3. Curriculum component reviews:

3.1. OB/GYN and Pediatrics Clerkship reviews

Presenter(s): Pfarr, Curt, Cashin, Laura

General Note

- Does the clerkship content fulfill the course goals/objectives as stated in the syllabus?
  - Dr. Pfarr suggested mapping Shared Learning Objectives to PGOs
  - The 8 PGO competency domains are identified (Patient Care, Knowledge for Practice, Practice-Based Learning and Improvement, Interpersonal and Communications Skills, Professionalism, System-Based Practice, Interprofessional Collaboration & Personal and Professional Development).

- Does the student assessment plan fulfill the clerkship goals/objectives as stated in the syllabus?
  - Ob/Gyn Clinical Assessment Form: 24 assessment items – Needs Improvement, Pass, Honors.
    - Three skill sets assessed for final OSCE grade held Week 15 – these are not explicitly identified (page 38).
    - Suturing and Pelvic Exam assessed Weeks 12 & 13 (rubrics included: assessment by medical staff and SP).
    - Suggestion: revise section “Assessment Forms (other clerkship specific)” p. 38. Specify all skill sets and include forms / grading rubrics.

  - Peds Clerkship: component assessments explicitly stated; e.g., Wards, Nursery, General Pediatric Clinic, Specialty Clinic, Continuity Patient, SNAP Challenge, Discharge Planning Activity, Ethics Project, Simulation, Mock RCA – all have assessment / remediation information.
    - Two sections intermingle required components / grading:
      - PEDS Clerkship Required Components / Grading
      - Pediatric Clerkship Final Evaluation

- Are assessments performed – and outcomes reported in a timely manner?
  - Yes, many assessed activities described.
Outcomes reported in a timely manner not specified. Dr. Pfarr suggested
Would the course director know if a student had substantial deficiencies in any of the course/clerkship content
domains or major components?
- This is an identified weakness in both the ObGyn and Peds components.
  - Suggestion: include an explicit description of mid-clerkship assessments that includes
    remediation planning.
- At what point would student deficiencies in the course content domain or major component be identified?
  - Ob/Gyn: There is no discussion of remediation.
    Suggestion provide a description of grading policy and remediation along with timeline (page 35).
  - Pediatrics: Each required graded component explicitly states “if fail, must re-do until pass” with > 2
    attempts affecting ability to honor.
- Would it be possible for a student to pass the course with substantial deficiencies in any of the course’s
  content domains or major components?
  - No, for both Ob/Gyn and Peds substantial deficiencies should be noted on assessments. However, no
    mid-clerkship evaluation is described so a student may find it difficult to know where they stand.

See attachments for details. Discussion ensued.

3. 2. Critical Care and Sub-I reviews

Does the clerkship content fulfill the course goals/objectives as stated in the syllabus?
- The learning objectives were clearly identified.
- “The clerkship met the identified learning objectives”

Does the student assessment plan fulfill the clerkship goals/objectives as stated in the syllabus?
- Yes. All syllabi list the assessments which coincide with the goals/ objectives typically related to the
  clinical competencies.

Are assessments performed – and outcomes reported in a timely manner?
- Assessments are performed. (PowerPoint for details)
- “All course, clerkship and, when relevant, curriculum requirement grades shall be made official and
  available to the student in a timely manner, and always within 6 weeks”-med ed program policy
- Sub I and CC’s are for the most part on the spot feedback related assessments
- Unsure where to determine whether or not final grades are reported in a timely manner.
- No NBME exams

Would the course director know if a student had substantial deficiencies in any of the Medical Skills content
domains or major components? At what point would student deficiencies in the course content domain or
major component be identified?
- Identified at Midclerkship

Are there sufficient mechanisms for remediation that allow the student to remain on ‘on track’?
- Op logs, remediation, special readings. ect. (PowerPoint for details)

Would it be possible for a student to pass the course with substantial deficiencies in any of the course’s
content domains or major components?
- No, in all courses, “substantial” deficiencies should be noted on evaluations and at a minimum during
  the midclerkship evals which are mandatory (although I could not find proof of this in the common
  clerkship policy)
- Rotations such as PICU would be very tough to fail as students get 2 evals per week from faculty and
  residents.

Are the program outcomes associated with the course goals and objectives at or exceeding national or
otherwise standardized benchmarks for student achievement?
- Unable to locate data

Are there apparent course factors potentially contributing to either exceptional or less-than-hoped for program
performance?
- Overall, the students do feel the clerkship content fulfills the course goals/objectives as stated in the
  syllabus. The following clerkships however have recently had declining student reports: MICU, NICU,
SICU and IM sub-I
- All syllabi list the assessments which coincide with the goals/ objectives typically related to the clinical competencies
- Assessments are performed however at varying degrees. All have a final eval with 8 clinical competencies used as a minimum
- There is data to see that the MS3 final grades are given in a timely fashion however I could not locate such data for the CC and Sub-I courses
- Midclerkships are performed in all clerkships however the following courses do not list a time in which they are to be done and by whom.
  - MICU, PICU, NICU, SICU, peds and ob-gyn sub-I
- Forms of remediation are noted in many courses for op-log deficiencies however perhaps they should all model SICU syllabi in stating: “The clerkship director will meet with students needing remediation and discuss a remediation strategy specific for objectives which are deficient.”
- Substantial deficiencies should be noted on evals and at midclerkship evaluation however it was not consistent. It would be easier to fail in rotations in which only a midclerkship and final evaluation are collected from supervising faculty. Perhaps this should be standardized.

See attachments for details. Discussion ensued.

3. 3. ICE/PICE review

General Note

PLFOM Integrated Curricular Elements

- Does the clerkship content fulfill the course goals/objectives as stated in the syllabus?
  - No data
- Does the student assessment plan fulfill the clerkship goals/objectives as stated in the syllabus?
  - Probably yes, but no data
- Are assessments performed – and outcomes reported in a timely manner?
  - No. Most of these
- Would the course director know if a student had substantial deficiencies in any of the course content domains or major components?
  - No. Most of these activities are final assessments. Deficiencies should have been identified before this course.
- At what point would student deficiencies in the course content domain or major component be identified?
  - At the relevant final assessment (OSCE, CBSE, etc)
  - The self-directed learning component will assess deficiencies, but the efficacy of the self-directed learning will not be assess before the USMLE exam.
- Are there sufficient mechanisms for remediation that allow the student to remain on ‘on track’?
  - Yes
- Would it be possible for a student to pass the course with substantial deficiencies in any of the course’s content domains or major components?
  - Yes.
- Are the program outcomes associated with the course goals and objectives at or exceeding national or otherwise standardized benchmarks for student achievement?
  - No data and no comparables.

See attachments for details. Discussion ensued.

4. Review of the process for evaluation of the curriculum as a whole

General Note

Updated Plan for AY2016-17 PGO-Whole Curric Rev v08DEC2016.pptx
Dr. Brower mentioned that a binder/document will be put together by Dr. Francis and Dr. Hogg by the spring, which will include CEPC course reviews, unit debriefing, program evaluations and block reports held in the past. It will have feedback points and essentially Summative status reports on what needs to be worked on Clerkships.

5. Quick Open Forum and Adjourn

Presenter(s): Brower, Richard

General Note
Meeting adjourn 6:37pm

Parked Items

1. Review of immediate past meeting (to be deferred)
2. Student rep reports (to be deferred)