

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

Supporting Data

Table 6.0-1 Pre-clerkship Phase Instructional Formats						
Using the most recently completed academic year, list each course from the pre-clerkship phase of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed.						
Course	Number of Formal Instructional Hours Per Course					
	Lecture	Lab	Small Group*	Patient Contact**	Other***	Total
Foundations of Medical Sciences I (MED FMS 501)	16.82	92.17	74.67	26.83	68.92	279.41
Foundations of Medical Sciences II (MED FMS 502)	32.28	0.47	94.00	32.00	54.31	213.06
Foundations of Medical Sciences III (MED FMS 503)	34.25	0	89.45	2.28	64.66	190.64
Leadership in Medicine and Healthcare (MED LMH 501)	23.17	1.83	60.20	40.3	55.01	180.51
Leadership in Medicine and Healthcare (MED LMH 502)	11.40	0	81.88	10.58	57.23	161.09
Leadership in Medicine and Healthcare (MED LMH 503)	5.67	0	62.91	0.92	73.31	142.81
Foundations of Medical Sciences IV (MED FMS 511)	0.68	0	3.76	0	6.34	10.78
Foundations of Medical Sciences V (MED FMS 512)	3.37	0	3.98	0	3.76	11.11
Foundations of Medical Sciences VI (MED FMS 513)	0.42	0	5.00	0	4.59	10.01
Leadership in Medicine and Healthcare (MED LMH 511)	3.05	0	3.47	0	4.31	10.83
Leadership in Medicine and Healthcare (MED LMH 512)	1.80	0	3.70	0	4.60	10.10
Leadership in Medicine and Healthcare (MED LMH 513)	2.77	0	2.77	0	2.77	8.31
Total	135.68	94.47	485.79	112.91	399.81	1228.66

*Small Group includes: Case-Based Instruction/Learning, Discussion, Small Group (12 or less), Journal Club, Problem-Based Learning (PBL)

**Patient Contact includes: Clinical Experience – Ambulatory; Clinical Experience – Inpatient; Preceptorship; Simulation

***Other includes: Concept Mapping, Conference, Demonstration, Discussion, Large Group (more than 12), Games, Independent Learning, Mentorship, Other, Patient Presentation - Faculty, Patient Presentation - Learner, Peer Teaching, Reflection, Role Play/Dramatization, Self-Directed Learning, Team-Based Learning (TBL), Team-Building, Tutorial, Workshop

Table 6.0-2 | The Clerkship Phase - Clerkship Length and Formal Instructional Hours per Clerkship

Provide data from the most recently completed academic year on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship in years three-four of the curriculum. Provide a range of instructional hours if there is significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included.

Longitudinal Integrated Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction
MED CLIN 521 - Longitudinal Integrated Clerkship I	8	4.29
MED CLIN 522 - Longitudinal Integrated Clerkship II	14	3.84
MED CLIN 523 - Longitudinal Integrated Clerkship III	14	1.99
MED CLIN 524 - Longitudinal Integrated Clerkship IV	10	22.1*
MED LMH 521 - Quality and Safety in Healthcare: Medical Errors	8	1.41
MED LMH 522 - Continuous Quality Improvement in Healthcare	14	0.78
MED LMH 523 - Value-based Care	14	0.57
Total		Average per week: 4.48

*MED CLIN 524 is the last course of the LIC and runs during the spring of the third year. In the spring of Academic Year 2020, the COVID-19 pandemic resulted in a significant disruption in the clinical training environment which required third year students to be pulled from the clinical training environment. To ensure students remained engaged in learning, the College developed seven weeks of discipline-specific virtual learning that included simulation, Standardized Patient encounters, case presentations and facilitated small group discussions.

Narrative Response

- a. Describe the general structure of the curriculum by phase (i.e., pre-clerkship, clerkship). In the description, refer to the placement of courses/clerkships as contained in the curriculum schematic. For courses/clerkships where the title may not clearly indicate the content, indicate the disciplines included.

The medical education curriculum is designed to support students' learning for their increasing responsibilities in clinical settings across the State of Washington centered around learning communities located in four community campuses (Everett, Spokane, Tri-Cities, and Vancouver). Students are assigned to one of the four clinical campus learning communities at the beginning of the curriculum and engage longitudinally with that community over the four years of the curriculum.

The curriculum has two phases: The pre-clerkship phase (Years 1 and 2) and the clerkship phase (Years 3 and 4).

In the pre-clerkship phase, students spend most of their time on the Spokane campus engaged in learning *normal* followed by *abnormal* foundational human sciences. Content includes anatomy, histology, physiology, pathology, pharmacology, social and behavioral sciences, alongside clinical skills, interprofessional and collaborative skills (IPCS) and self-management. This phase is comprised of two concurrent courses: Foundations of Medical Sciences (FMS), and Leadership in Medicine and Healthcare (LMH), plus six longitudinal components: case-based learning (CBL), art and practice of medicine (APM), evidence-based medicine (EBM), scholarship, interprofessional and collaborative skills (IPCS), community service/service-learning, and a total of 6 Clinical Campus Weeks.

In the clerkship phase, students live in their clinical learning community and participate in clinical experiences, first as a Longitudinal Integrated Clerkship (Year 3) followed by a final year (Year 4) of required block rotations and electives individually designed to support career exploration, enrichment, and preparation for residency.

The Table below shows the progression through courses and components in the pre-clerkship phase.

Year 1

Curriculum Component	First term	Second term	Third term
Foundations (FMS)	<i>Orientation (Curriculum and student support)</i>	Cellular / molecular sciences, genetics, immune system, hematology, cancer biology, oncology, microbiology, infectious diseases, pharmacology	Cellular / molecular sciences (metabolism, excitation), cardiovascular system (includes integration of anatomy, physiology, pharmacology, pathology, histology)
	Normal anatomy, embryogenesis, histology, physiology; abnormal anatomy, histopathology, pathology, intro to pharmacology		
Leadership (LMH)	Basic leadership principles, styles to understand self as a physician leader in context of healthcare system	Leadership of teams, including team development, formation, function, and behavior of teams	Physicians as leaders, scientists, and advocates in context of research and the community, including emotional intelligence
Case-based Learning (CBL)	Orientation, processes for case-based learning, basic clinical problem analysis	Clinical reasoning processes and application, integration of biomedical science	Clinical reasoning application, uncertainty, increasingly challenging problems
Art & Practice of Medicine (APM)	Clinical skills (history, physical examination, ethics, professionalism, communication)	Clinical skills (oral presentation, written documentation, ethics, professionalism, communication)	Clinical skills (integration and application to increasingly challenging patient problems, encounters, systems)
Evidence-based Medicine (EBM)	Evidence-based decision making to promote critical consumption of information/evidence	Common research methodologies used in health sciences; asking clinical questions, literature searches	Critical appraisal, data analysis, application of evidence to patient care (translational research)
Scholarship	Project planning: exploring possible topics; identifying topic of interest, formulating project question, planning execution		
IPCS	IPEC* Roles and Responsibilities (with nursing and pharmacy students)		IPEC* Values and Ethics
Community Service / Service-Learning	Explore community service/service-learning opportunities; begin engagement		
Clinical Campus Week (CCW)	Orientation to learning community, level appropriate clinical experiences	Community engagement, health systems, level appropriate clinical experiences	Community engagement, social support services, service learning, level appropriate clinical experiences

*IPEC = Interprofessional Education Collaborative: Connecting health professions for better care (www.ipecollaborative.org)

Year 2

Curriculum Component	First term	Second term	Third term
Foundations (FMS)	Renal/urinary system, respiratory system, neurology system and behavior; (includes integration of anatomy, physiology, pharmacology, pathology, histology)	Gastrointestinal system, endocrine system, integumentary system; (includes integration of anatomy, physiology, pharmacology, pathology, histology, nutrition)	Reproductive system, musculoskeletal system, rheumatology (includes integration of anatomy, physiology, pharmacology, pathology, histology, infectious diseases)
Leadership (LMH)	Management and leadership skills in healthcare; progress from basic theoretical models to case examples; understanding of current US health economics and how US insurance systems work; how systems are managed and led in both public and private sectors; identification and analysis of physician participation in leadership and administration, from the patient level to the organizational level, and in both public and private sectors; information management in healthcare, including clinical information systems.		
Case-based Learning (CBL)	Clinical reasoning application, uncertainty, increasingly challenging problems	Clinical reasoning application, uncertainty, increasingly challenging problems	Clinical reasoning application, uncertainty, increasingly challenging problems
Art & Practice of Medicine (APM)	Clinical skills (history, physical examination, ethics, professionalism, communication)	Clinical skills (oral presentation, written documentation, ethics, professionalism, communication)	Clinical skills (integration and application to increasingly challenging patient problems, encounters, systems)
Evidence-based Medicine (EBM)	Critical appraisal, data analysis, application of evidence to patient care (translational research)	Critical appraisal, data analysis, application of evidence to patient care (translational research)	Critical appraisal, data analysis, application of evidence to patient care (translational research)
Scholarship	Execute approved project with guidance		
IPCS	IPEC* Communication		IPEC * Teams and Teamwork
Community Service / Service-Learning	Engage in community service/service-learning opportunities; complete required 12 hours by the end of the second term		
Clinical Campus Week (CCW)	Health systems, community engagement, social support services, service-learning, level appropriate clinical experiences	Health systems, community engagement, social support services, service-learning, level appropriate clinical experiences	Health systems, community engagement, social support services, service-learning, level appropriate clinical experiences

*IPEC = Interprofessional Education Collaborative: Connecting health professions for better care (www.ipecollaborative.org)

Year 1, Term 4: Students have optional elective courses (FMS 509 and MED CLIN 598) which give opportunities to learn about selected special interest topics which include:

- Research: Provides opportunity for students to make progress on their Scholarly Project or explore and pursue other research interests in a mentored setting.
- Scientific Wellness: Concepts and application of systems-driven 21st century medicine. Lectures and discussion focused on big data/analytics, and applications related to patient care and disease.
- Point of Care Ultrasound: Explains the fundamentals of diagnostic ultrasound including basic principles of image generation and acquisition as it pertains to point of care ultrasound evaluation. Hands on scanning will be utilized to provide a basis for further clinical training in this evolving arena.
- Community Organizing for Health Equity: Provides opportunity for students to explore concepts of social determinants of health, health equity, and community organizing, and to work in interprofessional teams to apply concepts to problems.

Students may also propose and complete additional electives of choice, subject to approval from the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment, and Evaluation.

Clerkship Phase: This phase is comprised of two concurrent courses; The Longitudinal Integrated Clerkship (LIC) and Leadership in Medicine and Healthcare (LMH), plus two longitudinal components; the Academic Half-Day (AHD) and Scholarship. In preparation for the LIC, students are given a two-week break to relocate to their clinical campus site for the duration of the medical undergraduate program. Orientation to the LIC occurs during the first week of the LIC. The table below shows the progression through the courses and components in the Clinical Phase (Year 3) and planned but not yet executed for 2020-2021. In addition, students are encouraged to continue with community service activities.

Year 3 Clerkship Phase

Longitudinal integrated clerkship (LIC)	Located in clinical campus learning communities; 39-week integration of clinical clerkships in the disciplines of Family Medicine, General Surgery, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry; progressive responsibility for authentic patient care activities determined through ad hoc entrustment; continued engagement in service-learning, community engagement, interprofessional learning and application of collaborative skills, and critical appraisal and application of information sources to learning and patient care
Academic Half-Day (AHD)	4 hours per week during LIC that continues integration of clinical cases with foundational science applied across the continuum of human growth and development; students present actual cases to their peers and lead discussions with peers of clinical and therapeutic reasoning for specific cases; includes clinical skills workshops and simulation of procedural skills
Leadership (LMH)	Quality metrics, measurement, and reporting; analysis of patient safety/near miss events, medical errors; waste analysis; continuous quality improvement; principles and practice of value-based care
Scholarship	Execute approved project with guidance

Year 4 Clerkship Phase

Required rotations (three 4-week experiences)	Emergency medicine, 4 weeks Rural or Urban underserved practice, 4 weeks Sub-internship (one) in any of the six core disciplines: Family Medicine, General Surgery, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, 4 weeks
Elective clerkships (six 4-week experiences or equivalent) guided by individualized career advice	Advanced experiences in core disciplines Subspecialty experiences in medicine, OB/Gyn, pediatrics, or surgery Other opportunities: Examples include electives in medical specialties (e.g. radiology, anesthesia, orthopedics, critical care), non-clinical experiences (e.g. research, medical education)
Leadership (LMH)	Students are required to produce a project proposal and plan, a literature review, final paper, and presentation for their Capstone Project leading towards a 10-page project paper. The project must also be presented/discussed in an appropriate forum (peer forum or to the appropriate project sponsor/agency, etc.).
Scholarship	Finalize and submit capstone project

- b. Provide a separate, brief description of each parallel curriculum (“track”). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:
1. The location of the parallel curriculum (main campus or regional campus)
 2. The year the parallel curriculum was first offered
 3. The focus of the parallel curriculum, including the additional objectives that students must master
 4. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
 5. The number of students participating in each year/phase of the parallel curriculum

Not applicable. The College of Medicine does not offer a parallel curriculum.

Supporting Documentation

1. Provide a schematic or diagram that illustrates the structure of the curriculum for the year of the self-study. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each year, illustrating when one curriculum phase ends and the next begins. If the structure of the curriculum has changed significantly since the DCI and self-study were completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced

Appendix 6-00-01 – Curriculum Schematic

Elson S. Floyd College of Medicine Curriculum Schematic Curricular Weeks

TERM	FALL TERM														WINTER TERM														SPRING TERM														SUMMER TERM																				
	WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41																					
Course	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13																						
Orientation	Foundations of Medical Science I (MED PMS 501)														Foundations of Medical Science I (MED PMS 502)														Foundations of Medical Science II (MED PMS 503)																																		
Assessment	Leadership in Medicine and Healthcare Certificate (MED LHM 501)														Leadership in Medicine and Healthcare Certificate (MED LHM 502)														Leadership in Medicine and Healthcare Certificate (MED LHM 503)																																		
Full Block	Fall Block														Winter Block														Spring Block																																		
TERM	FALL TERM														WINTER TERM														SPRING TERM														SUMMER TERM																				
WEEK	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80																								
Course	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8														
Foundations of Medical Science IV (MED PMS 511)	Foundations of Medical Science IV (MED PMS 511)														Foundations of Medical Science V (MED PMS 512)														Foundations of Medical Science VI (MED PMS 513)														Longitudinal Integrated Clerkship (MED CLIN 521)																				
Leadership in Medicine and Healthcare Certificate (MED LHM 511)	Leadership in Medicine and Healthcare Certificate (MED LHM 511)														Leadership in Medicine and Healthcare Certificate (MED LHM 512)														Leadership in Medicine and Healthcare Certificate (MED LHM 513)														Leadership in Medicine and Healthcare Certificate (MED LHM 514)																				
Assessment	Assessment														Assessment														Assessment														Assessment																				
Full Block	Fall Block														Winter Block														Spring Block														Transition/Relocation Week																				
TERM	FALL TERM														WINTER TERM														SPRING TERM														SUMMER TERM																				
WEEK	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138													
Course	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6	7	8	9	10	11	12	13								
Longitudinal Integrated Clerkship (MED CLIN 522)	Longitudinal Integrated Clerkship (MED CLIN 522)														Longitudinal Integrated Clerkship (MED CLIN 523)														Longitudinal Integrated Clerkship (MED CLIN 524)														Clinical Rotations (MED CLIN 531 - 539) (541 - 549)																				
Leadership in Medicine and Healthcare Certificate (MED LHM 521)	Leadership in Medicine and Healthcare Certificate (MED LHM 521)														Leadership in Medicine and Healthcare Certificate (MED LHM 522)														Leadership in Medicine and Healthcare Certificate (MED LHM 523)														Leadership in Medicine and Healthcare Certificate (MED LHM 524)																				
Assessment	Assessment														Assessment														Assessment														Assessment																				
Full Block	Fall Block														Winter Block														Spring Block																																		
TERM	FALL TERM														WINTER TERM														SPRING TERM																																		
WEEK	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169																																
Course	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	1	2	1																																
Clinical Rotations (MED CLIN 531 - 539) (541 - 549)	Clinical Rotations (MED CLIN 531 - 539) (541 - 549)														Clinical Rotations (MED CLIN 531 - 539) (541 - 549)														Clinical Rotations (MED CLIN 531 - 539) (541 - 549)																																		
Leadership in Medicine and Healthcare Certificate (MED LHM 531)	Leadership in Medicine and Healthcare Certificate (MED LHM 531)														Leadership in Medicine and Healthcare Certificate (MED LHM 532)														Leadership in Medicine and Healthcare Certificate (MED LHM 533)																																		
Assessment	Assessment														Assessment														Assessment																																		
Full Block	Fall Block														Winter Block														Spring Block																																		
Transition/Relocation Week																																																															

2. A schematic of any parallel curricula (tracks).

Not applicable. The College of Medicine does not offer a parallel curriculum.

6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Supporting Data

Table 6.1-1 Competencies, Program Objectives, and Outcome Measures		
List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) <u>specifically</u> used to assess students' attainment of <u>each</u> related education program objective. Add rows as needed.		
General Competency	Medical Education Program Objective(s) Linked to the Competency	Outcome Measure(s) for Each Objective
1. Medical and Scientific Knowledge	Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral concepts in caring for healthy, ill patients and the community	Clinical Documentation Review
		Clinical Performance Rating/Checklist
		Exam – Institutionally Developed, Clinical Performance
		Exam – Institutionally Developed, Laboratory, Practical
		Exam - Institutionally Developed, Written/ Computer-based
		Exam – Nationally Normed / Standardized, Subject
		Multisource Assessment
		Narrative Assessment
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Research or Project Assessment
		Self-Assessment
Stimulated Recall		
2. Patient Care and Health Promotion	Provide evidence-based care that is compassionate, culturally appropriate, and effective for illness prevention, health promotion, treatment of disease, and improvement in quality-of-life, including appropriate end-of-life care	Clinical Documentation Review
		Clinical Performance Rating / Checklist
		Exam - Institutionally Developed, Clinical Performance
		Exam - Institutionally Developed, Written/ Computer-based
		Exam – Nationally Normed / Standardized, Subject
		Multisource Assessment
		Narrative Assessment
		Oral Patient Presentation
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Research or Project Assessment
		Self-Assessment
Simulate Recall		

General Competency	Medical Education Program Objective(s) Linked to the Competency	Outcome Measure(s) for Each Objective
3. Professionalism and Self-Awareness	Demonstrate commitment to professional services, adherence to ethical principles, and awareness of one's own interests, personal biases, vulnerabilities, and limitation of knowledge	Clinical Performance Rating/Checklist
		Exam - Institutionally Developed, Clinical Performance
		Multisource Assessment
		Narrative Assessment
		Oral Patient Presentation
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Self-assessment
4. Practice-Based and Life-Long Learning	Demonstrate the ability to appraise, assimilate, innovate, and incorporate scientific evidence to evaluate and improve patient care practices based on continuous self-evaluation and life-long learning	Clinical Performance Rating / Checklist
		Multisource Assessment
		Narrative Assessment
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Research or Project Assessment
		Self-Assessment
5. Systems-Based and Inter-Professional Practice	Demonstrate awareness of and responsiveness to the larger context of health care and the ability to call on system resources, including other health care professionals, to provide optimal care	Clinical Documentation Review
		Clinical Performance Rating/Checklist
		Exam – Institutionally Developed, Clinical Performance
		Multisource Assessment
		Narrative Assessment
		Oral Patient Presentation
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Research or Project Assessment
Self-Assessment		
6. Interpersonal and Communication Skills	Demonstrate effective information exchange and collaboration with patients, their families, peers, and other health professionals to enhance their care	Clinical Performance Rating/Checklist
		Exam – Institutionally Developed, Clinical Performance
		Multisource Assessment
		Narrative Assessment
		Oral Patient Presentation
		Participation
		Peer Assessment
		Portfolio-Based Assessment
		Research or Project Assessment
		Self-Assessment
Simulated Recall		

Narrative Response

- a. Provide the year in which the current medical education program objectives were last reviewed and approved.

The current medical education program objectives were last reviewed and approved in academic year, 2018-2019.

- b. Referring to Table 8.3-1, list the groups responsible for development, review, and approval of the most recent version of the medical education program objectives.

The groups responsible for the review and approval of the most recent version of the medical education program objectives include the Curriculum Committee and its subcommittees.

The additional groups and/or faculty responsible for the development of the most recent version of the medical education program objectives include: Curriculum Office, Associate Dean for Curriculum, The Office of Accreditation, Assessment and Evaluation, the Associate Dean for Accreditation Assessment and Evaluation, Course and Clerkship Directors, and Faculty.

- c. How does the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that medical students have achieved each of the specified objectives?

The Associate Dean for Accreditation, Assessment and Evaluation worked with the Evaluation Subcommittee of the Curriculum Committee to select appropriate outcomes measures for each of the medical education program objectives. The Program of Assessment developed by the Assessment Subcommittee uses multiple assessment methods to provide a comprehensive view of student development. This provides the program with sufficient information to ensure that students are meeting/have met the program level learning objectives. The assessment methods used were selected from the MedBiquitous Standardized Instructional and Assessment Methods list (2016). Each assessment method was chosen based on the appropriateness for what is being measured and the outcome it provides. Information regarding the validity and reliability of each assessment method is collected and tracked centrally by the Assessment Unit.

- d. Describe how medical education program objectives are disseminated to each of the following groups:
1. Medical students
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students

1. Medical students: Medical education program objectives are provided to medical students as part of the Student Handbook which is received prior to confirmation of their intent to matriculate. Objectives are available on the College website, as well as in the curriculum/learning management system (EFlo MD). Incoming students receive medical education program objectives and training for access to EFlo MD during a scheduled session in the first week of the program. The session presents an overview of the curriculum structure, including how the program level objectives are linked to individual courses. The program and course objectives and linkages are included in all course syllabi.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students: Faculty are provided with the medical education program level objectives in course planning meetings with Course/Clerkship and Component Directors. They are available on the College website, as well as in the curriculum/learning management system (EFlo MD) and in all course syllabi. The Course Director has the responsibility of communicating program objectives to individual instructors through the Component Directors.

- e. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:
 - 1. Medical students
 - 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship
 - 3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

1. Medical students: Course and clerkship objectives are provided to medical students through the curriculum/learning management system (EFlo MD) and are included in all course syllabi.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship: The Course Director is responsible for communicating course and clerkship objectives to individual instructors. In addition, faculty are provided the learning objectives for each required course through faculty development sessions and in meetings with Course/Clerkship and Component Directors. They are available through the curriculum/learning management system (EFlo MD) and included in all course syllabi.

3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship: Any resident with the responsibility for teaching, supervising, or assessing medical students must be familiar with the learning objectives and requirements and the expectations in the clinical learning environment. The Associate Dean for Clinical Education (ADCE) and the faculty member supervising the resident are required to monitor and ensure that any residents working with students receive necessary information, including the learning objectives and the assessment requirements. It should be noted that residents are not permitted to provide summative assessments to College of Medicine students. However, residents may inform the assessment completed by the supervising faculty member.

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Supporting Data

Table 6.2-1 Part A, Required Clinical Experiences: Patient Type / Clinical Condition			
For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.			
Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Clinical Setting	Level of Student Responsibility
Pediatrics/Psychiatry	Abuse/Neglect	In/Outpatient	Assist
General Surgery, OB/Gynecology	Acute Abdominal Pain	In/Outpatient	Perform
Family Medicine, Psychiatry	Altered Mental Status	In/Outpatient	Perform
Family Medicine, Psychiatry	Altered Mood	Outpatient	Perform
Internal Medicine, Family Medicine	Arthralgia	In/Outpatient	Perform
Internal Medicine, Family Medicine	Back Pain	In/Outpatient	Perform
Family Medicine, OB / Gynecology	Breast Problem	In/Outpatient	Perform
Internal Medicine, Family Medicine	Chest Pain	Inpatient	Perform
Internal Medicine, Pediatrics	Constipation	In/Outpatient	Perform
Family Medicine, Pediatrics	Cough	In/Outpatient	Perform
Internal Medicine, Pediatrics	Dehydration	In/Outpatient	Perform
Internal Medicine, Pediatrics	Diarrhea	In/Outpatient	Perform
Internal Medicine, Pediatrics	Dizziness/Syncope(pre-syncope)	In/Outpatient	Perform
Internal Medicine, Pediatrics, OB/Gynecology	Dyspnea/Respiratory Distress	In/Outpatient	Assist
Internal Medicine, General Surgery	Edema	In/Outpatient	Perform
Family Medicine, Pediatrics	Failure to Thrive	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Fertility and Associated Problems	Outpatient	Perform
Internal Medicine, Pediatrics	Fever	In/Outpatient	Perform
Internal Medicine, General Surgery	Gastrointestinal Bleed	In/Outpatient	Assist
Internal Medicine, Pediatrics	Headache	In/Outpatient	Perform
Internal Medicine, Pediatrics	Heart Murmur	In/Outpatient	Perform
Family Medicine, Pediatrics, OB/Gynecology	Incontinence	In/Outpatient	Perform
Internal Medicine, Pediatrics	Jaundice	In/Outpatient	Perform
Internal Medicine, General Surgery	Liver Abnormality	In/Outpatient	Perform
General Surgery, OB/Gynecology	Mass Evaluation	In/Outpatient	Perform
Family Medicine, Psychiatry	Overdose	In/Outpatient	Assist
Family Medicine, Psychiatry	Pain, Chronic	Outpatient	Perform
General Surgery, OB/Gynecology	Perianal Problem	In/Outpatient	Perform
Family Medicine, Pediatrics	Red Eye	Outpatient	Perform
Family Medicine, OB/Gynecology	Sexual Dysfunction	Outpatient	Perform
General Surgery	Trauma, Multisystem	In/Outpatient	Assist
Family Medicine, OB/Gynecology	Vaginal bleeding	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Vaginal discharge	In/Outpatient	Perform
Internal Medicine, Pediatrics	Vomiting	In/Outpatient	Perform

Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Clinical Setting	Level of Student Responsibility
Internal Medicine, Pediatrics	Weakness/Hypotonia (generalized and focal)	In/Outpatient	Perform
Internal Medicine, General Surgery	Wounds/Ulcers	In/Outpatient	Perform
Internal Medicine, Pediatrics	Acid/Base Disturbance	Inpatient	Perform
Internal Medicine, OB/Gynecology	Anemia	In/Outpatient	Perform
Family Medicine, Psychiatry	Anxiety Disorders	Outpatient	Perform
Internal Medicine, Pediatrics	Arrhythmia	In/Outpatient	Assist
Internal Medicine, Pediatrics	Arthritis	In/Outpatient	Perform
Pediatrics, Psychiatry	Attention Deficit Disorder/ADHD	In/Outpatient	Perform
Internal Medicine, Family Medicine	Blood Pressure, High	In/Outpatient	Perform
Internal Medicine, General Surgery	Blood Pressure, Low and Shock	Inpatient	Perform
Family Medicine, General Surgery	Cancer/Malignancy	In/Outpatient	Perform
Internal Medicine, Pediatrics	Carbohydrate Metabolism Disorder (included diabetes)	In/Outpatient	Perform
Internal Medicine, Psychiatry	Cerebrovascular Disorders	Inpatient	Perform
Internal Medicine, Family Medicine	Chronic Back Pain	Outpatient	Perform
Pediatrics, OB/Gynecology	Congenital Disease (genetic, syndrome, etc.)	Outpatient	Perform
Internal Medicine, Family Medicine	Coronary Artery Disease	In/Outpatient	Perform
Internal Medicine, Psychiatry	Dementia	Outpatient	Perform
Family Medicine, Psychiatry	Depressive Disorders	In/Outpatient	Perform
Family Medicine, Pediatrics	Dermatoses	In/Outpatient	Perform
Family Medicine, Psychiatry	Eating Disorders	In/Outpatient	Perform
Internal Medicine, Pediatrics	Electrolyte Disorder	Inpatient	Perform
Family Medicine, Pediatrics	Fracture, Extremity	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Genitourinary Infections	In/Outpatient	Perform
Internal Medicine, Family Medicine	Heart Failure	In/Outpatient	Perform
Internal Medicine, General Surgery	Hepato-Pancreato-Biliary disease	Out/Inpatient	Perform
Family Medicine, General Surgery	Hernia	Outpatient	Perform
Internal Medicine, Family Medicine	Hyperlipidemia	Outpatient	Perform
Internal Medicine, Pediatrics	Kidney Disease	In/Outpatient	Perform
Internal Medicine, Pediatrics	Lower Respiratory Tract Infection	In/Outpatient	Perform
Family Medicine, Pediatrics	Malnutrition	In/Outpatient	Perform
Family Medicine, Pediatrics	Neonatal Complications	In/Outpatient	Assist
Pediatrics, Psychiatry	Neurodevelopmental Disorders	In/Outpatient	Perform
Family Medicine, Pediatrics	Obesity	In/Outpatient	Perform
Internal Medicine, Pediatrics	Obstructive Pulmonary Disease	In/Outpatient	Perform
Internal Medicine, Family Medicine	Osteoporosis	Outpatient	Perform
Psychiatry	Personality Disorder	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Pregnancy Complications	Outpatient	Assist
Internal Medicine, Pediatrics	Sepsis	Inpatient	Perform
Family Medicine, General Surgery	Soft Tissue Infection/Abscess	In/Outpatient	Perform
Internal Medicine, Psychiatry	Substance Use/Withdrawal	Out/Inpatient	Perform
Internal Medicine, Pediatrics	Thyroid Disorders	In/Outpatient	Perform
Psychiatry	Trauma-related Psychiatric Disorders	In/Outpatient	Assist

Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Clinical Setting	Level of Student Responsibility
Family Medicine, Pediatrics	Upper Respiratory Infection	Outpatient	Perform
Internal Medicine, General Surgery	Venous Thromboembolism	In/Outpatient	Perform
Family Medicine, Pediatrics	Vision Disturbance	Outpatient	Perform
Family Medicine, Pediatrics	Anticipatory Guidance, Pediatrics	Outpatient	Perform
Family Medicine, Pediatrics	Developmental Assessment	Outpatient	Assist
Internal Medicine, Family Medicine	End-of-Life Care	In/Outpatient	Assist
Family Medicine, OB/Gynecology	Family Planning	Outpatient	Perform
Family Medicine, OB/Gynecology	Perinatal Counseling	In/Outpatient	Assist
General Surgery, OB/Gynecology	Peri-operative Counseling	In/Outpatient	Assist
Family Medicine, Psychiatry	Patient Safety Assessment	In/Outpatient	Assist
Internal Medicine, Pediatrics	Screening for Disease Risk Factors	Outpatient	Perform
Internal Medicine, Pediatrics	Vaccinations	In/Outpatient	Perform
Family Medicine, Pediatrics	Wellness Education	In/Outpatient	Perform

Table 6.2-1 | Part B, Required Clinical Experiences: Patient Type / Clinical Condition

For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.

Clerkship/Clinical Discipline	Procedure/Skills	Clinical Setting	Level of Student Responsibility
Internal Medicine, General Surgery	Acid/Base and Arterial Blood Gas Interpretation	Inpatient	Perform
Internal Medicine, General Surgery	Airway Management (including pre-anesthesia assessment)	Out/Inpatient	Assist
Family Medicine, General Surgery	Arthrocentesis/Joint Injection	Inpatient	Assist
Internal Medicine, General Surgery	Anorectal Exam, Digital	Out/Inpatient	Perform
Internal Medicine, General Surgery	Arterial Puncture	Inpatient	Assist
Internal Medicine, General Surgery	Breast Exam	Outpatient	Perform
Internal Medicine, Pediatrics	Cardiopulmonary Resuscitation (CPR)	Inpatient	Assist
Family Medicine, General Surgery	Cast/Splint	Outpatient	Assist
Internal Medicine, Pediatrics	Chest X-Ray Interpretation	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Cryodesiccation of Lesion of Integumentary System	In/Outpatient	Perform
Internal Medicine, Psychiatry	Cognitive Assessment	In/Outpatient	Perform
Internal Medicine, Pediatrics	Electrocardiogram interpretation (rhythm strip interpretation)	In/Outpatient	Perform
General Surgery	Endoscopy	In/Outpatient	Assist
Internal Medicine, Pediatrics, General Surgery	Fluid Assessment	In/Outpatient	Perform
Family Medicine, General Surgery	Biopsy of Lesion of Integumentary System	In/Outpatient	Assist
APM	History-Taking, Observed and Evaluated	In/Outpatient	Perform
Family Medicine, General Surgery	Incision and Drainage	In/Outpatient	Assist
Family Medicine, Pediatrics	Injections (SC, IM, IV push, intradermal PPD)	In/Outpatient	Assist

Clerkship/Clinical Discipline	Procedure/Skills	Clinical Setting	Level of Student Responsibility
Internal Medicine, General Surgery	Venipuncture/Intravenous Insertion (IV)	In/Outpatient	Assist
Family Medicine, OB/Gynecology	Labor Assessments	In/Outpatient	Assist
Internal Medicine, Pediatrics	Lumbar Puncture	In/Outpatient	Assist
Family Medicine, Pediatrics	Measure and Plot Growth, Pediatric	In/Outpatient	Perform
Internal Medicine, Pediatrics	Meter-Dose Inhalation	In/Outpatient	Observe
Family Medicine, Psychiatry	Motivational Interviewing	In/Outpatient	Perform
Pediatrics, General Surgery	Nasogastric Tube Insertion	In/Outpatient	Assist
Family Medicine, Pediatrics	Newborn Examination	In/Outpatient	Perform
Family Medicine, Pediatrics	Ophthalmic Exam	In/Outpatient	Perform
Family Medicine, Pediatrics	Otoscopic Exam	In/Outpatient	Perform
General Surgery, OB/Gynecology	Surgery, Open	In/Outpatient	Assist
General Surgery, OB/Gynecology	Surgery, Minimally Invasive	In/Outpatient	Assist
Family Medicine, OB/Gynecology	Comprehensive Pelvic Exam	In/Outpatient	Perform
APM	Physical Exam, Observed and Evaluated	In/Outpatient	Perform
General Surgery, OB/Gynecology	Post-operative Wound Assessment	In/Outpatient	Perform
Family Medicine, Psychiatry	Psychiatric Interview	Outpatient	Perform
Internal Medicine, General Surgery	Screening for Occult Gastrointestinal Bleeding	Outpatient	Assist
General Surgery, OB/Gynecology	Regional Anesthesia	In/Outpatient	Assist
General Surgery, OB/Gynecology	Suture Laceration/Wound Repair	In/Outpatient	Assist
General Surgery, OB/Gynecology	Urinary Catheter Insertion and Removal	Outpatient	Perform
Family Medicine, OB Gynecology	Urine Dipstick	In/Outpatient	Perform
Family Medicine, OB/Gynecology	Vaginal Delivery	In/Outpatient	Assist
Internal Medicine, General Surgery	Wound Care	In/Outpatient	Perform

Narrative Response

- a. Provide a definition for the terms used under “level of student responsibility” in table 6.2-1. That definition should clearly describe what the students are expected to do in that situation (e.g., observe, participate).

Levels of responsibility for required clinical experiences, clinical procedures or skill include:

1. Observe: Student observes patient care and/or a procedure being performed.
2. Assist: Student assists an attending or preceptor with providing patient care and/or performing a procedure.
3. Perform: Student provides care to the patient and/or performs a procedure under direct supervision.

- b. Describe how and by what group(s) the current list of patient types/clinical conditions and skills was reviewed and approved.

The procedural skills and clinical encounters were reviewed and approved by the Clinical Experiences Subcommittee of the Curriculum Committee. The list was reviewed by the Assessment Subcommittee and approved by the Curriculum Committee. The Clinical Experiences Subcommittee used educational references from the six core medical disciplines to draft the procedural skills and clinical encounters list. Further review and consolidation were based on mission alignment, knowledge integration, and resources at each clinical campus.

- c. Describe how and by what groups the list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill was reviewed and approved.

The Director of the Longitudinal Integrated Clerkship (LIC), the Clinical Education Directors, and the Associate Deans for Clinical Education (ADCEs) created the initial list of alternatives to remedy gaps. The list was reviewed and approved by the Clinical Experiences Subcommittee and the Curriculum Committee. The list is reviewed annually by the Director of the LIC and ADCEs. Recommended changes are reviewed by the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment, and Evaluation, and then reviewed by the Clinical Experiences Subcommittee. Changes are approved by the Curriculum Committee.

- d. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills.

The required clinical experiences (patient type/clinical condition and required procedure/skill) list and expected clinical setting and level of student responsibility are provided to students during the LIC orientation.

Faculty receive the list of required clinical experiences (patient type/clinical condition and required procedure/skill) list and expected clinical setting and level of student responsibility at required faculty LIC orientation sessions.

For residents, the supervising faculty member (attending-of-record) provides the required clinical experiences (patient type/clinical condition and required procedure/skill) list and expected clinical setting and level of student responsibility to residents.

In addition, for all three groups, these lists are available in the course syllabus in the curriculum management system (EFlo MD).

6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.

Supporting Data

Table 6.3-1a Self-Directed Learning – Pre-clerkship Self-Directed Learning Opportunities									
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the opportunities for self-directed learning in the pre-clerkship phase of the curriculum. Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1	78	4	5%	3	4%	27	35%	44	56%
M2	55	0	0%	4	7%	10	18%	41	75%
M3	58	0	0%	10	17%	11	19%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	4	2%	17	9%	48	25%	122	64%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 6.3-1b Self-Directed Learning –Adequacy of Unscheduled Time for Self-Directed Learning									
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of unscheduled time for self-directed learning in the pre-clerkship phase of the curriculum. Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1	78	2	3%	14	18%	18	23%	44	56%
M2	55	0	0%	6	11%	11	20%	38	69%
M3	58	0	0%	4	7%	6	10%	48	83%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	2	1%	24	13%	35	18%	130	68%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Narrative Response

- a. List the courses in which self-directed learning activities occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all the following components of self-directed learning in a unified sequence and indicate the methods used to assess student achievement of these skills. Use the names of relevant courses from Tables 6.0-1 when answering.
 1. Self-assessment of their learning needs
 2. Independent identification, analysis, and synthesis of relevant information
 3. Independent and facilitator appraisal of the credibility of information sources
 4. Assessed on and received feedback on their information-seeking skills

Medical students engage in self-directed learning activities throughout all phases of the curriculum, including the pre-clerkship phase. This includes the Case-Based Learning (CBL), Evidence-Based Medicine (EBM), and the Art and Practice of Medicine small group discussion (APM) components of the Foundations of Medicine courses (Year 1 and 2), and through the development of a required Scholarly Project (which begins during Year 1 of the pre-clerkship phase of the curriculum). During these components, students self-assess learning needs; independently identify, analyze, and synthesize relevant information and appraise the credibility of information sources.

Students receive feedback about self-directed learning skills through the following:

- Immediate peer and facilitator formative feedback during small group active learning sessions (APM, CBL, EBM).
- Low-stakes summative feedback at midpoint and end of course (approximately every six weeks) in the form of Workplace-Based Assessments (WBAs), including narrative feedback of the Practice-Based and Life-Long Learning competency domain (APM, CBL, EBM).
- Formative written feedback to first year students on clinical reasoning assignments, including adequacy of information sources for completing illness scripts for diagnoses under consideration.
- Longitudinal coaching from Academic Portfolio Coaches to all students during the pre-clerkship years, including specific feedback about development of skills in self-directed learning, self-assessment, and the development of learning plans.

Key for Table:

1. Medical students' self-assessment of learning needs (SA)
2. Medical students' independent identification, analysis, and synthesis of relevant information (I, A, S)
3. Medical students' appraisal of the credibility of information sources (Appr)
4. Facilitator's assessment of and feedback to students on their information-seeking skills (FB)

Course List from Table 6.0-1 Courses/	Self-directed learning activities	component (see Key)	Methods of assessment
Foundations of Medical Sciences I (MED FMS 501) Foundations of Medical Sciences II (MED FMS 502) Foundations of Medical Sciences III (MED FMS 503) Foundations of Medical Sciences IV (MED FMS 511) Foundations of Medical Sciences V (MED FMS 512) Foundations of Medical Sciences VI (MED FMS 513)	<p>CBL (5 hours per week) In 10 of 14 weeks for each of these courses, students engage in case-based learning (CBL) for 5 hours distributed over 3 days each week that requires them to analyze the case, determine learning objectives and knowledge gaps, self-direct strategies for resolving gaps, share and critically appraise knowledge as it applies to the case, and receive formative feedback in real time from small group facilitators. Students each receive 2 formal and 1 informal assessment from their facilitator each term.</p>	SA I, A, S Appr FB	A facilitator is present during all CBL sessions and makes direct observations of each student's progress, and completes workplace-based assessments (WBAs) based on these observations
Foundations of Medical Sciences II (MED FMS 502) Foundations of Medical Sciences III (MED FMS 503)	<p>EBM (2 hours per week) In 12 of 14 weeks for each FMS 502 and 503, students participate in a journal club that prepares students to critically appraise the evidence basis for clinical care. Students independently review selected journal articles and apply critical appraisal methods with faculty guidance.</p>	I, A, S Appr FB	Facilitators provide formative feedback on information-seeking skills during these sessions and provide students with written feedback via workplace-based assessments (WBAs). Peers provide feedback via a peer evaluation tool.
Program	Scholarly Project	SA I, A, S Appr FB	Students receive narrative (oral and written) formative feedback from their project supervisor and the Scholarly Projects Committee.

- b. Referring to the sample weekly schedules requested for the DCI supporting documentation below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning in the pre-clerkship phase of the curriculum.

Throughout the pre-clerkship phase of the curriculum a minimum of 11 hours of unscheduled time for self-directed learning each week, on average over a course, based on a 40-hour work week.

Supporting Documentation

1. Sample weekly schedules that illustrate the amount of time in the pre-clerkship years of the curriculum that medical students spend in scheduled activities.

Appendix 6-03-01 Example Weekly Course Schedule Year 2

Appendix 6-03-02 Example Weekly Course Schedule Year 1

6.4 Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

Supporting Data

Table 6.4-1 Percentage Total Clerkship Time*		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine	100%	0%
Internal medicine	20%	80%
Ob-Gyn	50%	50%
Pediatrics	100%	0%
Psychiatry	100%	0%
Surgery	50%	50%
TOTAL (overall LIC)	67%	33%

Narrative Response

- a. Describe what information is used by the curriculum committee or other authority to review the balance between inpatient and ambulatory experiences to ensure that medical students spend sufficient time in each type of setting to meet the learning objectives and the requirements for the clerkship.

The balance between inpatient and ambulatory experiences was set by the Longitudinal Integrated Clerkship (LIC) development working group. The group included all Associate Deans for Clinical Education, the DMECS Department Chair, a rising MS3 student, the Vice Dean for Academic and Community Partnerships, and the Vice Dean for Student and Faculty Experience. The percentage targets were determined after reviewing the AAMC clerkship data and targets set by other institutions who have an LIC. The percentage goals were then reviewed by the LIC Steering Committee and further explored in a special LIC Development retreat. Each campus' draft schedule template was also reviewed at these same checkpoints before finalization.

Student schedules are reviewed, and clinical assignments adjusted at the local campus level (Everett, Spokane, Tri Cities, and Vancouver).

Prior to the end of the LIC, final distribution data is collected across all four campuses and presented to the Clinical Experiences Subcommittee for review and recommendations. Recommended adjustments are then presented to the Curriculum Committee prior to the start of the subsequent LIC year. The Curriculum Committee reviews the data and recommendations and provides guidance to the LIC Course Director and each Associate Dean for Clinical Education for implementation.

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

Supporting Data

Table 6.5-1 Required Elective Weeks*	
Provide the number of required weeks of elective time in each phase of the curriculum.	
Phase	Total required elective weeks
Year 1	0
Year 2	0
Year 3	0
Year 4	24

Narrative Response

- a. Describe how the medical school ensures that sufficient electives are available to medical students.

To ensure that sufficient electives are available to medical students, the College has enacted several activities. Local clinical faculty are recruited and supported to sponsor electives listed in the course catalog at each clinical campus. This provides opportunities across the entirety of Year 4. Students can register for electives offered on campuses other than their home learning community. Students are also assisted with the Visiting Student Learning Opportunities (VSLO) registration and allowed to take electives at other institutions in the US and Canada. Students must seek approval from the Associate Dean for Curriculum under advisement from the students' ADCE and Assistant Dean for Student Affairs. Finally, students who are in good academic standing are provided guidance and oversight to develop their own learning experiences in clinical and non-clinical areas, nationally and internationally, not otherwise listed in the course catalog.

6.6 Service-Learning/Community Service

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities

Supporting Data

Table 6.6-1 Satisfaction with Opportunities for Service Learning/Community Service									
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with opportunities to participate in service-learning and/or community service. Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1	78	1	1%	2	3%	8	10%	67	86%
M2	55	1	2%	2	4%	3	5%	49	89%
M3	58	0	0%	7	12%	7	12%	44	76%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	2	1%	11	6%	18	9%	160	84%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Narrative Response

- Summarize the opportunities for medical students to participate in service-learning and/or community service, including the general types of service-learning and/or community service activities that are available. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definitions of service-learning and community service.

The medical education program requires all students to complete a minimum of 12 hours of service-learning with one or multiple community-based agencies or programs. Students learn about the definition and meaning of service-learning and community service in the Foundations of Medicine (FMS) 501. The curriculum supports students’ preparation for service-learning and community service activities through the WSU Spokane Office of Community Engagement and Service Learning, as well as the software platform: wsu.givepulse.com. During Years 1 and 2, medical students have opportunities to participate in service-learning and/or community service during self-directed learning time and during their three clinical campus weeks in each academic year. Students may continue their service-learning and/or community service activities based in their learning communities during the Clerkship Phase of the curriculum, where they have additional self-directed learning time during the LIC, and/or during 4th year elective rotations. Students track service-learning hours on wsu.givepulse.com. Each student completes a written reflection and gives a five-minute presentation on their service-learning experience to their peers, community partners, and students in other health professions as a way to inform all students about programs and resources that may benefit their patients and practices in the future.

The current list of community service/service-learning organization that have affiliation agreements with Washington State University is included in appendix 6-06-01. The dynamic list can be found at www.wsu.givepulse.com.

- b. Describe how medical student participation in service-learning and/or community service activities is encouraged. How are students informed about the availability of these activities? Provide school data, as available, on the level of students' participation in service-learning and/or community service activities.

The WSU-Spokane Office of Community Engagement and Service Learning communicates community service/volunteer activities throughout the academic year. The College works closely with the Office of Community Engagement and Service-Learning, who communicates with students to reinforce the importance of community engagement and interactions with other professionals. Opportunities for service-learning and volunteering are also communicated via postings on the curriculum/learning management system (EFlo MD), on a campus-wide web-based platform (wsu.givepulse.org), and at a community partner fair held annually on campus for all the students each September.

Each student is required to complete a service-learning project with a community agency that is 12 hours or more of engagement. Many students are also engaged in volunteer activities with various organizations in the community.

- c. Describe how the medical school supports service-learning and/or community service activities through the provision of funding or staff support.

Funding: Registered student organizations (RSO) such as the Family Medicine Interest Group can request funds for a service project from ASWSU-Spokane via the Services & Activities (S & A) fund.

Staff Support: The Assistant Director of the Office of Service and Community Engagement, a funded position, secures opportunities for students to volunteer with organizations or programs that further each student's medical education, while providing services that also meet the goals of community partner organizations. The Assistant Director meets with students individually, if requested, to ensure the student is matched with a community partner where a reciprocal relationship can be established.

6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

Supporting Data

Table 6.7-2 Continuing Medical Education		
If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.		
Program Sponsor	Accreditation Status	Length of Accreditation Term
Swedish Medical Center	Accredited with Commendation	6 years
MultiCare Inland NW Region	Accredited	4 years
PeaceHealth Southwest Medical Center	Accredited	4 years
Providence Health Care	Accredited	4 years
Astria Regional Medical Center	Accredited with Commendation	6 years
CHI Franciscan Health	Accredited with Commendation	6 years
Kaiser Foundation Health Plan of Washington	Accredited with Commendation	6 years
MultiCare Health System	Accredited with Commendation	6 years
PeaceHealth St. John Medical Center	Accredited with Commendation	6 years
Providence Southwest Washington	Accredited with Commendation	6 years

Narrative Response

- a. List the graduate programs (e.g., PhD, master's) that are located on the same campus as the medical school.

The Spokane Health Sciences Campus is the home to three universities and several programs as follows:

Washington State University

- Speech & Hearing Sciences (MS)
- Nutrition and Exercise Physiology (MS)
- Nursing (MN, DNP, PhD)
- Pharmacy (PharmD, PhD)

Eastern Washington University

- Communication Disorders (MS)
- Dental Hygiene (MS)
- Physical Therapy (DPT)
- Occupational Therapy (MOT)
- Public Health (MPH Degree)

University of Washington

- WWAMI (MD Program)
- MedEx (PA Program)
- RIDE (DDS Program)

b. List the professional degree programs that are located on the same campus as the medical school.

The Spokane Health Sciences Campus has several professional degree programs as follows:

Washington State University

- Speech & Hearing Sciences (BS)
- Nutrition and Exercise Physiology (BS)
- Nursing (BSN, RN)

Eastern Washington University

- Communication Disorders (BS)
- Dental Hygiene (BS)
- Occupational Therapy (BS, BA)

c. Describe examples of informal programs (not a required part of the medical school curriculum) that are available for medical students to interact with students or professionals from graduate and/or professional degree programs. How does the medical school encourage such interactions?

The College of Medicine provides opportunities for medical students to interact with students and professionals in other graduate programs in both the Foundations (pre-clerkship) and Clerkship Phases of the medical education program.

Foundations Phase: Students have opportunities to interact with students from different graduate programs that are also located on Spokane Health Sciences campus and share resources such as the library, lounge spaces and relaxation facilities. The Spokane Health Sciences Campus contains an anatomy lab and Virtual Clinical Center which allows interactions between WSU medical students, University of Washington WWAMI medical students, WSU Pharmacy students and WSU nursing students.

Clerkship Phase: Students have opportunities for interaction and collaboration during clinical experiences with affiliate partners where they work with residents (e.g. Internal Medicine, Family Medicine), and students from other health professions (e.g. nurse practitioner, physician assistant, and pharmacist). They also interact with health professionals during community service and service-learning experiences. Opportunities are comparable across clinical campuses.

The medical school encourages these interactions formally via scheduled interprofessional learning sessions and elective courses open to students from other programs and schools in addition to medical students (e.g. health equity). Informal interactions are encouraged through student sponsored activities (e.g. picnics, guest speakers).

d. Describe how medical students are exposed to continuing medical education activities for physicians.

Clinical affiliates notify medical students of continuing medical education events and offer opportunities for students to participate at each of the regional campuses. Examples of events include: weekly grand rounds, tumor boards, specialty focused conferences (cardiology, radiology, etc.), and specific lecture series.

6.8 Education Program Duration

A medical education program includes at least 130 weeks of instruction

Supporting Data

Table 6.8-1 | Number of Scheduled Weeks per Year

Use the table below to report the number of scheduled weeks of instruction in each phase¹ of the curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks).²

Curriculum Phase	Number of Scheduled Weeks
Pre-clerkship phase	80
Clerkship phase	86
Other phase (as defined by the school)	3
Total weeks of scheduled instruction	169

¹The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for required clinical and other related activities. “Other phase” may be a separate portion of the curriculum following the completion of required rotations.