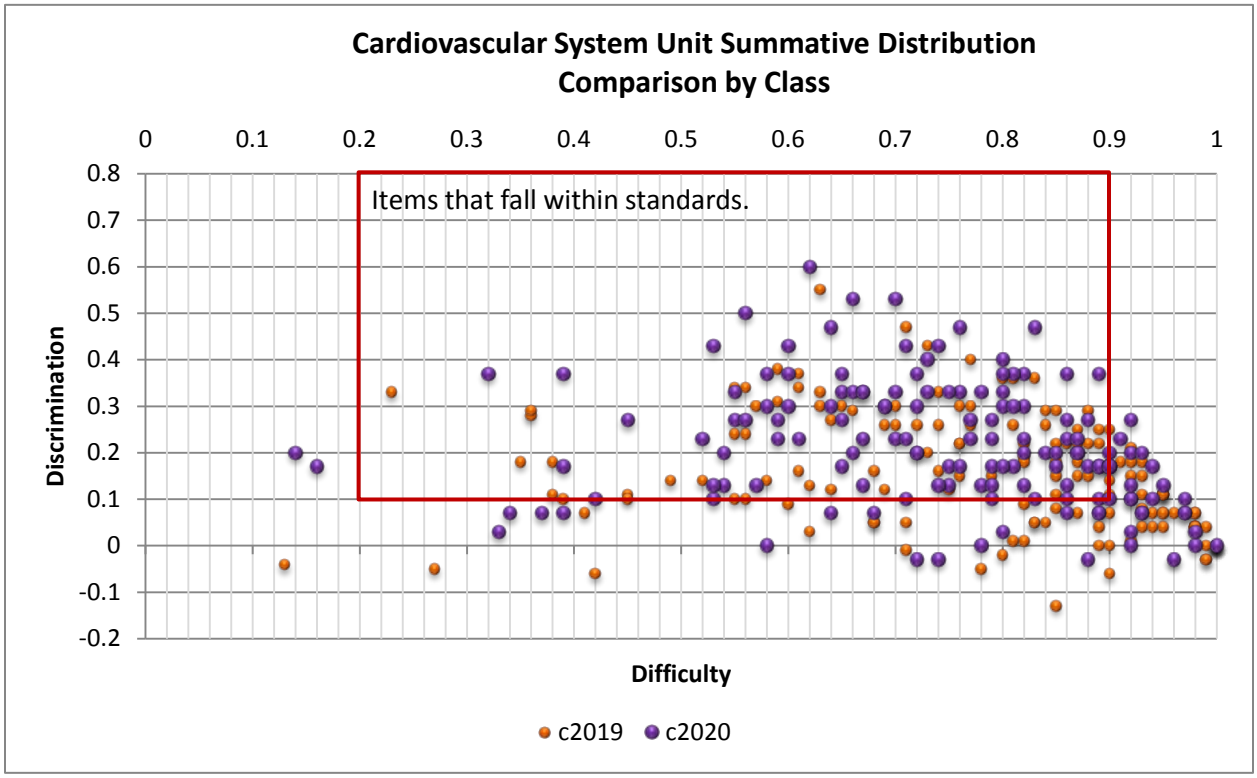


Figure 10: Test Item Discrimination by Difficulty for RNL Unit Comparison by Class

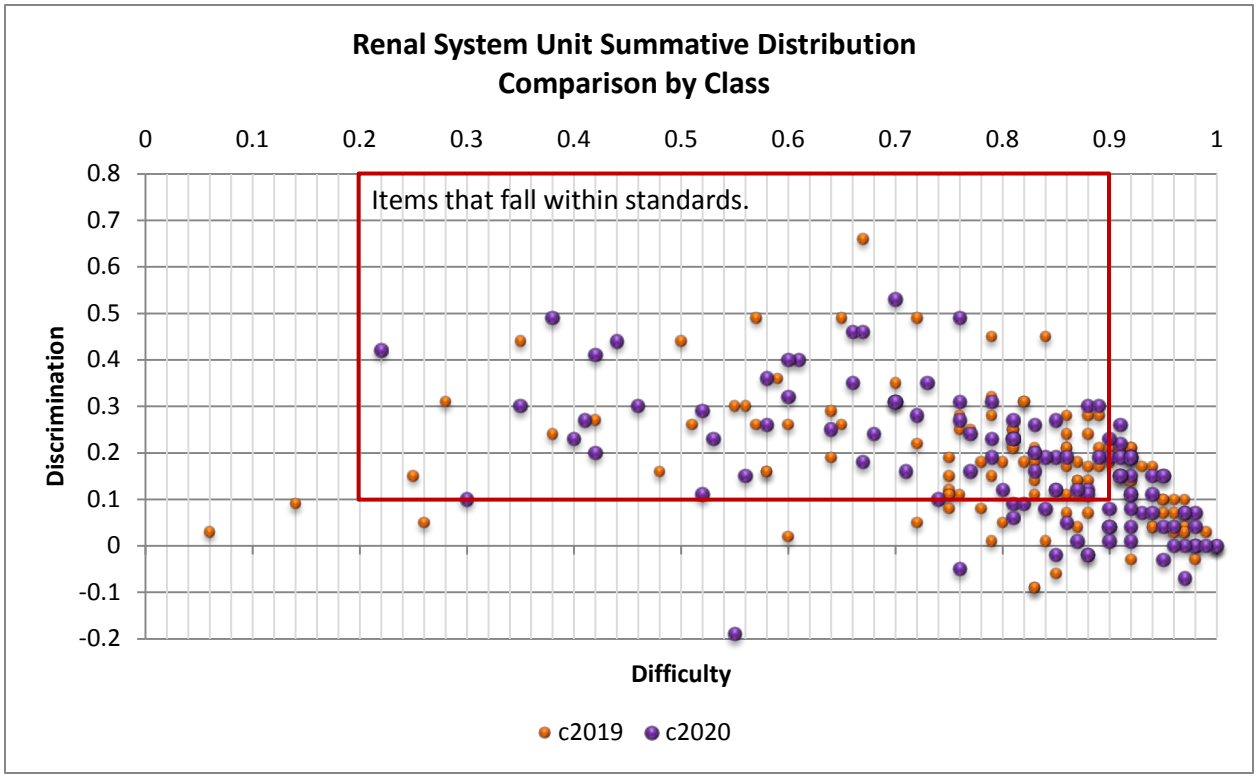


Figure 11: Test Item Discrimination by Difficulty for CNS Unit Comparison by Class

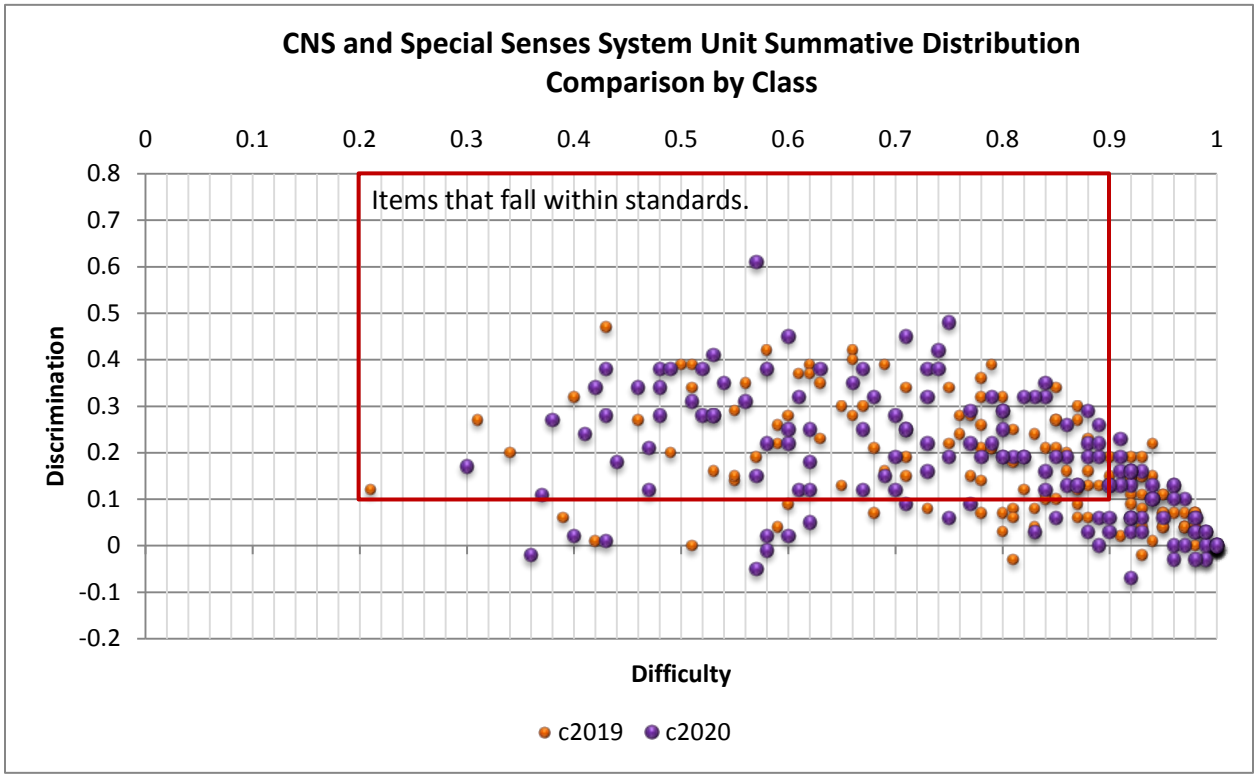


Figure 12: Test Item Discrimination by Difficulty for END Unit Comparison by Class

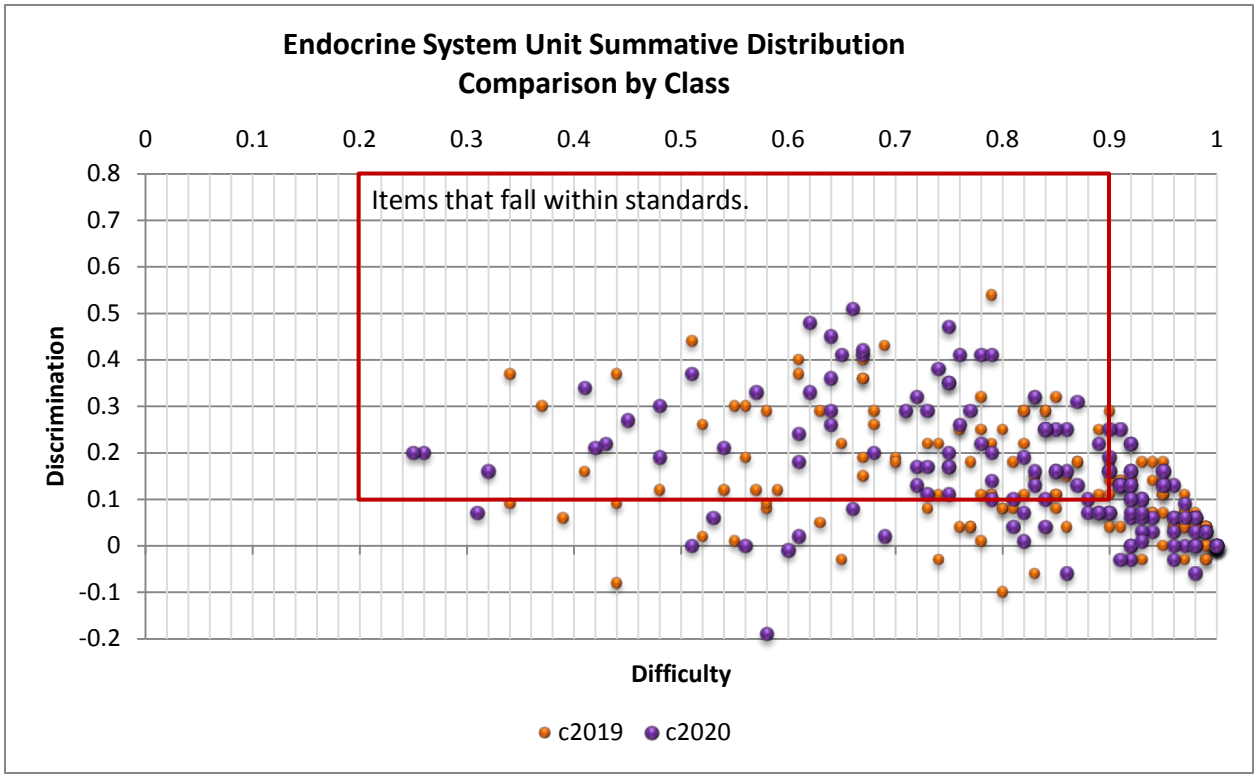


Figure 13: Test Item Discrimination by Difficulty for REP Unit Comparison by Class

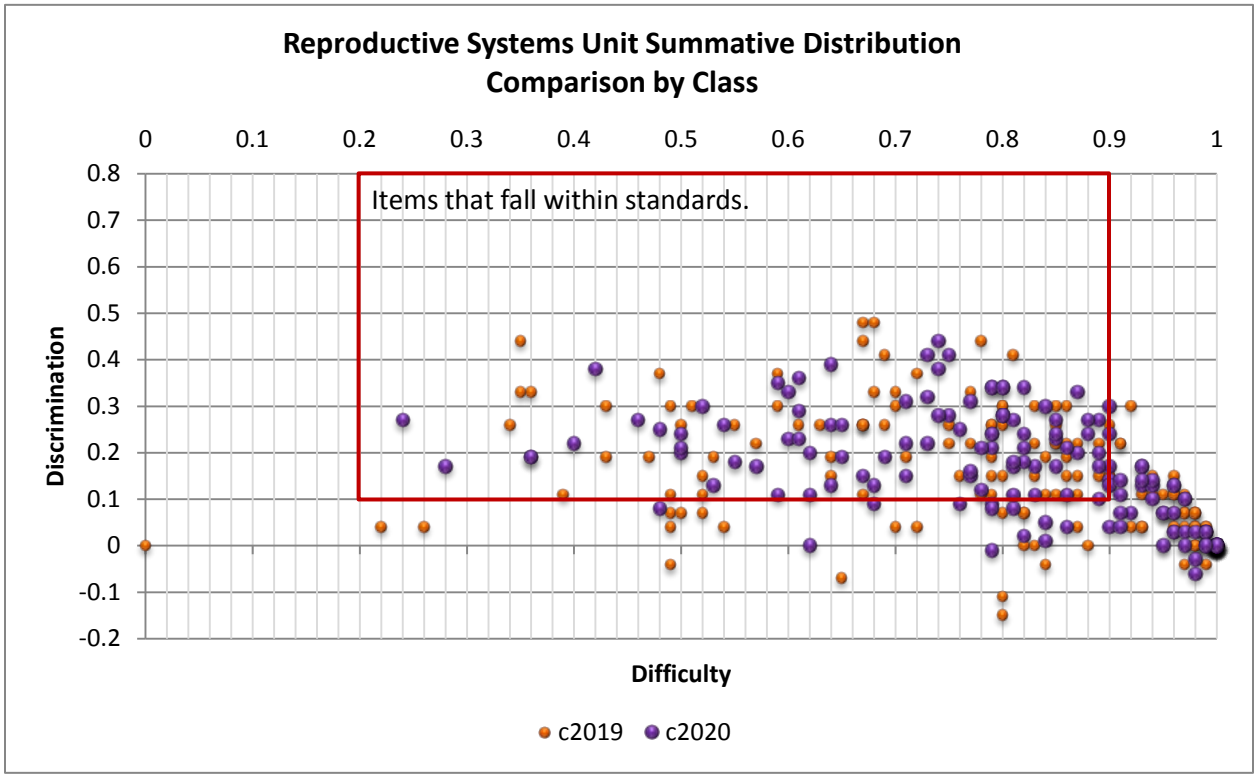
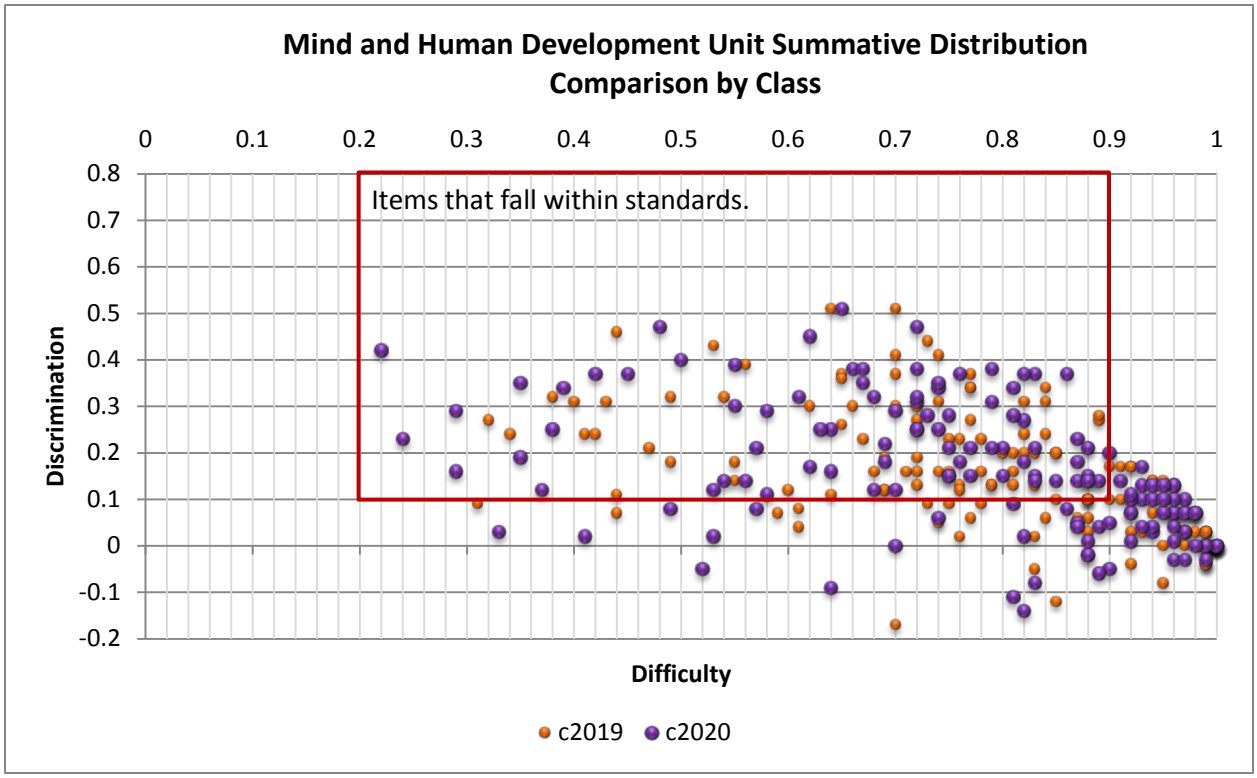


Figure 14: Test Item Discrimination by Difficulty for MHD Unit Comparison by Class



SCI Course Exam Performance Metrics:

Table 37: SCI Mid-Term and Final Exam Test Statistics

SCI Course Evaluation	Class	Date of Summative Test	N Takers	Test Statistics			Number of items				
				Mean Difficulty	Mean Disc. Index	KR20	N Items	Difficulty		Disc. < 0.1:	Selected foil
								< 0.2	≥ 0.9		
MS1 SCI Fall Midterm	2019	10/15/15	107	0.79	0.16	0.53	35	1	14	14	1
	2020	10/11/16	106	0.81	0.21	0.70	39	0	16	12	1
MS2 SCI Fall Midterm	2018	11/04/15	99	0.78	0.18	0.46	32	0	16	15	3
	2019	10/27/16	102	0.78	0.18	0.50	48	0	18	14	1
MS1 SCI Fall Final	2019	12/15/15	107	0.68	0.19	0.60	48	2	12	12	7
	2020	12/13/16	105	0.82	0.23	0.80	46	0	17	13	4
MS2 SCI Fall Final	2018	12/16/15	99	0.66	0.18	0.49	41	1	9	11	3
	2019	12/15/16	102	0.80	0.15	0.40	38	0	16	14	3
MS1 SCI Spring Midterm	2019	02/02/16	105	0.78	0.17	0.61	50	0	15	16	9
	2020	01/31/17	104	0.79	0.24	0.70	42	0	9	8	5
MS2 SCI Spring Midterm	2018	02/11/16	99	0.78	0.19	0.56	47	0	18	11	6
	2019	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MS1 SCI Spring Final	2019	05/03/16	102	0.71	0.19	0.56	51	0	8	15	2
	2020	05/02/17	99	0.78	0.22	0.80	48	0	14	10	1
MS2 SCI Spring Final	2018	4/15/16	101	0.81	0.13	0.34	31	1	13	15	6
	2019	02/16/17	100	0.84	0.14	0.60	42	0	20	16	6

Figure 15: Test Item Discrimination by Difficulty for MS1 SCI Fall Mid-Term Comparison by Class

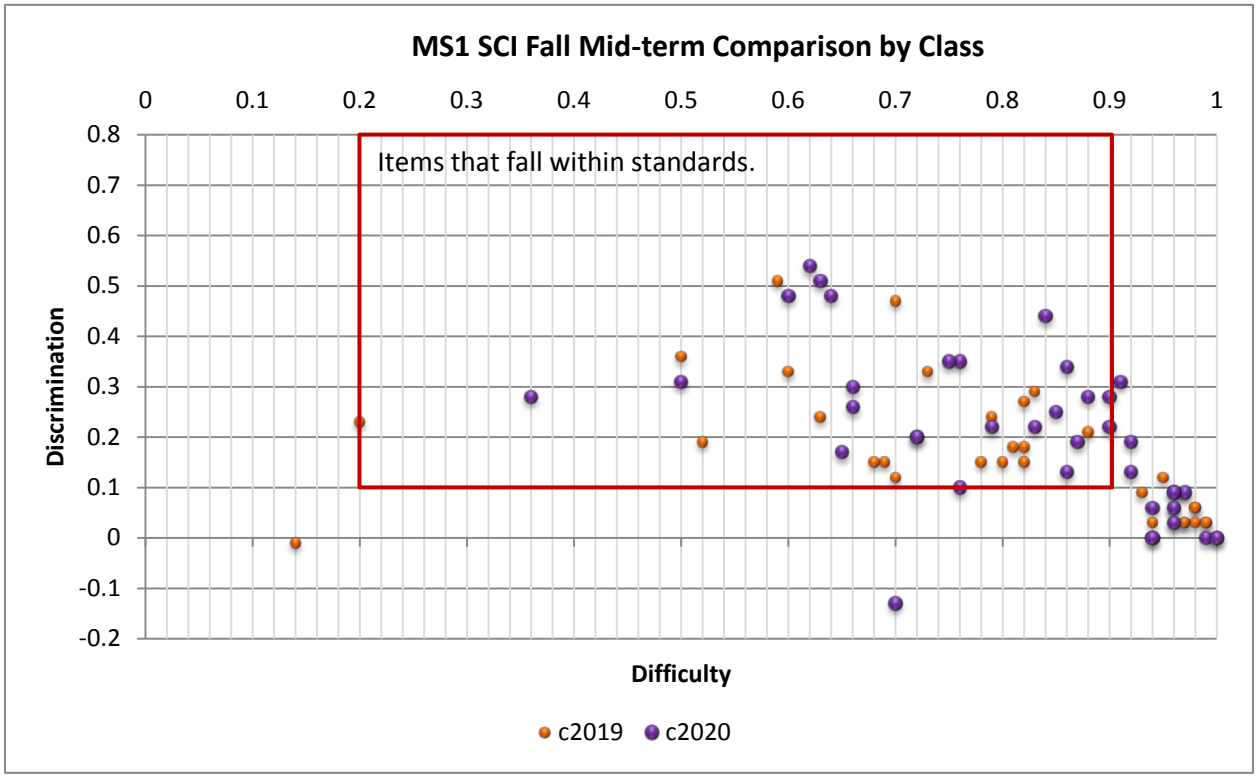


Figure 16: Test Item Discrimination by Difficulty for MS1 SCI Fall Final Comparison by Class

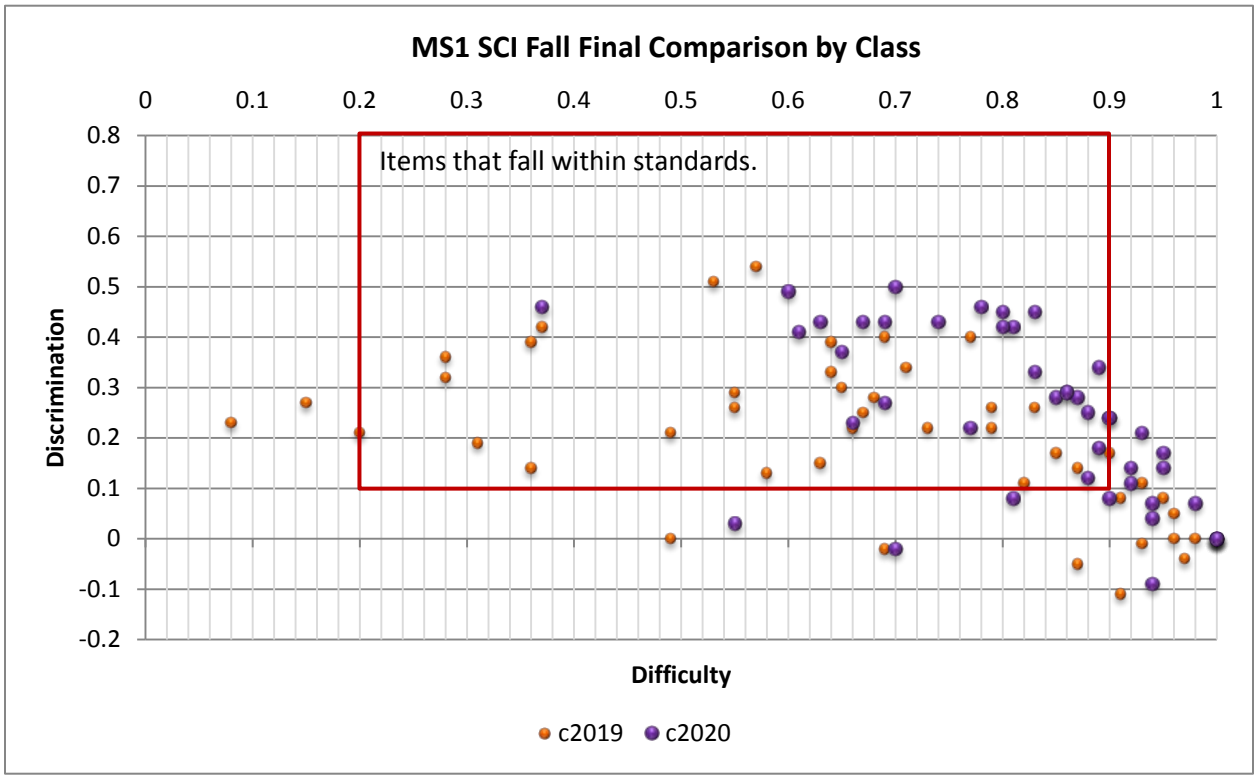


Figure 17: Test Item Discrimination by Difficulty for MS1 SCI Spring Mid-Term Comparison by Class

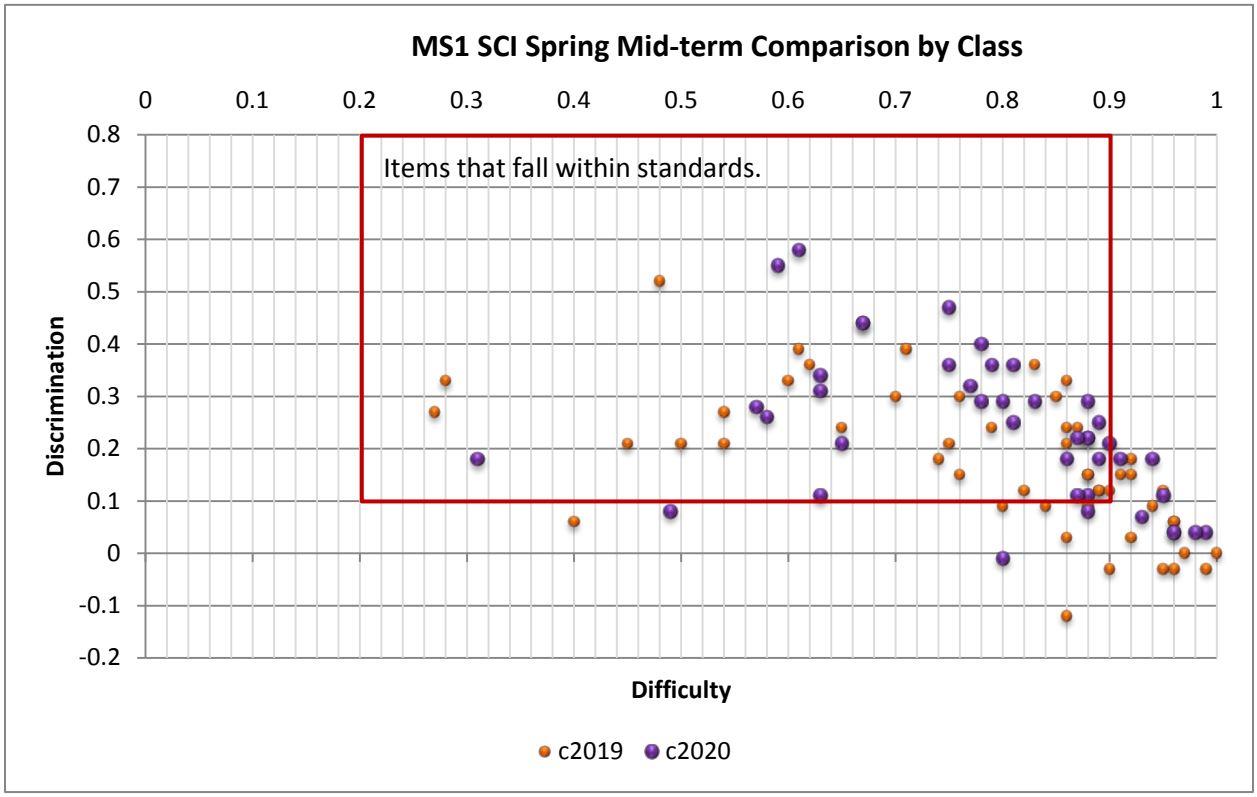


Figure 18: Test Item Discrimination by Difficulty for MS1 SCI Spring Final Comparison by Class

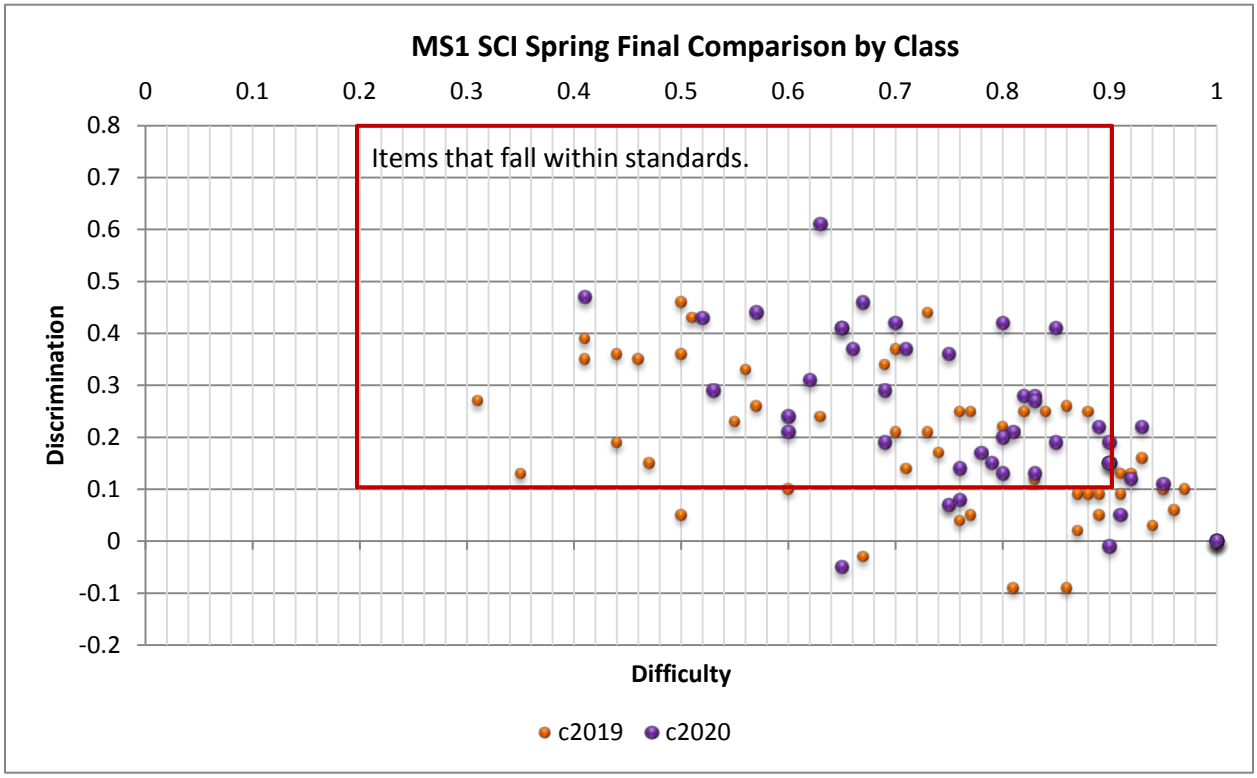


Figure 19: Test Item Discrimination by Difficulty for MS2 SCI Fall Mid-Term Comparison by Class

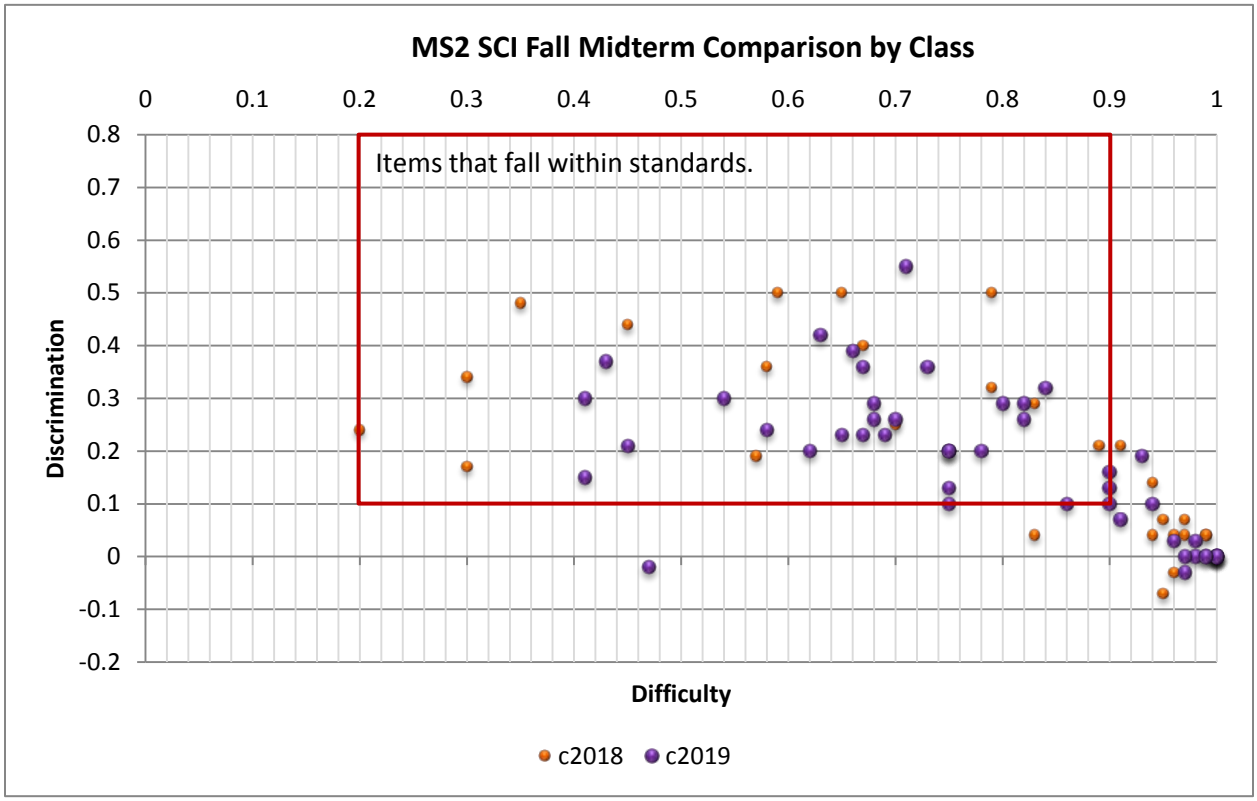


Figure 20: Test Item Discrimination by Difficulty for MS2 SCI Fall Final Comparison by Class

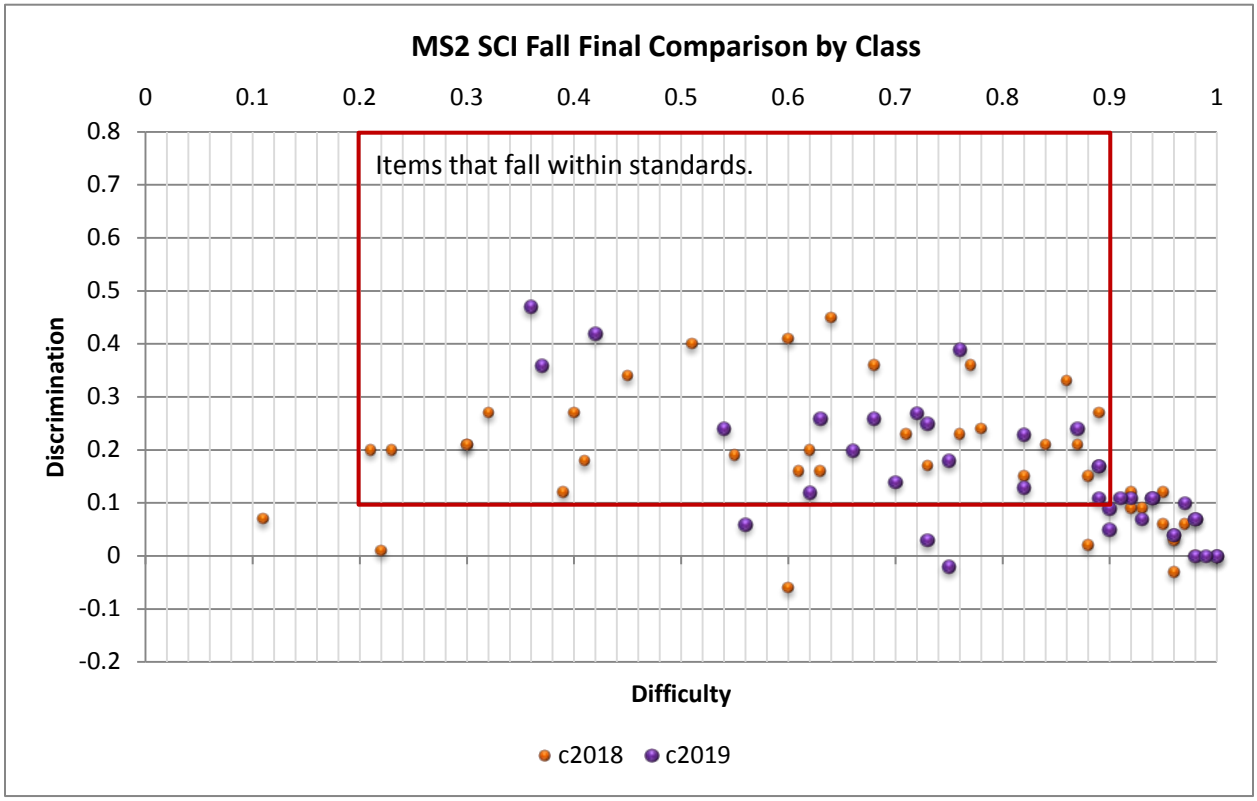
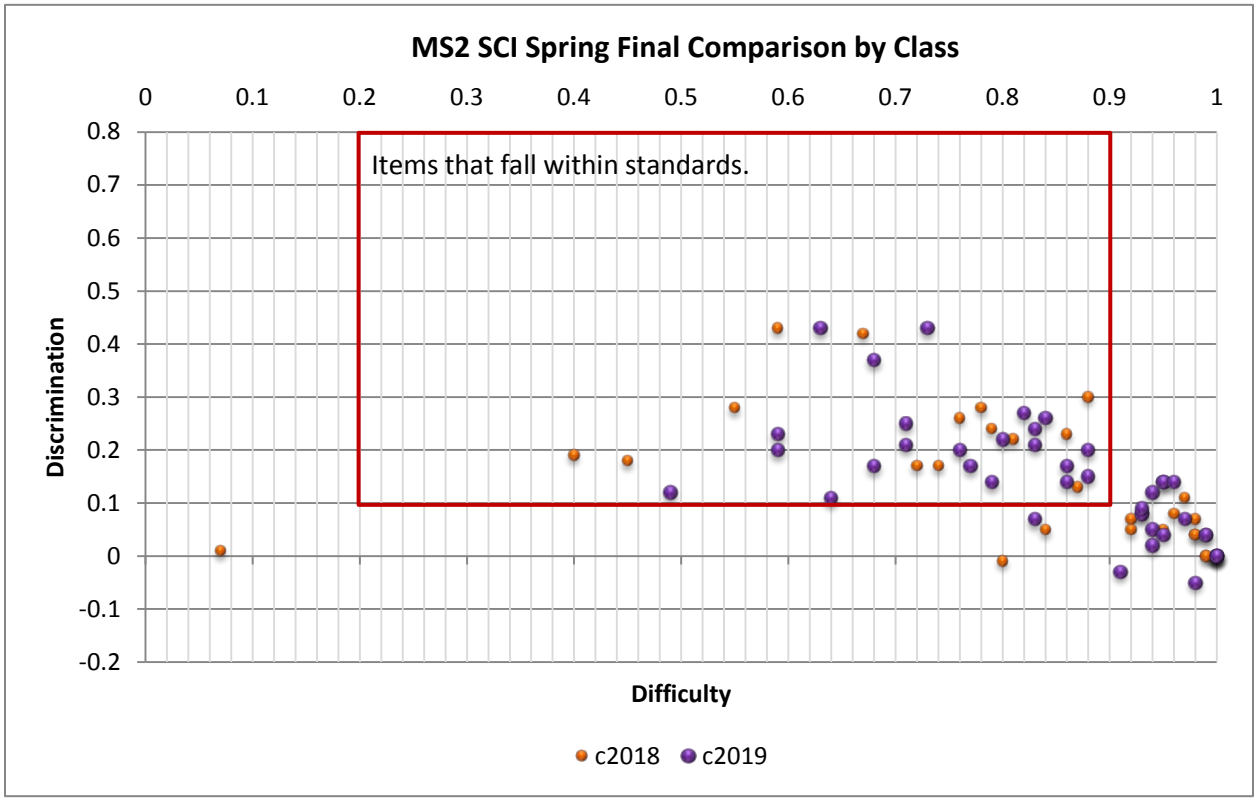


Figure 21: Test Item Discrimination by Difficulty for MS2 SCI Spring Final Comparison by Class



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 policy change was implemented with the fall 2016 SPM course. By the end of the GIS unit, it was evident that the failure rate exceeded the CEPC's expectations. After due deliberation, SPM grading reverted to the prior curved grading policy while the issue was further studied. In the spring of 2017, the CEPC revisited the topic (please see presentation by Dr. Tanis Hogg). At that meeting, the CEPC voted to approve a hard Pass grading policy for SPM for academic year 2017 – 2018. Under the new policy, the hard Pass rate was moved from 70% down to 65%.

As a result, the results below are provided as baseline data and do not represent the actual number of failures per unit.

Table 38: SPM Summative Exam Statistics

Unit	Class	N takers	Hypothetical # of fails under hard pass rate		Mean%	Min %	Max %
			65%	70%			
Introduction to Health and Disease	2019	107	7	11	78%	45%	93%
	2020	108	8	21	78%	53%	95%
Gastrointestinal Systems	2019	107	9	23	75%	33%	91%
	2020	106	13	31	75%	49%	92%
Integumentary, Musculoskeletal & Nervous Systems	2019	107	19	37	73%	47%	90%
	2020	105	19	40	73%	51%	95%
Hematologic System	2019	105	3	9	81%	57%	97%
	2020	104	8	19	78%	59%	94%
Cardiovascular & Respiratory Systems	2019	104	5	15	76%	61%	94%
	2020	102	19	31	74%	49%	96%
Renal System	2018	100	0	2	83%	67%	96%
	2019	102	2	10	79%	59%	95%
	2020	99	0	11	79%	66%	97%
CNS and Special Senses	2018	100	4	8	79%	55%	91%
	2019	100	13	19	76%	57%	92%
Endocrine System	2018	100	3	7	80%	61%	91%
	2019	106	2	8	80%	63%	94%
Reproductive Systems	2018	100	1	8	78%	63%	89%
	2019	107	4	7	80%	61%	93%
Mind & Human Development	2018	99	3	12	79%	64%	93%
	2019	104	5	19	77%	59%	91%

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.

The following Table presents the graduation rates for each class, both 4 year and 6 year on time graduation rate. In addition, the Table includes data on causes of class size change.

Table 39: Class Graduation Rates

Class	Entering Size	Transfers In	DISMISSED	REPEAT	WITHDREW/ Transfer out	4 Year Graduation Rate	6 Year Graduation Rate
2013	40	4	1	1	1	90.91%	**93.18%**
2014	60	1	1	4	5	88.52%	**93.44%**
2015	81	0	1	4	4	90.12%	**93.8%**
2016	80	0	1	6	4	87.5%	ⓘ
2017	100	0	2	8	2	88.0%	ⓘ
2018	104	1	0	16	5	ⓘ	ⓘ
2019	104	0	1	9	0	ⓘ	ⓘ
2020	103	0	0	8	4	ⓘ	ⓘ
2021	103	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ

ⓘ Indicates that the rate cannot yet be calculated.

Graduate Placement

Table 40: Summary of Match Day Results

Match day results	Class of				
	2013	2014	2015	2016	2017
Number of students successfully matching	40	53	71	73	85
% Students remaining in El Paso	10%	0%	7%	4%	2%
% Students remaining in Texas	40%	36%	37%	47%	51%
% Matching in primary care	38%	38%	49%	52%	60%
% Matching in military	5%	6%	4%	4%	4%

Table 41: Summary of matches by specialty

Specialty Match	Class of				
	2013	2014	2015	2016	2017
Anesthesiology	5	4	3	2	1
Dermatology	-	1	-	1	-
Emergency Medicine	4	7	4	3	8
Family Medicine	1	4	5	5	13
General Surgery	2	-	-	-	8
Internal Medicine	5	6	11	9	11
Interventional Radiology	-	-	-	-	2
Neurological Surgery	-	-	1	1	1
Neurology	-	-	2	2	1
Obstetrics-Gynecology	5	3	3	10	6
Ophthalmology*	2	2	3	3	3
Orthopaedic Surgery	1	2	3	3	1
Otolaryngology	-	1	1	-	-
Pathology	1	1	1	5	-
Pathology – AP/CP Comb	-	-	1	-	-
Pediatrics	4	7	16	14	20
Pediatric Ophthalmology Research	-	-	1	-	-
Plastic Surgery	-	-	1	-	-
Preliminary Medicine	-	2	1	-	1

Specialty Match	Class of				
	2013	2014	2015	2016	2017
Preliminary Surgery	1	2	-	1	1
Psychiatry	4	4	3	3	3
Radiology*	5	3	2	4	3
Radiation Oncology	-	-	1	-	-
Surgery	-	2	7	7	-
Urology*	-	-	-	-	1
Vascular Surgery	-	3	-	-	-
* Student also is matched into a Preliminary Medicine, Preliminary Surgery, or Transitional Program.					

Table 42: Institutions where TTUHSCEP students have places c2013 - c2017

Institution	c2013	c2014	c2015	c2016	c2017	Total
Abington Memorial Hospital – Abington, PA	~	~	~	1	~	**1**
Albany Medical Center – Albany, NY	~	1	~	~	~	**1**
B I Deaconess Medical Center – Boston, MA	~	~	~	1	~	**1**
Barnes Jewish Hospital – St. Louis, MO	~	~	1	~	1	**2**
Baylor College of Medicine – Houston, TX	4	3	1	4	4	**16**
Baylor College of Medicine – San Antonio, TX	~	~	1	2	1	**4**
Baylor Medical Center – Garland, TX	~	~	1	~	~	**1**
Baylor Scott & White – Temple, TX	~	~	~	~	6	**6**
Baylor University Medical Center – Dallas, TX	~	2	~	3	2	**7**
Beaumont Health System – Royal Oak, MI	~	1	~	1	~	**2**
Beth Israel Deaconess Med Ctr – Boston, MA	1	~	~	~	~	**1**
Brookwood Baptist Health – Birmingham, AL	~	~	~	~	1	**1**
Carolinas HealthCare Sys Northeast – Concord, NC	~	~	~	~	1	**1**
Case Western Reserve University – Cleveland, OH	~	~	~	1	~	**1**
Childrens National Medical Ctr – Washington, DC	~	~	~	1	1	**2**
Christus Spohn Memorial Hosp – Corpus Christi, TX	~	~	~	~	2	**2**
Cleveland Clinic Fdn – Cleveland, OH	1	~	~	~	~	**1**
Cleveland Clinic Florida – Weston, FL	~	~	~	1	~	**1**
CMSRU/Cooper University Hospital – Camden, NJ	~	~	~	~	1	**1**

Institution	c2013	c2014	c2015	c2016	c2017	Total
Concord Hospital – Concord, NH	~	~	~	~	1	**1**
Dartmouth – Hitchcock Med Ctr – Lebanon, NH	1	~	~	1	~	**2**
Denver Health Medical Center – Denver, CO	~	~	1	~	~	**1**
Detroit Medical Ctr/WSU-MI – Detroit, MI	~	~	~	~	1	**1**
Drexel U COM/Hahnemann – Philadelphia, PA	1	~	~	~	~	**1**
Emory University SOM – Atlanta, GA	~	~	~	1	~	**1**
Florida Hospital Orlando – Orlando, FL	~	1	~	~	~	**1**
Geisinger Health System – Danville, PA	~	1	~	~	~	**1**
George Washington University – Washington, DC	~	~	2	1	~	**3**
Georgia Regents University – Augusta, GA	1	~	~	~	~	**1**
Greenville Health System – Greenville, SC	~	~	1	~	~	**1**
Group Health Cooperative – Seattle, WA	~	1	~	~	~	**1**
Hennepin Co Medical Ctr – Minneapolis, MN	~	~	~	~	1	**1**
Howard University – Washington, D.C.	1	~	~	~	~	**1**
Icahn SOM at Mount Sinai – New York, NY	~	~	~	~	1	**1**
Jackson Memorial Hospital – Miami, FL	~	1	~	~	1	**2**
John Peter Smith Hospital – Fort Worth, TX	~	~	~	3	3	**6**
Johns Hopkins Hospital – Baltimore, MD	1	~	3	~	~	**4**
Kaiser Permanente – Riverside, CA	1	~	~	~	~	**1**
Kaiser Permanente – Santa Clara, CA	~	~	1	~	~	**1**
Kaiser Permanente – Woodland Hills, CA	~	~	~	~	1	**1**
Kaiser Permanente SF – San Francisco, CA	~	1	~	~	~	**1**
Loma Linda University – Loma Linda, CA	1	~	2	2	2	**7**
Louisiana State U/Ochsner – New Orleans, LA	~	~	1	~	~	**1**
Loyola University Medical Center – Maywood, IL	~	1	1	~	~	**2**
LSU Health Sciences Center – Shreveport, LA	~	1	~	~	2	**3**
Madigan Army Medical Center – Tacoma, WA	~	1	1	~	~	**2**
Maricopa Medical Center – Phoenix, AZ	~	1	~	~	~	**1**
Mayo School of Grad Med Ed – Jacksonville, FL	~	3	~	1	~	**4**
Mayo School of Grad Med Ed – Rochester, MN	~	2	3	1	~	**6**
McLennan County Family Medicine – Waco, TX	~	1	1	1	~	**3**
Medical College of Georgia – Augusta, GA	~	1	~	1	~	**2**
Medical College Wisconsin – Milwaukee, WI	~	~	~	1	~	**1**

Institution	c2013	c2014	c2015	c2016	c2017	Total
Memorial Hermann Hospital – Sugar Land, TX	~	~	1	~	~	**1**
Mercy Memorial Hospital System – Monroe, MI	~	~	1	~	~	**1**
Methodist Health System – Dallas, TX	1	~	1	2	1	**5**
Methodist Hospital- Houston, TX	1	1	1	1	2	**6**
Middlesex Hospital – Middletown, CT	~	~	~	~	1	**1**
Morehouse School of Medicine – Atlanta, GA	~	1	~	1	~	**2**
National Institute of Health – Bethesda, MD	~	~	~	1	~	**1**
Naval Medical Center San Diego – San Diego, CA	1	~	~	~	~	**1**
Nellis AFB, U of Nevada SOM – Las Vegas, NV	1	~	1	1	1	**4**
Northwestern McGaw/Lurie Peds – Chicago, IL	~	~	~	1	~	**1**
NYMC – Westchester Medical Ctr – Valhalla, NY	~	~	~	~	1	**1**
Ohio State University Med Ctr – Columbus, OH	1	~	~	1	~	**2**
Olive View UCLA Med Ctr – Sylmar, CA	1	~	~	~	~	**1**
Oregon Health & Science U – Portland, OR	1	1	~	~	1	**3**
Oshsner Clinic Foundation – New Orleans, LA	~	~	1	~	~	**1**
Phoenix Children's Hospital – Phoenix, AZ	1	~	1	~	2	**4**
Presbyterian Hospital – Dallas, TX	~	1	~	~	~	**1**
Rhode Island Hospital/Brown U – Providence, RI	~	1	~	~	~	**1**
Rush University Medical Center – Chicago, IL	~	~	1	~	~	**1**
SA Uniformed Svs H Ed Consort – San Antonio, TX	~	~	~	~	1	**1**
San Antonio Military Med Ctr – San Antonio, TX	~	~	~	1	1	**2**
Scripps Mercy Hospital – San Diego, CA	1	~	~	~	~	**1**
St Anthony Hospital North – Westminster, CO	~	~	~	~	1	**1**
St John's Riverside Hospital – Yonkers, NY	~	~	~	~	1	**1**
St. Joseph's Hospital – Phoenix, AZ	~	~	1	~	~	**1**
St. Louis University SOM – St. Louis, MO	~	~	~	1	~	**1**
Stanford University – Stanford, CA	1		1	~	~	**2**
Texas A&M Scott and White – Temple, TX	1	3	2	~	~	**6**
Texas Tech University HSC – Lubbock, TX	~	~	~	3	~	**3**
Texas Tech University HSC – Amarillo, TX	~	~	~	1	~	**1**
Texas Tech University HSC – El Paso, TX	4	1	4	3	2	**14**
Tufts Medical Center – Boston, MA	~	~	~	1		**1**

Institution	c2013	c2014	c2015	c2016	c2017	Total
Tulane University SOM – New Orleans, LA	~	~	1		1	**2**
U Alabama Med Ctr – Birmingham, AL	~	~	1	1		**2**
U Alabama SOM – Huntsville, AL	~	~	~	~	1	**1**
U Arizona Affiliated Hospitals – Tucson, AZ	4	~	~	~	~	**4**
U Arkansas Little Rock – Little Rock, AR	~	~	1		1	**2**
U Colorado SOM Denver – Aurora, CO	~	~	~	2	~	**2**
U Florida COM Jacksonville – Jacksonville, FL	~	1	1	~	~	**2**
U Florida COM-Shands Hospital – Gainesville, FL	~	1	~	~	1	**2**
U Illinois St. Francis Med Ctr – Peoria, IL	~		2	~	~	**2**
U Iowa Hospitals and Clinics – Iowa City, IA	~	~	~	1	~	**1**
U Kansas SOM – Kansas City, KS	~	~	~	~	2	**2**
U Louisville SOM – Louisville, KY	~	~	1	1	~	**2**
U Nebraska Affiliated Hospitals – Omaha, NE	~	1	~	~	~	**1**
U Nevada Affiliated Hospitals – Las Vegas, NV	~	~	~	~	2	**2**
U Nevada SOM – Reno, NV	~	~	~	~	1	**1**
U New Mexico SOM – Albuquerque, NM	~	~	~	~	3	**3**
U of Arizona – Tucson, AZ	~	~	~	~	1	**1**
U of Arizona COM at South Campus – Tucson, AZ	~	~	~	~	1	**1**
U of Chicago Medical Center – Chicago, IL	4	~	~	~	~	**4**
U of Missouri – Kansas City, MO		~	~	1	~	**1**
U of New Mexico SOM – Albuquerque, NM	2	2		1	~	**5**
U Oklahoma College of Medicine – Tulsa, OK	1	~	~	~	~	**1**
U Oklahoma COM – Oklahoma City, OK	~	~	~	1	1	**2**
U Rochester/ Strong Memorial – Rochester, NY	~	~	~	1	~	**1**
U South Alabama Hospitals – Mobile, AL	~	~	~	~	1	**1**
U Texas at Austin Dell Med School – Austin, TX	~	~	1	~	3	**4**
U Utah Affiliated Hospitals – Salt Lake City, UT	~	1	1	~	1	**3**
U Wisconsin Hospital and Clinics – Madison, WI	~	~	~	1	1	**2**
UC Davis Medical Center – Sacramento, CA	~	~	1	~	~	**1**
UC Irvine Medical Center – Orange, CA	~	1	~	~	~	**1**
UC San Diego Medical Ctr – San Diego, CA	~	~	~	1		**1**
UC San Francisco – San Francisco, CA	~	~	~	1	1	**2**
Univ of Chicago Med Ctr – Chicago, IL	1	1	1	~	~	**3**

Institution	c2013	c2014	c2015	c2016	c2017	Total
University of Buffalo SOM – Buffalo, NY	~	~	1	~	~	**1**
University of Colorado – Aurora, CO	~	~	2	~	~	**2**
University of Virginia – Charlottesville, VA	~	~	~	1	~	**1**
University of Washington – Seattle, WA	~	~	1	~	~	**1**
UPMC Medical Education – Pittsburgh, PA	~	~	~	2	~	**2**
UT HSC Tyler – Sulphur Springs, TX	~	~	~	~	1	**1**
UT Medical Branch – Galveston, TX	1	1	1	1	1	**5**
UT Medical School – Houston, TX	1	1	1	4	4	**11**
UT San Antonio HSC – Edinburg, TX	~	~	1	~	~	**1**
UT San Antonio HSC – San Antonio, TX	2	2	3	2	4	**13**
UT Southwestern Med School Dallas – Austin, TX	~	2	~	~	~	**2**
UT Southwestern Medical Center – Dallas, TX	1	1	2	3	4	**11**
VA Greater LA Health Sys – Los Angeles, CA	~	~	~	~	1	**1**
VA Greater LA Hlth System – Los Angeles, CA	1	~	~	~	~	**1**
Vanderbilt University Med Ctr – Nashville, TN	~	2	~	2	~	**4**
Vidant Medical Center – Greenville, NC	~		1	~	~	**1**
Walter Reed Medical Center – Bethesda, MD	~	1	~	~	~	**1**
Walter Reed Medical Center – Fort Belvoir, VA	~	1	~	~	~	**1**
White Memorial Med Center – Los Angeles, CA	~	1	~	~	~	**1**
William Beaumont Army Medical Ctr – El Paso, TX	~	~	1	~	~	**1**
Wright State Univ Boonshoft – Dayton, OH	1	~	~	~	~	**1**

Step 3 Results

Step 3 results first became available for the 2015-2016 reporting cycle. Only those choosing to let PLFSOM see the results are included. For an explanation of the Step 3 exam please refer to the Methodology section.

Table 43: Step 3 Passing Rates

Period	PLFSOM		National
	N taking	Percent Passing 1st Attempt	Percent Passing 1st Attempt
May 2013 through December 2015	37	98%	97%
May 2014 through December 2016	53	98%	89%

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 a complete explanation of data collection and an explanation of mapping of EPAs to PGOs please refer to the Methodology section.

Graduate Program Director

Table 44: Results of Survey of Program Directors

EPA	Question	Answer	Percent of Respondents		
			C2014 (N=13)	C2015 (N=16)	C2016 (N= 46)
NA	This resident's standing in the program compared to others in his/her cohort?	Superior	26.7%	15.8%	30.4%
		About the same	56.7%	79.0%	56.5%
		Worse	16.7%	5.3%	13.0%
1	Gather a history and perform a physical examination.	Superior	34.5%	5.3%	32.6%
		About the same	58.6%	84.2%	58.7%
		Worse	6.9%	10.5%	8.7%
2		Superior	30.0%	10.5%	26.1%

EPA	Question	Answer	Percent of Respondents		
			C2014 (N=13)	C2015 (N=16)	C2016 (N= 46)
	Prioritize a differential diagnosis following a clinical encounter.	About the same	60.0%	79.0%	56.5%
		Worse	10.0%	10.5%	17.4%
3	Recommend and interpret common diagnostic and screening tests.	Superior	26.7%	5.3%	19.6%
		About the same	70.0%	89.5%	73.9%
		Worse	3.3%	5.3%	6.5%
4	Enter and discuss orders and prescriptions.	Superior	27.6%	5.3%	21.7%
		About the same	72.4%	89.5	73.9%
		Worse	0.0%	5.3%	4.3%
5	Document a clinical encounter in the patient record.	Superior	27.6%	5.3%	28.3%
		About the same	69.0%	84.2%	60.9%
		Worse	3.4%	10.5%	10.9%
6	Provide an oral presentation of a clinical encounter.	Superior	31.0%	15.8%	28.3%
		About the same	58.6%	68.4%	60.9%
		Worse	10.3%	15.8%	10.9%
7	Form clinical questions and retrieve evidence to advance patient care.	Superior	37.9%	5.3%	21.7%
		About the same	62.1%	89.5%	67.4%
		Worse	0.0%	5.3%	10.9%
8	Give or receive a patient handover to transition care responsibility.	Superior	34.5%	5.3%	26.1%
		About the same	65.5%	89.5%	67.4%
		Worse	0.0%	5.3%	6.5%
9	Collaborate as a member of an interprofessional team.	Superior	40.0%	36.8%	41.3%
		About the same	50.0%	52.6%	56.5%
		Worse	10.0%	10.5%	2.2%
10	Recognize a patient requiring urgent or emergent care and	Superior	31.0%	15.8%	23.9%
		About the same	65.5%	79.0%	67.4%

EPA	Question	Answer	Percent of Respondents		
			C2014 (N=13)	C2015 (N=16)	C2016 (N= 46)
	initiate evaluation and management.	Worse	3.4%	5.3%	8.7%
11	Obtain informed consent for tests and/or procedures.	Superior	20.7%	5.3%	21.7%
		About the same	75.9%	0.0%	73.9%
		Worse	3.4%	94.7%	4.3%
12	Perform general procedures of a physician.	Superior	20.0%	0.0%	23.9%
		About the same	76.7%	100.0%	76.1%
		Worse	3.3%	0.0%	0.0%
13	Identify system failures and contribute to a culture of safety and improvement.	Superior	30.0%	5.3%	17.4%
		About the same	70.0%	94.7%	80.4%
		Worse	0.0%	0.0%	2.2%
NA	The MSPE accurately reflected this resident's abilities.	Strongly Agree	3.3%	5.3%	23.9%
		Agree	80.0%	73.7%	54.3%
		Disagree	10.0%	0.0%	8.7%
		Strongly disagree	0.0%	10.5%	0.0%
		Not Sure	6.7%	10.5%	13.0%

Graduates

Table 45: Survey of Graduates Results

EPA Association	Question	Answer	Percent Responding		
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)
1	Gather a history and perform a physical examination	Strongly Agree	84.0%	46.0%	58.3%
		Agree	16.0%	50.0%	33.3%
		Slightly Agree	0.0%	5.0%	8.3%
		Slightly Disagree	0.0%	0.0%	0.0%
		Disagree	0.0%	0.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%
2		Strongly Agree	48.0%	23.0%	37.5%
		Agree	32.0%	36.0%	54.2%

EPA Association	Question	Answer	Percent Responding		
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)
	Prioritize a differential diagnosis following a clinical encounter	Slightly Agree	16.0%	27.0%	8.3%
		Slightly Disagree	4.0%	9.0%	0.0%
		Disagree	0.0%	5.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%
3	Recommend and interpret common diagnostic and screening tests	Strongly Agree	40.0%	18.0%	37.5%
		Agree	44.0%	46.0%	45.8%
		Slightly Agree	16.0%	23.0%	16.7%
		Slightly Disagree	0.0%	9.0%	0.0%
		Disagree	0.0%	5.0%	0.0%
		Strongly Disagree	0.0%	0.0%	0.0%
4	Enter and discuss orders and prescriptions	Strongly Agree	16.0%	5.0%	20.8%
		Agree	28.0%	18.0%	16.7%
		Slightly Agree	20.0%	36.0%	29.2%
		Slightly Disagree	8.0%	9.0%	16.7%
		Disagree	16.0%	18.0%	8.3%
		Strongly Disagree	12.0%	14.0%	8.3%
5	Document a clinical encounter in the patient record	Strongly Agree	56.0%	50.0%	33.3%
		Agree	24.0%	32.0%	25.0%
		Slightly Agree	12.0%	14.0%	16.7%
		Slightly Disagree	4.0%	0.0%	8.3%
		Disagree	4.0%	5.0%	8.3%
		Strongly Disagree	0.0%	0.0%	8.3%
6	Provide an oral presentation of a clinical encounter	Strongly Agree	52.0%	46.0%	45.8%
		Agree	36.0%	32.0%	41.7%
		Slightly Agree	4.0%	14.0%	4.2%
		Slightly Disagree	0.0%	9.0%	0.0%
		Disagree	4.0%	0.0%	8.3%
		Strongly Disagree	4.0%	0.0%	0.0%
7	Form clinical questions and retrieve evidence to advance patient care.	Strongly Agree	44.0%	14.0%	37.5%
		Agree	36.0%	46.0%	50.0%
		Slightly Agree	16.0%	32.0%	8.3%
		Slightly Disagree	4.0%	5.0%	4.2%
		Disagree	0.0%	0.0%	0.0%
		Strongly Disagree	0.0%	5.0%	0.0%

EPA Association	Question	Answer	Percent Responding		
			C2014 (N=25)	C2015 (N=22)	C2016 (N=24)
8	Give or receive a patient handover to transition care responsibility.	Strongly Agree	28.0%	9.0%	16.7%
		Agree	32.0%	18.0%	45.8%
		Slightly Agree	20.0%	23.0%	12.5%
		Slightly Disagree	8.0%	23.0%	16.7%
		Disagree	4.0%	9.0%	4.2%
		Strongly Disagree	8.0%	18.0%	4.2%
9	Collaborate as a member of an interprofessional team.	Strongly Agree	64.0%	41.0%	50.0%
		Agree	28.0%	27.0%	37.5%
		Slightly Agree	0.0%	23.0%	4.2%
		Slightly Disagree	4.0%	0.0%	4.2%
		Disagree	4.0%	9.0%	4.2%
		Strongly Disagree	0.0%	0.0%	0.0%
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Strongly Agree	40.0%	23.0%	45.8%
		Agree	40.0%	50.0%	37.5%
		Slightly Agree	12.0%	27.0%	8.3%
		Slightly Disagree	0.0%	0.0%	0.0%
		Disagree	4.0%	0.0%	8.3%
		Strongly Disagree	4.0%	0.0%	0.0%
11	Obtain informed consent for tests and/or procedures.	Strongly Agree	24.0%	5.0%	8.3%
		Agree	40.0%	46.0%	33.3%
		Slightly Agree	12.0%	27.0%	33.3%
		Slightly Disagree	16.0%	5.0%	12.5%
		Disagree	8.0%	14.0%	0.0%
		Strongly Disagree	0.0%	5.0%	12.5%
12	Perform general procedures of a physician.	Strongly Agree	24.0%	14.0%	12.5%
		Agree	48.0%	59.0%	50.0%
		Slightly Agree	16.0%	18.0%	20.8%
		Slightly Disagree	0.0%	5.0%	12.5%
		Disagree	12.0%	0.0%	0.0%
		Strongly Disagree	0.0%	5.0%	4.2%
13	Identify system failures and contribute to a culture of safety and improvement.	Strongly Agree	36.0%	23.0%	16.7%
		Agree	36.0%	46.0%	66.7%
		Slightly Agree	20.0%	18.0%	12.5%
		Slightly Disagree	0.0%	5.0%	0.0%
		Disagree	4.0%	9.0%	4.2%

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

AAMC Questionnaires

Overall Measures

Table 46: GQ Benchmark Item #7- Overall Satisfaction

(Percent answering "Agree" or "Strongly agree"):	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
Overall, I am satisfied with the quality of my medical education.	80.9	86.3	91.5	94.5	97.0

Table 47: 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	2017	0.8%	3.0%	6.2%	50.2%	39.7%	15,589
PLFSOM	2017	0.0%	1.3%	2.6%	64.1%	32.1%	78
	2016	0.0%	4.4%	1.5%	60.3	33.8	68
	2015	0.0%	3.2%	6.5%	46.8%	43.5%	62
	2014	2.1%	0.0%	4.2%	54.2%	39.6%	48
	2013	2.9%	0.0%	5.9%	55.9%	35.3%	34

Table 48: GQ Benchmark -Science Relevance and Integration

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"):				
	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
Basic science coursework had sufficient illustrations of clinical relevance.	66.1	70.4	79.1	85.8	91.1
Required clinical experiences integrated basic science content	69.4	75.9	82.0	87.5	91.7

Cells marked in grey represent PLFSOM's placement

Table 49: 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	2017	1.0%	7.6%	13.9%	53.1%	24.4%	15,329
PLFSOM	2017	0.0%	1.3%	5.1%	52.6%	41.0%	78
	2016	0.0%	2.9%	5.9%	51.5%	39.7%	68
	2015	1.6%	1.6%	4.8%	48.4%	43.5%	62
	2014	2.1%	2.1%	2.1%	52.1	41.7%	48
	2013	2.9%	0.0%	14.7%	50%	32.4%	34

Table 50: 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	2017	0.7%	4.6%	14.0%	55.0%	25.7%	15,257
PLFSOM	2017	0.0%	2.6%	7.7%	56.4%	33.3%	78
	2016	0%	2.9%	4.4%	55.9%	36.8	68
	2015	1.6%	3.2%	4.8%	50.8%	39.7%	63
	2014	2.1%	2.1%	0.0%	62.5%	33.3%	48
	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).

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

Table 51: GQ Benchmark - Preparation for Residency

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
I am confident that I have acquired the clinical skills required to begin a residency program.	83.4	87.2	91.2	94.0	96.8
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.	87.5	91.4	94.0	96.2	97.7
I have the communication skills necessary to interact with patients and health professionals.	96.6	97.5	98.5	99.2	100.0
I have basic skills in clinical decision making and the application of evidence based information to medical practice.	89.8	92.4	94.6	96.4	98.0
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).	90.2	91.8	93.8	96.2	97.4
I understand the ethical and professional values that are expected of the profession.	96.3	97.2	98.2	99.0	100.0
I believe I am adequately prepared to care for patients from different backgrounds.	91.5	93.8	95.9	97.6	98.4

Cells marked in grey represent PLFSOM's placement

Table 52: I am confident that I have acquired the clinical skills required to begin a residency program (Historical)

I am confident that I have acquired the clinical skills required to begin a residency program		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2017	0.5%	1.8	7.6	46.8%	43.3%	15,137
PLFSOM	2017	2.6%	0.0%	12.8%	46.2%	38.5%	78
	2016	1.5%	3.0%	10.4%	50.7%	34.3%	67
	2015	1.6%	3.3%	16.4%	42.6%	36.1%	61
	2014	0.0%	0.0%	2.0%	57.1%	40.8%	49
	2013	2.9%	2.9%	2.9%	52.9%	38.2%	34

Table 53: I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines (Historical)

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	2017	0.3%	1.1%	5.3%	50.7%	42.6%	15,112
PLFSOM	2017	1.3%	0.0%	5.1%	48.7%	44.9%	78
	2016	0.0%	1.5%	7.5%	56.7%	34.3%	67
	2015	1.6%	0.0%	8.2%	54.1%	36.1%	61
	2014	0.0%	0.0%	0.0%	55.1%	44.9%	49
	2013	0.0%	0.0%	8.8%	52.9%	38.2%	34

Table 54: I have the communication skills necessary to interact with patients and health professionals (Historical)

I have the communication skills necessary to interact with patients and health professionals		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2017	0.2%	0.2%	1.5%	24.6%	73.5%	15,083
PLFSOM	2017	1.3%	0.0%	1.3%	26.9%	70.5%	78
	2016	0.0%	0.0%	0.0%	33.3%	66.7%	66
	2015	0.0%	0.0%	3.3%	26.2%	70.5%	61
	2014	0.0%	0.0%	2.0%	49.0%	49.0%	49
	2013	0.0%	0.0%	0.0%	44.1%	55.9%	34

Table 55: I have basic skills in clinical decision making and the application of evidence based information to medical practice. (Historical)

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	2017	0.3%	0.7%	5.0%	44.0%	50.0%	15,056
PLFSOM	2017	1.3%	0.0%	6.4%	44.9%	47.4%	78
	2016	0.0%	1.5%	4.5%	50.7%	43.3%	67
	2015	1.7%	0.0%	8.3%	43.3%	46.7%	60
	2014	0.0%	0.0%	2.0%	55.1%	42.9%	49
	2013	0.0%	0.0%	8.8%	50.0%	41.2%	34

Table 56: 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)

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		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2017	0.3%	1.0%	5.1%	38.1%	55.5%	15,110
PLFSOM	2017	1.3%	0.0%	3.8%	39.7%	55.1%	78
	2016	0.0%	1.5%	7.6%	30.3%	60.6%	66
	2015	0.0%	0.0%	4.9%	27.9%	65.6%	61
	2014	0.0%	0.0%	2.0%	51.0%	46.9%	49
	2013	0.0%	2.9%	0.0%	55.9%	41.2%	34

Table 57: I understand the ethical and professional values that are expected of the profession (Historical)

I understand the ethical and professional values that are expected of the profession		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2017	0.3%	0.2%	1.6%	27.9%	70.1%	15,098
PLFSOM	2017	1.3%	0.0%	0.0%	34.6%	64.1%	78
	2016	0.0%	0.0%	0.0%	25.4%	74.6%	67
	2015	0.0%	0.0%	4.9%	24.6%	70.5%	61
	2014	0.0%	0.0%	0.0%	51.0%	49.0%	49
	2013	0.0%	0.0%	8.8%	44.1%	47.1%	34

Table 58: I believe I am adequately prepared to care for patients from different backgrounds.

I believe I am adequately prepared to care for patients from different backgrounds.		Percentage of Respondents Selecting Each Rating					Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
All Medical Schools	2017	0.3%	0.6%	3.8%	33.1%	62.3%	15,112
PLFSOM	2017	1.3%	0.0%	5.1%	30.8%	62.8%	78
	2016	0.0%	0.0%	0.0%	35.8%	64.2%	67
	2015	0.0%	0.0%	6.6%	37.7%	55.7%	61
	2014	0.0%	2.0%	0.0%	51.0%	46.9%	49
	2013	2.9%	0.0%	5.9%	50.0%	41.2%	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.

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 59: OLBE-MS Disengagement

	YEAR	RELIABILITY ESTIMATE	MEAN	STANDARD DEVIATION	COUNT
ALL MEDICAL SCHOOLS	2017	0.8	9.8	3.7	14,196
PLFSOM	2017	0.8	8.7	3.7	77
	2016	0.8	9.0	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 60: OLBE-MS Exhaustion

	YEAR	RELIABILITY ESTIMATE	MEAN	STANDARD DEVIATION	COUNT
ALL MEDICAL SCHOOLS	2017	0.8	11.1	3.7	14,139
PLFSOM	2017	0.8	10.3	3.4	75
	2016	0.8	10.0	3.3	61

Learning Environment

Policy and Procedure Awareness:

Table 61: Mistreatment Policies & Reporting Benchmarks

GQ Report Item #37 and #38 Percent answering "Yes")	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
Are you aware that your school has policies regarding the mistreatment of medical students? (	92.6	96.7	98.3	100.0	100.0
Do you know the procedures at your school for reporting the mistreatment of medical students?	73.8	78.9	88.2	94.4	97.9

Table 62: GQ Percent responding "Yes"

	PLFSOM					All Schools
	2013	2014	2015	2016	2017	2017
Are you aware that your school has policies regarding the mistreatment of medical students?	94.1%	100%	96.7%	100%	100%	97.0%
N	34	48	60	63	77	14,409
Do you know the procedures at your school for reporting the mistreatment of medical students?	82.4%	89.6%	98.3%	93.7%	96.1%	86.1%
N	34	48	60	63	76	14,402

Frequency of Negative Behaviors

Table 63: Learning Environment Negative Behaviors Experiences Benchmarks.

GQ Report Item #39: Personal Experiences with Negative Behaviors	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
Publicly humiliated	13.3	17.0	21.7	26.2	30.3
Threatened with physical harm	0.0	0.0	1.2	2.2	3.2
Physically harmed (e.g., hit, slapped, kicked)	0.0	0.0	1.6	2.7	3.8
Required to perform personal services (e.g., shopping, babysitting)	2.0	3.4	5.5	8.5	10.0
Subjected to unwanted sexual advances	1.1	2.1	4.1	5.9	7.4
Asked to exchange sexual favors for grades or other	0.0	0.0	0.0	0.0	1.0
Denied opportunities for training or rewards based on gender	2.2	3.3	5.6	7.7	10.3
Subjected to offensive sexist remarks/names	7.4	9.8	13.9	18.5	22.2
Received lower evaluations or grades solely because of gender rather than performance	2.2	3.7	5.1	7.6	10.2
Denied opportunities for training or rewards based on race or ethnicity	0.6	1.6	2.6	4.1	5.6
Subjected to racially or ethnically offensive remarks/names	2.4	4.3	6.7	9.5	12.0
Received lower evaluations or grades solely because of race or ethnicity rather than performance	0.0	1.1	2.5	4.0	5.3
Denied opportunities for training or rewards based on sexual orientation	0.0	0.0	0.0	0.8	1.4
Subjected to offensive remarks/names related to sexual orientation	0.0	0.9	1.9	3.0	4.4
Received lower evaluations or grades solely because of sexual orientation rather than performance	0.0	0.0	0.0	1.0	1.6
Subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation?[1]	4.2	5.8	7.7	10.2	14.1

Cells marked in grey represent PLFSOM's placement

[1] A review of written comments provided no clarification on what these behaviors were.

Table 64: GQ Percent of respondents who indicated they personally experienced any of the listed behaviors, excluding "publicly embarrassed."

	PLFSOM					All Schools
	2013	2014	2015	2016	2017	2017
Yes (any excluding "publically embarrassed)	50.0%	40.4%	25.9%	31.7%	28.6%	39.3%
Number of Respondents	34	47	58	63	77	14,405

Table 65: Frequency of publically embarrassed by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	57.0%	21.0%	21.1%	0.9%	14,396
PLFSOM	2017	64.9%	22.1%	11.7%	1.3%	77
	2016	66.7%	19.0%	14.3%	0.0%	63
	2015	65.5	15.5%	17.2%	1.7%	58
	2014	67.4%	15.2%	17.4%	0.0%	46
	2013	52.9%	5.9%	41.2%	0.0%	34

Table 66: Frequency of Publically Humiliated by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	78.4%	12.8%	8.3%	0.5%	14,382
PLFSOM	2017	81.8%	15.6%	2.6%	0.0%	77
	2016	84.1%	11.1%	4.8%	0.0%	63
	2015	81.0%	8.6%	8.6%	1.7%	58
	2014	80.0%	11.1%	8.9%	0.0%	45
	2013	67.6%	5.9%	26.5%	0.0%	34

Table 67: Frequency of Threatened with Physical Harm by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	98.6%	1.0%	0.3%	0.0%	14,382
PLFSOM	2017	100%	0.0%	0.0%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	96.6%	1.7%	1.7%	0.0%	58
	2014	97.9%	2.1%	0.0%	0.0%	47
	2013	91.2%	2.9%	5.9%	0.0%	34

Table 68: Frequency of Physical Harm by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	98.3%	1.4%	0.3%	0.0%	14,373
PLFSOM	2017	100%	0.0	0.0%	0.0%	76
	2016	100%	0.0%	0.0%	0.0%	63
	2015	98.3%	1.7%	0.0%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	47
	2013	97.1%	0.0%	2.9%	0.0%	34

Table 69: Frequency of Required to Perform Personal Services by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	93.8%	4.2%	1.8%	0.2%	14,394
PLFSOM	2017	92.2%	6.5%	1.3%	0.0%	77
	2016	92.1	4.8%	1.6%	1.6%	63
	2015	93.1%	5.2%	1.7%	0.0%	58
	2014	93.6%	6.4%	0.0%	0.0%	47
	2013	88.2%	2.9%	8.8%	0.0%	34

Table 70: Frequency of Unwanted Sexual Advances by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	95.7%	2.8%	1.4%	0.1%	14,387
PLFSOM	2017	97.4%	2.6%	0.0%	0.0%	77
PLFSOM	2016	98.4%	1.6%	0.0%	0.0%	63
PLFSOM	2015	98.3%	1.7%	0.0%	0.0%	58
PLFSOM	2014	91.5%	8.5%	0.0%	0.0%	47
	2013	85.3%	5.9%	8.8%	0.0%	34

Table 71: Frequency of Asked for Sexual Favors in Exchange for Grades or Other Rewards by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	99.7%	0.1%	0.1%	0.0%	14,385
PLFSOM	2017	100%	0.0%	0.0%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	100%	0.0%	0.0%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	46
	2013	94.1%	2.9%	2.9%	0.0%	34

Table 72: Frequency of Denied Opportunities for training or rewards based on Gender by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	94.1%	2.9%	2.7%	0.4%	14,390
PLFSOM	2017	94.8%	3.9%	1.3%	0.0%	77
	2016	96.8%	1.6%	1.6%	0.0%	63
	2015	93.1%	1.7%	5.2%	0.0%	58
	2014	95.7%	2.2%	2.2%	0.0%	46
	2013	85.3%	5.9%	5.9%	2.9%	34

Table 73: Frequency of Offensive Sexist Remarks by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	85.2%	7.1%	7.0%	0.7%	14,382
PLFSOM	2017	87.0%	6.5%	5.2%	1.3%	77
	2016	85.7%	7.9%	4.8%	1.6%	63
	2015	93.1%	3.4%	3.4%	0.0%	58
	2014	80.9%	8.5%	8.5%	2.1%	47
	2013	67.6%	14.7%	14.7%	2.9%	34

Table 74: Frequency of Lower Evaluations or Grades Solely Because of Gender by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	94.2%	3.9%	1.6%	0.3%	14,370
PLFSOM	2017	98.7%	1.3%	0.0%	0.0%	77
	2016	95.2%	4.8%	0.0%	0.0%	63
	2015	96.6	1.7%	1.7	0.0%	58
	2014	93.6%	2.1%	4.3%	0.0%	47
	2013	91.2%	0.0%	8.8%	0.0%	34

Table 75: Frequency of Denied Opportunities for Training or Rewards because of Race or Ethnicity by Category and Year

		Never	Once	Occasionally	Frequently	Count
All Medical Schools	2017	97.1%	1.2%	1.3%	0.5%	14,384
PLFSOM	2017	98.7%	0.0%	1.3%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	96.6%	1.7%	1.7%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	47
	2013	88.2%	2.9%	5.9%	2.9%	34

Table 76: Frequency of Racially or Ethnically Offensive Remarks/names by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	92.8%	3.8%	3.0%	0.4%	14,380
PLFSOM	2017	97.4%	0.0%	1.3%	1.3%	77
	2016	95.2%	0	3.2%	1.6%	63
	2015	94.8%	1.7%	3.4%	0.0%	58
	2014	87.2%	2.1%	10.6%	0.0%	47
	2013	85.3%	0.0%	11.8%	2.9%	34

Table 77: Frequency of Lower Evaluations or Grades because of Race or Ethnicity by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	97.2%	1.5%	1.0%	0.3%	14,383
PLFSOM	2017	97.4%	2.6%	0.0%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	100%	0.0%	0.0%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	47
	2013	94.1%	0.0%	2.9%	2.9%	34

Table 78: Frequency of Denied Opportunities for Training or Rewards Based On Sexual Orientation by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	99.5%	0.2%	0.2%	0.1%	14,374
PLFSOM	2017	100%	0.0%	0.0%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	100%	0.0%	0.0%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	47
	2013	91.2%	2.9%	2.9%	2.9%	34

Table 79: Frequency of Offensive Remarks/names Related to Sexual Orientation by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	*2017*	*97.9%*	*1.0%*	*1.0%*	*0.1%*	14,371
PLFSOM	2017	96.1%	1.3%	1.3%	1.3%	77
	2016	96.8%	1.6%	0.0%	1.6%	63
	2015	98.3%	1.7%	0.0%	0.0%	58
	2014	100%	0.0%	0.0%	0.0%	46
	2013	94.1%	0.0%	2.9%	2.9%	34

Table 80: Frequency of Lower Evaluations or Grades Solely because of Sexual Orientation by Category and Year

Received lower grades solely because of sexual orientation rather than performance?

		Never	Once	Occasionally	Frequently	Count
All Medical Schools	2017	99.5%	0.2%	0.2%	0.0%	14,354
PLFSOM	2017	100%	0.0%	0.0%	0.0%	77
	2016	100%	0.0%	0.0%	0.0%	63
	2015	100%	0.0%	0.0%	0.0%	58
	2014	97.9%	2.1%	0.0%	0.0%	47
	2013	94.1%	0.0%	2.9%	2.9%	34

Table 81: Frequency of negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation by Category and Year

		Never	*Once*	*Occasionally*	*Frequently*	Count
All Medical Schools	2017	91.6%	4.3%	3.5%	0.6%	14,372
PLFSOM	2017	90.9%	5.2%	3.9%	0.0%	77
	2016	96.8%	0.0%	1.6%	1.6%	63

Note: comments do not provide any information on the offensive behaviors in this category.

Annual Measures for Hidden Curriculum Outcomes

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[2, 3, 20-28] 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.[29]

Table 82: Jefferson Empathy Mean Scores over Time by Graduating Class

Class	T1	T2	T3	T4	T5
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	114.0	113.7
2018	113.1	109.7	113.1	108.8	🕒
2019	116.2	113.3	113.3	🕒	🕒
2020	116.4	🕒	🕒	🕒	🕒
2021	117.8	🕒	🕒	🕒	🕒

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

Social 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.

Figure 22: Mean Expectation for Personal Participation in Preventative Medicine

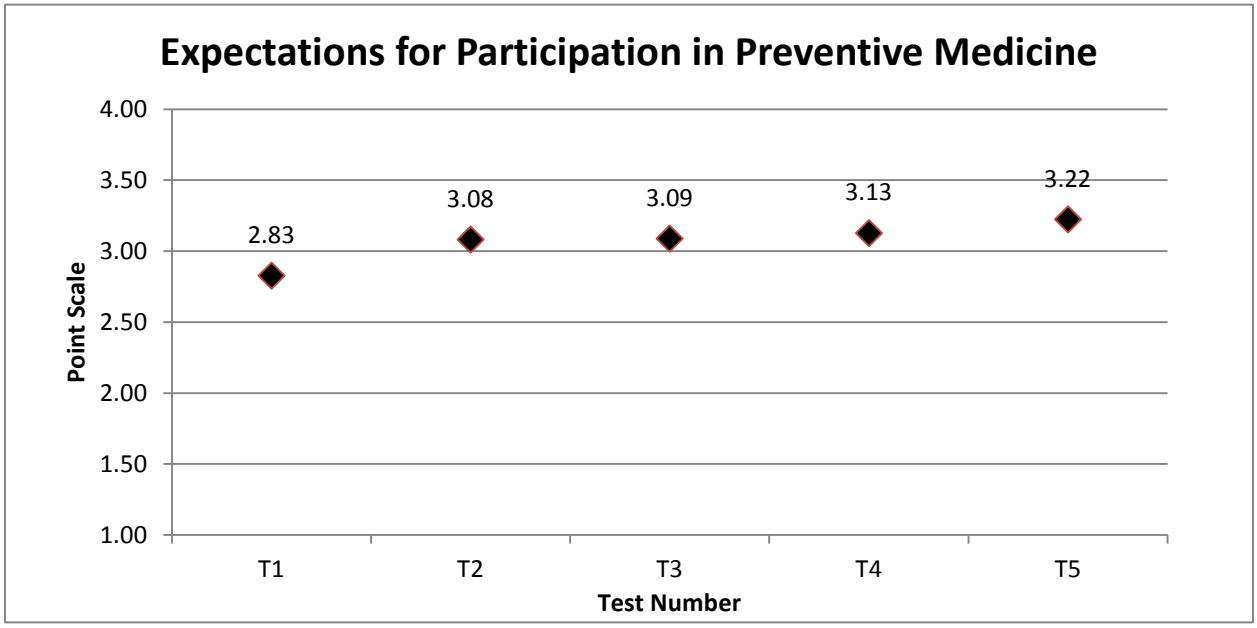


Table 83: Expectation for Personal Participation in Preventative Medicine over Time

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	3.03	0.86
Class of 2018	2.64	0.95	2.76	0.82	3.81	0.81	2.90	0.78	🕒	🕒
Class of 2019	2.79	0.85	3.87	0.84	3.84	0.85	🕒	🕒	🕒	🕒
Class of 2020	3.78	0.82	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
Class of 2021	2.85	0.88	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
All Classes	**2.83**	**0.88**	**3.08**	**0.86**	**3.09**	**0.88**	**3.13**	**0.86**	**3.22**	**0.86**

~The tilde indicates No Reportable Data for that year.

🕒 Data not available yet

Figure 23: Mean Social Determinants of Health Scale Score

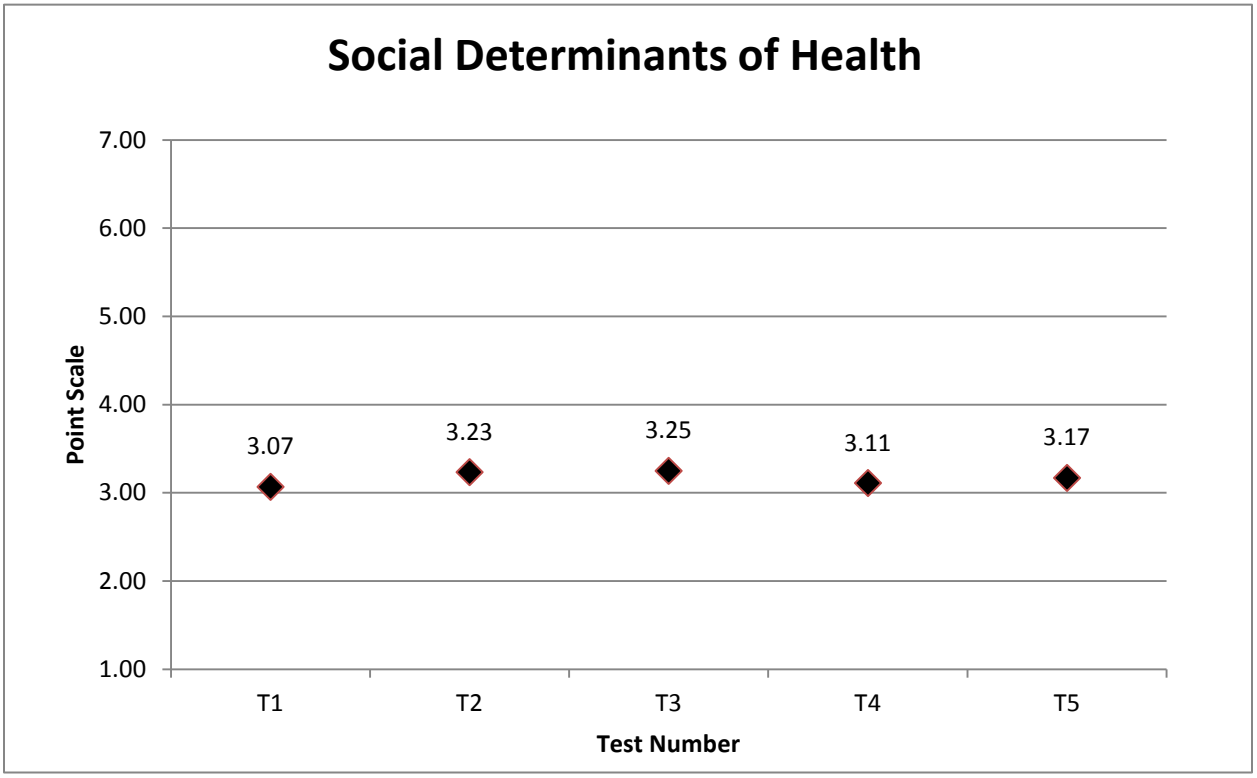


Table 84: Mean Social Determinants of Health Scale Score Over Time

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	3.02	0.90
Class of 2018	2.87	0.92	3.07	0.82	4.08	0.80	2.90	0.87	🕒	🕒
Class of 2019	2.98	0.90	4.05	0.83	4.03	0.83	🕒	🕒	🕒	🕒
Class of 2020	4.09	0.83	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
Class of 2021	3.15	0.83	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
All Classes	**3.07**	**0.90**	**3.23**	**0.93**	**3.25**	**0.89**	**3.11**	**0.93**	**3.17**	**0.98**

~The tilde indicates No Reportable Data for that year.
🕒 Data not available yet

Figure 24: Mean Role of Physicians in Preventative Medicine Scale Score

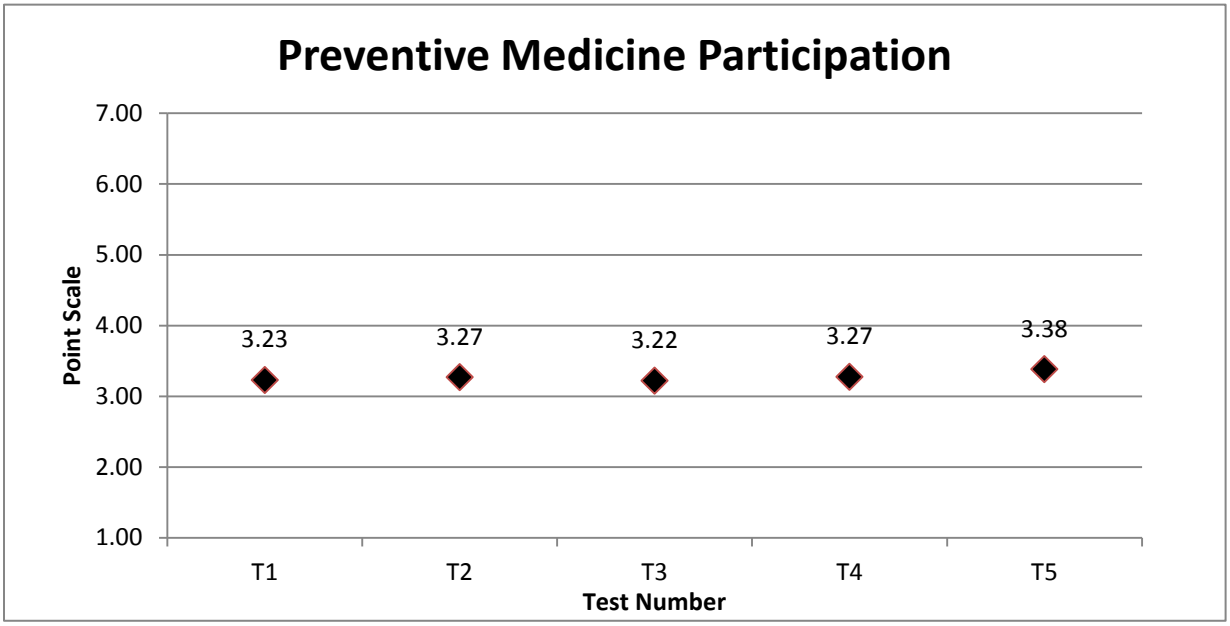


Table 85: Mean Role of Physicians in Preventative Medicine Scale Score over Time

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	3.00	1.08
Class of 2018	3.28	0.89	3.36	0.92	3.10	1.06	2.99	1.00	🕒	🕒
Class of 2019	3.33	0.93	3.08	1.04	3.03	1.05	🕒	🕒	🕒	🕒
Class of 2020	3.03	1.05	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
Class of 2021	3.02	0.92	🕒	🕒	🕒	🕒	🕒	🕒	🕒	🕒
All Classes	3.23	0.93	3.27	0.92	3.22	0.96	3.27	1.01	3.38	0.96

*The tilde indicates No Reportable Data for that year.
🕒 Data not available yet

Self-Directed Learning Readiness Scale

Table 86 Self-directed Learning Readiness Scale Scores by Class and Curriculum Year

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

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.

Phase Specific Curricular Information

SARP

All students are required to complete a scholarly activity. One hundred percent of students in the graduating classes between 2013 through 2016 passed their SARP requirement. The following tables provide information on types of projects, completion of projects and funding.

Table 87: Type of Project by Class

Class	Clinical Sciences, Basic Sciences, Translational Research	Public Health	Medical Humanities
2013	24	9	7
2014	42	9	3
2015	60	10	5
2016	55	8	9

Table 88: SARP Project Distribution between PLFSOM projects and those external to PLFSOM

Class	PLFSOM	External (non-PLFSOM)
2013	28	12
2014	31	23
2015	49	26
2016	56	16

Table 89: Distribution of SARP projects by Completion Track

Class	Fall MSII (track 1)	Fall MSIII & Spring MSIV
2013	15	25
2014	19	35
2015	41	34
2016	29	43

Table 90: SARP Mini-grant funding by class

	2013	2014	2015	2016
# Awards	19	18	19	25
Total amount awarded	$47,450.00	$49,969.00	$49,925.18	$49,960.85

Table 91: Total number of publications, meeting presentations, and book chapters (excluding required report and presentation) for SARP projects

Class	Total Outcomes**
2013	226
2014	109
2015	177
2016	143

M1 & M2 Curriculum

Outcomes

Y2Q Questionnaire Data

Table 92: AAMC Y2Q: Overall, I am satisfied with the quality of my medical education

Percent selecting option by year		Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	1.1	4.2	9.4	55	30.4	12,450
PLFSOM	2016	1.3	3.8	6.4	46.2	42.3	78
PLFSOM	2015	1.4	1.4	5.4	48.6	43.2	74
PLFSOM	2014	0	3.6	3.6	60.7	32.1	28

Learning Material Sources

Table 93: AAMC Y2Q: Please describe how often you attend In-person pre-clerkship courses/lectures at YOUR medical school

Percent selecting option by year		Almost never	Occasionally	Somewhat often	Often	Most of the time	Count
All Medical Schools	2016	20.3	17.2	11.9	14.1	36.5	12236
PLFSOM	2016	16.9	10.4	7.8	18.2	46.8	77
PLFSOM	2015	12.2	6.8	6.8	14.9	59.5	74
PLFSOM	2014	21.4	14.3	10.7	17.9	35.7	28

Table 94: AAMC Y2Q: Please describe how often you attend Virtual pre-clerkship courses/lectures (e.g., podcast or video) at YOUR medical school

Percent selecting option by year		Almost never	Occasionally	Somewhat often	Often	Most of the time	Count
All Medical Schools	2016	17.5	14.3	10.9	15.7	41.6	12,142
PLFSOM	2016	25.3	14.7	8	20	32	75
PLFSOM	2015	47.3	12.2	9.5	4.1	27	74
PLFSOM	2014	33.3	25.9	11.1	18.5	11.1	27

Table 95: AAMC Y2Q: Online videos for medical education information (e.g., YouTube)

Percent selecting option by year		Never	Less than once a month	At least once a month	At least once a week	Daily	Count
All Medical Schools	2016	4.5	17.2	26.3	35.8	16.2	12,263
PLFSOM	2016	2.6	2.6	24.7	54.5	15.6	77
PLFSOM	2015	4.1	17.6	33.8	35.1	9.5	74
PLFSOM	2014	0.0	7.1	39.3	32.1	21.4	28

Table 96: AAMC Y2Q: Other online content for medical education information (e.g., Wikipedia)

Percent selecting option by year		Never	Less than once a month	At least once a month	At least once a week	Daily	Count
All Medical Schools	2016	1.3	4.3	11.0	39.3	44.1	12,221
PLFSOM	2016	3.9	1.3	6.6	42.1	46.1	76
PLFSOM	2015	2.7	6.8	9.5	37.8	43.2	74
PLFSOM	2014	0.0	0.0	17.9	42.9	39.3	28

School Culture

Table 97: AAMC Y2Q: My medical school prepares students to effectively communicate with people across a broad spectrum of backgrounds

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	0.7	2.8	9	46.3	41.3	12,151
PLFSOM	2016	1.3	1.3	1.3	38.7	57.3	75
PLFSOM	2015	0	1.4	0	43.1	55.6	72
PLFSOM	2014	0	0	8	40	52	25

Table 98: AAMC Y2Q: I often feel isolated at school

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	29.3	41.1	14.8	11.4	3.4	12,109
PLFSOM	2016	30.7	48	6.7	12	2.7	75
PLFSOM	2015	36.1	36.1	11.1	13.9	2.8	72
PLFSOM	2014	32	44	8	8	8	25

Table 99: AAMC Y2Q: My teachers and mentors have told me that they have high standards for my performance

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	1.5	8.1	28.7	45.9	15.8	12,062
PLFSOM	2016	1.3	5.3	26.7	40	26.7	75
PLFSOM	2015	1.4	4.2	26.4	36.1	31.9	72
PLFSOM	2014	0	8	32	32	28	25

Table 100: AAMC Y2Q: I often feel that my performance is being judged more closely than others

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	29.8	47.4	14.7	6.3	1.9	12,138
PLFSOM	2016	22.7	46.7	21.3	8	1.3	75
PLFSOM	2015	27.8	43.1	19.4	8.3	1.4	72
PLFSOM	2014	32	44	16	8	0	25

Table 101: AAMC Y2Q: My teachers and mentors have told me that they feel sure that I can perform well against high standards

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	2.2	8.8	28.6	42.7	17.7	12,116
PLFSOM	2016	1.3	8	25.3	48	17.3	75
PLFSOM	2015	2.8	6.9	20.8	41.7	27.8	72
PLFSOM	2014	0	8.3	16.7	54.2	20.8	24

Table 102: AAMC Y2Q: I closely share the professional values and interests of most of my classmates

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	1.4	7.1	19.3	55.5	16.7	12,074
PLFSOM	2016	1.4	2.7	12.2	64.9	18.9	74
PLFSOM	2015	1.4	8.3	23.6	47.2	19.4	72
PLFSOM	2014	4	16	12	52	16	25

Table 103: AAMC Y2Q: I often feel as if my performance is being judged as a member of the identity group that I belong to more than as an individual

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	31.2	35.4	19.1	11.3	3.1	12,110
PLFSOM	2016	32.4	33.8	16.2	12.2	5.4	74
PLFSOM	2015	30.6	38.9	13.9	12.5	4.2	72
PLFSOM	2014	32	32	24	12	0	25

Table 104: AAMC Y2Q: Students learn effective tools for recognizing their own bias in interacting with people of different identity groups

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	2.7	10	22.9	47.4	17	12,077
PLFSOM	2016	2.7	6.8	28.4	36.5	25.7	74
PLFSOM	2015	1.4	8.3	15.3	52.8	22.2	72
PLFSOM	2014	0	16	24	48	12	25

Table 105: AAMC Y2Q: The medical school experience, to this point, contributes to students' ability to work in disadvantaged communities

Percent selecting option by year		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Count
All Medical Schools	2016	2.4	8.9	20.4	46.9	21.4	12,128
PLFSOM	2016	2.7	2.7	12.2	40.5	41.9	74
PLFSOM	2015	1.4	4.2	1.4	45.8	47.2	72
PLFSOM	2014	0	0	20	48	32	25

Experiences of Professional Behavior

Table 106: AAMC Y2Q: There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty

Percent selecting option by year		Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Count
All Medical Schools	2016	18	47.5	24	5.4	3.6	1.5	11,801
PLFSOM	2016	20.8	55.6	16.7	4.2	1.4	1.4	72
PLFSOM	2015	38.2	45.6	7.4	7.4	0	1.5	68
PLFSOM	2014	26.1	52.2	13	4.3	4.3	0	23

Table 107: AAMC Y2Q: Respecting patient confidentiality

Percent selecting option by year		Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Count
All Medical Schools	2016	0.1	0.1	1.3	4.9	27.2	66.4	11,645
PLFSOM	2016	0	1.4	0	2.8	27.8	68.1	72
PLFSOM	2015	0	0	0	2.9	23.5	73.5	68
PLFSOM	2014	0	0	0	0	27.3	72.7	22

Table 108: AAMC Y2Q: Using professional language/avoiding derogatory language

Percent selecting option by year		Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Count
All Medical Schools	2016	0.7	0.7	2.2	8.6	37.7	50.1	11,631
PLFSOM	2016	1.4	0	6.9	6.9	34.7	50	72
PLFSOM	2015	1.5	1.5	0	8.8	36.8	51.5	68
PLFSOM	2014	0	0	0	4.5	40.9	54.5	22

Graduate Questionnaire Data

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:

Table 109: AAMC GQ: PLFSOM relative to Basic Sciences Benchmarks.

(Percent answering "Good" or "Excellent")	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile	PLFSOM Percent Agreement
Biochemistry	49.0	54.3	64.5	72.2	78.0	86.1%
Biostatistics and epidemiology	53.2	61.5	71.1	78.9	84.8	86.1%
Genetics	60.7	67.1	74.1	79.6	83.5	73.1%
Gross anatomy	74.9	82.5	89.6	94.0	96.8	43.0%
Immunology	69.4	77.5	83.5	88.2	92.0	93.7%
Introduction to Clinical Medicine/ Introduction to the Patient	83.3	88.2	93.2	96.0	98.3	97.5%
Microanatomy/Histology	58.9	65.9	73.9	80.5	86.8	81.0%
Microbiology	66.2	81.3	85.8	90.6	94.5	79.8%
Neuroscience	69.8	78.1	86.4	92.4	96.1	91.2%
Pathology	71.7	81.7	86.9	91.6	95.7	92.4%
Pharmacology	55.6	67.9	79.6	87.6	91.9	68.3%
Physiology	81.7	88.5	92.3	95.5	97.1	88.6%
Behavioral Science	77.0	82.7	88.5	90.9	93.7	94.8%
Pathophysiology of disease	86.9	91.8	94.9	97.1	98.5	96.2%

Cells marked in grey represent PLFSOM's placement

Historical Trends on Basic Science Preparation

The following tables contain data from AAMC tables on the basic sciences. For each discipline, the responses are related to the question "How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?"

Table 110: AAMC GQ: Biochemistry Preparation (Historical) Percent selecting option by year

Biochemistry	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	10.1%	27.0%	40.9%	22.0%	15,109
PLFSOM	2017	0.0%	13.9%	38.0%	48.1%	79
	2016	2.9%	14.7%	27.9%	54.4%	68
	2015	3.2%	9.7%	43.5%	43.5%	62
	2014	6.3%	14.6%	39.6%	39.6%	48
	2013	6.1%	18.2%	48.5%	27.3%	33

Table 111: AAMC GQ: Biostatistics & Epidemiology Preparation (Historical) Percent selecting option by year

Biostatistics and epidemiology	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	6.7%	23.7%	43.3	26.3%	15,241
PLFSOM	2017	1.3%	25.6%	50.0%	23.1%	78
	2016	16.4%	38.8%	37.3%	7.5%	67
	2015	7.9%	27.0%	39.7%	25.4%	63
	2014	18.8%	18.8%	37.5%	25.0%	48
	2013	6.1%	30.3%	33.3%	30.3%	33

Table 112: AAMC GQ: Genetics Preparation (Historical) Percent selecting option by year

Genetics	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	4.6%	23.1%	48.5%	23.8%	15,210
PLFSOM	2017	0.0%	24.1%	44.3%	31.6%	79
	2016	4.4%	26.5%	48.5%	20.6%	68
	2015	3.2%	17.5%	47.6%	31.7%	63
	2014	4.2%	22.9%	52.1%	20.8%	48
	2013	0.0%	18.2%	60.6%	21.2%	33

Table 113: AAMC GQ: Gross Anatomy Preparation (Historical) Percent selecting option by year

Gross anatomy	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	3.0%	10.4%	34.3%	52.3%	15,308
PLFSOM	2017	21.5%	35.4%	25.3%	17.7%	79
	2016	38.2%	27.9%	23.5%	10.3%	68
	2015	20.6%	33.3%	27.0%	19.0%	63
	2014	25.0%	31.3%	31.3%	12.5%	48
	2013	12.1%	30.3%	30.3%	27.3%	33

Table 114: AAMC GQ: Immunology Preparation (Historical) Percent selecting option by year

Immunology	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	3.1%	14.9%	46.3	35.7%	15,244
PLFSOM	2017	0.0%	6.3%	36.7%	57.0%	79
	2016	0.0%	13.4%	29.9%	56.7%	67
	2015	4.8%	1.6%	34.9%	58.7%	63
	2014	0.0%	4.3%	41.3%	54.3%	46
	2013	6.1%	21.2%	51.5%	21.2%	33

Table 115: I AAMC GQ: ntroduction to Clinical Medicine/Patient Preparation (Historical) Percent selecting option by year

Introduction to Clinical Medicine/Introduction to the Patient	Year	Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	1.7%	7.3%	29.4%	61.6%	15,101
PLFSOM	2017	0.0%	2.6%	32.1%	65.4%	78
	2016	0.0%	4.5%	23.9%	71.6%	67
	2015	0.0%	3.3%	19.7%	77.0%	61
	2014	0.0%	0.0%	22.2%	77.8%	45
	2013	0.0%	3.3%	16.7%	80.0%	30

Table 116: AAMC GQ: Microanatomy/Histology Preparation (Historical) Percent selecting option by year

Microanatomy/Histology		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	6.1%	21.4%	42.7%	29.8%	15,198
PLFSOM	2017	0.0%	19.0%	46.8%	34.2%	79
	2016	4.5%	19.7%	36.4%	39.4%	66
	2015	3.2%	25.4%	47.6%	23.8%	63
	2014	4.2%	10.4%	56.3%	29.2%	48
	2013	0.0%	25.0%	56.3%	18.8%	32

Table 117: AAMC GQ: Microbiology Preparation (Historical) Percent selecting option by year

Microbiology		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	3.3%	12.8%	41.3%	42.6%	15,272
PLFSOM	2017	3.8%	16.5%	53.2%	26.6%	79
	2016	8.8%	22.1%	33.8%	35.3%	68
	2015	15.9%	28.6%	39.7%	15.9%	63
	2014	6.3%	22.9%	41.7%	29.2%	48
	2013	25.0%	9.4%	43.8%	21.9%	32

Table 118: AAMC GQ: Neuroscience Preparation (Historical) Percent selecting option by year

Neuroscience		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	4.0%	12.2%	38.1%	45.7%	15,266
PLFSOM	2017	0.0%	8.9%	38.0%	53.2%	79
	2016	1.5%	10.3%	35.3%	52.9%	68
	2015	6.3%	19.0%	44.4%	30.2%	63
	2014	6.4%	12.8%	51.1%	29.8%	47
	2013	6.5%	22.6%	32.3%	38.7%	31

Table 119: AAMC GQ: Pathology Preparation (Historical) Percent selecting option by year

Pathology		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	2.5%	11.9%	39.8%	45.8%	15,222
PLFSOM	2017	0.0%	7.6%	27.8%	64.6%	79
	2016	0.0%	1.5%	13.4%	85.1%	67
	2015	0.0%	4.8%	16.1%	79.0%	62
	2014	2.1%	0.0%	29.2%	68.8%	48
	2013	3.1%	6.3%	31.3%	59.4%	32

Table 120: AAMC GQ: Pharmacology Preparation (Historical) Percent selecting option by year

Pharmacology		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	6.3%	16.8%	39.4%	37.5%	15,281
PLFSOM	2017	7.6%	24.1%	35.4%	32.9%	79
	2016	4.4%	17.6%	47.1%	30.9%	68
	2015	15.9%	23.8%	41.3%	19.0%	63
	2014	27.1%	22.9%	33.3%	16.7%	48
	2013	12.9%	22.6%	38.7%	25.8%	31

Table 121: AAMC GQ: Physiology Preparation (Historical) Percent selecting option by year

Physiology		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	1.7%	7.5%	37.3%	53.5%	15,249
PLFSOM	2017	1.3%	10.1%	45.6%	43.0%	79
	2016	1.5%	11.8%	39.7%	47.1%	68
	2015	3.2%	16.1%	37.1%	43.5%	62
	2014	0.0%	12.5%	54.2%	33.3%	48
	2013	3.0%	0.0%	45.5%	51.5%	33

Table 122: AAMC GQ: Behavioral Science Preparation (Historical) Percent selecting option by year

Behavioral science		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	2.2%	11.5%	44.6%	41.7%	15,095
PLFSOM	2017	1.3%	3.8%	47.4%	47.4%	78
	2016	0.0%	17.6%	29.4%	52.9%	68
	2015	1.6%	9.5%	38.1%	50.8%	63
	2014	4.2%	8.3%	50.0%	37.5%	48
	2013	0.0%	3.0%	42.4%	54.5%	33

Table 123: AAMC GQ: Pathophysiology of Disease Preparation (Historical) Percent selecting option by year

Pathophysiology of disease		Poor	Fair	Good	Excellent	Count
All Medical Schools	2017	1.2%	5.3%	34.3%	59.2%	15,117
PLFSOM	2017	0.0%	3.8%	29.1%	67.1%	79
	2016	0.0%	4.4%	27.9%	67.6%	68
	2015	0.0%	0.0%	25.4%	74.6%	63
	2014	0.0%	2.1%	35.4%	62.5%	48
	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 124: Discipline Performance on Summative Exams by Class

M1 & M2 Summative Averages*	Class Of 2016		Class Of 2017		Class Of 2018		Class Of 2019		Class of 2020 so far	
Discipline	Avg.	N	Avg.	N	Avg.	N	Avg.	N	Avg.	N
Anatomy	74.92	108	67.04	110	77.1	102	70.36	122	67.62	95
Behavior	78.25	53	80.31	43	74.77	31	71.19	33	🕒	🕒
Biochemistry	73.16	92	66.46	107	69.37	102	70.4	106	69.64	57
Cell and Molecular Biology	78.77	21	69.66	21	65.11	20	66.95	15	69.35	12
Embryology	66.83	40	71.75	35	78.2	19	76.98	26	66	9
Histology	72.26	51	73.31	44	77.06	39	79.55	44	70.05	26
Immunology	80.04	98	75.96	103	75.66	95	78	113	74.21	87
Medical Genetics	79.32	67	74.51	48	76.63	49	76.46	54	67.68	36
Microbiology	79.3	116	73.87	124	81.57	108	79.28	104	75.53	86
Neuro-anatomy	68.2	59	70.71	41	78.24	23	78.16	22	64.82	5
Neuroscience / Special senses	66.88	45	71.73	79	71.67	81	62.65	22	75.68	23
Pathology	84.1	182	79.45	187	80.45	198	80.05	227	79.03	128
Pharmacology	75.82	112	75.38	147	78.21	149	77.64	147	74.84	65
Physiology	80.4	196	80.49	199	81.16	160	83.51	202	79.33	157
Scheme	82.12	159	79.66	168	81.85	164	65.86	76	🕒	🕒

🕒 Indicates no exam items categorized under this discipline to date

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 125: Historical First Attempt Performance on the CEYE

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

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

Content area for Section 1 of the CEYE AY 2016-2017	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

Content area for Section 1 of the CEYE AY 2016-2017	N items	Reliability	SEM	Low	High
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	NA
Immunology	20	0.4	6	49	84
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 127: 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

Content area Section 2 of the CEYE AY 2015-2016	N items	Reliability	SEM	Low	High
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 128: 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	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 129: 2016 April CBSE School Summary Performance Profile

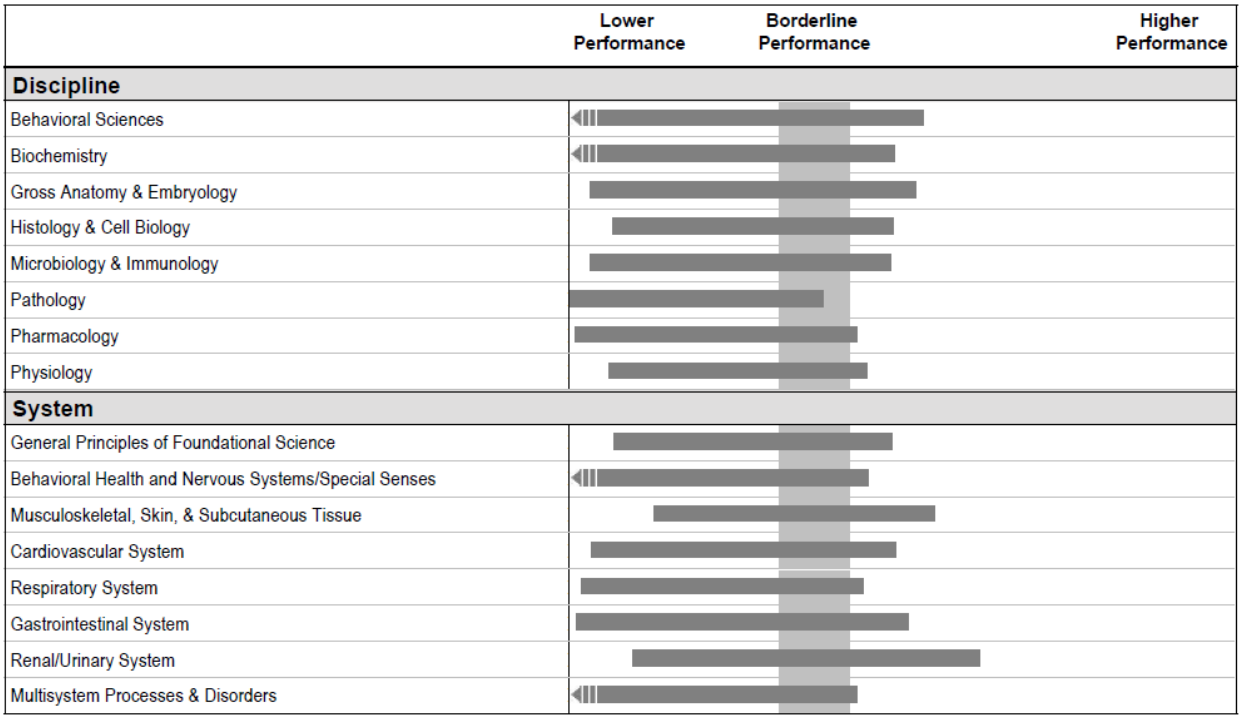


Figure 130: 2015 April CBSE School Summary Performance Profile

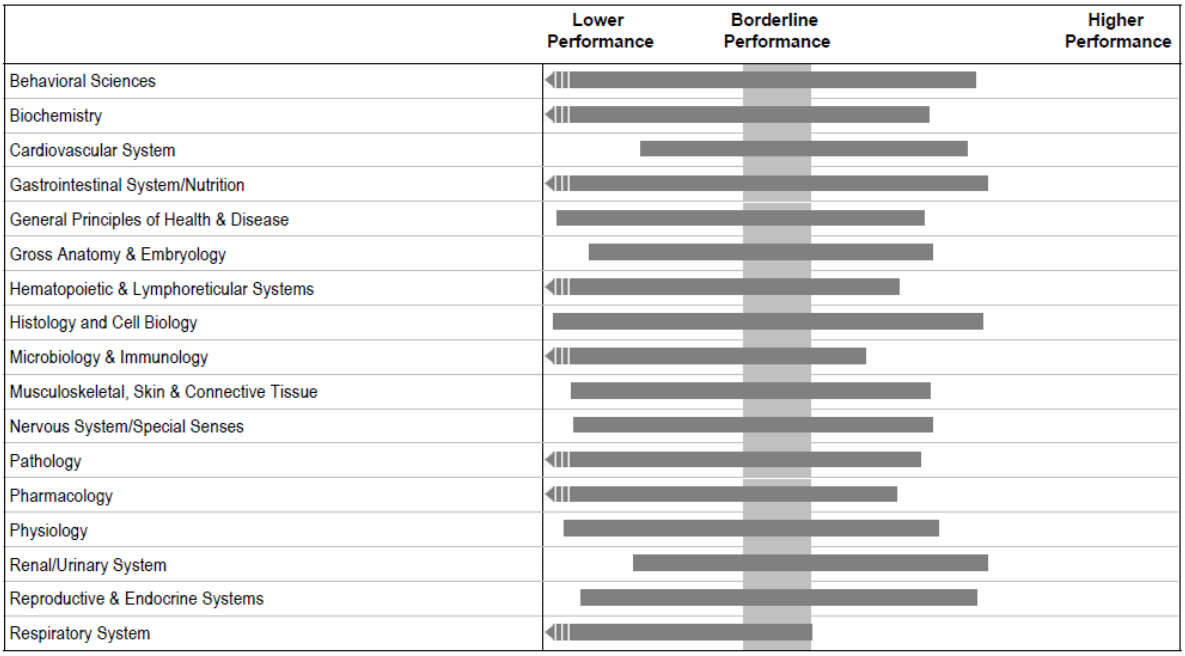
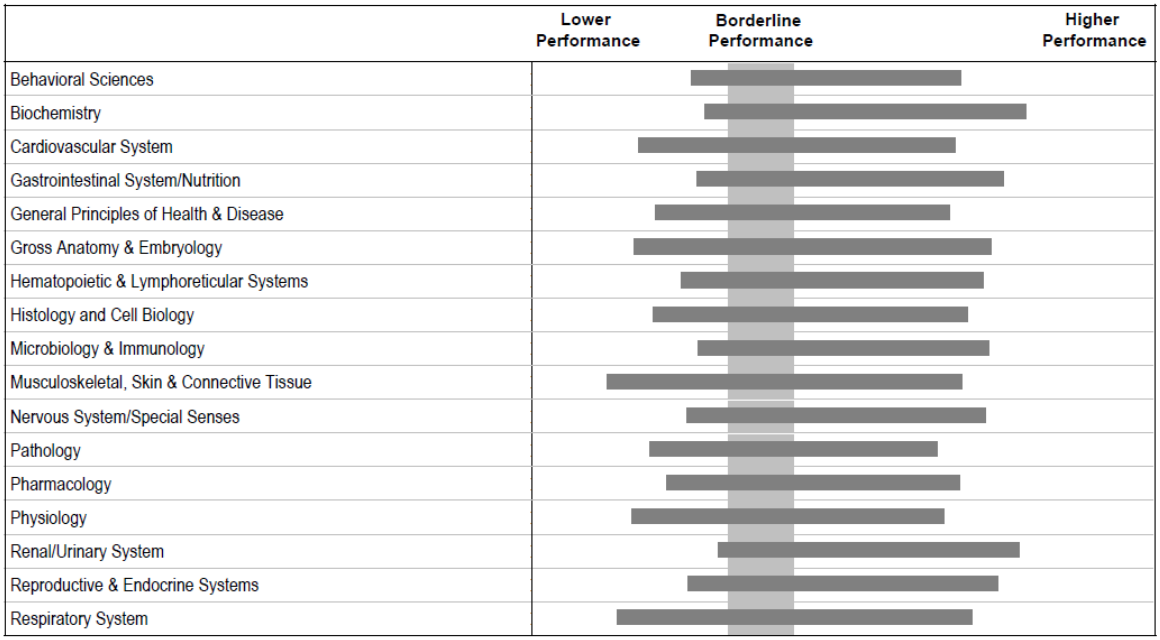


Figure 131: 2014 April CBSE School Summary Performance Profile



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. The first table provides historical Interim data as source of benchmark data moving forward.

Table 132: Step 1 Performance over Time - Interim Data

Calendar Year	No. Examined	Percent Passing PLFSOM/National	PLFSOM		National Mean	
			Score	SD	Total Score	SD
2014	73	97/96	235	16	230	20
2015	95	94/96	221	20	229	20
2016	89	94/96	223	17	229	20

Table 133: Step 1 Performance Over Time - Final Data

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

Step 1 Trends over Time

Figure 25: PLFSOM Percent Pass First Time Comparison to National Percent Passing

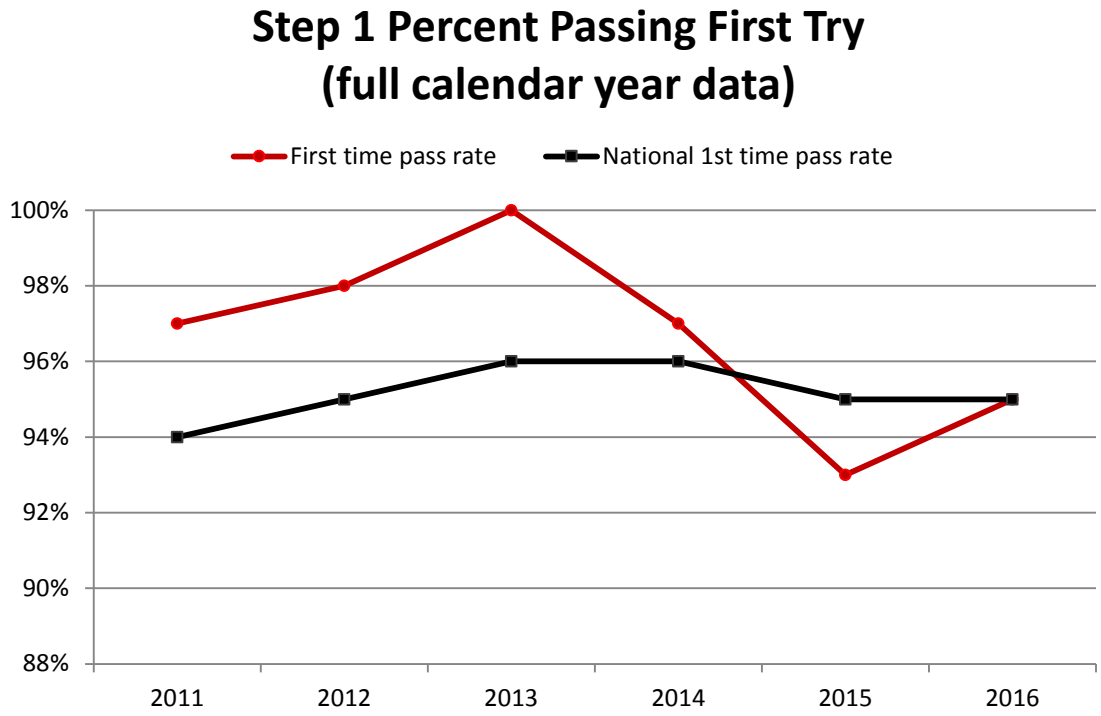


Figure 26: Step 1 PLFSOM Mean Score First Try Comparison to National Mean Score

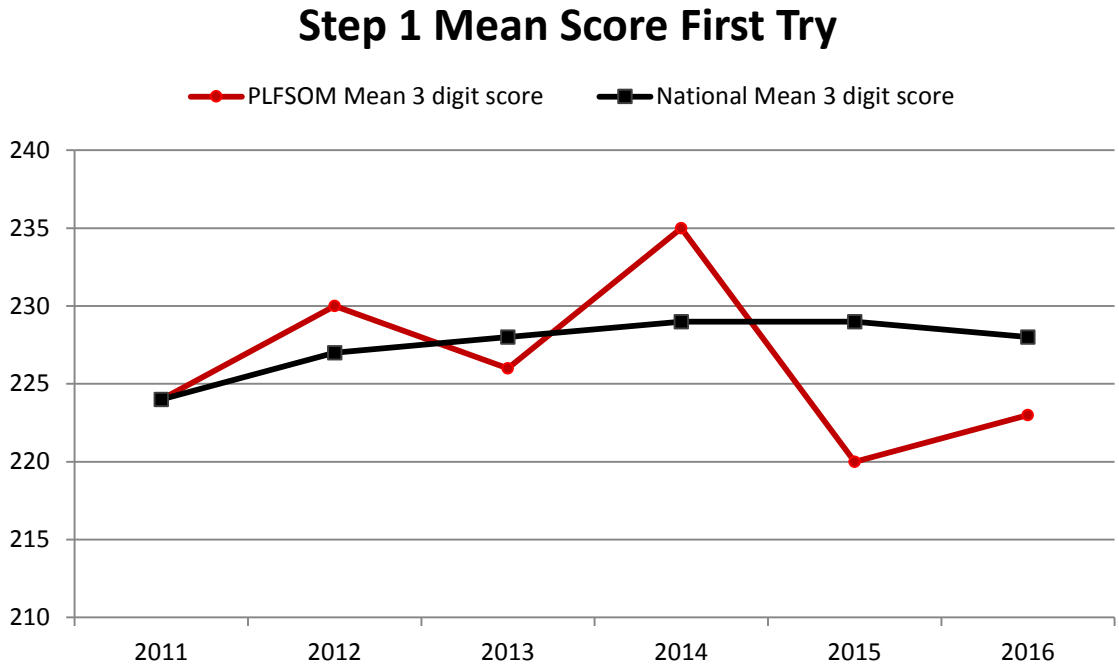


Figure 27: STEP 1 PLFSOM Comparison of Interim Scores and Final Report Scores

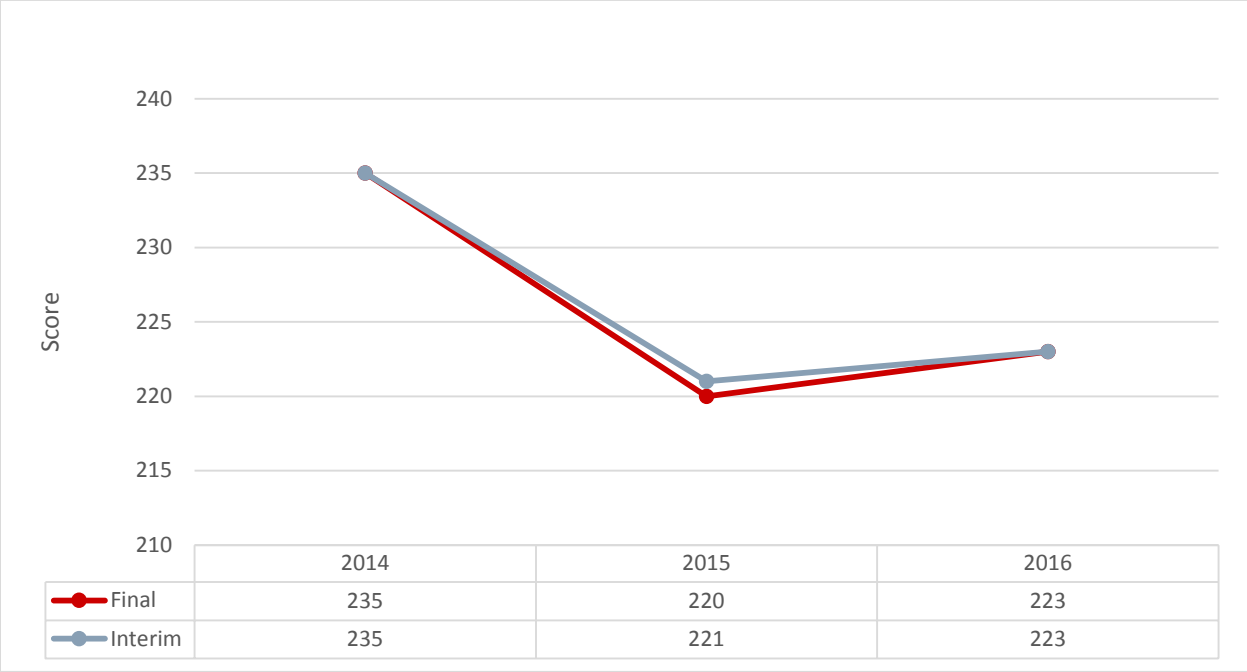
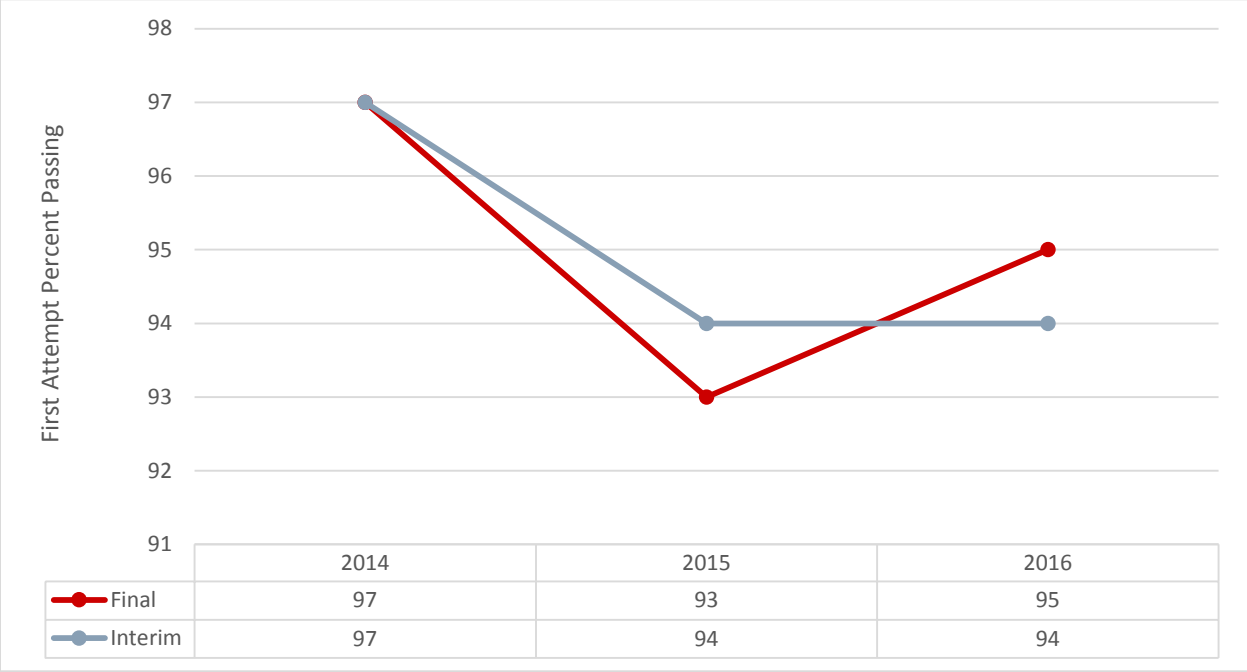


Figure 28: STEP 1 PLFSOM Comparison of Interim and Final Report Percent Passing



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 29: 2016 NBME Step 1 Score Plot

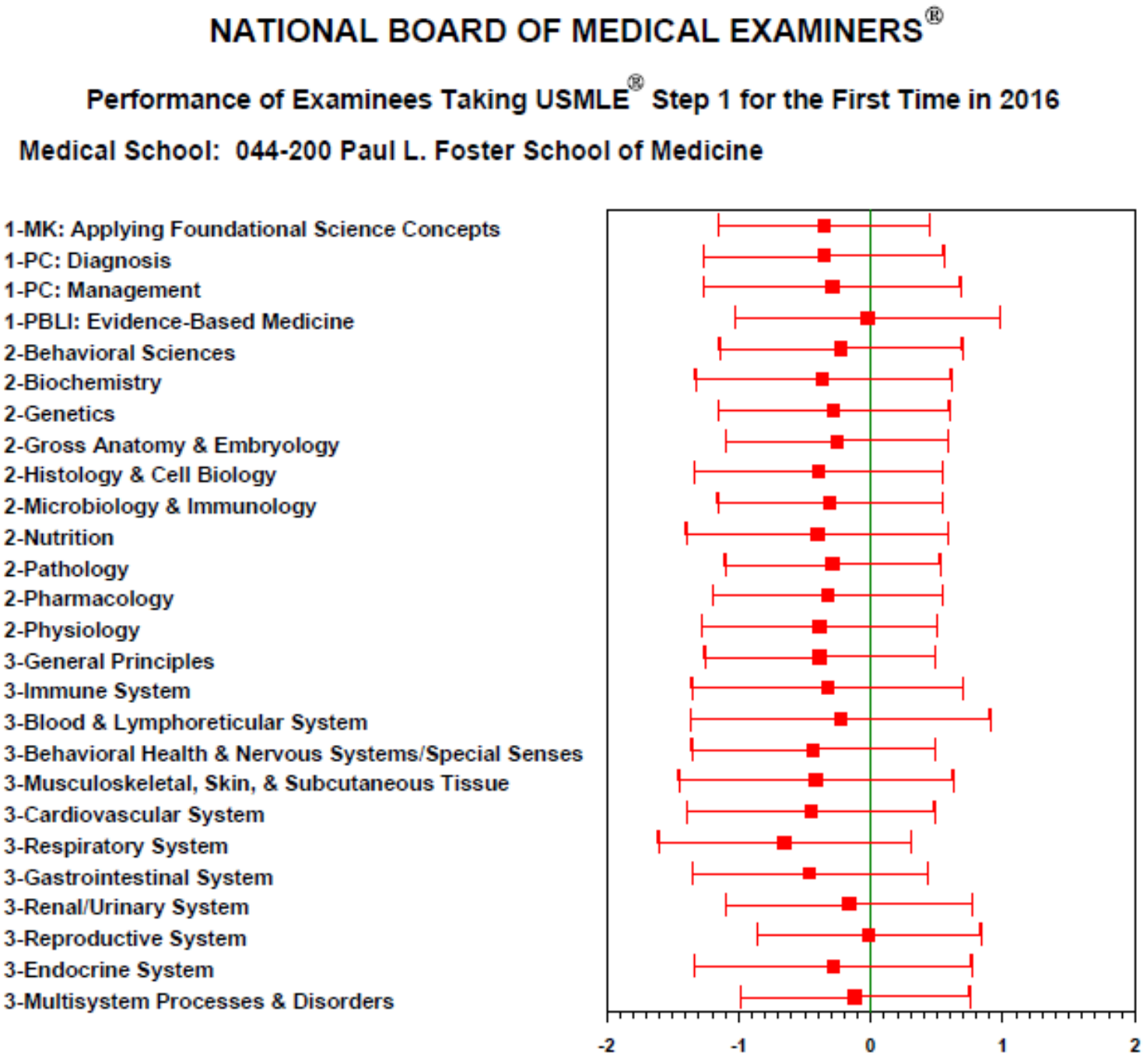


Figure 30: 2015 NBME Step 1 Score Plot

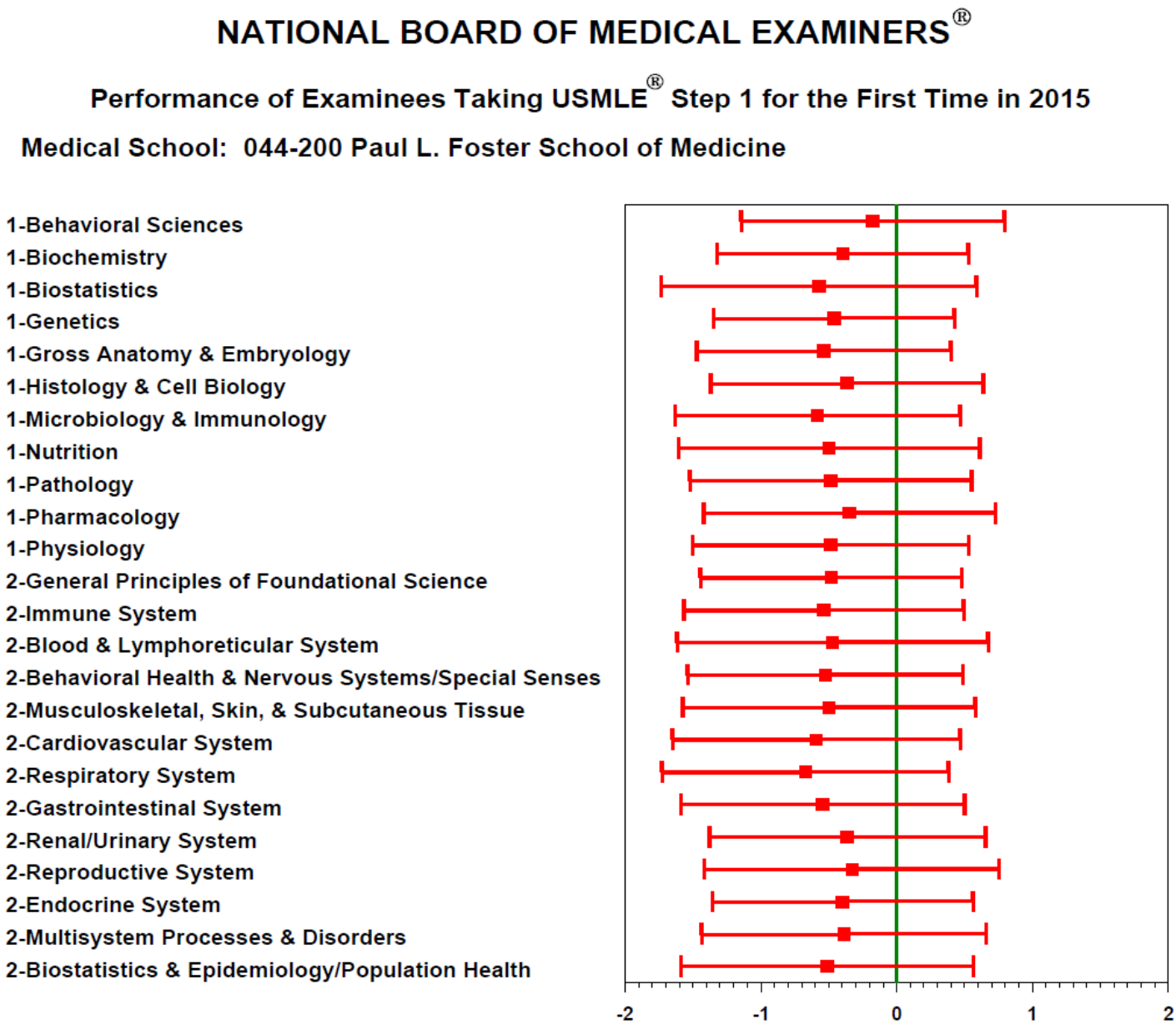
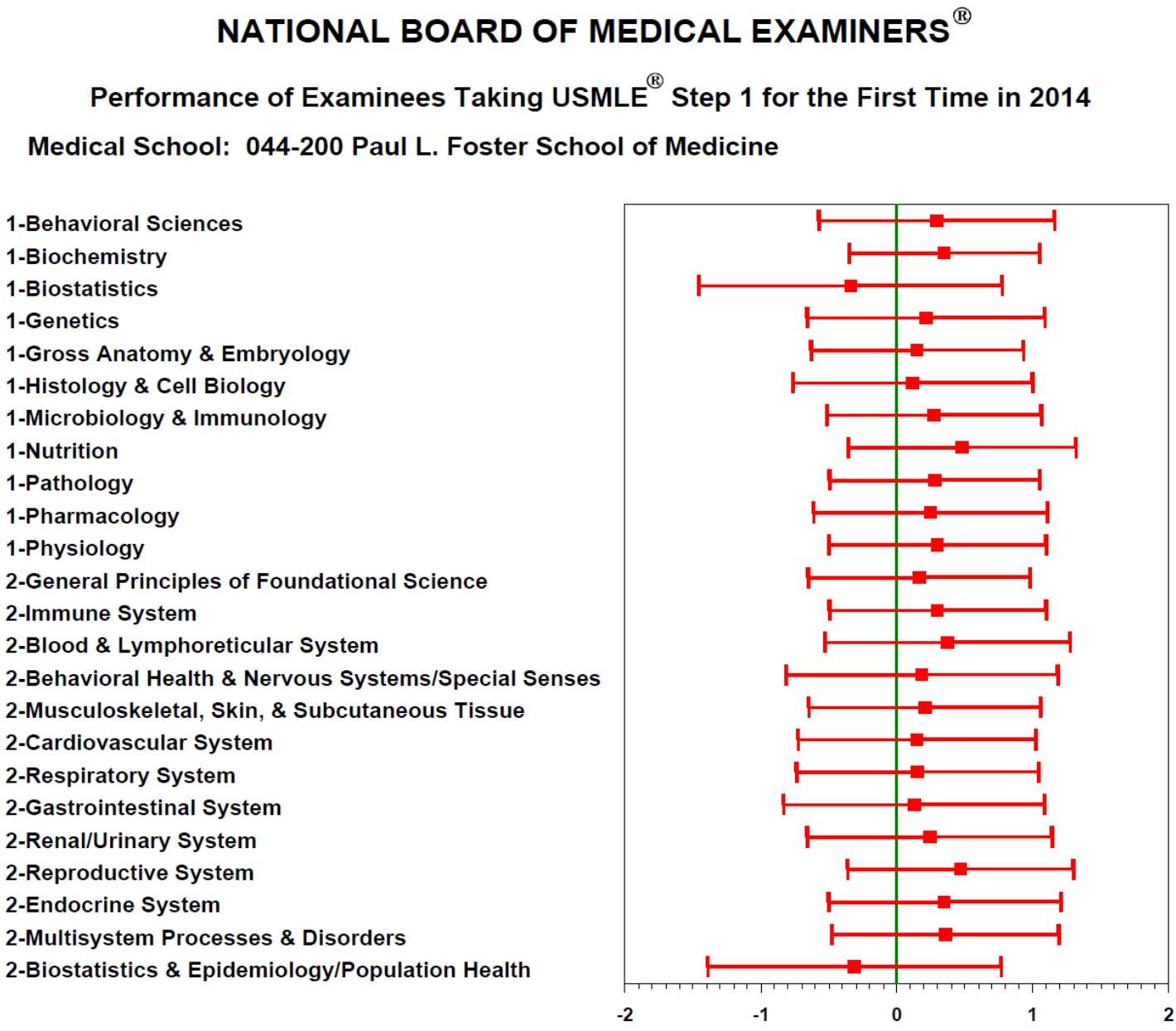


Figure 31: 2014 NBME Step1 Score Plot



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 Figure for those items not measured in any given cycle. In addition, changes to both the questions and the curricular structure influence the volatility of the measures; as the class size has grown, a single student's response has less impact on the mean. For all previous academic years, evaluation items, used a five point Likert scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, and 5 strongly agree, with the exception of the learning environment questions. All items using this scale were worded for the desired outcome so course directors were informed that they should be aiming for an average response of 4.0 or higher. Starting AY 2016-2017 all evaluation items -except for the learning environment questions- were changed to a 6-point scale: 1 strongly disagree, 2 disagree, 3 somewhat disagree, 4 somewhat agree, 5 agree, and 6 strongly agree, making the aimed for average response a 5.0 or higher. This year we are transitioning response rate reporting from means to percentage agreement; for the purpose of ease of comparison to previous year's means, this report response rates are stated in both means and percent agreement.

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

Scientific Principles of Medicine

Introduction to Health and Disease

Table 134: Evaluation Results for IHD Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
This unit was well organized.	4.3	4.1	4.2	4.9	**4.8**	**88**
The amount of material presented was reasonable.	4.3	4.3	4.3	4.4	**4.6**	**88**
I know the clinical relevance of the material.	-	-	-	-	**5.1**	**95**
The session learning objectives were useful.	-	-	-	-	**5.1**	**94**
Sessions met the identified learning objectives.	4.2	4.2	3.9	4.1	**4.9**	**92**
The schemes integrated the basic sciences.	-	-	-	-	**5.2**	**96**
The summative exam was fair.	-	-	-		**4.9**	**90**
The clinical presentation schemes contributed to my learning in this unit.	4.0	4.0	4.3	4.3	**5.2**	**96**
The process work sheets contributed to my learning in this unit.	4.3	4.2	4.2	4.4	**5.0**	**91**
Attending sessions helped me learn the material.	4.4	4.3	4.4	4.4	**4.7**	**81**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**4.5**	**79**
Available self-tests helped me learn the material.	-	-	-	-	**5.0**	**94**
The work case examples helped me learn the material.	4.5	4.3	4.3	4.4	**5.2**	**96**
Time spent in the lab was helpful.	-	-	-	-	**4.2**	**72**
Overall, I learned useful knowledge and/or skills during this unit/course.	4.5	-	4.6	4.6	**5.3**	**98**
N	81	101	106	107	**104**	
Class size at date	82	103	107	107	**108**	
Response Rate	99%	98%	99%	100%	**96%**	

*6-point scale

Gastrointestinal System

Table 135: Evaluation Results for SPM GIS Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
This unit was well organized.	4.3	4.1	4.2	4.3	**5.0**	**94**
The amount of material presented was reasonable.	4.2	4.2	3.9	3.9	**4.5**	**81**
I know the clinical relevance of the material.	-	-	-	-	**5.3**	**97**
The session learning objectives were useful.	-	-	-	-	**4.8**	**86**
Sessions met the identified learning objectives.	4.3	4.3	4.3	4.2	**4.7**	**85**
The schemes integrated the basic sciences.	-	-	-	-	**5.2**	**95**
The summative exam was fair.	-	-	-	-	**4.0**	**62**
The clinical presentation 'schemes' contributed to my learning.	4.4	4.3	4.4	4.4	**4.9**	**90**
The process worksheets contributed to my learning.	4.3	4.2	4.2	4.1	**4.7**	**84**
Attending sessions helped me learn the material.	4.0	4.0	4.3	4.2	**4.6**	**83**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**4.8**	**89**
Available self-tests helped me learn the material.	-	-	-	-	**5.0**	**93**
The Work Case Examples helped me learn the material.	4.5	4.3	4.3	4.5	**5.1**	**95**
Time spent in lab was helpful.	-	-	-	-	**4.2**	**73**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	-	4.6	4.5	**5.3**	**100**
N	81	101	106	107	**103**	
Class size at date	82	103	107	107	**108**	
Response Rate	99%	98%	99%	100%	**95%**	

*6-point scale

Neuromusculoskeletal and Integumentary Systems

Table 136: Evaluation Results for SPM IMN Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
This unit was well organized.	4.3	4.1	4.2	4.1	**4.7**	**87**
The amount of material presented was reasonable.	4.2	4.2	3.9	3.7	**4.3**	**78**
I know the clinical relevance of the material.	-	-	-	4.3	**5.3**	**98**
The session learning objectives were useful.	-	-	-	4.1	**4.9**	**90**
Sessions met the identified learning objectives.	4.3	4.3	4.3	4.1	**4.9**	**93**
The schemes integrated the basic sciences.	-	-	-	4.3	**5.0**	**93**
The summative exam was fair.	-	-	-	3.8	**4.8**	**92**
The clinical presentation 'schemes' contributed to my learning in this unit.	4.4	4.3	4.4	4.2	**4.9**	**88**
The process worksheets contributed to my learning in this unit.	4.3	4.2	4.2	4.1	**4.6**	**83**
Attending sessions helped me learn the material.	4.0	4.0	4.3	4.3	**4.5**	**78**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	3.7	**4.7**	**85**
Available self-tests helped me learn the material.	-	-	-	4.3	**5.0**	**91**
The work case examples helped me learn the material.	4.5	4.3	4.3	4.3	**5.3**	**96**
Time spent in lab was helpful.	-	-	-	4.0	**4.5**	**83**
Overall, I learned useful knowledge and/or skills during this unit.	4.5	-	4.6	4.5	**5.5**	**100**
N	84	81	101	106	**97**	
Class size at date	87	82	103	107	**105**	
Response Rate	97%	99%	98%	99%	**92%**	

*6-point scale

Liver and Hematology System

Table 137: Evaluation Results for SPM HEM Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Attending sessions helped me learn the material.	4.1	4.4	4.4	4.3	**4.6**	**97**
Available self-tests helped me learn the material.	-	-	-	4.3	**5.3**	**98**
I know the clinical relevance of the material.	-	-	-	4.5	**5.4**	**99**
Sessions met the identified learning objectives.	4.2	4.4	4.5	4.2	**5.3**	**90**
The amount of material presented was reasonable.	4.2	4.4	4.6	4.2	**5.1**	**95**
The clinical presentation schemes contributed to my learning.	4.1	4.3	4.4	4.4	**4.9**	**94**
The process worksheets contributed to my learning.	3.7	4.0	4.0	3.9	**4.5**	**92**
The schemes integrated the basic sciences.	-	-	-	4.4	**5.2**	**91**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	3.5	**5.1**	**82**
The session learning objectives were useful.	-	-	-	4.1	**5.0**	**82**
The summative exam was fair.	-	-	-	3.7	**5.0**	**95**
The Work Case Examples helped me learn the material.	4.5	4.5	4.7	4.5	**5.4**	**91**
This unit was well organized.	4.2	4.5	4.6	4.4	**5.2**	**97**
Time spent in lab was helpful.	-	-	-	3.9	**4.6**	**86**
Overall, I learned useful knowledge and/or skills during this unit.	4.4	4.6	-	4.6	**5.4**	**98**
N	76	103	101	104	**104**	
Class size at date	82	103	107	107	**105**	
Response Rate	93%	100%	94%	97%	**99%**	

*6-point scale

Cardiovascular and Respiratory System

Table 138: Evaluation Results for SPM CVR Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
The unit was well organized.	3.9	4.4	4.2	4.0	**4.5**	**80**
The amount of material presented was reasonable.	3.9	4.1	4.0	3.8	**4.5**	**80**
I know the clinical relevance of the material.	-	-	-	4.4	**5.2**	**94**
The session learning objectives were useful.	-	-	-	4.0	**4.4**	**74**
Sessions met the identified learning objectives.	4.1	4.4	4.3	4.0	**4.4**	**77**
The schemes integrated the basic sciences.	-	-	-	4.3	**4.8**	**90**
The summative exam was fair.	-	-	-	3.7	**3.9**	**65**
The clinical presentation schemes contributed to my learning in this unit.	4.1	4.2	4.1	4.2	**4.7**	**87**
The process worksheets contributed to my learning in this unit.	4.0	4.0	4.2	4.1	**4.5**	**82**
Attending sessions helped me learn the material.	3.9	4.3	4.2	4.1	**4.0**	**69**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	3.9	**4.6**	**83**
Available self-tests helped me learn the material.	-	-	-	3.7	**4.9**	**89**
The worked case examples helped me learn the material.	4.4	4.5	4.6	4.5	**5.0**	**92**
Time spent in lab was helpful	-	-	-	4.5	**4.3**	**77**
Overall, I learned useful knowledge and/or skills during this unit.	4.3	4.5	4.5	3.6	**5.2**	**96**
N	77	101	99	103	**99**	
Class size at date	82	103	107	107	**105**	
Response Rate	94%	98%	93%	96%	**94%**	

*6-point scale

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 139: Evaluation Results for SPM RNL Unit

	MEAN					Percent Agreement
Class of	2016	2017	2018	2019	2020*	2020
The unit was well organized.	3.5	3.6	3.6	4.0	**4.4**	**75**
The amount of material presented was reasonable.	4.0	4.4	4.5	4.4	**5.3**	**96**
I know the clinical relevance of the material.	-	-	-	4.5	**5.1**	**91**
The session learning objectives were useful.	-	-	-	4.3	**4.7**	**85**
Sessions met the identified learning objectives.	3.7	3.8	4.1	4.2	**4.6**	**80**
The schemes integrated the basic sciences.	-	-	-	4.2	**5.2**	**95**
The summative exam was fair.	-	-	-	4.0	**4.8**	**90**
The clinical presentation 'schemes' contributed to my learning.	3.7	3.4	4.1	4.3	**5.2**	**95**
The process worksheets contributed to my learning.	3.7	3.5	4.0	4.1	**4.7**	**82**
Attending sessions helped me learn the material.	3.6	3.7	-	4.1	**4.1**	**68**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	4.1	**4.8**	**87**
Available self-tests helped me learn the material.	-	-	-	4.5	**4.9**	**90**
The Work Case Examples helped me learn the material.	4.4	4.4	4.5	4.6	**5.3**	**97**
Time spent in lab was helpful.	-	-	-	3.8	**4.5**	**80**
Overall, I learned useful knowledge and/or skills during this unit.	4.0	4.1	4.4	4.6	**5.2**	**96**
N	77	103	100	100	**92**	
Class size at date	82	103	107	107	**105**	
Response Rate	94%	100%	93%	93%	**88%**	

*6-point scale

CNS and Special Senses

Table 140: Evaluation Results for SPM CSS Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
The unit was well organized.	3.6	3.5	3.6	4.4	**4.6**	**83**
The amount of material presented was reasonable.	4.0	4.0	4.4	4.1	**4.6**	**82**
I know the clinical relevance of the material.	-	-	-	-	**5.1**	**96**
The session learning objectives were useful.	-	-	-	-	**4.5**	**84**
Sessions met the identified learning objectives.	3.7	3.7	3.8	4.5	**4.6**	**86**
The schemes integrated the basic sciences.	-	-	-	-	**4.7**	**86**
The summative exam was fair.	-	-	-	-	**4.2**	**70**
The clinical presentation schemes contributed to my learning.	3.5	3.7	3.4	4.2	**4.6**	**85**
The process worksheets contributed to my learning.	3.2	3.7	3.5	4.1	**4.6**	**85**
Attending sessions helped me learn the material.	3.6	3.6	3.7	4.4	**4.0**	**68**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	-	**4.7**	**90**
Available self-tests helped me learn the material.	-	-	-	-	**4.8**	**86**
The work case examples helped me learn the material.	4.2	4.4	4.4	4.7	**5.1**	**95**
Time spent in the lab was helpful.	-	-	-	-	**4.4**	**81**
Overall, I learned useful knowledge and/or skills during this unit.	4.0	4.0	4.1	4.6	**5.1**	**97**
N	81	77	103	107	**96**	
Class size at date	90	82	103	107	**107**	
Response Rate	90%	94%	100%	100%	**89%**	

*6-point scale

Endocrine System

Table 141: Evaluation Results for SPM END Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
The unit was well organized.	4.0	4.1	4.4	4.3	**5.1**	**95**
The amount of material presented was reasonable.	4.1	4.3	4.6	4.3	**5.2**	**96**
I know the clinical relevance of the material.	-	-	-	4.4	**5.4**	**96**
The session learning objectives were useful.	-	-	-	4.2	**4.9**	**90**
Sessions met the identified learning objectives.	4.0	4.2	4.5	4.3	**5.0**	**94**
The schemes integrated the basic sciences.	-	-	-	4.2	**5.2**	**94**
The summative exam was fair.	-	-	-	4.1	**4.7**	**89**
The clinical presentation schemes contributed to my learning in this unit.	4.1	4.3	4.4	4.0	**5.1**	**93**
The process worksheets contributed to my learning in this unit.	4.2	4.4	4.5	4.1	**5.2**	**95**
Attending sessions helped me learn the material.	4.1	4.2	4.4	4.0	**4.5**	**77**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	4.1	**4.6**	**82**
Available self-tests helped me learn the material.	-	-	-	-	**4.8**	**87**
The work case examples helped me learn the material.	4.2	4.5	4.6	4.6	**5.3**	**97**
Time spent in lab was helpful.	-	-	-	4.1	**4.6**	**82**
Overall, I learned useful knowledge and/or skills during this unit.	4.1	4.4	4.6	4.5	**5.4**	**98**
N	78	73	103	100	**107**	
Class size at date	90	82	103	107	**107**	
Response Rate	87%	89%	100%	93%	**100%**	

*6-point scale

Reproductive System

Table 142: Evaluation Results for SPM REP Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
The unit was well organized.	3.7	2.5	3.1	3.5	**3.1**	**39**
The amount of material presented was reasonable.	3.7	3.4	3.6	3.7	**4.5**	**79**
I know the clinical relevance of the material.	-	-	-	4.3	**4.9**	**89**
The session learning objectives were useful.	-	-	-	3.9	**4.2**	**70**
The sessions met the identified learning objectives.	3.8	3.2	3.7	3.9	**4.2**	**75**
The schemes integrated the basic sciences.	-	-	-	3.6	**3.9**	**68**
The summative exam was fair.	-	-	-	3.1	**4.1**	**70**
The clinical presentation 'schemes' contributed to my learning.	3.7	2.4	3.1	3.6	**3.6**	**58**
The process worksheets contributed to my learning.	3.3	2.4	2.9	3.2	**3.2**	**43**
Attending sessions helped me learn the material.	4.0	3.6	3.7	3.5	**3.5**	**49**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	3.9	**4.5**	**80**
Available self-tests helped me learn the material.	-	-	-	-	**4.8**	**90**
The Work Case Examples helped me learn the material.	4.1	3.6	4.1	4.2	**4.9**	**90**
Time spent in lab was helpful	-	-	-	3.6	**4.0**	**70**
Overall, I learned useful knowledge and/or skills during this unit.	4.2	3.8	4.0	4.2	**4.8**	**89**
N	79	75	103	100	**105**	
Class size at date	90	82	103	107	**107**	
Response Rate	88%	91%	100%	93%	**98%**	

*6-point scale

Mind and Human Development

Table 143: Evaluation Results for SPM MHD Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
The unit was well organized.	3.4	4.0	4.2	4.1	**5.0**	**93**
The amount of material presented was reasonable.	3.8	4.2	4.3	3.6	**5.2**	**95**
I know the clinical relevance of the material.	-	-	-	4.1	**5.4**	**97**
The session learning objectives were useful.	-	-	-	4.4	**5.0**	**90**
Session met the identified learning objectives.	3.4	4.0	4.4	4.0	**5.1**	**94**
The schemes integrated the basic sciences.	-	-	-	4.1	**5.1**	**95**
The summative exam was fair.	-	-	-	4.1	**4.8**	**86**
The clinical presentation 'schemes' contributed to my learning.	3.6	3.9	4.4	4.1	**5.2**	**96**
The process worksheets contributed to my learning.	3.6	3.8	4.3	4.0	**5.0**	**91**
Attending sessions helped me learn the material.	3.4	4.1	4.3	3.9	**4.8**	**87**
The self-taught materials contained enough information to meet the learning objectives.	-	-	-	4.0	**4.8**	**89**
Available self-tests helped me learn the material.	-	-	-	-	**4.8**	**88**
The work case examples helped me learn the material.	3.9	4.1	4.4	4.2	**5.1**	**94**
Time spent in lab was helpful.	-	-	-	3.6	**4.6**	**79**
Overall, I learned useful knowledge and/or skills during this unit.	3.9	4.3	4.5	4.4	**5.4**	**98**
N	79	74	103	99	**105**	
Class size at date	90	82	103	107	**107**	
Response Rate	88%	90%	100%	93%	**98%**	

*6-point scale

Medical Skills

Introduction to Health and Disease

Table 144: Evaluation Results for Medical Skills IHD Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	4.5	4.4	4.2	4.3	**5.3**	**98**
The Medical Skills session objectives were clearly identified.	4.5	4.5	4.4	4.4	**5.3**	**96**
Medical Skills met the identified learning objectives.	4.5	4.5	4.4	4.4	**5.3**	**99**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**5.3**	**98**
The amount of material presented was reasonable.	4.5	4.5	4.1	4.3	**5.4**	**99**
The Medical Skills preparation materials helped me learn the material.	4.5	4.5	4.4	4.4	**5.4**	**99**
The group skill building activities helped me learn the material.	4.4	4.4	4.2	4.3	**5.2**	**96**
The standardized patient encounters helped me learn the material.	4.5	4.7	4.6	4.6	**5.5**	**100**
The standardized patient feedback I received helped me improve my performance.	4.3	4.3	4.2	4.0	**5.4**	**100**
The standardized patient case discussions helped me improve my performance	-	-	-	5.3	**5.3**	**96**
This course encourages me.	4.4	4.5	4.2	4.5	**5.3**	**95**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.7	4.6	4.7	**5.6**	**100**
The equipment in the skills room was in good working order.	-	-	-	-	**5.6**	**98**
The standardized patients were prepared for the session.	-	-	-	-	**5.4**	**99**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**5.4**	**97**
I am familiar with the needle stick policy	-	-	-	-	**4.7**	**81**
N	81	101	106	107	**98**	
Class size at date	82	103	107	107	**105**	
Response Rate	99%	98%	99%	100%	**93%**	

*6-point scale

Gastrointestinal System

Table 145: Evaluation Results for Medical Skills GIS Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	4.5	4.4	4.2	4.4	**5.4**	**99**
The Medical Skills session objectives were clearly identified.	4.5	4.5	4.4	4.3	**5.3**	**97**
Medical Skills met the identified learning objectives.	4.5	4.5	4.4	4.3	**5.4**	**98**
Weekly sessions prepared me for the skills exam.	-	-	-	-	**5.4**	**96**
The amount of material presented was reasonable.	4.5	4.5	4.1	4.2	**5.5**	**98**
The Medical Skills preparation materials helped me learn the material.	4.5	4.5	4.4	4.3	**5.4**	**98**
The group skill building activities helped me learn the material.	4.4	4.4	4.2	4.3	**5.4**	**97**
The standardized patient encounters helped me learn the material.	4.5	4.7	4.6	4.6	**5.4**	**98**
The standardized patient feedback I received helped me improve my performance.	4.3	4.3	4.2	4.1	**5.2**	**95**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**5.3**	**96**
This course encourages me.	4.4	4.5	4.2	4.3	**5.4**	**97**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.7	4.6	4.6	**5.5**	**99**
The equipment in the skills room was in good working order.	-	-	-	-	**5.6**	**93**
The standardized patients were prepared for the session.	-	-	-	-	**5.4**	**94**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**5.2**	**92**
I am familiar with the needle stick policy	-	-	-	-	**5.1**	**77**
N	81	101	106	106	**103**	
Class size at date	82	103	107	107	**105**	
Response Rate	99%	98%	99%	99%	**98%**	

*6-point scale

Integumentary and Neuromusculoskeletal Systems

Table 146: Evaluation Results for Medical Skills IMN Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	4.5	4.4	4.2	4.4	**5.3**	**96**
The Medical Skills session objectives were clearly identified.	4.5	4.5	4.4	4.5	**5.3**	**96**
Medical Skills met the identified learning objectives.	4.5	4.5	4.4	4.5	**5.4**	**97**
Weekly sessions prepared me for the skills exam.	-	-	-	4.4	**5.2**	**93**
The amount of material presented was reasonable.	4.5	4.5	4.1	4.5	**5.5**	**98**
The Medical Skills preparation materials helped me learn the material.	4.5	4.5	4.4	4.5	**5.5**	**100**
The group skill building activities helped me learn the material.	4.4	4.4	4.2	4.5	**5.4**	**97**
The standardized patient encounters helped me learn the material.	4.5	4.7	4.6	4.6	**5.5**	**98**
The standardized patient feedback I received helped me improve my performance	-	-	-	4.4	**5.3**	**97**
The standardized patient case discussions helped me improve my performance	-	-	-	4.4	**5.4**	**97**
This course encourages me.	4.4	4.5	4.2	4.6	**5.5**	**99**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.6	4.7	4.6	4.6	**5.6**	**100**
The equipment in the skills room was in good working order.	-	-	-	4.7	**5.8**	**99**
The standardized patients were prepared for the session.	-	-	-	4.3	**5.4**	**98**
The standardized patients provided useful feedback on my performance.	-	-	-	4.3	**5.4**	**96**
I am familiar with the needle stick policy	-	-	-	-	**5.6**	**97**
N	81	101	106	96	**97**	
Class size at date	82	103	107	107	**105**	
Response Rate	99%	98%	99%	90%	**92%**	

*6-point scale

Liver and Hematology System

Table 147: Evaluation Results for Medical Skills HEM Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	4.4	4.5	4.6	4.6	**5.4**	**98**
The Medical Skills session objectives were clearly identified.	4.4	4.4	4.6	4.5	**5.5**	**100**
Medical Skills met the identified learning objectives.	4.4	4.5	4.6	4.5	**5.5**	**99**
Weekly sessions prepared me for the skills exam.	-	-	-	4.3	**5.3**	**93**
The amount of material presented was reasonable.	4.5	4.5	4.6	4.6	**5.5**	**99**
The Medical Skills preparation materials helped me learn the material.	-	-	-	4.5	**5.4**	**99**
The group skill building activities helped me learn the material.	4.4	4.4	4.4	4.4	**5.4**	**97**
The standardized patient encounters helped me learn the material.	4.5	4.4	4.5	4.5	**5.4**	**97**
The standardized patient feedback I received helped me improve my performance.	-	-	-	4.3	**5.4**	**97**
The standardized patient case discussions helped me improve my performance	-	-	-	4.4	**5.4**	**98**
This course encourages me.	4.4	4.4	4.5	4.6	**5.4**	**97**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.6	4.7	4.7	**5.6**	**99**
The equipment in the skills room was in good working order.	-	-	-	4.6	**5.6**	**100**
The standardized patients were prepared for the session.	-	-	-	4.4	**5.5**	**100**
The standardized patients provided useful feedback on my performance.	-	-	-	4.4	**5.2**	**94**
I am familiar with the needle stick policy	-	-	-	-	**5.6**	**98**
N	76	103	102	104	**104**	
Class size at date	82	103	107	107	**105**	
Response Rate	93%	100%	95%	97%	**99%**	

*6-point scale

Cardiovascular and Respiratory System

Table 148: Evaluation Results for Medical Skills CVR Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	4.4	4.5	4.5	4.6	**5.4**	**98**
The Medical Skills session objectives were clearly identified.	4.3	4.5	4.5	4.6	**5.3**	**98**
Medical Skills met the identified learning objectives.	4.4	4.5	4.5	4.6	**5.3**	**96**
Weekly sessions prepared me for the skills exam.	-	-	-	4.5	**5.3**	**95**
The amount of material presented was reasonable.	4.3	4.4	4.4	4.6	**5.4**	**98**
The Medical Skills preparation materials helped me learn the material.	-	-	-	4.6	**5.3**	**97**
The group skill building activities helped me learn the material.	4.5	4.3	4.3	4.7	**5.3**	**96**
The standardized patient encounters helped me learn the material.	4.5	4.4	4.4	4.5	**5.3**	**95**
The standardized patient feedback I received helped me improve my performance.	-	-	-	4.4	**5.1**	**93**
The standardized patient case discussions helped me improve my performance	-	-	-	4.5	**5.2**	**96**
This course encourages me.	4.5	4.4	4.4	4.6	**5.3**	**97**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.5	4.6	4.6	4.7	**5.4**	**98**
The equipment in the skills room was in good working order.	-	-	-	4.6	**5.5**	**97**
The standardized patients were prepared for the session.	-	-	-	4.3	**5.3**	**96**
The standardized patients provided useful feedback on my performance.	-	-	-	4.4	**5.2**	**91**
I am familiar with the needle stick policy	-	-	-	-	**5.4**	**94**
N	77	101	100	104	**98**	
Class size at date	82	103	107	107	**105**	
Response Rate	94%	98%	93%	97%	**93%**	

*6-point scale

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 149: Evaluation Results for Medical Skills RNL Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Medical Skills was well organized.	3.7	4.0	4.1	4.5	**5.5**	**98**
The Medical Skills session objectives were clearly identified.	3.8	3.9	4.3	4.4	**5.3**	**95**
Medical Skills met the identified learning objectives.	3.8	4.0	4.3	4.4	**5.3**	**97**
Weekly sessions prepared me for the skills exam.	-	-	-	4.3	**5.3**	**92**
The amount of material presented was reasonable.	4.1	4.4	4.5	4.4	**5.5**	**98**
The Medical Skills preparation materials helped me learn the material.	3.5	3.7	4.2	-	**5.3**	**93**
The group skill building activities helped me learn the material.	3.8	3.9	4.3	4.4	**5.5**	**98**
The standardized patient encounters helped me learn the material.	3.7	4.0	4.4	4.4	**5.1**	**88**
The standardized patient feedback I received helped me improve my performance.	3.9	3.9	4.3	-	**5.1**	**88**
The standardized patient case discussions helped me improve my performance	-	-	-	4.3	**5.1**	**88**
This course encourages me.	3.7	3.8	4.1	4.5	**5.5**	**96**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.2	4.1	4.4	4.6	**5.5**	**99**
The equipment in the skills room was in good working order.	-	-	-	-	**5.4**	**97**
The standardized patients were prepared for the session.	-	-	-	-	**5.4**	**98**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**5.3**	**97**
I am familiar with the needle stick policy	-	-	-	-	**5.5**	**100**
N	77	103	100	100	**92**	
Class size at date	82	103	107	107	**105**	
Response Rate	94%	100%	93%	93%	**88%**	

*6-point scale

CNS and Special Senses

Table 150: Evaluation Results for Medical Skills CSS Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Medical Skills was well organized.	4.3	3.8	4.4	4.4	**5.6**	**100**
The Medical Skills session objectives were clearly identified.	4.4	4.0	4.4	4.5	**5.5**	**99**
Medical Skills met the identified learning objectives.	4.4	4.0	4.4	4.5	**5.5**	**99**
Weekly sessions prepared me for the skills exams.	-	-	-	-	**5.6**	**100**
The amount of material presented was reasonable.	4.2	3.9	4.3	4.4	**5.6**	**100**
The Medical Skills preparation materials helped me learn the material.	4.4	4.1	4.5	4.6	**5.6**	**100**
The group skill building activities helped me learn the material.	4.4	4.1	4.3	4.5	**5.4**	**97**
The standardized patient encounters helped me learn the material.	4.3	4.3	4.5	4.6	**5.5**	**99**
The standardized patient feedback I received helped me improve my performance.	4.1	4.0	4.2	4.4	**5.4**	**97**
The standardized patient case discussions helped me improve my performance	-	-	-	-	**5.4**	**97**
This course encourages me.	4.3	4.1	4.4	4.4	**5.5**	**99**
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.4	4.4	4.6	4.6	**5.6**	**100**
The equipment in the skills room was in good working order.	-	-	-	-	**5.5**	**98**
The standardized patients were prepared for the session.	-	-	-	-	**5.4**	**98**
The standardized patients provided useful feedback on my performance.	-	-	-	-	**5.3**	**95**
I am familiar with the needle stick policy	-	-	-	-	**5.0**	**85**
N	90	76	103	100	**98**	
Class size at date	90	82	103	107	**107**	

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Response Rate	100%	93%	100%	93%	92%	

*6-point scale

Endocrine System

Table 151: Evaluation Results for Medical Skills END Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Medical Skills was well organized.	4.2	4.3	4.6	4.6	5.6	98
The Medical Skills session objectives were clearly identified.	4.1	4.4	4.6	4.6	5.5	97
Medical Skills met the identified learning objectives.	4.2	4.3	4.6	4.6	5.6	99
Weekly sessions prepared me for the skills exams.	-	-	-	4.6	5.5	98
The amount of material presented was reasonable.	4.3	4.4	4.7	4.7	5.6	99
The Medical Skills preparation materials helped me learn the material.	4.2	4.4	4.6	4.7	5.6	98
The group skill building activities helped me learn the material.	4.2	4.4	4.5	4.6	5.5	98
The standardized patient encounters helped me learn the material.	4.3	4.4	4.5	4.7	5.5	96
The standardized patient feedback I received helped me improve my performance.	-	-	-	4.4	5.4	96
The standardized patient case discussions helped me improve my performance	-	-	-	4.6	5.5	96
This course encourages me.	4.2	4.4	4.5	4.7	5.5	99
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.3	4.4	4.6	4.7	5.6	100
The equipment in the skills room was in good working order.	-	-	-	-	5.6	98
The standardized patients were prepared for the session.	-	-	-	-	5.4	96
The standardized patients provided useful feedback on my performance.	-	-	-	-	5.4	94

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
I am familiar with the needle stick policy	-	-	-	-	5.3	94
N	78	73	103	102	105	
Class size at date	90	82	103	107	107	
Response Rate	87%	89%	100%	95%	98%	

*6-point scale

Reproductive System

Table 152: Evaluation Results for Medical Skills REP Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Medical Skills was well organized.	3.8	2.4	3.2	4.2	4.7	85
The Medical Skills session objectives were clearly identified.	3.7	2.9	3.4	4.1	4.9	89
Medical Skills met the identified learning objectives.	3.8	3.0	3.6	4.2	4.9	90
Weekly sessions prepared me for the skills exam.	-	-	-	4.3	4.9	86
The group skill building activities helped me learn the material.	4.0	3.4	3.8	4.4	5.0	98
The amount of material presented was reasonable.	3.7	3.5	4.0	4.3	5.3	86
The Medical Skills preparation materials helped me learn the material.	-	-	-	4.0	4.8	89
The standardized patient encounters helped me learn the material.	3.8	3.4	3.8	4.3	5.0	91
The standardized patient feedback I received helped me improve my performance.	-	-	-	4.2	5.2	93
The standardized patient case discussions helped me improve my performance	-	-	-	4.3	4.8	87
This course encourages me.	3.8	3.2	3.8	4.4	5.0	91
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.0	3.8	3.9	4.4	5.1	92
The equipment in the skills room was in good working order.		-	-	4.6	5.5	99
The standardized patients were prepared for the session.		-	-	4.4	5.4	97
The standardized patients provided useful feedback on my performance.		-	-	4.4	5.3	94
I am familiar with the needle stick policy					5.2	92
N	81	75	103	100	106	

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Class size at date	90	82	103	107	107	
Response Rate	90%	91%	100%	93%	99%	

*6-point scale

Mind and Human Development

Table 153: Evaluation Results for Medical Skills MHD Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Medical Skills was well organized.	3.9	4.2	4.2	4.5	5.3	96
Medical Skills objectives were clearly identified.	4.0	4.0	4.2	4.4	5.3	96
Medical Skills met the identified learning objectives.	4.1	4.1	4.3	4.4	5.3	98
Weekly sessions prepared me for the skills exam.	-	-	-	4.4	5.2	95
The amount of material presented was reasonable.	4.0	4.2	4.3	4.3	5.2	96
The Medical Skills preparation materials helped me learn the material.	-	-	-	4.5	5.2	94
The group skill building activities helped me learn the material.	3.9	4.1	4.3	4.4	5.2	93
The standardized patient encounters helped me learn the material.	4.0	4.2	4.3	4.5	5.4	97
The standardized patient feedback I received helped me improve my performance.	-	-	-	4.3	5.3	96
The standardized patient case discussions helped me improve my performance	-	-	-	4.5	5.2	94
This course encourages me.	4.0	4.2	4.3	4.4	5.3	98
Overall, I learned useful knowledge and/or skills during this unit of Medical Skills.	4.2	4.4	4.4	4.5	5.4	99
The equipment in the skills room was in good working order.		-	-	4.5	5.6	100
The standardized patients were prepared for the session.		-	-	4.3	5.4	97
The standardized patients provided useful feedback on my performance.		-	-	4.4	5.4	97
I am familiar with the needle stick policy					5.4	90
N	78	74	103	99	100	
Class size at date	90	82	103	107	107	

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Response Rate	87%	90%	100%	93%		94%

*6-point scale

Master's Colloquium

Masters colloquium I

Table 154: Evaluation Results for Masters' Colloquium I

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Masters' Colloquium was well organized.	4.3	4.4	4.4	4.5	**5.4**	**94**
Session objectives were clear.	4.0	4.3	4.2	4.3	**5.3**	**89**
The amount of material presented was reasonable.	4.4	4.6	4.6	4.7	**5.6**	**98**
I understand how the content of Colloquium is applicable to the practice of medicine.	4.4	4.5	4.5	4.6	**5.5**	**96**
I feel that Masters' Colloquium is valuable to me.	4.2	4.3	4.2	4.3	**5.1**	**89**
Masters' Colloquium broadens my perspectives.	4.3	4.4	4.4	4.4	**5.4**	**98**
Masters' Colloquium challenges my assumptions.	4.3	4.2	4.3	4.3	**5.2**	**93**
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.3	4.4	4.5	4.4	**5.4**	**98**
My college masters gave me useful feedback	-	-	-	-	**5.4**	**94**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.2	4.3	4.4	4.3	**5.3**	**92**
N	77	102	102	103	**98**	
Class size at date	83	103	107	107	**105**	
Response Rate	93%	99%	95%	96%	**93%**	

*6-point scale

Masters colloquium II

Table 155: Evaluation Results for Masters' Colloquium II

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
Masters' Colloquium was well organized.	4.2	4.5	4.6	4.5	**5.5**	**100**
Session objectives were clearly identified.	4.1	4.4	4.3	4.4	**5.4**	**95**
The amount of material presented was reasonable.	4.4	4.7	4.6	4.6	**5.5**	**98**
I understand how the content of Colloquium is applicable to the practice of medicine.	4.3	4.6	4.6	4.6	**5.5**	**95**
I feel that Masters' Colloquium is valuable to me.	4.2	4.4	4.4	4.3	**5.2**	**88**
Masters' Colloquium broadens my perspectives.	4.3	4.5	4.5	4.4	**5.4**	**94**
Masters' Colloquium challenges my assumptions.	4.3	4.4	4.5	4.4	**5.3**	**89**
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.3	4.5	4.5	4.4	**5.4**	**94**
My college masters gave me useful feedback	-	-	-	-	**5.2**	**92**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.3	4.4	4.5	4.4	**5.3**	**91**
N	77	101	100	84	**93**	
Class size at date	83	103	107	107	**105**	
Response Rate	93%	98%	93%	79%	**89%**	

*6-point scale

Masters colloquium III

Table 156: Evaluation Results for Masters' Colloquium III

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Masters' Colloquium was well organized.	4.2	4.2	4.5	4.6	**5.5**	**97**
Session objectives were clear.	4.0	4.0	4.5	4.5	**5.4**	**96**
The amount of material presented was reasonable.	4.2	4.3	4.6	4.7	**5.6**	**98**
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.2	4.1	4.6	4.6	**5.5**	**97**
I feel that Masters' Colloquium has been valuable to me.	4.1	4.0	4.4	4.4	**5.3**	**93**
Masters' Colloquium broadens my perspectives.	4.2	4.1	4.5	4.5	**5.4**	**93**
Masters' Colloquium challenges my assumptions.	4.1	4.1	4.5	4.4	**5.3**	**93**
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.1	4.1	4.5	4.5	**5.4**	**95**
My college masters gave me useful feedback	-	-	-	-	**5.3**	**93**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.1	4.2	4.5	4.5	**5.4**	**94**
N	80	73	104	99	**105**	
Class size at date	90	83	104	107	**107**	
Response Rate	89%	88%	100%	92%	**98%**	

*6-point scale

Masters colloquium IV

Table 157: Evaluation Results for Masters' Colloquium IV

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
Masters' Colloquium was well organized.	4.3	4.3	4.5	4.5	**5.5**	**95**
Session objectives were clear.	4.2	4.2	4.4	4.4	**5.5**	**94**
The amount of material presented was reasonable.	4.3	4.4	4.7	4.6	**5.6**	**96**
I understand how the Masters' Colloquium content is applicable to the practice of medicine.	4.3	4.5	4.6	4.5	**5.6**	**98**
I feel that Masters' Colloquium has been valuable to me.	4.2	4.4	4.4	4.3	**5.4**	**93**
Masters' Colloquium broadens my perspectives.	4.2	4.4	4.5	4.4	**5.4**	**93**
Masters' Colloquium challenges my assumptions.	4.1	4.4	4.4	4.3	**5.4**	**94**
Masters' Colloquium helps me understand what is expected of me as a doctor.	4.2	4.4	4.5	4.4	**5.5**	**96**
My college masters gave me useful feedback	-	-	-	-	**5.4**	**94**
Overall, I learned useful knowledge and/or skills during Masters' Colloquium.	4.2	4.4	4.4	4.5	**5.4**	**95**
N	78	75	100	84	**82**	
Class size at date	84	83	103	107	**107**	
Response Rate	93%	90%	97%	79%	**77%**	

*6-point scale

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. SCI 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

Table 158: Evaluation Results for SCI Immersion

	MEAN					Percent Agreement
Class of	2016	2017	2018	2019	2020*	2020
The SCI Immersion Block was well organized.	4.0	4.4	4.0	-	**4.2**	**74**
The learning objectives were clearly identified.	4.1	4.3	4.0	-	**4.2**	**70**
The SCI Immersion Block met the identified learning objectives.	4.2	4.4	4.2	-	**4.6**	**90**
The community assessment gave me a good feel for the El Paso/New Mexico community.	4.4	4.7	4.5	-	**5.0**	**89**
The amount of material presented was reasonable.	4.3	4.6	4.4	-	**4.9**	**88**
I improved my Spanish speaking skills.	4.2	4.5	4.6	-	**5.4**	**71**
The lectures helped me learn the material.	4.3	4.4	3.9	-	**4.2**	**89**
The small group learning activities helped me learn the material.	4.3	4.6	4.5	-	**4.9**	**87**
The community assessment helped me learn the material.	4.2	4.4	4.2	-	**4.7**	**98**
The interactive sessions helped me learn the material.	4.3	4.6	4.5	-	**4.9**	**91**
I understand how the SCI Immersion Block course content is applicable to the practice of medicine.	4.4	4.6	4.5	-	**5.0**	**92**
Overall, I learned useful knowledge and/or skills during this unit/course.	4.4	4.5	4.4	-	**5.0**	**95**
N	76	103	107	-	104	
Class size at date	83	103	107	107	**105**	
Response Rate	92%	100%	100%	0%	**99%**	

*6-point scale

Society, community and the individual I

Table 159: Evaluation Results for SCI I

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
SCI was well organized.	3.9	4.2	4.1	3.3	**4.7**	**85**
SCI session learning objectives were clearly identified.	3.9	4.2	4.3	3.5	**4.8**	**87**
The course met the identified learning objectives.	3.9	4.3	4.2	3.3	**5.0**	**93**
SCI broadens my perspectives.	4.0	4.2	4.1	3.4	**4.5**	**79**
The material covered is relevant to the practice of medicine.	4.0	4.2	4.3	3.6	**4.8**	**85**
The amount of material presented was reasonable.	4.1	4.5	4.4	3.9	**5.1**	**87**
Attending sessions helped me learn the material.	3.8	4.1	4.1	3.0	**4.2**	**68**
The community clinic experience is a worthwhile component of the curriculum.	4.2	4.4	4.2	3.9	**4.7**	**82**
My community preceptor understood the learning objectives.	4.1	4.2	4.2	3.7	**4.7**	**84**
My community preceptor ensured that the learning objectives were met.	4.0	4.2	4.1	3.6	**4.6**	**79**
Spanish is a worthwhile component of the curriculum.	4.0	4.3	4.1	4.3	**5.1**	**91**
I improved my Spanish speaking skills.	-	-	-	-	**4.9**	**87**
Overall, I learned useful knowledge and/or skills during SCI.	4.0	4.3	4.4	4.1	**5.0**	**90**
N	54	102	102	106	**97**	
Class size at date	83	103	107	107	**105**	
Response Rate	65%	99%	95%	99%	**92%**	

*6-point scale

Society, community and the individual II

Table 160: Evaluation Results for SCI II

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
SCI was well organized.	3.8	4.1	4.1	3.5	**4.5**	**76**
SCI session learning objectives were clearly identified.	4.2	4.3	4.3	3.5	**4.6**	**81**
The course met the identified learning objectives.	4.1	4.3	4.3	3.5	**4.4**	**80**
SCI broadens my perspectives.	4.1	4.2	4.2	3.6	**4.5**	**79**
The material covered is relevant to the practice of medicine.	4.1	4.2	4.2	3.6	**4.5**	**81**
The amount of material presented was reasonable.	-	-	4.5	3.4	**4.5**	**80**
Attending sessions helped me learn the material	3.8	4.1	4.1	2.8	**3.9**	**60**
The community clinic experience is a worthwhile component of the curriculum	4.2	4.1	4.1	4.1	**4.4**	**75**
My community preceptor understood the learning objectives.	4.0	4.2	4.2	4.0	**4.6**	**80**
My community preceptor ensured that the learning objectives were met	4.0	4.2	4.2	3.9	**4.6**	**79**
Spanish is a worthwhile component of the curriculum	-	-	4.3	3.7	**5.1**	**88**
I improved my Spanish speaking skills.	-	-	-	-	**5.0**	**87**
Overall, I learned useful knowledge and/or skills during this unit/course.	4.1	4.2	4.2	4.1	**4.9**	**90**
N	77	101	101	102	**91**	
Class size at date	83	103	107	107	**105**	
Response Rate	92%	98%	94%	95%	**87%**	

*6-point scale

Society, community and the individual III

Table 161: Evaluation Results for SCI III

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
SCI was well organized.	3.2	3.7	3.9	4.3	**3.1**	**44**
SCI session learning objectives were clearly identified.	3.2	3.7	4.0	4.4	**2.9**	**37**
The course met the identified learning objectives.	4.1	3.5	4.0	4.4	**2.8**	**35**
SCI broadens my perspectives.	4.2	3.7	4.0	4.4	**3.7**	**63**
The material covered in SCI is relevant to the practice of medicine.	-	3.4	4.0	4.4	**3.8**	**63**
The amount of material presented was reasonable.	4.2	3.4	4.2	4.5	**4.4**	**78**
Attending sessions helped me learn the material.	-	3.3	3.6	4.2	**3.0**	**40**
The community clinic experience is a worthwhile component of the curriculum.	-	4.0	4.4	4.3	**4.6**	**80**
My community preceptor understood the learning objectives.	-	3.8	4.0	4.4	**4.4**	**77**
My community preceptor ensured that the learning objectives were met.	-	3.8	4.3	4.3	**4.3**	**79**
Spanish is a worthwhile component of the curriculum.	-	3.9	4.4	4.4	**4.9**	**90**
I improved my Spanish speaking skills.	-	-	-	-	**4.7**	**90**
Overall, I learned useful knowledge and/or skills during SCI.	3.6	4.0	4.3	4.4	**4.0**	**73**
N	81	73	98	99	**101**	
Class size at date	84	83	103	107	**105**	
Response Rate	96%	88%	95%	93%	**96%**	

*6-point scale

Society, community and the individual IV

Table 162: Evaluation Results for SCI IV

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
SCI was well organized.	3.5	3.9	-	3.1	**3.9**	**65**
SCI session learning objectives were clearly identified.	3.5	3.9	-	3.1	**3.8**	**60**
The course met the identified learning objectives.	3.5	3.9	-	2.8	**3.9**	**65**
SCI broadens my perspectives.	3.4	4.0	-	3.3	**4.2**	**76**
The material covered in SCI is relevant to the practice of medicine.	3.4	4.0	-	3.1	**4.3**	**79**
The amount of material presented was reasonable.	3.7	3.9	-	3.9	**4.7**	**86**
Attending sessions helped me learn the material.	3.2	3.8	-	2.5	**3.8**	**62**
The community clinic experience is a worthwhile component of the curriculum.	3.5	3.9	-	3.8	**4.6**	**80**
My community preceptor understood the learning objectives.	3.4	3.8	-	3.7	**4.4**	**77**
My community preceptor ensured that the learning objectives were met.	3.4	3.7	-	3.8	**4.5**	**78**
Spanish is a worthwhile component of the curriculum.	3.6	4.0	-	4.2	**4.9**	**90**
I improved my Spanish speaking skills.	-	-	-	-	**4.9**	**87**
Overall, I learned useful knowledge and/or skills during SCI.	3.5	4.1	-	3.8	**4.6**	**84**
N	78	75	-	86	**86**	
Class size at date	84	83	103	107	**107**	
Response Rate	93%	90%	0%	80%	**80%**	

*6-point scale

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

Table 163: MS1 Weeks corresponding to Introduction to Health and Disease (IHD) Unit

	MEAN					Percent Agreement
Class of	2016	2017	2018	2019	2020*	2020
This unit/course was well organized.	3.9	4.3	4.1	4.3	5.3	**98**
The learning objectives were clearly identified.	3.8	4.3	4.1	4.3	5.2	**97**
The course met the identified learning objectives.	3.8	4.3	4.2	4.3	5.3	**98**
The amount of material presented was reasonable.	4.0	4.4	4.4	4.4	5.4	**97**
The homework provided practical reinforcement of material covered in class.	-	4.2	4.2	4.2	5.2	**96**
The course handouts were practical.	-	4.5	4.3	4.5	5.5	**98**
I understand how I am graded in Spanish.	-	-	3.9	-	5.0	**89**
I improved my Spanish speaking skills.	-	4.2	3.9	4.2	5.2	**95**
I can ask basic patient information in Spanish.	-	4.2	4.4	4.2	5.4	**98**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	-	4.3	4.2	4.3	5.3	**96**
My medical Spanish instructor/TA conducted practical in class activities that helped improve my medical Spanish skills.	-	4.4	4.2	4.4	5.4	**98**
Overall, I learned useful knowledge and/or skills during SCI.	4.1	4.4	4.1	4.4	5.4	**97**
N	77	101	106	107	**98**	
Class size at date	83	103	107	107	**105**	
Response Rate	93%	98%	99%	100%	**93%**	

*6-point scale

Table 164: MS2 Weeks corresponding to CNS and Special Senses (CSS) Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
This unit/course was well organized.	3.2	3.5	4.3	4.3	**5.2**	**98**
The learning objectives were clearly identified.	3.1	3.3	4.2	4.2	**5.1**	**91**
The course met the identified learning objectives.	3.0	3.4	4.3	4.4	**5.2**	**96**
The amount of material presented was reasonable.	3.4	3.9	4.4	4.5	**5.4**	**99**
The homework provided practical reinforcement of the material covered in class.	2.9	3.4	4.3	4.3	**5.1**	**94**
The course handouts were practical.	3.5	3.9	4.4	4.4	**5.2**	**94**
I understand how I am graded in Spanish.	3.3	3.7	4.4	4.4	**5.2**	**96**
I improved my Spanish speaking skills.	2.8	3.5	4.0	4.2	**5.0**	**91**
I can ask basic patient information in Spanish.	3.3	4.1	4.2	4.6	**5.3**	**98**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.1	3.8	4.4	4.3	**5.2**	**96**
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	**5.3**	**98**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.1	3.7	4.2	4.4	**5.2**	**98**
N	62	79	103	99		**93**
Class size at date	84	83	103	107		**107**
Response Rate	73%	95%	100%	93%		**87%**

*6-point scale

Table 165: MS1 Week corresponding to Gastrointestinal Systems and Liver (GIS) Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
This unit/course was well organized.	3.8	4.3	4.3	4.3	**5.3**	**94**
The learning objectives were clearly identified.	3.6	4.3	4.3	4.2	**5.2**	**90**
The course met the identified learning objectives.	3.7	4.3	4.3	4.2	**5.3**	**95**
The amount of material presented was reasonable.	4.0	4.4	4.4	4.5	**5.5**	**98**
The homework provided practical reinforcement of the material covered in class.	3.6	4.3	4.3	4.2	**5.3**	**91**
The course handouts were practical.	3.9	4.4	4.4	4.3	**5.5**	**97**
I understand how I am graded in Spanish.	3.9	4.3	4.4	4.2	**5.1**	**89**
I improved my Spanish speaking skills.	3.8	4.1	4.2	3.9	**5.1**	**91**
I can ask basic patient information in Spanish.	4.1	4.3	4.5	4.1	**5.4**	**98**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.8	4.3	4.4	4.2	**5.4**	**95**
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.9	4.4	4.4.	4.2	**5.5**	**98**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.9	4.3	4.4	4.2	**5.5**	**96**
N	76	103	101	106	**104**	
Class size at date	83	103	107	107	**105**	
Response Rate	92%	100%	94%	99%	**99%**	

*6-point scale

Table 166: MS2 Weeks corresponding to Endocrine System (END) Unit

Class of	MEAN					Percent Agreement
	2015	2016	2017	2018	2019*	2019
This unit/course was well organized.	3.9	4.0	4.4	4.4	**5.3**	**99**
The learning objectives were clearly identified.	3.6	3.8	4.4	4.4	**5.2**	**95**
The course met the identified learning objectives.		3.8	4.5	4.5	**5.3**	**97**
The amount of material presented was reasonable.	4.0	4.1	4.5	4.5	**5.4**	**99**
The homework provided practical reinforcement of the material covered in class.	3.5	3.9	4.4	4.4	**5.3**	**97**
The course handouts were practical.	3.9	4.1	4.4	4.4	**5.4**	**98**
I understand how I am graded in Spanish.	3.2	3.9	4.5	4.4	**5.3**	**96**
I improved my Spanish speaking skills.	3.5	3.7	4.3	4.2	**5.1**	**94**
I can ask basic patient information in Spanish.	3.7	4.2	4.4	4.6	**5.4**	**98**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.8	4.1	4.6	4.4	**5.4**	**98**
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.9	4.1	4.6	4.5	**5.4**	**96**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.8	4.0	4.4	4.4	**5.3**	**96**
N	87	75	100	100		**104**
Class size at date	87	83	103	107		**107**
Response Rate	100%	90%	96%	93%		**97%**

*6-point scale

Table 167: MS1 Weeks corresponding to Hematologic System (HEM) Unit

Class of	MEAN					Percent Agreement
	2016	2017	2018	2019	2020*	2020
This course was well organized.	3.8	4.3	4.3	3.9	**5.3**	**96**
The learning objectives were clearly identified.	3.6	4.3	4.3	3.9	**5.2**	**92**
The course met the identified learning objectives.	3.7	4.3	4.3	4.0	**5.4**	**95**
The amount of material presented was reasonable.	4.0	4.4	4.4	4.2	**5.4**	**97**
The homework provided practical reinforcement of the material covered in class.	3.6	4.3	4.3	3.9	**5.3**	**95**
The course handouts were practical.	3.9	4.4	4.4	4.1	**5.5**	**99**
I understand how I am graded in Spanish.	3.9	4.3	4.4	4.1	**5.4**	**98**
I improved my Spanish speaking skills.	3.8	4.1	4.2	3.9	**5.3**	**96**
I can ask basic patient information in Spanish.	4.1	4.3	4.5	4.2	**5.5**	**99**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	3.8	4.3	4.4	4.3	**5.5**	**97**
My medical Spanish instructor/TA conducted practical in class activities that helped improved my medical Spanish skills.	3.9	4.4	4.4.	4.1	**5.5**	**95**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.9	4.3	4.4	4.0	**5.4**	**97**
N	76	103	101	102	**102**	
Class size at date	83	103	107	107	**105**	
Response Rate	92%	100%	94%	95%	**97%**	

*6-point scale

Table 168: MS2 Weeks corresponding to Cardiovascular and Respiratory Systems (CVR) Unit

	MEAN					Percent Agreement
Class of	2015	2016	2017	2018**	2020*	2020
The course was well organized.	3.5	4.1	4.2	-	**5.5**	**99**
The learning objectives were clearly identified.	3.4	4.1	4.4	-	**5.4**	**97**
The course met the identified learning objectives.	3.4	4.0	4.3	-	**5.4**	**98**
The amount of material presented was reasonable.	3.9	4.3	4.4	-	**5.6**	**98**
The homework provided practical reinforcement of the material covered in class.	3.4	4.2	4.3	-	**5.4**	**96**
The course handouts were practical.	3.6	4.3	4.4	-	**5.5**	**99**
I understand how I am graded in Spanish.	3.4	4.1	4.4	-	**5.5**	**98**
I improved my Spanish speaking skills.	3.6	3.9	4.3	4.0	**5.3**	**95**
I can ask basic patient information in Spanish.	3.8	4.3	4.5	-	**5.5**	**99**
My medical Spanish instructor/TA provided constructive feedback to improve my medical Spanish skills.	4.0	4.1	4.4	-	**5.5**	**98**
My medical Spanish instructor/TA provided practical in class activities that helped improved my medical Spanish skills.	4.0	4.2	4.4	-	**5.5**	**97**
Overall, I learned useful knowledge and/or skills during this unit's Spanish sessions.	3.6	4.2	4.3	-	**5.5**	**97**
N	78	75	101	100	**100**	
Class size at date	84	83	103	107	**105**	
Response Rate	93%	90%	98%	93%	**95%**	

* For the Spanish portion of the Unit students were erroneously assigned the SCI-Spanish end of Semester Evaluation, instead of the Spanish Unit Evaluation.
*6-point scale

NOTE: Changes in the curricular structure meant MS2 -c2019- students had only one unit during the spring semester; we assigned the end of semester evaluation for SCI at the end of that unit. MS1 students had 3 units during spring, and so the last two Spanish course evaluations correspond to the class of 2020.

Clerkship Preparation Course

The Clerkship preparation course was offered for the first time during AY 2016-2017. There is no longitudinal data available.

Table 169: PICE course

	Mean	Percent Agreement
Class of	2019	2019
The course objectives were clear.	3.5	55
The course met its objectives.	3.7	59
The ACLS increased my sense of preparation for emergency situations.	5.3	96
The M2 OSCE was a fair assessment.	5.2	98
My Tank-side team had adequate guidance in preparing our presentation.	4.8	89
All members of my Tank-side team contributed to the presentation.	5.3	96
I understood what my self-directed learning plan was supposed to contain.	3.7	60
I got adequate guidance in improving my plan.	4.7	84
My self-directed learning plan helped me focus my STEP 1 studies.	2.8	37
I had adequate time to implement my self-directed learning plan.	3.8	62
Overall, this course helped me prepare for STEP 1.	2.9	35
Overall, I feel prepared for the MS3 clerkships.	4.0	71
N	82	
Class size at date	103	
Response Rate	80%	

M3 & M4 Curriculum

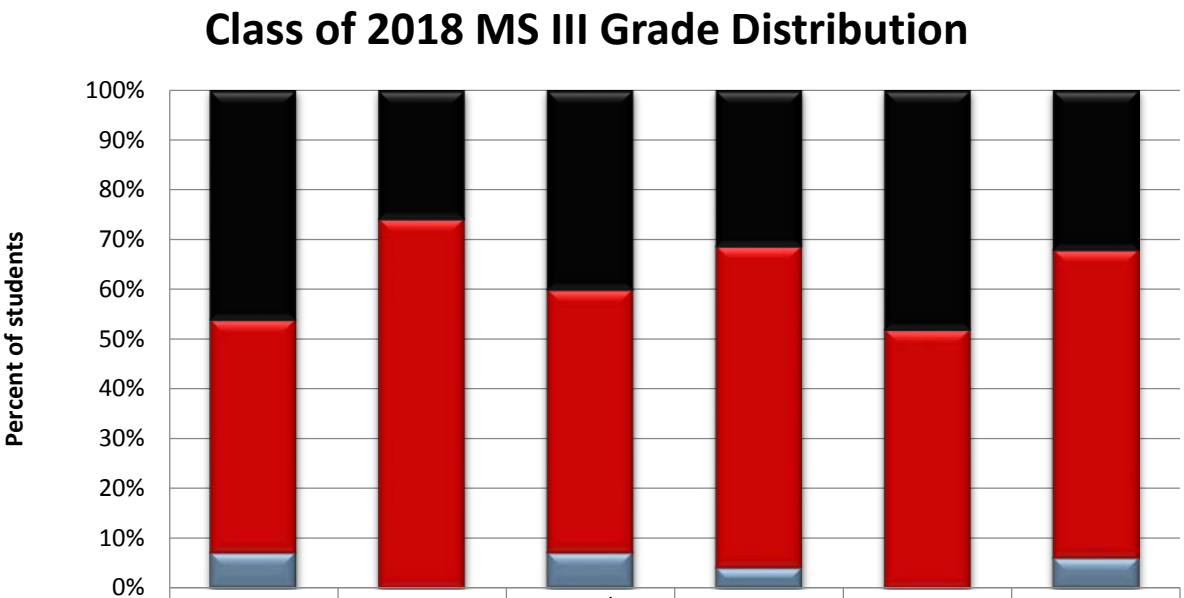
M3 Clerkships

Overall Outcomes

Final Grade Distributions

Note that with this report, source of grade distribution has changed.

Figure 32: Class of 2018 M3 Clerkship Grade Distribution



	Family Medicine	Internal Medicine	OB/ Gynecology	Pediatrics	Psychiatry	Surgery
Honors	46%	23%	40%	31%	48%	32%
Pass	47%	66%	53%	64%	52%	62%
Incomplete	7%	0%	7%	4%	0%	6%

Figure 33: Class of 2017 M3 Clerkship Grade Distribution

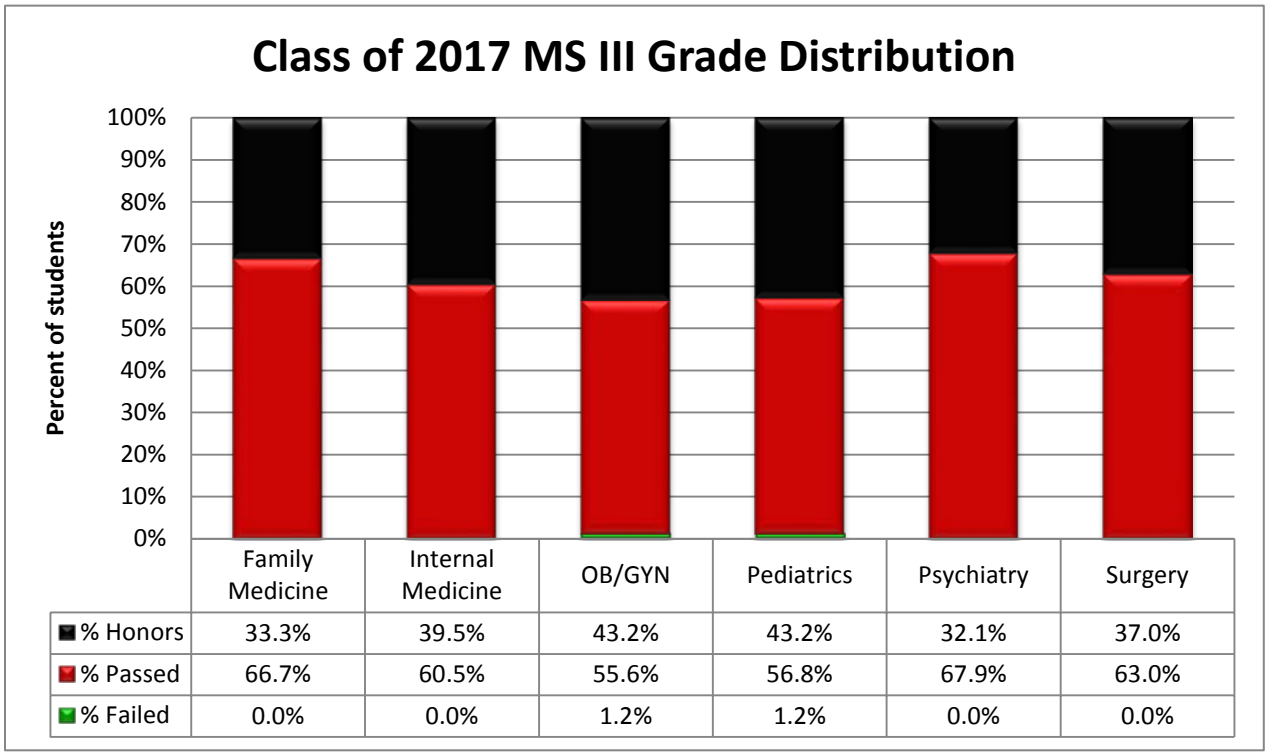
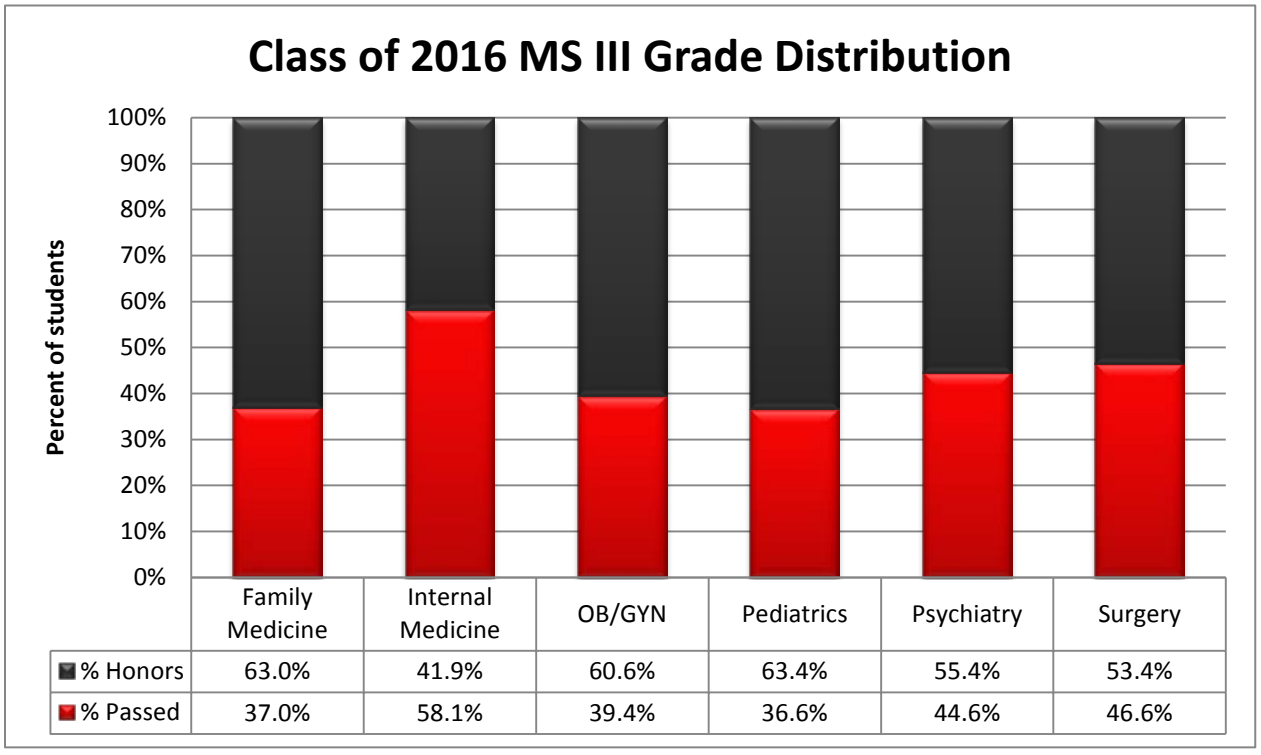


Figure 34: Class of 2016 M3 Clerkship Grade Distribution



NBME Summary Results

Shelf exams are given by the 8 required clerkships. For these exams, the NBME posts an annual report (generally available late fall the following year). The table below

Table 170: NBME Shelf Exam First Attempt Average Scores from the NBME Year-End Report

Clerkship	2011-2012 Average Score (SD)	2012-2013 Average Score (SD)	2013-2014 Average Score (SD)	2014-2015 Average Score (SD)	2015-2016 Mean Equated Percent Correct* (SD)
Family Medicine	69.8 (8.1)	73.5 (8.3)	70.5 (7.5)	77.2 (8.2)	72.4 (7.6)
Surgery	75.9 (8.8)	76.8 (9.3)	74.2 (7.5)	78.1 (8.3)	72.3 (9.4)
Internal Medicine	75.8 (7.9)	78.6 (7.7)	77.5 (8.7)	81.6 (8.1)	72.4 (9.0)
Psychiatry	80.7 (7.2)	83.0 (6.4)	81.9 (8.9)	85.4 (8.3)	76.5 (8.0)
Obstetrics/Gynecology	75.4 (8.2)	75.1 (8.8)	74.2 (9.5)	79.7 (8.9)	75.7 (8.1)
Pediatrics	77.1 (8.9)	79.4 (9.6)	76.7 (8.8)	83.1 (7.7)	76.1 (8.3)
Emergency Medicine	~	~	70.1 (6.2)	68.0 (6.7)	70.2 (7.0)
Neurology	71.0 (4.2)	75.8 (6.5)	78.2 (6.8)	77.2 (7.5)	81.1 (8.1)

* 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.

~ Annual Report unavailable for this time period

Core Clinical Science Exam (CCSE) Results

Starting in academic year2015-2016, students were offered the opportunity to take the CCSE. It was not required in academic year 2015-2016 for the students but is required for subsequent classes. There are multiple offerings of the exam in any given year. We report here results where 10 or more students took the exam both because that is where more information becomes available from the NBME and because smaller numbers of takers reduce the usefulness of the data as a measure of program successes. Given the small number of takers at any given time point, we encourage caution in interpreting the results.

Table 171: CCSE Scores for Offerings with 10 or More Sitting for the Exam

Test date	N	Mean Score	Standard Deviation	Low Score	High Score
28 Jul 2017	14	66.9	20	5	84
21 April 2017	32	73.7	8	58	90
20 April 2017	15	76.3	12.1	60	99
19 April 2017	27	75	8.9	59	89
22 Jun 2016	10	85.8	10.6	68	99
10 Jul 2016	16	85.4	10.7	60	99
15 Jul 2016	12	80.8	8	71	96

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."

Step 2 Clinical Knowledge

Table 172: Step 2 Clinical Knowledge Results

Academic Year	No. Examined	PLFSOM/National Percent Passing	PLFSOM		National Mean	
			Score and SD		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
July 2016 to July 2017	121	95/96	240	18	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 35: NBME Step 2 CK Percent Passing on First Try Trends

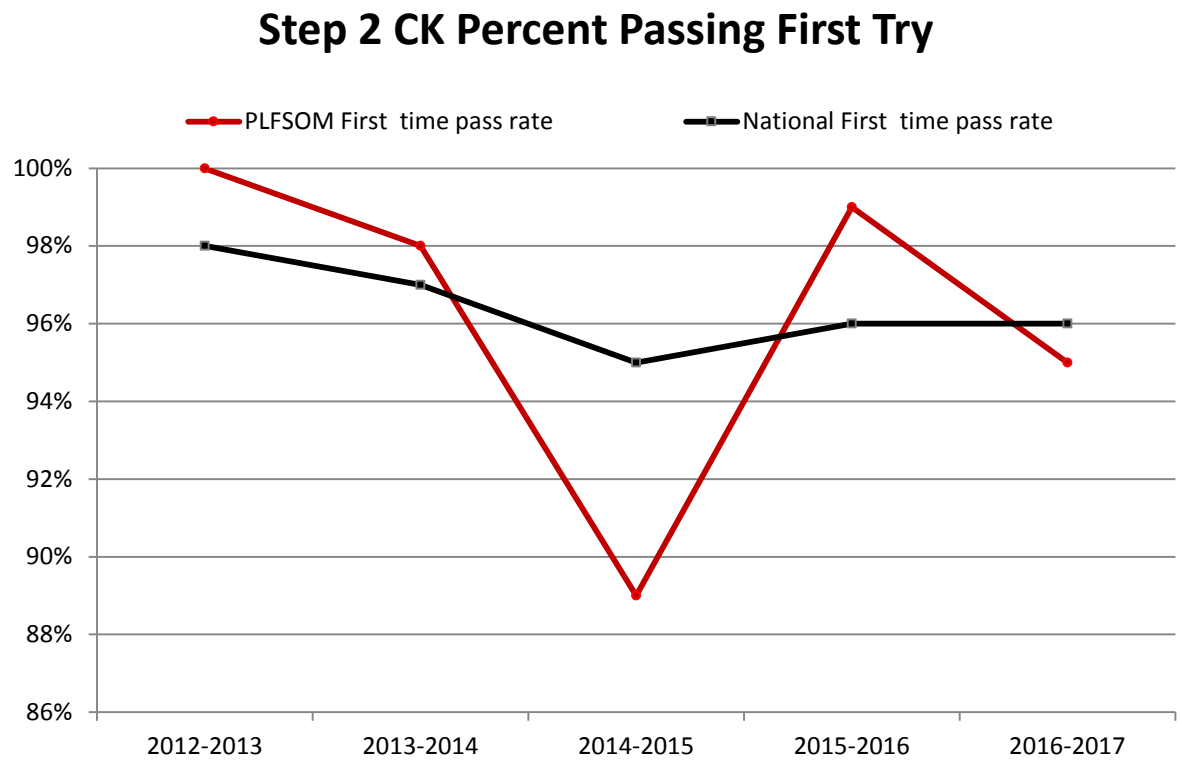
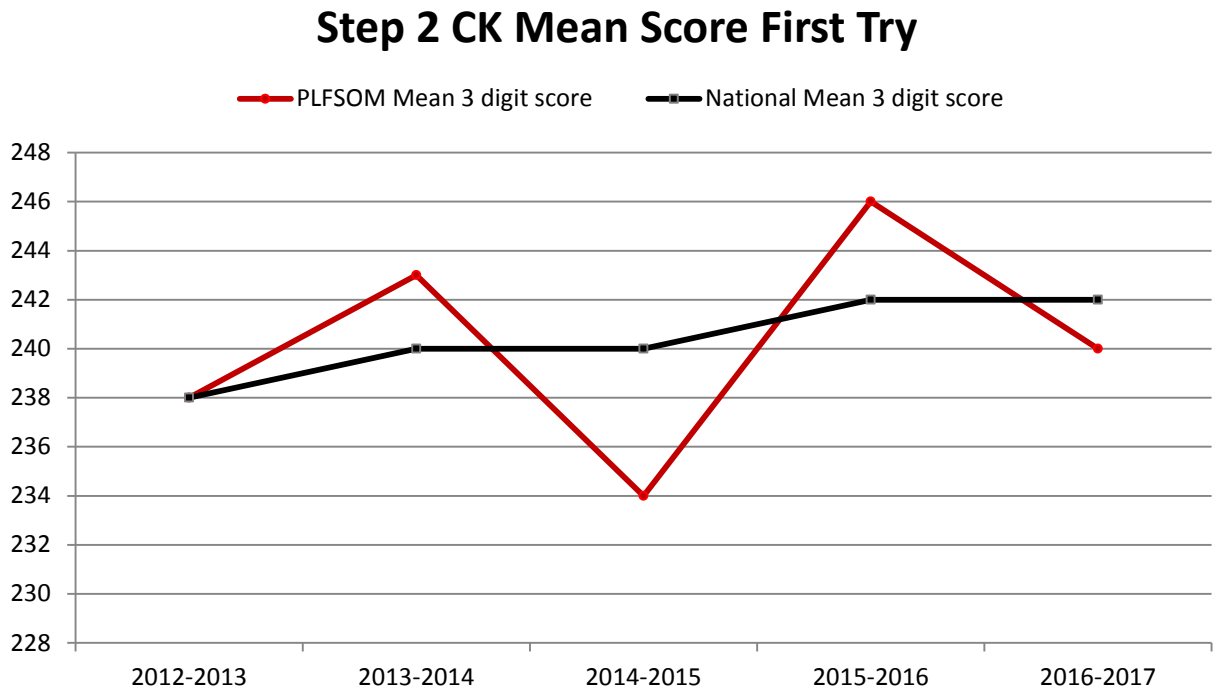


Figure 36: NBME Step 2 CK Score Trends



Phase Specific
M3 & M4 Curriculum
Outcomes

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 37: NBME Step 2 CK Score Plot 2016-2017

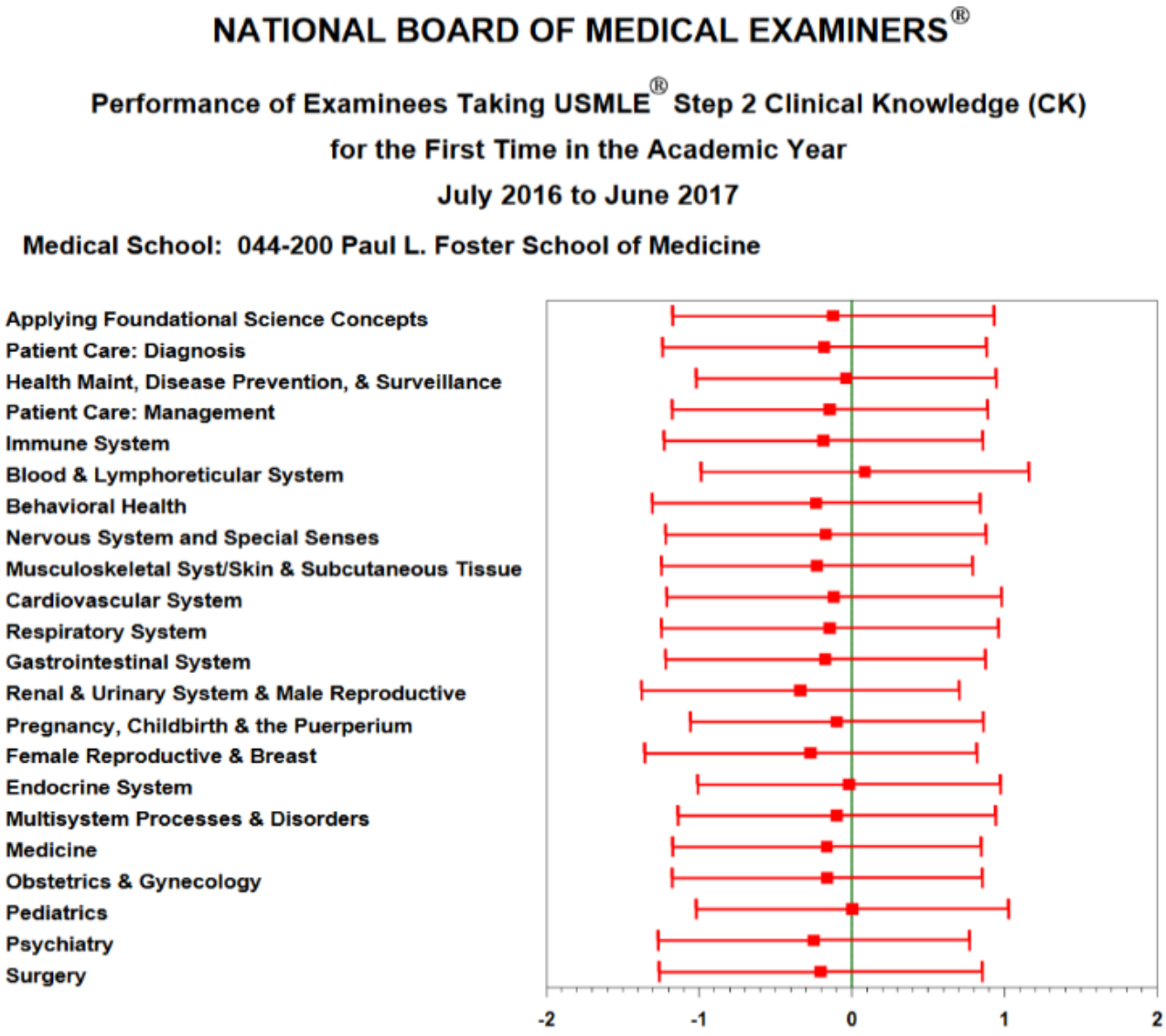


Figure 38: NBME Step 2 CK Score Plot 2015-2016

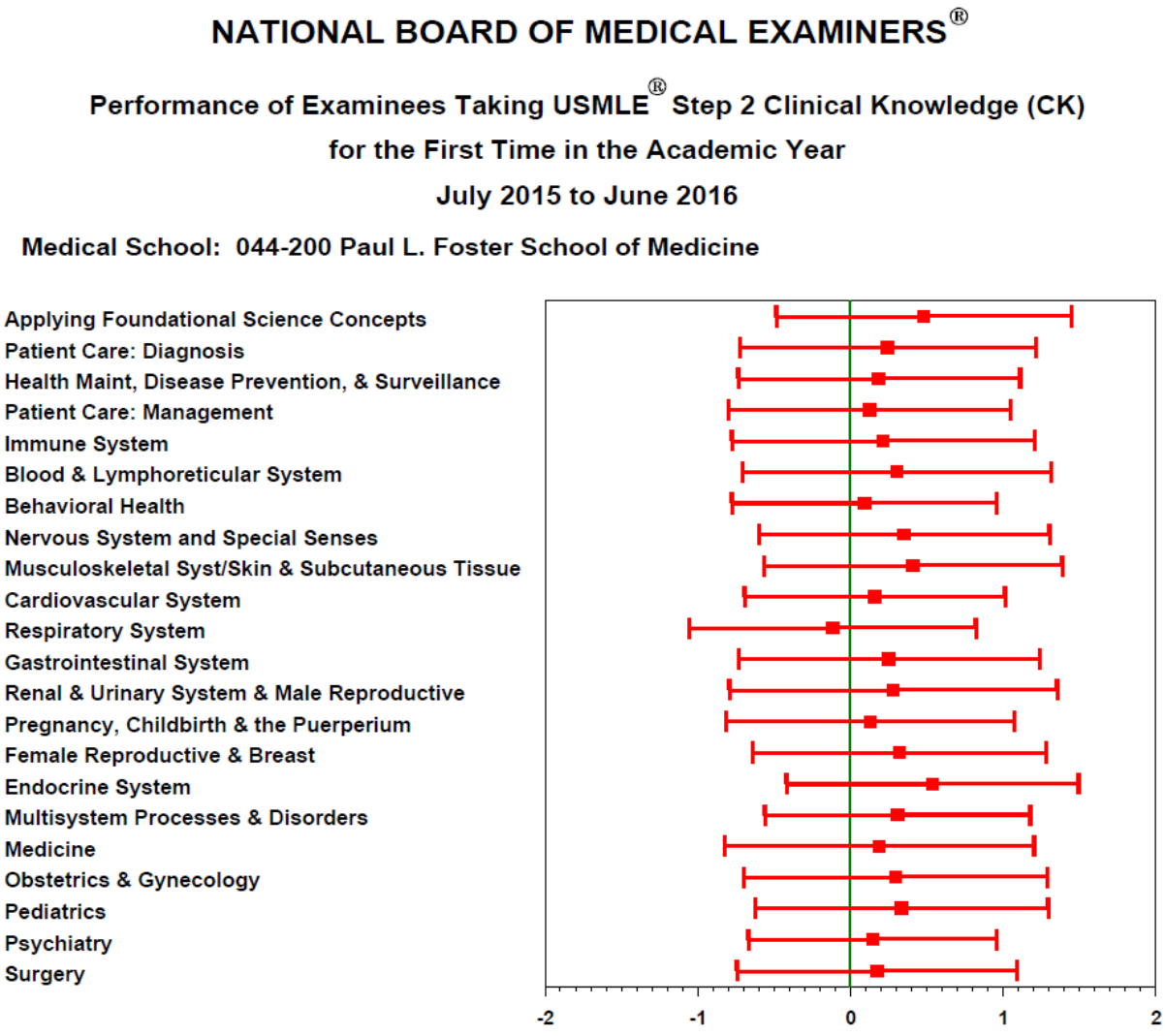


Figure 39: NBME Step 2 CK Score Plot 2014-2015

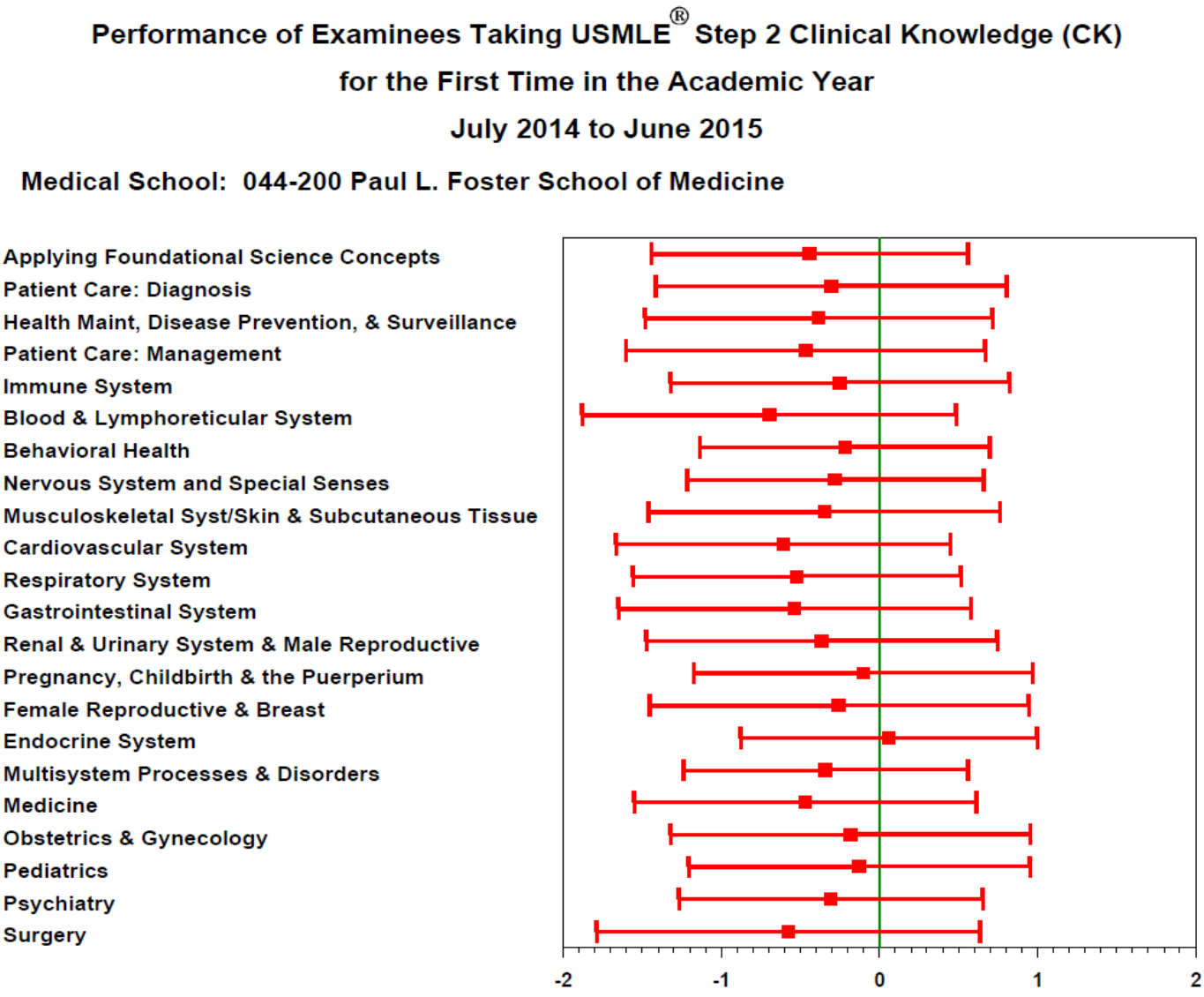
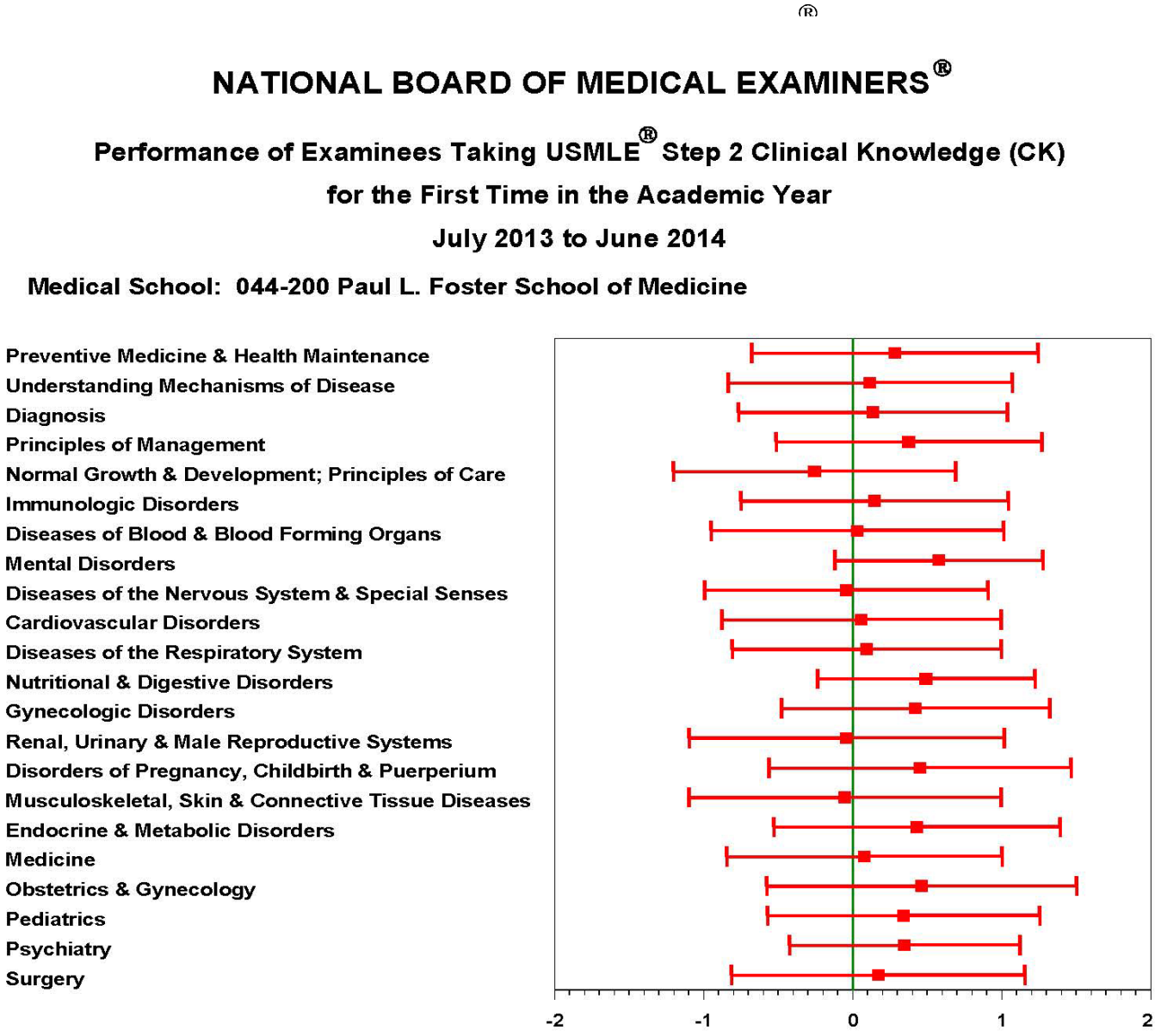


Figure 40: NBME Step 2 CK Score Plot 2013-2014



Phase Specific
M3 & M4 Curriculum
Outcomes

Step 2 Clinical Skills

Table 173: 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
AY 2013-2014	56	93/96
AY 2014-2015	103	96/96
AY 2015-2016	65	97/97
AY 2016-2017	99	97/96

Trend Lines over Time

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

Figure 174: Step 2 Clinical Skills Trend Lines

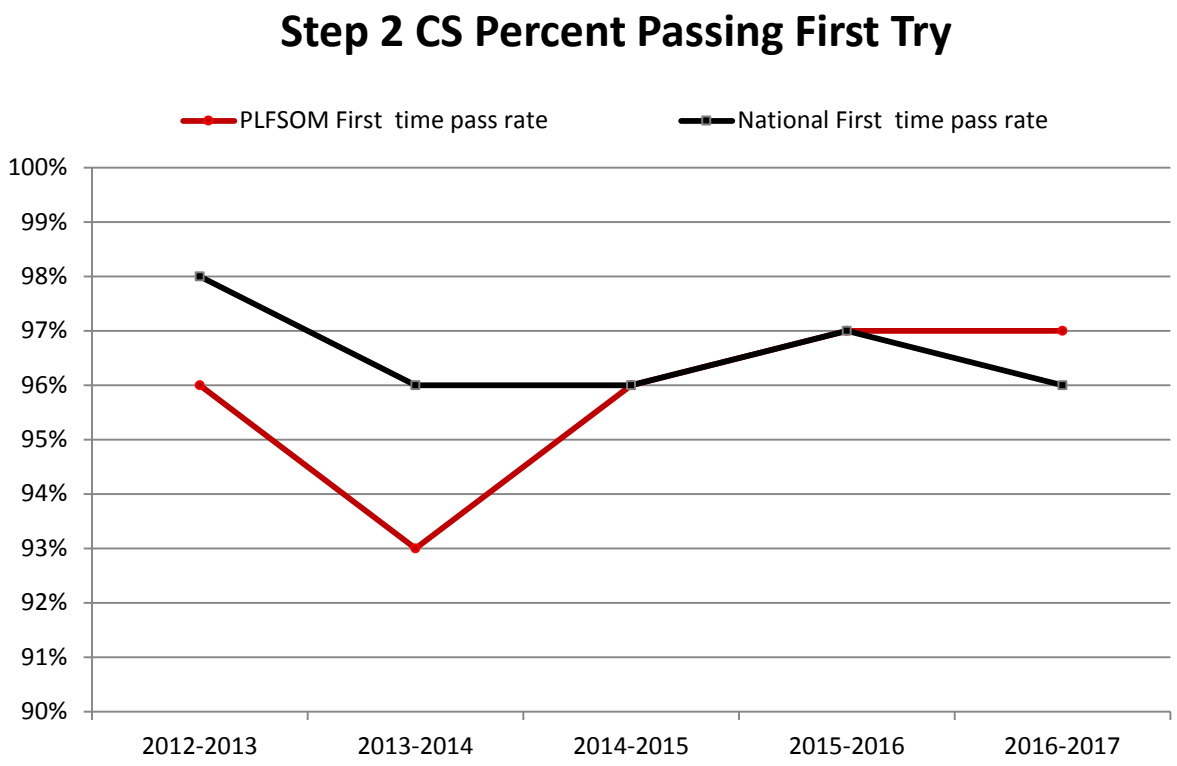


Figure 41: AY 2016-2017 Step 2 CS Performance Boxplots

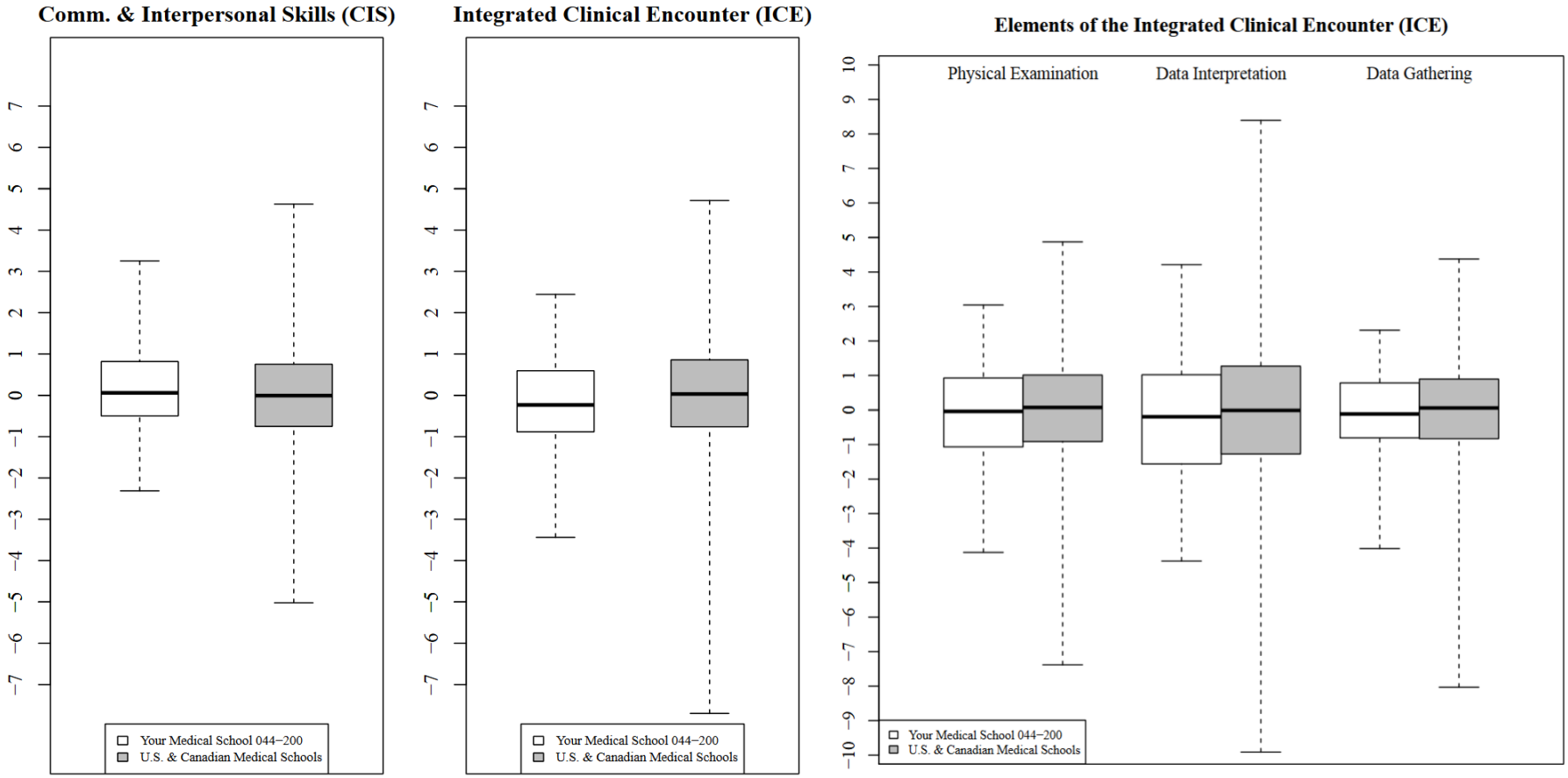


Figure 42: AY 2015-2016 Step 2 CS Performance Boxplots

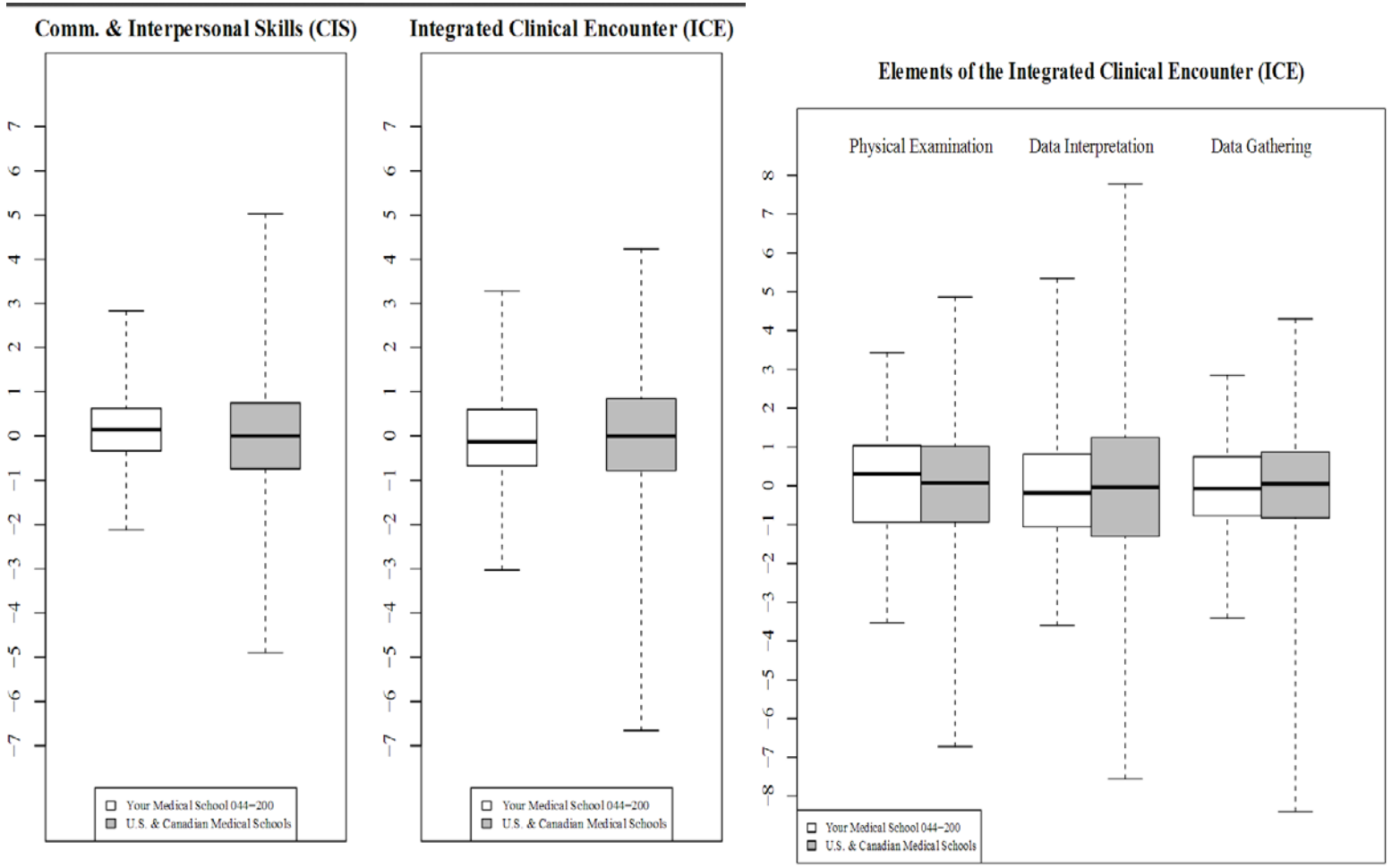


Figure 43: AY 2014-2015 Step 2 CS Performance Boxplots

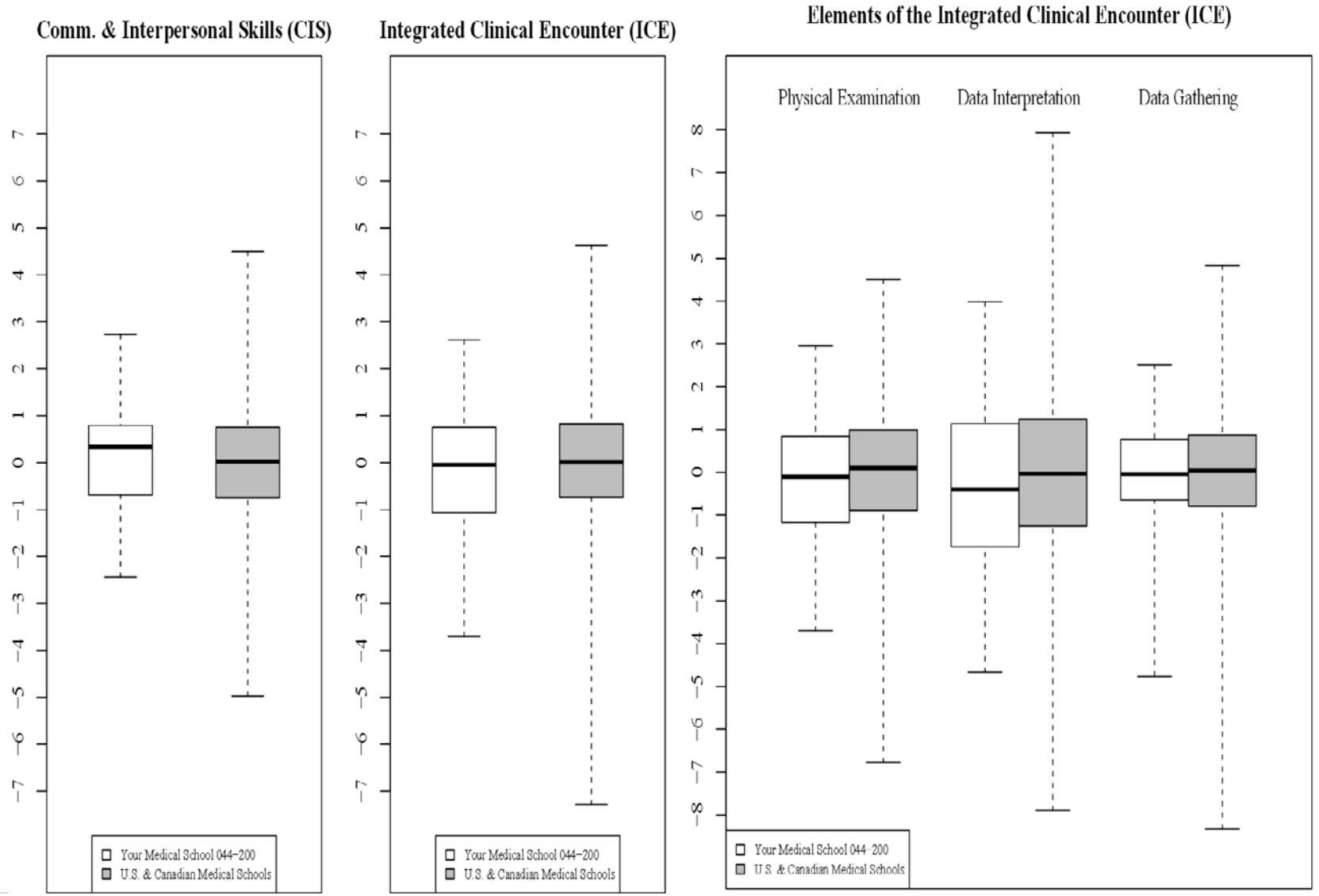
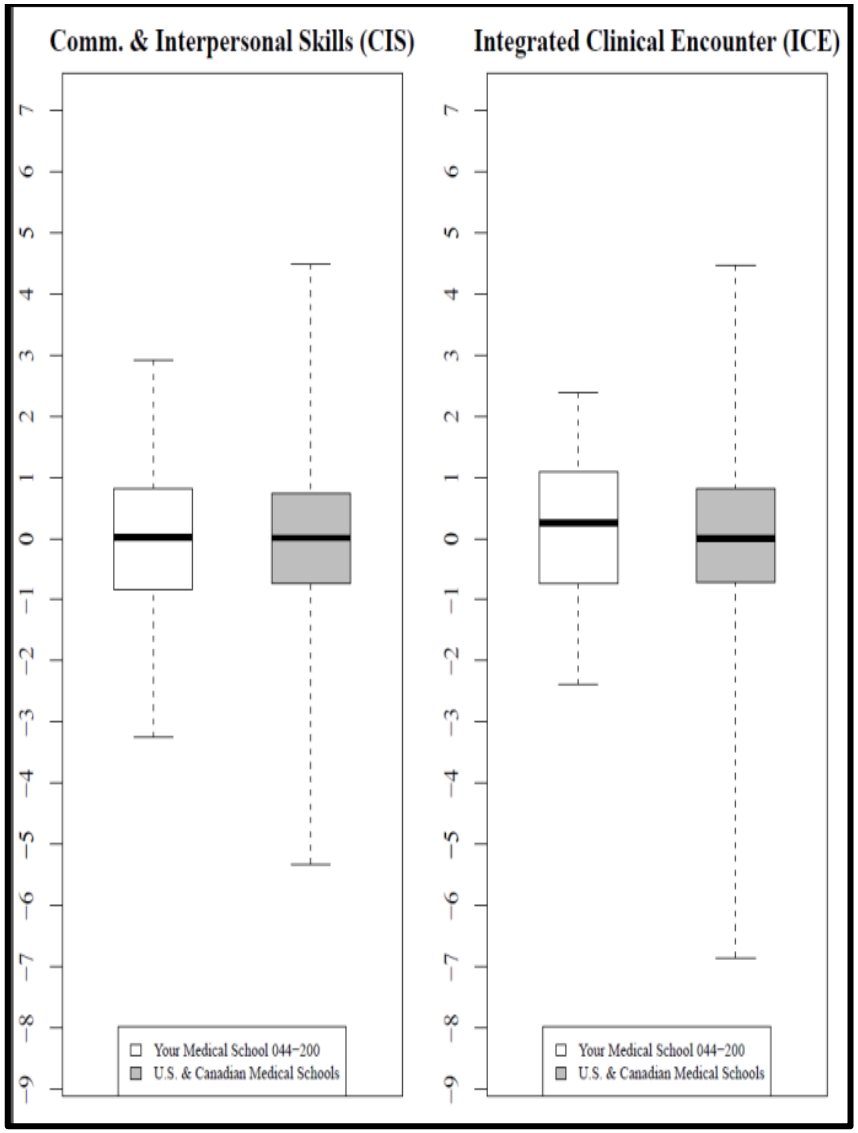


Figure 44: AY 2013-2014 Step 2 CS Performance Boxplots



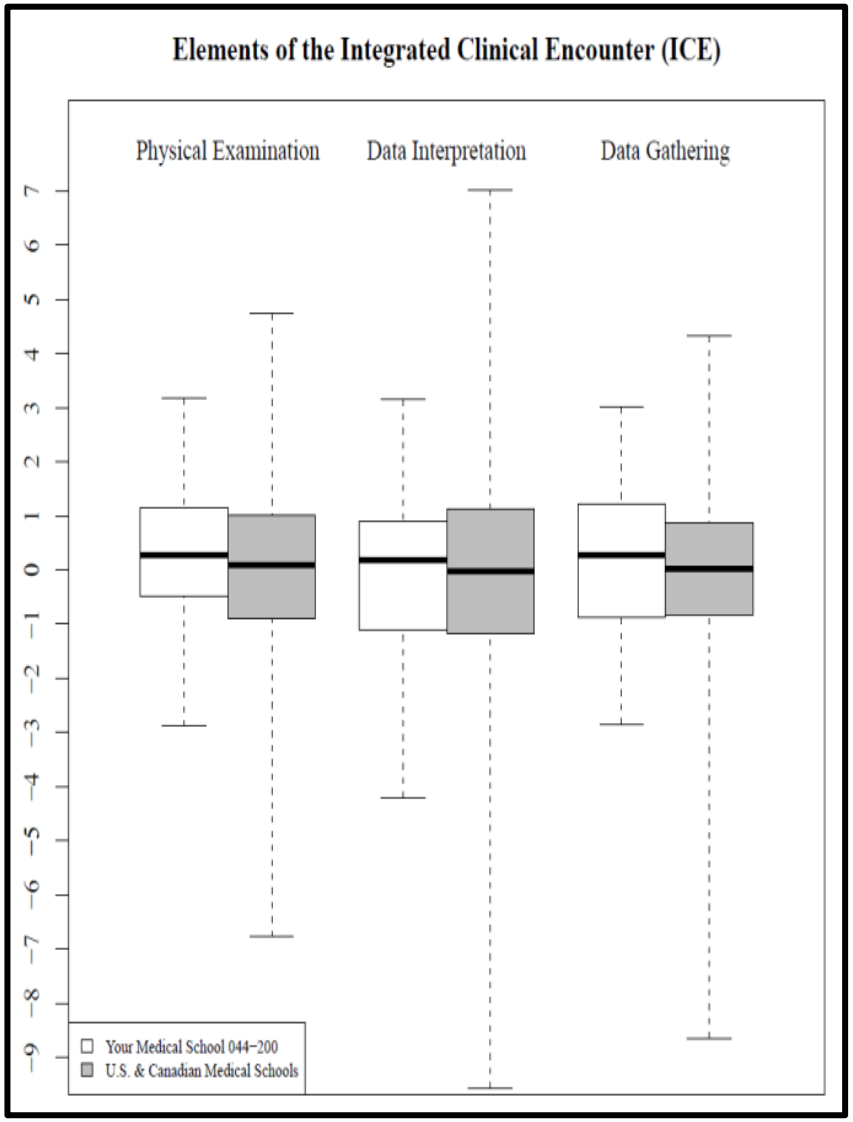
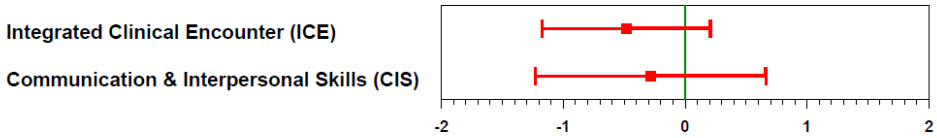


Figure 45: AY 2012-2013 Step 2 CS Performance Plot

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 Feedback

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

Table 175: Mid-Clerkship Feedback completion rate

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

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

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

The AAMC Graduate Questionnaire provides information on graduates' perception that they received mid-clerkship feedback.

Table 176: Benchmarks for AAMC GQ item were you provided with mid-clerkship feedback?

(Percent answering "Yes")	10th Percentile	25th percentile	50th percentile	75th percentile	90th percentile
Family Medicine	87.5	93.2	96.7	98.3	100.0
Internal Medicine	94.2	97.2	99.0	100.0	100.0
OB/Gynecology	84.6	92.5	96.0	98.0	100.0
Pediatrics	90.8	95.1	97.7	99.0	100.0
Psychiatry	86.6	92.3	96.5	98.2	100.0
Surgery	83.2	89.3	94.7	97.0	98.5
Emergency Medicine	Not available				
Neurology	66.7	80.5	91.4	96.1	97.6

Table 177: AAMC GQ: Were you observed taking the relevant portions of the patient history?

Percent responding Yes		Family Medicine	Internal Medicine	Obstetrics-Gynecology	Pediatrics	Psychiatry	Surgery	Neurology
All Medical Schools	2017	90	98	93.6	96.3	93.9	92	88.5
PLFSOM	2017	93.7	100	96.2	100	100	98.7	91.3
	2016	97	100	97	100	100	98.5	89.8
	2015	100	98.4	91.9	100	100	93.5	84.9
	2014	93.9	100	93.9	98	98	98	90.2

Feedback has been addressed in evaluation forms for several years, with items being adjusted to improve the quality of the resulting feedback. Starting in 2016-2017, we changed the evaluation forms to track the student perceptions of the effectiveness of mid-clerkship feedback. We have asked about sufficiency of feedback for several years. The table below reports the percent of students agreeing (an aggregate of slightly agree, agree, and strongly agree) to each of the items relating to the quality of feedback, including mid-clerkship feedback.

Table 178: Indicators of M3 Clerkship Feedback Quality

(percent agreeing)	I received* sufficient oral feedback on my performance.	I received* sufficient written feedback on my performance.	The feedback I received* helped me improve my performance.	Mid-clerkship feedback helped me identify my strengths	Mid-clerkship feedback helped me identify areas for improvement in my performance
Family Medicine	100.0%	97.5%	96.3%	92.6%	95.1%
Internal Medicine	91.1%	92.4%	93.0%	85.2%	85.2%
OB/Gynecology	71.8%	74.1%	75.3%	78.8%	85.9%
Pediatrics	95.2%	92.9%	96.4%	97.6%	97.6%
Psychiatry	87.5%	82.5%	85.0%	95.0%	92.5%
Surgery	87.8%	90.2%	90.2%	90.2%	91.5%

* These items are asked by location. Reported value is an aggregate.
Data Source: ^Clerkship Evaluations AY 2016-17 aggregated

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.

Table 179: Benchmarks for AAMC GQ item "Were you observed taking the relevant portions of the patient history?"

(Percent answering "Yes")	10th Percentile	25th percentile	50th percentile	75th percentile	90th percentile
Family Medicine	80.3	86.1	92.0	95.6	98.1
Internal Medicine	87.2	90.7	94.1	97.6	99.3
OB/Gynecology	71.4	79.1	85.4	90.1	93.5
Pediatrics	85.9	88.9	94.1	96.4	98.3
Psychiatry	85.1	90.2	94.8	97.6	98.7
Surgery	58.9	66.7	76.5	84.5	89.4
Emergency Medicine	Not available				
Neurology	61.1	74.4	84.5	89.8	95.2

Table 180: Benchmarks for AAMC GQ item "Were you observed performing the relevant portions of the patient physical or mental status exam?"

(Percent answering "Yes")	10th Percentile	25th percentile	50th percentile	75th percentile	90th percentile
Family Medicine	83.5	88.8	92.8	96.2	98.2
Internal Medicine	89.3	91.7	95.5	98.1	99.1
OB/Gynecology	84.7	87.9	92.4	94.8	96.7
Pediatrics	86.8	91.6	94.7	96.9	98.4
Psychiatry	83.6	88.6	92.9	96.9	98.4
Surgery	68.7	73.9	81.8	88.5	92.9
Emergency Medicine	Not available				
Neurology	73.2	84.6	92.1	96.0	98.2

Table 181: Evaluation results for "I was observed delivering patient care."

Percent agreement*	2011-2012	2012-2013	2013-2014	2014-2016	2015-2016	2016-2017
Family Medicine	100%	100%	91%	96%	87%	95%
Internal Medicine	89%	93%	90%	86%	91%	93%
OB/Gynecology	100%	82%	87%	91%	87%	86%
Pediatrics	96%	100%	91%	94%	94%	99%
Psychiatry	92%	93%	88%	86%	71%	86%
Surgery	78%	94%	76%	80%	76%	89%
Emergency Medicine	~	95%	98%	96%	91%	97%
Neurology	~	92%	95%	96%	91%	87%

~ Data not available this year.

- Prior to 2016-2017, percent agreement is based on those responding agree or strongly agree on a five-point scale. Starting in 2016-2017, the scale is a 6 point forced choice disagree/agree scale.

Phase Specific
M3 & M4 Curriculum
Block A

Block A – Family Medicine & Surgery

Table 182: Block A Evaluation Results

Block A Evaluation Results	AY 2012-2013			AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*		
	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.	3.6	4.0	4.2	4.0	4.0	4.1	4.1	4.2	4.1	4.1	3.7	4.1	5.1	5.1	5.3
The learning objectives were clearly identified.	3.6	4.2	4.2	3.7	4.0	3.9	4.0	4.2	4.0	3.6	3.7	3.9	5.3	5.0	5.3
The block met the identified learning objectives.	3.5	4.2	4.2	3.8	3.8	4.0	4.0	4.3	4.0	3.9	3.7	4.0	5.3	5.0	5.3
The amount of material presented during the block was reasonable.	3.8	4.1	4.3	4.0	3.8	4.1	3.9	4.3	3.8	3.8	3.8	4.1	5.3	5.0	5.4
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.2	3.9	3.6	3.1	3.2	3.7	3.7	4.0	3.6	3.6	3.4	3.7	4.9	4.7	5.4
N	16	17	13	22	24	27	21	21	27	29	32	29	24	28	30

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block A

Family Medicine

Graduate Questionnaire Data for the Clerkship

Table 183: AAMC GQ: Quality of Clerkship Experience (Historical): Family Medicine

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Family Medicine						
All Medical Schools	2017	3.7	10.6	33.1	52.6	14,690
PLFSOM	2017	3.8	10.1	40.5	45.6	79
	2016	1.5	7.5	37.3	53.7	67
	2015	1.6	3.2	27.4	67.7	62
	2014	4.1	8.2	40.8	46.9	49
	2013	0	8.6	25.7	65.7	35

NBME Shelf Exam Results

Table 184: 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.

Phase Specific
M3 & M4 Curriculum
Block A

Evaluation Results

Table 185: Family Medicine Evaluation Results

Family Medicine Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 had enough patient management opportunities.	4.4	4.0	4.4	3.9	4.5	4.3	4.4	4.3	4.1	5.4	5.4	5.6	**98**
I was observed delivering patient care.	4.6	4.0	4.3	4.2	4.7	4.2	4.1	4.2	4.1	5.0	5.1	5.6	**94**
I had appropriate exposure to ambulatory patients.	4.5	4.3	4.3	4.2	4.7	4.4	4.3	4.3	4.1	5.4	5.4	5.7	**98**
Duty hour policies were adhered to strictly.	4.6	4.3	4.5	4.4	4.7	4.4	4.5	4.4	4.3	5.3	5.3	5.8	**98**
I received sufficient oral feedback on my performance.	3.8	4.0	4.1	4.2	4.2	4.3	4.2	3.9	3.8	5.2	5.1	5.6	**99**
I received sufficient written feedback on my performance.	4.0	4.0	4.0	4.1	4.6	4.3	4.0	4.1	3.9	5.2	5.1	5.4	**96**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	4.3	4.2	3.9	5.2	5.3	5.5	**95**
Mid-clerkship feedback helped me identify my strengths	-	-	-	-	-	-	-	-	-	5.2	5.1	5.2	**91**
Mid-clerkship feedback helped me identify areas for improvement in my performance	-	-	-	-	-	-	-	-	-	5.1	5.1	5.3	**94**
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	4.1	4.3	3.9	5.3	5.2	5.8	**95**

Phase Specific
M3 & M4 Curriculum
Block A

Family Medicine Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 received sufficient supervision during my clinical interactions.	4.5	4.1	4.4	4.3	4.6	4.2	4.3	4.2	4.1	5.1	5.3	5.8	**98**
The clerkship provided appropriate preparation for the shelf exam.	3.2	3.4	3.7	3.3	4.2	3.8	3.6	3.6	3.6	4.8	4.6	5.1	**84**
The first two years of Medical School adequately prepared me for the clerkship.										5.1	4.8	5.3	**93**
I used Spanish frequently in this rotation	-	-	-	4.1	4.4	4.3	4.5	4.2	4.2	5.3	5.4	5.8	**98**
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	4.9	5.1	5.1	**91**
Overall, I learned useful knowledge and/or skills.	4.4	4.3	4.3	4.4	4.6	4.4	4.4	4.4	4.3	5.5	5.4	5.9	**99**
N	22	23	26	22	21	27	29	32	28	24	28	30	**82**

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block A

Surgery

Graduate Questionnaire Data for the Clerkship

Table 186: AAMC GQ: 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	2017	5.1	12.5	34.7	47.7	15,357
PLFSOM	2017	5.1	10.1	46.8	38.0	79
	2016	10.4	25.4	29.9	34.3	67
	2015	16.1	17.7	25.8	40.3	62
	2014	8.2	14.3	38.8	38.8	49
	2013	2.9	22.9	42.9	31.4	35

NBME Shelf Exam Results

Table 187: 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.

Phase Specific
M3 & M4 Curriculum
Block A

Scores by location

Table 188: 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 189: 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 190: 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 191: 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	

Phase Specific
M3 & M4 Curriculum
Block A

Student Level of Responsibility for Diagnostic Categories		
UMC	13.28	44.83
William Beaumont Army Medical Center	15.28	26.25

Table 192: 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 193: 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

Phase Specific
M3 & M4 Curriculum
Block A

Evaluation Results

Table 194: Surgery Evaluation Results

Surgery Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 had enough patient management opportunities.	3.9	3.7	3.6	3.6	3.9	3.6	3.9	4.0	4.0	5.3	5.1	5.3	**96**
I was observed delivering patient care.	4.1	3.8	4.0	3.9	4.1	3.7	4.0	3.9	3.9	4.6	5.0	5.3	**94**
I had appropriate exposure to ambulatory patients.	4.3	4.1	3.7	3.7	4.0	3.7	4.1	4.0	4.1	5.1	-	-	**79**
Duty hour policies were adhered to strictly.	4.6	4.0	4.1	4.1	4.3	4.2	3.8	4.2	4.0	4.6	5.2	5.2	**90**
I received sufficient oral feedback on my performance.	3.8	3.1	3.6	3.4	4.1	4.0	3.9	3.8	3.9	4.8	4.8	5.3	**93**
I received sufficient written feedback on my performance.	4.0	2.8	3.6	3.5	4.0	4.0	4.0	3.7	3.9	4.9	4.9	5.1	**88**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	4.0	3.7	3.9	4.9	4.8	5.3	**89**
Mid-clerkship feedback helped me identify my strengths										4.7	4.9	4.8	**91**

Phase Specific
M3 & M4 Curriculum
Block A

Surgery Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	
Mid-clerkship feedback helped me identify areas for improvement in my performance										4.7	4.9	4.9	**95**
I was given sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	4.0	4.1	4.0	5.0	5.0	5.4	**96**
I received sufficient supervision during my clinical interactions.	4.2	3.9	4.2	3.5	4.1	3.8	4.2	3.9	4.0	4.8	5.0	5.4	**85**
The clerkship provided appropriate preparation for the shelf exam.	3.8	3.0	3.2	2.9	3.8	3.3	3.6	3.4	3.7	4.7	4.2	4.9	**82**
The first two years of Medical School adequately prepared me for the clerkship										4.5	4.3	4.8	**89**
I used Spanish frequently in this rotation	-	-	-	3.7	3.6	3.6	3.9	3.5	3.3	4.9	5.1	5.2	**89**
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	4.5	5.0	4.9	**91**
Overall, I learned useful knowledge and/or skills.	4.4	4.0	4.2	4.2	4.3	4.3	4.5	4.2	4.3	5.2	5.3	5.6	**96**
N	22	24	27	21	21	27	29	32	29	24	28	30	**82**

*6-point scale

Block B – Internal Medicine & Psychiatry

Table 195: Block B Evaluation Results

Block B Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*		
	Block 1	Block 1	Block 2	Block 3	Block 1	Block 1	Block 2	Block 3	Block 1	Block 1	Block 2	Block 3
This block was well organized.	4.1	3.4	4.2	4.3	4.1	3.4	4.2	4.3	4.1	5.1	4.7	5.4
The learning objectives were clearly identified.	3.6	3.6	4.1	4.3	3.6	3.6	4.1	4.3	3.6	5.0	4.8	5.5
The block met the identified learning objectives.	3.7	3.6	4.2	4.3	3.7	3.6	4.2	4.3	3.7	5.0	4.7	5.4
The amount of material presented during the block was reasonable.	4.0	3.6	4.2	4.3	4.0	3.6	4.2	4.3	4.0	5.0	4.6	5.0
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.8	2.9	3.5	3.8	3.8	2.9	3.5	3.8	3.8	4.4	4.8	5.0
N	25	14	16	15	25	14	16	15	25	27	28	28

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block B

Internal Medicine

Graduate Questionnaire Data for the Clerkship

Table 196: AAMC GQ: Quality of Clerkship Experience (Historical): Internal Medicine

Rate the quality of your educational experiences in the following clerkships.		Poor	Fair	Good	Excellent	Count
Internal Medicine						
All Medical Schools	2017	1.7	7.0	28.4	62.8	15,354
PLFSOM	2017	0.0	7.6	35.4	57.0	79
	2016	3	17.9	38.8	40.3	67
	2015	1.6	11.3	37.1	50	62
	2014	2	4.1	38.8	55.1	49
	2013	5.7	5.7	40	48.6	35

NBME Shelf Exam Results

Table 197: 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 198: 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

Phase Specific
M3 & M4 Curriculum
Block B

Fails by location

Table 199: 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 200: 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
The Hospitals of Providence	N/A	46.67

Table 201: 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

Phase Specific
M3 & M4 Curriculum
Block B

Table 202: Student Level of Responsibility 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 203: 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

Phase Specific
M3 & M4 Curriculum
Block B

Evaluation Results

Table 204: Internal Medicine Evaluation Results

Internal Medicine Evaluation results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 had enough patient management opportunities.	4.3	4.4	4.1	4.3	4.1	4.3	4.5	4.3	4.3	5.2	5.1	5.6	**96**
I was observed delivering patient care.	4.2	4.3	4.1	4.2	4.2	4.2	4.3	4.2	4.3	4.8	5.0	5.6	**91**
I had appropriate exposure to ambulatory patients.	4.1	4.3	4.1	4.3	4.3	3.9	4.1	4.2	4.1	5.0	-	-	**92**
Duty hour policies were adhered to strictly.	4.1	4.0	4.1	4.0	3.9	4.0	4.3	4.0	4.1	5.0	4.7	5.5	**90**
I received sufficient oral feedback on my performance.	3.8	4.0	4.1	3.8	4.0	3.8	4.3	4.2	4.2	4.7	4.6	5.4	**91**
I received sufficient written feedback on my performance.	4.0	4.1	3.8	3.8	3.8	3.8	4.3	4.3	4.2	4.7	4.6	5.3	**88**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	4.2	4.3	4.2	4.9	4.6	5.3	**89**
Mid-clerkship feedback helped me identify my strengths										4.6	4.4	4.8	**84**
Mid-clerkship feedback helped me identify areas for improvement in my performance										4.6	4.4	4.7	**84**
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	4.5	4.4	4.2	5.2	4.9	5.4	**93**

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Internal Medicine Evaluation results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 received sufficient supervision during my clinical interactions.	4.0	4.3	4.4	4.0	3.7	4.3	4.2	4.3	4.3	4.9	5.1	5.4	**93**
The clerkship provided appropriate preparation for the shelf exam.	3.3	3.7	3.6	4.0	3.7	4.0	3.8	3.9	4.0	4.3	3.9	4.6	**76**
The first two years of Medical School adequately prepared me for the clerkship.										4.5	4.4	4.7	**84**
I used Spanish frequently in this rotation.	-	-	-	4.1	4.3	4.1	4.4	4.2	4.1	4.8	5.0	5.4	**91**
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	4.4	4.8	5.2	**90**
Overall, I learned useful knowledge and/or skills.	4.5	4.3	4.3	44	4.5	4.4	4.4	4.4	4.3	5.1	5.0	5.5	**95**
N	25	24	23	24	27	22	32	30	30	26	28	28	**82**

*6-point scale

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M3 & M4 Curriculum
Block B

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 205: AAMC GQ: 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	2017	2.9	9.8	34.1	53.2	15,349
PLFSOM	2017	3.8	10.1	48.1	38.0	79
	2016	1.5	13.4	35.8	49.3	67
	2015	1.6	6.5	33.9	58.1	62
	2014	2	12.2	36.7	49	49
	2013	0	2.9	8.6	88.6	35

NBME Shelf Exam Results

Table 206: 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 207: Scores by Location

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

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	EPPC	Peak	EPBH
AY 2015-2016	75.37	78.25	75.47

Fails by location

Table 208: Fails by Location

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

OpLog Data

Table 209: 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 210: 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 211: 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 212: 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

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Evaluation Results

Table 213: Psychiatry Evaluation Results

Psychiatry Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 had enough patient management opportunities.	4.2	4.1	3.9	4.3	4.0	3.7	4.1	4.2	4.1	4.6	4.8	4.8	**84**
I was observed delivering patient care.	4.2	4.0	4.0	4.0	4.1	3.6	4.0	3.6	3.8	4.4	4.7	5.1	**85**
I had appropriate exposure to ambulatory patients.	4.3	4.2	3.9	4.4	4.2	4.0	4.4	4.0	4.2	4.4	5.0	5.3	**88**
Duty hour policies were adhered to strictly.	4.4	4.5	4.1	4.1	4.3	4.1	4.3	4.1	4.2	4.9	5.3	5.5	**91**
I received sufficient oral feedback on my performance.	3.9	4.1	4.1	3.8	3.8	3.6	3.9	3.7	3.7	4.3	5.0	5.2	**86**
I received sufficient written feedback on my performance.	4.2	4.0	3.9	3.6	3.4	3.5	3.8	3.6	3.7	4.3	4.8	5.0	**81**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	3.9	3.7	3.8	4.3	4.9	5.1	**84**
Mid-clerkship feedback helped me identify my strengths										4.8	5.0	5.3	**94**
Mid-clerkship feedback helped me identify areas for improvement in my performance										4.9	5.0	5.3	**91**
I was given a sufficient amount of autonomy during my clinical interactions.	-	-		-	-	-	4.2	4.2	4.1	5.2	4.9	4.9	**90**

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M3 & M4 Curriculum
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Psychiatry Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 received sufficient supervision during my clinical interactions.	4.4	4.2	4.0	4.2	4.3	3.7	4.0	3.6	3.7	4.3	4.9	5.3	**86**
The clerkship provided appropriate preparation for the shelf exam.	3.9	4.0	3.9	4.1	4.0	3.8	3.9	3.8	4.0	4.7	4.8	5.2	**90**
The first two years of Medical School adequately prepared me for the clerkship.										5.1	5.0	5.3	**94**
I used Spanish frequently in this rotation.	-	-	-	3.4	3.7	3.5	3.9	3.3	3.7	4.0	4.9	4.8	**73**
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	4.1	4.7	4.8	**75**
Overall, I learned useful knowledge and/or skills.	4.4	4.4	4.1	4.4	4.3	3.9	4.3	4.1	4.1	5.2	5.3	5.4	**96**
N	25	24	23	23	27	22	32	30	21	27	28	26	**81**

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block C

Block C – Obstetrics/Gynecology & Pediatrics

Table 214: Block C Evaluation Results

Block C Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*		
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3
This block was well organized.	4.1	3.9	3.8	3.7	4.1	3.9	3.5	4.0	3.7	5.2	5.2	5.2
The learning objectives were clearly identified.	4.0	4.2	4.1	3.8	4.1	4.1	3.9	4.0	3.7	5.3	5.4	5.1
The block met the identified learning objectives.	4.0	4.3	4.2	4.0	4.1	4.0	3.8	4.1	3.8	5.3	5.3	5.1
The amount of material presented during the block was reasonable.	4.2	4.3	4.2	4.0	4.0	4.0	4.1	3.9	3.7	5.1	5.0	4.9
Shared learning experiences between the two disciplines in this block contributed to my understanding of clinical medicine.	3.6	4.2	4.0	4.0	4.1	4.1	3.9	4.0	3.7	5.1	5.1	5.1
The mother/newborn continuity experience was a useful learning experience	-	-	-	3.9	3.7	3.9	3.9	4.1	-	5.1	4.8	4.9
N	25	25	22	26	21	21	29	32	36	24	32	29

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block C

Obstetrics/Gynecology

Graduate Questionnaire Data for the Clerkship

Table 215: 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						
All Medical Schools	2017	6.5	14.0	33.9	45.5	15,361
PLFSOM	2017	0.0	12.7	49.4	38.0	79
	2016	1.5	7.5	29.9	61.2	67
	2015	1.6	9.7	37.1	51.6	62
	2014	6.1	10.2	32.7	51	49
	2013	2.9	14.3	22.9	60	35

NBME Shelf Exam Results

Table 216: 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.

Phase Specific
M3 & M4 Curriculum
Block C

Evaluation Results

Table 217: OB/Gyn Evaluation Results

Obstetrics/Gynecology Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 had enough patient management opportunities.	4.4	4.1	4.1	3.7	4.2	3.8	3.9	4.1	4.2	4.2	4.5	5.0	**88**
I was observed delivering patient care.	4.4	4.2	4.1	4.2	4.2	4.1	4.0	4.2	4.2	4.2	4.7	5.1	**87**
I had appropriate exposure to ambulatory patients.	4.3	4.4	4.3	4.1	4	4.1	3.9	4.1	4.3	4.4	4.9	5.0	**86**
Duty hour policies were adhered to strictly.	3.9	4.4	4.2	4.3	4.1	4.1	3.3	4.3	4.3	4.5	4.6	4.3	**74**
I received sufficient oral feedback on my performance.	3.9	3.9	3.9	4	4.1	3.8	3.6	4.1	3.9	3.9	3.8	4.4	**72**
I received sufficient written feedback on my performance.	3.7	3.9	3.7	3.9	3.8	3.6	3.6	3.9	3.9	3.7	3.7	4.5	**74**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	3.9	4.1	4.2	3.9	4.1	4.6	**75**
Mid-clerkship feedback helped me identify my strengths	-	-	-	-	-	-	-	-	-	4.3	4.1	4.6	**79**
Mid-clerkship feedback helped me identify areas for improvement in my performance	-	-	-	-	-	-	-	-	-	4.0	4.1	4.6	**86**
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	4.0	4.0	3.9	4.0	4.3	4.9	**87**

Phase Specific
M3 & M4 Curriculum
Block C

Obstetrics/Gynecology Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 received sufficient supervision during my clinical interactions.	4.3	4	4.2	4.3	4.3	3.9	4.1	4.2	4.2	4.4	4.5	5.0	**91**
The clerkship provided appropriate preparation for the shelf exam.	3.7	3.9	3.8	3.8	4	4.1	4.0	3.9	3.8	4.3	4.1	4.5	**85**
The first two years of Medical School adequately prepared me for the clerkship.	-	-	-	-	-	-	-	-	-	4.5	4.1	4.9	**86**
I used Spanish frequently in this rotation.	-	-	-	4.8	4.3	4.5	4.5	4.4	4.2	5.3	5.3	5.6	**89**
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	5.0	4.4	5.2	**82**
Overall, I learned useful knowledge and/or skills.	4.5	4.5	4.2	4.5	4.5	4.1	4.4	4.3	4.4	4.8	4.9	5.4	**92**
N	25	26	22	25	21	21	29	32	36	24	32	29	**85**

*6-point scale

Phase Specific
M3 & M4 Curriculum
Block C

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 218: 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	2017	3.2	10.5	33.7	52.6	15,364
	2017	0.0	5.1	38.0	57.0	79
PLFSOM	2016	0	7.6	21.2	71.2	66
PLFSOM	2015	0	8.1	32.3	59.7	62
PLFSOM	2014	8.3	14.6	29.2	47.9	48
PLFSOM	2013	14.3	20	28.6	37.1	35

NBME Shelf Exam Results

Table 219: 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.

Phase Specific
M3 & M4 Curriculum
Block C

Evaluation Results

Table 220: Pediatric Evaluation Results

Pediatric Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	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 Individual Learning Plan was a useful learning experience.	-	-	-	-	4.1	4.3	4.2	4.4	4.4	5.3	5.2	5.0	**94**
The telephone medicine curriculum is a useful learning experience.	-	-	-	-	4.1	3.8	4.1	3.9	3.8	5.3	5.1	5.0	**99**
The group "transparent" OSCE is a useful learning experience.	-	-	-	-	4.2	3.8	4.3	3.9	4.0	5.3	5.4	5.0	**98**
I had enough patient management opportunities.	4.3	4.5	4.1	4.3	4.3	4.2	4.3	4.3	4.1	5.2	5.4	5.2	**98**
I was observed delivering patient care.	4.3	4.5	4.3	4.2	4.4	4.2	4.4	4.4	4.3	5.4	5.3	5.2	**98**
I had appropriate exposure to ambulatory patients.	4.4	4.4	4.1	4.3	4.3	4.4	4.4	4.3	4.2	5.4	5.4	5.2	**98**
Duty hour policies were adhered to strictly.	4.3	4.7	4.3	4.4	4.1	4.4	4.4	4.3	4.3	5.2	5.3	5.2	**95**
I received sufficient oral feedback on my performance.	4.0	4.1	4.2	4.1	4.4	4.2	4.2	4.2	4.2	5.0	5.1	5.1	**94**
I received sufficient written feedback on my performance.	4.0	4.2	3.9	4.2	4.4	4.1	4.1	4.0	4.2	5.0	5.1	5.0	**92**
The feedback I received helped me improve my performance.	-	-	-	-	-	-	4.2	4.1	4.0	5.0	5.1	5.1	**95**

Phase Specific
M3 & M4 Curriculum
Block C

Pediatric Evaluation Results	AY 2013-2014			AY 2014-2015			AY 2015-2016			AY 2016-2017*			AY 2016-2017 Percentage Agreement for all 3 Blocks
	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	Block 1	Block 2	Block 3	
Mid-clerkship feedback helped me identify my strengths										5.1	5.2	5.1	**96**
Mid-clerkship feedback helped me identify areas for improvement in my performance										4.9	5.2	5.1	**96**
I was given a sufficient amount of autonomy during my clinical interactions.	-	-	-	-	-	-	4.3	4.3	4.2	5.0	5.4	5.1	**95**
I received sufficient supervision during my clinical interactions.	4.4	4.5	4.2	4.3	4.4	4.2	4.4	4.4	4.3	5.2	5.4	5.1	**98**
The clerkship provided appropriate preparation for the shelf exam.	3.5	3.6	3.8	3.9	3.9	4.0	3.8	4.0	3.7	4.8	4.7	4.6	**86**
The first two years of Medical School adequately prepared me for the clerkship.										4.8	4.6	4.8	**87**
I used Spanish frequently in this rotation.	-	-	-	4.7	4.4	4.2	4.5	4.2	4.1	5.5	5.1	5.2	**93**
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	5.3	4.5	5.1	**89**
Overall, I learned useful knowledge and/or skills.	4.4	4.6	4.3	4.5	4.4	4.4	4.4	4.4	4.2	5.3	5.4	5.2	**99**
N	25	26	22	26	19	22	29	32	35	24	31	29	**85**

*6-point scale

M4 Required Courses

Emergency Medicine

Graduate Questionnaire Data for the Clerkship

Table 221: AAMC GQ: 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	2017	3.1	9.2	32.1	55.5	10,996
PLFSOM	2017	2.8	4.2	35.2	57.7	71
	2016	0	3.4	34.5	62.1	58
	2015	0	1.8	23.6	74.5	55
	2014	2.4	0	24.4	73.2	41
	2013	0	6.1	15.2	78.8	33

NBME Shelf Exam Results

Table 222: NBME Shelf Exam Results

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

Evaluation results

Table 223: Emergency Medicine Evaluation Results

Emergency Medicine Evaluation Results	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.8	4.6	4.5	5.8	**99**
The learning objectives were clearly identified.	4.7	4.5	4.5	5.8	**100**
The clerkship met the identified learning objectives.	4.7	4.5	4.5	5.7	**100**
The first three years of medical school adequately prepared me for this clerkship.	4.5	4.4	4.6	5.6	**99**

Emergency Medicine Evaluation Results	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
I am familiar with the needle stick policy	-	-	-	5.7	**96**
The amount of material presented was reasonable.	4.6	4.4	4.6	5.6	**99**
Duty hours were adhered to strictly.	4.7	4.4	4.5	5.5	**100**
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.0	4.5	5.6	**100**
I had enough patient management opportunities.	4.7	4.6	4.5	5.7	**100**
I had appropriate exposure to ambulatory patients.	4.7	4.6	4.6	5.6	**100**
I was observed delivering patient care.	4.7	4.4	4.4	5.6	**99**
I received sufficient supervision during my clinical interactions.	4.7	4.5	4.5	5.7	**100**
I received sufficient oral feedback on my performance.	4.7	4.6	4.5	5.6	**97**
I received sufficient written feedback on my performance.	4.7	4.5	4.6	5.6	**97**
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.6	4.7	5.7	**100**
N	52	72	67	**75**	
Class size at date	56	75	74	**87**	
Response Rate	93%	96%	91%	**86%**	

*6-point scale

Phase Specific
M4 Curriculum

Neurology

Graduate Questionnaire Data for the Clerkship

Table 224: AAMC GQ: 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	2017	6.1	17.3	36.1	40.6	13,715
	2017	8.6	11.4	40.0	40.0	70
PLFSOM	2016	6.9	20.7	36.2	36.2	58
PLFSOM	2015	0	3.8	43.4	52.8	53
PLFSOM	2014	2.4	7.3	39	51.2	41
PLFSOM	2013	3.2	3.2	35.5	58.1	31

NBME Shelf Exam Results

Table 225: 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 226: Scores by Location

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

Phase Specific
M4 Curriculum

Fails by location

Table 227: Fails by Location

Percent	AY 2014-2015	AY 2015-2016
TTUHSCEP	0	1.56
William Beaumont Army Medical Center	0	0

OpLog Data

Table 228: Neurology Op Log Recording by Location

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

Table 229: Neurology Level of Responsibility for Diagnostic Categories by Location

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

Table 230: Neurology Level of Responsibility for Procedures by Location

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

Duty Hours

Table 231: Neurology Duty Hours by Location

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

① Duty hours were not tracked in prior academic years.

Evaluation Results

Table 232: Evaluation Results for Neurology Clerkship Table

Neurology	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.8	4.4	4.0	4.8	**81**
The learning objectives were clearly identified.	4.7	4.3	3.9	5.0	**87**
The clerkship met the identified learning objectives.	4.7	4.4	4.0	5.0	**90**
The first three years of medical school adequately prepared me for this clerkship.	4.5	4.2	4.1	5.1	**97**
I am familiar with the needle stick policy	-	-	-	5.2	**91**

Phase Specific
M4 Curriculum

Neurology	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The amount of material presented was reasonable.	4.6	4.5	4.3	5.2	**96**
Duty hours were adhered to strictly.	4.7	4.3	4.4	5.3	**99**
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.0	3.8	4.8	**84**
I had enough patient management opportunities.	4.7	4.5	4.1	4.9	**83**
I had appropriate exposure to ambulatory patients.	4.7	4.5	4.4	4.9	**66**
I was observed delivering patient care.	4.7	4.4	4.3	5.0	**89**
I received sufficient supervision during my clinical interactions.	4.7	4.5	4.4	5.1	**90**
I received sufficient oral feedback on my performance.	4.7	4.5	4.0	4.9	**83**
I received sufficient written feedback on my performance.	4.7	4.2	3.8	4.8	**81**
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.3	4.1	5.1	**89**
N	56	72	69	**70**	
Class size at date	56	75	74	**87**	
Response Rate	100%	96%	93%	**80%**	

*6-point scale

Phase Specific
M4 Curriculum

Critical Care Selective

Table 233 Evaluation Results for CVICU

CVCU	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	3.9	3.9	4.0	5.3	100
The learning objectives were clearly identified.	3.6	4.2	4.1	5.2	88
The clerkship met the identified learning objectives.	3.8	4.3	4.3	5.3	100
The first three years of medical school adequately prepared me for this clerkship.	4.3	4.2	4.3	5.2	100
I am familiar with the needle stick policy	-	-	-	5.3	100
The amount of material presented was reasonable.	4.3	4.3	4.4	5.7	100
Duty hours were adhered to strictly.	4.3	4.5	4.7	5.7	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.1	4.3	4.4	5.4	100
I had appropriate exposure to ambulatory patients.	-	-	3.9	5.3	100
I had enough patient management opportunities.	3.9	4.5	4.9	4.8	50
I was observed delivering patient care.	4.0	4.5	4.3	5.4	100
I received sufficient supervision during my clinical interactions.	4.0	4.5	4.7	5.4	100
I received sufficient oral feedback on my performance.	3.8	4.5	4.7	5.6	100
I received sufficient written feedback on my performance.	3.8	3.8	4.5	5.3	100
Overall, I learned useful knowledge and/or skills during the clerkship.	4.2	4.5	4.6	5.7	100
N	9	9	7	8	

*6-point scale

Phase Specific
M4 Curriculum

Table 234 Evaluation Results for MICU

MICU	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.2	4.1	4.2	5.6	100
The learning objectives were clearly identified.	4.2	4.4	3.9	5.5	100
The clerkship met the identified learning objectives.	4.3	4.4	4.1	5.3	94
The first three years of medical school adequately prepared me for this clerkship.	4.1	4.2	4.3	5.3	94
I am familiar with the needle stick policy	-	-	-	5.3	88
The amount of material presented was reasonable.	4.5	4.5	4.5	5.7	100
Duty hours were adhered to strictly.	4.7	4.6	4.5	5.7	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.1	4.1	5.6	100
I had appropriate exposure to ambulatory patients.	-	-	4.4	5.4	94
I had enough patient management opportunities.	4.7	4.3	4.7	5.3	53
I was observed delivering patient care.	4.4	4.3	4.4	5.5	100
I received sufficient supervision during my clinical interactions.	4.5	4.3	4.5	5.5	100
I received sufficient oral feedback on my performance.	4.2	4.0	4.5	5.4	94
I received sufficient written feedback on my performance.	3.8	4.1	4.4	5.5	100
Overall, I learned useful knowledge and/or skills during the clerkship.	4.6	4.3	4.6	5.6	100
N	17	16	15	**17**	

*6-point scale

Phase Specific
M4 Curriculum

Table 235 Evaluation Results for NICU

NICU	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.5	4.5	3.8	5.2	100
The learning objectives were clearly identified.	4.5	4.2	3.9	5.0	100
The clerkship met the identified learning objectives.	4.5	4.4	4.0	5.0	100
The first three years of medical school adequately prepared me for this clerkship.	3.8	3.5	3.5	4.5	77
I am familiar with the needle stick policy	-	-	-	5.4	100
The amount of material presented was reasonable.	4.5	4.6	4.5	5.5	100
Duty hours were adhered to strictly.	4.5	4.8	4.2	5.5	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.5	4.3	4.2	5.2	100
I had appropriate exposure to ambulatory patients.	-	-	3.8	5.3	100
I had enough patient management opportunities.	5.0	4.4	4.3	4.5	33
I was observed delivering patient care.	4.5	4.5	4.0	5.3	85
I received sufficient supervision during my clinical interactions.	4.5	4.3	4.2	5.3	100
I received sufficient oral feedback on my performance.	4.8	4.0	4.1	4.8	92
I received sufficient written feedback on my performance.	4.8	3.9	3.8	4.1	92
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5	4.4	5.3	85
N	4	13	13	**13**	

*6-point scale

Phase Specific
M4 Curriculum

Table 236: Evaluation Results for Pediatric Critical Care

PICU	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.2	4.0	4.4	5.4	100
The learning objectives were clearly identified.	4.3	4.1	4.3	5.3	100
The clerkship met the identified learning objectives.	4.2	4.1	4.4	5.3	100
The first three years of medical school adequately prepared me for this clerkship.	4.2	4.0	4.3	5.3	100
I am familiar with the needle stick policy	-	-	-	5.3	95
The amount of material presented was reasonable.	4.5	4.3	4.5	5.4	100
Duty hours were adhered to strictly.	4.8	4.7	4.5	5.2	95
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	3.9	4.2	4.9	84
I had appropriate exposure to ambulatory patients.	-	-	4.3	5.3	100
I had enough patient management opportunities.	4.7	4.2	4.6	4.3	37
I was observed delivering patient care.	4.5	4.1	4.3	5.3	95
I received sufficient supervision during my clinical interactions.	4.2	4.4	4.4	5.1	89
I received sufficient oral feedback on my performance.	4.0	4.3	4.3	5.1	89
I received sufficient written feedback on my performance.	3.7	4.1	4.3	4.9	84
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.6	4.6	5.5	95
N	6	16	18	**19**	

*6-point scale

Phase Specific
M4 Curriculum

Table 237 Evaluation Results for Surgery Critical Care

SICU	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.5	3.7	3.5	5.4	100
The learning objectives were clearly identified.	4.6	3.9	3.7	5.2	100
The clerkship met the identified learning objectives.	4.6	3.9	3.5	5.0	94
The first three years of medical school adequately prepared me for this clerkship.	4.2	3.4	3.3	5.1	88
I am familiar with the needle stick policy	-	-	-	5.5	94
The amount of material presented was reasonable.	4.6	4.0	3.7	5.6	100
Duty hours were adhered to strictly.	4.3	4.1	4.1	5.6	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	3.8	3.9	5.4	100
I had appropriate exposure to ambulatory patients.	-	-	3.5	5.4	94
I had enough patient management opportunities.	4.9	4.1	3.9	4.3	50
I was observed delivering patient care.	4.8	4.0	4.0	5.4	94
I received sufficient supervision during my clinical interactions.	4.8	4.2	4.2	5.3	94
I received sufficient oral feedback on my performance.	4.8	4.3	3.9	5.4	100
I received sufficient written feedback on my performance.	4.0	4.3	4.2	5.5	100
Overall, I learned useful knowledge and/or skills during the clerkship.	4.8	4.3	4.3	5.3	94
N	12	22	13	**16**	

*6-point scale

Phase Specific
M4 Curriculum
Sub-Internships

Table 238: Evaluation Results for Family Medicine Sub-Internship

Family Medicine Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.6	4.8	4.7	4.9	100
The learning objectives were clearly identified.	4.2	4.9	4.5	4.9	100
The clerkship met the identified learning objectives.	4.2	4.9	4.5	4.9	100
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.6	4.3	4.9	100
I am familiar with the needle stick policy	-	-	-	5.3	100
The amount of material presented was reasonable.	4.4	4	4.5	4.4	86
Duty hours were adhered to strictly.	4.4	5.0	4.7	4.4	86
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.6	4.7	4.9	100
I had enough patient management opportunities.	4.2	4.8	4.3	4.9	100
I had appropriate exposure to ambulatory patients.	3.8	4.8	4.5	3.8	71
I was observed delivering patient care.	4.2	4.8	4.7	4.4	86
I received sufficient supervision during my clinical interactions.	4.2	4.8	4.5	4.6	86
I received sufficient oral feedback on my performance.	4.4	4.8	4.5	4.8	100
I received sufficient written feedback on my performance.	4.4	4.8	4.7	4.4	86
Overall, I learned useful knowledge and/or skills during the clerkship.	4.4	4.8	4.7	4.9	100
N	5	8	6	**7**	

*6-point scale

Phase Specific
M4 Curriculum

Table 239: Evaluation Results for Surgery Sub-Internship

Surgery Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	3.3	3.3	4.1	5.2	100
The learning objectives were clearly identified.	3.3	3.1	4.0	5.0	100
The clerkship met the identified learning objectives.	4.0	3.4	4.0	5.4	100
The first three years of medical school adequately prepared me for this clerkship.	4.3	3.7	4.1	5.3	100
I am familiar with the needle stick policy	-	-	-	5.4	100
The amount of material presented was reasonable.	4.5	4.0	4.0	5.4	100
Duty hours were adhered to strictly.	4.3	4.0	4.4	5.7	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	3.6	4.0	5.4	100
I had enough patient management opportunities.	4.8	3.7	4.4	5.2	100
I had appropriate exposure to ambulatory patients.	4.5	3.3	4.3	4.5	100
I was observed delivering patient care.	4.8	4.1	4.4	5.4	100
I received sufficient supervision during my clinical interactions.	4.8	4.0	4.5	5.7	100
I received sufficient oral feedback on my performance.	4.8	4.0	4.1	5.7	100
I received sufficient written feedback on my performance.	4.3	3.7	4.5	5.7	100
Overall, I learned useful knowledge and/or skills during the clerkship.	3.7	3.6	4.1	5.5	100
N	6	15	8	**6**	

*6-point scale

Phase Specific
M4 Curriculum

Table 240 Evaluation Results for Internal Medicine Sub-Internship

Internal Medicine Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.6	4.3	4.2	5.7	100
The learning objectives were clearly identified.	4.6	4.3	4.1	5.6	100
The clerkship met the identified learning objectives.	4.6	4.5	4.1	5.7	100
The first three years of medical school adequately prepared me for this clerkship.	4.4	4.5	4.4	5.6	100
I am familiar with the needle stick policy	-	-	-	5.6	100
The amount of material presented was reasonable.	4.6	4.6	4.2	5.7	100
Duty hours were adhered to strictly.	4.6	4.6	4.1	5.7	100
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.4	4.3	4.4	5.6	97
I had enough patient management opportunities.	4.6	4.5	4.3	5.7	97
I had appropriate exposure to ambulatory patients.	4.6	4.6	4.5	5.0	78
I was observed delivering patient care.	4.6	4.3	4.5	5.4	94
I received sufficient supervision during my clinical interactions.	4.6	4.3	4.3	5.7	100
I received sufficient oral feedback on my performance.	4.4	4.4	4.2	5.8	100
I received sufficient written feedback on my performance.	4.2	4.4	4.5	5.7	100
Overall, I learned useful knowledge and/or skills during the clerkship.	4.5	4.5	4.2	5.7	100
N	25	31	30	**32**	

*6-point scale

Phase Specific
M4 Curriculum

Table 241: Evaluation Results for Pediatrics Sub-Internship

Pediatric Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.6	4.4	4.7	5.2	100
The learning objectives were clearly identified.	4.8	4.3	4.8	5.2	100
The clerkship met the identified learning objectives.	4.8	4.3	4.8	5.3	100
The first three years of medical school adequately prepared me for this clerkship.	4.6	4.4	4.7	5.4	100
I am familiar with the needle stick policy	-	-	-	5.2	100
The amount of material presented was reasonable.	4.4	4.3	4.8	5.4	100
Duty hours were adhered to strictly.	4.5	4.0	4.6	4.8	90
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.3	4.3	4.6	5.2	100
I had enough patient management opportunities.	4.8	4.8	4.8	5.4	100
I had appropriate exposure to ambulatory patients.	4.7	4.6	4.8	5.1	90
I was observed delivering patient care.	4.8	4.8	4.8	5.4	90
I received sufficient supervision during my clinical interactions.	4.7	4.8	4.8	5.4	100
I received sufficient oral feedback on my performance.	4.8	4.8	4.3	5.1	90
I received sufficient written feedback on my performance.	4.5	3.9	4.8	4.8	90
Overall, I learned useful knowledge and/or skills during the clerkship.	4.7	4.4	4.7	5.6	100
N	14	14	12	**10**	

*6-point scale

Phase Specific
M4 Curriculum

Table 242: Evaluation Results for Obstetrics/Gynecology Sub-Internship

Obstetrics/Gynecology Sub Internship	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017*	AY 2016-2017 Percentage Agreement
The clerkship was well organized.	4.0	4.6	3.9	4.8	**86**
The learning objectives were clearly identified.	4.3	4.1	4.3	4.9	**86**
The clerkship met the identified learning objectives.	4.3	4.4	4.4	4.8	**86**
The first three years of medical school adequately prepared me for this clerkship.	4.7	4.4	4.3	4.9	**86**
I am familiar with the needle stick policy	-	-	-	5.7	**86**
The amount of material presented was reasonable.	4.7	4.8	4.4	4.9	**86**
Duty hours were adhered to strictly.	4.3	4.8	4.3	4.9	**86**
The methods used to evaluate my performance provided fair measures of my effort and learning.	4.0	4.8	4.4	4.8	**86**
I had enough patient management opportunities.	4.3	5.0	4.5	4.8	**86**
I had appropriate exposure to ambulatory patients.	4.3	5.0	4.3	5.5	**86**
I was observed delivering patient care.	4.3	5.0	4.3	4.9	**86**
I received sufficient supervision during my clinical interactions.	4.3	5.0	4.4	4.9	**86**
I received sufficient oral feedback on my performance.	4.3	4.8	4.4	4.9	**86**
I received sufficient written feedback on my performance.	4.0	4.8	4.5	4.8	**86**
Overall, I learned useful knowledge and/or skills during the clerkship.	5.0	5.0	3.9	4.9	**86**
N	3	7	12	**14**	

*6-point scale

M4 Electives

Outcomes

Table 243: AAMC GQ: 2017 Elective Activities Rankings

Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis:	PLFSOM				All Schools
	2014	2015	2016	2017	2017
	Percent	Percent	Percent	Percent	Percent
Independent study project for credit	67.3	41	62.7	65.4	47.8
Research project with faculty member	89.8	88.5	88.1	89.7	77.3
Authorship (sole or joint) of a peer-reviewed paper submitted for publication	51	54.1	35.8	46.2	48.6
Authorship (sole or joint) of a peer-reviewed oral or poster presentation		80.3	49.3	61.5	53.3
Global health experience	34.7	37.7	14.9	19.2	27.1
Educating elementary, high school or college students about careers in health professions or biological sciences.	59.2	73.8	44.8	60.3	49.6
Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity).	73.5	73.8	64.2	75.6	61.6
Field experience in providing health education in the community (e.g., adult/child protective services, family violence program, rape crisis hotline)	53.1	68.9	44.8	60.3	36
Field experience in home care	53.1	65.6	46.3	71.8	33.2
Learned another language in order to improve communication with patients	81.6	82	88.1	87.2	24.8
Learned the proper use of the interpreter when needed	79.6	70.5	76.1	78.2	79.7
Experience related to health disparities	83.7	78.7	83.6	91	76.6
Experience related to cultural awareness and cultural competence	79.6	77	86.6	89.7	73.7
Community-based research project	46.9	31.1	32.8	48.7	31.8
Field experience in nursing home care	26.5	65.6	40.3	50	31.2
Experience with a free clinic for the underserved population	77.6	77	89.6	89.7	72.3
Other	2	1.6	0	2.6	2.5
Number of respondents	49	61	67	78	15,132

Elective Subscription

Table 244: Elective Subscription by Department

Department	Elective	Number of students
Anesthesiology	Anesthesiology	3
	Anesthesiology Senior Elective	1
Emergency Medicine	EM Boot-Camp	16
	EM Research	1
Medical Education	Advanced Gross Anatomy	8
	Surgical Anatomy	1
	Putting PPACA into Practice	1
	Biomedical Information Management	4
	Health Informatics	4
Family Medicine	Floating doctors	1
	Clinical Research in Primary Care	3
Internal Medicine	Cardiology Elective	7
	GI Elective	3
	Infectious Disease	7
	Nephrology	5
	IM Research	3
	Nutritional Support	2
	Heme/Oncology	2
	Pulmonology	1
Neurology	Neurology	8
	Neurology ICU	2
Obstetrics/Gynecology	Sr. Obstetrics Elective	2
	MFM	1
	Gyn MIS	1
Radiology	Radiology Elective	34
	Interventional Radiology	4
	Pediatric Radiology	2
	Radiology Research Elective	2
Surgery	Pediatric Surgery	4
	Female Breast Disease	1
	Senior Surgery Elective	1
	Surgical Anatomy	1

Department	Elective	Number of students
Orthopeadics	Ortho Elective	3
	Physical Medicine and Rehabilitation	2
Pathology	Pathology Elective	3
	Anatomical and Clinical Pathology	1
Pediatrics	Adolescent Medicine	4
	Ambulatory Peds	4
	Pediatric Endocrinology	4
	Peds Hem/Onc	2
	Pediatric Infectious Disease	1
	Pediatric Cardiology	1
	Peds Senior Elective	1
	Pediatric Pathology	1
Psychiatry	Psychiatry Sr. Rotation	4
	Community Services/ Child Psych	4
	Forensic Psych	1
	Sleep Disorders Medicine	1
	Psychiatric Research Elective	1

Evaluation Data

	The clerkship was well organized.	The learning objectives were clearly identified.	The clerkship met the identified learning objectives.	The amount of material presented was reasonable.	In the clerkship, duty hour policies were adhered to strictly.	In the clerkship, I had enough patient management opportunities.	In the clerkship, I was observed delivering patient care.	In the clerkship, I had appropriate exposure to ambulatory patients.	I am familiar with the needle stick policy	In the clerkship, I received sufficient supervision during my clinical interactions.	I received sufficient oral feedback on my performance.	I received sufficient written feedback on my performance.	In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	The first three years of medical school adequately prepared me for this clerkship.	Overall, I learned useful knowledge and/or skills during the clerkship.
Anesthesiology	5.7	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.7	6.0	6.0	6.0
Anesthesiology Sr. Elective	5.0	5.0	6.0	6.0	6.0	5.0	6.0	6.0	6.0	6.0	6.0	7.0	6.0	3.0	6.0
Adolescent Medicine	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	5.8	6.0	5.8	6.0
Ambulatory Peds	5.3	4.8	5.3	5.5	5.8	5.8	5.8	5.8	5.8	5.8	5.8	4.8	5.8	5.8	5.8
Pediatric Endocrinology	6.0	5.8	6.3	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.3	6.0	5.8	6.0
Pediatric Infectious Disease	6.0	5.0	5.0	6.0	6.0	5.0	5.0	5.0	5.0	5.0	5.0	7.0	5.0	5.0	6.0
Pediatric Cardiology	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Peds Hem/Onc	4.5	5.0	6.0	5.5	5.5	6.0	6.0	5.5	6.0	5.0	4.5	5.0	4.5	4.5	6.0
Peds. Sr. Elective	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Peds. Pathology	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

	The clerkship was well organized.	The learning objectives were clearly identified.	The clerkship met the identified learning objectives.	The amount of material presented was reasonable.	In the clerkship, duty hour policies were adhered to strictly.	In the clerkship, I had enough patient management opportunities.	In the clerkship, I was observed delivering patient care.	In the clerkship, I had appropriate exposure to ambulatory patients.	I am familiar with the needle stick policy	In the clerkship, I received sufficient supervision during my clinical interactions.	I received sufficient oral feedback on my performance.	I received sufficient written feedback on my performance.	In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	The first three years of medical school adequately prepared me for this clerkship.	Overall, I learned useful knowledge and/or skills during the clerkship.
EM Boot-Camp	5.7	5.7	5.8	5.7	5.8	6.0	5.7	5.8	6.0	5.8	5.7	5.9	5.7	5.0	5.9
EM Research	6.0	6.0	6.0	6.0	6.0	6.5	6.5	6.5	5.5	6.5	6.0	6.0	6.0	6.0	6.0
Advanced Gross Anatomy	5.6	5.6	5.6	6.0	6.1	6.6	6.6	6.6	5.6	6.4	6.0	6.0	5.9	5.4	5.9
Surgical Anatomy	6.0	6.0	6.0	6.0	6.0	7.0	7.0	7.0	6.0	7.0	6.0	6.0	6.0	6.0	6.0
Putting PPACA into Practice	6.0	6.0	6.0	5.0	6.0	7.0	7.0	7.0	6.0	7.0	6.0	6.0	6.0	7.0	6.0
Biomedical Information Management	6.0	6.0	6.0	6.0	6.0	6.3	6.5	6.5	6.3	6.5	5.8	6.0	5.8	6.3	6.0
Health Informatics	5.6	5.6	5.6	5.8	5.8	6.4	6.6	6.0	6.4	6.4	5.6	6.0	5.6	5.4	5.8
Clinical Research in Primary Care	6.3	6.3	6.3	6.3	6.0	6.0	6.0	6.0	5.7	5.7	5.7	5.7	5.3	4.7	4.3
Floating doctors	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Cardiology Elective	4.8	4.7	4.8	5.3	5.5	5.3	5.2	5.5	5.3	5.2	5.3	5.2	5.3	5.2	5.3
GI Elective	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.3	5.3	5.7	5.7	6.0	6.0	6.0
Infectious Disease	5.5	5.5	5.5	5.5	5.5	6.0	5.5	5.5	6.0	6.0	5.5	5.5	5.5	5.5	5.5

	The clerkship was well organized.	The learning objectives were clearly identified.	The clerkship met the identified learning objectives.	The amount of material presented was reasonable.	In the clerkship, duty hour policies were adhered to strictly.	In the clerkship, I had enough patient management opportunities.	In the clerkship, I was observed delivering patient care.	In the clerkship, I had appropriate exposure to ambulatory patients.	I am familiar with the needle stick policy	In the clerkship, I received sufficient supervision during my clinical interactions.	I received sufficient oral feedback on my performance.	I received sufficient written feedback on my performance.	In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	The first three years of medical school adequately prepared me for this clerkship.	Overall, I learned useful knowledge and/or skills during the clerkship.
Nephrology	5.8	5.8	5.8	5.8	5.8	5.8	5.4	5.4	5.6	5.8	5.8	5.2	5.8	5.6	5.8
Nutritional Support	3.0	2.5	2.5	3.0	3.0	4.0	4.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.5
IM Research	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.0	5.0	5.3	5.3	5.3
Heme/Oncology	5.5	5.0	5.5	5.5	6.0	5.5	5.5	5.0	6.0	6.0	6.0	5.0	6.0	6.0	6.0
Pulmonology	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Neurology	4.5	4.4	4.4	4.8	5.1	4.8	4.8	5.3	5.3	5.0	4.6	4.1	4.4	5.3	4.5
Neurology ICU	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	4.0	3.0	3.0	3.0
Sr. Obstetrics Elective	5.0	5.5	5.5	5.5	4.5	6.0	5.5	6.0	6.0	6.0	5.0	5.5	6.0	5.5	5.5
MFM	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Gyn MIS	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Radiology Elective	5.5	5.6	5.6	5.7	5.7	5.6	5.6	5.6	5.7	5.7	5.7	5.6	5.6	5.4	5.7
Pediatric Radiology	5.5	5.5	5.5	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

	The clerkship was well organized.	The learning objectives were clearly identified.	The clerkship met the identified learning objectives.	The amount of material presented was reasonable.	In the clerkship, duty hour policies were adhered to strictly.	In the clerkship, I had enough patient management opportunities.	In the clerkship, I was observed delivering patient care.	In the clerkship, I had appropriate exposure to ambulatory patients.	I am familiar with the needle stick policy	In the clerkship, I received sufficient supervision during my clinical interactions.	I received sufficient oral feedback on my performance.	I received sufficient written feedback on my performance.	In the clerkship, the methods used to evaluate my performance provided fair measures of my effort and learning.	The first three years of medical school adequately prepared me for this clerkship.	Overall, I learned useful knowledge and/or skills during the clerkship.
Interventional Radiology	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Radiology Research Elective	5.5	5.5	5.5	5.5	6.0	6.0	6.0	6.0	5.5	6.0	5.0	5.0	5.5	5.0	5.0
Pediatric Surgery	5.0	4.8	4.8	5.3	5.3	5.0	5.0	4.8	5.3	5.3	5.3	5.3	5.5	5.3	5.5
Female Breast Disease	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Surgical Anatomy	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Ortho Elective	5.7	5.7	5.7	5.7	5.7	6.0	5.7	5.7	5.7	5.7	5.7	5.3	5.7	5.3	5.0
Physical Medicine and Rehabilitation	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	6.0
Pathology Elective	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Anatomical and Clinical Pathology	6.0	6.0	6.0	6.0	6.0	na	na	na	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Psychiatry Sr. Rotation	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	5.3
Community Services/ Child Psych	4.3	4.3	5.0	4.8	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.0	5.3	5.3	6.0
Forensic Psych	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

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Sleep Disorders Medicine	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	5.0	6.0
Psychiatric Research Elective	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

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

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