Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences.

Supporting Data

Table 8.0-1 | Overall Satisfaction							
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: "*Overall, I am satisfied with the quality of my medical education.*"							
AAMC GQ 2017		AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will be available beginning in 2021.

Supporting Documentation

1. A summary of student questionnaire results for each required course and clerkship for the past two academic years. Include the overall response rate for the year for each course/clerkship.

Course Evaluation	Academic Year	Response Rate	Response Rate	Appendix
FMS 501	2018-2019	35/60	58%	8-00-01
LMH 501	2018-2019	28/60	47%	8-00-02
FMS 501	2019-2020	78/80	98%	8-00-03
LMH 501	2019-2020	78/80	98%	8-00-04
FMS 502	2018-2019	31/60	52%	8-00-05
LMH 502	2018-2019	36/60	60%	8-00-06
FMS 502	2019-2020	78/79	99%	8-00-07
LMH 502	2019-2020	78/79	99%	8-00-08
FMS 503	2018-2019	31/59	53%	8-00-09
LMH 503	2018-2019	25/59	42%	8-00-10
FMS 503	2019-2020	75/79	95%	8-00-11
LMH 503	2019-2020	75/79	95%	8-00-12
FMS 511	2018-2019	41/60	68%	8-00-13
LMH 511	2018-2019	32/60	53%	8-00-14
FMS 511	2019-2020	57/59	97%	8-00-15
LMH 511	2019-2020	57/59	97%	8-00-16
FMS 512	2018-2019	24/60	40%	8-00-17
LMH 512	2018-2019	26/60	43%	8-00-18
FMS 512	2019-2020	59/59	100%	8-00-19
LMH 512	2019-2020	59/59	100%	8-00-20
FMS 513	2018-2019	38/60	63%	8-00-21
LMH 513	2018-2019	35/60	58%	8-00-22

FMS 513	2019-2020	56/59	95%	8-00-23
LMH 513	2019-2020	56/59	95%	8-00-24
MED CLIN 521	2019-2020	59/59	100%	8-00-25
MED CLIN 522	2019-2020	55/59	93%	8-00-26
MED CLIN 523	2019-2020	55/58	95%	8-00-27

8.1 Curricular Management

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Narrative Response

a. Provide the name of the faculty committee with primary responsibility for the oversight and management of the curriculum (i.e., "curriculum committee"). Describe the source of its authority (e.g., medical school faculty bylaws).

The Curriculum Committee has primary responsibility for the oversight and management of the curriculum. There are no anticipated changes to the structure or charge of this committee. The source of the Curriculum Committee's authority is found in the College Bylaws, most recently revised, and ratified on March 6, 2020.

b. Provide the number of curriculum committee members and describe any specific categories of membership (e.g., basic science or clinical faculty members, course directors, students). Note if there are terms for committee members.

There are currently 24 Curriculum Committee members. That number will increase to 25 when medical students from all four years are represented. Specific categories of Curriculum Committee membership is defined in the College Bylaws as follows below.

Curriculum Committee membership terms are for 3 years, with no term limits.

2. Composition:
    a. The Curriculum Committee is composed of a minimum of 15 voting members including:
        i. Faculty members who are Clinical Education Directors in the following clinical domains are appointed to the Curriculum Committee: Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, General Surgery, Psychiatry, Emergency Medicine, and the Art and Practice of Medicine
            ii. The Dean for Curriculum
            iii. The Dean for Accreditation, Assessment and Evaluation
            iv. One representative of the Longitudinal Integrated Clerkship
        v. Three members elected from the Foundational Sciences (e.g., human structure and function, and cell and molecular biology)
        vi. Four student representatives elected by the medical student body, one from each year (1, 2, 3, & 4)
        vii. At least one elected faculty member from each clinical campus.
        viii. At least one member from another WSU college.
        ix. If each campus and/or one other health professions college is not represented among the elected members, additional members will be elected to fulfill those criteria.

    b. Other faculty and/or administrators may be appointed as non-voting members of the Curriculum Committee, by the Dean or his/her designee.

c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee.

There are five subcommittees of the Curriculum Committee: The Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee, the Evaluation Subcommittee, the Assessment Subcommittee, and the Learning Resources Subcommittee. All subcommittees report directly to the Curriculum Committee. The Curriculum Committee Chair appoints co-chairs to each subcommittee; at least one of the co-chairs must be a voting member of the Curriculum Committee.

Terms of reference for each subcommittee, including membership descriptions and definitions, have been established and endorsed by the Curriculum Committee. Subcommittees may also include additional faculty members and subject matter advisors.

The Foundations of Medicine Subcommittee is charged with continuously reviewing components, topics, systems, and subjects considered to be under the term "Foundations of Medicine" throughout the MD curriculum. This subcommittee addresses any implementation issues, and recommends changes for improvement of content, integration, and evaluation, as necessary. Subcommittee membership includes at least one medical student, faculty, and/or administrative staff from the College, or other WSU Colleges, or others as outlined in the subcommittee charter.

The Clinical Experiences Subcommittee is charged with continuously reviewing the clinical experiences of medical students and the environment necessary to support the curriculum, addressing implementation issues, and recommending changes for improvement and evaluation, as necessary. Members are appointed and include two co-chairs, one of which shall be a Curriculum Committee member. The subcommittee chair appoints other members which include at least one student from each phase of the curriculum, may include faculty and/or administrative staff from the College, or others appointed by the Chair.

The Evaluation Subcommittee is charged with selecting and reviewing the processes necessary to evaluate all aspects of the curriculum, including student assessment, and faculty and program evaluation. The subcommittee addresses implementation issues and recommends changes for improvement and further evaluation, as necessary. Membership includes a chair and co-chair, one of which shall be a member of the Curriculum Committee. Subcommittee membership includes at least one student from the pre-clerkship curriculum (Years 1 and 2), one student from the clerkship years (Years 3 and 4) and may include faculty and/or administrative staff from the college, or other WSU Colleges. Members are appointed by the Associate Dean for Accreditation, Assessment and Evaluation and includes faculty, staff, and medical educators with specific skills in program evaluation.

The Assessment Subcommittee is charged with outlining the principles for the programmatic assessment plan which includes: developing the explicit goals of the programmatic plan, setting the principles of assessment and identifying the methods of assessment to measure student achievement of courses, milestones, and program-specific core competencies. The subcommittee recommends timing of assessments, sources of assessment items and advises on methods and tools for data capture, management, and storage. In addition, the subcommittee reviews assessment results to guide interpretation and to assist in decision-making before making recommendations on the administrative structure, operational activities, communication strategies, policies and procedures that relate to the overall assessment system.

The Learning Resources Subcommittee is charged with continuously reviewing the information and technology needs and solutions necessary to support the curriculum, addressing implementation issues, and recommending changes for improvement and evaluation, as necessary. Membership includes a chair and/or co-chairs, one of which shall be a Curriculum Committee member, appointed by the Curriculum Committee Chair. Subcommittee membership includes at least one student from any of the three departments of the College of Medicine, may include faculty and/or administrative staff from the College, or other WSU Colleges, or others.

At this time, no additional subcommittees are anticipated.

Supporting Documentation

1. The charge to or the terms of reference of the curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. If the subcommittees of the curriculum committee have formal charges, include those as well.

Appendix 8-01-01 Curriculum Committee Terms of Reference – Bylaws Excerpt

Appendix 8-01-02 Foundations of Medicine Subcommittee Terms of Reference

Appendix 8-01-03 Clinical Experiences Subcommittee Terms of Reference

Appendix 8-01-04 Evaluation Subcommittee Terms of Reference

Appendix 8-01-05 Assessment Subcommittee Terms of Reference

Appendix 8-01-06 Learning Resources Subcommittee Terms of Reference

2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

Appendix 8-01-07 Curriculum Committee Member List

3. Note: Have available on-site for the survey team two years of curriculum committee minutes.

8.2 Use of Medical Educational Program Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

Narrative Response

a. Describe how the medical education program objectives have been and are being used in the following activities:

    1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
    2. The evaluation of curriculum outcomes

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases: The medical educational program learning objectives (PLOs) are used by several groups to guide the placement of content within the curriculum and guide the development of individuals sessions. Curriculum planning is centered on the relationships between the program learning objectives, the yearly milestones and course-level learning outcomes. This framework together with the specific professional objectives, the service-learning objectives, the scholarship objectives, and the discipline-based basic and clinical sciences objectives are used by Course and Clerkship Directors to develop the curriculum.

Reports produced through the learning management system (EFlo MD) allow a general overview and analysis of curriculum development by focusing on mapping and integration of content and identification of gaps and redundancies in the curriculum. The relevant subcommittees of the Curriculum Committee use the educational program learning objectives and mapping for quality improvement of the individual courses and the overall curriculum. Course objectives stem from the program learning objectives and milestones. The session objectives stem from the course objectives.

2. The Evaluation of curriculum outcomes: The Evaluation Unit, under the direction of the Associate Dean for Accreditation, Assessment and Evaluation, along with the Assessment Subcommittee and the Evaluation Subcommittee use the PLOs and milestones to select the metrics and develop the tools to evaluate curriculum outcomes. The metrics, tools and evaluation plan are presented to the Evaluation Subcommittee, Assessment Subcommittee, Foundations of Medicine Subcommittee, and the Clinical Experiences Subcommittee, and then to the Curriculum Committee for review and approval prior to implementation. The medical program competencies were developed to align with and map to the Accreditation Council for Graduate Medical Education (ACGME) competencies and the Physician Competency Reference Set and are included in specific assessment tools.

b. Describe the status of linking course and clerkship learning objectives to medical education program objectives. Summarize the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in making and reviewing this linkage.

The linkage of course and clerkship objectives to the educational program objectives has been completed.

Course and clerkship objectives are developed based on yearly milestones and are written by the Course and Component Directors in collaboration with Foundational Science and Clinical Education Directors, and the Longitudinal Integrated Clerkship Director. Guidance is provided by the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment and Evaluation. The linkages and mappings are then reviewed by the Director of the Curriculum Management Unit and the Associate Dean for Accreditation, Assessment and Evaluation to ensure alignment of curriculum content and assessment before being presented to the Curriculum Committee. The Curriculum Committee is ultimately responsible for ensuring that learning objectives for courses and clerkships are correctly linked to the medical education program objectives.

Supporting Documentation

1. One example from a course and one example from a clerkship illustrating the linkage of all the learning objectives of the course and the clerkship to the relevant medical education program objective(s).

Appendix 8-02-01 FMS 501 Learning Objectives linked to Program Objectives

Appendix 8-02-02 MED CLIN 521 Learning Objectives linked to Program Objectives

8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

Supporting Data

Table 8.3-1 | Role in Curriculum

For each of the listed tasks, indicate the role[1] of the individual(s)/group(s) listed below (D, I, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank.

Task	Course/ Education Directors, LIC Director, and Faculty	Curriculum Office/ Associate Dean for Curriculum	Office of AAEC, Associate Dean for Accreditation, Assessment and Evaluation	Curriculum Office Staff	Curriculum Committee	Curriculum Committee Subcommittee(s)
Developing educational program objectives	D, I	D	D	I	R, A	R, A
Approving educational program objectives		R, Rec, A	R, Rec, A	R, Rec	R, A	R, A
Developing course/clerkship learning objectives	D, I	D, R, Rec, A	D	I	R, A	R, A
Approving course/clerkship learning objectives		R, Rec, A	R, Rec, A	R, Rec	R, A	R, A
Developing course/clerkship content and instructional methods	D, I	D, R, Rec	R, Rec, A	I	R, A	R, A
Evaluating course/clerkship quality	R, Rec	D, R, Rec, A	D, I, R, Rec, A	R, Rec	R, A	R, A
Evaluating faculty/resident teaching	R, Rec	D, R, Rec, A	D, I, R, Rec, A	R, Rec	R, A	R, A
Monitoring curriculum content, including horizontal and vertical integration	R, Rec	D, R, Rec, A	D, I, R, Rec, A	I, R, Rec	R, A	R, A
Evaluating the quality/outcomes of courses/clerkships	R, Rec	D, R, Rec, A	D, I, R, Rec, A	R, Rec	R, A	R, A
Evaluating the outcomes of curriculum phases	R, Rec	D, R, Rec, A	D, I, R, Rec, A	R, Rec	R, A	R, A
Evaluating the outcomes of the curriculum as a whole	R, Rec	D, R, Rec, A	D, I, R, Rec, A	R, Rec	R, A	R, A

[1]Definitions:
(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational program objectives, the plan, and tools for course evaluation)
(I) Implement = Carry out the process or utilize the product
(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes
(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation
(A) Approve/Take Action = Have final responsibility for an action related to the product or process

Narrative Response

a. Describe the process for formal review of the phases of the curriculum. Include in the description the areas and outcomes that are evaluated, as well as the frequency with which the reviews of each phase are conducted, the process by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving and acting on the results of the evaluation.

The MD program is implemented in two phases: pre-clerkship phase (Years 1 and 2) and a clerkship phase (Years 3 and 4). All required courses and phases are evaluated on an annual basis (every academic cycle). These reports used to review the phases of the curriculum are comprehensive and contain survey information collected from students, faculty, and staff. Data presented in the reports include information regarding student performance and outcome measures, alignment of curriculum and assessment, integration of curriculum content, quality of assessment, amount and quality of feedback, student, faculty and staff experience, satisfaction with the quality of teaching and resources, and quality of the learning environment. Additional information regarding instructional methods, time in learning environments, and curriculum mapping information is provided by the Assessment Unit and the Curriculum Management Unit. These reports provide information that allows the program to assess the performance of yearly milestones and follow both vertical and horizontal integration in the curriculum. The Evaluation Unit also deploys a self-assessment "readiness for clerkship" survey that provides the Curriculum Office and the Year 1 and 2 Course Directors with information about students' perceptions of their preparedness for Year 3 training. The Evaluation Unit works with faculty and administration to develop all survey tools, conduct evaluations, analyze the data, and generate the evaluation reports. The reports are provided to the Course Directors, Longitudinal Integrated Clerkship Director, Clinical Education Directors and subcommittees for discussion and approval of recommendation for future improvements. The reports are then sent to the Curriculum Committee for final approval of the proposed recommendations. The reports are then provided to relevant offices (Curriculum, Assessment, IT) and the Course and Component Directors with guidance about the implementation of any required changes for the next academic year. The Program Evaluation strategy document provides further details (Appendix 8-03-01).

b. Describe how the curriculum as a whole is evaluated, including the methods used to determine the following:

    1. The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives
    2. The curriculum structure, and whether the instructional formats and methods of assessment are consistent with and designed to support the medical education program objectives being met

    Include in the description the frequency with which a review of the curriculum is conducted, the administrative support available for the review.

1. The horizontal and vertical integration of curriculum content: Horizontal and vertical integration of the curriculum are evaluated at the end of each course at the end of each academic year. Integration is monitored through student and faculty surveys (student and faculty perceptions of integration) and a review of the curriculum map that captures content within (horizontal) and across (vertical) learning units within the curriculum. The assessment methods used are also screened for their assessment of integrated knowledge concepts and the integration of both knowledge and skills. This information is capture in the course evaluation reports, the year-end evaluation reports, and the phase-level reports produced by the Evaluation Unit and reviewed annually by the Curriculum Committee and its subcommittees. The Assessment and Curriculum Offices also review these reports

2. The curriculum structures, and whether the instructional formats and methods of assessment are consistent with and designed to support the medical education program objectives being met: The curriculum structure is reviewed during each course evaluation and during each academic year using course and program evaluation reports that include data provided by the Curriculum Management Unit and the Assessment Unit. The Curriculum Management Unit tracks each instructional method used and the amount of time associated with each instructional method within the curriculum. The Assessment Unit provides a map that links session-level learning objectives and course-level learning objectives to assessment methods. The assessment methods used in the MD program are anchored by yearly milestones and reported by the 6 core competencies (medical education program objectives) to allow faculty and the program to follow student development and progression across courses and across years in the program. Aggregate performance by competency provides the Curriculum Committee and its subcommittees with information about the performance of the program and student progression towards achieving the program level learning objectives. The evaluation reports are produced by the Evaluation Unit to support the work of the Curriculum Committee.

c. Describe how and how often curriculum content is monitored, including the tools (e.g., a curriculum database) available for content monitoring.

Curriculum content is monitored each academic year by the Curriculum Committee and the subcommittees of the Curriculum Committee. To facilitate the review, the Director of the Curriculum Accreditation Management produces reports from the learning management system (EFlo MD) that identify when and where content has been delivered in the curriculum. Reports also contain the amount of time associated to the different topics delivered in the curriculum.

d. List the roles and titles of the individuals who have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content.

The following individuals have access to the curriculum database (learning management system, EFloMD):

Roles/Titles	View/Read	Edit/Add/Delete
Students, Years 1-4	X	
Staff	X	
Administrative staff (curriculum specialists, manager of assessment unit, data analysts (assessment unit), and information technology	X	X
Faculty (course and component directors)	X	
Administrative faculty (Associate Dean for Accreditation, Assessment and Evaluation, Associate Dean for Curriculum, Director of Curriculum Accreditation Management Unit)	X	X

The ability to add, edit, or delete content in EFlo MD is limited to select faculty and staff who have been assigned administrator access as part of their role. These roles are within the areas of information technology, assessment, curriculum, and data management.

The responsibility for monitoring and updating curriculum content is shared by the faculty and staff of the Curriculum Office. These individuals include the Director of Curriculum Services, the Administrative Assistant for the Curriculum Office, and the Associate Dean for Curriculum.

The Curriculum Committee guides curriculum review and receives the results of all evaluations. The results of curriculum evaluation reviews are then distributed to the individuals and committees which have oversight responsibility for that specific course, clerkship, or phase. Any results that indicate substantial changes are needed, or where areas of concern are identified, are also distributed to the college Dean for review and approval, at the discretion of the Curriculum Committee Chair.

e. Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education program objectives have been used to identify gaps and unwanted redundancies in topic areas. Use Table 8.3-1 to note which individuals and committees receive the results of the reviews of curriculum content.

Curriculum reports containing information about curriculum content and the linkage between course learning objectives and the education program learning objectives are reviewed each academic year by course directors, education directors, the Assessment and Curriculum Offices, and subcommittees of the Curriculum Committee and the Curriculum Committee. These units review reports from EFlo MD to identify gaps and unwanted redundancies.

Examples of recent curriculum search to identify gaps in topic areas include (appendix 8-03-02):
1. “Special” senses coverage in pre-clerkship years
2. Pharmacology objectives in pre-clerkship years
3. Formulary coverage in the pre-clerkship years
4. Formulary mapped to objectives in pre-clerkship years

Each of the above searches identified gaps that were used to inform curriculum development.

Supporting Documentation

1. A sample review of a course and a clerkship.

Appendix 8-03-03 FMS 502 Course Evaluation 2019-2020

Appendix 8-03-04 MED CLIN 523 Course Evaluation 2019-2020

2. The results of a search of the curriculum database for curriculum content related to the topics of “acid-base balance” and “health disparities.”

Appendix 8-03-05 EFlo Search - Acid-Base Balance

Appendix 8-03-06 EFlo Search - Health Disparities

8.4 Evaluation of Educational Program Outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.

Supporting Data

Table 8.4-1 | USMLE Requirements for Advancement/Graduation

Place an "X" in the appropriate columns to indicate if the school's medical students are required to take and/or pass USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and/or graduation.

	Take	Pass
Step 1	X	X
Step 2 CK	X	X
Step 2 CS	X	X

Table 8.4-2 | Monitoring of Medical Education Program Outcomes

Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education program quality and outcomes and how often the results are reviewed.

Outcome Indicator	Individuals and groups receiving the data	How often these results are reviewed
Results of USMLE or other national examinations	The Dean's Report and an internal report summarizing the exam results is produced by the Associate Dean for Accreditation, Assessment and Evaluation and reviewed by the Curriculum Committee and the relevant subcommittees (Foundations of Medicine, Clinical Experiences, Evaluation and Assessment). Individuals comprising these committees include Academic and Admissions Deans, Department Chairs, Education Directors, Course Directors, the Longitudinal Integrated Clerkship Director, student representatives and representatives of enabling units (e.g. IT). A report comparing student performance by clinical campus is also reviewed by the Evaluation Subcommittee, the Assessment Subcommittee, and the Curriculum Committee.	Annually
Student scores on internally developed examinations	A summary report of student performance is produced at the end of each course. These are reviewed by the Student Evaluation, Promotion and Awards Committee, Associate Deans, Curriculum Committee, and Course and Component Directors. During the Longitudinal Integrated Clerkship, this includes review by the Longitudinal Integrated Clerkship Director. Information from the summary report is also included in evaluation reports distributed to the Foundations of Medicine, Clinical Experiences.	For Years 1 and 2, at the end of each course (3 times per year). For LIC, every 3-6 months
Performance-based assessment of clinical skills (e.g., OSCEs)	A report detailing OSCE results by station and by competency is reviewed by the Foundations of Medicine, Clinical Experiences subcommittee, the Assessment Subcommittee, and the Curriculum Committee at the end of each term.	For Years 1 and 2, at the end of each course (3 times per year). For LIC, every 3-6 months

Outcome Indicator	Individuals and groups receiving the data	How often these results are reviewed
Student responses on the AAMC GQ	When AAMC GQ data is available beginning in 2021, a summary report will be prepared by the Evaluation Unit which will highlight the most salient results of the AAMC GQ survey. This summary will include quantitative results from the past three years and qualitative results in the form of themed student comments identifying strengths and targets for improvement. Together, these data facilitate analysis of trends and the impact of various educational interventions. The GQ results will be reviewed by several standing committees and subcommittees, including, Curriculum Committee, Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee, the Evaluation Subcommittee and Assessment Subcommittee. The report will also be provided to Associate Deans for Clinical Education, Assistant Dean for Student Affairs, Associate Dean for Curriculum, Associate Dean for Accreditation, Assessment, and Evaluation, and the Senior Associate Dean for Admissions and Student Affairs. The Evaluation Unit will also prepare a report comparing GQ results from the individual clinical campuses to enable determination of comparability of students' educational experience. The distribution of the comparability report will be limited to the Curriculum Committee.	Annually (starting in 2021)
Student advancement and graduation rates	Student advancement and graduation rates are reviewed at the Student Evaluation, Promotion and Awards Committee and the Curriculum Committee.	Annually
NRMP match results	Match results will be reviewed by the Associate Dean for Graduate Medical Education, Associate Dean for Curriculum, Associate Dean for Accreditation, Assessment and Evaluation and Associate Deans for Clinical Education.	Annually
Specialty choices of graduates	An internal report of match results, reflecting specialty choices of graduates will be reviewed by the Curriculum Committee and the relevant subcommittees. The report will also be reviewed by the Associate Dean for Curriculum, Associate Deans for Clinical Education and Assistant Dean for Student Affairs.	Annually
Assessment of residency performance of graduates	The Evaluation Unit will administer a Readiness for Residency survey to first year residents (PGY1) training at the College's residency sites and outside of the College's residency sites where residents self-assess their competencies relating to physician tasks appropriate for their first year of residency. Data from the survey will be presented to the Curriculum Committee, Clinical Experiences Subcommittee, the Evaluation Subcommittee, and Assessment Subcommittee. The report will also be reviewed by the Associate Dean for Graduate Medical Education, the Associate Dean for Curriculum and the Associate Deans for Clinical Education.	Annually

Table 8.4-3 | Step 1 USMLE Results of First-time Takers						
Provide the requested Step 1 USMLE results of first-time takers during the three most recently completed years.						
Year	# Examined	Percentage Passing School (national)	Mean total score and SD		National mean total score and SD	
			Score	SD	Score	SD
2020	57	98.2%	228.6	18.76	231	19

Table 8.4-4 | Step 2 CK USMLE Results of First-time Takers						
Provide the requested Step 2 CK USMLE results of first-time takers during the three most recently completed academic years.						
Academic Year	# Examined	Percentage Passing School (national)	Mean total score and SD		National mean total score and SD	
			Score	SD	Score	SD
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*Data not yet available for the charter cohort

Table 8.4-5 | Step 2 CS USMLE Results of First-time Takers		
Provide the requested Step 2 CS USMLE results of first-time takers during the three most recently completed academic years.		
Academic Year	# Examined	Percentage Passing School (national)
N/A*	N/A*	N/A*

*Data not yet available for the charter cohort

Narrative Response

a. Select three current educational program objectives from the response to Element 6.1. One example should come from each of the domains of knowledge, skills, and behaviors (e.g., professionalism). For each objective, describe how the attainment of the objective is evaluated, including the data elements used in the evaluation, and provide specific outcomes illustrating the extent to which the objective is being met.

Objective 1: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral concepts in caring for healthy, ill patients and the community (Knowledge Domain). The attainment of this objective is evaluated through student cohort performance on a variety of different assessment tools including the following: institutionally developed, written computer-based exams (current); institutionally develop laboratory practical exams (current); licensure exams both clinical and written/computer-based (future); nationally normed standardized exams.

An example of a data element used to evaluate student success within the knowledge domain includes cohort performance on institutionally developed, written computer-based exams (referred to as mastery exams). Students are required to achieve at least a 70% on each mastery exam. Students who do not meet 70% on the first attempt on a mastery exam are provided with the opportunity for targeted skills development to improve their knowledge base. For academic year 2018-19, the Class of 2022, student aggregate performance on the mastery exams for each course is reported in the table below. This information is reviewed by Curriculum Committee and its subcommittees during review of the course evaluation reports developed by the Evaluation Unit each term.

Class of 2022:

Written Exam	Mean	SD	# of Students Requiring Targeted Skills Development or Remediation
FMS 501 - Mastery Exam 1	85.27	5.73	0
FMS 501 - Mastery Exam 2	82.53	7.28	3
FMS 501 - Mastery Exam 3	83.74	6.67	1
FMS 502 – Mastery Exam 1	82.58	7.79	5
FMS 502 – Mastery Exam 2	82.16	8.39	5
FMS 502 – Mastery Exam 3	80.78	6.91	2
FMS 503 – Mastery Exam 1	80.82	8.33	5
FMS 503 – Mastery Exam 2	86.36	5.01	0
FMS 503 – Mastery Exam 3	78.68	6.90	7

Objective 2: 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 (Skills Domain). The attainment of this objective is evaluated through student cohort performance on a variety of different assessment tools including the following: clinical performance checklists (current), institutionally developed, clinical performance exam (current); licensure exams both clinical and written/computer-based (future).

An example of a data element used to evaluate student success within the skills domain includes cohort performance on institutionally developed objective structured clinical exams (OSCEs). Students are required to achieve 70% in each OSCE to pass the assessment. Students who do not meet 70% on the first attempt on an OSCE assessment are provided with the opportunity for targeted skills development to improve their skills. For academic year 2019-20, the Class of 2021, student aggregate performance on OSCEs is reported in the tables below. Data is also provided for Class of 2022 and 2023. This information is reviewed by the Curriculum Committee and its subcommittees during review of the course evaluation reports developed by the Evaluation Unit each term.

Class of 2021:
MED CLIN 522 (Fall 2019):
Assessment Modality: Objective Structured Clinical Examinations (OSCE)
N=57 students

Type	Station	Station Mean	Station SD	# of Students Requiring Remediation
Formative	History Taking – Abdominal Pain	86.12	11.62	3
	Physical Examination – Abdominal Pain	75.53	11.00	
	History Taking – MSK	84.19	11.49	
	Physical Examination – MSK	72.86	8.31	
	SOAP Note	83.22	15.17	
	Diagnostic Interpretation	94.88	10.67	

Source: Assessment Unit

Class of 2022:
FMS 511 (Fall 2019):
Assessment Modality: Objective Structured Clinical Examinations (OSCE)
N=59 students

Type	Station	Station Mean	Station SD	# of Students Identified as Requiring Support for Skills Development
Formative	History Gathering	81.46	11.64	7
	Physical Examination	80.57	15.23	
	Oral Presentation	82.18	12.18	
	Diagnostic Interpretation	92.08	12.84	

Source: Assessment Unit

Class of 2023:
FMS 502 (Fall 2019):
Assessment Modality: Objective Structured Clinical Examinations (OSCE)
N=75 students

Type	Station	Station Mean	Station SD	# of Students Identified as Needing Further Support
Formative	Physical Examination – Cardiovascular	74.93	13.31	7 (opp growth), 15 (near pass)
	History Gathering – Cough	85.87	10.13	
	Physical Examination – Respiratory	75.65	9.08	
	Social & Sexual History Gathering	78.02	12.17	

Source: Assessment Unit

FMS 513 (Spring 2019)
Assessment Modality: Objective Structured Clinical Examinations (OSCE)

Type	Station	Station Mean	Station SD	# of Students Requiring Remediation
Summative	HPI – Pneumonia	90.87	7.21	N/A
	Pneumonia Physical Examination	80.50	11.27	
	Pneumonia SOAP Note	71.37	23.06	
	Chest X-Ray (Pneumonia)	88.35	18.55	
	HPI – Depression	90.47	6.08	
	Depression Physical Examination	76.73	12.45	
	Depression Oral Examination	83.63	15.27	
Total	**Overall OSCE score**	**83.13**	**7.22**	1
Source: Assessment Unit				

Objective 3: Demonstrate commitment to professional services, adherence to ethical principles, and awareness of one's own interests, personal biases, vulnerabilities, and limitation of knowledge. (Behaviors Domain). The attainment of this objective is evaluated through student cohort performance on Workplace-Based Assessments (WBAs). WBAs capture skills development in the domains of Preparation (Medical and Scientific Knowledge, Patient Care and Health Promotion, Practice-based Lifelong Learning), Participation (Communication and Interpersonal skills, Practice-based Lifelong Learning, Systems-based Practice), and Professionalism. All WBAs use behavioral anchors that link to yearly milestones in the competency framework. Skills development in the WBAs provides information about student progression in the competencies within and outside of medical and scientific knowledge. WBAs are utilized as an assessment tool within many components of the curriculum particularly in the small group learning environments such as Case-based Learning (CBL), Art and Practice of Medicine (APM), Evidence-based Medicine (EBM) journal clubs, Clinical Campus Weeks and Clinical Skills Workshops.

For academic year 2019-20, the Classes of 2022 and 2023, student aggregate performance on WBAs is reported in the tables below. This information is reviewed by the Curriculum Committee and its subcommittees during review of the course evaluation reports developed by the Evaluation Unit each term.

FMS 512 (Winter 2019):
Assessment Modality: Workplace-Based Assessments

Curricular Component	# WBAs Collected	# of Concerns Identified	# of Students Requiring Formal Targeted Skills Development or Remediation
CBL	2	1	1
APM	2	1	0
Clinical Skills	1	0	0
Source: Assessment Unit			

FMS 502 Workplace-Based Assessments (Winter 2019):
Assessment Modality: Workplace-Based Assessments

Curricular Component	# WBAs Delivered	# of Concerns Identified	# of Students Requiring Formal Targeted Skills Development or Remediation
CBL	2	2	2
APM	2	0	0
Clinical Skills WBA	1	0	0
EBM	1	1	1
Source: Assessment Unit			

b. Describe efforts to address outcome measures that illustrate suboptimal performance by a cohort of medical students/graduates in one or more of the educational program objectives. Provide two examples of the steps taken to address identified gaps between desired and actual outcomes.

(1) In June of 2018, the College used the Comprehensive Basic Sciences Exam (CBSE) as an external benchmark for the performance of the first-year curriculum. Although the CBSE demonstrated that the first cohort (Class of 2021) and curriculum performed well in some areas, the College administration felt that the curriculum under-performed in certain key areas; namely, gross anatomy, physiology, microbiology, and immunology. In response to this feedback, several key changes were made to the curriculum that included the re-sequencing and spiraling of content, and more explicit integration of content into clinical cases. Specifically, immunology was introduced earlier to better support microbiology, gross anatomy was more explicitly spiraled in the body systems components, and physiology was more effectively integrated within the weekly cases and topics of the week. The CBSE was administered to the Class of 2022 in June of 2019. When compared to the class of 2021, the class of 2022 overall cohort performance on this exam was greatly improved: including an improvement in microbiology and immunology and gross anatomy categories on the exam.

(2) In 2017/2018 Academic Year, pathology and pharmacology were two additional areas identified as targets for improvement. Both content areas performed lower than expected on internal and external exams, and both were identified as challenging by the students through course and program evaluations. To address the concerns in each area, changes were made to the curriculum for the 2018/2019 Academic Year that included an earlier introduction of basic pharmacology and pathology content, explicit spiraling of content through subsequent courses, and more explicit integration of content into clinical cases. In the 2018/2010 Academic Year, cohort performance on internal exams and external exams (CBSE) improved in both content and feedback from students demonstrated improved learning experience in both content areas.

Supporting Documentation

1. Copies of printouts and graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for Step 1 USMLE, Step 2 CS, and Step 2 CK for the past three years.

*Data for three years is not yet available

2. One year of results of questionnaires to residency program directors and/or graduates on the graduates' performance in residency.

*Information not yet available for the first cohort.

8.5 Medical Student Feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

Supporting Data

Table 8.5-1 | Satisfaction with the Quality of the Pre-Clerkship Period (First and Second Year)

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 quality of the first year/first academic period. 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%	0	0%	5	6%	71	91%
M2[+]	51[+]	0	0%	3	6%	4	8%	44	86%
M3[+]	58[+]	4	7%	5	9%	9	16%	40	69%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	187	6	3%	8	4%	18	10%	155	83%

[+]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 8.5-2 | Responsiveness to Medical Student Feedback

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 medical school responsiveness to student feedback on courses/clerkships. 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[+]	3	4%	7	9%	9	12%	59	76%
M2[+]	55[+]	0	0%	12	22%	22	12%	31	56%
M3[+]	58[+]	1	2%	5	9%	9	16%	43	74%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	4	2%	24	13%	40	21%	133	70%

[+]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. Describe the methods used to collect evaluation data from medical students on course and clerkship quality, such as questionnaires, focus groups, and/or other data collection methods. What individual(s)/office(s) have the responsibility for each type of data collection?

The methods used to collect evaluation data from medical students on the quality of courses, the Longitudinal Integrated Clerkships, and required Year 4 rotations includes online surveys and focus groups. All survey tools and instruments are designed by the Evaluation Unit and approved by the Evaluation Subcommittee. The questions used and the areas evaluated in the course and clerkship evaluation surveys are selected based on the goals of the curriculum and are standardized across the courses which allows the program to track the performance of the curriculum and students. The Evaluation Unit, housed in the Office of Accreditation, Assessment and Evaluation, is responsible for collecting all evaluation data, hosting all focus groups, and for generating evaluation reports. The Evaluation Unit also ensures that reports are distributed to the appropriate offices, subcommittees, and faculty.

The Evaluation Unit collects additional data from the student feedback channel (medicine.evaluation@wsu.edu) via anonymous web submission. Lastly, the Evaluation Unit conducts town-hall forums for students one-to-two times each term. Narrative feedback is captured at those meetings and incorporated into course evaluation reports as appropriate.

As of the Fall term of 2019, students are required to fill out all evaluation surveys for courses taught in the pre-clerkship years as well as the Longitudinal Integrated Clerkships.

b. Describe how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.

The Evaluation Unit distributes standardized evaluation surveys to collect feedback from the medical students on the quality of instruction and the quality of the learning environment in all courses and Year 4 rotations in the MD program. Feedback is collected on instructors that teach large group active learning sessions, small group learning sessions and clinical experiences during Years 1 and 2. Students are also asked to provide feedback on their preceptors during their clinical campus week experiences and clerkships. The data is collected, analyzed, and disseminated by the Evaluation Unit. Large group teacher evaluation results are first screened by the Evaluation Unit and provided directly to individual instructors along with the Course and Component Directors. Preceptor evaluations are screened and distributed to the Associate Dean for Clinical Education at the applicable campus. There is no personally identifiable information associated with students on any evaluation report. At the end of the course, the evaluation reports are provided to the Chair of the Department of Medical Education and Clinical Sciences as part of the annual review process.

c. Discuss data from the ISA on students' satisfaction with the school's responsiveness to student feedback on courses/clerkships. How are students being made aware of actions taken based on their input?

The ISA surveyed all three cohorts of students regarding their satisfaction with the school's responsiveness to student feedback in the pre-clerkship years. Of the 191 students that responded to the question, 70% were satisfied/very satisfied with the school's responsiveness to student feedback. 16% of respondents were neutral and 12% were dissatisfied/very dissatisfied. Students were surveyed regarding the available avenues to provide feedback in the pre-clerkship years and the majority (87%) were satisfied or very satisfied with available avenues to provide feedback.

MS3 students were surveyed regarding their satisfaction with the school's responsiveness to student feedback during the Longitudinal Integrated Clerkship. Of the 58 students that responded, 50% were satisfied/very satisfied with the school's responsiveness, 15% were neutral and 35% were dissatisfied or very dissatisfied. The concerns raised by the MS3s included poor communication around schedules (late scheduling changes), lack of clinical experiences in some disciplines, challenges collecting WBAs, and increased faculty development requirements for preceptors.

To address student concerns, the leadership conducted a full review of the patient experiences and clinical encounters at each clinical campus, a full review of student schedules, and a full review of student assessment information. Through this review, issues were identified with the way the schedules were being were recorded and displayed. The College developed a central scheduling system that allows consistent monitoring of the schedules across all clinical campuses.

A review of the student clinical logs identified variability in the way students were logging their required clinical experiences and campus-specific challenges associated with scheduling in some disciplines. The logbook challenges were addressed with a re-orientation to logging requirements that allow better and more consistent monitoring of completion of required clinical tasks. Clinical Education Directors have been working alongside the Associate Deans for Clinical Education to address any discipline-specific scheduling challenges.

A review of the assessment information identified a need for faculty development focused on verbal and written feedback. Workshops have since been developed and delivered on both feedback and student assessment.

Additionally, MS3 students felt the College did not respond quickly enough to address the problems. In response, the college held several townhalls to work with the students at the affected clinical campus and students were provided with weekly updates about current challenges and solutions being developed.

Students are made aware of the school's actions on their feedback through multiple methods, including an online "You Said, We Did" website, weekly meetings with the Administration and Student Council, monthly meetings between the Dean and student council, regularly posted updates on the learning management system message board and through student townhalls.

8.6 Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

Narrative Response

a. Describe the process(es) used by students to log their required clinical encounters and skills. Is there a centralized tool used for logging or do individual clerkships use their own systems?

EFlo MD, the Curriculum/Learning Management System is used to track all required clinical experiences across the clerkship years.

Students log their required clinical experiences, including demographic information and participation level for each required experience. Progress indicators in the logbook show learner progression towards meeting the clinical experience requirements.

b. Summarize when, how, and by whom each student's completion of clerkship-specific required clinical encounters and skills is monitored at the level of the clerkship/clinical discipline. Describe when the results of monitoring are discussed with the students (e.g., as part of a mid-clerkship review).

Tracking the completion of clerkship-specific required clinical encounters and skills is accomplished through the student logbook and through the collection of Workplace-Based Assessments (WBAs). The Evaluation Unit facilitates the routine monitoring of student logbooks and the Assessment Unit facilitates monitoring of the WBAs. Both units communicate directly with the LIC Director, the Associate Deans of Clinical Education, and the Clinical Education Directors. The logbook is reviewed three times per year and the WBAs are reviewed at the mid- and end of each defined course in the LIC by the LIC Director and the Curriculum Office. Progress towards accomplishing the required clinical encounters and skills is discussed between the student and their Clinical Portfolio Coaches at the end of each course in the LIC (a minimum of 4 times across the year).

In Year 4, the logbooks for the required clerkships and sub internships will be reviewed by the Year 4 Director, the rotation director, and the Clinical Experiences subcommittee three times per year.

c. Summarize when, how, and by what individuals and committee's aggregate data on students' completion of clerkship-specific required clinical encounters and skills are monitored. Describe how aggregate data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee to assess the adequacy of patient volume and case mix.

Aggregate data on student's completion of clerkship-specific required clinical encounters and skills is reviewed by the LIC Director, the Clinical Education Directors, the Associate Deans for Clinical Education, and the Associate Dean for Curriculum at a minimum of three times per year. Aggregate data is also reviewed by the Clinical Experiences Subcommittee twice per year, and the Curriculum Committee annually. Regular reviews are used to determine not only the quality of learning experiences for students, but also to ensure the patient load, the diversity of cases and the required clinical skills are appropriate and achievable for students.

d. If there were clinical encounters or skills that needed to be satisfied with alternate methods by 25% or more of students, describe the steps taken to address this finding. What individuals or groups were responsible for reviewing and acting on this finding?

If 25% or more of students are unable to meet the learning objectives or the skill objectives through scheduled clinical learning in the planned learning environments, enrichment activities such as additional time in the clinical, simulation sessions, and online learning can be scheduled into Self-directed Learning time or other time, as required. The activity plans will be reviewed by the LIC Director, the Clinical Education Directors, and the Associate Deans for Clinical Education (ADCE) and the Curriculum and Assessment Offices.

Example: On March 17, 2020, the entire MS3 cohort (Class of 2021) was removed from the clinical environment due of COVID-19. This pause in clinical training truncated clinical learning by approximately 10 weeks. In response, the Associate Dean for Curriculum and the Associate Dean for Accreditation, Assessment and Evaluation, worked with the LIC Director and the Clinical Education Directors to review the learning objectives and the available assessment information for the LIC and used this information to design 7 weeks of virtual experiences that could be delivered at each of the clinical campuses. These experiences included case reviews with faculty-facilitated discussions, simulation exercises and standardized patient experiences. The plans for each virtual week were reviewed by the Curriculum and Assessment Offices, as well as the Associate Deans for Clinical Education. The virtual weeks were evaluated by the Evaluation Unit to ensure comparability across the clinical campuses.

8.7 Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Supporting Data

Table 8.7-1 | Comparability Actions

Provide the requested information for each course or clerkship offered at more than one instructional site, including regional campuses. Add rows as needed.

Course/Clerkship	Summarize How Faculty at Distributed Sites are Informed about Learning Objectives, Assessment System, and Required Clinical Encounters	Summarize How and How Often Course/Clerkship Leadership Communicates with Site Leadership and Faculty	Methods to Ensure that Site Leadership and Faculty Receive Information about Student Performance and Satisfaction
FMS 501, 502, 503, 511, 512, 513 Clinical Campus Weeks	The Faculty participating in the Clinical Campus Weeks are informed about the learning objectives, Assessment system and required clinical encounters through a centrally developed Clinical Campus Week manual.	The Course leadership and the Curriculum and Assessment Offices meet with the ADCEs at regional campus at least twice prior to the implementation of the Clinical Campus Weeks. These meetings allow for a discussion of the goals of the curriculum and the requirements for assessment and clinical encounters.	Students are surveyed following each Clinical Campus Week in Years 1 and 2. These surveys collect information about student experience and include educational outcomes. These reports are shared with the Associate Dean for Curriculum and the Associate Deans for Clinical Education at the regional campuses and are used to support quality improvement at each campus.
Med Clin 521, 522, 523, 524 (LIC)	All LIC preceptors are oriented to Learning Objectives, Assessment modalities, and the Required Clinical Experiences during their onboarding and with faculty development sessions.	The LIC Director meets with the Associate Dean for Clinical Education, the Clerkship Coordinator, and the Clinical Coaches on a weekly basis to discuss to discuss scheduling and learning needs. The LIC Director also visits each clinical campus and a sampling of the learning environments three times during the total duration of the course. Additionally, CEDs frequently visit each campus and communicate with faculty under their portfolio.	Individual Progress Reports are generated by the Assessment Unit and are posted in the student's portfolio for review by the student and the Clinical Coach. Site leadership and the LIC Director receive twice-per course updates on the progression of their students within the LIC. Course evaluation data is collected 4 times per year during the LIC and shared with Course and Site Leadership. Students evaluate preceptors once-per course and aggregate reports are generated to protect the student-preceptor relationship.

Course/Clerkship	Summarize How Faculty at Distributed Sites are Informed about Learning Objectives, Assessment System, and Required Clinical Encounters	Summarize How and How Often Course/Clerkship Leadership Communicates with Site Leadership and Faculty	Methods to Ensure that Site Leadership and Faculty Receive Information about Student Performance and Satisfaction
Med Clin 531, 532, 533, 534, 535, 536 (Sub-internships)	All faculty serving as supervisors for sub-internships are oriented to learning objectives and assessment requirements during onboarding and through faculty development sessions delivered prior to the start of the sub-internship. Faculty are supported with ongoing faculty development opportunities through in-person workshops and online modules.	Course Directors communicate with the ADCE at each clinical campus on a regular basis to discuss any operational and/or academic needs or requirements for sub-internships.	Each ADCE and the CED/Course Director(s) receive information about student performance at the end of each sub internship. This information will be provided to leadership by the Assessment Unit. Students evaluate each sub internship at the end of the rotation using a survey distributed by the Evaluation Unit. The results of the evaluation are provided to Site leadership (ADCE) by the Evaluation Unit.
Required Clerkships (Med Clin 537, Med Clin 538, Med Clin 539)	All faculty serving as supervisors for the required clerkships are oriented to learning objectives and assessment requirements during their onboarding and through faculty development sessions delivered prior to the start of the required clerkship. Faculty are supported with ongoing faculty development opportunities through in-person workshops and online modules.	Course/Clerkship leadership communicates with the ADCE at each clinical campus monthly to discuss any operational and/or academic needs or requirements for required clerkships.	Each ADCE and the CED/Course Director(s) receive information about student performance at the end of each required clerkship. This information is provided to leadership by the Assessment Unit. Students evaluate each required clerkship at the end of the rotation using a survey distributed by the Evaluation Unit. The results of the evaluation are provided to the leadership at each clinical campus by the Evaluation Unit.
Med Clin 560-585, 587-590 (Electives)	All faculty serving as supervisors for the clerkships oriented to learning objectives and assessment requirements during their onboarding and through faculty development sessions delivered prior to the start of the clerkship. Faculty are supported with ongoing faculty development opportunities through in-person workshops and online modules.	Course/Clerkship leadership communicates with the ADCE at each clinical campus monthly to discuss any operational and/or academic needs or requirements for clerkships.	Each ADCE and the CED/Course Director(s) receive information about student performance at the end of each elective receive information about student performance at the end of each clerkship. This information provided to leadership by the Assessment Unit. Students evaluate each clerkship at the end of the rotation using a survey distributed by the Evaluation Unit. The results of the evaluation are provided to Site leadership by the Evaluation Unit.

Narrative Response

a. Summarize the data that typically are used to determine if there is comparability across sites within a given clerkship. Note if the data used are determined centrally or by the individual course/clerkship or department.

The data used to assess comparability across sites is determined centrally and includes student satisfaction with the learning environment, duty hours, quality of teaching and formative feedback, and student assessment information which includes performance on written exams, performance in the clinical learning environment (workplace-based assessments) and OSCEs. Data are collected through course evaluation surveys and faculty (preceptor) evaluations. Data related to student outcomes are provided by the Assessment Unit.

Additional information related to student experience/satisfaction is also collected through the feedback channel, student townhalls, student council meetings, and any individual concerns brought forward by students who have communicated with faculty, staff or administration.

The data elements identified for comparability are reviewed and approved annually by the Curriculum Committee and its subcommittees.

b. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group.

The Evaluation Unit collaborates with Course Directors, including the LIC Director, as well as the subcommittees of the Curriculum Committee, to identify the data elements used to judge comparability across the instructional sites. Data is collected and analyzed by the Evaluation Unit. Reports are distributed to the Course and LIC Directors, as well as the relevant subcommittees and Curriculum Committee, for review. The Curriculum and Assessment Offices work with the Course Directors/LIC Director to implement any needed changes identified in the evaluation reports.

c. Provide examples of the mechanisms employed and the groups/individuals involved in addressing inconsistencies across instructional sites in such areas as student satisfaction and student grades.

Example: The Evaluation Unit surveys students quarterly in the Longitudinal Integrated Clerkship (LIC). At the end of the first quarter, a disparity was noted in the number of duty hours reported by the students at the Vancouver clinical campus. Upon further investigation, local scheduling issues were discovered related both to how duty hours were being reported and challenges scheduling students. To investigate and identify solutions, the Dean organized a critical response team that included administration (the Vice Dean for Student and Faculty Experience (now the Senior Associate Dean for Policy and Compliance), the Chief Operating Officer, The Associate Dean for Accreditation, Assessment and Evaluation, the Associate Dean for Curriculum, the Chair of Medical Education and Clinical Sciences, and the Associate Deans for Clinical Education) and course leadership (the LIC Director, the Clinical Education Directors, and the clerkship coordinators).

To address the reporting issues, the clerkship coordinator from the Everett clinical campus and the college IT team worked with the clerkship coordinator on the Vancouver campus to provide logistical and technological support to help establish more consistent reporting. The Clinical Education Directors worked with the Associate Dean for Clinical Education in Vancouver to provide support and build capacity locally for clinical experiences. The Curriculum and Assessment Offices worked with the LIC Director, the students and the Vancouver campus leadership to identify any gaps in student schedules and ensure students were able to meet logging requirements, the “must-see, must do” clinical procedures list, and the assessment requirements of the LIC. The Curriculum Office and the LIC team have refocused student schedules to ensure that the continuity experiences and the core principles of the LIC are maintained for all students at the Vancouver clinical campus. Ongoing monitoring of student duty hours indicates that comparability across all four regional campuses has been achieved.

8.8 Monitoring Student Time

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Supporting Data

Table 8.8-1a | Student Workload in the Pre-clerkship Year(s)

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 overall student workload in the pre-clerkship year(s). 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[+]	0	0%	2	3%	17	5%	59	95%
M2	55[+]	0	0%	1	2%	3	5%	51	93%
M3	58[+]	0	0%	3	5%	8	14%	47	81%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	0	0%	6	3%	28	15%	172	90%

[+]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 8.8-1b | Student Workload in the third-year clerkships

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 student workload in the third-year clerkships. 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	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M2	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M3	58[+]	0	0%	11	19%	10	17%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	58	0	0%	11	19%	10	17%	37	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.

Narrative Response

a. Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Estimate the average amount of time students spend in such required activities and describe how this "out-of-class" time is accounted for in calculating student academic workload.

Students in the pre-clerkship phase of the curriculum have assigned readings and other assigned work to prepare for formal curricular activities. Pre-class work is tracked and updated weekly, during the course and component director(s) meeting, by the Curriculum Office and limited to an average maximum of 8 hours of work per week.

Year 1 Term 1 2019 - 2020 Contact Hours

Program Week	FMS 511	LMH 511	Assessment	Program	Total Contact Hours	Independent Learning	Self-directed Learning	Breaks (<30 min)	Lunch	TOTAL	Notes
1	12.5	0.8	0.5	6.8	20.7	1.8	14.7	2.8	5.0	45.0	
2	18.8	0.8	0.5	7.7	27.8	1.0	8.2	3.0	5.0	45.0	
3	18.2	0.8	0.5	0.0	19.5	1.5	7.8	2.2	4.0	35.0	Holiday
4	24.7	0.8	1.3	0.0	26.8	3.0	7.5	2.7	5.0	45.0	
5	19.8	0.8	2.5	3.7	26.8	1.5	9.0	2.7	5.0	45.0	
6	34.5	0.0	0.0	0.0	34.5	0.5	5.0	0.0	5.0	45.0	CCW
7	22.7	0.8	1.3	0.0	24.8	2.8	9.8	2.7	5.0	45.0	
8	23.5	0.8	0.5	0.0	24.8	0.5	12.0	2.7	5.0	45.0	
9	20.7	0.8	2.5	0.0	24.0	1.3	12.3	2.5	5.0	45.0	Holiday
10	22.7	0.8	1.3	0.0	24.8	0.5	12.0	2.7	5.0	45.0	
11	21.6	0.8	0.5	1.8	24.8	1.0	11.5	2.7	5.0	44.9	Holiday
12	23.5	0.8	0.5	0.0	24.8	1.0	11.5	2.7	5.0	45.0	Holiday
13	16.5	0.8	1.3	0.0	18.7	2.0	8.8	1.5	4.0	35.0	Holiday
14						0.0					Assessment Week
Total	**279.5**	**10.0**	**13.3**	**20.0**	**322.8**	**18.3**	**130.1**	**30.7**	**63.0**	**564.8**	

b. Summarize the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time.

The Academic Workload for Pre-Clerkship Courses Policy outlines the requirements for required learning activities during the pre-clerkship phase of the curriculum. The policy requires that in-class activities are no more than an average of 25 hours of scheduled learning activities per week. Required activities assigned to be completed outside of scheduled class time are not to exceed an average of 8 hours per week. Course teams and the Curriculum Office monitor the workload within each course. Workload for each course is reported as part of course evaluations and reviewed by the Curriculum Committee and its subcommittees.

c. Describe how policies relating to duty hours in the clinical clerkships are disseminated to medical students, residents, and faculty.

Medical students and faculty are oriented to the Clinical and Education Work Policy when they orient to the Longitudinal Integrated Clerkship. The policy is distributed through electronic communication, is included in the Student Handbook and Faculty Handbook, and is available on the College website.

All clinical faculty and resident physicians receive the Clinical and Education Work Policy when they are onboarded and oriented to the Longitudinal Integrated Clerkship. This is accomplished in coordination with the residency program director and the regional Associate Dean for Clinical Education (ADCE). The policy is also available on the College website so that any faculty physician can access it.

The faculty participating in the Longitudinal Integrated Clerkships and/or required rotations in Year 4 are informed about the duty hour requirements and Clinical and Education Work Policy through electronic communication, the faculty handbook and through faculty development sessions. The policy is also available on the College website.

d. Describe when and how data on medical student duty hours are collected during the clerkship phase of the curriculum and to whom the data are reported.

Data on medical student duty hours are collected and monitored in three ways:
1. Students log their hours in EFlo (curriculum management system). Duty hours are monitored weekly in the Clerkship years using a dashboard system. Any violations are reported directly to the LIC Director, Year 4 Course Director or designated Rotation Director, and the Curriculum Office.
2. Students are asked to report any duty hour violations to their regional ADCE. Reminders regarding this process occur during the weekly Academic Half Day. Monthly updates about workload are provided to the Clinical Experiences Subcommittee. The Curriculum Committee is also provided with regular updates.
3. Data regarding duty hours is also collected through formal course evaluation surveys to ensure compliance with the workload policy.

e. Describe the mechanisms that exist for students to report violations of duty hours policies. How and to whom can students report violations? Describe the steps that can be taken if duty hour limits are exceeded.

Students have several mechanisms available to them to report duty hour violations. These include direct communication to faculty, LIC or Year 4 coordinator, or administration, communication with their clinical portfolio coach, communications through the learning community student leaders, feedback submitted in the feedback channel and any issues communicated during townhalls. Duty hour violations can also be reported directly to the Associate Dean for Clinical Education, the Longitudinal Integrated Clerkship Director, and the Student Affairs office. Duty hour violations are reported to the Associate Dean for Curriculum, the Associate Dean for Accreditation, Assessment and Evaluation, and the Chair of the Department of Medical Education and Clinical Sciences. The Curriculum Office works with the Course Directors (including the LIC Director) and the ADCEs to support the faculty and ensure that duty hours remain in compliance with policy. The ADCE at each clinical campus also works with students to monitor work patterns. The Clinical Experiences Subcommittee and the Curriculum Committee are informed by the Associate Dean for Curriculum of any violations to the workload policy and any solutions that have been implemented to address the concern.

f. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students, in the context of formal policies and/or guidelines.

Each course team monitors scheduled and independent learning hours on a weekly basis during the pre-clerkship phase of the curriculum. If accumulated weekly independent learning hours approach maximum for the course, adjustments are made in real time. The Foundations of Medicine Subcommittee reviews these reports at regular meetings. The Clinical Experience Subcommittee reviews clinical duty hour violations at each monthly meeting. If duty hour violations have been reported, the Curriculum Committee will be notified at the time the violation has been identified. The Curriculum Committee reviews the Clinical and Education Work Policy every three years.

Supporting Documentation

1. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

Appendix 8-08-1 Academic Workload for Pre-Clerkship Courses Policy

2. The formally approved policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

Appendix 8-08-2 Clinical and Education Work Policy (Duty Hours)