Mission / Purpose

The mission of the SoM is to provide responsive and comprehensive education, research and service of the highest quality in order to meet the health-related needs of the citizens of Texas. In all aspects of fulfilling this mission, the SoM is committed to fostering the broadest diversity and inclusion that ensures successful achievement of the institutional priorities to: 1). Cultivate a pervasive, adaptive and respectful environment promoting diversity, inclusion, equity, professionalism, humanism and opportunity; 2). Provide exemplary medical education and training to a diverse body of health care professionals at all levels while fostering a commitment to scholarship, leadership and lifelong learning across the educational continuum; 3). Build and sustain recognized leadership, and advance scholarship excellence across the biomedical and health-related research spectrum; 4). Deliver exemplary and compassionate health care to enhance every patient’s quality of life; 5). Serve as a responsive resource to address community health needs whether local or global; 6). Attain health equity for the diverse patient population of South Texas.

Student Learning Outcomes/Objectives, along with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Altruism/Professionalism
Students will demonstrate altruism/professionalism by: a). providing compassionate and empathetic patient care, b). demonstrating honesty and integrity in educational and professional interactions, and c). demonstrating respect for patients’ dignity and privacy.

Relevant Associations:
Institutional Priority Associations
1. Education - Educating a diverse student body to become excellent health care providers and scientists.
5. Organizational Effectiveness - Striving for excellence, innovation, quality, and professionalism in an effective and efficient manner.

Related Measures

M 1: Final Performance on All Courses and Clerkships
Course and clerkship final grades The student must meet minimum passing standards for all components of a course or clerkship and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

Target:
95% of students will receive a passing grade in each course or clerkship.

Finding (FY 2012) - Target: Met
At least 95% of students in 2012 received passing grades for each course and clerkship.

M 2: Internal OSCE Exam
Internal OSCE exams The OSCE is designed to test clinical performance and competence in history taking, physical examination, medical knowledge, diagnostic and therapeutic management, bedside skills, interpersonal and communication skills, and professionalism with a standardized patient who often gives immediate direct feedback to the student. All 4th year students must take (but not pass) an internally-developed clinical skills examination to prepare for the USMLE Step II CS.

Target:
95% of students receive a passing grade in a course or clerkship OSCE, as reflected on the evaluation form.

Finding (FY 2012) - Target: Met
In 2012, at least 95% of students received passing grades on their internal OSCEs.

M 3: USMLE Step II CS - Pass Rate
USMLE Step II CS The USMLE Step II CS assesses clinical skills through 12 stations with standardized patients. The student is scored in 3 separate subcomponents: 1). integrated clinical encounter, 2). communication and interpersonal skills, and 3). spoken English proficiency. The student must pass each of the 3 subcomponents in a single administration in order to achieve a passing score on USMLE Step II CS. In this medical school most students take the USMLE Step II CS during the first half of the 4th academic year. Students must take the USMLE Step II CS in order to qualify for graduation from the SoM.

Target:
Meet national pass rate ± 1 on the USMLE Step II CS score

Finding (FY 2012) - Target: Met
For 2012, the class pass rate was 97% vs. the national pass rate of 97%.

M 4: Residency Match Results
Residency Match The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants’ and programs’ preferences for each other in a fair and consistent manner.

Target:
95% of 4th year students will obtain a residency training program by graduation.

Finding (FY 2012) - Target: Met
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.
M 5: AAMC Graduation Questionnaire
AAMC Graduation Questionnaire The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including: pre-clinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

Target:
The AAMC GQ requests several responses related to professionalism issues, including item 1). "I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system)", item 2). "I understand the ethical and professional values expected of the profession", and item 3). "I believe I am adequately prepared to care for patients from different backgrounds". (Note these items are based on scale "strongly disagree, disagree, neutral, agree, strongly agree"). 90% of students will indicate they either agree or strongly agree that they achieved the expected student learning outcomes related to professionalism.

Finding (FY 2012) - Target: Met
Item 1- 94.2 % of 4th year students agree (or strongly agree). Item 2- 98.7 % of 4th year students agree (or strongly agree). Item 3- 97.5 % of 4th year students agree (or strongly agree).

M 6: Alumni Survey (PGY 2 Graduates)
Alumni survey (PGY 2 graduates) The SoM surveys students who graduated from the medical school two years prior to the current academic year. The goal is to gather information regarding perceptions of undergraduate medical education experiences from graduates who are currently in their second year of residency training. The surveys are used to assess the school's degree of success in preparing its students for the practice of medicine at the graduate level.

Target:
Responses on the alumni survey are based on the ACGME competency regarding professionalism. (Responses are based on scale "strongly disagree, disagree, neutral, agree, strongly agree"). 90% of students agree (or strongly agree) they achieve expected student learning outcomes related to professionalism.

Finding (FY 2012) - Target: Met
95.6 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to professionalism.

M 7: Program Director Survey (for PGY2 graduates)
Program directors survey (for PGY2 graduates) The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors' perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school's degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

Target:
Responses on the program directors survey on resident performance are based on the ACGME competency regarding professionalism. (Survey responses are based on 3-point scale "failed to meet expectations, met expectations or exceeded expectations"). 90% of program directors will note that PGY 2 residents met (or exceeded) expectations related to professionalism items.

Finding (FY 2012) - Target: Met
99.1 % of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in professionalism items.

SLO 2: Competency in Medical Knowledge

Relevant Associations:
Institutional Priority Associations
1 Education - Educating a diverse student body to become excellent health care providers and scientists.

Related Measures

M 1: Final Performance on All Courses and Clerkships
Course and clerkship final grades The student must meet minimum passing standards for all components of a course or clerkship and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

Target:
95% of students will receive a passing grade in all courses or clerkships

Finding (FY 2012) - Target: Met
At least 95% of students in 2012 received passing grades for each course and clerkship.

M 2: Internal OSCE Exam
Internal OSCE exams The OSCE is designed to test clinical performance and competence in history taking, physical examination, medical knowledge, diagnostic and therapeutic management, bedside skills, interpersonal and communication skills, and professionalism with a standardized patient who often gives immediate direct feedback to the student. All 4th year students must take (but not pass) an internally-developed clinical skills examination to prepare for the USMLE Step II CS.

Target:
95% of students will receive a passing grade on an internal OSCE.

Finding (FY 2012) - Target: Met
In 2012 at least 95% of students received passing grades on their internal OSCEs.

M 3: USMLE Step II CS - Pass Rate
USMLE Step II CS The USMLE Step II CS assesses clinical skills through 12 stations with standardized patients.
The student is scored in 3 separate subcomponents: 1). integrated clinical encounter, 2). communication and interpersonal skills, and 3). spoken English proficiency. The student must pass each of the 3 subcomponents in a single administration in order to achieve a passing score on USMLE Step II CS. In this medical school most students take the USMLE Step II CS during the first half of the 4th academic year. Students must take the USMLE Step II CS in order to qualify for graduation from the SoM.

**Target:**
Meet national pass rate within ± 1%

**Finding (FY 2012) - Target: Met**
For 2012, the class pass rate was 97% vs. the national pass rate of 97%.

**M 4: Residency Match Results**
Residency Match The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants' and programs' preferences for each other in a fair and consistent manner.

**Target:**
95% of 4th year students will obtain a residency training program by graduation.

**Finding (FY 2012) - Target: Met**
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.

**M 5: AAMC Graduation Questionnaire**
AAMC Graduation Questionnaire The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including: pre-clinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

**Target:**
The AAMC GQ requests several responses related to medical knowledge issues including item 1): “Overall I am satisfied with the quality of my medical education”, and item 2): “I am confident that I have the understanding of common conditions and their management encountered in the major clinical disciplines”. (Note responses are based on scale "strongly disagree, disagree, neutral, agree, strongly agree"). 90% of responding students will agree (or strongly agree) that they achieved expected student learning outcomes related to medical knowledge.

**Finding (FY 2012) - Target: Met**
Item 1- 95.3 % of 4th year students agree (or strongly agree). Item 2- 96.8 % of 4th year students agree (or strongly agree).

**M 6: Alumni Survey (PGY 2 Graduates)**
Alumni survey (PGY 2 graduates) The SoM surveys students who graduated from the medical school two years prior to the current academic year. The goal is to gather information regarding perceptions of undergraduate medical education experiences from graduates who are currently in their second year of residency training. The surveys are used to assess the school's degree of success in preparing its students for the practice of medicine at the graduate level.

**Target:**
Responses on the alumni survey are based on the ACGME competency regarding medical knowledge, including item 1). “The basic science education was adequate”; item 2). “The clerkships and electives exposed me to a variety of different patients with different medical conditions”, item 3). “I am satisfied with the quality of my medical school education”, and item 4). “My medical school education adequately prepared me to enter my residency program”. (Responses are based on scale "strongly disagree, disagree, neutral, agree, strongly agree"). 90% of students agree (or strongly agree) they achieve expected student learning outcomes related to medical knowledge.

**Finding (FY 2012) - Target: Met**
Item 1- 94.3 % of students surveyed in 2012 agreed (or strongly agreed) they achieve expected student learning outcomes related to medical knowledge. Item 2- Question not asked on 2012 survey specifically. Item 3- 95.8 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to medical knowledge. Item 4- 97.1 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to medical knowledge.

**M 7: Program Director Survey (for PGY2 graduates)**
Program directors survey (for PGY2 graduates) The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors' perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school's degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

**Target:**
Responses on the program directors survey on resident performance are based on the ACGME competency regarding medical knowledge. (Survey responses are based on 3- point scale “failed to meet expectations, met expectations or exceeded expectations”). 90% of program directors will note that PGY 2 residents met (or exceeded) expectations related to medical knowledge items.

**Finding (FY 2012) - Target: Met**
100 % of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in medical knowledge items.

**M 10: NBME Subject Tests**
National Board of Medical Examiner subject tests The NBME provides standardized examinations in the basic and clinical sciences for the purpose of assessing the educational achievement of medical students in specific subject areas. NBME subject tests are administered in many first and second medical school courses and all core clerkships to assess fundamental medical knowledge and/or application of medical knowledge in many subjects.

**Target:**
95% of students will receive a passing score on each NBME subject test.

**Finding (FY 2012) - Target: Met**
At least 95% of students in 2012 received a passing score on their NBME subject tests.

**Related Action Plans (by Established cycle, then alpha):**

**Meeting with Course Directors**
Those 3rd year students who had academic challenges with the “mini” USMLE exam, the USMLE Step I, or with a previous NBME subject test in 2011 were strongly encouraged to contact the clerkship directors early to discuss strategies to enhance medical knowledge in order to be successful on the NBME Medicine Subject Test. These efforts paid off and the 2012 results showed that a greater percentage of students were able to pass the NBME subject tests.

**Established in Cycle:** FY 2012
**Implementation Status:** Finished
**Priority:** High

**Relationships (Measure | Outcome/Objective):**
- **Measure:** NBME Subject Tests
- **Outcome/Objective:** Competency in Medical Knowledge
  - | Competency in Patient Care Skills

### M 11: USMLE Step I - Pass Rate, Mean Score

USMLE Step I Pass Rate and Mean Score The USMLE Step I assesses whether medical school students can understand and apply important concepts of the basic sciences to the practice of medicine. In this medical school students take the USMLE Step I at the end of the 2nd academic year. All students must take the USMLE Step I in order to begin core clerkships. Students must pass the USMLE Step I in order to be promoted into the 4th academic year. Three (3) failures of the USMLE Step I will result in dismissal from this medical school. Fundamental medical knowledge is a major component of the USMLE Step I.

**Target:**
- Meet national pass rate ± 1, and meet national mean score ± 3

**Finding (FY 2012) - Target: Met**
- In 2012, the class pass rate was 94% vs. the national pass rate of 95%; the class mean score was 227 vs. the national mean score of 227.

### M 12: USMLE Step II CK

USMLE Step II CK The USMLE Step II CK assesses medical knowledge in core clerkships and the application of that medical knowledge to patient care under supervision. In this medical school most students take the USMLE Step II CK during the first half of the 4th academic year. Students must take the USMLE Step II CK in order to qualify for graduation from this medical school.

**Target:**
- Meet national pass rate ± 1%, and meet national mean score ± 3

**Finding (FY 2012) - Target: Met**
- In 2012, the class pass rate was 97% vs. the national pass rate of 98%; the class mean score was 236 vs. the national mean score of 237.

### M 13: Attrition Rates

Attrition rates Low attrition rates reflect that the Admissions Committee has selected applicants who are appropriately prepared academically and professionally to cope with the rigors of medical school, and that processes/services are in place during medical school to recognize students who are at risk and provide adequate personal and academic support.

**Target:**
- 5 or fewer students in all 4 classes total are dismissed (or withdraw) from medical school.

**Finding (FY 2012) - Target: Met**
- In 2012, there were 3 students total - 2 dismissed, 1 withdrew.

**Related Action Plans (by Established cycle, then alpha):**

### SLO 3: Competency in Patient Care Skills

Students will demonstrate competency in skills in patient care including: a). obtaining a medical history and performing a physical examination, b). performing basic clinical procedures, c). interpreting common diagnostic tests, d). demonstrating clinical reasoning and problem solving skills, e). proposing diagnostic and therapeutic management for common conditions and disorders.

**Related Measures**

### M 1: Final Performance on All Courses and Clerkships

Course and clerkship final grades The student must meet minimum passing standards for all components of a course or clerkship and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

**Target:**
- 95% of students will receive a passing grade in courses or clerkships

**Finding (FY 2012) - Target: Met**
- At least 95% of students in 2012 received passing grades for each course and clerkship.
M 2: Internal OSCE Exam
Internal OSCE exams are designed to test clinical performance and competence in history taking, physical examination, medical knowledge, diagnostic and therapeutic management, bedside skills, interpersonal and communication skills, and professionalism with a standardized patient who often gives immediate direct feedback to the student. All 4th year students must take (but not pass) an internally-developed clinical skills examination to prepare for the USMLE Step II CS.

Target:
95% of students will receive a passing grade on an internal OSCE

Finding (FY 2012) - Target: Met
In 2012 at least 95% of students received passing grades on their internal OSCEs.

M 3: USMLE Step II CS - Pass Rate
USMLE Step II CS The USMLE Step II CS assesses clinical skills through 12 stations with standardized patients. The student is scored in 3 separate subcomponents: 1). integrated clinical encounter, 2). communication and interpersonal skills, and 3). spoken English proficiency. The student must pass each of the 3 subcomponents in a single administration in order to achieve a passing score on USMLE Step II CS. In this medical school most students take the USMLE Step II CS during the first half of the 4th academic year. Students must take the USMLE Step II CS in order to qualify for graduation from the SoM.

Target:
Meet national pass rate within ± 1%

Finding (FY 2012) - Target: Met
For 2012, the class pass rate was 97% vs. the national pass rate of 97%.

M 4: Residency Match Results
Residency Match The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants' and programs' preferences for each other in a fair and consistent manner.

Target:
95% of 4th year students will obtain a residency training program by graduation.

Finding (FY 2012) - Target: Met
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.

M 5: AAMC Graduation Questionnaire
AAMC Graduation Questionnaire The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including: pre-clinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

Target:
The AAMC GQ requests several responses related to patient care skills issues including item 1): “Overall I am satisfied with the quality of my medical education” and item 2): “I am confident that I have acquired the clinical skills required to begin a residency program”. (Note responses are based on scale “strongly disagree, disagree, neutral, agree, strongly agree”). 90% of responding students will agree (or strongly agree) that they achieved expected student learning outcomes related to patient care skills items.

Finding (FY 2012) - Target: Met
Item 1- 95.3 % of 4th year students agree (or strongly agree). Item 2- 95.5 % of 4th year students agree (or strongly agree).

M 6: Alumni Survey (PGY 2 Graduates)
Alumni survey (PGY 2 graduates) The SoM surveys students who graduated from the medical school two years prior to the current academic year. The goal is to gather information regarding perceptions of undergraduate medical education experiences from graduates who are currently in their second year of residency training. The surveys are used to assess the school's degree of success in preparing its students for the practice of medicine at the graduate level.

Target:
Responses on the alumni survey are based on the ACGME competency regarding patient care, including item 1): “The clinical skills training was adequate”, 2): “The time devoted to care of patients was adequate”, 3): “My medical school experience helped me to develop skills in self-directed learning”, 4): “My medical school experience helped me to develop skills in critical thinking”, 5): “I am satisfied with the quality of my medical school education”, and 6): “My medical school education adequately prepared me to enter my residency program”. (Responses are based on scale “strongly disagree, disagree, neutral, agree, strongly agree”). 90% of students agree (or strongly agree) they achieve expected student learning outcomes related to patient care.

Finding (FY 2012) - Target: Met
Item 1- 94.3 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to patient care. Item 2- Question not asked in 2012 survey specifically. Item 3- 94.4 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to patient care. Item 4- 95.7% of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to patient care. Item 5- 95.8 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to patient care. Item 6- 97.1 % of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to patient care.

M 7: Program Director Survey (for PGY2 graduates)
Program directors survey (for PGY2 graduates) The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors' perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school's degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

Target:
Responses on the program directors survey on resident performance are based on the ACGME competency
regarding patient care. (Survey responses are based on 3-point scale “failed to meet expectations, met expectations or exceeded expectations”). 90% of program directors note that PGY 2 residents met (or exceeded) expectations related to patient care items.

**Finding (FY 2012) - Target: Met**

100% of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in patient care items.

**M 10: NBME Subject Tests**
National Board of Medical Examiner subject tests. The NBME provides standardized examinations in the basic and clinical sciences for the purpose of assessing the educational achievement of medical students in specific subject areas. NBME subject tests are administered in many first and second medical school courses and all core clerkships to assess fundamental medical knowledge and/or application of medical knowledge in many subjects.

**Target:**
95% of students receive a passing score on the NBME subject test

**Finding (FY 2012) - Target: Met**
At least 95% of students in 2012 received a passing score on their NBME subject tests.

**Related Action Plans (by Established cycle, then alpha):**

**Meeting with Course Directors**
Those 3rd year students who had academic challenges with the “mini” USMLE exam, the USMLE Step I, or with a previous NBME subject test in 2011 were strongly encouraged to contact the clerkship directors early to discuss strategies to enhance medical knowledge in order to be successful on the NBME Medicine Subject Test. These efforts paid off and the 2012 results showed that a greater percentage of students were able to pass the NBME subject tests.

**Established in Cycle:** FY 2012
**Implementation Status:** Finished
**Priority:** High

**Relationships (Measure | Outcome/Objective):**

- **Measure:** NBME Subject Tests
- **Outcome/Objective:** Competency in Medical Knowledge

**SLO 4: Interpersonal and Communication Skills**
Students will demonstrate competency in interpersonal and communication skills with patients, family and the healthcare team.

**Related Measures**

**M 1: Final Performance on All Courses and Clerkships**
Course and clerkship final grades. The student must meet minimum passing standards for all components of a course or clerkship and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

**Target:**
95% of students will receive a passing grade in all courses or clerkships.

**Finding (FY 2012) - Target: Met**
At least 95% of students in 2012 received passing grades for each course and clerkship.

**M 2: Internal OSCE Exam**
Internal OSCE exams. The OSCE is designed to test clinical performance and competence in history taking, physical examination, medical knowledge, diagnostic and therapeutic management, bedside skills, interpersonal and communication skills, and professionalism with a standardized patient who often gives immediate direct feedback to the student. All 4th year students must take (but not pass) an internally-developed clinical skills examination to prepare for the USMLE Step II CS.

**Target:**
95% of students receive a passing grade on an internal OSCE. Source of evidence: Interpersonal and communication skills are major components of internal OSCE exams in the manner in which students relate and communicate with standardized patients.
Finding (FY 2012) - Target: Met
In 2012 at least 95% of students received passing grades on their internal OSCEs.

M 3: USMLE Step II CS - Pass Rate
USMLE Step II CS The USMLE Step II CS assesses clinical skills through 12 stations with standardized patients. The student is scored in 3 separate subcomponents: 1), integrated clinical encounter, 2), communication and interpersonal skills, and 3), spoken English proficiency. The student must pass each of the 3 subcomponents in a single administration in order to achieve a passing score on USMLE Step II CS. In this medical school most students take the USMLE Step II CS during the first half of the 4th academic year. Students must take the USMLE Step II CS in order to qualify for graduation from the SoM.

Target:
Students will meet the national pass rate ± 1%

Finding (FY 2012) - Target: Met
For 2012, the class pass rate was 97% vs. the national pass rate of 97%.

M 4: Residency Match Results
Residency Match The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants' and programs' preferences for each other in a fair and consistent manner.

Target:
95% of 4th year students will obtain a residency training program by graduation.

Finding (FY 2012) - Target: Met
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.

M 5: AAMC Graduation Questionnaire
AAMC Graduation Questionnaire The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including: pre-clinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

Target:
The AAMC GQ requests a response to the item “I have the communication skills necessary to interact with patients and health professionals”. 90% of responding students will agree (or strongly agree) that they achieved expected student learning outcomes related to interpersonal and communication skills items.

Finding (FY 2012) - Target: Met
98.8 % of 4th year students agree (or strongly agree).

M 6: Alumni Survey (PGY 2 Graduates)
Alumni survey (PGY 2 graduates) The SoM surveys students who graduated from the medical school two years prior to the current academic year. The goal is to gather information regarding perceptions of undergraduate medical education experiences from graduates who are currently in their second year of residency training. The surveys are used to assess the school's degree of success in preparing its students for the practice of medicine at the graduate level.

Target:
Responses on the alumni survey are based on the ACGME competency regarding interpersonal and communication skills. (Responses are based on scale “strongly disagree, disagree, neutral, agree, strongly agree”). 90% of students agree (or strongly agree) they achieve expected student learning outcomes related to interpersonal and communication skills.

Finding (FY 2012) - Target: Not Reported This Cycle
Question not asked on the 2012 survey specifically.

M 7: Program Director Survey (for PGY2 graduates)
Program directors survey (for PGY2 graduates) The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors' perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school's degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

Target:
Responses on the program directors survey on resident performance are based on the ACGME competency regarding interpersonal and communication skills. (Survey responses are based on 3- point scale “failed to meet expectations, met expectations or exceeded expectations”). 90% of program directors note that PGY 2 residents met (or exceeded) expectations related to interpersonal and communication skills items.

Finding (FY 2012) - Target: Met
99.1% of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in interpersonal and communication skills items.

M 13: Attrition Rates
Attrition rates Low attrition rates reflect that the Admissions Committee has selected applicants who are appropriately prepared academically and professionally to cope with the rigors of medical school, and that processes/services are in place during medical school to recognize students who are at risk and provide adequate personal and academic support.

Target:
5 or fewer students in all 4 classes total will be dismissed (or withdraw) from medical school.

Finding (FY 2012) - Target: Met
In 2012, there were 3 students total- 2 dismissed, 1 withdrew.

Related Action Plans (by Established cycle, then alpha):

2011 Efforts Paid Off
In response to the 2011 results, we reviewed our admission requirements and enhanced the support systems available to students (counseling center, Office of Academic Enhancement, tutoring) in order to
recognition and serve those students at greatest personal and academic risk. The 2012 results show that these efforts have paid off and we lost only half as many students to attrition this year (3 compared to the previous 7).

Established in Cycle: FY 2012
Implementation Status: Finished
Priority: High

Relationships (Measure | Outcome/Objective):
- Measure: Attrition Rates | Outcome/Objective: Competency in Medical Knowledge
- Measure: Interpersonal and Communication Skills

SLO 5: Practice Based Learning
Students will demonstrate competency in practice based learning and improvement including self-directed learning and evidence-based medicine.

Related Measures

M 1: Final Performance on All Courses and Clerkships
Course and clerkship final grades The student must meet minimum passing standards for all components of a course or clerkship and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

Target: At least 95% of students will receive a passing grade in their courses or clerkships.

Finding (FY 2012) - Target: Met
At least 95% of students in 2012 received passing grades for each course and clerkship.

M 4: Residency Match Results
Residency Match The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants' and programs' preferences for each other in a fair and consistent manner.

Target: At least 95% of 4th year students will obtain a residency training program by graduation.

Finding (FY 2012) - Target: Met
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.

M 5: AAMC Graduation Questionnaire
AAMC Graduation Questionnaire The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including pre-clinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

Target: The AAMC GQ requests a response to the item "I have basic skills in clinical decision making and the application of evidence-based information to medical practice". 90% of responding students will indicate that they agree (or strongly agree) they achieved expected student learning outcomes for evidence based medicine issues.

Finding (FY 2012) - Target: Met
95.5% of 4th year students agree (or strongly agree).

M 6: Alumni Survey (PGY 2 Graduates)
Alumni survey (PGY 2 graduates) The SoM surveys students who graduated from the medical school two years prior to the current academic year. The goal is to gather information regarding perceptions of undergraduate medical education experiences from graduates who are currently in their second year of residency training. The surveys are used to assess the school's degree of success in preparing its students for the practice of medicine at the graduate level.

Target: Responses on the alumni survey are based on the ACGME competency regarding practice based learning/self directed learning. (Responses are based on scale "strongly disagree, disagree, neutral, agree, strongly agree"). 90% of students will indicate they agree (or strongly agree) they achieved expected student learning outcomes related to self-directed learning.

Finding (FY 2012) - Target: Met
94.4% of students surveyed in 2012 agreed (or strongly agreed) they achieved expected student learning outcomes related to practice based learning and self directed learning.

M 7: Program Director Survey (for PGY2 graduates)
Program directors survey (for PGY2 graduates) The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors’ perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school’s degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

Target: Responses on the program directors survey on resident performance are based on the ACGME competency regarding practice based learning and improvement. (Survey responses are based on 3-point scale “failed to meet expectations, met expectations or exceeded expectations”). 90% of program directors note that PGY 2 residents met (or exceeded) expectations related to practice based learning and improvement items.

Finding (FY 2012) - Target: Met
98.1% of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in practice based learning items.

SLO 6: Systems Based Practice
Students will demonstrate competency in systems based practice including systems of health care, nonmedical factors...
that impact health, access to health care, and conflicts of interest in health care.

**Related Measures**

**M 1: Final Performance on All Courses and Clerkships**
Course and clerkship final grades. The student must meet minimum passing standards for all components of a course or clerkship, and these components are totaled to compute the final grade. Professionalism is a component of the final student evaluation for the final grade in all core clerkships and 4th year electives.

**Target:**
95% of students will receive a passing grade in all courses or clerkships

**Finding (FY 2012) - Target: Met**
At least 95% of students in 2012 received passing grades for each course and clerkship.

**M 2: Internal OSCE Exam**
Internal OSCE exams. The OSCE is designed to test clinical performance and competence in history taking, physical examination, medical knowledge, diagnostic and therapeutic management, bedside skills, interpersonal and communication skills, and professionalism with a standardized patient who often gives immediate direct feedback to the student. All 4th year students must take (but not pass) an internally-developed clinical skills examination to prepare for the USMLE Step II CS.

**Target:**
95% of students will receive a passing grade on an internal OSCE

**Finding (FY 2012) - Target: Met**
In 2012 at least 95% of students received passing grades on their internal OSCEs.

**M 4: Residency Match Results**
Residency Match. The NRMP is a private, not-for-profit corporation which optimizes the rank-ordered choices of medical student applicants and residency program directors and provides an impartial venue for matching applicants' and programs' preferences for each other in a fair and consistent manner.

**Target:**
95% of 4th year students will obtain a residency training program by graduation.

**Finding (FY 2012) - Target: Met**
For 2012, 99.5% (201/202) of the 4th year students matched by graduation.

**M 5: AAMC Graduation Questionnaire**
The AAMC GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience, including: preclinical experiences, clinical experiences, general medical education, student services, medical school community experiences, diversity, mistreatment, financial aid and indebtedness, career intentions and specialty choice, strengths and weaknesses of the medical program. The AAMC GQ is available to 4th year students in the spring before graduation.

**Target:**
AAMC GQ requests a response to the item “I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system); 90% of students will indicate they agree (or strongly agree) that they achieved expected student learning outcomes related to systems-based practice issues.

**Finding (FY 2012) - Target: Met**
94.2 % of 4th year students agree (or strongly agree).

**M 7: Program Director Survey (for PGY2 graduates)**
The SoM surveys residency program directors about the medical school graduates in their second year of residency training on the 6 ACGME core competencies. The goal is to gather information regarding the program directors' perceptions of the breadth/depth of the undergraduate medical education experiences. The surveys are used to assess the school's degree of success in preparing its students clinically and professionally for the practice of medicine at the graduate level.

**Target:**
Responses on the program directors survey on resident performance are based on the ACGME competency regarding systems-based practice. (Survey responses are based on 3-point scale “failed to meet expectations, met expectations or exceeded expectations”). 90% of program directors note that PGY 2 residents met (or exceeded) expectations related to systems-based practice items. 90% of program directors will note that PGY 2 residents met (or exceeded) expectations related to systems-based practice items.

**Finding (FY 2012) - Target: Met**
99.1 % of program directors surveyed in 2012 noted that PGY 2 residents met (or exceeded) expectations in systems-based practice items.

**Analysis Questions and Analysis Answers**

**Provide a brief analysis of the assessment results for this year. (For Academic Units Only)**
Targets for various measures of student learning outcomes related to professionalism were met. Targets for various measures of student learning outcomes related to medical knowledge were met. Targets for various measures of student learning outcomes related to patient care skills were met. Targets for various measures of student learning outcomes related to interpersonal and communication skills were met. Targets for various measures of student learning outcomes related to self-directed learning and evidence-based medicine were met. Targets for various measures of student learning outcomes related to systems-based practice were met.

**What changes or improvements have you made based on these assessment results? (For Academic Units Only)**
Regarding the specific targets for FY 2011-2012: Although targets for various measures of student learning outcomes related to competencies (professionalism, medical knowledge, patient care skills, interpersonal and communication skills, self-directed learning and evidence-based medicine and finally systems-based practice) were met, trends will continue to be closely monitored through various sub-committees of the Curriculum Committee. Student academic progression will continue to be reviewed in the Student Promotions Committee. Regarding timelines of events for FY 2011-2012: In summer 2011 interview and selection of Module Co-Directors, Discipline Coordinators and Members of the Case Construction Committee occurred. In August 2011 robust curriculum building began to develop in an integrated.
interdisciplinary manner. In September 2011 all seven basic science departments were reorganized under the Medical School and the Medical School Dean had full budgetary and appointment/retention/activity authority over basic science faculty and regularly met with the basic science department chairs as part of his supervisory responsibility to reinforce an integrated, interdisciplinary, interprofessional approach to medical school education. In September 2011 the Office of Undergraduate Medical Education was officially opened with dedicated space, personnel and resources in order to effect successful curricular reform. After the unsuccessful LCME appeal in October 2011, Dr. Eddins was promoted to Vice Dean for Undergraduate Medical Education to lead the educational reform effort. In October 2011 an LCME Task Force was appointed to address focused remediation of 13 LCME standard-specific citations. In November 2011 the Medical School Curriculum Committee formally approved the module descriptions and content, mapped to the Medical School's Objectives and Competencies. In November 2011 there was intense, campus-wide development to involve faculty and students in the curricular reform and LCME remediation process that was inclusive and transparent. Broad faculty representation was sought for teaching leadership roles in addition to committee, sub-committee, task force and work group membership and regular communication with campus community was prioritized. In November 2011 Drs. Deborah Conway and Michael Johnson were appointed as Curriculum Co-Directors and they were quickly promoted to Assistant Deans for Curriculum to address day-to-day curricular management/development issues. Other educational experts were identified and selected to round out the Office of Undergraduate Medical Education including Evaluation/Assessment Specialist, two Educational Development Specialists, Pre-clinical Curriculum Coordinator, Data Analyst, and Library Liaison. The Library Liaison was extremely helpful to coordinate/purchase of all preclinical and clinical Vital Source E-textbooks. In November 2011 the Medical School Curriculum Committee was empowered as the body to provide central oversight and makes recommendations to the Medical Dean for the overall design, management and evaluation of a coherent and coordinated curriculum with the authority to enact change. The Curriculum Committee established strict timelines by which clerkship directors must submit final grades, identified by the LCME as an item of “in compliance with monitoring”; all clerkship directors were adhering strictly to these deadlines of final grades submission. In fall 2011 the Preclinical Promotions Committee and the Clinical Promotions Committee were combined into a Student Promotions Committee, charged with review/tracking the academic progression and professional development of each student during all phases of the four year medical education program; this committee has primary responsibility for certifying only those candidates who have satisfactorily completed all graduation requirements and demonstrated the professional conduct befitting of a physician. In fall 2011 there was widespread mapping of all preclinical and clinical courses to the medical school Objectives and Competencies. There was standardization of evaluation and assessment tools, especially across all third year core clerkships. In fall 2011 there was redistribution of $50 million dollars of state funds, allocated to the basic science and clinical science departments, with a formula that was largely based on undergraduate educational Relative Value Units. Since fall 2011 the Vice Dean for Undergraduate Medical Education had sufficient independent authority/funds to directly compensate those faculty members who contributed to the educational mission of the medical school, particularly in the preclinical curriculum. In December 2011 there was the creation of a Grading System Task Force, charged with the examination of the grading system for all preclinical and clinical courses in the medical education program; this task force ruled that all third and fourth year elective courses should be designated as “Pass/Fail” courses. In winter 2011 a robust curricular management and evaluation system, One45, was purchased to manage the new curriculum, including organization of course schedules, course materials, documents and syllabi, posting of educational requirements for students and teaching faculty, tracking of students and faculty compliance with LCME requirements, evaluations of students and teaching faculty performance, generation of reports for individual or composite student or course/faculty evaluations, mapping of curricular objectives and competencies to individual modules, and searches in the new curriculum for specific curricular objectives and competencies for LCME accreditation reports. In January 2012 there was a consultation visit from the LCME Secretaries to give the Medical School recommendations on the medical school’s educational reform and its responses to the LCME standard specific citations. In April 2012 the remediation plan was submitted to the LCME and was accepted in June 2012. In spring 2012 the Facilitators for the Friday morning small group sessions were interviewed and appointed for the CIRCLE curriculum. In March 2012 there was selection of the members of the Exam Question Review Committee, tasked with the construction and review/evaluation of module exam questions that were written in a standard case-based vignette seen on USMLEs and NBME Subject Tests and reflected pertinent information covered in preclinical modules.