PROGRAM EVALUATION AND ASSESSMENT SUBCOMMITTEE (PEAS)

2nd ANNUAL REPORT

Academic Year 2014-2015

INTRODUCTION

This is the end-of-year (EOY) report developed by the program evaluation and assessment subcommittee (PEAS) which is a subcommittee of the curriculum committee. This report provides data on the University of South Carolina School of Medicine Greenville (USCSOMG) program. This report is broken up into five sections 1) student performance 2) module performance 3) program level objectives 4) faculty performance and 5) environment for academic year (AY) 2014-2015 and when appropriate AY 2012-2013 and AY 2013-2014 for comparison. The data presented under module performance, faculty performance and environment are provided from student feedback only.

STUDENT PERFORMANCE

Student performance is reported in terms of pass rates for M1 and M2 modules and M3 clerkships (internal measures), National Board of Medical Examiners® Comprehensive Basic Science Exam (NBME® CBSE – external measure) results and United States Medical Licensing Examination® Step 1 (USMLE® Step 1 – external measure) results. These are the only metrics used at this point since the Charter Class has only completed the M3 year of undergraduate medical education.

Module Assessment Results

Table 1 presents the module pass rate for M1 modules. Table 2 presents the module pass rate for M2 modules. Table 3 presents clerkship pass rates, OSCE, Shelf exam, and module averages. Faculty within the M1 and M2 modules are allowed to develop an assessment strategy specific to that module. The results for M1 and M2 modules and M3 clerkships represent passing rates prior to any remediation a failing student is required to complete.

M1 Module	AY 2013-2014			AY 2014-2015		
	Class of 2017			Class of 2018		
	# of Students	% of Students Passed	Mean Final Average	# of Students	% of Students Passed	Mean Final Average
Structure and Function of the Human Body 1	54	100%	87.24	82	93%	84.56
Molecular and Cellular Foundations of Medicine	54	100%	88.98	83	98%	87.91
Structure and Function of the Human Body 2	54	100%	88.09	80	96%	84.34
Neuroscience	54	100%	90.52	80	99%	89.42
Defenses & Responses	54	100%	89.1	80	96%	87.18
Clinical Diagnosis and Reasoning 1						
Medicine and Society 1						

Table 1. Pass Rate and Averages for M1 Modules – AY 2013-2014 and AY 2014-2015.

M2 Module	AY 2013-2014			AY 2014-2015		
	Class of 2016			Class of 2017		
	# of Students	% of Students Passed	Mean Final Average	# of Students	% of Students Passed	Mean Final Average
Biomedical Principals of Disease and Therapy	52	100%	89.79	54	100%	87.82

GI and Hepatic	52	100%	90.19	54	96%	85.66
Hematology, Oncology and Toxicology	52	96.15%	87.15	54	90.74%	82.93
Cardiovascular and Pulmonary	52	98.08	87.14	54	98.15%	85.99
GU and Renal	52	100%	89.25	54	94%	86.56
Mind, Brain and Behavior	52	98.08%	84.74	53	100%	86.50
Musculoskeletal, Dermatology and Rheumatology	52	100%	91.85	53	100%	91.19
Endocrine and Reproductive	52	100%	91.28	53	98%	89.96
Clinical Diagnosis and Reasoning 2						
Medicine and Society 2						

Table 2. Pass Rate and Averages for M2 Modules – AY 2013-2014 and AY 2014-2015.

M3 Clerkship	AY 2014-2015 Class of 2016					
	# of Students	% of Students Passed Who Passed all Elements	OSCE Scores	Shelf Average*	Clinical Evaluation Average	Mean Final Average
Family Medicine	51	98.04	82.4	84.6	87.2	85.4
Internal Medicine	52	96.15	82.1	83.7	86.8	84.8
Psychiatry/Neurology	52	88.46	84.2	84.0/83.6	83.5	82.9
OB-GYN	50	98.00	82.4	84.9	86.7	85.2
Pediatrics	51	100	83.5	83.9	85.6	84.7
Surgery	51	100	85.0	84.0	84.1	84.3

Table 3. Pass Rate, OSCE Score Averages, Shelf Averages, Clinical Evaluation Average, and Mean Final Average for M3 Clerkships – AY 2014-2015. * "Shelf Average" is based on adjusted shelf scores, nor raw or percentile.

NBME® CBSE Progress Exam

Students at the USCSOMG take the NBME® CBSE four times throughout their first two years of medical school. The exam is administered at the beginning of year 1, the end of year 1, midway through year 2, and at the end of year 2. Importantly, students are instructed to take this exam without studying. Student scores on this exam allow for USCSOMG to monitor the rate of progress for each student. Figure 1 presents mean scores from the class of 2016, 2017, and 2018 on the NBME® CBSE exam at the beginning of year 1 and end of year 1 as well as the mean score from the class of 2016 and 2017 end of year 2 exam. Figure 2 presents the rate of progress between the beginning of year 1 and end of year 1 NBME® CBSE for the class of 2016, 2017, and 2018. Figure 3 presents the rate of progress between the end of year 1 and end of year 2 NBME® CBSE for the class of 2016 and 2017.

In addition to mean scores and rates of progression on the mean score of the exam, figures 4 and 5 present the progression on the NBME® CBSE exam in specific disciplines for M1 and M2 students, respectively. The mean scores on the NBME® CBSE exam for USCSOMG students presented in figures 4 and 5 are compared to national averages for the NBME® CBSE which is taken by most medical students upon completion of year 2. Figure 6 presents a comparison of end of year 2 NBME® CBSE scores between the class of 2016 and the class of 2017.

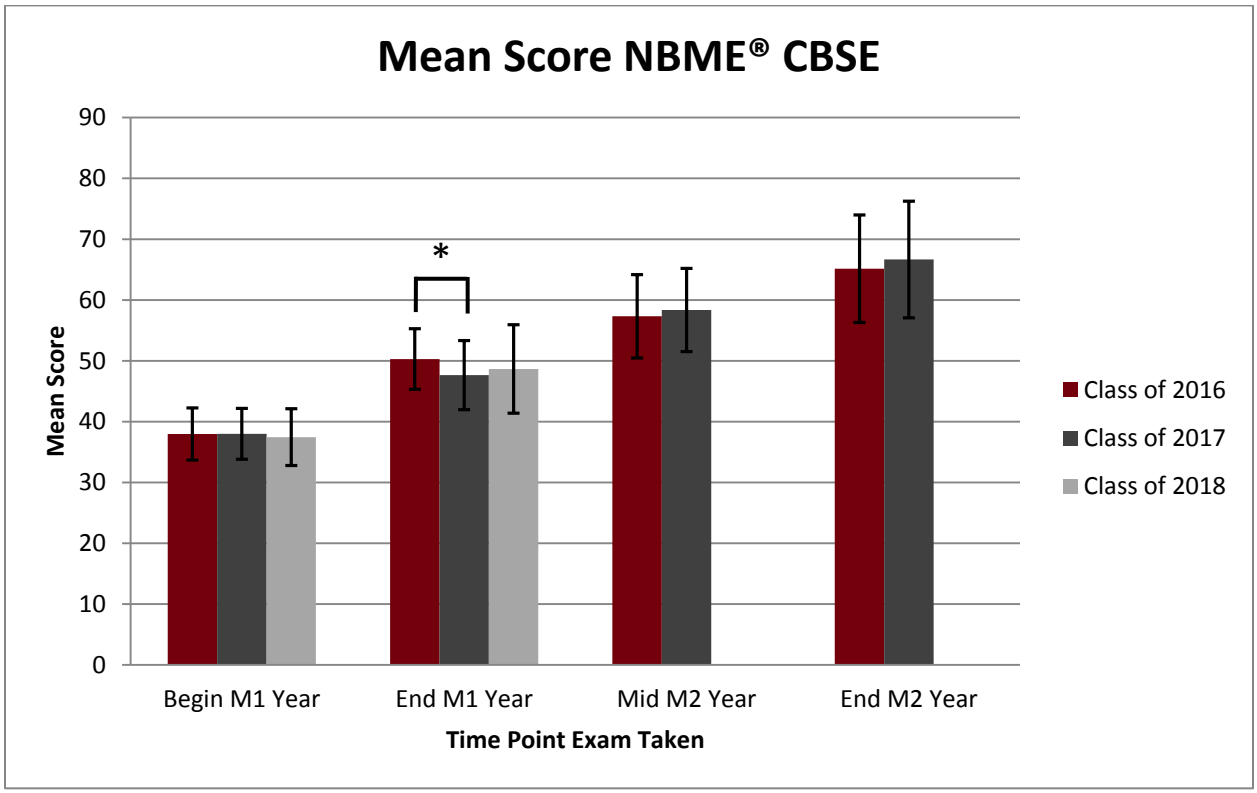


Figure 1. **NBME®CBSE mean scores for the Class of 2016, 2017, and 2018. *p < 0.05**

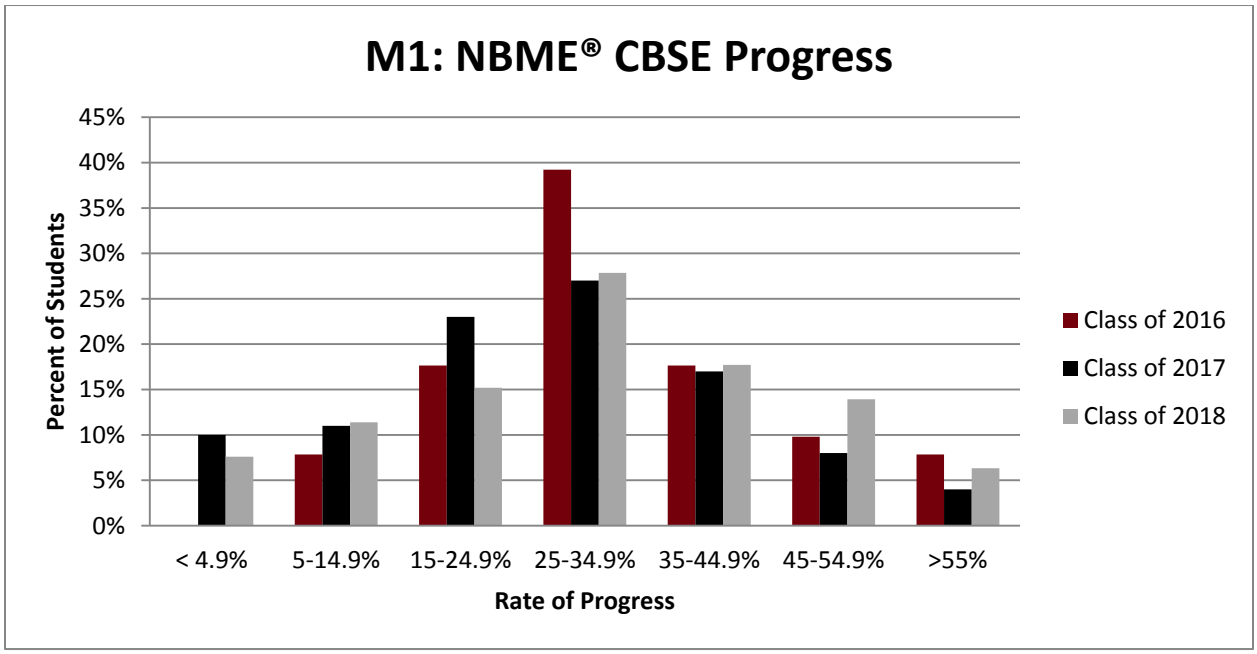


Figure 2. NBME®CBSE rate progress during M1 for the Class of 2016, 2017, and 2018. Histogram provides the percentage of students versus the rate of progress between the NBME®CBSE at the start of M1 and at the end of M1.

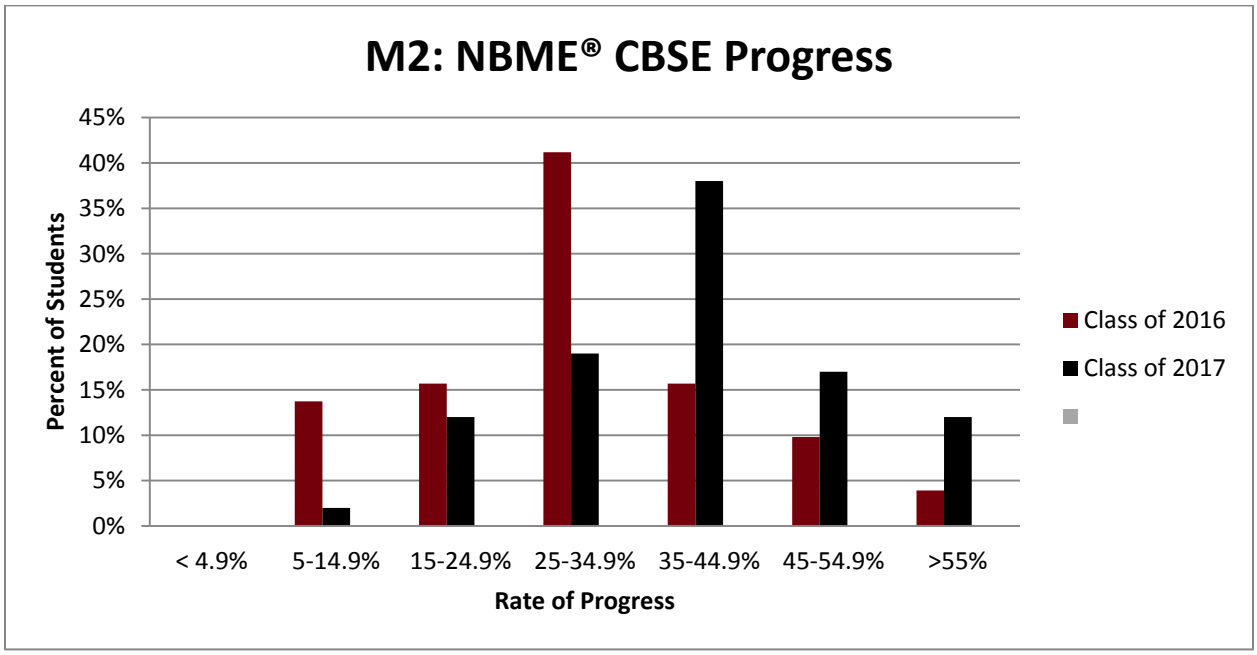


Figure 3. NBME®CBSE rate of progress during M2 Class of 2016 and 2017. Histogram provides the percentage of students versus the rate of progress between the NBME®CBSE at the end of M1 and at the end of M2.

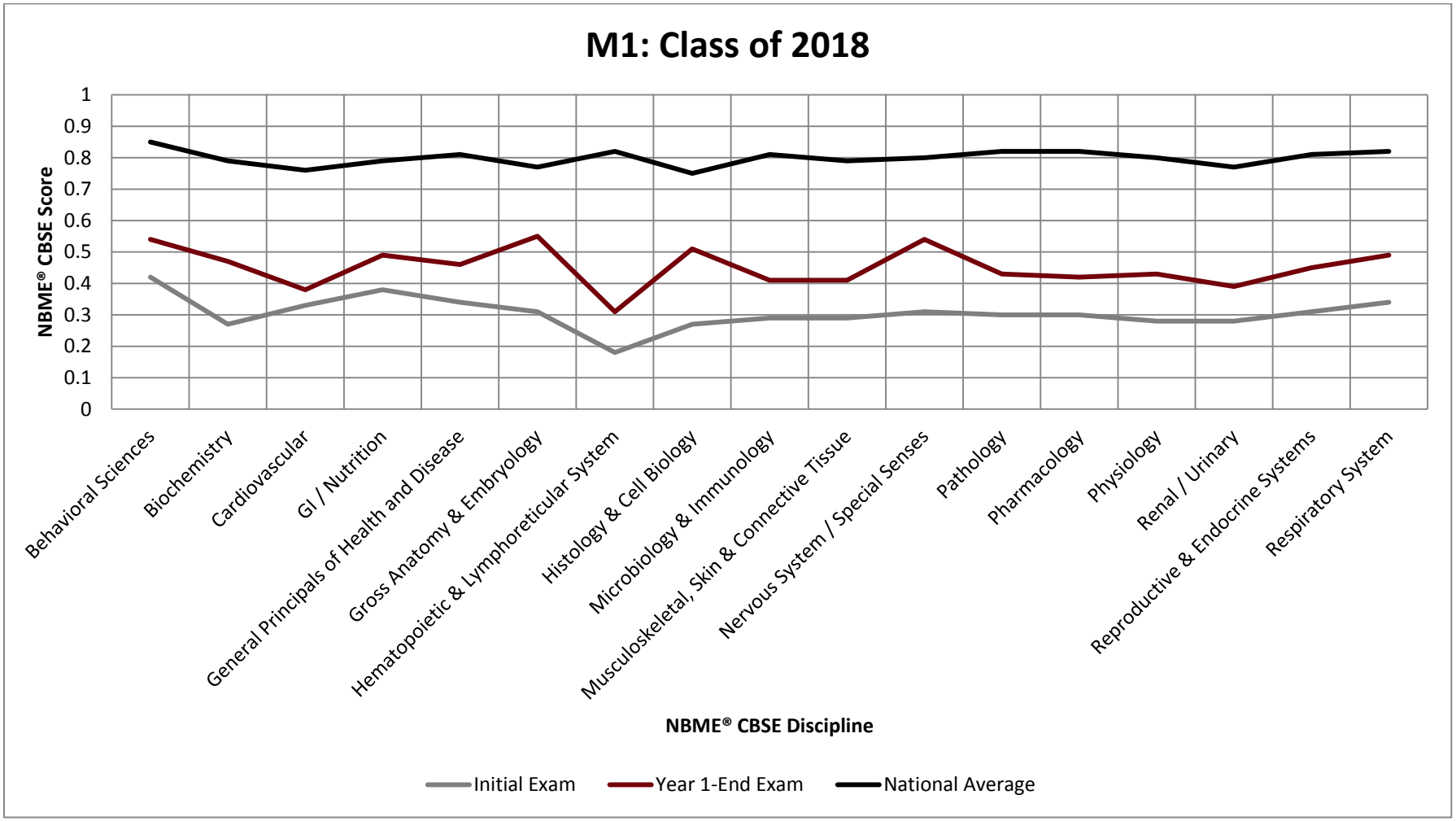


Figure 4. M1 – Class of 2018. Initial exam was taken at the beginning of the first year of medical school. Year 1-End Exam was taken at the end of the first year of medical school. The scores are compared to the national average of NBME® CBSE scores in which students from other medical schools most often take the exam following the completion of the year 2 curriculum prior to taking the USMLE step 1.

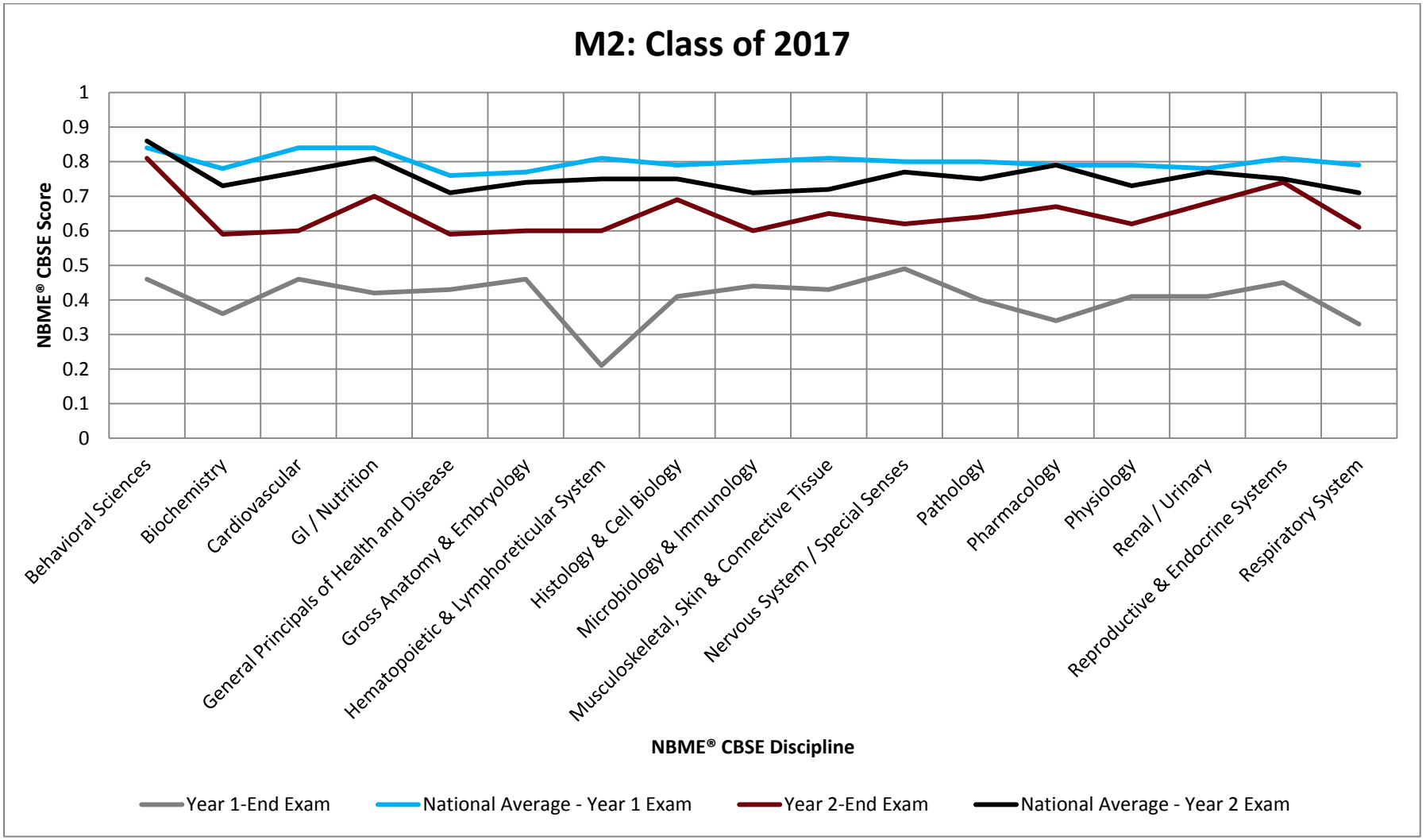


Figure 5. M2 – Class of 2017. Year 1-End Exam was taken at the end of the first year of medical school. Year 2-End exam was taken at the end of the second year of medical school. The scores are compared to the national average of NBME® CBSE scores in which students from other medical schools most often take the exam following the completion of the year 2 curriculum prior to taking the USMLE step 1.

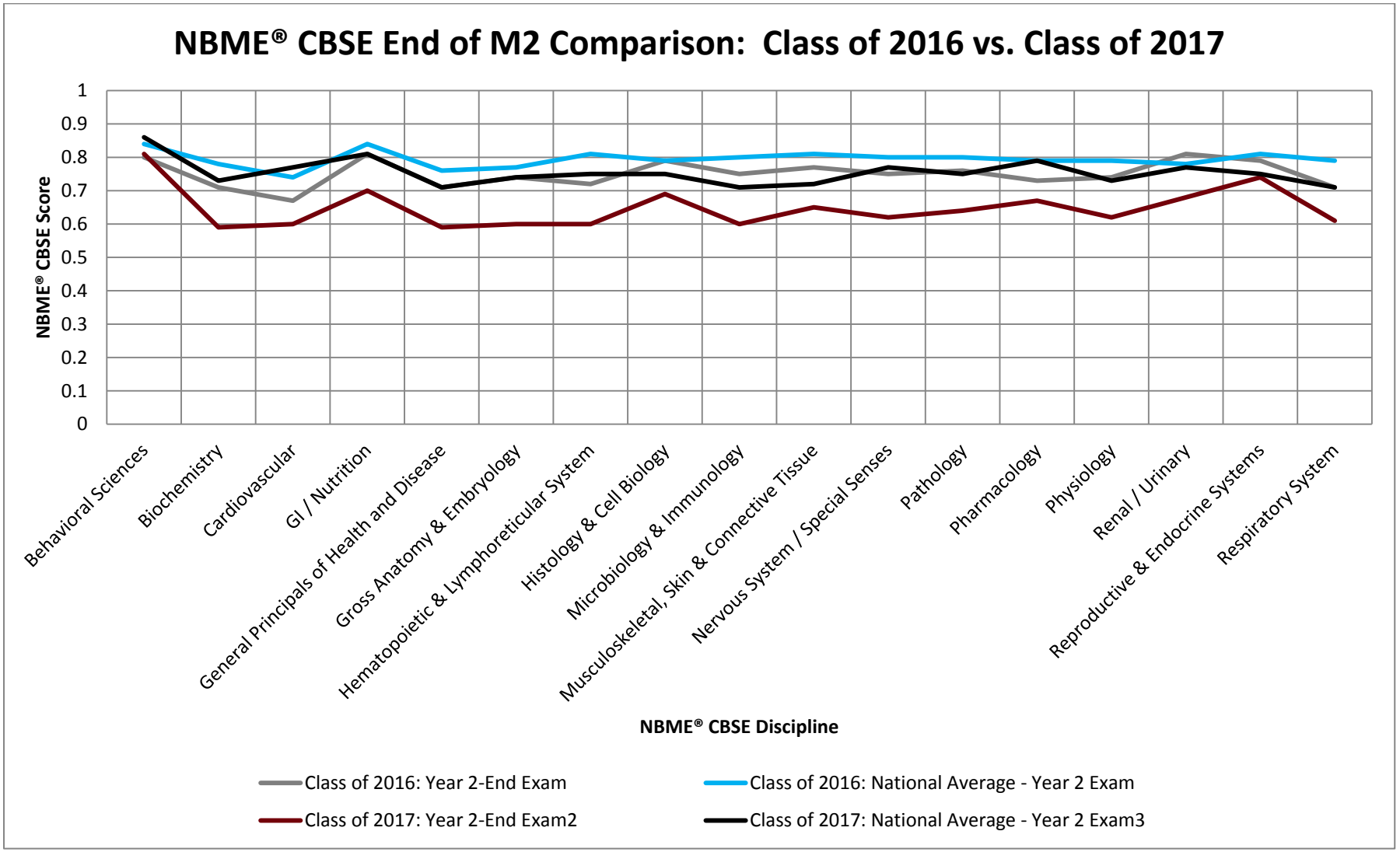


Figure 6. End of M2 Comparison between Class of 2016 and Class of 2017. Year 2-End exam was taken at the end of the second year of medical school. The scores are compared to the national average of NBME® CBSE scores in which students from other medical schools most often take the exam following the completion of the year 2 curriculum prior to taking the USMLE step 1.

USMLE® Step 1

To date only the class of 2016 (Charter Class of USCSOMG) and class of 2017 have taken the United States Medical Licensing Exam® (USMLE®) Step 1 exam. The exam is taken upon completion of the second year. The results of the exam are presented in table 4 for both classes. Additional USMLE® Step 1 score breakdowns are presented in appendices A, B, and C for the Class of 2016.

USMLE® Step 1 Data	Class of 2016	Class of 2017
Number of First Attempt Examinees	52	51
Number of Students that Passed Exam	52	49
Percent of Students that Passed Exam*	100%	96.1%
Minimum Score	196.00	177
Mean Score	224.98	226.10
Maximum Score	259.00	264
Standard Deviation	17.21	20.44
National Average on USMLE® Step 1	230	
Passing Score on USMLE® Step 1	192.00	192.00

Table 4. USMLE® Step 1 data for USCSOMG Class of 2016 and 2017. *Percentage of students that passed USMLE® Step 1 on first try.

Student Progression in Program

The number of students entering a given year of undergraduate medical education is provided in Table 5.

	Class of 2016	Class of 2017	Class of 2018	Class of 2019
New Students Entering M1 Year	53	54	82	99
Total Students Entering M1 Year	53	54	82	104
Students Entering M2 Year	52	53	76	NA
Students Entering M3 Year	52	49	NA	NA
Students Entering M4 Year	50	NA	NA	NA
Percent of New Students that Entered M1 Year that Graduated in 4 Years	NA	NA	NA	NA
Percent of New Students that Entered M1 Year that Graduated in 5 Years	NA	NA	NA	NA

Table 5. Number of Students Entering each Year of School for a Given Class.

Summary of Student Performance

At the end of academic year (AY) 2014-2015 USCSOMG's inaugural class (Class of 2016) has completed their M3 year (first year of clerkships) while the second class (Class of 2017) has completed their pre-clinical years and the USMLE® Step 1 exam and the third class (Class of 2018) has completed their M1 year and the second of four NBME® CBSE exams.

Student success within pre-clinical modules is provided in tables 1 and 2 while table 3 provides data for student success in clerkships. Pass rate in M2 modules decreased slightly for the Class of 2017

compared to the Class of 2016 (table 2). In addition, pass rate on the first attempt for the USMLE® Step 1 exam decreased for the Class of 2017 compared to the Class of 2016 (table 4).

The initial M1 NBME® CBSE mean exam score was similar for all three classes; however, the NBME® CBSE mean exam score at the end of M1 was significantly lower for the class of 2017 than the class of 2016; however, this decrease in NBME® CBSE mean score for the class of 2017 compared to the class of 2016 was eliminated on the end of M2 NBME® CBSE mean score. There was no difference between the end of M1 year NBME® CBSE mean score for the class of 2018 compared to the class of 2016 or class of 2017.

MODULE PERFORMANCE

Currently, module performance is analyzed by two methods 1) students complete an end-of-module evaluation immediately following the completion of the module and 2) students complete a program-to-date student survey upon completion of the academic year. The program-to-date student survey is completed by each class.

End-of-Module Evaluation Data

Students complete an end-of-module evaluation immediately upon completion of a module. Students can agree or disagree with statements provided in the end-of-module evaluation. Table 6 provides the results from M1 and M2 overall averages. Table 7 reports the scores of M1 modules and table 8 reports the scores from M2 modules. All results presented in tables 9 and 10 reflect modules from AY 2014-2015.

M1 and M2 Modules Statement	M1 Overall Average		M2 Overall Average	
	AY 2013-2014	AY 2014-2015	AY 2013-2014	AY 2014-2015
Faculty expectations of students are clear (e.g., attendance policy, grading system, etc.).	4.12	4.17	3.97	4.23
The learning objectives are clear.	4.08	4.19	4.12	4.09
Content is clearly related to the stated learning objectives.	4.09	4.07	4.04	4.00
Content is well organized and presented in a logical sequence.	3.91	3.86	3.99	3.94
Reading assignments are relevant and useful.	3.67	3.86	3.87	3.60
In general, faculty are well organized.	4.16	4.04	4.11	4.07
In general, faculty are knowledgeable.	4.52	4.56	4.48	4.47
In general, faculty are available to assist students.	4.51	4.51	4.47	4.43
The laboratory sessions were effective for reinforcing classroom learning sessions.	4.19	4.05	3.94	4.03
Laboratory sessions were well organized to achieve specific learning outcomes.	4.03	4.00	3.94	3.95
Laboratory instructional faculty were effective at facilitating exercises.	4.13	4.11	4.01	4.05
Formative assessments are useful to students to monitor their learning progress.	4.01	3.86	4.02	4.12

Summative assessments accurately measure my understanding of the module material.	3.61	3.56	3.80	3.65
Faculty-developed curriculum materials (PowerPoints, SLMs, etc.) are effective in helping me achieve the learning objectives.	4.18	4.18	4.09	4.04
Externally-developed curriculum materials (textbooks, videos, etc.) are effective in helping me achieve the learning objectives.	4.00	3.96	4.09	3.95
The library resources and library support are adequate.	3.92	4.07	4.42	3.80
Faculty are effectively using the Canvas learning management system.	4.25	4.25	4.14	4.20
Overall, the clinical relevance of this module has been made clear.	4.55	4.41	4.38	4.59
Overall, the required work (in and out of class) for this module is appropriate.	4.23	4.15	4.13	4.13
Overall, the level of challenge for this module is appropriate.	4.22	4.19	4.15	4.20
Overall, I am satisfied with this module.	3.98	4.00	3.89	3.96

Table 6. Overall Results of Student Ratings for Statements on End-of-Module Evaluations – AY 2013-2014 and AY 2014-2015. Students completed end-of-module evaluations in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. Scores are averaged for each statement.

M1 Modules Statement	SF 1	FDNS	SF 2	Neuro	D&R	CDR 1	M&S 1
Percent of Students Responding	43%	29%	72%*	31%*	34%*	18%	15%
Faculty expectations of students are clear (e.g., attendance policy, grading system, etc.).	4.54	4.38	4.15	4.40	4.04	3.93	3.75
The learning objectives are clear.	4.60	4.17	4.25	4.32	4.07	4.33	3.58
Content is clearly related to the stated learning objectives.	4.57	3.79	3.81	4.24	4.00	4.43	3.67
Content is well organized and presented in a logical sequence.	4.50	3.58	3.54	3.88	3.79	4.20	3.50
Reading assignments are relevant and useful.	3.90	3.67	3.98	3.96	4.00	4.29	3.25
In general, faculty are well organized.	4.57	3.83	3.75	3.96	4.14	4.20	3.83
In general, faculty are knowledgeable.	4.89	4.48	4.36	4.64	4.54	4.67	4.33
In general, faculty are available to assist students.	4.71	4.63	4.36	4.68	4.50	4.53	4.17
The laboratory sessions were effective for reinforcing classroom learning sessions.	4.69	3.96	4.12	3.96	3.71	4.36	3.55
Laboratory sessions were well organized to achieve specific learning outcomes.	4.46	3.96	4.05	4.00	3.79	4.27	3.45
Laboratory instructional faculty were effective at	4.60	4.13	4.18	3.96	3.75	4.40	3.73

facilitating exercises.							
Formative assessments are useful to students to monitor their learning progress.	4.51	4.38	4.19	4.46	3.04	3.67	2.80
Summative assessments accurately measure my understanding of the module material.	4.03	4.00	3.31	3.91	3.75	3.53	2.42
Faculty-developed curriculum materials (PowerPoints, SLMs, etc.) are effective in helping me achieve the learning objectives.	4.71	4.42	4.02	4.08	3.86	4.27	3.91
Externally-developed curriculum materials (textbooks, videos, etc.) are effective in helping me achieve the learning objectives.	4.00	3.52	4.34	3.92	4.25	4.33	3.36
The library resources and library support are adequate.	3.97	3.75	4.02	4.20	4.15	4.42	4.00
Faculty are effectively using the Canvas learning management system.	4.46	4.33	4.16	4.42	4.25	4.40	3.73
Overall, the clinical relevance of this module has been made clear.	4.83	4.50	4.26	4.68	4.29	4.53	3.75
Overall, the required work (in and out of class) for this module is appropriate.	4.62	4.00	4.00	4.28	3.86	4.47	3.83
Overall, the level of challenge for this module is appropriate.	4.51	4.17	3.97	4.48	3.86	4.40	3.92
Overall, I am satisfied with this module.	4.66	3.92	3.76	4.24	3.71	4.47	3.25

Table 7. M1 Results of Student Ratings for Statements on End-of-Module Evaluations – AY 2014-2015. Students completed end-of-module evaluations in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. SF 1 = Structure and Function of the Human Body 1; FDNS = Molecular & Cellular Foundations of Medicine; SF 2 = Structure and Function of the Human Body 2; Neuro = Neuroscience; D&R = Defenses & Responses; CDR 1 = Clinical Diagnosis & Reasoning 1; M&S 1 = Medicine & Society 1. Scores are averaged for each statement.
*Fifty percent of the class was required to complete the end-of-module evaluation and the remaining fifty percent of the class was given the option to complete the end-of-module evaluation. The percent of students responding represent the combined response from required and optional responses. The response rate to complete the evaluation did not reach 100% of the required or 100% of the optional.

M2 Modules Statement	PDT	GI/Hep	H/O/T	C/P	GU/Renal	MMB	M/D/R	Endo/Rep	CDR 2	M&S 2
Percent of Students Responding	72%	45%	41%	51%	21%	43%	33%	37%	22%	22%
Faculty expectations of students are clear (e.g., attendance policy, grading system, etc.).	4.56	4.83	4.57	3.59	3.18	3.52	5.00	4.60	4.17	4.25
The learning objectives are clear.	4.36	4.67	4.33	3.70	3.09	2.91	4.72	4.50	4.25	4.33
Content is clearly related to the stated learning objectives.	4.45	4.54	4.38	3.33	2.82	2.43	4.72	4.50	4.50	4.36
Content is well organized and	4.33	4.54	3.76	2.70	3.10	2.96	4.78	4.40	4.33	4.50

presented in a logical sequence.										
Reading assignments are relevant and useful.	3.55	3.78	3.25	3.04	3.44	3.18	4.28	3.50	4.20	3.82
In general, faculty are well organized.	4.26	4.50	4.20	3.26	3.45	3.26	4.72	4.50	4.00	4.50
In general, faculty are knowledgeable.	4.45	4.63	4.52	4.33	4.36	3.78	4.78	4.55	4.83	4.50
In general, faculty are available to assist students.	4.53	4.67	4.33	4.26	4.45	3.77	4.78	4.45	4.83	4.25
The laboratory sessions were effective for reinforcing classroom learning sessions.	4.33	4.21	3.71	3.27	3.40	3.00	4.82	4.39	4.75	4.42
Laboratory sessions were well organized to achieve specific learning outcomes.	4.33	4.08	3.86	3.19	3.00	2.95	4.71	4.44	4.58	4.33
Laboratory instructional faculty were effective at facilitating exercises.	4.36	4.00	3.86	3.42	3.30	3.23	4.82	4.39	4.75	4.33
Formative assessments are useful to students to monitor their learning progress.	4.05	4.13	3.57	4.19	4.18	3.39	4.56	4.25	4.38	4.50
Summative assessments accurately measure my understanding of the module material.	3.38	3.75	3.19	3.74	3.82	2.57	4.78	3.60	3.33	4.36
Faculty-developed curriculum materials (PowerPoints, SLMs, etc.) are effective in helping me achieve the learning objectives.	4.21	4.38	4.00	3.92	3.64	2.83	4.72	4.25	4.25	4.17
Externally-developed curriculum materials (textbooks, videos, etc.) are effective in helping me achieve the learning objectives.	4.03	3.87	3.95	3.96	3.40	3.52	4.44	4.00	4.45	3.90
The library resources and library support are adequate.	3.72	3.90	3.67	3.80	3.78	3.67	4.15	3.59	3.90	3.78
Faculty are effectively using the Canvas learning management system.	4.42	4.25	4.19	4.00	4.00	3.55	4.50	4.40	4.33	4.33
Overall, the clinical relevance of this module has been made clear.	4.79	4.79	4.67	4.56	4.27	3.82	4.94	4.75	4.92	4.42
Overall, the required work (in and out of class) for this module is appropriate.	4.31	4.46	4.14	3.63	3.36	2.86	4.89	4.35	4.75	4.58
Overall, the level of challenge for this module is appropriate.	4.31	4.58	4.10	3.78	3.73	3.05	4.72	4.45	4.75	4.58
Overall, I am satisfied with this module.	4.31	4.54	3.71	3.26	3.09	2.52	4.89	4.35	4.55	4.33

Table 8. M2 Results of Student Ratings for Statements on End-of-Module Evaluations – AY 2014-2015
Students completed end-of-module evaluations in which they answered statements on a Likert scale

using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. PDT = Principles of Disease & Therapy; MMB = Mind, Brain, & Behavior; C/P = Cardiovascular & Pulmonary; H/O/T = Hematology, Oncology, & Toxicology; GI/Hep = GI / Hepatic; M/D/R = Musculoskeletal, Dermatology, & Rheumatology; Endo/Rep = Endocrine, Reproductive, & Breast; CDR 2 = Clinical Diagnosis & Reasoning 2; M&S 2 = Medicine & Society 2. Scores are averaged for each statement.

Program-to-Date Student Survey Results

Students complete a Program-to-Date survey immediately upon completion of each academic year. Students can agree or disagree with statements provided in the Program-to-Date survey. Table 9 provides the results from M1, M2, and M3 overall averages from AY 2014-2015 and overall averages for M1 and M2 from AY 2013-2014 for comparison regarding statements of the overall educational program. Table 10 reports the scores of statements related to the EMT program from AY 2012-2013, AY 2013-2014 and AY 2014-2015. Table 11 reports the scores of statements regarding M1 modules during AY 2014-2015 and table 12 reports scores of statements regarding M2 modules during AY 2014-2015. Table 13 reports the scores of statements regarding M3 clerkships during AY 2014-2015. The program-to-date student survey was given before M3 students completed all clerkship rotations.

M1, M2, and M3 Modules Statements	AY 2014-2015						AY 2013-2014			
	M1		M2		M3		M1		M2	
	N	X	N	X	N	X	N	X	N	X
Basic/Clinical science content objectives are made clear to students.	80	4.41	48	4.23	48	4.17	46	4.30	46	3.67
Basic/Clinical science content is sufficiently integrated across basic science courses.	79	4.33	48	4.19	46	4.20	46	4.30	46	3.67
Basic/Clinical science content objectives and examination content match closely.	79	4.01	48	3.96	48	4.06	46	4.13	46	3.59
Basic/Clinical science content has sufficient illustrations of clinical relevance.	80	4.30	48	4.33	48	4.23	46	4.48	46	3.85
Basic/Clinical science was integrated in required clinical experience.	79	4.37	48	4.35	48	4.23	46	4.26	45	3.89
The quality of the overall first/second/third - year curriculum is appropriate.	80	4.28	48	4.17	48	4.25	46	4.24	46	3.33
The teaching methods applied by faculty are appropriate.	80	3.99	48	4.02	48	4.04	46	4.07	46	3.50
There are opportunities to engage in self-directed, independent learning.	78	4.51	47	4.28	48	4.35	46	4.39	46	4.09
Methods of assessing student learning are appropriate.	80	4.19	48	4.28	48	3.83	46	4.20	45	3.82
There is sufficient opportunity to provide input on curriculum and module quality.	80	4.38	48	4.38	48	3.92	46	4.24	45	4.02
The medical school is sufficiently responsive to student feedback about teaching.	79	4.27	48	3.83	48	3.75	46	4.17	45	3.38
Generally speaking, the workload for the educational program is appropriate.	80	4.40	48	4.27	48	4.19	46	4.30	44	4.09

Overall, I am satisfied with the quality of my medical education.	80	4.46	48	4.25	48	4.21	46	4.30	45	3.91

Table 9. Overall Education Program Combined Scores. Students completed a program-to-date student survey upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. N = number of students completing the survey. X = mean of the student responses from the Likert scale.

M1: EMT Statements	AY 2014-2015		AY 2013-2014		AY 2012-2013	
	N	X	N	X	N	X
Clarity and appropriate use of objectives.	79	4.11	45	3.64	50	4.32
General Module Organization.	79	3.66	45	3.13	52	4.23
Quality of teaching.	79	3.98	45	3.73	52	4.31
Academic workload / demands on student time.	79	3.89	45	3.60	52	4.31
Appropriateness of teaching methods.	79	4.06	46	3.41	52	4.23
Incorporation of clinically relevant material.	78	4.35	44	3.96	52	4.46
Feedback about your progress in learning the material.	78	4.14	46	3.72	52	4.44
Feedback about your progress in the core competencies other than medical knowledge.	77	4.04	46	3.63		
Fairness of exams and grading.	79	4.04	45	3.89	52	4.42
Helpfulness in preparing you for USMLE® exams.	72	3.14	40	2.58	49	3.55
Overall module quality.	78	3.97	46	3.57	52	4.37
The EMT curriculum had a positive influence on my medical education.	79	4.23	46	4.07	52	4.46
Participating as an EMT made me more confident in my clinical skills.	79	4.30	46	3.98	52	4.35
The EMT curriculum allowed me the opportunity to gain a better understanding of our patient population.	78	4.62	45	4.60	51	4.69
The EMT curriculum gave me a better understanding of the different levels of medical care and how they work together for the care of patients.	79	4.62	46	4.24	51	4.67
The EMT curriculum has been a clinically relevant portion of my medical education.	79	4.38	46	3.98	52	4.46
The EMT curriculum provided me with the opportunities I expected.	78	4.21	46	3.80	52	4.25
The EMT curriculum allowed me the opportunity to practice patient based care while interacting with other members of the health care team.	78	4.42	46	3.98	52	4.58

Table 10. M1 EMT. M1 students completed a program-to-date student survey on the EMT program upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. N = number of students completing the survey. X = mean of the student responses from the Likert scale. EMT = Emergency Medical Technician course which was part of the Medicine & Society 1 module and presented with simultaneously with the Structure and Function 1 module.

M1 Modules Statements	SF 1	FDNS	SF 2	Neuro	D&R	CDR 1	M&S 1
Clarity and appropriate use of objectives.	4.75	4.53	4.14	4.73	4.14	4.27	3.72
General Module Organization.	4.75	4.24	3.57	4.53	4.09	4.06	3.54
Quality of teaching.	4.75	4.37	3.72	4.62	3.87	4.58	3.69
Academic workload / demands on student time.	4.58	4.43	3.91	4.59	3.85	4.56	3.82
Appropriateness of teaching methods.	4.70	4.28	3.86	4.61	3.99	4.41	3.72
Incorporation of clinically relevant material.	4.70	4.44	4.34	4.80	4.44	4.76	3.78
Feedback about your progress in learning the material.	4.67	4.47	4.10	4.64	4.00	4.50	3.74
Feedback about your progress in the core competencies other than medical knowledge.	4.42	4.21	3.92	4.42	3.99	4.58	3.97
Fairness of exams and grading.	4.56	4.48	3.90	4.72	4.18	4.17	3.31
Helpfulness in preparing you for USMLE® exams.	4.54	4.35	4.15	4.71	4.36	4.30	3.12
Overall module quality.	4.62	4.33	3.86	4.72	4.10	4.45	3.60

Table 11. M1 Module Satisfaction Measures AY 2014-2015. M1 students completed a program-to-date student survey on M1 modules upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. SF 1 = Structure and Function of the Human Body 1; FDNS = Molecular & Cellular Foundations of Medicine; SF 2 = Structure and Function of the Human Body 2; Neuro = Neuroscience; D&R = Defenses & Responses; CDR 1 = Clinical Diagnosis & Reasoning 1; M&S 1 = Medicine & Society 1. Number of student responses ranged 78-79 out of 80 total students.

M2 Modules Statements	PDT	GI/Hep	H/O/T	C/P	GU/Renal	MBB	M/D/R	Endo/Rep	CDR 2	M&S 2
Clarity and appropriate use of objectives.	4.70	4.75	4.53	3.98	3.66	3.64	4.94	4.68	4.30	4.30
General Module Organization.	4.77	4.77	4.55	3.47	3.32	3.09	4.92	4.75	4.04	4.26
Quality of teaching.	4.79	4.85	4.58	4.02	3.47	3.47	4.92	4.70	4.51	4.34
Academic workload / demands	4.62	4.72	4.55	4.11	3.85	3.89	4.92	4.72	4.35	4.43

on student time.										
Appropriateness of teaching methods.	4.68	4.79	4.55	4.02	3.73	3.68	4.89	4.70	4.43	4.38
Incorporation of clinically relevant material.	4.72	4.75	4.64	4.34	4.07	4.26	4.94	4.70	4.66	4.30
Feedback about your progress in learning the material.	4.59	4.68	4.47	4.23	4.02	4.17	4.77	4.55	4.26	4.21
Feedback about your progress in the core competencies other than medical knowledge.	4.33	4.47	4.29	4.07	3.87	3.89	4.57	4.46	4.37	4.33
Fairness of exams and grading.	4.64	4.66	4.44	4.13	3.81	3.85	4.85	4.50	4.40	4.51
Helpfulness in preparing you for USMLE® exams.	4.66	4.65	4.47	4.04	3.87	3.70	4.83	4.64	4.28	3.66
Overall module quality.	4.72	4.77	4.49	3.98	3.68	3.51	4.89	4.72	4.38	4.26

Table 12. M2 Module Satisfaction Measures AY 2014-2015. M2 students completed a program-to-date student survey on M2 modules upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. PDT = Principles of Disease & Therapy; MMB = Mind, Brain, & Behavior; C/P = Cardiovascular & Pulmonary; H/O/T = Hematology, Oncology, & Toxicology; GI/Hep = GI / Hepatic; M/D/R = Musculoskeletal, Dermatology, & Rheumatology; Endo/Rep = Endocrine, Reproductive, & Breast; CDR 2 = Clinical Diagnosis & Reasoning 2; M&S 2 = Medicine & Society 2. Number of student responses ranged 45-47 out of 53 total students.

M3 Clerkships Statements	Family Medicine	Internal Medicine	Neurology	OB/GYN	Pediatrics	Psychiatry	Surgery
Clarity and appropriate use of objectives.	4.34	4.12	3.58	4.56	4.54	4.33	4.00
General Clerkship Organization.	4.16	3.61	3.27	4.61	4.68	4.35	3.76
Quality of teaching.	4.16	4.22	3.13	4.56	4.49	4.08	3.79
Academic workload / demands on student time.	4.41	3.61	3.96	4.46	4.44	4.42	3.81
Appropriateness of teaching methods.	4.35	4.10	3.50	4.54	4.49	4.27	3.74
Incorporation of clinically relevant material.	4.35	4.29	3.79	4.59	4.41	4.38	3.91
Feedback about your progress in learning the material.	3.89	3.68	3.73	4.50	4.45	4.31	3.62
Feedback about your progress in the core competencies other than medical knowledge.	3.92	3.76	3.81	4.46	4.50	4.33	3.69
Fairness of exams and grading.	3.83	3.83	3.62	4.17	4.32	4.15	3.86
Helpfulness in preparing you for USMLE® exams.	3.86	4.12	3.45	4.32	4.40	4.17	3.69
Overall Clerkship quality.	4.06	3.93	3.53	4.44	4.55	4.27	3.98

Table 13. M3 Clerkships Module Satisfaction Measures AY 2014-2015. M3 students completed a program-to-date student survey in spring of AY 2014-2015, prior to completion of all clerkship rotations,

in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. Number of student responses ranged 38-48 out of 52 total students.

Summary of Module Performance

Overall, student feedback on module and clerkship performance in AY 2014-2015 was positive; however, results should be interpreted with some caution due to the low student participation rates. Rates are noted in tables 7 and 8. Student feedback on M1 modules from end-of-module data regarding overall module satisfaction was ≥ 3.71 from all modules except Medicine and Society 1 which received a mean score of 3.25 (table 11). Student feedback on M2 modules from end-of-module data regarding overall module satisfaction was ≥ 3.71 from all modules except GU/Renal (score 3.09), Cardio/Pulm (score 3.26), and Mind, Brain, and Behavior (score 2.52) (table 12). The end-of-module reports for modules receiving lower scores should be reviewed by appropriate personal as they will provide insight for the low overall module satisfaction reported by students.

Student feedback concerning all modules was also provided in the program-to-date student survey. Student response rates on the program-to-date student survey were higher than on the end-of-module evaluations. There are several observations that should be reviewed and discussed at the appropriate levels to better contextualize observed improvements or declines in perceived module performance. First, program-to-date student survey overall averages for M2 modules were, in general, higher for AY 2014-2015 compared with AY 2013-2014 (table 9). Second, Likert scale responses to specific statements concerning EMT increased in AY 2014-2015 compared to AY 2013-2014 (table 10). The overall average of EMT Likert scale responses for AY 2014-2015 was 4.12 and for AY 2013-2014 was 3.75. Third, the student ranking of the statement “overall module quality” changed (either higher or lower) substantially for AY 2014-2015 (M1: 5 out of 7 modules; M2: 6 out of 10 modules) compared to AY 2013-2014 (compare tables 11 and 12 with tables 13 and 14 from “PEAS Annual Report AY 2013-2014”). With that said, all modules scored ≥ 3.51 for the statement “overall module quality”.

It is important to interpret the results of this data within appropriate context. Therefore, all data regarding module performance for M1 and M2 modules should occur at the M1 and M2 subcommittee levels, respectively. Modules have provided an end-of-module report to the appropriate subcommittee and curriculum committee; however, review of the module at the time the end-of-module evaluation is generated is specific to the module. Review of module performance should also occur upon completion of an academic year to review best practices for high performing modules along with viewing external data to provide guidance for modifications.

This is the first AY for M3 clerkships. While all clerkships performed ≥ 3.53 for the statement “Overall Clerkship Quality” (table 13), some modules were significantly higher than others. Scores to all statements should be reviewed in the appropriate context to determine potential areas for improvement.

PROGRAM LEVEL OBJECTIVES

Program level objectives (PLOs) are used to guide the development and management of the curriculum for the USCSOMG. There are a total of forty-three PLOs that are distributed among six medical competency domains. The competency domains and number of PLOs for each domain are: medical knowledge (7), patient care (13), systems-based practice (9), practice-based learning and improvement (4), professionalism (7), and interpersonal and communication skills (3).

Program Level Objective Mapping

M1 and M2 module directors map module level student learning outcomes to PLOs within each of the competency domains prior to the start of the module. A module level student learning outcome can map to multiple PLOs in a single competency domain or across multiple competency domains. Table 14 provides the mapping of module level student learning outcomes in each of the M1 modules to competency domains. Table 15 provides the mapping of module level student learning outcomes in each of the M2 modules to competency domains. Table 16 provides the number of M1 and M2 module level student learning outcomes mapped to PLOs within each competency domain.

M1 Modules Competency Domain	SF 1	FDNS	SF 2	Neuro	D&R	CDR 1	M&S 1
Medical Knowledge	19	25	47	13	63		3
Patient Care		2				10	6
Systems-Based Practice						13	15
Practice-Based Learning and Improvement						5	4
Professionalism	4					11	7
Interpersonal and Communication Skills	2					12	3

Table 14. M1 Module Level Student Learning Outcome Mapping to Competency Domains for AY 2014-2015. Number of student learning outcomes that were mapped to the competency domains. SF 1 = Structure and Function of the Human Body 1; FDNS = Molecular & Cellular Foundations of Medicine; SF 2 = Structure and Function of the Human Body 2; Neuro = Neuroscience; D&R = Defenses & Responses; CDR 1 = Clinical Diagnosis & Reasoning 1; M&S 1 = Medicine & Society 1.

M2 Modules Competency Domain	PDT	GI/Hep	H/O/T	C/P	GU/Renal	MBB	M/D/R	Endo/Rep	CDR 2	M&S 2
Medical Knowledge	6	26	15	21	17	16	19	22		1
Patient Care	8	14	9		15		10	8	14	3
Systems-Based Practice	1	7	3		2	5	3	3	7	12
Practice-Based Learning and Improvement									5	5
Professionalism		1							7	9
Interpersonal and Communication Skills									8	5

Table 15. M2 Module Level Student Learning Outcome Mapping to Competency Domains for AY 2014-2015. Number of student learning outcomes that were mapped to the competency domains. PDT = Principles of Disease & Therapy; MMB = Mind, Brain, & Behavior; C/P = Cardiovascular & Pulmonary; H/O/T = Hematology, Oncology, & Toxicology; GI/Hep = GI / Hepatic; M/D/R = Musculoskeletal, Dermatology, & Rheumatology; Endo/Rep = Endocrine, Reproductive, & Breast; CDR 2 = Clinical Diagnosis & Reasoning 2; M&S 2 = Medicine & Society 2.

PLO#	Competency Domain	Program Level Objective	Count of Items Mapped
1	Medical Knowledge	Demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems across the life span.	53
2		Demonstrate knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.	52
3		Demonstrate knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they affect the body (pathogenesis).	60
4		Demonstrate knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.	60
5		Demonstrate understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.	37
6		Demonstrate understanding of the scientific basis and interpretation of common diagnostic modalities, including: imaging, electro diagnostics, laboratory studies, pathologic studies, and functional assessment tests.	36
7		Demonstrate understanding of the indications, contraindications, and cost-effectiveness of common diagnostic studies.	15
8	Patient Care	Demonstrate the ability to elicit accurate comprehensive and focused medical histories that cover all essential aspects of the history, including issues related to age, gender, sexuality, and socioeconomic status, and the use of a medical interpreter.	5
9		Demonstrate the ability to perform both a complete and focused organ system examination, including a mental status examination.	4
10		Demonstrate the ability to perform routine technical procedures.	1
11		Demonstrate the ability to interpret the results of commonly used diagnostic procedures.	17
12		Demonstrate the ability to identify the most frequent clinical, laboratory, imaging, and pathologic findings of common maladies.	21
13		Demonstrate the ability to reason deductively in solving clinical problems and formulating accurate hypotheses, and use information from patient histories, physical exams, and ancillary studies to test initial hypotheses.	15
14		Demonstrate the ability to formulate and implement appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, including a comprehensive, multi-disciplinary approach when indicated.	9

PLO#	Competency Domain	Program Level Objective	Count of Items Mapped
15		Use knowledge of managed care systems in making patient treatment plans and health care maintenance plans to assure care coordination across the continuum.	0
16		Demonstrate the ability to recognize patients with immediately life-threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.	2
17		Demonstrate the ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.	4
18		Demonstrate knowledge about relieving pain and ameliorating the suffering of patients.	4
19		Demonstrate the ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of diseases, and to determine strategies for responding appropriately.	15
20		Demonstrate appropriate techniques for performing Basic Life Support and Advanced Life Support.	2
21	Systems-Based Practice	Demonstrate knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, religious, historical, and cultural factors that contribute to the development and/or continuation of maladies.	8
22		Demonstrate knowledge of the epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those maladies.	23
23		Demonstrate knowledge of the unique health care needs of ethnically diverse populations and communities.	8
24		Demonstrate understanding of basic issues for promoting health and preventing disease, and apply this understanding to patient management and teaching patients the importance of preventative medicine, health promotion, and wellness.	17
25		Demonstrate a commitment to provide care to patients who are unable to pay, and to advocate access to health care for members of traditionally underserved populations.	7
26		Demonstrate knowledge of various approaches to the organization, financing, and delivery of health care and knowledge of the global health care delivery system in the community, including physicians, hospitals, outpatient centers, home health agencies, community agencies, and government agencies in that system.	4

PLO#	Competency Domain	Program Level Objective	Count of Items Mapped
27		Demonstrate an understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial, governmental, and organizational arrangements for the practice of medicine.	0
28		Demonstrate the ability to apply principles of quality improvement to a medical system.	2
29		Demonstrate the ability to evaluate and analyze actual or potential adverse events in a systematic fashion, especially to promote, measure, benchmark, and optimize patient safety and quality outcomes.	2
30	Practice-Based Learning and Improvement	Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.	6
31		Demonstrate an understanding of evidence-based medicine with respect to formulating patient-based questions, efficiently searching literature databases, appraisal of quality of studies, applying the results of a literature search, and use of information a	10
32		Demonstrate an understanding of the principles and method of Practice-Based Learning and Improvement that involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in the continuum of patient care.	3
33		Demonstrate an understanding of the need and commitment to engage in lifelong learning to stay abreast of relevant scientific advances, especially in the disciplines of genetic and molecular biology.	0
34	Professionalism	Demonstrate knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine.	3
35		Provide compassionate treatment to patients and respect for their privacy, dignity, and personal beliefs.	9
36		Demonstrate honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives.	6
37		Advocate at all times the interests of one's patients over one's own interests.	3
38		Demonstrate an understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined socioeconomic, ethnic, and at-risk populations.	9

PLO#	Competency Domain	Program Level Objective	Count of Items Mapped
39		Demonstrate the capacity to recognize and accept limitations in one's knowledge and clinical skills and commit to continuously improve one's abilities through life-long learning, self-evaluation, acceptance of constructive feedback, moral reflection, and ethical reasoning.	7
40		Demonstrate commitment to a self-directed, lifelong engagement in the responsible, compassionate, and ethical practice of medicine.	2
41	Interpersonal and Communications Skills	Demonstrate the ability to convey presence, build rapport, and employ active listening to communicate compassionately, effectively, and in culturally and emotionally appropriate ways, both verbally and in writing, with patients, their families, colleagues and others with whom physicians must exchange information in carrying out their responsibilities.	12
42		Demonstrate the ability to compassionately and effectively listen to, and communicate with, patients and their families to establish caring relationships that are emotionally and culturally appropriate.	9
43		Demonstrate the ability to responsibly and respectfully work with all members of the health care team, with a goal to establish supportive relationships that show honor to fellow colleagues.	9

Table 16. M1 and M2 Module Level Student Learning Outcomes Mapped to Competency and Program Level Objectives During AY 2014-2015. Number of student learning outcomes that were mapped to the competency domains and program level objectives.

Summary of Program Level Objective Mapping

Module level student learning outcomes were mapped to all but three PLOs listed in table 16 (#15, #27, #33). Only one module level student learning outcome was mapped to PLO 10 in table 16. There are large variations in mapping within a given competency as well as mapping in multiple competencies for M1 modules (table 14) and M2 modules (table 15). This variation may be appropriate; however, at this time there are no targets for the number of module level student learning outcomes that should be mapped to each PLO for a given level in undergraduate medical education. Review of mapping and performance on appropriate internal and external assessments by content experts would help with determining if the level of mapping for each PLO is appropriate for the level of the student.

FACULTY PERFORMANCE

Faculty performance, from the student perspective, is reported in this report from three sources 1) faculty evaluations completed at the end of the module 2) end-of-module evaluations (general statements) and 3) program-to-date student survey completed at the end of the year. The faculty performance ratings are provided for each core module faculty member including both basic science faculty and clinical faculty. There is no evaluation of faculty performance from peers or from the Chair of Biomedical Sciences department to add to the report.

Student Evaluations of Module Faculty: Completed at the End of a Module, AY 2014-2015

During the Academic Year 2014-2015, the "Student Evaluation of Faculty" survey was administered for M1 and M2 modules. The survey was administered to students upon completion of each module and

was completed on each core module faculty member. The survey includes 12 statements in which a Likert scale for each of the 12 statements was scored by the student using the following anchors: Strongly Disagree, Disagree, Neutral—Neither Agree or Disagree, Agree, and Strongly Agree. The 12 statements scored by the student regarding module faculty are as follows:

The faculty member:

- is knowledgeable.
- was organized and well prepared for class.
- effectively aligned instruction with stated session objectives.
- provided materials for effective learning outside of class.
- utilized effective learning materials in class.
- encouraged critical and/or independent thinking.
- was able to effectively translate complex ideas.
- effectively motivated students.
- demonstrated a commitment to student success.
- was appropriately responsive to student questions and inquiries.
- treated students with respect.
- was an effective manager of instructional sessions.

Table 17 and 18 present the average scores for all core faculty members for each statement within the M1 and M2 module, respectively. Overall, students were strongly positive and generally satisfied with faculty performance for the 12 statements used in the survey for the Biomedical Science modules and Clinical modules for M1 and M2.

M1 Modules							
Statement: Faculty member…	**SF 1**	**FDNS**	**SF 2**	**Neuro**	**D&R**	**CDR 1**	**M&S 1**
is knowledgeable.	4.82	4.45	4.70	4.56	4.45	4.73	4.63
was organized and well prepared for class.	4.42	4.02	4.37	4.21	4.28	4.68	4.48
effectively aligned instruction with stated session objectives.	4.50	4.00	4.46	4.25	4.22	4.66	4.28
provided materials for effective learning outside of class.	4.32	3.89	4.32	4.08	4.11	4.55	4.08
utilized effective learning materials in class.	4.33	3.73	4.33	4.07	4.07	4.65	4.27
encouraged critical and/or independent thinking.	4.42	3.95	4.45	4.24	4.17	4.68	4.48
was able to effectively translate complex ideas.	4.25	3.62	4.24	3.85	4.09	4.69	4.12
effectively motivated students.	4.27	3.76	4.30	4.10	4.16	4.65	4.27
demonstrated a commitment to student success.	4.54	4.24	4.63	4.41	4.29	4.74	4.56
was appropriately responsive to student questions and inquiries.	4.61	4.26	4.58	4.42	4.34	4.74	4.42
treated students with respect.	4.80	4.50	4.70	4.68	4.39	4.77	4.55
was an effective manager of instructional sessions.	4.36	3.89	4.33	4.06	4.07	4.71	4.27

Table 17. M1 Student Evaluation of Module Faculty Measures for AY 2014-2015. Students completed an end-of-module evaluation on each faculty member within the module. The average of all faculty scores within the module is presented. Students responded to statements using a Likert scale with the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. SF 1 = Structure and Function of the Human Body 1; FDNS = Molecular & Cellular Foundations of Medicine; SF 2 = Structure and Function of the Human Body 2; Neuro = Neuroscience; D&R = Defenses & Responses; CDR 1 = Clinical Diagnosis & Reasoning 1; M&S 1 = Medicine & Society 1.

M2 Modules										
Statement: Faculty member…	PDT	GI/Hep	H/O/T	C/P	GU/Renal	MBB	M/D/R	Endo/Rep	CDR 2	M&S 2
is knowledgeable.	4.24	4.68	4.63	4.60	4.55	4.43	4.54	4.62	4.74	4.50
was organized and well prepared for class.	3.91	4.52	4.53	4.37	4.34	4.24	4.49	4.58	4.71	4.40
effectively aligned instruction with stated session objectives.	4.01	4.56	4.48	4.19	4.27	4.04	4.39	4.54	4.69	4.38
provided materials for effective learning outside of class.	3.86	4.45	4.34	4.16	4.16	4.04	4.31	4.43	4.68	4.27
utilized effective learning materials in class.	3.83	4.38	4.31	4.15	4.26	4.08	4.38	4.48	4.64	4.34
encouraged critical and/or independent thinking.	3.99	4.57	4.53	4.35	4.50	4.26	4.40	4.54	4.69	4.34
was able to effectively translate complex ideas.	3.60	4.31	4.31	4.07	4.16	4.08	4.33	4.45	4.66	4.34
effectively motivated students.	3.77	4.48	4.32	4.21	4.32	4.13	4.38	4.48	4.65	4.26
demonstrated a commitment to student success.	4.27	4.60	4.57	4.41	4.48	4.19	4.49	4.55	4.68	4.44
was appropriately responsive to student questions and inquiries.	4.16	4.59	4.48	4.43	4.45	4.28	4.48	4.62	4.66	4.41
treated students with respect.	4.52	4.71	4.62	4.55	4.55	4.39	4.62	4.61	4.68	4.43
was an effective manager of instructional sessions.	3.76	4.44	4.35	4.17	4.22	4.14	4.42	4.50	4.66	4.34

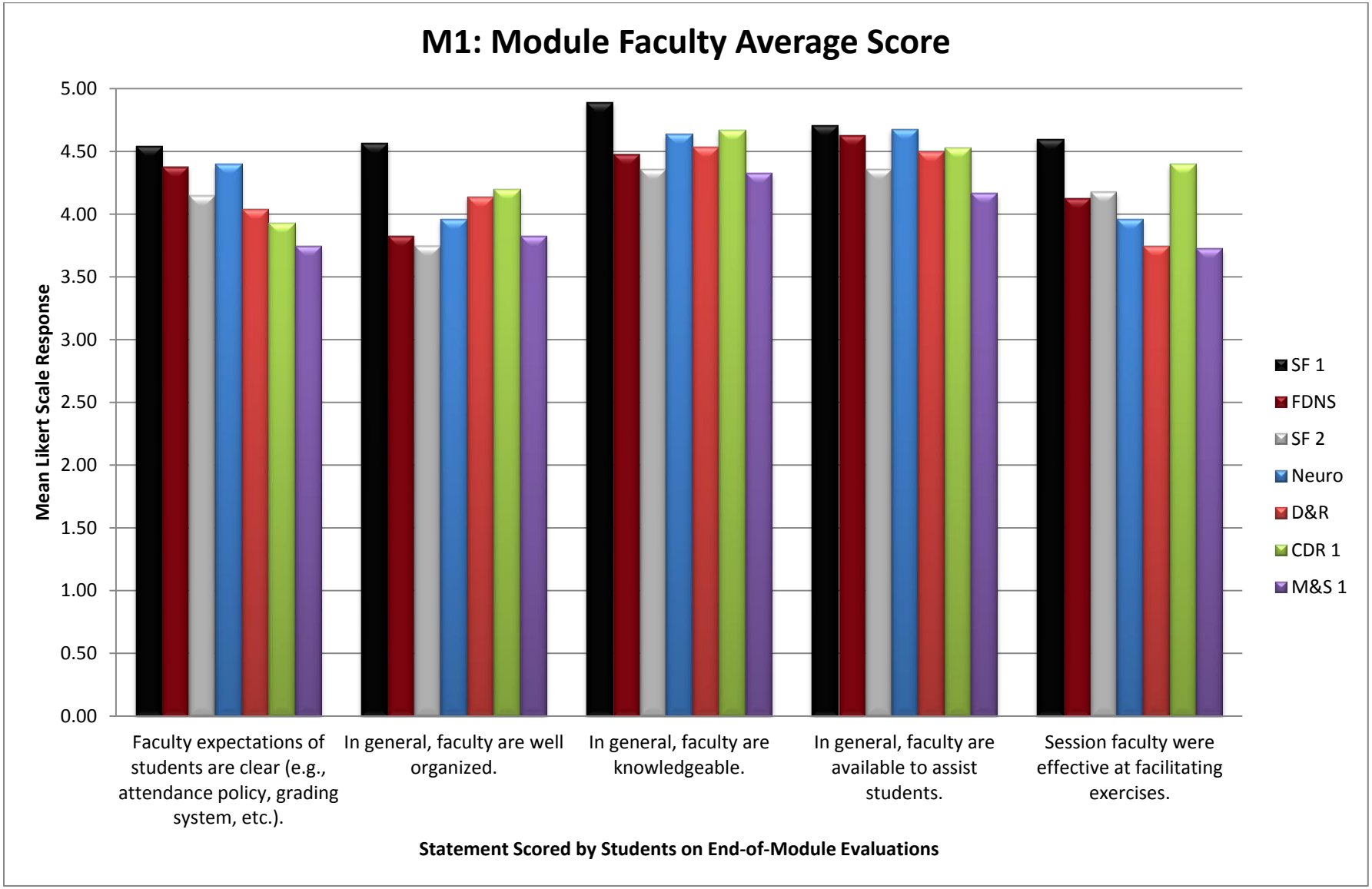
Table 18. M2 Student Evaluation of Module Faculty Measures for AY 2014-2015. Students completed an end-of-module evaluation on each faculty member within the module. The average of all faculty scores within the module is presented. Students responded to statements using a Likert scale with the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. PDT = Principles of Disease & Therapy; MMB = Mind, Brain, & Behavior; C/P = Cardiovascular & Pulmonary; H/O/T = Hematology, Oncology, & Toxicology; GI/Hep = GI / Hepatic; M/D/R = Musculoskeletal, Dermatology, & Rheumatology; Endo/Rep = Endocrine, Reproductive, & Breast; CDR 2 = Clinical Diagnosis & Reasoning 2; M&S 2 = Medicine & Society 2.

<u>Overall End-of-Module Evaluation Results: Module Faculty</u>

The student evaluation of the module assessment tool is administered upon completion of each of the M1 and M2 modules. The assessment tool consists of 31 items (21 Scaled Response items and 10 Open Ended items) across 6 Domains (Module Organization and Content, Module Faculty, Lab, Module

Assessment, Module Resources, and Overall Module). Module faculty were assessed, as a cohort, using the following statements in the end-of-module evaluation: (1) Faculty expectations of students are clear (2) In general, faculty are well organized; (3) In general, faculty are knowledgeable; (4) In general, faculty are available to assist students; and (5) Session faculty were effective at facilitating exercises. The overall results by individual modules and statements are summarized in figure 7 (7A – M1 faculty; 7B – M2 Faculty. Students were strongly positive and generally satisfied with faculty performance in M1 modules and most M2 modules (exceptions: C/P, GU/Renal, and MBB) based on the responses to the scaled items.

A. M1 Modules


M1: Module Faculty Average Score
Mean Likert Scale Response
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Faculty expectations of students are clear (e.g., attendance policy, grading system, etc.).
In general, faculty are well organized.
In general, faculty are knowledgeable.
In general, faculty are available to assist students.
Session faculty were effective at facilitating exercises.
Statement Scored by Students on End-of-Module Evaluations
SF 1
FDNS
SF 2
Neuro
D&R
CDR 1
M&S 1

B. M2 Modules

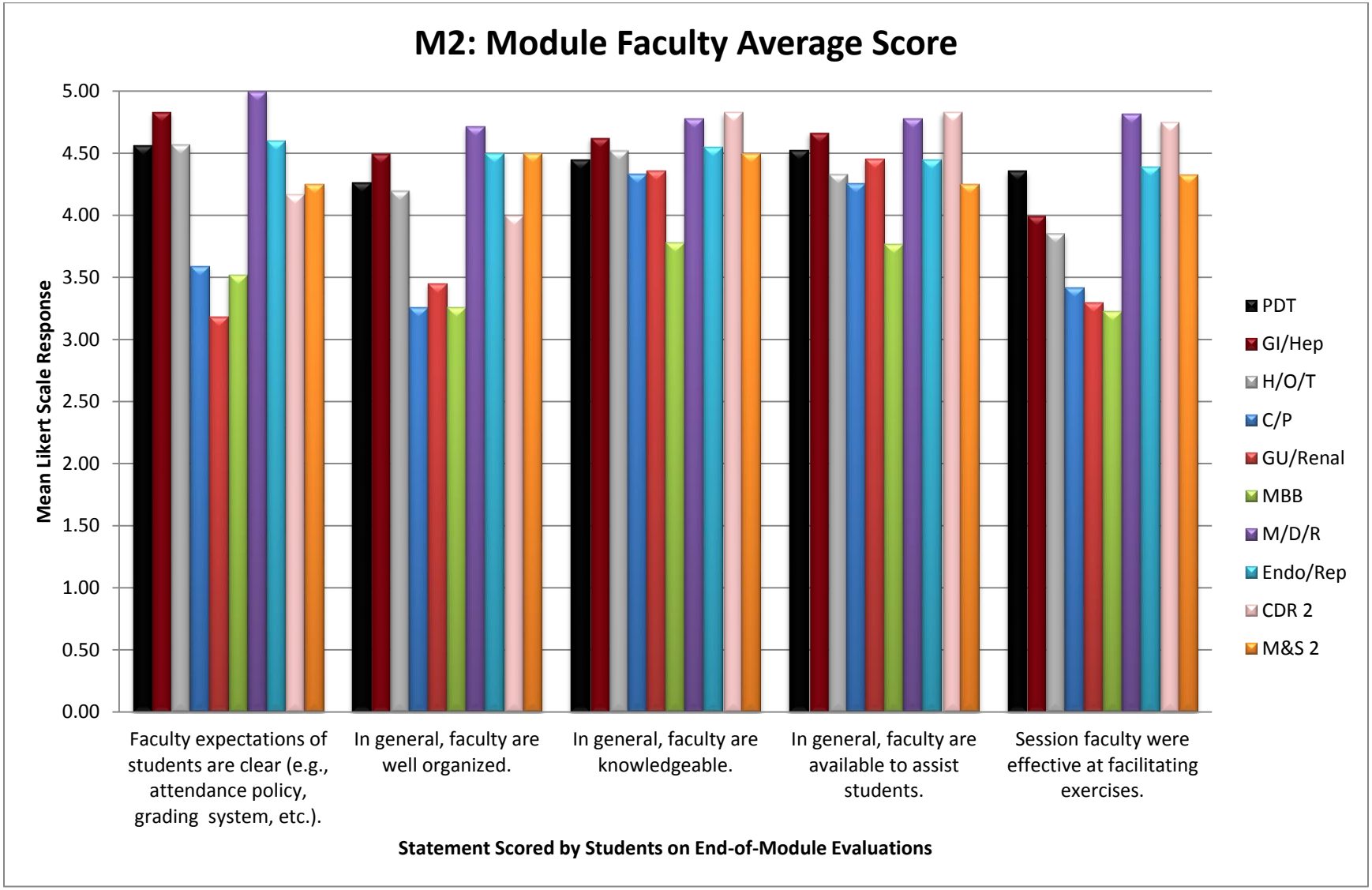

M2: Module Faculty Average Score
Mean Likert Scale Response
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Faculty expectations of students are clear (e.g., attendance policy, grading system, etc.).
In general, faculty are well organized.
In general, faculty are knowledgeable.
In general, faculty are available to assist students.
Session faculty were effective at facilitating exercises.
Statement Scored by Students on End-of-Module Evaluations
PDT
GI/Hep
H/O/T
C/P
GU/Renal
MBB
M/D/R
Endo/Rep
CDR 2
M&S 2

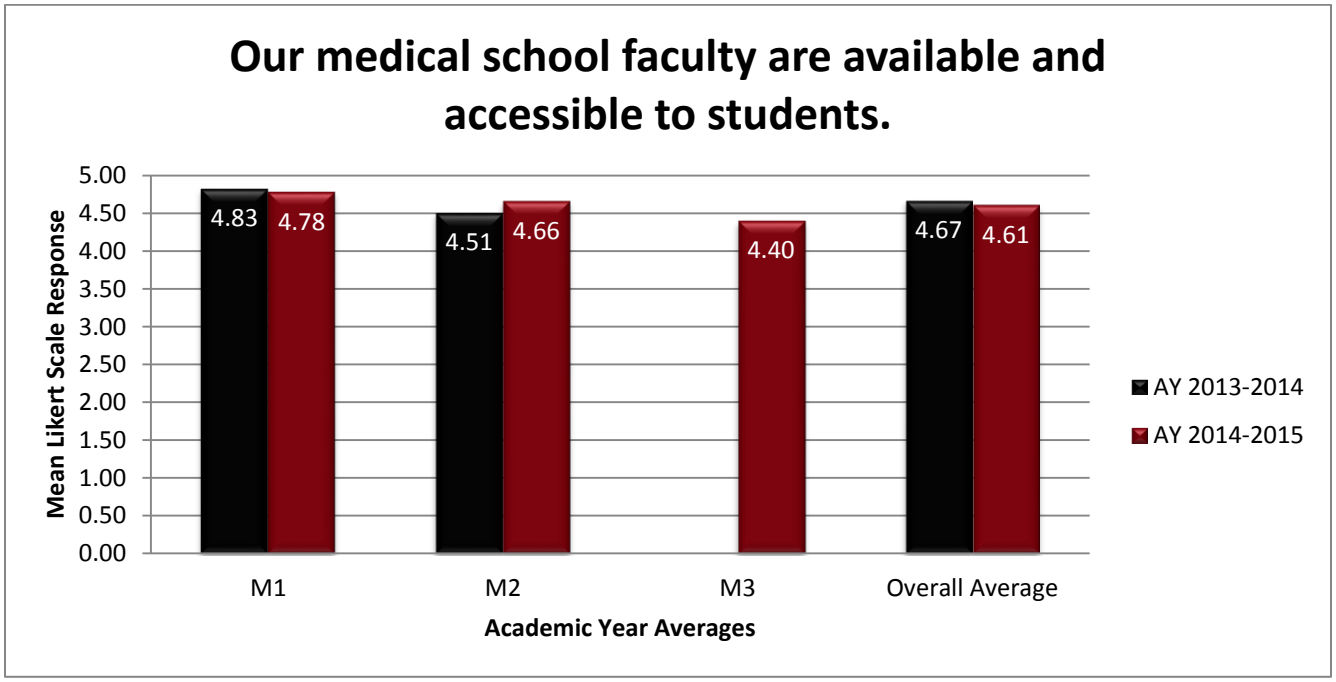
Figure 7. Overall Faculty Evaluations from End-of-Module Evaluations. Module faculty were evaluated as a cohort for each module. **A.** Represents modules from M1. **B.** Represents modules from M2. Students completed an end-of-module evaluation which contains five statements regarding faculty within that module. Students rank the statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5. The mean score of the student responses from the Likert scale for each statement are presented. SF 1 = Structure and Function of the Human Body 1; FDNS = Molecular & Cellular Foundations of Medicine; SF 2 = Structure and Function of the Human Body 2; Neuro = Neuroscience; D&R = Defenses & Responses; CDR 1 = Clinical Diagnosis & Reasoning 1; M&S 1 = Medicine & Society 1. PDT = Principles of Disease & Therapy; MMB = Mind, Brain, & Behavior; C/P = Cardiovascular & Pulmonary; H/O/T = Hematology, Oncology, & Toxicology; GI/Hep = GI / Hepatic; M/D/R = Musculoskeletal, Dermatology, & Rheumatology; Endo/Rep = Endocrine, Reproductive, & Breast; CDR 2 = Clinical Diagnosis & Reasoning 2; M&S 2 = Medicine & Society 2.

<u>Program-to-Date Student Survey Results, AY 2014-2015</u>

Section 1: Student-Faculty-Administration Relationships

As shown below (Figure 8), student ratings of student-faculty relationships with respect to medical school faculty availability and accessibility to students were generally very positive with an overall rating of 4.61. In general, all classes had strong positive perceptions and general satisfaction about student-faculty relationships.

A.



B.

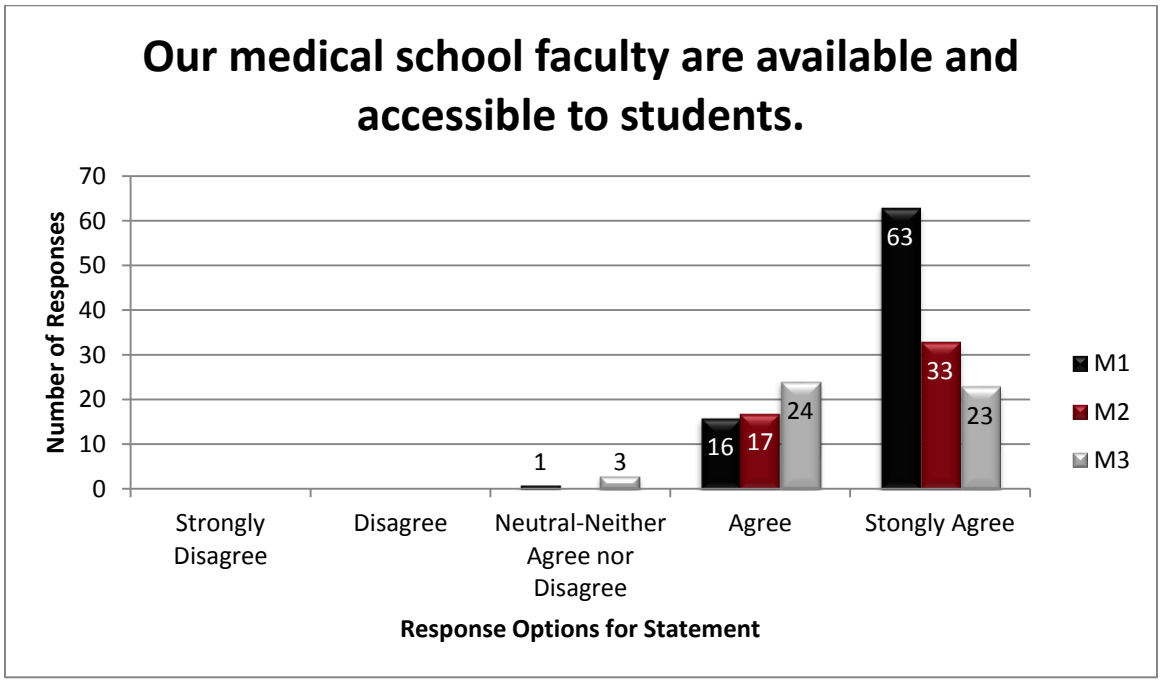
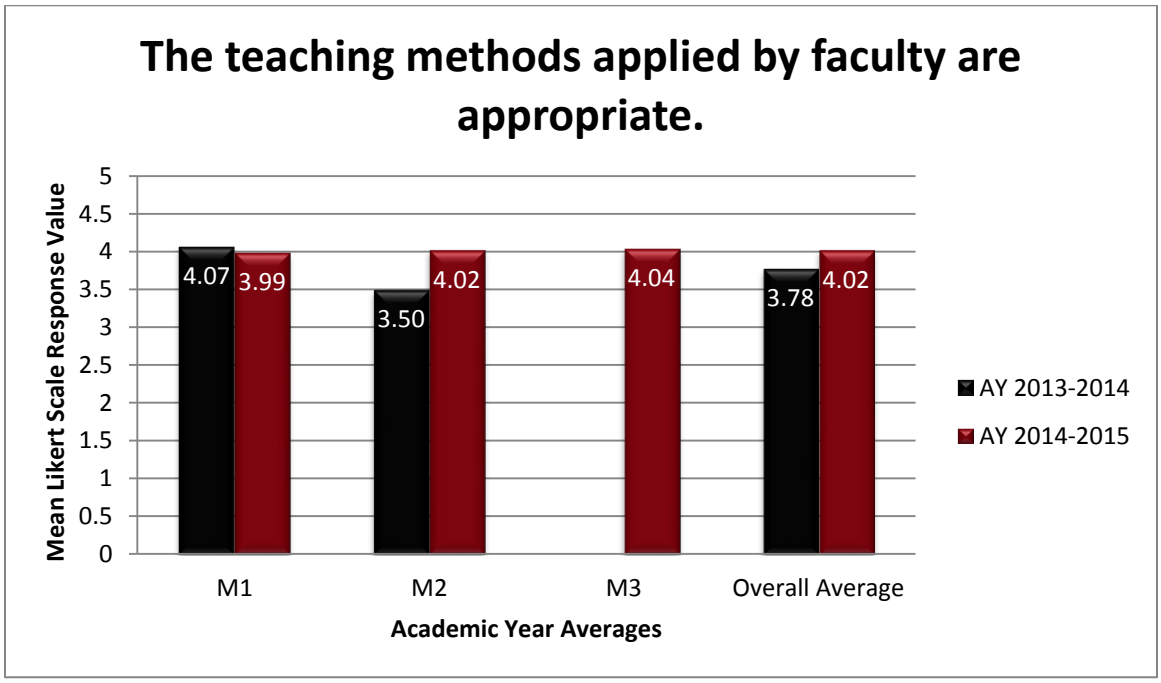


Figure 8. Student responses regarding the statement "Our Medical School Faculty are Available and Accessible to Students". A. Represents academic year averages from the Likert scale responses. **B.** Represents a histogram of the number of responses for the Likert scale. Students completed a program-to-date student survey upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5.

Section 7: Overall Education Program

Figure 9 presents data regarding the statement on the program-to-date student survey: The teaching methods applied by faculty are appropriate. The student evaluations of the overall appropriateness of the teaching methods applied by faculty were generally very positive with a combined student rating of 4.02. In general, M1, M2, and M3 students gave similar rates ratings with both classes having strong positive perceptions and general satisfaction about how faculty applied various teaching methods.

A.


The teaching methods applied by faculty are appropriate.
Mean Likert Scale Response Value
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
4.07
3.99
3.50
4.02
4.04
3.78
4.02
M1
M2
M3
Overall Average
Academic Year Averages
AY 2013-2014
AY 2014-2015

B.

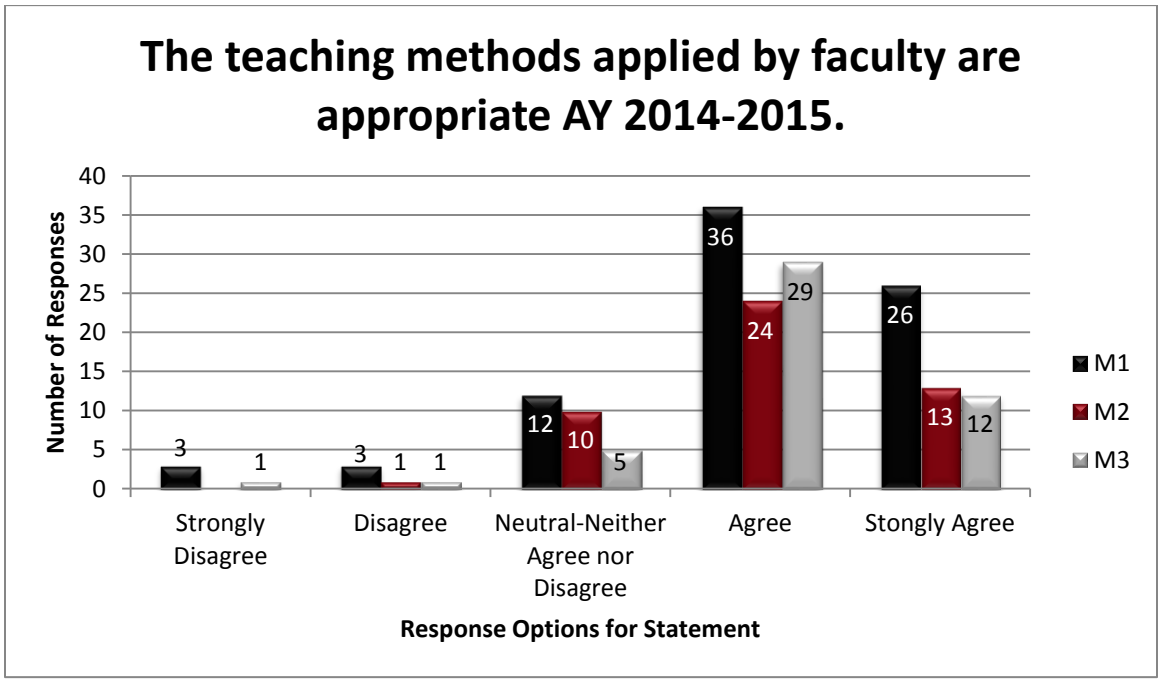

The teaching methods applied by faculty are appropriate AY 2014-2015.
Number of Responses
40
35
30
25
20
15
10
5
0
3
1
3
1
1
12
10
5
36
24
29
26
13
12
Strongly Disagree
Disagree
Neutral-Neither Agree nor Disagree
Agree
Stongly Agree
Response Options for Statement
M1
M2
M3

Figure 9. Student responses regarding the statement "Teaching Methods Applied by Faculty are Appropriate". A. Represents academic year averages from the Likert scale responses. B. Represents a histogram of the number of responses for the Likert scale. Students completed a program-to-date student survey upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5.

Summary of Faculty Performance

Overall student feedback on faculty performance was very positive. All module faculty received ratings ≥ 3.86 on the average of 5 statements on the end-of-module tools completed by students except the M2 modules of C/P, GU/Renal, and MBB (figure 7); however, the averages for faculty on faculty evaluations completed by students reflect stronger scores (table 18). The ratings for faculty should be considered very strong given the fact that many faculty were teaching in back-to-back modules as well as teaching in M1 and M2 academic years.

ENVIRONMENT

The environment of the program provides perspective on various processes that will impact student learning. The program-to-date student survey provides the only quantitative data for review. Table 19 provides the M1, M2, and M3 overall averages from AY 2014-2015 concerning 15 statements related to environment.

Statements	AY 2014-2015		
	M1 Average	M2 Average	M3 Average
There is appropriate diversity within our medical school's faculty.	4.42	4.27	4.28
There are adequate systems at our medical school to ensure personal safety.	4.53	4.65	4.33
There are adequate small-group teaching spaces at our medical school.	4.66	4.50	4.21
The educational environment at our medical school fosters collegiality and respect.	4.43	4.57	4.29
There are adequate lecture hall / large-group classroom facilities at our medical school.	4.71	4.51	4.17
There are adequate student relaxation spaces at our medical school.	4.45	4.33	4.23
There is appropriate diversity within our medical school's student body.	3.91	4.02	4.13
My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.	4.06	4.26	3.85

Student advancement and graduation policies at our medical school are sufficiently clear.	4.10	4.29	3.85
The diversity within our medical school class enhanced my training and skills to work with individuals from different backgrounds.	3.89	4.22	3.79
There is sufficient access to student records for review and challenge at our medical school.	4.05	3.80	3.71
Learning experiences with other health professions has helped me gain a better understanding of the roles of other professions in patient care.	4.07	4.02	3.94
There are adequate student study spaces at our medical school.	3.94	3.69	3.67
Policies and procedures for disciplinary action at our medical school are sufficiently clear.	3.69	4.17	3.65
I have had adequate opportunity to learn with students from different health professions.	3.70	3.38	3.88

Table 19. Evaluation of the Learning Environment as Reported by Students in the Program-to-Date Survey AY 2014-2015. Students completed a program-to-date student survey upon completion of the AY 2014-2015 in which they answered statements on a Likert scale using the following descriptors of point values: Strongly Disagree = 1, Disagree = 2, Neutral—Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5.

Summary of Environment

Scores on statements related to the environment were positive for AY 2014-2015. However, there were statements that had an overall average <4.0 or received an average rating of <4.0 for each class during AY 2014-2015. Below are the following statements that fit these criteria from table 19:

1. The diversity within our medical school class enhanced my training and skills to work with individuals from different backgrounds.
2. There is sufficient access to student records for review and challenge at our medical school.
3. There are adequate student study spaces at our medical school.
4. Policies and procedures for disciplinary action at our medical school are sufficiently clear.
5. I have had adequate opportunity to learn with students from different health professions.

With that said the overall averages for the scores on these five statements still scored ≥ 3.50. Further analysis of the statements should be considered to determine potential reasons for the scores and potential areas for possible intervention.

CONCLUSIONS

The data provided in this report should be interpreted with caution due to limited external student measures as only 2 classes have completed the USMLE® Step 1 to date. Also, external measures such as board scores, future match results, etc. should be monitored for student success and correlated, when possible, with internal measures to ensure USCSOMG is meeting desired expectations for physician development and training. In addition, interpretation of the data should be in conjunction with a detailed report from the M1 and M2 subcommittees. With that said there are general themes regarding program effectiveness that are emerging. First, student performance is strong following the third iteration of M1 and the second iteration of M2 and the first iteration of M3 as represented by the

USMLE® Step 1 scores, OSCE scores, and Shelf exam scores. Second, in general students have positive ratings of pre-clinical modules, clerkships, faculty, and environment. Areas for improvement should be targeted and specific to statements regarding faculty, modules, clerkships, and environment as there are currently no broad areas that show great deficiency.

Appendix

Appendix A

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

Medical School: U SOUTH CAROLINA SOM - GREENVILLE
School ID Number: 041-030

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	52	22392	0	454
Number Passing	52	21474	---	352
Percent Passing	100	96	---	78
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	225 (17)	229 (20)	--- (---)	199 (14)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 1 of the United States Medical Licensing Examination (USMLE) for the first time during 2014. The performance of first-time examinees who failed Step 1 in 2014 but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2014 Step 1 administrations was 192.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various disciplines and organ systems. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 1 in 2014.**

Step 1 test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one discipline. Consequently, caution should be used in attributing mean differences in student performance to individual courses at your school.

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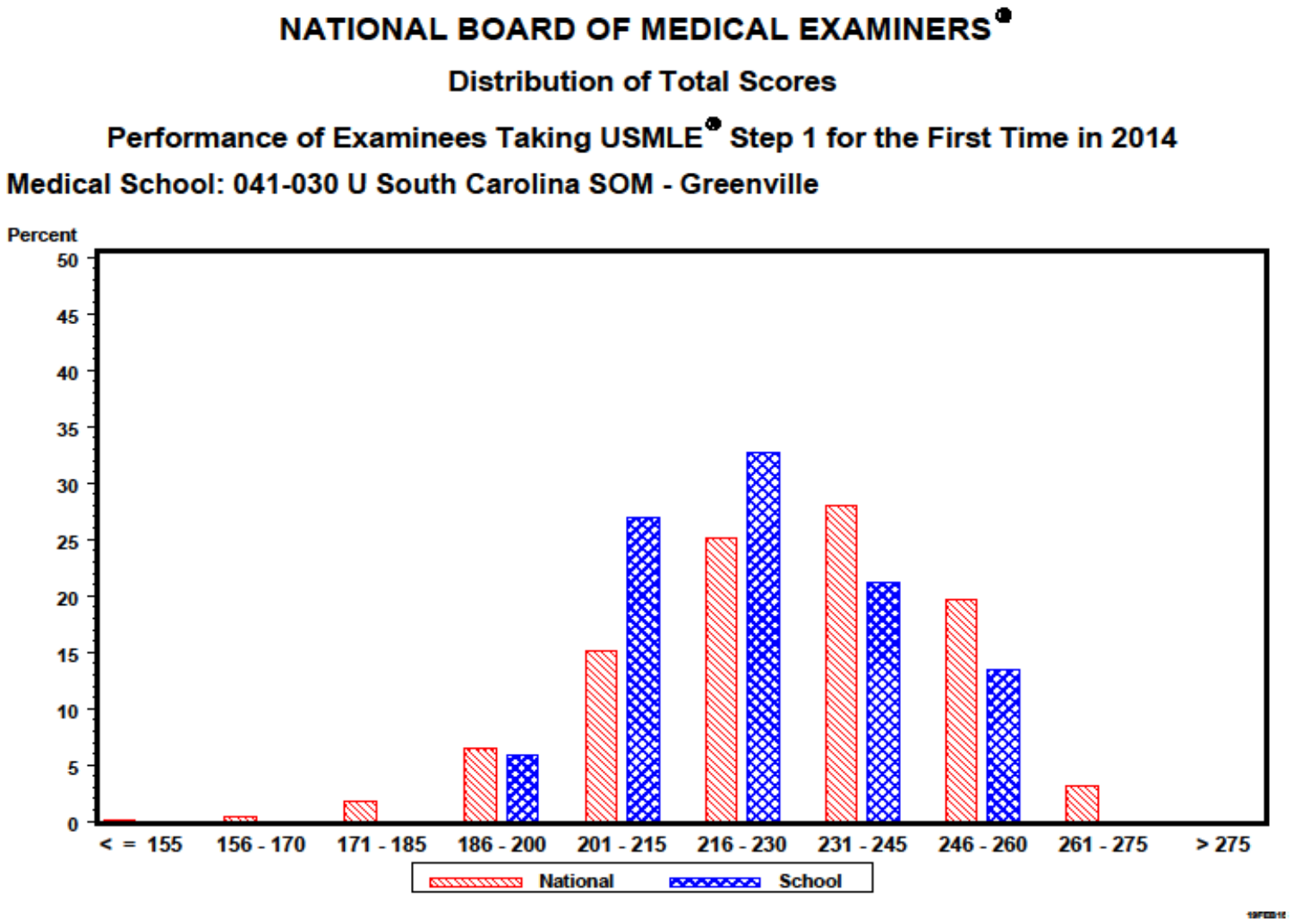
Appendix B

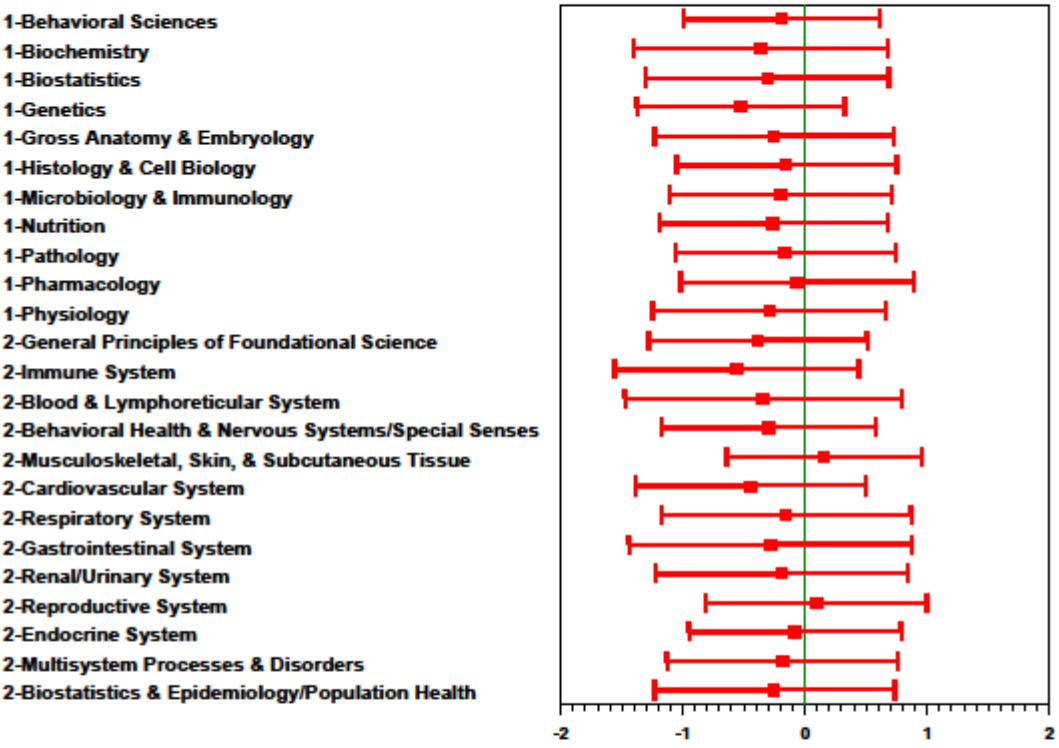

NATIONAL BOARD OF MEDICAL EXAMINERS®
Distribution of Total Scores
Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014
Medical School: 041-030 U South Carolina SOM - Greenville
Percent
50
45
40
35
30
25
20
15
10
5
0
< = 155
156 - 170
171 - 185
186 - 200
201 - 215
216 - 230
231 - 245
246 - 260
261 - 275
> 275
National
School

Appendix C

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

Medical School: 041-030 U South Carolina SOM - Greenville



The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each discipline and organ system. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each discipline and organ system. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the disciplines and organ systems in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 1 test items are deliberately designed to be integrative with many items contributing to the calculation of scores in more than one discipline, caution should be used in attributing mean differences in student performance to individual courses at your school. Content areas are coded based on two dimensions as follows: 1 - Discipline, and 2 - System.