

## Framework for Curricular Evaluation

The Framework for Curricular Evaluation outlines the mechanisms and processes through which the faculty and administration of the College of Medicine will be able to monitor the effectiveness of the medical student education program at meeting its stated goals and objectives. The process includes evaluating all courses and clerkships, each segment of the curriculum (currently designated as Year 1, Year 2, and the Clinical Biennium), and the curriculum as a whole. Responsibility for curriculum evaluation and improvement is presently assigned to the curriculum committees (i.e. the Education Coordinating Committee; the Clinical Biennium Curriculum Committee; and the Years 1 and 2 Curriculum Committees. Administrative oversight and coordination of curricular evaluation rests within The Office of Medical Education, through the Director of Evaluation and the Associate Dean for Medical Education.

The fundamental processes of the Framework for Curriculum Evaluation are consistent with LCME accreditation requirements. The LCME standards that are addressed include, but are not limited to:

**ED-33** - There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

**ED-35** - The objectives, content, and pedagogy of each segment of the curriculum, as well as the curriculum as a whole, must be subject to periodic review and revision by the faculty.

**ED-37** - The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.

**ED-46** - To guide program improvement, medical schools must evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met.

**ED-47** - In assessing program quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcomes measures.

A Subcommittee on Evaluating Curricular Effectiveness (SECE), will be established as a standing committee of the Education Coordinating Committee (ECC). This committee will be chaired by the Director of Evaluation within the Office of Medical Education. Membership will likely consist of 6 faculty members appointed by the Associate Dean for Medical Education each with 3 year terms and with 2 replaced each year. This allows for both turnover and continuity. There will also be 4 student members, one from each class. The Associate Deans for Medical Education and Student Affairs or their designees will serve as ex officio members. The SECE will be responsible for developing and implementing guidelines and criteria for evaluating courses and clerkships, as well as the curriculum as a whole. It will provide ongoing review by analyzing the yearly course and clerkship reviews (described below), synthesizing the information, and providing an annual report to the ECC and the curriculum committees, outlining both the strengths of the curriculum, as well as identifying opportunities for improvement.

### I. EVALUATING COURSES AND CLERKSHIPS

General goals and specific measurable learning objectives are critical to the success of the evaluation process. Without them, there is no evidence for determining levels of success or for identifying specific areas needing improvement. Using the UCCOM institutional and educational goals for guidance, faculty will work together to establish overarching Year-specific, as well as course and clerkship-specific goals and objectives. In order to evaluate the degree to which each course and clerkship meets their stated goals and objectives, the SECE and each curriculum committee must have a thorough understanding of the goals and objectives of all curricular activities. Therefore, the developed goals and objectives will be submitted to and are subject to the approval of the curriculum committees with ultimate responsibility for acceptance resting with the ECC.

#### A. Course and Clerkship Directors

Using a standardized reporting template designed by the SECE, with input from other committees, each course and clerkship director will submit an annual course summary that includes the following:

1. A brief description of the course including the pedagogical philosophy(ies) that inform the teaching and learning in the course or clerkship.
2. Course length and schedule for a typical week when applicable
3. The names of key personnel including the course director, course coordinator.
4. A list of the teaching faculty for the course or clerkship, and a description of each faculty member's contribution to the teaching of the curricular component.
5. Number of contact hours (listing the types of activities such as lectures, small groups, labs, independent study assignments, etc.

6. A list of course or clerkship goals and learning objectives, the learning activity and/or instructional methods used to achieve each of the learning objectives, how the objectives are specifically related to the Institution's goals and to expected core competencies.
7. A description of how student achievement of the learning objectives is determined, including the internal and/or external measures used for evaluation purposes.
8. A description of any changes instituted in the course or clerkship, the rationale for such changes, how those changes relate to the course/clerkship goals and objectives and how they will be evaluated for their effectiveness at helping to meet the objectives.
9. The course or clerkship director's assessment of his/her teaching efforts, including identifying strengths and areas for improvement. It is desirable that this incorporate self assessment by the primary instructors.
10. A final grade distribution for the academic year compared with the previous three years.
11. Student performance on clerkship-specific NBME shelf examinations will also be included in the summary report as part of the annual evaluation of clerkship performance. This information will be carefully interpreted to be utilized effectively as one external benchmark.
12. A summary evaluation of the course or clerkship by the director. This should address the effectiveness of the course in meeting its objectives, the strengths of the course or clerkship and areas in need of improvement, plans for short and long-term improvement, and identification of required resources.

## **B. Students**

The student representative from each year will stress to the students in their class how important their feedback is for curricular improvement. Increased response rates and constructive feedback may be facilitated by the soon-to-be paperless system for collecting student and faculty feedback. Also, incentives (e.g., not getting their course grades) may be instituted.

**1. Student assessment of the course or clerkship.** The Office of Medical Education, through the Director of Evaluation, will coordinate the process of collecting student feedback about courses, clerkships, and faculty. Working with the course and clerkship directors, a standard core set of competency-based outcome measures will be developed and continually reviewed by the SECE. Additional measures needed for evaluating course or clerkship-specific competencies will also be developed and included on the evaluation form. Finally, subject to the approval of the SECE, each course or clerkship director will also have the opportunity to add or delete items (e.g., to measure a change in the curricula) on an as-needed basis.

**2. Student evaluation of teaching.** The SECE will develop and implement an assessment tool as well as a process for collecting student feedback on faculty's effectiveness at meeting the course or clerkship's stated goals and objectives. (This will be but one component of the overall assessment of the quality of faculty teaching, which will include peer assessments). To reduce student burden, the goal will be to incorporate these items into course or clerkship evaluation forms. However, in some cases, it may be necessary to create a separate form. The Director of Evaluation will be responsible for collecting and synthesizing the collected data. Individual faculty information will be shared with the course or clerkship directors, the department director, the Associate Dean for Medical Education and other staff members of the Office of Medical Education designated by the Associate Dean. Individual faculty information will remain restricted to this group.

More specifically, the course or clerkship director must submit to the Associate Dean for Medical Education an assessment of the performance of any individual faculty member with less than adequate ratings by the students. This should include a plan for addressing the concerns raised by the students if they are deemed to be legitimate and appropriate.

**3. Additional information.** To be able to evaluate courses and clerkships in a more comprehensive and complete manner, additional information will be reviewed and/or collected. For example, student responses on the AAMC Graduation Questionnaire, results from the annual survey of residency program directors, and feedback from other course and clerkship directors and the curriculum committees can, and should, be key components of the course and clerkship evaluation process. Finally, qualitative data on how well the years' 1 and 2 curriculum prepared students for their clinical clerkships will be collected from clinical teaching faculty using focus group and interview methodology.

## **II. EVALUATING THE CURRICULUM AS A WHOLE**

It is the responsibility of the ECC to ensure that the College of Medicine curriculum graduates physicians with the knowledge, skills and professional attitudes and behaviors necessary for them to advance to the next stage of their professional careers and to excel in their chosen areas of medicine. The curriculum is designed to allow students to continue training in any specialty, to practice in any setting and/or to enter a career of scientific investigation. The College of Medicine's educational goals are to:

1. Provide a core curriculum that contains the essential information that enables each student to learn the scientific basis of medicine and the application of that knowledge to the practice of medicine

2. Provide the student with the clinical skills necessary to provide excellent patient care. (Provide a core curriculum containing the essential information that allows students to learn the clinical skills necessary to provide excellent patient care).
3. Foster a humanistic and ethical approach to patient care, compassion for the patient and respect for the doctor-patient relationship. (To cultivate a learning environment that fosters a humanistic and compassionate, as well as an ethical, respectful, and culturally competent approach to patient care).
4. Stimulate critical thinking and a commitment to life long learning. (To institute a teaching approach that fosters student enthusiasm, critical thinking and commitment to lifelong learning.)

The process for the review of the curriculum as a whole must measure the performance of the College in meetings these goals. To that end, the following methods will be used.

1. **Evaluating Courses and Clerkships** It is clear that the individual components of the curriculum, the courses and clerkships, are the essential foundation for the medical education program. Given that, it is critical that these core components be evaluated to ensure that the stated goals of the curriculum have been met. Using the annual reports submitted by the course and clerkship faculty (as described above), the SECE will create a course/clerkship based comprehensive evaluation report by year. The report will be distributed and presented to each curriculum committee and to the ECC.
2. **Evaluating Curriculum Components and Integration** Using the report provided by the SECE, the curriculum committees will develop and submit back to the SECE a report outlining an analysis of their curricular component as a whole. The report will address major themes or issues that cross course or clerkship boundaries and should include:
  - a. Adequacy of content integration across the curricular component.
  - b. Adequacy of the facilities, including major teaching classrooms, small group space and laboratories. For the clinical biennium, this should include an assessment of the on-call facilities provided to students and an assessment of the infrastructure available for student education at all major clinical facilities.
  - c. Assessment of the quality and availability of faculty. For the clinical biennium this should include an assessment of the quality and availability of teaching by residents and fellows at the major clinical teaching sites.
  - d. Adequacy of the information technology infrastructure and support. For the clinical biennium, this should include an assessment of the computer resources including internet access available to students at major clinical teaching facilities.
  - e. An analysis of the student schedule, commenting on the total amount of scheduled time and its breakdown into various components such as lectures, small groups, labs, and self-learning activities. For the clinical biennium this should include an assessment of the frequency of in house call over the course of the year and the value of that call to the learning experience.
  - f. For the clinical biennium, assessment of the adequacy of the availability and accessibility of a sufficient patient population that allows each clerkship to meet its objectives with respect to the quantified criteria for the types of patients needed for medical student education.
  - g. For Year 1 and Year 2, an overall assessment of the availability and quality of laboratory or other practical exercises that entail accurate observation of biomedical phenomena and critical analysis of data.
3. **Clinical Competency Examination** The Clinical Competency Examination is designed to assess the basic clinical skills of the medical students. Student class performance on this examination also serves as a method of evaluating the degree to which the curriculum is meeting the clinically-based goals and objectives of the medical education program. The director of the Center for Competency Development and Assessment will present an annual report to the ECC summarizing student performance on the Clinical Competency Examination and will provide a summary of the curricular implications of their performance.
4. **Student Opinions About the Curriculum** Presently, the findings from the AAMC Medical Student Graduation Questionnaire (GQ) provide feedback to the curriculum committees about student opinion of the overall medical education program as well as the individual curricular components. In addition to the GQ, the Director of Evaluation along with the SECE will consider additional means of gathering student feedback on the overall curriculum. Possibilities include designing and implementing a survey instrument, conducting student focus groups at the end of each year, or at least at the end of years 2 and 4, and finally conducting interviews with or administering surveys to graduates (e.g., 5-10 years out) of the program.
5. **External Evaluation Measures** The results of student performance on USMLE Steps 1 and 2a (written) and 2b (clinical skills) can be used to measure the effectiveness of curricular performance in preparing the students for certification by the National Board of Medical Examiners, the sole pathway to medical licensure.

**Longitudinal Curricular Components** The College of Medicine currently has several standing committees and task forces designed to develop, implement and monitor various interdisciplinary curricular components that are best taught in

a longitudinal fashion. Evaluating these components is an additional method of measuring the degree to which the curriculum is achieving its stated goals and objectives. Each longitudinal curriculum committee or task force will be required to submit to the SECE an annual report similar to that required of all courses and clerkships (as described above).

The Director of Evaluation, working with the SECE, will analyze and synthesize all the gathered evaluative information pertaining to the curriculum as a whole, and develop an annual report which will be submitted to the ECC and other pertinent committees. This report will summarize the data from the multiple sources delineated and provide an analysis of curricular strengths and opportunities for improvement. The ECC and other curriculum committees will use this information to develop specific strategies and action plans to correct any identified deficiencies and to identify necessary resources to carry-out those plans.

If the process as described is both thoughtfully developed and successfully implemented, the outcome should be one of continuous curriculum renewal, integration, and improvement.

**Approved by the ECC: March 18, 2003** - The ECC approved the concept of the Framework for Curricular Evaluation. The specific details of the evaluation process will be developed and modified by the Office of Medical Education as the revitalized curriculum, course, and clerkship evaluation process is implemented.

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