



**Wexner
Medical
Center**

**The Ohio State University College of
Medicine**

Executive Curriculum Committee

Meeting Minutes

Date: 1/27/15

Location: 150 Meiling

Presiding Chair: Stanley Martin, MD

Call to order:

4:05pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:17pm

Member attendance

Name	Role	Present
Stanley Martin	Chair, Faculty member	Y
John Mastronarde	Faculty Member	Y
John Davis	Associate Dean for Medical Education	Y
Kristen Lewis	Faculty Member	Y
Nicholas Kman	Faculty member	Y
Thomas Mauger	Clinical science chair	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Carl Gelfius	Chair, Academic Review Board	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Mary McIlroy	Academic Program Director, Assistant Dean, Aff Prog	Y
Larry Schlesinger	Chair, Basic Science Department	N
Douglas Post	Assistant Dean, Med Ed	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Judith Westman	Assistant Dean	N
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Shauna Collins	Med Student Representative	N
Keerthana Bolisetty	Med Student Representative	Y
Daniel Yanes	Med Student Representative	Y

Additional attendees

Nicole Verbeck, Dan Clinchot, Wanjiku Musindi

Agenda items

Item 1, Approval of minutes

Item 2, Interim Follow-up on OBGYN

Item 3, Med 3/ 4 Annual Report

Item 4, CITL Report

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from November 25, 2014 were reviewed by the committee and approved.

Item 2, Interim Follow-up on OBGYN

Presenters: Dr. Wanjiku Musindi

Discussion

1. Dr. Musindi presented an interim follow-up report on the OBGYN clerkship. The presentation is attached.
2. All three rings worth of data will be in for the report back to LCME in August 2015.
3. Dr. Musindi was asked to present the next ring's data at the April ECC meeting.
4. The interim report was formally accepted by the committee.

Item 3, Med 3/ 4 Annual Report

Presenter: Dr. Mary McIlroy

Discussion

1. Dr. McIlroy presented the Med 3/ 4 annual report. The report is attached.

Item 4, CITL Report

Presenter: Dr. John Davis

Discussion

1. The minutes from the last CITL meetings is attached.
2. Dr. Davis proposed having a Part Three and VITALS presentation at upcoming ECC meetings.



Improving People's Lives Through Innovations in Personalized Health Care

ECC Ob/Gyn Report 2015

Wanjiku Musindi, MD
January 27th, 2015



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Background

- Annual review of the grades **2010-13** year revealed that there was a difference Honors and Letters of Commendations awarded across sites.

Table 1-B Frequencies of grades by site 2010-2013

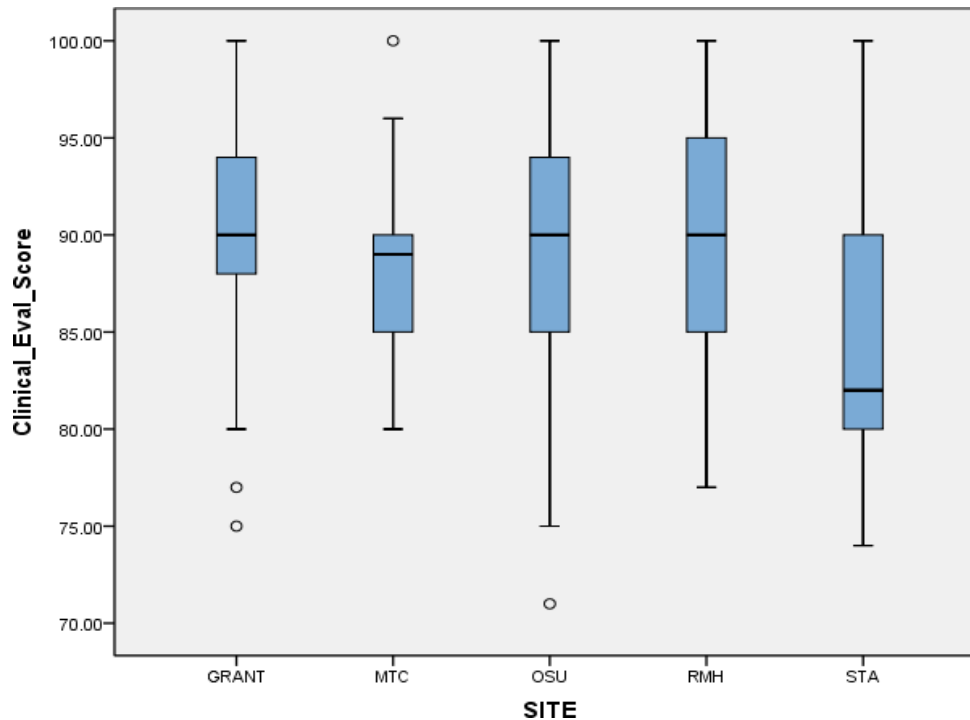
	# of students	Honors %	Letters %	Satisfactory %
Grant	126	10.3	29.4	58.7
Mt. Carmel	125	9.6	21.6	68.0
OSU	285	16.8	26.3	56.5
Riverside	108	17.6	17.6	64.8
St. Ann's	111	3.6	20.7	75.7
All sites	756	12.7	23.9	62.8

**Chi-square test of proportions showed a significant difference in proportions of grades between two groups, OSU and Affiliate sites. A higher percentage of students at OSU and Riverside received grades of honors that students assigned to other sites. A higher percentage of students at Grant received letters of commendation*



Background

- Further assessment of **2010-13** revealed that there were differences in the median clinical performance scores at St Ann's.



Students who clerk at St. Ann's have significantly lower Clinical Performance Evaluation Scores than students at all other sites. Students who clerk at Mount Carmel are significantly higher than students at St. Ann's, but significantly lower than students at OSU, Riverside, or Grant. The average scores assigned by the remaining affiliates (OSU, Riverside, and Grant) can be considered about the same

LCME Report

- Non compliance with Standards
 - III A. Finding: There is significant variation of educational experiences and student grades across obstetrics and gynecology clerkship sites
- Required Follow up due 8/14/2015
 - ED-8



ED-8

1. Describe the mechanisms used for the review and dissemination across sites of student evaluations of their
 - Educational experience
 - Data regarding completion of required clinical experiences
 - Clerkship grades
 - Any other data reflecting the comparability of learning experiences across instructional sites
- List specific types of data reviewed and describe how and by whom the data are reviewed
- Provide a summary table of the data by site for the 2014-2015 year



ED-8

2. Describe how the school has reviewed the differences across the instructional sites used for the required OB & Gyn clerkship in such areas as student satisfaction and student grades

- Note the steps that have been taken to address the inconsistencies and describe if there are specific policies and/or procedures that address inconsistencies in grading





ED-8

2014-15 Ring 1
preliminary data

2013-14 data

Educational experience

Required clinical
experiences

Clerkship grades

Review process

Data reflecting the comparability of learning experiences across instructional sites used for the required Obstetrics and Gynecology Clerkship

- Distribution of learning objectives to Site Directors and Faculty occurs at the beginning of the academic year and at the beginning of every ring. Faculty and residents provide an annual electronic attestation that they have received and reviewed the objectives
- Learning objectives distributed to students during orientation
- Centralized teaching and learning activities for all the students occur at a week long orientation session and on a half day every week. Weekly activities include simulated skills session, small group session, conferences and access to electronic modules
- Mid rotation feedback performed by course directors. Students provide self assessment of learning and goals



Comparability of learning experiences across sites

- Tracking and completion of required clinical experiences (ED-2) reviewed at the mid-rotation feedback session and at end of the course
- Tracking and completion of checklists for student clinical skills at end of the course
- Student evaluation of orientation, faculty and staff distributed electronically during the course
- Student evaluation of course distributed electronically at the end of the course
- Students are asked on course evaluations if performance was assessed against the objectives



Review and dissemination of student data

- Types of data reviewed
 - Student evaluation of orientation and course
 - Reports of mistreatment and duty hours
 - Student evaluation of faculty and staff – low score reports
 - Required clinical experiences
 - Completion of check lists of clinical skills
 - Clerkship grades
 - Distribution of honors and letters



Dissemination of data

- Cumulative data on student evaluation of course and grades presented at the Ob/Gyn faculty department meeting and disseminated electronically to faculty and staff at end of Ring (Minutes available)
- Site specific course evaluations reports are distributed via email to each Site Director at the end of each UPRSN session. Reports are anonymous and do not contain any student identifying information.
 - Site Directors are contacted directly if there are incidents involving duty hours or student mistreatment to discuss and implement a plan of improvement.
- Student evaluation of faculty and residents are sent to the Site Directors for distribution at the end of the Ring.



Review of data

- UPRSN course coordinators and directors weekly meeting to review pertinent issues
- Student Evaluation Reports are reviewed by the UPRSN Unit Director, education manager and coordinator at the end of each Ring.
- Clerkship grades are reviewed by the UPRSN Course directors at the end of the Ring and cumulative data by site is disseminated electronically to Site Directors
- Annual Report to Part II Academic Program Committee (Minutes)
- Annual Report to ECC/CITL (Minutes)
- Additional Oversight for Ob-Gyn
 - Interim report to APC (Minutes)
 - Interim report to ECC (Minutes)



Summary table of data by site for 2014-15 year – Ring 1

- ED-2
- Grades
- Distribution of honors and letters
- Student evaluation reports

NB: Preliminary data with small sample size



UPRSN Ring 1 ED-2 (PxDx) Report

	# students	Completed required experiences	Used alternative experience	Alternative experience used
Grant	10	10	0	
Mt. Carmel	12	12	1	Colposcopy/LEEP video
OSU	21	21	1	Simulation lab – insertion of female catheter
Riverside	8	8	1	Simulation lab – insertion of female catheter
St. Ann's	10	10	4	Ectopic eLearning module, Colposcopy/LEEP video, insertion of female catheter in simulation lab
All sites	61	61	7	

UPRSN Ring 1 Grades by Site

	# students	NBME Shelf	Oral exam	OSCE	CPA	Final grade
Grant	10	73.9 (10.5)	83.9 (21.0)	87.5 (3.0)	86.5 (5.2)	85.2 (5.5)
Mt. Carmel West	12	75.2 (6.6)	83.0 (7.1)	84.7 (2.5)	87.6 (3.2)	85.6 (2.7)
OSU	21	79.6 (7.9)	88.7 (10.3)	86.9 (2.8)	89.4 (3.1)	88.2 (3.6)
Riverside	8	82.4 (5.9)	87.8 (8.3)	86.5 (3.1)	85.5 (4.9)	87.8 (2.6)
St. Ann's	10	79.8 (5.9)	85.5 (10.5)	87.8 (3.4)	89.8 (4.7)	88.2 (3.0)
ANOVA		0.089	0.690	0.122	0.078	0.111

There were no significant differences by site for Oral, OSCE, CPA, Quiz, Practical Exam, or Administrative score. There was a significant difference by site on the Shelf Score. This occurred between Riverside and Grant and Riverside and MCW when using the LSD Post Hoc Analysis, though there were no significant differences with the Tukey HSD or Bonferroni Post Hoc tests.

UPRSN Ring 1 Distribution of Honors and LOCs

	Total # students	Honors	LOC	Satisfactory
Grant	10	1	2	7
Mt. Carmel West	12	0	0	12
OSU	21	4	2	15
Riverside	8	0	3	5
St. Ann's	10	2	1	7
All sites	61	7	8	46

There are no significant differences in grade distribution at OSU v. affiliate sites. Pearson Chi-square 0.196

UPRSN Ring 1 Student Evaluation Report

	Mean (SD)	Grant	MCSA	MCW	OSU	RMH
# Students		10	10	12	21	8
Rate the quality of your overall educational experience during the Ob/Gyn experience.	3.7 (0.979)	2.90	3.78	4.17	3.86	3.50
The amount of time spent in ambulatory clinics was sufficient.	3.63 (1.119)	3.00	2.78	4.33	3.90	3.63
I was provided clinical duties, opportunities to learn and was a productive member of the team.	3.98 (0.854)	3.20	4.00	4.42	4.19	3.75

None of the following items had significant P-Values by site:

- Clinical experiences, e.g, the setting (clinics, operating room and patients) facilitated my learning (*mean = 4.27 (0.7)*)
- Residents and fellows provided effective teaching during the clerkship (*mean = 4.12 (0.8)*)
- Faculty provided effective teaching during the clerkship (*mean = 3.92 (0.9)*)

2. Describe how the school has reviewed the differences across sites in student satisfaction and grades

- Review of the 2013-14 student evaluations, required educational experiences, grades and distribution of grades by site was performed and presented to the ECC in June, 2013
 - Action items



2013-14 Frequencies of Clerkship Grades by Site

	Total # students	Honors %	LOC %	Satisfactory %
Grant	36	5.6	8.3	86.1
Mt. Carmel	35	11.4	11.4	77.1
OSU	107	14	14	72
Riverside	30	13.3	23.3	63.3
St. Ann's	36	13.9	16.7	69.4
All sites	244	12.3	14.3	73.4

A Chi-Square Test of Proportions was used to test the hypothesis. The results showed no significant difference in proportions of grades between the 2 groups, OSU and Affiliate Sites for 2013-14: (2013: $df= 2$, $P = .769$)



2013-14 Mean (std dev) Grades by Site

	# Students	CPA	Oral Exam	NBME Shelf
Grant	36	90.36 (3.4)	87.47 (6.9)	77.25 (7.0)
Mt. Carmel St Anns	36	92.47 (6.7)	90.08 (6.2)	80.50 (7.6)
MCW	35	87.71 (5.8)	89.63 (7.0))	78.97 (6.9)
OSU	107	90.17 (5.7)	90.58 (6.9)	78.19 (8.7)
Riverside	30	90.80 (7.2)	90.77(7.1)	79.90 (6.6)
All sites	244	90.36 (5.9)	89.93 (6.9)	78.71 (7.9)
ANOVA	0.151	0.018	0.198	0.368

**One way ANOVA tests for each score component and found there were no significant differences by site for Oral Exam, NBME Written Exam or total course score. There was a significant difference in Clinical Evaluation. Post Hoc testing showed the difference occurred between Mount Carmel West and Mount Carmel St. Ann's.*



2013-14 ED-2 Completion Rates by Site

	# students	Completed required experiences	Used alternative experience
Grant	36	36	3 (8%)
MCW	35	35	7 (20%)
OSU	107	107	18 (17%)
Riverside	30	30	1 (3%)
St. Ann's	36	36	6 (17%)
All sites	244	244	35 (14%)



Site	Simulated Procedure	Method
Grant	Colposcopy/Cone biopsy or LEEP	Observed Procedure
	Demonstrate knot tying	Performed procedure with supervision
MCW	Cone biopsy or LEEP	Observed Procedure
	Ovarian neoplasms	Participated in DISCUSSION of patient's care
	Demonstrate knot tying	Performed procedure with supervision
	Uterine neoplasia	Participated in DISCUSSION of patient's care
OSU	Breast Exam	Performed procedure with supervision
	Breast Exam on Standardized Patient	Performed procedure with supervision
	Cervical exam in laboring patient/Normal Labor	Performed procedure with supervision
	Cervical neoplasia	Participated in DISCUSSION of patient's care
	Colposcopy	Observed Procedure
	Colposcopy/Cone biopsy or LEEP	Observed Procedure
	Cone biopsy or LEEP	Performed procedure via simulation
	Demonstrate knot tying	Performed procedure with supervision
	Diagnosis and treatment of ectopic pregnancy	Participated in DISCUSSION of patient's care
	Gynecologic history and physical	Performed COMPREHENSIVE evaluation
	Ovarian neoplasms	Performed COMPREHENSIVE evaluation
	Pap smear/Obtain specimens to detect sexually transmitted infections	Performed procedure with supervision
	Pelvic exam	Performed FOCUSED evaluation
	Sexual assault/Domestic violence	Participated in DISCUSSION of patient's care
	Riverside	Endometrial biopsy (office procedure)
St Ann's	Uterine neoplasia	Participated in DISCUSSION of patient's care
	Demonstrate knot tying	Performed procedure with supervision
	Colposcopy/Cone biopsy or LEEP	Observed Procedure

Descriptive listing of simulated procedures/methods by site. Duplicates by site were removed.

2013-14 Student Evaluations by Site

	Mean (SD)	Grant	MCSA	MCW	OSU	RMH
I understood the learning objectives for the course.	4.44 (0.58)	4.25	4.21	4.50	4.45	4.43
My performance was assessed against course objectives.	4.05 (0.83)	3.83	3.70	4.00	4.23	4.22
This course was well integrated, i.e. functioned as an interrelated whole.	4.23 (0.79)	3.86	3.82	4.41	4.42	4.38
Faculty teachers were accessible.	4.18 (0.80)	4.00	3.74	4.22	4.41	4.11
Rate the quality of your overall educational experience during this course.	4.04 (0.92)	3.64	3.74	4.00	4.21	4.38
The clinical experiences, e.g. the settings and patients, facilitated my learning.	4.40 (0.78)	3.92	4.24	4.41	4.55	4.66
There were sufficient correlations with foundational sciences.	4.30 (0.67)	4.06	4.12	4.22	4.41	4.55
I was offered opportunities to learn the cost of diagnostic tests and treatment in relationship to the benefits provided to patients.	3.78 (0.95)	4.00	3.38	3.56	3.83	4.07
A faculty member personally observed me taking a history (or component of the history).	4.56 (0.61)	4.31	4.29	4.69	4.67	4.69
A faculty member personally observed me performing a physical examination (or a component of the exam).	4.53 (0.64)	4.28	4.27	4.66	4.66	4.55
Faculty members provided me with sufficient feedback on my performance.	4.19 (0.87)	4.03	3.65	4.28	4.37	4.29
Residents and fellows provided effective teaching during the clerkship.	4.11 (0.96)	3.56	4.03	4.41	4.12	4.48
Rate the importance of this clerkship component: Clinical Experience.	4.69 (0.56)	4.50	4.59	4.72	4.72	4.93
Rate the importance of this clerkship component: Direct observation (history and/or physical or mental status exam) exercise.	3.35 (1.19)	3.00	2.97	3.59	3.59	3.17

Note the steps that have been taken to address the inconsistencies and describe specific policies/procedures that address inconsistencies in grading



Changes implemented 2013-14

- New Gynecology Oncologist at St Ann's July 2013
- New Site Director at St. Ann's appointed in Fall 2013
- The UPRSN Unit Director conducted Medical Education workshops with the residents, who rotate at Ohio State Wexner Medical Center, Mt. Carmel West Medical Center and St. Ann's Hospital. (Minutes)
- Meeting with Chair of Ob-Gyn Department, Clerkship Director, Site Directors and coordinators to review cumulative data by sites and curriculum changes
- Community Site Directors and instructors have access to faculty development materials at FD4ME
- Procedures were developed to monitor the Low Score Reports which are triggered by a low score on an evaluation form completed by a medical student. The UPRSN Unit Director and Education Manager reviews all Low Score Reports during the Ring and follow up and intervene as deemed necessary.



Changes implemented 2014-15

- Clinical evaluation process allows each team member including residents, fellows, and any additional faculty member to evaluate the medical student based on direct contact and interaction with the student
- Centralized teaching and learning activities – weekly small groups, skills sessions, conferences
- Mid rotation feedback session performed by Course Faculty includes review of required clinical experiences and check lists of skills
- Expert Educators review written notes and perform direct observation of skills as needed
- Quiz content changed to reflect contiguous small group topic
- Faculty Peer Review of Small Group sessions



Policies and/or procedures that address inconsistencies in grading



Summary

- Comparable educational and clinical experiences
- Comparable grades and distribution of honors and letters
- Comparable student evaluation of rotation in most sites
 - ❖ **Grant** – improve ambulatory experiences and student integration into team
- Document policies and/or procedures for review and report of differences across instructional sites



**OSU College of Medicine, Med 3-4 Academic Program 2013-
14 Annual Report to the Executive Curriculum Committee
Mary A. McIlroy, MD, Med 3-4 Program Director
January 27, 2015**

I. CURRICULUM ISSUES:

A. CLASS SIZE, CURRICULUM, AND CALENDAR ADJUSTMENTS –

Following several years of planning and anticipation, the Med 3 year curriculum welcomed and successfully handled the extra number of students in the large class. Class size was 248 students as the Med 3 year began. Clerkships had successfully expanded clinical teaching placements and all students were accommodated without any negative impact on their clinical experiences. The addition of Expert Educators in each clerkship was well received and allowed extra faculty commitment to ensuring students learned effective clinical skills and had observations and feedback regarding those skills.

The 8-week clerkship assignments in Med3 were scheduled in a manner to simulate the joined clinical areas of LSI, so that all students had linked clerkships back to back. An adaptation to the MedSTAR scheduling system successfully assigned the students. This arrangement permitted the linked clerkships to work together to implement some components of the LSI curriculum. The Pediatric and Family Medicine clerkships implemented combined Ground School offerings for the first two days of each 8-week block, allowing them to develop those components for the first year of LSI. The Internal Medicine, Neuroscience, and Psychiatry clerkships offered an integrated 16-week rotation for a select number of students during one of the linked periods. Thirteen students who were not able to complete all clerkships during the academic year (because of late start into Med 3, NBME issues, clerkship failure, LOA) had their schedules adjusted so that they would have either Family Medicine or Surgery as the clerkship remaining after the year ended, as those two areas had agreed to offer the 2006 curriculum structure along with the LSI curriculum during the first LSI Ring in July and August, 2014.

The second year of early May graduation required continuation of the change of course requirements for the Med 4 students established for the 2013 graduating class, with seven (instead of 8) required courses completed in 9 (instead of 10) time blocks. In order to accommodate all students in the DOC1 and DOC2 courses in fewer time blocks, DOC1 offered the course over the winter break for several students and several students completed DOC2 during the final month of their Med 3 year when all other courses had been completed. The start and end dates of Global Health electives and Ride for World Health were adjusted to ensure students would be present during Match week. All grades were submitted on time despite a shortened turnaround time.

- B. NEW ELECTIVE APPROVALS** –The committee reviewed the goals, objectives, learning activities, and assessments for a new combined IM/EM elective and approved the course. This course will reflect the clinical activities and experiences of the new IM/EM residency, and will be offered initially to visiting students. Further development of an experience different from the current DOC1 and DOC4 is planned, so that it could be available to OSU students.

C. CURRICULUM IMPROVEMENT

1. **Cost Conscious Care education** – This collaborative program across departments focused on student learning about cost-conscious patient care included components taught in IM, Fam Med, Surgery, DOC1 and DOC4, with further increases implemented in the 2013-14 academic year, including in DOC2.

Components of the curriculum include application of principles of cost-effectiveness in the inpatient setting, cost-conscious prevention and screening, health care costs and the Patient Centered Medical Home, impact of Medicaid and the uninsured on health care costs, a case conference on EBM and cost-conscious care, and Articulate modules on High Value Care from the ACP. In LSI, these components will move into the Health Quality and Safety thread.

2. Ob-Gyn clerkship –Continued emphasis on improving the Ob/Gyn clerkship showed good results in student evaluations and data collected through the Clinical Curriculum Survey and the Graduation Questionnaire. Areas of focus included communication regarding expectations, increased skills sessions, required mid-clerkship feedback sessions, increased e-learning modules, inclusion of small groups for discussions of ethical issues and behavioral science and regular communication with faculty and site directors. The Ob/Gyn learning experiences will need continued monitoring in the LSI Curriculum.

D. COURSE CHANGES

Internal Medicine outpatient sites at Martha Morehouse were included to a limited extent in the Ambulatory Clerkship. During this 4-week assignment, a small number of students had a blended experience with preceptors from IM, IM/Peds, and Family Medicine.

- E. The Direct Observation of Competence initiative continued throughout the Med 3 clerkships, requiring documentation of faculty observation and feedback to students regarding history-taking, physical examination, and communication with patients, in authentic clinical environments. On end-of-clerkship evaluations, students reported the following data for 2013-14 Med 3 clerkships, with total %= Agree and Strongly Agree that they were observed: (numbers in parentheses are 2012-13 year student reported % and the following year GQ data %):

	Ambulatory	Int Med	Neurology	Ob/Gyn	Pediatrics	Psychiatry	Surgery
Faculty Observed Hx	99% (99; GQ=98.3)	97% (97; GQ=100)	93% (84; GQ=95)	96% (88; GQ=89)	91% (90; GQ=97.2)	96% (95; GQ=96.7)	95% (86; GQ=73)
Faculty Observed PE	98% (100; GQ=98.3)	96% (96; GQ= 99.4)	96% (94; GQ=96.1)	95% (89; GQ=88.7)	91% (91; GQ=97.8)	94% (94; GQ=94.5)	92% (94; GQ=86.2)

The 2013-14 class data reported here will be reflected on the 2015 GQ. The 2013 GQ, the first GQ after beginning this initiative, showed marked increase over prior years in the percentage of students agreeing they had been observed by faculty performing a patient Hx and a patient PE and also far exceeded the national means. The OSU percentages of students indicating “yes” to the observed history and physical exam continue to exceed the national means by about 7-10%, and up to 20% in Ob/gyn and surgery scores for observed history, despite the fact that scores for the all schools composite also continue to increase. Interestingly, OSU students generally rate the direct observation exercise of less importance to their learning than clinical experiences, didactics, and other components of the clerkships.

- F. CAPS Facilitator meetings and OSCE - The discontinuation of the CAPS 2 course created difficulty for arranging the Med 3 student sessions with Med 2 CAPS small group facilitators. Instead of the usual two sessions, one session with a facilitator occurred, in the spring, to assess student progress, encourage student self-assessment and goal-setting, and enable review of the students’ development. The FOSCE was dropped from the program. Some of the knowledge/skill components previously included in the end-Med 3

OSCE were distributed in 2013-14 to specific courses (EKG – DOC1, imaging – DOC4, laboratory interpretation - Med 3 clerkships, and EBM assessment- DOC2.)

II. POLICY AND PROCESS ISSUES

- A. Review by the Med 3-4 program committee of the standing report of grade submission for Med 3 clerkships showed no late grades.
- B. Review by the Med 3-4 program committee of the standing report of PxDx completion showed no requirements with less than 80% completion.
- C. Standing reports to the APC of duty hour violations and of follow-up by the clerkship director of reported violations revealed no actual violations.
- D. Safety on Service monitoring – New questions on end-of-clerkship evaluations asked students if supervision of their clinical activities was sufficient to ensure safety for them and their patients and also asked if the faculty/housestaff teachers avoided ridicule and humiliation. These reports were monitored and instances of concern identified and reported. Follow-up of any concerning reports were requested of the clerkship or course director and staff. This review resulted in a recognized need for a COM and departmental process for review, reporting, and addressing identified problems. An APC subcommittee gathered information on current departmental practices.
- E. Central monitoring of mid-rotation feedback to students was begun with each clerkship and course reporting to the Med 3-4 office the status of mid-rotation feedback for each student. The clerkships and courses were successful at ensuring students received mid-course feedback. Data from the 2014 GQ, which reflects the Med 3 students of the 2012-13 academic year, confirmed that the mid-rotation feedback requirement was accomplished with the following results:

Clerkship	Fam Med	Int Med	Neuro	Ob/Gyn	Peds	Psy	Surg
% students replied YES received MR feedback	98.3%	100%	98.9%	96.1%	99.4%	99.4%	93.9%

- F. Away electives –
Among Med 4 students, 53% completed at least one educational experience away from OSU and local affiliates. Both domestic and international experiences were higher in this academic year. Total rotations away were 162 (prev = 129, 149, 151), including 57 international global health electives (prev =47, 34, 59, 45, 48). Of the 105 domestic away electives (prev=82, 115) the most frequently-requested were IM (22), orthopedics (16), emergency medicine (10) and pediatrics (10). Nearly all of these rotations were done outside the state of Ohio and most students completed one month away. Two students completed 3 away rotations and 28 students completed 2 away months. For domestic away rotations, these overall away numbers give an average of 5.75 weeks (prev=5.05, 5.2) of away education for those students who elected to do so (1.92 weeks averaged over the entire class.) Much effort went into supporting these students, as each one required a letter of good standing and verification of their credentials, training, immunizations, and malpractice insurance.
- G. Visiting students – Visiting students completed 170 clinical rotation months through OSWMC and Nationwide Children’s Hospital (prev = 182, 197, 161, 143, 99, 95, 49). Eighteen clinical departments hosted visiting students. Pediatrics hosted 41 (prev=48, 59, 48) students, IM - 25 (31, 47, 15,) Physical Medicine 13, ENT and Anesthesiology – 12 each, and Orthopedics 10 (9,14, 10.) Clinical opportunities and resources are ample to accommodate this number of visitors without any deleterious impact on OSUCOM Med 4 students.

The OSUCOM students' schedules are determined before the visiting student applications are considered, and visiting assignments are made on space-available basis. The number of applicants for visiting rotations was 378 and 236 acceptances were granted. Applications came from students at 80 allopathic and 29 osteopathic medical schools, submitted through VSAS. Students who completed rotations here represented 61 medical schools outside the state of Ohio. Pediatrics has traditionally hosted many osteopathic students, as NCH has an approved osteopathic pediatric residency.

III. STUDENT PROMOTION AND REVIEW ACTIVITIES

A. The Student Review Subcommittee, chaired by Dan Cohen, MD, held 53 student meetings (prev=35,40, 44, 37, 24) with 34 different students (prev=27, 28, 35, 26, 22); two students had 4 meetings with the committee, 4 students had 3 meetings, and 5 students had two reviews. Five students were seen for Unsatisfactory course grades for Med 3 clerkships (prev=4, 5, 5, 8) and one for a Med 4 elective failure.

Accumulation of exam failures continued to be a problem for some students. Fifteen students (6%) recorded a total of 27 NBME Subject exam failures (prior year 24 students = 11.3% had 36 failures). One student failed 4 exams, 3 students failed 3 exams, three students failed 2 exams; no students failed the same exam twice (7 students accounted for 19 of the 27 exam failures. The student who failed 4 exams withdrew from the COM (see below.) Eight students were seen for concerns regarding professional behavior.

Three Med 3 students were reviewed by the Academic Behavioral Review Committee, with two of them referred twice. One student repeated a portion of Med 3. One student, reviewed twice, withdrew after recommendation for dismissal. One student was reviewed a second time when a clerkship grade was changed on appeal after a recommendation for dismissal; the student was granted permission to continue.

B. Overall Med 3 clerkship grade distribution for the year (see attached graph for individual clerkships): Honors= 13.3%; Letter of Commendation=19.6%; Satisfactory=67.1%; Unsatisfactory=0.3%. This grade distribution fits within the target of 10-15% Honors and 15-20% Letter of Commendation and is an improvement from the prior year.

IV. PROGRAM OUTCOMES REVIEW

A. The 2013 AAMC GQ survey results and the 2013 OSUCOM Clinical Curriculum Survey results were reviewed and discussed by the APC. On the GQ, scores of overall quality of educational experience for the Med 3 clerkships (clerkships completed in 2011-12) met or slightly exceeded the national mean for all clerkships, including Ob/gyn and Surgery, which had previously been below the national mean. Student ratings of the Med 4 year met or exceeded national means and students overall reported being well-prepared for residency but in need of more elective guidance. Specific curricular areas in need of strengthening continued to include cost-conscious care, among others dealing with public health, community health, and health care systems and policy.

The Clinical Curriculum Survey showed continued high ratings for overall clerkship quality. A continued rise in overall rating was noted for Ob/Gyn, where increased focus had been placed on improving faculty/student and resident/student interactions, resident teaching, and feedback. Continuing areas of student concern across the clerkships include time to study, time with attendings, and opportunities to learn about cost-effective care. Areas targeted for improvement effort again included the already-mentioned work toward improving student learning about cost conscious care; continued emphasis on faculty observation of student history, PE and communication skills; and time with the attending.

For review of the Med 3-4 program by the APC, assessing the 2012-13 academic year, the required course and clerkship review surveys were completed electronically by each clerkship by September. The data were compiled and reviewed at subsequent APC meetings, and approved with APC recommendations. The improvement of student ratings for the Ob/gyn clerkship as a whole and the increase in Direct Observation of Competence activities were both noted. The review included assessment of compliance with LCME standards, and the program review showed excellent compliance with PxDx completion and monitoring, mid-rotation feedback, communication with sites, duty hours, ambulatory education, multi-disciplinary education, active learning, diversity education, and timeliness of grades. Review of the preparation of residents and faculty for teaching showed improved documentation of distribution of objectives but lack of documentation that residents had completed the FD4Me teaching modules. Another identified area for discussion was the variation in grading schema used by different clerkships. This concern has been addressed in LSI.

B. NBME exam results for OSU Class of 2014:

Step 2CK first-time takers pass rate - 212/216 = **98%** (nat'l = 97%; OSU prev = 99, 99.5, 98%, 99%)

OSU mean score - **247** (nat'l mean = 240; OSU previous years 245, 244, 243, 238, 237)

Three of four students who failed the exam passed on the second attempt.

Step 2CS first-time takers pass rate – 215/224 = **96%** (nat'l=96%; OSU prev=99%, 99%, 98%, 97%, 99%, 97%)

All CS failures of OSU students were related to the Integrated Clinical Encounter portion of the exam. Six of 8 students who retook the exam passed.

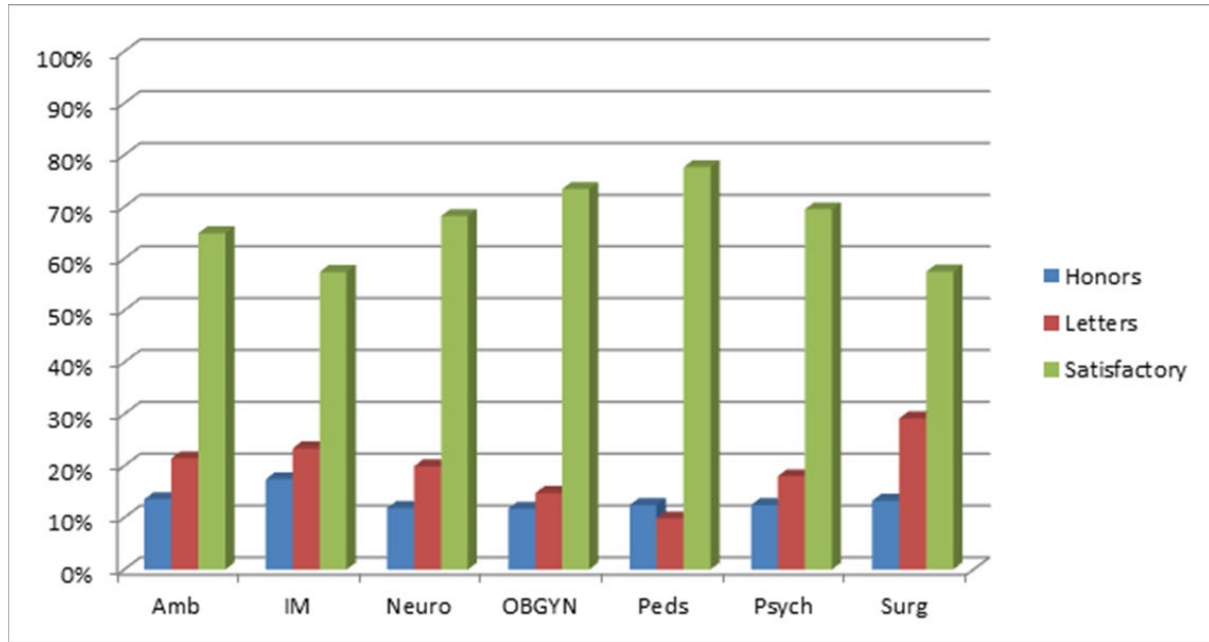
The residency Match data was also reviewed, with emphasis on the increasing competition for spots, related to increasing US graduates and international applications, and the increasing number of unmatched US seniors. Discussion centered around the need for enhanced career guidance and application advice for senior students, and the role of departments in working with the students in late Med 3 and early Med 4 to provide mentoring and assistance. Students may also need to do more interviews and may need additional time away from courses for that purpose. Flexibility in working with the students to meet the objectives and requirements of their courses, despite the need for expanded interview time, was stressed.

V. **CHALLENGES**

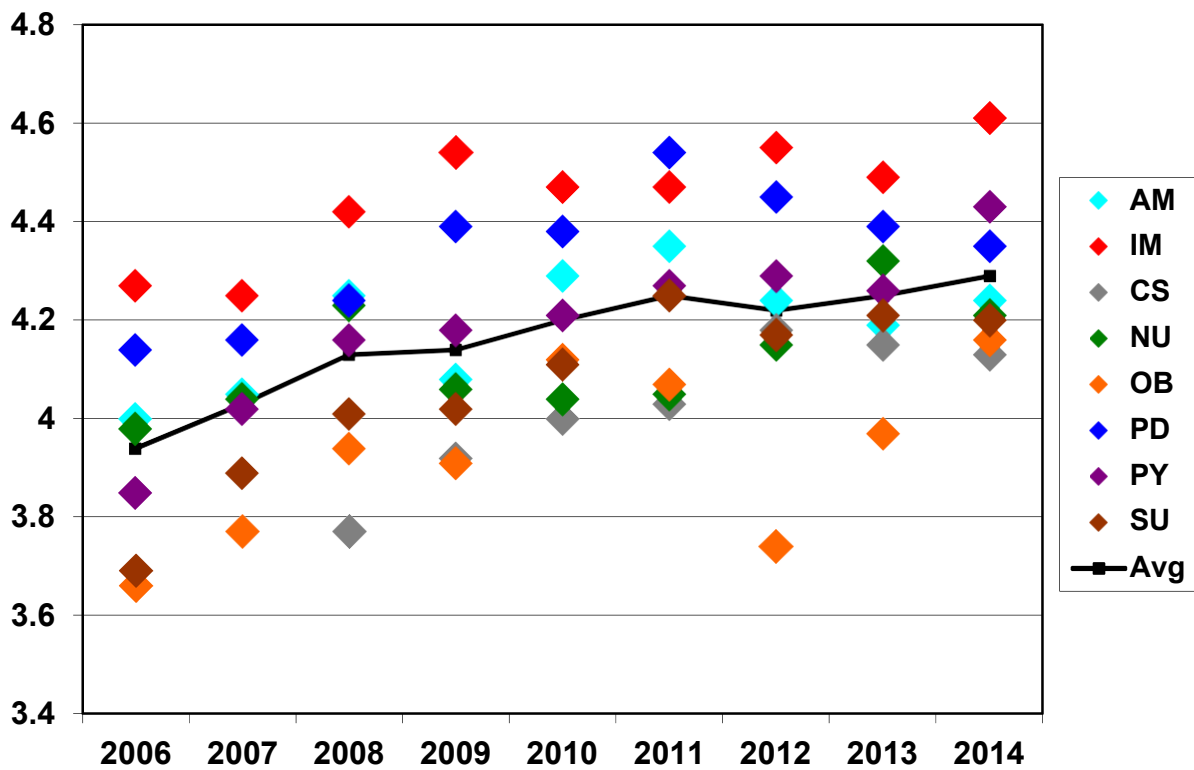
- A. The large class completed Med 3 during the 2013-14 academic year. Advanced planning for accommodation of larger numbers in each block and the Expert Educators aided the successful passage of the year. The extra numbers of students ended up being about 6 per rotation, which added to the workload but was not as big a challenge as had been envisioned. Thirteen of these students had one rotation postponed into the current academic year after LSI began and required adapted clerkship assignments at the beginning of their Med 4 year. The large class has now moved to Med 4.
- B. Continuing need to address calendar issues and assignment blocks in relation to semester conversion, residency duty hour challenges, and accommodation of all Med 4 students into their DOC requirements, particularly in courses where spaces are limited (DOC1 and 2.) This issue was addressed conscientiously to accommodate the large class entering Med 4 in fall 2014, and the extra numbers have been accommodated successfully.
- C. Planning for hooding and graduation, with the final Med 4 block in the 2014-15 academic year ending May 1 and COM Hooding ceremony on May 7, creating the need to anticipate and recognize early student problems and for nearly immediate submission of grades from that final block.

- D. Continued use of the MedSTAR legacy system with diminished staff and increased need for summary data and reports, along with beginning use of VITALS system for curriculum management.
- E. Preparation for the LCME site visit occupied lots of time and energy; very worthwhile expenditures. An ongoing challenge is the LCME expectation for monitoring of the Ob/Gyn clerkship, which is different in the LSI curriculum.

2013-14 Core Clerkship Grade Distribution



2014 Clinical Curriculum Survey Core Clerkship Ratings of Overall Quality





Presiding Chair: John Davis, PhD MD

Call to order:

4:00 PM

Minutes recorded by: Julie Brim

Adjourned:

5:50 PM

Member attendance

First Name	Last Name	Role	Present
Victoria	Cannon	Director, OECRD	X
Dan	Clinchot	Vice Dean for Education	
Cami	Curren	Director, Longitudinal Group	X
Doug	Danforth	Academic Program Director, Part 1	X
John	Davis	Associate Dean for Medical Education	X
Peter	Embi	Co-Director, HSIQ	
Ashley	Fernandes	Director, AMRCC	
Jack	Frost	Director, Information Technology	X
Carla	Granger	Director, OME	X
Sorabh	Khandelwal	Assistant Dean, Clinical Sciences	X
Nick	Kman	Academic Program Director, Part 3	X
Jack	Kopechek	Director, Educational Portfolio	X
Cynthia	Ledford	Assistant Dean, Evaluation & Assessment	X
Joanne	Lynn	Associate Dean for Student Life	
Donald	Mack	Director, Health Coaching	
John	Mahan	Assistant Dean, Faculty Development	
Jen	McCallister	Director, Advanced Competencies/Clinicals	
Mary	McIlroy	Assistant Dean, Medical Education	X
Susan	Moffatt-Bruce	Co-Director, HSIQ	
Doug	Post	Assistant Dean, Practice-Based Learning	X
Beth	Sabatino	Systems Analyst	X
Troy	Schaffernocker	Director, AMHBC	X
Kristen	Rundell	Director, Longitudinal Practice	X
Kim	Tartaglia	Academic Program Director, Part 2	X
Megan	Thompson	Systems Specialist	
Judy	Westman	Assistant Dean, Foundational Sciences	X
Lorraine	Wallace	Director, CHE Project	
Mary	McIlroy	Assistant Dean, Medical Education	
Sheryl	Pfeil	Medical Director, CSEAC	
Brad	Watkins		X

ECC: Curriculum Implementation Team Leadership Meeting

Agenda Items:

1	Approval of 11.21 Meeting Minutes
2	Part 3 Education Portfolio Coaching
3	Review of APC Minutes
4	VITALS Report
5	Old Business
6	Part One Portfolio Coach Meetings
7	Part One Health Coaching Syllabus
8	Educational Technology Subcommittee/Working Group

Item 1, Approval of 11.21 Minutes, J. Davis

Discussion

1. The minutes were corrected and approved.

Item 2, Part 3 Education Portfolio Coaching, N. Kman/J. Kopechek

Discussion

1. J. Kopechek presented the Part 3 Education Portfolio Coaching update. A summative portfolio was proposed with some focus on evidence for meeting the practice-based and lifelong learning competency.

Action

1. Motion to approve the Education Portfolio proposal was approved.

Item 3, Review of APC Minutes, J. Davis

Discussion

1. No minutes to review.

Item 4, VITALS Update, B. Sabatino

Discussion

1. B. Sabatino presented the VITALS update.

Item 5, Old Business/ Part One Health Coaching Syllabus, D. Danforth

Discussion

1. D. Danforth met with T. Schaffernocker, M. Fontana, and C. Curren to ensure changes to the Health Coaching Syllabus impacting Cardio Pulmonary are feasible.

ECC: Curriculum Implementation Team Leadership Meeting

Action

1. D. Danforth noted D. Mack and C. Ledford need to determine which competencies will be assessed and in which way. That will be presented at the January 16th CITL meeting.

Item 6, Part One Portfolio Coach Meetings, D. Danforth/J. Kopechek

Discussion

1. D. Danforth noted a discussion was held at APC about the advantages/disadvantages of Portfolio Meetings on the Friday of Assessment week. It does provide closure to the block, and Portfolio Coaches are currently operating under this schedule. However, there is pressure on the E&A team to pull reports, hold the grading meeting Thursday afternoon, and gather any delayed evaluations. Information then has to be disseminated to the Portfolio Coaches. Discussion was aimed at moving the meetings to either the Monday or Friday of the following week. J. Kopechek provided information about coach preferences.

Action

1. D. Danforth proposed moving the Portfolio Coach meeting to the first Friday of the next block. The proposal was approved with two abstentions.

Item 8, Educational Technology Subcommittee/Working Group, J. Davis

Discussion

1. Item withdrawn.



**Wexner
Medical
Center**

**The Ohio State University College of
Medicine**

Executive Curriculum Committee

Meeting Minutes

Date: 2/24/15

Location: 150 Meiling

Presiding Chair: Stanley Martin, MD

Call to order:

4:02pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:30pm

Member attendance

Name	Role	Present
Stanley Martin	Chair, Faculty member	Y
John Mastronarde	Faculty Member	Y
John Davis	Associate Dean for Medical Education	Y
Kristen Lewis	Faculty Member	Y
Nicholas Kman	Faculty member	Y
Thomas Mauger	Clinical science chair	N
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Carl Gelfius	Chair, Academic Review Board	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Mary McIlroy	Academic Program Director, Assistant Dean, Aff Prog	N
Larry Schlesinger	Chair, Basic Science Department	Y
Douglas Post	Assistant Dean, Med Ed	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Judith Westman	Assistant Dean	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Shauna Collins	Med Student Representative	N
Keerthana Bolisetty	Med Student Representative	Y
Daniel Yanes	Med Student Representative	Y

Additional attendees

Joanne Lynn

Agenda items

Item 1, Approval of minutes

Item 2, Step 1 Report

Item 3, Student Mistreatment Report

Item 4, Medpath Annual Report

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from January 27, 2015 were reviewed by the committee and approved.

Item 2, USMLE Step 1 Data

Presenters: Dr. Cynthia Ledford

Discussion

1. Dr. Ledford presented the USMLE Step 1 data from the annual report for 2013 and the interim report for 2014. The presentation is attached.

Item 3, Student Mistreatment Report

Presenter: Drs. Lynn, Ledford and McDougale

Discussion

1. Dr. Lynn presented on student mistreatment. Several handouts were given out and are attached.
2. Dr. Kman brought up an onboarding process for junior faculty on clerkship would be great to help with faculty development. These junior faculty members could really benefit from this as they are getting the initial reports.
3. Next steps- more formal onboarding and mentoring process as a new action item
4. Drs. Ledford, Lynn and McDougale will expand their group with the academic program directors and act as a formal working group to formalize their action plan. They would also like to include FAME in the working group. The working group will report back to ECC in 2-4 months.

Item 4, Medpath Annual Report

Presenter: Dr. Leon McDougale

Discussion

1. Dr. McDougale presented the Medpath annual report. The report is attached.
2. Students need to be informed and counseled when interested in dual degrees that the cycle is off.

USMLE Step 1 Performance

Cynthia H. Ledford, MD
Assistant Dean for Evaluation & Assessment

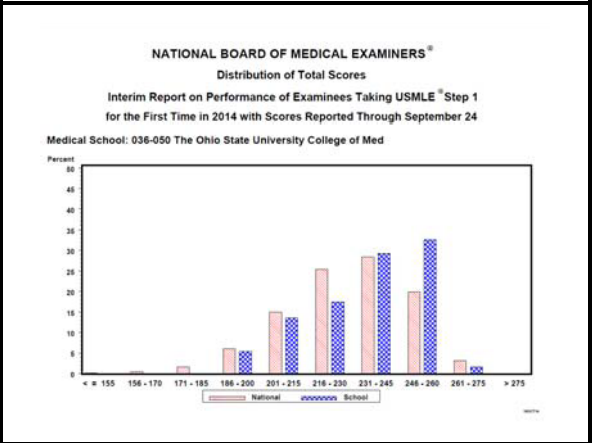
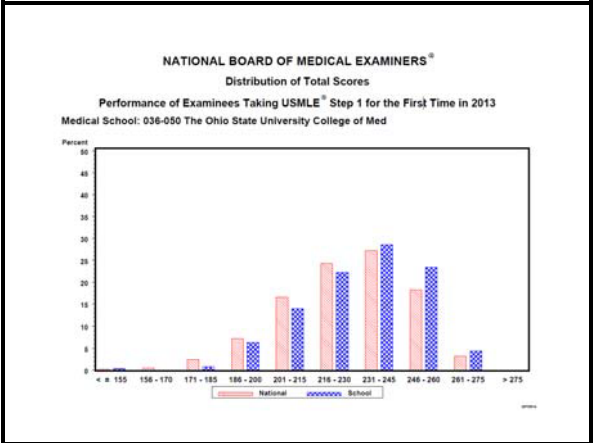
- ## Data Sources
- NBME Annual Report for Step 1 for 2013
– March, 11 2014
 - NBME Interim Report for Step 1 for 2014
– October 23, 2014

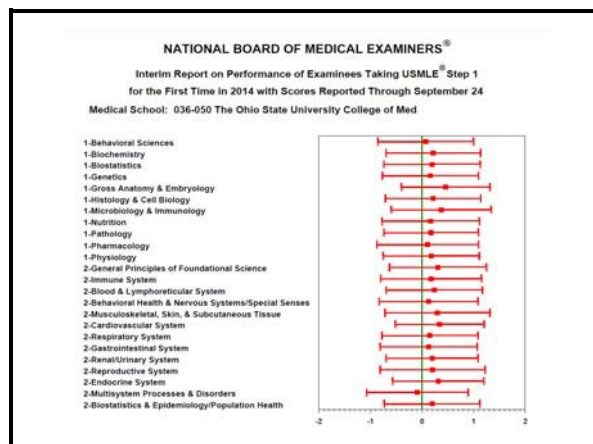
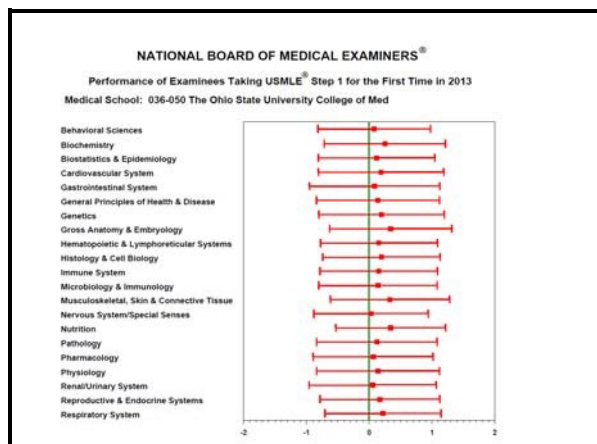
The Ohio State University College of Medicine Step 1 Annual Report
First time takers 2013

	Performance on FIRST ATTEMPT		Performance on most recent REPEAT ATTEMPT	
	Examinees from OSU	All US/Canada	Examinees from OSU	All US/Canada
Number Tested	252	21788	3	435
Number Passing	248	20960	2	349
Percent Passing	98	96	67	80
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Total Test	232 (20)	228 (21)	187 (25)	197 (13)

The Ohio State University College of Medicine Step 1 INTERIM Report
First time takers 2014, through Sept. 24

	Performance on FIRST ATTEMPT		Performance on most recent REPEAT ATTEMPT	
	Examinees from OSU	All US/Canada	Examinees from OSU	All US/Canada
Number Tested	184	21948	3	143
Number Passing	181	21123	3	107
Percent Passing	98	96	100	75
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Total Test	234 (18)	230 (20)	210 (11)	197 (15)





Ohio State College of Medicine, MD Curriculum Policy on Learning Environment

Submitted to ECC, December 16, 2013

Prepared by C Ledford, L McDougle, J Lynn

Rationale:

Negative behaviors that affect the learning environment are an all too frequent occurrence in medical education nationally, and at Ohio State, based on the AAMC Graduate Questionnaire. While our school often compares favorably to other schools, we aspire to a consistently positive learning environment, with minimal to no student perception or report of negative behaviors. We wish to improve our ability to detect the presence of negative behaviors in a more timely and specific manner, while capturing student experiences as accurately and safely as possible.

Action:

Task	Action Plan
Improve capture of details of teacher behaviors to the Student Evaluation of Clinical Instruction form (Med 1-4)	<i>Proposed College Policy for Evaluations of Teachers (within Academic Programs)</i> <ol style="list-style-type: none">1. Add 2 screening items to teaching evaluations (based on UCSF)*2. set evaluations of teachers to not release until program reviews/releases (delayed release)3. set evaluations of teacher to automatically notify course director AND coordinator of all low scores on these items (timely alert to problems)
Evaluate Learning Environments in more detail, with the added "safety" of a course independent source	<i>Proposed College Policy for Associate Deans Staff</i> <ol style="list-style-type: none">1. Use screening questionnaire for Medical Student Performance Evaluations (MSPE) <i>Proposed College Policy for all Academic Programs</i> <ol style="list-style-type: none">2. Add learning environment items to the Part 1 and 2 Program evaluations**
Promote better learning environments through proactive education of both students and faculty	<i>Proposed Plan for Faculty Development</i> <ol style="list-style-type: none">1. Standard materials regarding College Policy on Learning Environments, distributed to all faculty through "Medical Education Faculty Handbook" & Education Portal2. Improve dissemination of standard materials regarding College Policy on Learning Environments through course faculty recruitment, training, & feedback to faculty/sites <i>Proposed Plan for Associate Deans Staff</i> <ol style="list-style-type: none">3. Create durable product/materials for students related to faculty-student relationships and learning environment.

* STANDARD ITEMS for all evaluations of clinical teachers [standard agreement response option]

----I was treated with respect by this individual

-----I observed others (students, residents, staff, patients) being treated with respect by this individual

**STANDARD ITEMS for Academic Program and Curriculum Unit Evaluations

---The learning environments promoted professionalism

---Students were treated with respect

Summary of Action Items and Responsibilities:

Academic Programs

1. Implement use of 2 standard learning environment items on teaching evaluations
2. Implement use of 2 standard learning environment items on unit/program evaluations
3. Look for recommendations from task force regarding end of program evaluation items
4. At least annually, report number of low scores related to these items, along with program interventions and plans for corrective action

Faculty Development

1. Create standard materials that communicate the College policy on Learning Environments, distributed to all faculty members through Education Portal
2. Improve dissemination of standard materials through course and departmental faculty recruitment, training, & feedback activities

Associate Deans Staff

1. Use screening questionnaire for MSPE interviews
2. Create durable product/materials for students related to faculty-student relationships and learning environment, in alignment with faculty materials on subject.

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Future directions:

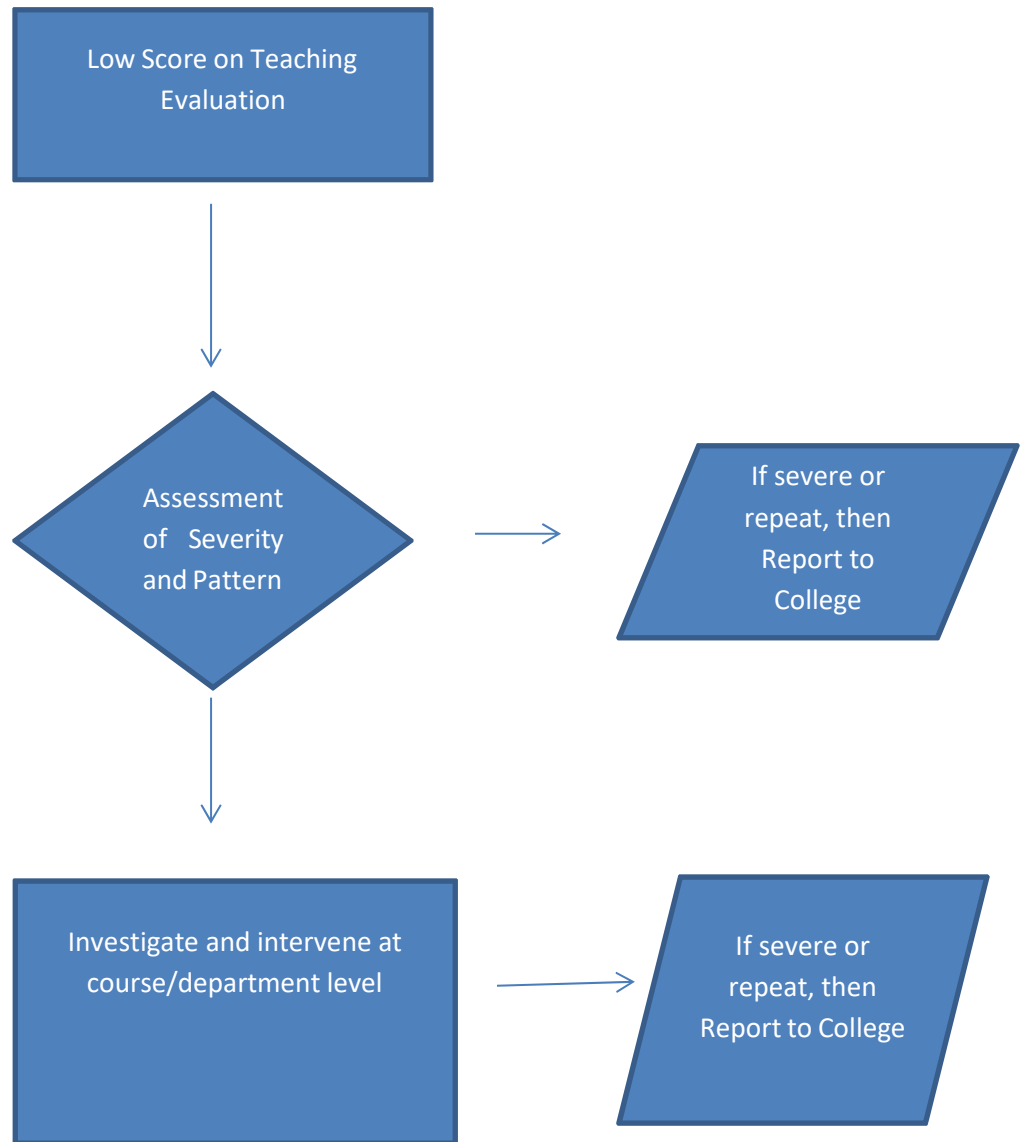
1. Once IT solution is in place, low scores on UCSF items, will prompt additional items for the evaluator to complete, specifically

If the students score the faculty or resident low on the respect questions, the following questions are asked (and require a mandatory answer):

<ul style="list-style-type: none"> Spoke sarcastically or insultingly to me 	<ul style="list-style-type: none"> Patients - Discussed confidential information in an inappropriate setting (e.g. cafeteria, elevator)
<ul style="list-style-type: none"> Intentionally neglected or left me out of the communications 	<ul style="list-style-type: none"> Patients - Made derogatory or disrespectful comments about a patient or family
<ul style="list-style-type: none"> Subjected me to offensive sexist remarks or names 	<ul style="list-style-type: none"> Patients - Treated patients differently because of their financial status, ethnic background, religious preferences or sexual orientation
<ul style="list-style-type: none"> Subjected me to racist or ethnically offensive remarks or names 	<ul style="list-style-type: none"> Patients - Threw instruments/bandages, equipment etc.
<ul style="list-style-type: none"> Engaged in discomfoting humor 	<ul style="list-style-type: none"> Patients - Created a hostile environment for patient care and/or learning
<ul style="list-style-type: none"> Denied me training opportunities because of my gender 	<ul style="list-style-type: none"> Health Professionals - Made derogatory or disrespectful comments about some health professionals
<ul style="list-style-type: none"> Required me to perform personal services (i.e. babysitting, shopping) 	<ul style="list-style-type: none"> Health Professionals - Treated health professionals differently because of their financial status, ethnic background, religious preferences or sexual orientation
<ul style="list-style-type: none"> Threw instruments/bandages, equipment etc. 	<ul style="list-style-type: none"> Health Professionals - Made offensive sexist, racist, or ethnically insensitive remarks/names about some health professionals
<ul style="list-style-type: none"> Threatened me with physical harm (e.g. hit, slapped, kicked) 	<ul style="list-style-type: none"> Other
<ul style="list-style-type: none"> Created a hostile environment for learning 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Other 	<ul style="list-style-type: none">

2. Establishment of a Credo of Professionalism surrounding learner education/environment. Following this process, it would be nice to have a kick off or very public event to roll out our updated expectations. This could be distributed via Department Chairs, perhaps with College of Nursing as partner.

Proactive and Timely Mistreatment Screening Protocol



- **Low score notices to course directors (unit directors) immediately**
- **Periodic report on low scores to academic program**

Executive Curriculum Committee
Academic Programs
MEDPATH Annual Report
January 2015

1. Students: Class Profile (attached)

a. Numbers/year 13/2013 – 2014

b. Progress Report

i. Class average 3.50

ii. Failures 6 – did not meet MCAT Success Criteria

iii. LOA 0

iv. Dismissal 0

c. MCAT - 13 MEDPATH students took the May 17, 2014
Administration

i. Two students experienced a 5-point increase. These students were
awarded a \$500 MEDPATH scholarship;

ii. Class Average – 23.2 (n = 13); 25.0 (n = 7)

iii. Pass Rate – 54 percent (7/13)

2. Student Evaluations Summary – MEDPATH Student Evaluation

3. Curriculum issues / changes made during the year

- Based upon recommendations of previous students Dr. McDougle has increased the number of contacts with MEDPATH students from two to four
 - Orientation
 - Individual meeting mid-Autumn Semester
 - Reception at home
 - Exit interviews after the MCAT, regardless of individual's outcome
- A Memorandum of Understanding was established between the MEDPATH Program and the Graduate School in order to facilitate the enrollment of MEDPATH students in graduate science courses.
- Beginning with MCAT²⁰¹⁵ MEDPATH students retaking the test during the Program must post a score within the 45th percentile in order to comply with the Program's Success Criteria.
- In 2014, First Aid USMLE Step 1 books, a 12-month Kaplan Q-bank subscription, and a 90-day USMLEWorld Q-bank subscription were provided to 12 E2011 students. This included five MEDPATH students, six non-MEDPATH Pre-Entry participants, and one non-MEDPATH student. In addition two M-4s were identified by Dr. Davis to conduct Step 1 review

courses between January and April. All 12 students passed the USMLE Step 1 on the first attempt.

- In April the MEDPATH Program and the College’s Office of Admissions updated the applicant selection process by introducing a student interview component, which currently exists in the College’s interview process. MEDPATH program alumni participated in the interview and deliberation processes for each of the two dates that applicants were invited to campus.

4. Goals for next academic year

- a. Continue to work with the Division of Anatomy to phase in the Master of Anatomy option for MEDPATH students.
- b. Provide USMLE Step 1 preparation to six E2012 MEDPATH and MEDPATH Summer Pre-Entry Program participants with MCAT scores lower than 27.

5. Staff/students acknowledged and recognized for significant contributions

- Monica Mitchell, Med-2/MEDPATH alumni, was selected by the American Society of Hematology Minority Medical Student Award Program (MMSAP) to perform research and present at the organization’s annual conference in December.
- Russell Legg, PGY-3 Anesthesiology, received the Gold Humanism Honor Society Humanism and Excellence in Teaching Award.
- Second year and above PGY residents and fellows from a number of departments in the College of Medicine who have served as mentors for the MEDPATH students were acknowledged with a Certificate of Appreciation during the ODI Graduate Celebration.

Vidhya Chandrasekaran, MD Infectious Diseases	Demicha Rankin, MD Anesthesiology
Sarah Crafton, MD Obstetrics & Gynecology	Kai Quin, MD Internal Medicine
Christian “Tyler” Earl, MD Internal Medicine - Pediatrics	Revathi Ravi, MD Internal Medicine - Pediatrics
Candace Howell Braide, MD Pediatrics	Emily Ruden, MD Cardiovascular Medicine
Brian Kellert, MD Obstetrics & Gynecology	Laportia Smith, MD Obstetrics & Gynecology
Antonio Martinez, MD General Surgery	Kevin Weber, MD Neurology

Nicole Meschbach, MD Orthopaedics	
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6. Scholarship / grants – Nine students were funded by the College; Aid covers student General and Instructional fees, and Non-Residency Tuition for the Autumn and Spring semesters, and May/Summer terms. No stipend is provided.
7. Progress Report Summary from ECC Program Review

a. Average Post Baccalaureate Program (PBP) MCAT Scores and PBP Grade Point Averages (GPA) for 2002-2003 to 2013-2014 Post Baccalaureate Program Students

Post Baccalaureate Program Class	N	Verbal Reasoning	Physical Sciences	Writing	Biological Sciences	MCAT Total	PBP GPA
2002 – 2003	12	6.5	5.9	O	7.3	19.7	3.49
*2003 – 2004	13	7.3	7.8	P	8.7	23.8	3.74
*2004 – 2005	9	8.3	8.6	P	9.7	26.6	3.57
*2005 – 2006	15	8.4	9.1	P	9.4	26.9	3.69
*2006 – 2007	13	7.2	7.9	N	9.3	24.4	3.69
*2007 – 2008	12	7.9	6.8	O	9.2	23.8	3.57
*2008 – 2009	12	8.8	6.9	P	9.0	24.7	3.58
*2009 – 2010	12	8.5	8.1	N	9.8	26.4	3.45
*2010 – 2011	11	8.2	8.0	O	9.7	25.9	3.41
*2011 – 2012	6	8.0	9.2	P	9.7	26.8	3.45
*2012 – 2013	7	8.0	9.7	-	10.1	27.8	3.66
*2013 – 2014	7	8.1	8.0	-	8.9	25.0	3.51

b. First-time USMLE Step 1 Pass Rates for Post Baccalaureate Program (PBP) Students For PBP Classes Entering in 2002 – 2012

Entering Medical School Year	N	Pass First Time (% of Takers) ¹	Not Pass First Time ²	Did Not Take ³
2002	13	9 (69%)	4	0
2003	12	6 (50%)	6	0
*2004	13	9 (75%)	3	1
*2005	9	7 (88%)	1	1
*2006	15	9 (69%)	4	2
*2007	13	9 (75%)	3	1
*2008	12	6 (55%)	5	1
*2009	12	8 (66%)	4	0
*2010	12	10 (91%)	1	1
*2011	11	8 (89%)	1	1
*2012	7	5 (100%)	0	2

* Post Baccalaureate Program class with new CQI Study Criteria

³E-2004: Withdrew.

³E-2005: Withdrew.

³E-2006: Two students withdrew.

³E-2007: Withdrew.

³E2008: Withdrew.

³E-2010: Withdrew.

³E-2011: Withdrew.

³E-2012: One student withdrew; one student is restarting Med 2.

2013 MEDPATH Profile

Applicant Profile Numbers

Total MEDPATH referrals	
<ul style="list-style-type: none"> • Ohio MEDPATH referrals (42) • Ohio MEDPATH applicants (22) 	198
Total acceptances	13
Men in class	5
Women in class	8
Ohio residents	4
Non-residents	9

Class GPA	3.08
Class Science GPA	2.79
MCAT composite	21

Verbal mean	7.3
Physical Science mean	6.9
Biological Science mean	7.5

College Degrees BA = 4 BS = 10
Graduate Degrees Masters = 2

Age Range

20 – 24:	7
25 – 29:	6
30 – 34:	0

Racial/Ethnic Representation

Black or African American	11
<ul style="list-style-type: none"> • Black or African 	
Hispanic	1
<ul style="list-style-type: none"> • Guatemalan 	
White, Non Hispanic	1

Undergraduate Academic Institutions

City University of New York College
Cornell University
DePauw University
Florida International University
Loyola University – New Orleans
Miami Dade College
St. Mary's College of Maryland
Syracuse University
The Ohio State University
University of Maryland – College Park
Wake Forest University

Academic Majors

Biochemistry
Biological Science
Biology
Chemistry
Economics
Microbiology
Physics
Psychology



**Wexner
Medical
Center**

**The Ohio State University College of
Medicine**

Executive Curriculum Committee

Meeting Minutes

Date:3/24/15

Location: 150 Meiling

Presiding Chair: Stanley Martin, MD

Call to order:

4:07pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:40pm

Member attendance

Name	Role	Present
Stanley Martin	Chair, Faculty member	Y
John Mastronarde	Faculty Member	Y
John Davis	Associate Dean for Medical Education	Y
Kristen Lewis	Faculty Member	Y
Nicholas Kman	Faculty member	Y
Thomas Mauger	Clinical science chair	N
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Carl Gelfius	Chair, Academic Review Board	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	N
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Mary McIlroy	Academic Program Director, Assistant Dean, Aff Prog	N
Larry Schlesinger	Chair, Basic Science Department	Y
Douglas Post	Assistant Dean, Med Ed	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Cynthia Ledford	Assistant Dean, Med Ed	N
Judith Westman	Assistant Dean	N
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Shauna Collins	Med Student Representative	N
Courtney Gilliam	Med Student Representative	Y
Daniel Yanes	Med Student Representative	Y

Additional attendees

Bryan Martin

Agenda items

Item 1, Approval of minutes

Item 2, Part 3 Program Review

Item 3, Residency Module Compliance

Item 4, CITL Report Back

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from February 24, 2015 were reviewed by the committee and approved.

Item 2, Part 3 Program Review

Presenters: Dr. Nick Kman

Discussion

1. Dr. Kman presented on Part 3. Several handouts were emailed out to the committee and are attached.
2. A motion was approved to send out all documents and a sample schedule to the committee and vote to approve the curriculum at the next meeting.

Action Item

1. The committee suggested that the curriculum innovation be presented to the College Assembly.

Item 3, Residency Module Compliance

Presenter: Dr. Bryan Martin

Discussion

1. Dr. Martin presented on the residency modules compliance. The presentation is attached.
2. The committee members offered many suggestions for getting the residents to complete these modules.
 - a. More advertisements to stress the importance of modules
 - b. Automatic reminders or compliance reports to stay on top of compliance.
 - c. Make the modules required by individual programs and get feedback on the modules.
 - d. Allow students, med 4/ Part 3 to have access to the modules now.
 - e. Add cultural competency modules that already exist.

Action Item

1. Dr. Martin was asked to repeat this presentation after discussing these ideas with Program Directors in 6 months.

Executive Curriculum Committee Agenda

Item 4, CITL Report Back **Presenter: Dr. John Davis**

Discussion

1. The CITL minutes from 2/13/15 were reviewed by the committee and are attached.



**Wexner
Medical
Center**

**The Ohio State University College of
Medicine**

Executive Curriculum Committee

Meeting Minutes

Date: 4/28/15

Location: 150 Meiling

Presiding Chair: Stanley Martin, MD

Call to order:

4:05pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:30pm

Member attendance

Name	Role	Present
Stanley Martin	Chair, Faculty member	Y
John Mastronarde	Faculty Member	N
John Davis	Associate Dean for Medical Education	Y
Kristen Lewis	Faculty Member	Y
Nicholas Kman	Faculty member	Y
Thomas Mauger	Clinical science chair	N
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Carl Gelfius	Chair, Academic Review Board	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	N
Mary McIlroy	Academic Program Director, Assistant Dean, Aff Prog	Y
Larry Schlesinger	Chair, Basic Science Department	Y
Douglas Post	Assistant Dean, Med Ed	N
Douglas Danforth	Academic Program Director, LSI Part One	N
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Cynthia Ledford	Assistant Dean, Med Ed	N
Judith Westman	Assistant Dean	N
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Sorabh Khandelwal	Assistant Dean, Med Ed	N
Shauna Collins	Med Student Representative	N
Courtney Gilliam	Med Student Representative	Y
Daniel Yanes	Med Student Representative	N

Additional attendees

Joanne Lynn

Agenda items

Item 1, Approval of minutes

Item 2, Part 3 Program Review Vote

Item 3, Match Results

Item 4, CITL Report Back/Reporting to ECC

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from March 24, 2015 were reviewed by the committee and approved.

Item 2, Part 3 Program Review Vote

Presenters: Dr. Nick Kman

Discussion

1. Dr. Kman presented on Part 3 at the March meeting.
2. A motion was passed to approve the Part 3 curriculum.

Item 3, Match Results

Presenter: Dr. Joanne Lynn

Discussion

1. Dr. Lynn presented the 2015 Match results. The presentation is attached.

Item 4, CITL Report Back/Reporting to ECC

Presenter: Dr. John Davis

Discussion

1. The CITL minutes from 3/13/15 were reviewed by the committee are attached.

Action Item

1. Dr. Martin asked the committee to think about the annual reporting schedule for ECC to discuss at the May meeting.



**Wexner
Medical
Center**

**The Ohio State University College of
Medicine**

Executive Curriculum Committee

Meeting Minutes

Date: 5/26/15

Location: 150 Meiling

Presiding Chair: Stanley Martin, MD

Call to order:

4:05pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:30pm

Member attendance

Name	Role	Present
Stanley Martin	Chair, Faculty member	Y
John Mastronarde	Faculty Member	N
John Davis	Associate Dean for Medical Education	N
Kristen Lewis	Faculty Member	Y
Nicholas Kman	Faculty member	Y
Thomas Mauger	Clinical science chair	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Carl Gelfius	Chair, Academic Review Board	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	N
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Mary McIlroy	Academic Program Director, Assistant Dean, Aff Prog	N
Larry Schlesinger	Chair, Basic Science Department	Y
Douglas Post	Assistant Dean, Med Ed	N
Douglas Danforth	Academic Program Director, LSI Part One	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Judith Westman	Assistant Dean	N
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	N
Shauna Collins	Med Student Representative	N
Courtney Gilliam	Med Student Representative	N
Daniel Yanes	Med Student Representative	Y

Additional attendees

Wanjiku Musindi

Agenda items

Item 1, Approval of minutes

Item 2, Clinical Curriculum Survey Results

Item 3, Follow-up OBGYN

Item 4, CITL Report Back

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from April 28, 2015 were reviewed by the committee and approved.

Item 2, Clinical Curriculum Survey Results

Presenters: Dr. Cynthia Ledford

Discussion

1. Dr. Ledford presented the results of the Clinical Curriculum Survey. The presentation is attached.

Item 3, Follow-up OBGYN

Presenter: Dr. Wanjiku Musindi

Discussion

1. Dr. Musindi presented on the Ring 1 and 2 data regarding OBGYN. The presentation is attached.

Item 4, CITL Report Back

Presenter: Dr. Doug Danforth


Discussion

1. The CITL minutes from 4/24/15 were reviewed by the committee are attached.

CCS Outcomes 2014-15 Draft

Cynthia Ledford, MD

Collected and Prepared by
Rollin Nagel, PhD
Ohio State University College of Medicine



Wexner Medical Center

7/28/2015

Graduate Outcomes Update 2015


Executive Curriculum Committee, May 26, 2015

Clinical Curriculum Survey Reflects final Med 3 Clerkships

CCS[Grad2015]

Collected Fall 2014, following completion of Med 3 and on entry to Med 4

(Prior to Integration of Clerkships for Part 2 of Lead.Serve.Inspire)




Wexner Medical Center

7/28/2015

Key to highlights

- Green- all good
- Yellow- possible concern
- Brown- concern

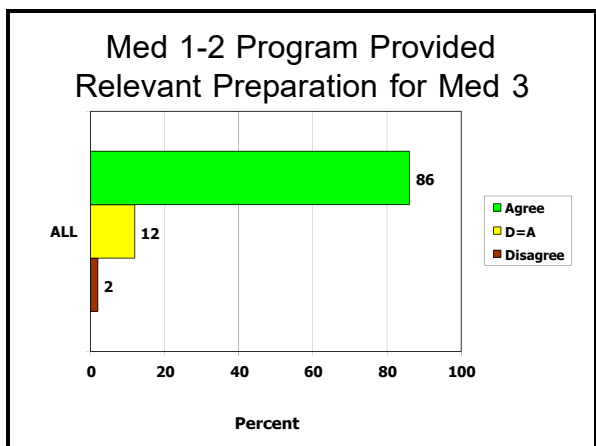


Wexner Medical Center

7/28/2015


Clinical Curriculum Survey

Basic Science Pathway	IP	ISP	Transfer in	TOTAL
Count	91	13	0	104
Percent	87.5%	12.5%	0.0%	100%
TOTAL surveyed	207	31	0	238
Response rate	44.0%	41.9%	0.0%	43.7%



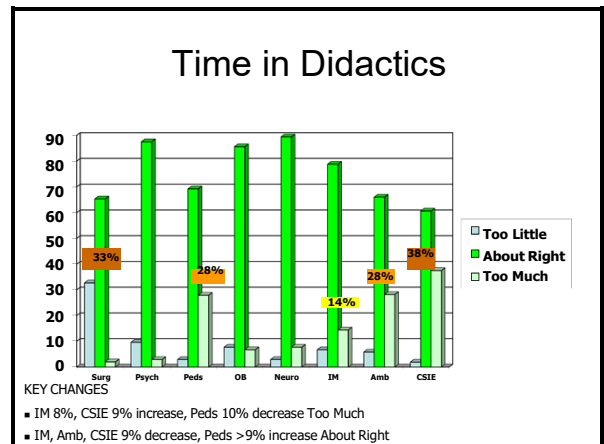
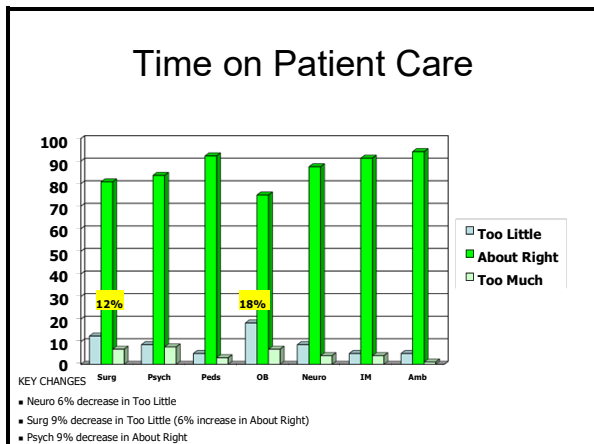
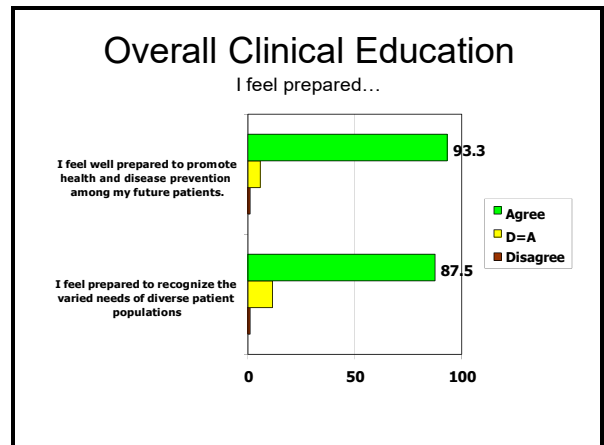
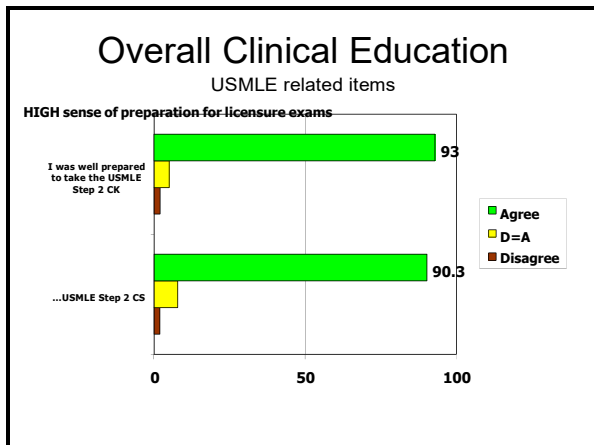
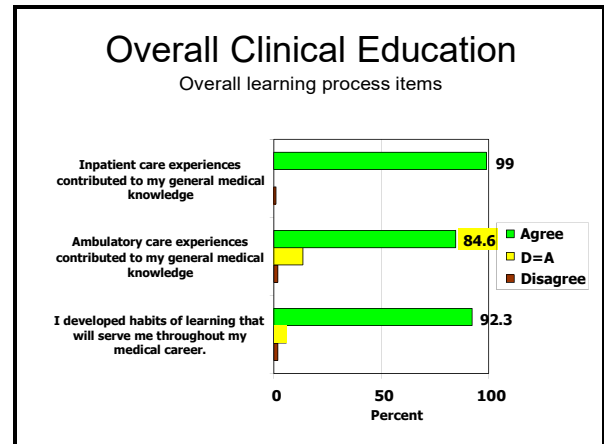
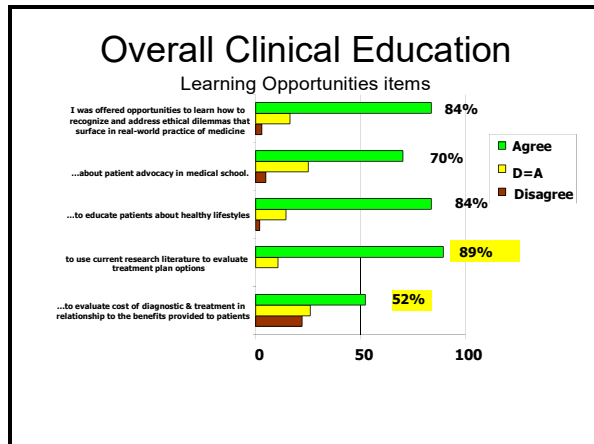
Overall Clinical Education

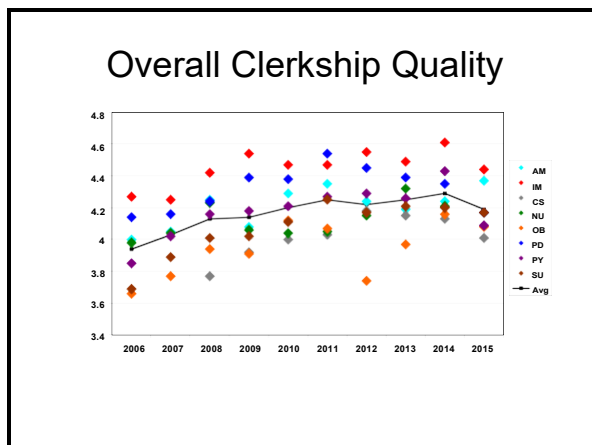
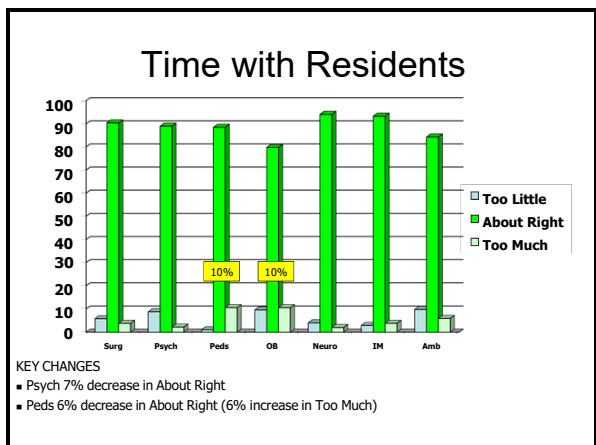
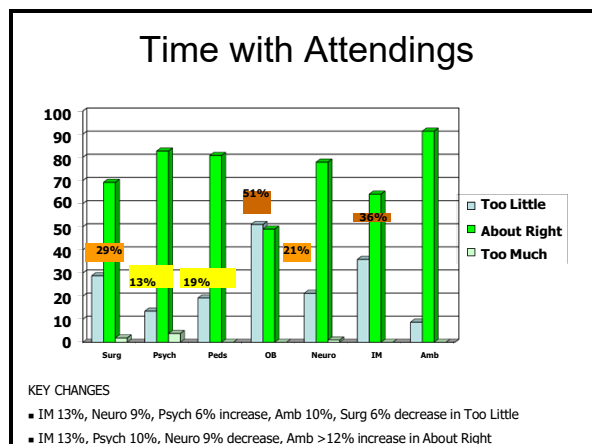
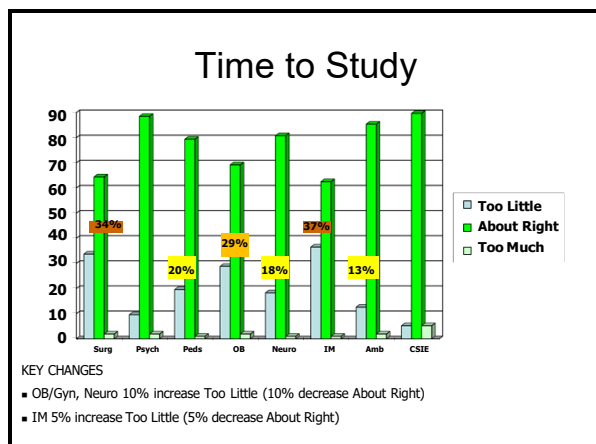
- Overall learning process
- I was provided opportunities...
- I feel prepared...
- USMLE



Wexner Medical Center

7/28/2015





Questions and Discussion

Wexner Medical Center

7/28/2015

OB Overall Clerkship Quality Follow-up

- OB/Gyn continues significant linear trend increase ($P < .02$) since 2012: significant increase between 2012 and 2014 (0.42) and 2015 (0.34); decline between 2014 and 2015 NS

Wexner Medical Center

7/28/2015

***Clinical Curriculum Survey
Graduating Class of 2015
Collected 2014***

***Prepared by Rollin Nagel, PhD
Presented to the Executive Curriculum Committee
by Cynthia Ledford, MD
Assistant Dean for Evaluation and Assessment
May 26, 2015***

Comprehensive Clinical Curriculum Evaluation

Table 1.0

Basic Science Pathway	<u>IP</u>	<u>ISP</u>	<u>Transfer in</u>	<u>TOTAL</u>
Count	91	13	0	104
Percent	87.5%	12.5%	0	100%
TOTAL surveyed	207	31	0	238
Response rate	44.0%	41.9%	0.0%	43.7%

#Table 2.0

Med 1-2 Programs (Mean, Std. Dev.)		<u>SD</u>	<u>D</u>	<u>D/A=</u>	<u>A</u>	<u>SA</u>
My Med 1-2 program provided relevant preparation for the Med 3 Clerkships (4.05, 0.64)	Count	0	2	12	65	21
	Percent	0%	2%	12%	65%	21%
Integrated Pathway (4.06, 0.63)	Count	0	1	12	56	19
	Percent	0	1.1	13.6	63.6	21.6
Independent Study Pathway (4.00, 0.74)	Count	0	1	0	9	2
	Percent	0	8.3	0	75	16.7

#Table 3.0 Overall Clinical Education

Key: 1=Strongly Disagree 2=Disagree 3=Disagree/Agree about Equally 4=Agree 5=Strongly Agree

	<u>Mn</u>	<u>StDv</u>	<u>N</u>	<u>Disagree</u>	<u>D-A Equally</u>	<u>Agree</u>
1. Inpatient care experiences contributed to my general medical knowledge.	4.75	0.50	102	1%	0%	99%
2. Ambulatory care experiences contributed to my general medical knowledge.	4.23	0.79	104	2	13.5	84.5
3. I was well prepared to take the USMLE Step 2 CK.	4.31	0.66	101	2.0	5.0	93.0
4. I was well prepared to take the USMLE Step 2 CS.	4.44	0.72	103	1.9	7.8	90.3
5. I was offered opportunities to learn how to recognize and address ethical dilemmas that surface in the real-world practice of medicine.	4.02	0.76	104	2.9	16.3	80.8

6.	There were sufficient correlations with foundational sciences.	4.05	0.60	104	1%	12.5%	86.5%
7.	I developed habits of learning that will serve me throughout my medical career.	4.30	0.67	104	1.9	5.8	92.3
8.	I was offered opportunities to learn about patient advocacy in medical school.	3.85	0.82	104	4.8	25	70.2
9.	I was offered opportunities to learn to evaluate the cost of diagnostic tests and treatment in relationship to the benefits provided to patients.	3.41	1.08	104	22.1	26.0	51.9
10.	I feel well prepared to promote health and disease prevention among my future patients.	4.23	0.60	104	1	5.7	93.3
11.	I was offered opportunities to learn how to educate patients about healthy lifestyles.	4.13	0.76	104	1.9	14.4	83.7
12.	I feel prepared to recognize the varied needs of diverse patient populations.	4.18	0.71	104	1	11.5	87.5
13.	I was offered opportunities to learn how to use current research literature to evaluate treatment plan options.	4.27	0.64	104	0	10.6	89.4

#Table 8.1 Time on Patient Care (with number of responses in parentheses)

Key: 1=Too Little Time 2=About Right 3=Too Much Time

<u>CLERKSHIP</u>	<u>Mn</u>	<u>StDv</u>	<u>Too Little</u>	<u>About Right</u>	<u>Too Much</u>
1. Ambulatory Care (104)	1.96	0.24	4.8%	94.2%	1%
2. Internal Medicine (104)	1.99	0.30	4.8	91.3	3.8
3. Neurology (104)	1.95	0.35	8.7	87.5	3.8
4. OB/Gyn (104)	1.88	0.49	18.3	75.5	6.7
5. Pediatrics (104)	1.98	0.28	4.8	92.3	2.9
6. Psychiatry (104)	1.99	0.41	8.7	83.7	7.7
7. Surgery (104)	1.94	0.44	12.5	80.8	6.7

#Table 8.2 Time in Didactics (with number of responses in parentheses)

Key: 1=Too Little Time 2=About Right 3=Too Much Time

<u>CLERKSHIP</u>	<u>Mn</u>	<u>StDv</u>	<u>Too Little</u>	<u>About Right</u>	<u>Too Much</u>
1. Ambulatory Care (103)	2.22	0.54	5.8%	66.0%	28.2%
2. Clinical Skills Immersion Exp (104)	2.36	0.52	1.9	60.6	37.5
3. Internal Medicine (104)	2.08	0.46	6.7	78.8	14.4
4. Neurology (104)	2.05	0.32	2.9	89.4	7.7
5. OB/Gyn (104)	1.99	0.38	7.7	85.6	6.7
6. Pediatrics (104)	2.25	0.50	2.9	69.2	27.9
7. Psychiatry (104)	1.93	0.35	9.6	87.5	2.9
8. Surgery (101)	1.69	0.51	32.7	65.3	2.0

**Selected results from Clinical Curriculum Survey 2015
(Med 3 Academic Year 2013-2014)**

#Table 8.3 Time to Study (with number of responses in parentheses)

1=Too Little Time 2=About Right 3=Too Much Time

<u>CLERKSHIP</u>	<u>Mn</u>	<u>StDv</u>	<u>Too Little</u>	<u>About Right</u>	<u>Too Much</u>
1. Ambulatory Care (103)	1.89	0.37	12.6%	85.4%	1.9%
2. Clinical Skills Immersion Exp (97)	2.00	0.32	5.2	89.7	5.2
3. Internal Medicine (104)	1.64	0.50	36.5	62.5	1.0
4. Neurology (104)	1.83	0.41	18.3	80.8	1.0
5. OB/Gyn (104)	1.73	0.49	28.8	69.2	1.9
6. Pediatrics (102)	1.81	0.42	19.6	79.4	1.0
7. Psychiatry (104)	1.92	0.33	9.6	88.5	1.9
8. Surgery (104)	1.68	0.51	33.7	64.4	1.9

#Table 8.4 Time with Attending (with number of responses in parentheses)

1=Too Little Time 2=About Right 3=Too Much Time

<u>CLERKSHIP</u>	<u>Mn</u>	<u>StDv</u>	<u>Too Little</u>	<u>About Right</u>	<u>Too Much</u>
1. Ambulatory Care (103)	1.91	0.28	8.7%	91.3%	0%
2. Internal Medicine (103)	1.64	0.48	35.9	64.1	0
3. Neurology (104)	1.80	0.43	21.2	77.9	1.0
4. OB/Gyn (104)	1.49	0.50	51.0	49.0	0
5. Pediatrics (104)	1.81	0.40	19.2	80.8	0
6. Psychiatry (104)	1.90	0.41	13.5	82.7	3.8
7. Surgery (104)	1.73	0.49	28.8	69.2	1.9

#Table 8.5 Time with Resident (with number of responses in parentheses)

1=Too Little Time 2=About Right 3=Too Much Time

<u>CLERKSHIP</u>	<u>Mn</u>	<u>StDv</u>	<u>Too Little</u>	<u>About Right</u>	<u>Too Much</u>
1 Ambulatory Care (51)*	1.96	0.40	9.8%	84.3%	5.9%
2 Internal Medicine (104)	2.01	0.26	2.9	93.3	3.8
3 Neurology (101)	1.98	0.24	4.0	94.1	2.0
4 OB/Gyn (104)	2.01	0.45	9.6	79.8	10.6
5 Pediatrics (104)	2.10	0.33	1.0	88.5	10.6
6 Psychiatry (91)	1.93	0.33	8.8	89.0	2.2
7 Surgery (104)	1.98	0.31	5.8	90.4	3.8

*Mean, StDv, and Percentages noted for Ambulatory are adjusted to account for 52 out of 104 respondents noting this question was not applicable to them.

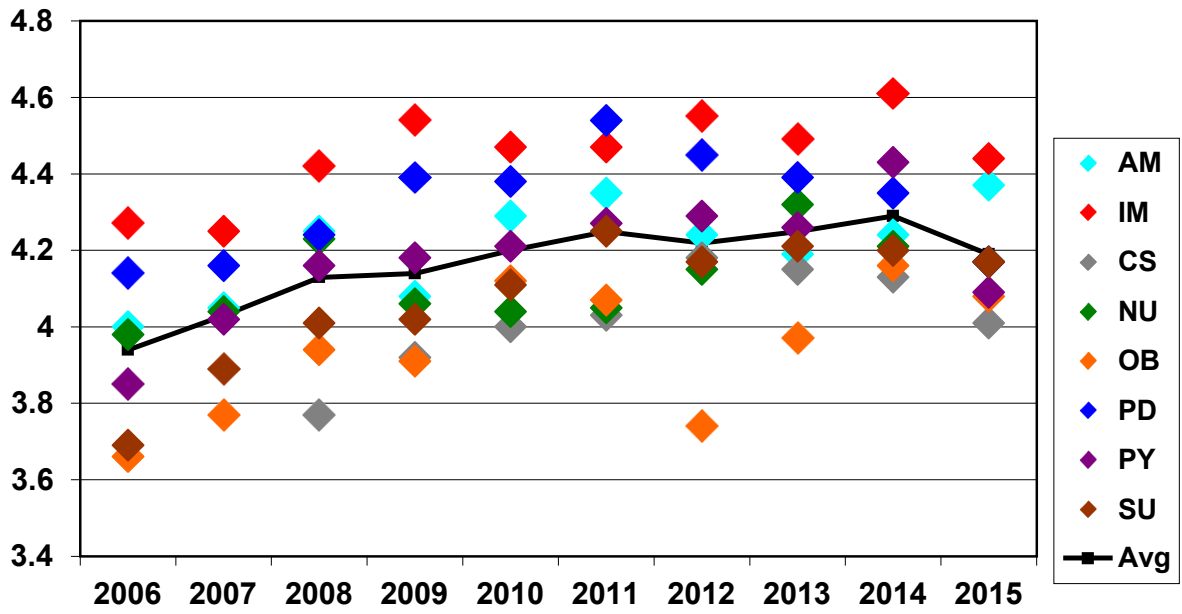
Table 9.0 Clerkship Quality

Key: 1=Strongly Disagree 2=Disagree 3=Disagree/Agree about equally 4=Agree 5=Strongly Agree

Means	AM	IM	CS	NU	OB	PD	PY	SU	Avg
1. The learning objectives for the clerkship were clearly communicated.	4.13	4.15	4.17	4.23	4.11	4.19	4.11	3.99	4.14
2. Clinical experiences provided sufficient opportunity to learn & practice required clinical procedures.	3.83	3.72	4.34	3.72	3.98	3.51	3.66	4.15	3.87
3. Clerkship experiences provided an opportunity to learn & practice clinical problem solving.	4.34	4.48	3.83	4.26	4.04	4.25	4.16	4.04	4.18
4. The level of patient care responsibility was appropriate for a Med 3 student.	4.35	4.42	---	4.27	4.09	4.21	4.24	4.28	4.27
5. Sufficient numbers of patients were available to achieve the clerkship objectives.	4.52	4.52	---	4.36	4.26	4.40	4.45	4.45	4.42
6. The variety of patients (case-mix) I saw facilitated the learning of clerkship objectives.	4.41	4.47	---	4.22	4.22	4.27	4.22	4.27	4.30
8. I had sufficient guidance and practice in learning how to effectively interact with patients.	4.46	4.43	---	4.35	4.07	4.36	4.32	4.13	4.30
9. The teaching by attending faculty (and staff in the CSIE) contributed to my learning the course objectives.	4.34	4.35	4.25	4.29	3.88	4.26	4.05	3.84	4.16
10. The teaching by residents contributed to my learning the course objectives.	4.22	4.39	---	4.23	3.94	4.18	4.06	4.18	4.17
11. The clerkship effectively prepared me for their NBME Subject (Shelf) Exam.	3.91	4.08	---	3.68	3.95	4.03	3.95	3.58	3.88
14. Classroom activities (such as lectures and presentations) contributed to my learning the course objectives.	3.46	3.88	3.80	3.75	3.86	3.71	3.70	3.23	3.68
#15. The recommended educational resources (such as books, websites, case materials, and question banks) contributed to my learning the course objectives.	4.00	4.12	3.93	3.90	4.11	4.02	4.00	3.83	3.99
16. The clinical experience and/or clinical simulations contributed to my learning the course objectives.	4.36	4.34	4.30	4.21	4.14	4.27	4.25	4.15	4.25
17. During the clerkship there was sufficient time available for studying the course content.	4.20	3.73	4.27	3.96	3.72	3.93	4.18	3.48	3.93
18. There was sufficient time allotted for this clerkship to cover all the learning objectives.	4.22	4.08	4.21	4.13	4.10	4.22	4.11	4.11	4.15
19. Constructive feedback to help me learn was routinely provided.	4.23	4.18	3.85	3.87	3.68	3.99	3.87	3.78	3.93

Means	AM	IM	CS	NU	OB	PD	PY	SU	Avg
20. I had sufficient opportunities to apply my medical knowledge through the supervised care of real patients.	4.41	4.44	---	4.28	4.12	4.28	4.23	4.18	4.28
21. A faculty member personally observed me taking a patient history.	4.45	4.45	4.08	4.27	4.05	4.39	4.40	3.95	4.27
22. A faculty member personally observed me performing a physical exam.	4.47	4.44	4.08	4.36	4.09	4.39	4.19	4.08	4.28
23. Clinical instructors helped me to manage ethical dilemmas.	4.11	4.13	3.88	4.10	3.81	4.07	4.21	3.88	4.03
24. Clinical instructors helped me to be an effective member of the health care team.	4.29	4.32	4.13	4.10	3.86	4.15	4.18	4.08	4.14
25. I had sufficient levels of autonomy in caring for patients.	4.21	4.29	---	4.04	3.73	3.99	4.07	3.93	4.04
26. Clerkship grading criteria was clearly communicated.	4.25	4.01	4.16	4.23	3.99	4.11	3.96	4.14	4.10
27. Clinical instructors effectively modeled compassionate patient care.	4.38	4.39	---	4.17	4.05	4.30	4.18	3.96	4.20
28. The clerkship evaluation form was consistent with the clerkship objectives.	4.22	4.05	4.27	4.16	4.04	4.06	4.17	4.17	4.14
29. Faculty & resident evaluations of my clinical work were an accurate reflection of my performance on this clerkship.	4.20	3.90	---	3.98	3.91	3.63	3.85	4.00	3.92
30. The clerkship objectives were used in the evaluation of my performance.	4.07	3.91	4.08	3.93	3.77	3.78	3.87	3.92	3.91
31. Overall this clerkship was a good learning experience.	4.37	4.44	4.01	4.17	4.08	4.17	4.09	4.17	4.19
12. The clerkship contributed to my selection of a career path.	4.19	4.24	3.48	4.07	4.01	4.11	3.94	4.23	4.05

Figure 1. Mean Ratings of Overall Learning Experience by Clerkship: 2006-15



KEY to color coding:

Table 3

	Mean>4.2
	3.91<Mean<4.2
	3.71<Mean<3.9
	3.5<Mean<3.7
	Mean<3.5

Tables 8.1-8.5

	Unbalanced with 10%<too little/much<20%
	Unbalanced with too little/much>20%

Table 9.0

	Mean>4.2
	3.9<Mean<4.2
	3.7<Mean<3.9
	3.5<Mean<3.7
	Mean<3.5

Improving People's Lives Through Innovations in Personalized Health Care

RSN Ring I & II Summary

Wanjiku Musindi, MD
May 26th, 2015

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

ED-8

- Describe the mechanisms used for the review and dissemination across sites of student evaluations of their
 - Educational experience
 - Data regarding completion of required clinical experiences
 - Clerkship grades
 - Any other data reflecting the comparability of learning experiences across instructional sites
- List specific types of data reviewed and describe how and by whom the data are reviewed
- Provide a summary table of the data by site for the 2014-2015 year

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

ED-8

- Describe how the school has reviewed the differences across the instructional sites used for the required OB & Gyn clerkship in such areas as student satisfaction and student grades
 - Note the steps that have been taken to address the inconsistencies and describe if there are specific policies and/or procedures that address inconsistencies in grading

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Nota Bene

- Sample size
 - Chi square test - 20% or fewer cells with expected counts less than 5
- Students preference sites
 - Not randomly assigned
 - Heterogeneity of groups
- Comparability of learning experiences across institutional sites

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Student Performance

	Ring III	Ring II N = 63	Ring I N = 61
Clinical Performance Assessment (CPA)	TBD	88.26 (4.41)	88.83 (7.07)
NBME exam	79.9 (9.8)	78.56 (8.39)	78.05 (8.24)
Oral exam	TBD	86.51 (10.96)	86.17 (11.88)
Quizzes	TBD	75.93 (6.70)	66.87 (6.34)
Practical Exam	TBD	88.42 (8.31)	86.47 (8.89)
OSCE	TBD	87.13 (2.85)	86.68 (3.01)

Reported as mean (std)

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WEXNER MEDICAL CENTER

Site comparisons Ring I & II combined data

	Grant	MCW	OSU	Riverside	MCSA	Mean
# of students	20	24	43	16	21	124
NBME Shelf	76.9 (9.6)	75.8 (6.1)	78.8 (7.6)	81.8 (9.9)	79.3 (7.9)	78.37 (8.1)
Oral exam	84.8 (16.4)	83.6 (8.6)	88.5 (10.9)	87.4 (9.9)	85.7 (10.6)	86.3 (11.4)
OSCE	87.4 (2.8)	86.2 (2.9)	86.9 (2.8)	86.9 (3.1)	87.1 (3.4)	86.9 (2.9)
CPA	86.5 (4.9)	86.4 (4.0)	89.7 (3.1)	86.9 (4.8)	89.8 (4.3)	88.2 (4.3)
Anova = 0.002						
Mean Total Score	86.2 (4.9)	85.6 (2.6)	88.1 (3.3)	88 (3.4)	88 (3.72)	87.3 (3.6)
Anova = 0.041						


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Distribution of grades by site Ring 1 & II

	Total # students	Honors	Letters	Satisfactory
Grant	20	2	5	13
MCW	24	0	0	24
OSU	43	5	8	30
Riverside	16	2	4	10
St. Ann's	21	6	2	13

Pearson Chi- square = 0.025

Chi-square for all of the sites across the three grades do not meet recommendations of 20% or fewer cells with expected counts less than 5, therefore these analysis are more for **descriptive** purposes at this time.




Comparison of Letter Grades by OSU v. non-OSU sites

	Letter Grade			Total
	Honors	Letters	Satisfactory	
OSU	5	8	30	43
Non-OSU	10	11	60	81
Total	15	19	90	124


Pearson Chi- square = 0.761

No significant difference between OSU and affiliate sites




Student evaluation across sites

Clinical experiences, e.g. the setting (clinics, operating room and patients) facilitated my learning.	12:	4.28	0.718	0.44:
Small Group sessions contributed to my learning.	12:	3.51	1.008	0.30:
Oral Exams contributed to my learning.	11:	3.33	1.128	0.071
Course coordinators were helpful.	12:	4.33	0.878	0.658
Rate the quality of your overall educational experience during the Ob/Gyn experience.	12:	3.74	0.968	0.311
Conferences I attended while on the Ob/Gyn services contributed to my learning.	11:	3.78	0.948	0.141
Residents and fellows provided teaching effective teaching during the the clerkship.	12:	4.21	0.808	0.22:
Faculty provided teaching effective teaching during the the clerkship.	12:	3.91	0.968	0.00:
On line e-modules contributed to my learning.	9:	2.72	1.098	0.628
The amount of time spent in ambulatory clinics was sufficient.	12:	3.81	1.088	0.00:
I would have liked to have had more lectures in the curriculum.	12:	3.02	1.318	0.65:
I had opportunities to learn how to use current literature to evaluate treatment plan options.	12:	3.91	0.788	0.03:
I had opportunities to learn how to recognize and address ethical dilemmas that surface in the practice of medicine.	12:	4.01	0.738	0.941
I was provided clinical duties, opportunities to learn and was a productive member of the team.	12:	4.01	0.828	0.17:
I feel adequately prepared to discuss surgical and reproductive health topics with my patients in the future.	12:	4.08	0.688	0.94:



Student evaluations Ring I & II

	Grant	MCSA	MCW	OSU	RMH	
Faculty provided effective teaching	3.91	4.40	3.40	3.63	4.07	3.94
Time spent in ambulatory clinics sufficient	3.81	3.60	3.05	4.04	4.09	3.94





Presiding Chair: John Davis, PhD MD

Call to order:

3:00 PM

Minutes recorded by: Julie Brim

Adjourned:

5:00 PM

Member attendance

First Name	Last Name	Role	Present
Victoria	Cannon	Director, OECRD	Y
Dan	Clinchot	Vice Dean for Education	
Cami	Curren	Director, Longitudinal Group	
Doug	Danforth	Academic Program Director, Part 1	Y
John	Davis	Associate Dean for Medical Education	Y
Pat	Ecklar		
Peter	Embi	Co-Director, HSIQ	
Ashley	Fernandes	Director, AMRCC	Y
Jack	Frost	Director, Information Technology	Y
Carla	Granger	Director, OME	Y
Sorabh	Khandelwal	Assistant Dean, Clinical Sciences	
Nick	Kman	Academic Program Director, Part 3	Y
Jack	Kopechek	Director, Educational Portfolio	Y
Cynthia	Ledford	Assistant Dean, Evaluation & Assessment	Y
Joanne	Lynn	Associate Dean for Student Life	
Donald	Mack	Director, Health Coaching	
John	Mahan	Assistant Dean, Faculty Development	
Jen	McCallister	Director, Advanced Competencies/Clinicals	
Mary	McIlroy	Assistant Dean, Medical Education	
Susan	Moffatt-Bruce	Co-Director, HSIQ	
Doug	Post	Assistant Dean, Practice-Based Learning	
Beth	Sabatino	Systems Analyst	Y
Troy	Schaffernocker	Director, AMHBC	
Kristen	Rundell	Director, Longitudinal Practice	Y
Kim	Tartaglia	Academic Program Director, Part 2	Y
Megan	Thompson	Systems Specialist	Y
Judy	Westman	Assistant Dean, Foundational Sciences	
Lorraine	Wallace	Director, CHE Project	
Sheryl	Pfeil	Medical Director, CSEAC	Y
Ansley	Splinter	Advanced Competencies/Clinicals	
Patrick	Rogers	Information Warehouse	Y

ECC: Curriculum Implementation Team Leadership Meeting

Agenda Items:

1	Approval of 4.24 Meeting Minutes
2	Review of APC Minutes
3	Old Business
4	OSUMC IW
5	VITALS Update
6	Part 1 Calendar
7	AMHBC Requirements Approval
8	SECI Approval for 2015

Item 1, Approval of 4.24 Minutes, J. Davis

Discussion

1. The minutes were approved.

Item 2, Review of APC Minutes, J. Davis

Discussion

1. The Part 2 minutes were reviewed.

Item 3, Old Business

Discussion

1. N. Kman presented the revised Part 3 HSIQ project.

Action

1. HSIQ will be on the agenda for formal discussion and approval at the next CITL.

Item 4, Information Warehouse, P. Rogers

Discussion

1. Members of the IW and B. Sabatino presented a demo of the LSI Education Data Mart. The initial rollout concentrates on Block Scores.

Item 5, VITALS Update, B. Sabatino

Discussion

1. B. Sabatino presented the VITALS update.

ECC: Curriculum Implementation Team Leadership Meeting

Item 6, Part 1 Calendar, D. Danforth

Discussion

1. The Med 1 calendar requires the elimination of four weeks. Three weeks have been removed from Spring by rearranging Cardio and Neuro and moving two Exploration weeks. One needs to be removed from Autumn. D. Danforth presented the Autumn semester calendar options. For Bone and Muscle, Version 1 places OSCE's in Week 6, and practical and final exams on Tuesday and Thursday of Week 7, respectively.

Action

1. The motion to adopt Version 1 was approved for the coming year. The outcome will be assessed for the future.

Item 7, AMHBC Requirements Approval, N. Kman

Discussion

1. N. Kman presented the AMHBC objectives.

Action

1. The motion to approve the AMHBC objectives was approved.

Item 8, SECI Approval for 2015, C. Ledford

Discussion

1. C. Ledford presented the student evaluation.

Action

1. The motion to accept this as a standard clinical evaluation where SECI is used was approved.



Wexner Medical Center

The Ohio State University College of
Medicine

Executive Curriculum Committee

Meeting Minutes

Date: 7/28/15

Location: 150 Meiling

Presiding Chair: Howard Werman, MD

Call to order:

4:02pm

Minutes recorded by: Casey Leitwein

Adjourned:

4:59pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	N
Courtney Gilliam	Med Student Representative	Y
Alex Grieco	Chair, Academic Review Board	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Thomas Mauger	Clinical science chair	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Douglas Post	Assistant Dean, Med Ed	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	N
Larry Schlesinger	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Donald Thomas	Med Student Representative	Y

Additional attendees

Wanjiku Musindi

Agenda items

Item 1, Approval of minutes

Item 2, ECC Membership

Item 3, Annual Program Data Format

Item 4, Follow-up on OBGYN

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from May 26, 2015 were reviewed by the committee and approved.

Item 2, ECC Membership

Presenters: Dr. Howard Werman

Discussion

1. Introductions were made for the 2015 ECC members.
2. Dr. Werman presented on the purpose of ECC as the governing body for making curriculum decisions. The presentation is attached.
3. The ECC by-laws were reviewed by the committee.
4. The committee members discussed proposed changes to the by-laws to remove the old curriculum references.
5. The purpose and function of the Curriculum Implementation Team Leadership (CITL) was discussed. The previous motion to present and discuss CITL meeting minutes and have Dr. Davis bring forth substantive issues was upheld with the acknowledgement that over time the need for CITL will diminish.

Action Items

1. The by-laws will be sent out electronically to the committee members to track changes. Once all accepted changes are made then the document needs to go to the College Assembly to approve.
2. The role of CITL needs to be clearly defined in the by-laws.

Item 3, Annual Program Data Format

Presenter: Dr. Howard Werman

Discussion

1. Dr. Werman suggested that the committee work on a template for the annual program data reviews.
2. The committee members felt it would be helpful to standardize the data format.

Action Items

1. Dr. Werman will send a document out to the program directors as a starting point for the template.

Executive Curriculum Committee Agenda

Item 4, Follow-up OBGYN

Presenter: Dr. Wanjiku Musindi

Discussion

1. Dr. Musindi presented on the Ring 1, 2 and 3 data regarding OBGYN. The presentation is attached.
2. The committee commended Dr. Musindi for her report but noted that were small samples that looked “clinically different” but not statistically relevant in regards to the distribution of Honors and Letters of Commendation.

Action Item

1. The committee recommended reporting of a 2-3 year cumulative number as a meaningful statistic going forward.

Executive Curriculum Committee

July 28, 2015
150 Meiling Hall

Executive Curriculum Committee agenda

- Welcome and Introduction of New Members
- Approval of minutes – May 26, 2015
- Review of Bylaws re: Executive Curriculum Committee
 - Relationship between CITL and Executive Committee
 - Report from CITL
- Follow-up on OB/GYN (Dr. Musindi)
- Review of Presentation Schedule and Proposed Format
- Open Forum

Executive Curriculum Committee approval of May 26 minutes

- see attachment

Executive Curriculum Committee review of bylaws

- see attachment
- discussion
 - any changes must be approved by the College Assembly

Executive Curriculum Committee review of bylaws

- FA-13 A medical education program should ensure that there are mechanisms for direct faculty involvement in decisions related to the program
- Finding: membership on committees that manage key aspects of the educational program (ECC mentioned) is vetted by department chairs and/or central administration, limiting direct faculty input and participation

Executive Curriculum Committee governance

- ...curriculum implementation team was developed and charged with implementation of the new LSI curriculum...this subcommittee reports to the ECC. Any potential changes to the LSI Curriculum must be approved by the ECC.
- ...ECC oversees all curriculum evaluation activities; these activities include regular reviews of courses, clerkships, curriculum segments and the entire curriculum.

Executive Curriculum Committee governance

- ...notably, all requests for new content are first presented to the Curriculum Implementation Team. Using VITALS system, they review content...and then make a recommendation to the ECC. The ECC makes the final decision regarding the addition of new content into the curriculum.

LCME Survey, March 2014



Executive Curriculum Committee governance

- ...the executive curriculum committee has not routinely reviewed course and clerkship objectives....Outcome measures are not routinely utilized
- ...executive curriculum committee does not effectively exercise its responsibility for assurance of a coherent and coordinated curriculum and curriculum management

LCME Survey, Feb 2006



Executive Curriculum Committee follow up on OB/GYN

- ED-8: the curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline
- Finding: There is significant variation of educational experiences and student grades across obstetrics and gynecology clerkship sites

LCME Survey, March 2014



Executive Curriculum Committee follow up on OB/GYN

- presentation by Dr. Musindi



Executive Curriculum Committee presentation schedule/proposed format

- see attachment
- proposed format:
 - overview of program including Core Curriculum Objectives
 - program assessment measures
 - background for any proposed program changes
 - recommendations from the program
 - discussion by ECC



Executive Curriculum Committee open forum

- Committee members



Improving People's Lives Through Innovations in Personalized Health Care

Ob/Gyn Part 2 Site summary

Wanjiku Musindi, MD
July 26th, 2015

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

ED-8

- Describe the mechanisms used for the review and dissemination across sites of student evaluations of their
 - Educational experience
 - Data regarding completion of required clinical experiences
 - Clerkship grades
 - Any other data reflecting the comparability of learning experiences across instructional sites
- List specific types of data reviewed and describe how and by whom the data are reviewed
- Provide a summary table of the data by site for the 2014-2015 year

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

ED-8

- Describe how the school has reviewed the differences across the instructional sites used for the required OB & Gyn clerkship in such areas as student satisfaction and student grades
 - Note the steps that have been taken to address the inconsistencies and describe if there are specific policies and/or procedures that address inconsistencies in grading

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Nota Bene

- Sample size
 - Chi square test - 20% or fewer cells with expected counts less than 5
- Students preference sites
 - Not randomly assigned
 - Heterogeneity of groups
- Comparability of learning experiences across institutional sites

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WEXNER MEDICAL CENTER

Site comparisons Ring I & II combined data

	Grant	MCW	OSU	Riverside	MCSA	Mean	P-value
# of students	29	36	62	23	30	180	
NBME Shelf Mean score	75.9	77.9	78.8	82.9	79.9	78.9	0.05
Oral exam	85.9	84.8	89.6	89.4	85.9	87.4	0.152
OSCE	87.1	86.3	86.8	86.7	86.7	86.7	0.862
CPA	86.1	87.3	89.4	86.1	88.9	87.9	0.002
Total	85.9	86.7	88.1	88.3	87.9	87.5	0.042

Significant P-value*
High Score- difference between groups**
Low Score difference between group**

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Distribution of grades by site Ring 1 & II

	# students	Honors	Letters	Satisfactory
Grant	29	2 (6.9%)	5 (17.2%)	22
MCW	36	3 (8.3%)	3 (8.3%)	30
OSU	62	10 (16.1%)	8 (12.9%)	44
Riverside	23	5 (21.7%)	4 (17.4%)	14
St. Ann's	30	8 (26.7%)	3 (10%)	19
Total	180	28 (15.6%)	23 (12.8%)	129

Pearson Chi- square = 0.381

When looking at the results of the Person Chi-Square test we see that there are no significant differences in the results.


THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Comparison of Letter Grades by OSU v. non-OSU sites

	Letter Grade			Total
	Honors	Letters	Satisfactory	
OSU	10	8	44	62
Non-OSU	18	15	85	118
Total	28	23	129	180


Pearson Chi- square = 0.986

No significant difference between OSU and affiliate sites



Student evaluation across sites


Question	N	Mn	SD	P-value
Clinical experiences, e.g. the setting (clinics, operating room and patients) facilitated my learning.	177	4.25	0.692	0.29
Small Group sessions contributed to my learning.	177	3.75	0.943	0.526
Oral Exams contributed to my learning.	172	3.48	1.126	0.493
Course coordinators were helpful.	175	4.38	0.808	0.444
Rate the quality of your overall educational experience during the Ob/Gyn experience.	177	3.72	0.964	0.203
Conferences I attended while on the Ob/Gyn services contributed to my learning.	166	3.84	0.949	0.333
Residents and fellows provided teaching effective teaching during the clerkship.	177	4.21	0.792	0.148
Faculty provided teaching effective teaching during the clerkship.	177	3.88	0.973	<0.001
On line e-modules contributed to my learning.	134	2.88	1.104	0.513
The amount of time spent in ambulatory clinics was sufficient.	176	3.83	1.088	<0.001
I would have liked to have had more lectures in the curriculum.	177	2.94	1.311	0.403
I had opportunities to learn how to use current literature to evaluate treatment plan options.	175	3.91	0.811	0.114
I had opportunities to learn how to recognize and address ethical dilemmas that surface in the practice of medicine.	175	4.08	0.777	0.65
I was provided clinical duties, opportunities to learn and was a productive member of the team.	177	4.04	0.814	0.068
I feel adequately prepared to discuss surgical and reproductive health topics with my patients in the future.	177	4.14	0.672	0.85




Student evaluations Ring I & II

	Mean	Grant	MCSA	MCW	OSU	RMH
Faculty provided effective teaching	3.86	4.34	3.21	3.67	4.00	4.00
Time spent in ambulatory clinics sufficient	3.83	3.54	3.04	4.17	4.13	3.83

Post hoc testing was conducted for those items that showed significant P-values in order to determine where the significant differences occurred.




ED 8




Data reflecting the comparability of learning experiences across instructional sites used for the required Obstetrics and Gynecology Clerkship

- Distribution of learning objectives to Site Directors and Faculty occurs at the beginning of the academic year and at the beginning of every ring. Faculty and residents provide an annual electronic attestation that they have received and reviewed the objectives
- Learning objectives distributed to students during orientation
- Centralized teaching and learning activities for all the students occur at a week long orientation session and on a half day every week. Weekly activities include simulated skills session, small group session, conferences and access to electronic modules
- Mid rotation feedback performed by course directors. Students provide self assessment of learning and goals



Comparability of learning experiences across sites

- Tracking and completion of required clinical experiences (ED-2) reviewed at the mid-rotation feedback session and at end of the course
- Tracking and completion of checklists for student clinical skills at end of the course
- Student evaluation of orientation, faculty and staff distributed electronically during the course
- Student evaluation of course distributed electronically at the end of the course
- Students are asked on course evaluations if performance was assessed against the objectives



Review and dissemination of student data

- Types of data reviewed
 - Student evaluation of orientation and course
 - Reports of mistreatment and duty hours
 - Student evaluation of faculty and staff – low score reports
 - Required clinical experiences
 - Completion of check lists of clinical skills
 - Clerkship grades
 - Distribution of honors and letters

Dissemination of data

- Cumulative data on student evaluation of course and grades presented at the Ob/Gyn faculty department meeting and disseminated electronically to faculty and staff at end of Ring (Minutes available)
- Site specific course evaluations reports are distributed via email to each Site Director at the end of each UPRSN session. Reports are anonymous and do not contain any student identifying information.
 - Site Directors are contacted directly if there are incidents involving duty hours or student mistreatment to discuss and implement a plan of improvement.
- Student evaluation of faculty and residents are sent to the Site Directors for distribution at the end of the Ring.

Review of data

- UPRSN course coordinators and directors weekly meeting to review pertinent issues
- Student Evaluation Reports are reviewed by the UPRSN Unit Director, education manager and coordinator at the end of each Ring.
- Clerkship grades are reviewed by the UPRSN Course directors at the end of the Ring and cumulative data by site is disseminated electronically to Site Directors
- Quarterly report at Department Faculty Meeting
- Annual Report to Part II Academic Program Committee (Minutes)
- Annual Report to ECC/CITL (Minutes)
- Additional Oversight for Ob-Gyn
 - Interim reports to ECC (Minutes)

Changes implemented 2013-14

- The UPRSN Unit Director conducted Medical Education workshops with the residents, who rotate at Ohio State Wexner Medical Center, Mt. Carmel West Medical Center and St. Ann's Hospital. (Minutes)
- Meeting with Chair of Ob-Gyn Department, Clerkship Director, Site Directors and coordinators to review cumulative data by sites and curriculum changes
- Community Site Directors and instructors have access to faculty development materials at FD4ME
- Procedures were developed to monitor the Low Score Reports which are triggered by a low score on an evaluation form completed by a medical student. The UPRSN Unit Director and Education Manager reviews all Low Score Reports during the Ring and follow up and intervene as deemed necessary.

Changes implemented 2014-15

- Clinical evaluation process allows each team member including residents, fellows, and any additional faculty member to evaluate the medical student based on direct contact and interaction with the student
- Centralized teaching and learning activities – weekly small groups, skills sessions, conferences
- Mid rotation feedback session performed by Course Faculty includes review of required clinical experiences and check lists of skills
- Expert Educators review written notes and perform direct observation of skills as needed
- Quiz content changed to reflect contiguous small group topic
- Faculty Peer Review of Small Group sessions

St. Ann's

- Changes implemented 2013 – 2014
 - Gynecology Oncologist at St Ann's July 2013. Increased gynecology oncology patients and cases for student participation
 - New Site Director at St. Ann's appointed in Fall 2013
 - Periodic meeting with Chair of Ob-Gyn Department, Clerkship Director, Site Directors and coordinators to review cumulative data by sites and curriculum changes
 - Community Site Directors and instructors have access to faculty development materials at FD4ME

St. Ann's

- Changes implemented 2014 – 2015
 - Night float rotation for students on L & D to increase continuous team (faculty and resident) interaction. This replaced intermittent call
 - Review of site performance data and student evaluations after every ring with site directors

- Changes to be implemented 2015-16
 - Ambulatory week to replace one of the gyn or gyn onc weeks



Wexner Medical Center

The Ohio State University College of
Medicine

Executive Curriculum Committee

Meeting Minutes

Date: 8/25/15

Location: 150 Meiling

Presiding Chair: Howard Werman, MD

Call to order:

4:02pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:30pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Courtney Gilliam	Med Student Representative	N
Alex Grieco	Chair, Academic Review Board	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	N
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Thomas Mauger	Clinical science chair	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Douglas Post	Assistant Dean, Med Ed	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Donald Thomas	Med Student Representative	Y

Additional attendees

John Gunn, Daniel Yanes

Agenda items

Item 1, Approval of minutes

Item 2, Biomedical Undergraduate Program

Item 3, Part Two Program

Item 4, CITL Report Back

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from July 28, 2015 were reviewed by the committee and approved.

Item 2, Biomedical Undergraduate Program

Presenters: Dr. John Gunn

Discussion

1. Dr. Gunn presented on the Biomedical Undergraduate Program. The presentation is attached.
2. Dr. Schlesinger suggested that this undergraduate program should be represented to the College Assembly and sent out to College of Medicine leadership.
3. Although there is no formal mechanism to obtain feedback on the course the current students do provide feedback.
4. The program is working on developing an alumni database to survey the alumni.
5. Committee members were interested in how many students in the program ended up in the medicine degree. Dr. Gunn stated that 40-50% end up in the medicine degree.

Item 3, Part Two Program

Presenter: Dr. Kimberly Tartaglia

Discussion

1. Dr. Tartaglia presented the 2014-15 cycle of LSI Part Two. The presentation is attached.
2. Dr. Tartaglia mentioned the challenges for Ground School as reported by the students. These recommendations are being incorporated for the next cycle as much as possible.
3. Dr. Mauger brought up that students were concerned that it was difficult to get elective rotations in the third year. Dr. Tartaglia stated that Part Two ends in May allowing time for early electives in competitive specialties. She also stated that the elective material would have to be integrated into to the rings to cover the learning objectives.
4. Dr. Danforth mentioned that there are opportunities to do "elective" material or research in between year 1 and 2 or before Part Two starts. There is also an ENT mentorship program being piloted in Part One. The pilot is longitudinal and is targeted to students with an early interest in ENT.

Executive Curriculum Committee Agenda

Action Items

1. Dr. Tartaglia's Part Two action plan was approved by the committee. She will present on Part Two again at the August 2016 meeting with results on Ground School and an update on electives.

Item 4, CITL Report Back

Presenter: Dr. John Davis

Discussion

1. Dr. Davis reviewed CITL meeting minutes from July.



THE OHIO STATE UNIVERSITY

COLLEGE OF MEDICINE

Biomedical Science (BMS) Undergraduate Major

Executive Curriculum Committee
August 25, 2015

BMS Leadership Team

Faculty Director: John Gunn, PhD
Office: 794 Biomedical Research Tower
Email: gunn.43@osu.edu or John.Gunn@osumc.edu
Telephone: 614-292-6036

Program Manager: Steven Mousetes, MEd, MLS
Office: 1080 Graves Hall
Email: mousetes.1@osu.edu or Steven.Mousetes@osumc.edu
Telephone: 614-247-8060

BMS Enrollment and Student Progress for 2014-2015

Total Enrollment: 75

Class	Students	Retained for 2015-2016	Average GPA
Senior	16	N/A	3.717 (Range: 3.348-3.960)
Junior	16	15 (94%)	3.727 (Range: 3.329-3.951)
Sophomore	18	12 (67%)	3.669 (Range: 3.352-4.000)
Freshman	25	20 (80%)	3.714 (Range: 3.107-4.000)



Post-graduation Plans for BMS Class of 2015

- Gap Year/Workforce: 3
- Graduate/Professional School: 13

Program	Students	University
MD	10	Cleveland Clinic Lerner, Harvard, NEOMED, Ohio State (5), Pittsburgh, Wright State
MD-PhD	1	Ohio State
MS in Medical Physiology	1	Loyola
MS in Physician Assistant Studies	1	Ohio Dominican

Research Achievements for 2014-2015

On-campus Research Fora

Forum	Students	Notes
Fall Student Poster Forum September 18, 2014	Total: 15 • Seniors: 8 • Juniors: 7	This poster forum highlights the research conducted by undergraduate students during the summer.
Denman Undergraduate Research Forum March 25, 2015	Total: 22 • Seniors: 12 • Juniors: 10	Awards: 5 • 2 nd Place: 1 • 3 rd Place: 1 • 4 th Place: 3

Forum	Students	Notes
OSUWMC Trainee Research Day April 15-16, 2015	Total: 18 • Seniors: 6 • Juniors: 7 • Sophomores: 5	<ul style="list-style-type: none"> • Mayuran Ravindran, BMS junior, was awarded an outstanding research trainee travel grant. • Amanda Selhorst, BMS senior, was selected as the sole undergraduate student to present her research as part of the Allan Yates Memorial Trainee Speaker Series.

Honors Thesis

- Of the 16 BMS seniors in the class of 2015, 11 opted to complete and defend their honors theses. This allowed them to graduate “with Honors Research Distinction,” which is the highest honor bestowed upon an undergraduate at Ohio State.
 - ⌚ The theses advisors were Drs. Michael Caligiuri, Jonathan Godbout, John Gunn, Jill Heathcock, Gustavo Leone, Gregory Lesinski, Tatiana Oberyszyn, Amy Lovett-Racke, Kirk Mykytyn, Jill Rafael-Fortney, and Noah Weisleder.

2015 Pelotonia Fellows

Student	Mentor	Project
Daniel Maxwell Banaszak	Don Benson, MD, PhD	The effect of extracellular vesicle-associated inhibitory ligands on natural killer cells in multiple myeloma
George Koutras	Balveen Kaur, PhD	Effect of STAT3 inhibition on oncolytic virus therapy for glioblastoma
Matthew Lordo	Sarmila Majumder, PhD	Ubiquitin conjugating enzyme E2K is a novel regulator of PTEN protein stability

Internal Medicine “Grever” Internship 2015

- Each year, Dr. Michael Grever, Chair of Internal Medicine, coordinates an intensive shadowing program for seven selected BMS students (rising juniors and seniors). For a six week period (May-June), the interns divide their days between participating in rounds at the Wexner Medical Center and Nationwide Children’s Hospital and conducting research in their labs. This enables them to fully compare and contrast the clinical and research components of medicine.

Intern/Student	Mentor
Margaret Grau	Samantha King, PhD
Langston Hughes	Peter Mohler, PhD
Sohom Manna	Kay Huebner, PhD
Daniel Moussa	Jonathan Godbout, PhD
Bryce Ringwald	Ginny Bumgardner, MD, PhD
Lilianna Suarez	Andrew Fischer, PhD
Sonia Tandon	Kalpana Ghoshal, PhD



Of the BMS alumni who participated in the Internal Medicine “Grever” Internship, their graduate/professional school placements are as follows:

MD: 72% Other: 6%
 MD-PhD: 13% Did not pursue advanced degree: 5%
 PhD: 4%

[ECC members, if you run an active research lab and are interested in mentoring a BMS student, please contact Steven Mousetes (mousetes.1@osu.edu).]

BMS Courses for 2014-2015

Freshman

- Biomedical Science Survey
Instructor: Steven Mousetes
- Mastering the Biomedical Literature I
Instructors: Jonathan Godbout and Stephanie Schulte

Sophomore

- Mastering the Biomedical Literature II
Instructor: John Gunn
- Biomedical Science Laboratory Techniques
Instructors: Samir Acharya, John Gunn, Mariko Nakano, and W. James Waldman

Junior

- Biomedical Science Research Experience I
Instructors: Anthony Brown, Andrew Fischer, and Traci Wilgus
- Biomedical Science Research Experience II
Instructors: Gregory Lesinski and Amanda Toland

Senior

- Concepts in Healthcare I: Humanistic and Social Issues in Medicine and Biomedical Science
Instructors: Daniel Clinchot and John Davis
- Concepts in Healthcare II: Introduction to Health Policy and Leadership in Healthcare
Instructor: Andrew Thomas
- Special Topics in Biomedical Science I: Immunology and Infectious Disease
Instructors: Jesse Kwiek and Jordi Torrelles
- Special Topics in Healthcare II: Genetics and Neurological Disease
Instructors: Candice Askwith and Kirk Mykytyn
- Special Topics in Healthcare III: Cancer Research
Instructor: Pawan Kumar

Autumn 2015 BMS Freshman Admission

Total Applicants: 113

- Interviewed: 48
 - ⌚ Offered Admission: 36
 - Enrolled: 27 (75% yield rate)
 - ❖ Average ACT*: 32.7 (range: 27-36)
 - ❖ Average High School GPA: 3.89 (range: 3.42-4.00)
 - ❖ Gender:
 - Female: 56%
 - Male: 44%
 - ❖ Total Minorities**: 37%
 - Total URM's: 14.8%

*The ACT national average is 21.0. At Ohio State, the ACT average is 28.8.

**For Ohio State's Columbus campus, minority enrollment comprises 17% and URM's comprise 9%.

BMS Alumni Graduate/Professional School Placement

Thus far, 90% of the BMS alumni have pursued graduate/professional degrees. The breakdown of the 90% is as follows:

MD: 54%	PhD: 13%
MD/PhD: 9%	Other graduate/professional degrees: 24%

The "other" category includes dentistry, nursing, optometry, physician assistant, public health, etc.

Points of Pride

The BMS students are a highly industrious group. While excelling in the classroom and lab environments, they are involved in diverse co-curricular activities. Listed below is a small sampling of points of pride for the BMS major:

- In December 2014, Drs. Jesse Kwiek and Jordi Torrelles lead a group of 15 BMS seniors on a service-learning trip to Guatemala. This special research and outreach experience complimented the Immunology and Infectious Disease course (BIOMSCI 4810H) Drs. Kwiek and Torrelles taught during the autumn 2014 semester.



- The BMS major awarded a total of \$24,017 in enrichment grants for summer 2015 endeavors to 22 BMS students. The endeavors included the Internal Medicine “Grever” Internship, on-campus research (in the labs of Drs. Caligiuri, Clinton, Jontes, Leone, Lesinski, Raphael-Fortney, Roychowdhury, Sadee, and Villamena), study/research abroad, etc.
- Two BMS rising seniors (Andrew Branstetter and Daniel Moussa) were selected to participate in the DAAD RISE program in Germany during summer 2015.
- The BMS Student Advisory Board became an official student organization registered with the Ohio Union. It is now called the Biomedical Science Major Student Organization (BMSMSO). During the 2014-2015 academic year, the BMSMSO conducted a series of team building activities to foster better connections among the four BMS cohorts. Further, the BMS juniors and seniors conducted tutoring sessions on a weekly basis for the BMS freshmen and sophomores.
- The BMS application process became completely automated. Applicants for freshman admission consideration submit all materials online.
- Through a joint recruiting effort between the BMS major and the Office of Diversity and Inclusion (in Hale Hall), all of the incoming freshmen URM’s were awarded a full tuition scholarship.
- There were nine BMS students inducted into Ohio State’s class honoraries.
- Steven Mousetes had a career tips article published in *Uweekly*.

Goals for the 2015-2016 Academic Year

- Seek alternate sources for program funding (e.g., Battelle, Beckman, HHMI, NIH, etc.)
- Develop manuscript about the BMS major highlighting the Internal Medicine “Grever” Internship
- Further refine the freshman admission selection procedures to retain a greater percentage of all matriculated students
- Refine and optimize the freshman year BMS curriculum
- Continue to encourage faculty course leaders for the senior-level curriculum, other than those in Immunology and Infectious Disease, to develop a service-learning trip

Developing leaders in research and medicine

Biomedical Science Undergraduate Major
The Ohio State University College of Medicine
1080 Graves Hall
333 West 10th Ave.
Columbus, OH 43210
614-247-8060
go.osu.edu/bms

**Part 2 Annual Report
Academic Year 2014-15**

Executive Curriculum Committee
8/25/15

9/22/2015

OSU
Wexner Medical Center

Annual Program Report

- Overview of Program / Core Curriculum Objectives
- Program Evaluation Measures
- Student Learning Outcomes
- Suggested Program Changes

PART 2 Components

- Patients with Reproductive and Surgical needs
- Patients within Populations
- Patients with Specialized Medical Needs

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Part 2 Objectives

Part 2 Common Core Objectives – 2015-16 Academic Year

End of Part 1	End of Ring 1	End of Ring 2	End of Part 2 – end student goals
Patient Care • Cooperative approach to care ^{1011.1.1} • Data collection from patient complete history, some focused history taking ^{1011.1.2} • Complete examination, describes findings ^{1011.2} • Gather data from chart ^{1011.3.1} • Beginning to interpret information from patients ^{1011.4} • Knows principles of compassionate, safe and error-limited care ^{1011.5} • Health promotion as health Coach ^{1011.6}	Patient Care Demonstrate patient-centered interviewing skills ^{1011.1.1} Independently collect and report clinical information from history ^{1011.1.2} , examination ^{1011.2} and ancillary studies ^{1011.3} in comprehensive encounters with patients Perform a focused history ^{1011.3.1} and physical exam ^{1011.3.2} on single encounters Demonstrate early interpretation skills for simple problems ^{1011.4}	Patient Care Demonstrate patient-centered interviewing skills ^{1011.1.1} Independently and efficiently collect and report clinical information from history ^{1011.1.2} , examination ^{1011.2} , and ancillary studies ^{1011.3} in both focused and comprehensive encounters with patients Demonstrate advancing interpreter skills for simple problems and early interpreter skills for complex problems ^{1011.4}	Patient Care • Demonstrate effective collaboration, advocate for patient needs ^{1011.5.1} • Able to independently collect and report clinical information from history ^{1011.1.2} , examination ^{1011.2} , and ancillary studies ^{1011.3} in both focused and comprehensive encounters with patients • Advancing or nearly proficient interpreter of clinical situations, across many different clinical contexts ^{1011.4} • Weaving skills in formulating patient plans across clinical contexts ^{1011.5} • Uses best evidence to formulate cost-effective diagnostic and treatment plans • Identifies plans that are appropriate, compassionate, and safe ^{1011.6} • Promote health in individuals and populations ^{1011.6}
...and Skills • Basic clinical procedures ^{1011.4} • Works as a Team member ^{1011.4} • Aware of need to adapt to diverse people ^{1011.5}	Communication Create written documentation that is complete, well organized, and devoid of extraneous information ^{1011.4.1}	Communication Create written documentation with a prioritized problem list as well as assessment and management plans. ^{1011.4}	...and Skills • Basic and intermediate procedures ^{1011.4} • Demonstrates collaboration and leadership in teams ^{1011.4} • Understands how human diversity impacts exchange of information, adapts to different

Domains assessed	Assessments	Minimum Pass	Weighting of assessments toward grade
Medical Knowledge	Multiple choice examinations, midterms, quizzes (MC)	*Must pass each NBME subject exam (see minimum pass for each subject exam)	TOTAL 40% ring grade 30 from NBME exams 10 from other medical knowledge measures
Patient Care and procedural skills	Direct Observation of Competence (DOC) Objective structured clinical examinations (OSCE)* Clinical Performance Assessment (CPA) Clinical Practical Exam Workshop Checklists Oral exam [UPRSN only]	Must pass: 1. Patient Care portion of OSCE 2. Meet basic patient care standards on CPA, DOC	TOTAL 60% ring grade Clinical Performance Assessments [40%] OSCE [10%] Clinical Practical Exam [5%] Other [5%]-varies by ring: * Direct Observation * Checklists * Peer assessment/ * Faculty classroom assessment
Practice-Based & Life Long Learning	[Project Work- HSIQ] CPAs Portfolio coach work Feedback	Must pass: 1. Complete Portfolio activities 2. Participate in feedback sessions	
Interpersonal Communications	Log, DOC Clinical documentation review OSCE Peer assessments Faculty classroom assessments CPAs	Must pass 1. Communication portion of OSCE 2. Minimum standards for effective communication with patients & teams (CPA, DOC)	
Systems-Based Practice	[Project report- HSIQ]	Must satisfactorily progress in HSIQ	Minimum pass set by faculty standards in advance (critrion-based)
Professionalism, consistent and ongoing	Log, DOC, CPAs, Peer assessments, Faculty classroom assessments, OSCE, Compliance	Demonstrate minimum standards of professionalism 1. with patients/ family 2. with others/team 3. self-regulation- (logs and DOC)	

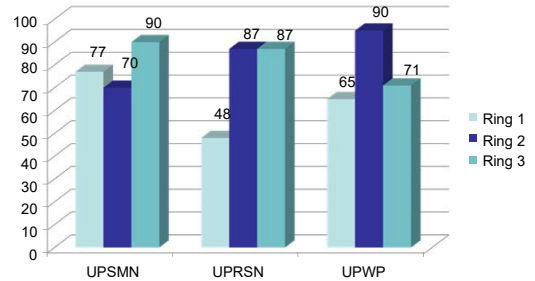
Assessment Week Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
UPwP				
Pediatric Subject Exam	Flex	OSCE & Practical Exams	Flex	FM Subject exam
UPRSN				
OSCE & Practical Exams	Flex	OB/GYN subject exam	Flex	Surgery subject exam
UPSMN				
Neurology subject exam	OSCE & Practical Exams	Psychiatry subject exam	Flex	IM subject exam

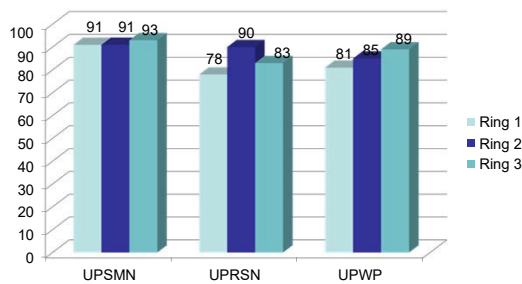
Program Evaluation

- End of Ring Evaluations
- Overall End of Part 2 Program evaluation
- Duty hours
- Supervision items
- Learning environment items

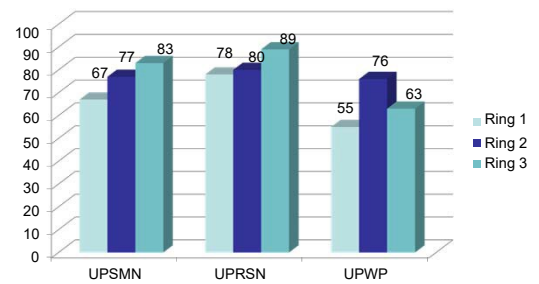
Overall Quality - % Good or Excellent



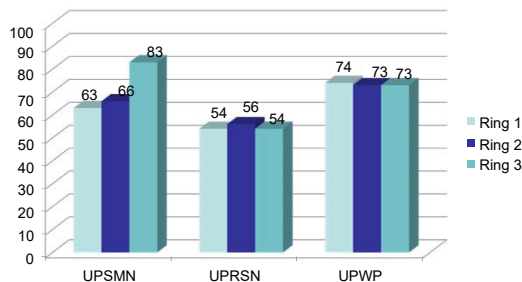
Clinical Assignment - % Good or Excellent



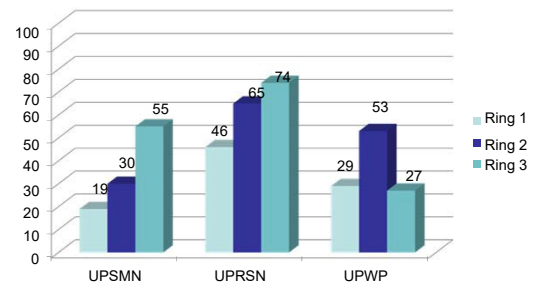
Procedural Workshops - % Good or Excellent

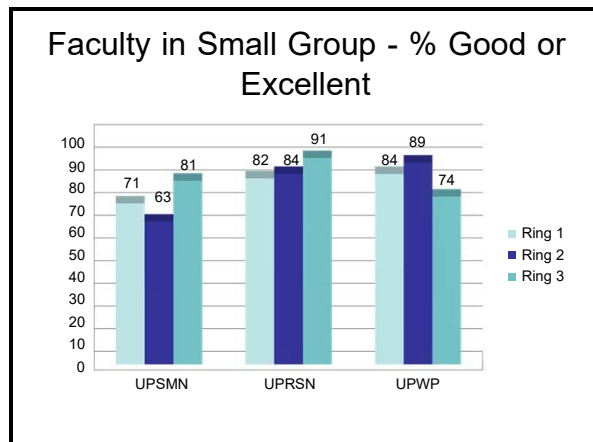
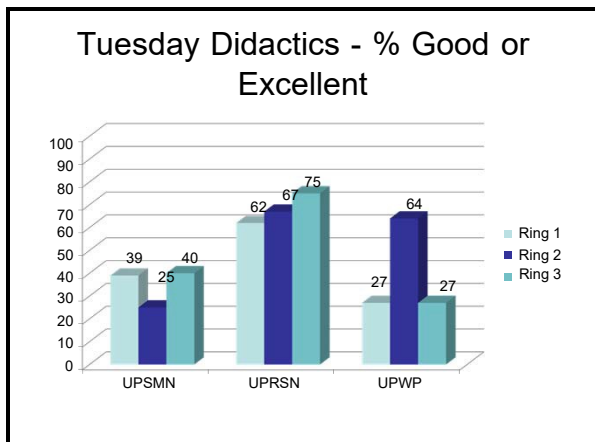


Direct Observation - % Good or Excellent




Groundschool - % Good or Excellent





End of Part 2 Program Evaluation 2014-15

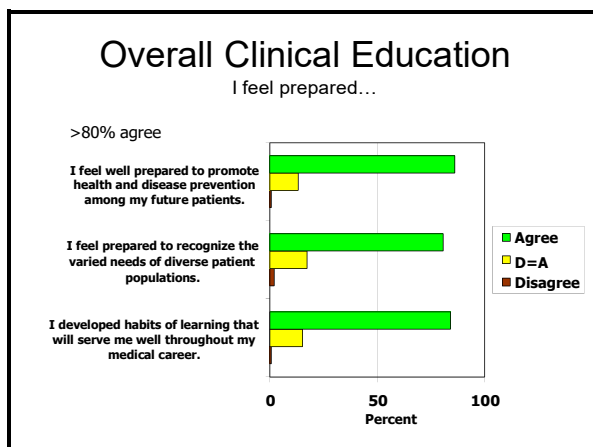
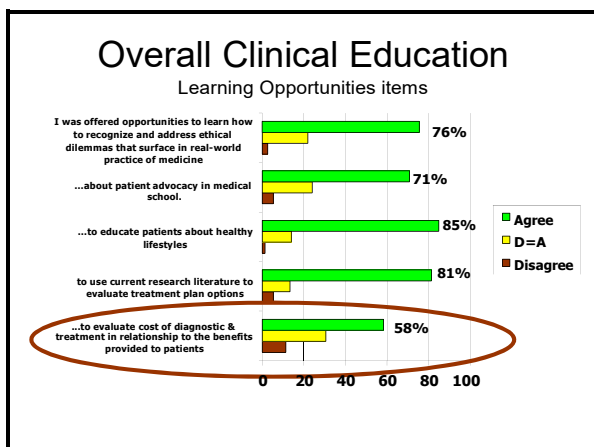
collected and prepared by
Nicole Verbeck, MPH and
Cynthia Ledford, MD
Ohio State University College of Medicine

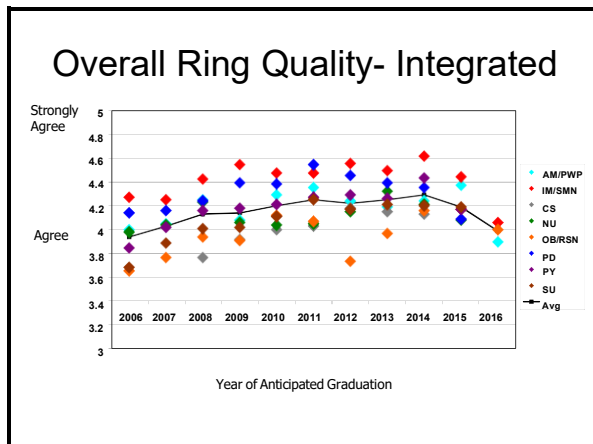
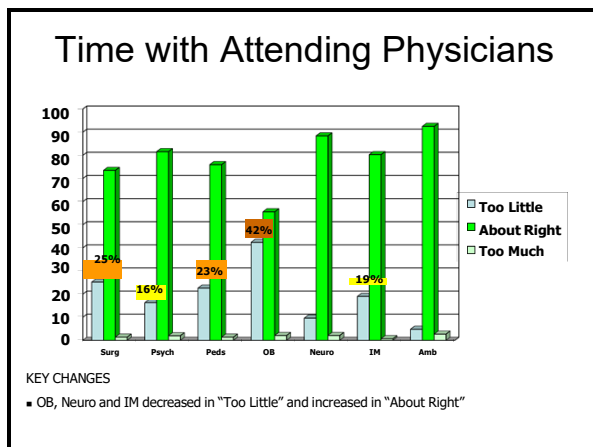
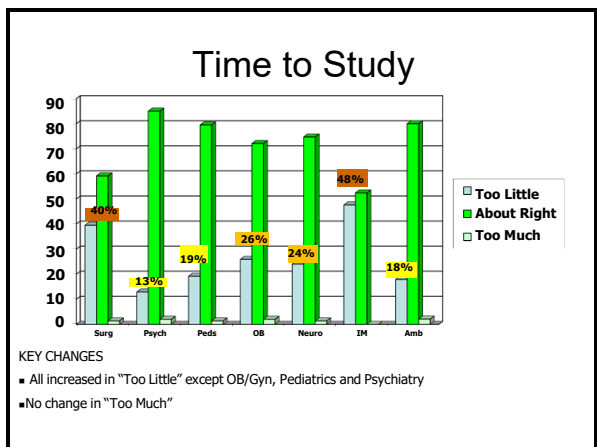
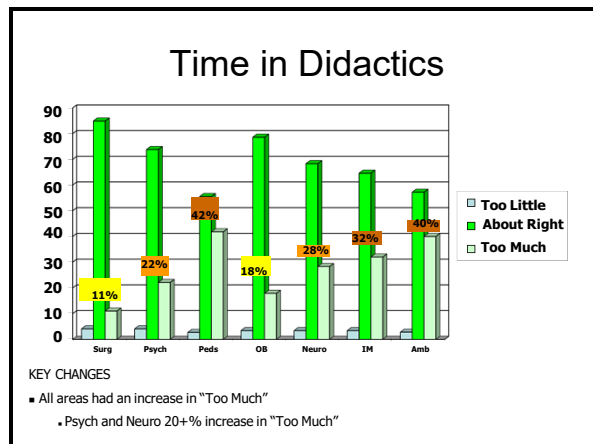
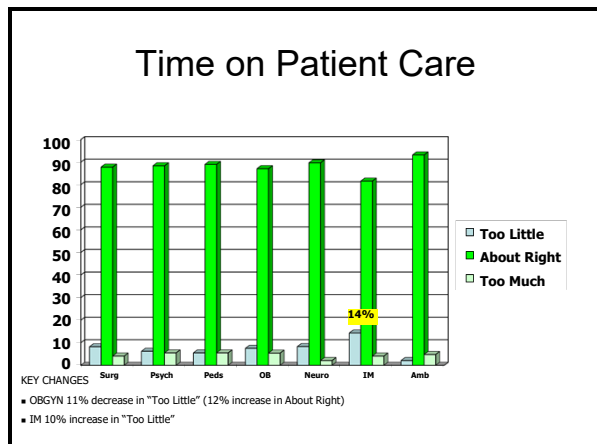


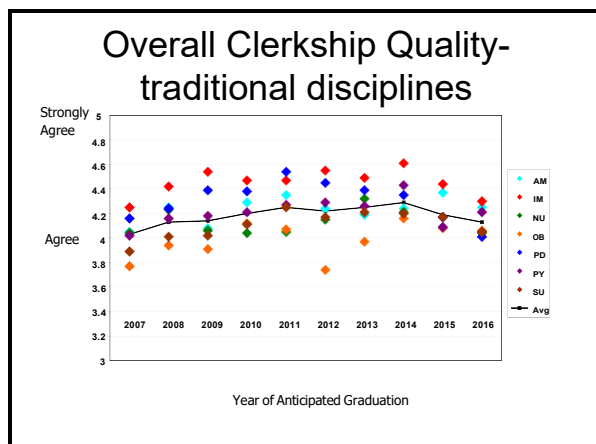
Wexner Medical Center

9/22/2015

- ### End of Part 2 Program Evaluation
- Collected at June of 2015, following completion of Part 2
 - Response Rate of 86.3% (158/183)
 - Curricular Pathway of Respondents
 - Independent Study Pathway: 3.2% (5)
 - Integrated Pathway: 5.7% (9)
 - Lead.Serve.Inspire: 91.1% (144)







- ### Duty Hours
- Violations
 - Ring 1: 2 violations (UPRSN): one concerned addressed; one not a violation
 - Ring 2: 1 violation (PWP) for “1 day off in 7”: clarified, not a true violation
 - Ring 3: No Violations
 - Ongoing Monitoring
 - Several reports of >80hr in a single week (UPRSN)

- ### Supervision / Safety
- Did you feel supervision of you as a student in this course/clerkship was sufficient to promote a safe environment for you and for your patients?
 - Violations:
 - Ring 1: 1 (PWP-Newborn Nursery)
 - Ring 2: 1 (PWP-Ambulatory)
 - Ring 3: 1 (PWP-Ambulatory)

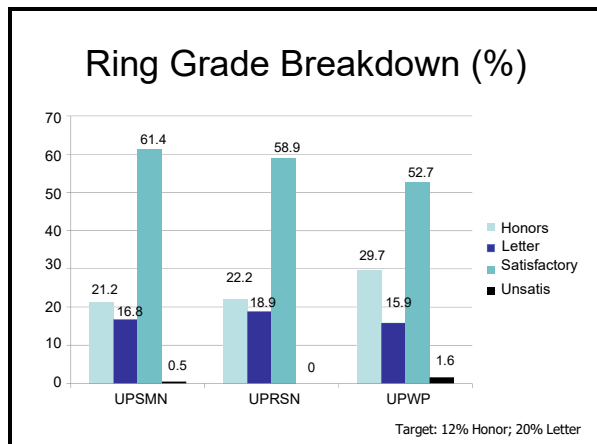
- ### Learning Environment
- This teacher avoided ridicule and intimidation
 - Used by UPWP and UPSMN rings
 - Questions approved by ECC
 - “I was treated with respect by this individual”
 - “I observed others being treated with respect by this individual”
 - Piloted by UPRSN Rings 2 and 3
 - Implemented all rings 2015-16 AY

Student Learning Outcomes

Part 2 Grade Breakdown

Ring	Weeks	Weight
UPRSN	15-16	32.5
UPSMN	15-16	32.5
UPWP	15-16	32.5
HSIQ	N/A	2.5

- Honors – 19 students (10.7%)
- Letter of Commendation – 28 students (15.7%)
- Satisfactory – 131 students (73.6%)



Learning Assessments: Ring by ring competency performance (Met/Not Met)

		PC (CE01)	MK (CE02)	IC (CE03)	SBP (CE04)	PBLL (CE05)	Professionalism (CE06)
UPRSN (N=180)	Met	180	178	180	179	174	180
	Not Met	0	2	0	1	6	0
UPWP (N=183)	Met	169	178	178	182	179	179
	Not Met	13	5	4	1	4	3
USMNM (N=184)	Met	162	179	177	183	179	179
	Not Met	21	5	6	1	5	5

Competency Not Met by Student

Ring 1 NOT MET	Ring 2 NOT MET	Ring 3 NOT MET
1 RPSN (2): Medical Knowledge, PBLL		1 UPSMN (2): Patient Care, Medical Knowledge (FM)
	1 PWP (1): Medical Knowledge	1 UPWP (1): Patient Care (USL)
1 PSMN (1): Medical Knowledge		
1 PSMN (1): Patient Care		
1 PSMN (1): Patient Care		
1 PSMN (1): Medical Knowledge		
	1 PWP (1): Patient Care	
	1 UPSMN (1): Patient Care	
	1 UPSMN (1): Medical Knowledge	
	1 PWP (1): Patient Care	
		1 UPWP (2): Medical Knowledge (FM), Professionalism
1 UPSMN (1): Patient Care		
1 UPSMN (1): Patient Care	1 UPSMN (1): PBLL	
1 UPSMN (2): Patient Care, Professionalism	1 PWP (2): Patient Care, Communication	
1 UPWP (1): Patient Care, Professionalism		1 UPSMN: PBLL (needs 2 reflections)
	1 PWP (1): Patient Care	
1 UPSMN (3): Patient Care, Communication, Professionalism		
1 UPWP (1): Patient Care		
		1 UPWP (1): PBLL (needs 1 reflection)
		1 UPSMN (2): Patient Care, Communication
1 UPSMN (4): Medical Knowledge x2, SBP	1 PWP (3): Medical Knowledge, Patient Care, SBP	1 LOA
1 UPSMN (4): Medical Knowledge, Patient Care, PBLL, Communication, Professionalism	1 PWP (2): Patient Care, Communication	1 LOA

23 UPWP (1): PBLL	1 UPSMN (1): Communication	
24	1 PWP (1): Patient Care	
25	1 UPSMN (1): Patient Care	
26 UPSMN (1): Patient Care		
27	1 UPSMN (1): PBLL	
28 UPWP (1): Patient Care		
29 UPSMN (1): Patient Care		
30 UPSMN (2): Patient Care, Professionalism		
31 UPSMN: Incomplete; Not Met SBP, PBLL, Professionalism	1 LOA	1 LOA
32	1 UPSMN (1): PBLL	1 UPWP (1): PBLL (4 Reflections behind)
33 UPWP (1): Patient Care		
34 UPWP (1): Communication	1 UPSMN (1): Patient Care	
35 UPSMN (4): Patient Care, PBLL, Communication, Professionalism	1 PWP (3): Patient Care, Communication, Professionalism	1 LOA
36 UPSMN (1): Patient Care		
37 UPWP (2): Medical Knowledge, Patient Care		
38	1 UPSMN (1): Patient Care	
39 UPSMN (1): PBLL		1 UPSMN (1): PBLL (6 reflections behind)
40	1 PWP (1): Patient Care	
41 UPWP (1): Patient Care		
42 UPWP (1): PBLL		
43 UPWP (1): Medical Knowledge		
44	1 UPSMN (1): Patient Care	

Part 2 Student Review

	Ring 1	Ring 2	Ring 3
Students Reviewed	14	12	6
Ring Unsat	1 (1 incomplete)	3	0
Multiple competencies unmet	12		6
Decision		3 ABRC referrals	

- ### Required Encounters (Px/Dx)
- UPRSN (27 Encounters)
 - 100% logged; no alternate experiences documented
 - UPWP (42 Encounters)
 - 100% logged; no alternate experiences documented
 - UPSMN (45 Encounters)
 - >99.5% logged; 1 student didn't log seeing an adult patient with obesity

Executive Summary

- Successes:
 - Collaboration/teamwork and integration across disciplines
 - Coordination with E/A team
 - Small Group Teaching
 - Integration of Procedural Skills sessions
 - Strong student performance on NBME exams

Executive Summary

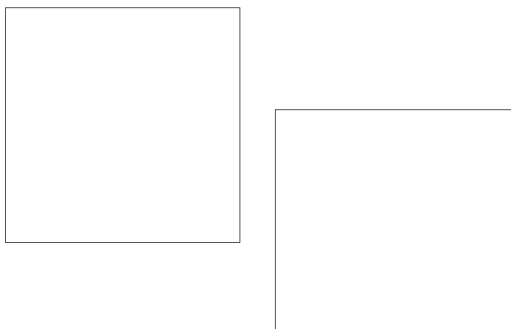
- Areas of Challenge:
 - Groundschool, Tuesday Didactics
 - Multiple new technologies
 - Quality of direct observations / feedback
 - Assessing the learning environment
 - Timely student review / ABRC referral

Action Plan

- Phase out of passive live didactics and increased active learning in groundschool and Tuesday afternoons.
- Addition of TBLs
- Pilot plan to improve direct observations (UPRSN) and a longitudinal component (UPWP)
- Faculty evaluation of Part 2 curriculum

Next Steps

- Transition to 16-week rings
- Full transition to VITALS for curriculum management
- Analysis of student feedback and performance by site
- Monitor student performance on USMLE Step 2 CK and CS





Wexner Medical Center

The Ohio State University College of
Medicine

Executive Curriculum Committee

Meeting Minutes

Date: 9/22/15

Location: 150 Meiling

Presiding Chair: Howard Werman, MD

Call to order:

4:00pm

Minutes recorded by: Casey Leitwein

Adjourned:

5:30pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Courtney Gilliam	Med Student Representative	Y
Alex Grieco	Chair, Academic Review Board	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Thomas Mauger	Clinical science chair	N
Leon McDougle	Academic Program Director, Associate Dean Diversity	N
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Douglas Post	Assistant Dean, Med Ed	Y
Andrej Rotter	Faculty Member- Faculty Council Rep	N
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Donald Thomas	Med Student Representative	N

Additional attendees

Bryan Martin

Curt Walker

Agenda items

Item 1, Approval of minutes

Item 2, Academic Standing Review

Item 3, Residency Module Compliance

Item 4, Graduate Questionnaire Survey

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from August 25, 2015 were reviewed by the committee and approved.

Item 2, Academic Standing Review Presenters: Dr. Sorabh Khandelwal

Discussion

1. Dr. Khandelwal presented a review of the 2014-15 Academic Standing Committee. The presentation is attached.
2. Dr. Khandelwal included a slide that asked for approval or discussion on the following items.
 - a. Development of a review process by Admissions to report back to ASC (review all students referred to ABRC)
 - b. Feed Forward – understanding the risks / benefits of a feed forward process, a competency based framework encourages a process that both informs key faculty and the student
 - c. SRS / ABRC develop a system to track students referred to SRS / ABRC
3. One suggestion for tracking was to have the Academic Advancement Committee review all level 2 committee students and have students complete a follow-up letter with their Portfolio Coach.
4. Dr. Schlesinger asked if Admissions was data driven and if Dr. Capers could present on the Admissions process.

Action Items

1. Dr. Capers will be invited to a future ECC meeting to present on the Admissions process and how they use current data to revise their process.
2. Dr. Khandelwal's presentation will be given to the Admissions Committee.
3. ECC charged the Academic Standing Committee to develop a detailed concrete plan to address these three issues.

Item 3, Residency Module Compliance Presenter: Dr. Bryan Martin

Discussion

1. Dr. Martin was invited back to present on the resident module compliance as teachers of medical students. The presentation is attached.
2. There is a program in place to monitor compliance but there is a lack of administrative man-power to maintain the monitoring.

Executive Curriculum Committee Agenda

3. The percentage for the teaching modules is 15% for both modules. 123/840 for Effective Clinical Teaching and 125/840 for Feedback and Evaluation.
4. Dr. Martin believes that it would be better if the modules were done live during orientation however the orientation schedule is very packed at this time.
5. Dr. Davis suggested using a flipped classroom approach, the residents do the modules and then there would be a small group session with program directors to discuss the modules.

Action Items

1. Dr. Scott Holliday will be invited to come back later in the year when there is more data to discuss as Dr. Martin's replacement.

Item 4, Graduate Questionnaire Survey

Presenter: Dr. Cynthia Ledford

Discussion

1. Dr. Ledford presented the results of last year's graduate questionnaire survey which is done in the spring. The presentation is attached.
2. It was suggested to look at the correlation of student perception of the quality of their medical education versus actual Step 1 results.

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Update on Student Academic Progress – AY 2014-2015
Sorabh Khandelwal, MD
Chair, Academic Standing Committee

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Student Academic Progress Goals

- Insure integrated, coordinated process of tracking student progress throughout the pre-clinical and clinical years
- Address academic deficiencies early and assure that there is sufficient progress throughout the course of education
- Provide appropriate feedback to all responsible parties in student progress from Admission to Graduation

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Student Academic Progress Goals

continued assistance and improvement

independent evaluation

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Welcome to Medical Practice and Patient Care

Lead.Serve.Inspire Curriculum of OSUCOM
Overview of Curriculum

Competency ¹	Content ²	Assessments ³
Patient Care	Anatomy of a medical interview, obtaining medical histories Overview of physical exam skills	Objective structured clinical examinations (OSCE) DOC from LO, workshops
Medical Knowledge and Skills	Social and behavioral context of human disease processes Fundamentals of biochemistry, cell biology, molecular genetics, epidemiology, biostatistics, anatomy, pharmacology, pathology, and immunology Basic medical office procedures	To include Multiple choice (MC) items in quizzes, Midterm, and assessment week Exam Team based learning assessments Anatomy practical exam DOC from training workshops
Practice-Based & Life Long Learning	Understands self	Portfolio coach work
Interpersonal Communications	Listening, Observing, Questioning skills Communicating empathy	OSCE Peer classroom evaluations Faculty classroom evaluations
Systems-Based Practice	Healthcare systems using IHI Open School	Completion of assigned modules (with quiz)
Professionalism, consistent and ongoing	Compassion with patients Respect for all Honesty, integrity, accountability, and responsibility in assigned tasks Committed to excellence in personal work	OSCE Peer and faculty classroom evaluations Portfolio coach work Compliance (Institutions, HIPAA, CITI, et al)

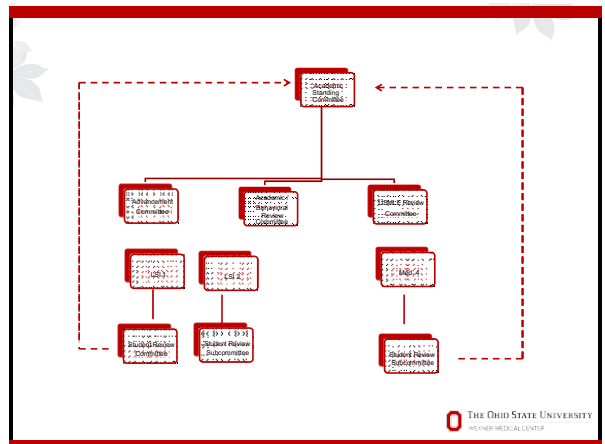
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Student Academic Progress Structure

- Level I: Academic Program – SRC
- Level II: Academic and Behavioral Review Committee; USMLE Committee, HPC, Violations Committee
- Level III: Academic Review Board
- Level IV: Dean or Vice Dean for Educ

Support Committees: Advancement Committee, Academic Standing Committee, (Student Performance Comm)

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Student Academic Progress Academic Programs

- Each program has their own Student Review Committee
 - LSI Part 1 (David Lindsey, MD)
 - LSI Part 2 (Ben Nwomeh, MD)
 - Med IV (Dan Cohen, MD)
 - typically activated by exam or performance criteria established by the programs
 - issues: professionalism, follow up on recommendations

Student Academic Progress Other Level II Committees






- Honor and Professionalism Council
 - peer to peer
 - issues: integration with other portions of academic progress
- Violations Committee
 - responsible for the oversight of applicant and student self-disclosure, background checks, and toxicology screens

Student Academic Progress Level III and Level IV Review

- Academic Review Board
 - assures appropriate process has been followed
 - reviews all requests for reinstatement
 - Chair (2014-2015) – Dr. C. Alexander Grieco
- Dean, College of Medicine
 - final authority for dismissal
 - may be delegated to Vice Dean for Education

Student Academic Progress Academic Advancement Committee

- Reviews overall trends in student performance through grades and exam scores
 - may independently refer to Academic and Behavioral Review Committee or USMLE Committee or may make other referrals as deemed necessary
- Assigns student (‘lights’) status in bi-weekly meetings


-  **GREEN** = Good Academic Standing.
-  **YELLOW** = Good Academic Standing/Single Incident: once per academic year or academic program.
-  **ORANGE** = Good Academic Standing, At Risk: accumulation (>1) of issues that should be considered when assigning service and/or small group activities.
-  **BROWN** = Academic Standing at High Risk: accumulation of issues that should be considered when assigning service and/or small group activities. This student is not allowed to do away or international electives; may rotate to local affiliate if specifically requested by program director.
-  **RED** = Not in Good Academic Standing: student has failed a program and/or has a significant issue and is pending official action. This student should not be involved with any academic program activities unless approved by Dean's staff in conjunction with appropriate program director.

Members


Holly Cronau
Chad Hoyle
Cynthia Leung
Joanne Lynn
Doug Post
Elisa Butler
Marisa Scholl
Laura Volk

Doug Danforth
Alan Harzman
Nicholas Kman
David Lindsey
Mary McIlroy
Kim Tartaglia
Casey Leitwein
Kevin Stringfellow
Daniel Cohen


Class of 2016 End of Part 2 Summary		
Color	No. Students (N=182)	Approx % class
Green	141	77.4
Yellow	20	10.99
Orange	7	3.85
Brown	13	7.14
Red	1	0.55


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Class of 2017 (187 starting Part 1, Year 2)		
Color	No. Students (N=187)	Approx % class
Green	105	56.1
Yellow	33	17.65
Orange	17	9.09
Brown	22	11.76
Red	10	5.33

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Class of 2018 (N=200 matriculants)		
Color	No. Students (N=200)	Approx % class
Green	143	71.50
Yellow	22	11.00
Orange	13	6.50
Brown	12	6.00
Red	10	5.00

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- ### Student Academic Progress Academic Standing Committee
- Oversees the **process** of student progress and promotion
 - consistent with the Core Institutional Objectives and mission, vision and values
 - Serves in a quality improvement capacity
 - Outcomes-based review of the process
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- ### Student Academic Progress Academic Standing Committee Membership
- Associate Dean for Medical Education
 - Associate Dean for Diversity and Cultural Affairs
 - Associate Dean for Student Life
 - Associate Dean for Admissions
 - Assistant Dean for Evaluation and Assessment
 - Assistant Dean for Foundational Sciences
 - Assistant Dean for Clinical Sciences
 - Assistant Dean for Practice-based and Life Long Learning
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- ### Student Academic Progress Academic Standing Committee Membership
- Academic Program Directors, LSI Part 1, 2 and 3, and 2006 Curriculum Med 4
 - Associate Academic Program Directors, LSI Part 1 and 2 and 2006 Curriculum Med 4
 - Directors of Integration, Part 2
 - DOC Directors (4)
 - Faculty (10); from a mix of foundational and clinical science, at least two of whom are elected by the faculty at large, and at least two of whom are community faculty (or from affiliated programs)
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Student Academic Progress Academic Standing Committee

Met four times in AY 2014/15

- Update on Student Progress
- Committee Reports
- Admissions Report
- Student Presentation: using a 'Sentinel Event' format assessing root causes and system issues (see Appendix 1)



Goals 2014-2015

- Admissions and Student Review
- Forward Feed
- Student Tracking
- Investigating best practices for Student Review Process
- Defining Part 3 Academic Review Process
- Faculty development for those involved in student review
- Oversight process to ensure that regular processes are followed



Goals	Outcome
Closing the loop between Admissions and Student Review	In progress
Feed Forward	In progress
Greater tracking of students meeting with academic programs' student review committees	In progress
Investigating best practices for Student Review Process	In Progress
Defining Part 3 Academic Review Process	Complete
Faculty development for those involved in student review	In progress
Oversight process to ensure that regular processes are followed	In progress



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Academic Standing Committee Annual Summary of Committees



Academic and Behavioral Review Committee Summary 2014-21015



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Mary McIlroy, MD
Douglas Post, MD
Sorabh Khandelwal, MD
(interim)



Committee Members

Chairs: Dr. Douglas Post, Dr. Mary McIlroy,

Dr. Mary McIlroy

Program Director: Doug Danforth

Associate Program Director: Lawrence Kirschner

Assistant Dean: Sorabh Khandelwal

Unit Director/Integration Director/Project Director:

• Alan Harzman (Surgery)

• Chad Hoyle (Neurology)

• Lori Meyers (Anesthesiology)

Three Basic Science Faculty:

• Loren Wold (Physiology and Cell Biology)

• Debra Zynger (Pathology)

• Virginia Sanders (SBS-Molecular Virology; Immunology & Gen Med)

Seven Clinical Faculty:

• Allison Macerollo (FM)

• Brett Worly (OBGYN)

• Larry Jones (Surgery)

• Sarah Greenberger (EM)

Alternate General Faculty:

• Reno Ravindran-NCH-Sports

Medicine

• Steven Cuff- Pediatric Sports

Medicine

• Pawan Kumar- Otolaryngology

• Andrew Hundley-Urogynecology

• Jennifer Burgoon-Anatomy

• David Orsinelli- Cardiology

• David Bahner- Emergency

Medicine

• Jonathan Schaffir-OBGYN

• Douglas Scharre-Neurology

• Richard Shell-Pediatrics

• David Kasick-Psychiatry

• Alan Letson - Ophthalmology

• Charles Redman (Internal Medicine)


• Shahid Sheikh (Pediatrics)

• Courtney Lynch (OBGYN)




ABRC Annual Summary 2014-15

- Total 38 referrals to ABRC
- 37 review meetings completed (1 student, repeating Med 2, withdrew prior to review meeting)
- 36 different students; 2 students referred twice

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2014-15 Referrals by Quarter

	M1	M2	M3	M4	M2.5	Reinstatement	Total
June - Aug.	4					1	5
Sept. - Nov.		9	1		1		11
Dec. - Feb.	6	1	2	2			11
March-May	3	3	4		1		11

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Overall Recommendation Counts


- Total Dismissals: 6
- Total Restarts: 26
- Total Continuations: 3
- Other: 3
 - Six-Year Rule Extension
 - Deadline to Communicate w/ COM
 - Reinstatement

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Comparison to 13-14


	# Referrals		Dismissals		Restarts		Continuations		Withdrawals	
	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14
Total	38	22	6	2	25	13	5	6	1	1
M1	13	11	3	1	10	9	0	1	0	0
M2	13	3	0	0	9	2	3	1	1	0
M3	7	7	1	1	5	2	1*	4	0	0
M4	2	0	1	N/A	0	N/A	1	N/A	0	N/A
M2.5	2	1	1	0	1	0	0	0	0	1
Reinstatement	1	0	0	N/A	1	N/A	0	N/A	0	N/A

> 72% increase in referrals
 > Biggest jump in M2 referrals: 333% increase, from 3 to 13
 * Continue on LOA

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Challenges

1. Extenuating circumstances
 - > Second chance to repeat a year for two students
 - > Two students allowed to continue in curriculum after failing the Program
2. Failing multiple competencies (one student did not meet 9 competencies)
3. Maintaining oversight of referred students; ensuring their follow-through of ABRC recommendations

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Challenges

4. LP/LG/Portfolio Coach/Projects arrangements for students returning (esp. to Med 2): how many chances to pass Competencies?
5. Communications with many parties involved in curriculum adaptations/advice for return preparation/counseling
6. Multiple Leaders of ABRC in 2014-15
7. Increased referrals/workload:
 - Most referrals come after the end of a Part One block due to accumulation of multiple unmet Competencies
 - After blocks in Year 2, many students have 2 unmet Competencies of the same type
 - Can sometimes be 8-9 referrals on the same date – increased workload for everyone involved, as all meetings then have the same 1-week window in which they need to be scheduled

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Future Directions

- Templates for typical situations
 - With room for tailored recommendations
- Movement of meeting summaries/minutes from MedStar to VITALS
- Faculty Orientation/Development
- Feed Forward?
- Addressing Challenges: Lead to ABRC Process Changes?

USMLE Committee Level 2 Summary 2014-2015

Dr. Cynthia Ledford, MD
Assistant Dean for Evaluation and Assessment
USMLE Student Review Committee Chair



Committee Membership

Chair: Cynthia Ledford, MD

AY2014-2015 Members:

- Jose Bazan, MD, PhD
- Georgia Bishop, PhD
- Cynthia Leung, MD
- Ben Nwomeh, MD
- Chirag Patel, MD
- Rebecca Scherzer, MD
- Megan Wassil, MD

Rules enforced

Step 1-

- Initial take by deadline
- Pass by 12 months
- Pass in < 3 attempts

Step 2 CS and CK-

- Initial take by deadline
- Pass before graduation
- Pass in ≤ 3 attempts*

Graduate within 6 years of matriculation date

* *new standard- based on analysis of prognosis*

Inventory of Hearings and Activities

Quarter 1: June - Sept 2014

- 1 formal hearing; one repeat-formal hearing/revisit prior dismissal

Quarter 2: Oct - Dec 2014

- No formal hearings; 2 informal referrals

Quarter 3: Jan-Mar 2015

- 5 formal hearings
 - January- 3 students missed deadlines (3 CK, 2 CS)
 - February- 1 student failed Step 2 CS (2nd attempt)
 - March- 1 student failed Step 2 CK (first attempt late) and running short on time (6 y rule)

Quarter 4: April-June 2015

- No Formal Hearings; 1 action

Process issues and new developments

Process issues and Lessons learned-

- "6 year rule" is defined by date of matriculation, not graduation date
- Tighten up communications post meeting- return to certified/verified letters?, 5 day written notification
- Need formal letter of referral to committee – from whom?
- Referrals after one Step Failure- a new practice?
 - To Part 2 or 3 APC Student Review? To USMLE?
- Potential conflicts- Part 2 APC Student review chair on committee

New developments

- New accommodation requests at Step 2- resultant delays in scheduling exams, later failing scores



LSI Part 1 Student Review Sub-Committee Summary 2014-2015

David E. Lindsey, M.D.

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Members

David Lindsey, Chair

- Dr. William Ackerman
- Dr. Jose Bazan
- Dr. Laurie Belknap
- Dr. Udayan Bhatt
- Dr. Charles Hitchcock
- Dr. Eileen Kalmar
- Dr. David Lindsey
- Dr. Maria Lucarelli
- Dr. Julie Niedermeier
- Dr. Sheryl Pfeil
- Dr. Abhay Satoskar
- Dr. Thomas Scharschmidt
- Dr. Judith Westman


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End of year summary

Year	Block	Medical Knowledge	Patient Care	Interpersonal PBLLL Communications	Systems-Based Practice	Professionalism
1	Foundations 1	10				
1	Foundations 2	11				3
1	Bone & Muscle	1				5
1	Neuro	10		1		20
1	Cardiopulmonary	14 (2 additional referrals to ABRC)	2 (Comm Meet)	1		2
2	GI/Renal	10	7			8
2	Endo/Repro	6 (5 additional referrals to ABRC)	1	1		3 (1 Indiv Meet, 2 Comm Meet)
2	Host Defense	9	2			12
2	Board Prep	3				


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Process Issues

- Using point system for late work or missed deadlines
- Has lead to better compliance and fewer student meetings


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Updates

- First Competency not met- Students will be reviewed at the block grading committee meeting and may be referred to the Student Review Committee given to student via email or in person during coach meeting.
- Second Competency not met, if same Competency as first not met, triggers a full Student Review
- Second Competency not met, if different Competency as first not met, the student will meet with an individual member of the Student Review Committee.
- Third Competency not met, all different competencies, the student will meet an individual member of the Student Review Committee.
- Third Competency not met, if same competency, triggers Program failure. Student will be referred to the Academic Behavioral Review Committee for review.


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Meetings

- 4 MSTP students failed host defense
 - 2 triggered a SRC meeting for 2nd medical knowledge failure
 - 2 met with SRC chair

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Future Directions

- Increase size of committee to facilitate availability of three faculty members each time for knowledge failures, or multiple competency failures



LSI Part 2 Student Review Sub-Committee Summary 2014-2015

Chair: Ben Nwomeh, M.D.




Committee Overview Continued:

Membership consists of the Part 2 Expert Educators:

Chair: Benedict Nwomeh, MD	Surgery
Creagh Boulger, MD	Emergency Medicine
Jackie Cios, MD	Neurology
Dean Connors, MD	Anesthesiology
Matt Exline, MD	Internal Medicine
Alex Grieco, MD	Radiology
Christian Jones, MD	Surgery
David Kasick, MD	Psychiatry
Courtney Lynch, MD	Obstetrics/Gynecology
Allison Macerollo, MD	Family Medicine
Jen McCallister, MD	Internal Medicine
Mary McIlroy, MD	Pediatrics
Ash Panchal, MD	Emergency Medicine
Sheryl Pfeil, MD	Internal Medicine
Katherine Strafford, MD	Obstetrics/Gynecology
Katherine Walsh, MD	Internal Medicine


Support: Med 4 / Part 2 Program Manager, Laura Volk



Purpose


Meet with students who are struggling to:

1. Review longitudinal performance and investigate underlying barriers to successful completion curriculum.
2. Recommend resources and referrals for academic or behavioral health assistance as indicated.
3. For students who are failing to progress, provide recommendations to the Part 2 Academic Program Director for ABRC referral.




Indication for Referrals

- Receives 2 or more competencies "Not Met" in a ring (or 2 or more failed NBME exams in a ring)
- Accumulates two or more "Not Met" in any competency
- Receives from a unit/ring or faculty member an expression of concern about their ability, performance, or behavior.
- Is failing to make satisfactory progress through the Part 2 curriculum.
- Demonstrates repeated marginal performance



How are students referred to SRS?

- A. Mid Rotation Feedback (MRFB)
- B. End of Ring



Competencies Not Met


Student	Ring 1 NOT MET	Ring 2 NOT MET	Ring 3 NOT MET
1	U/PSRN (2): Medical Knowledge, PBLL		
2		PWP (1): Medical Knowledge	
3	U/PSMN (1): Medical Knowledge		
4	U/PSMN (1): Patient Care		
5	U/PSMN (1): Patient Care		
6	U/PSMN (1): Medical Knowledge		
7		PWP (1): Patient Care	
8		U/PSMN (1): Patient Care	
9		U/PSMN (1): Medical Knowledge	
10		PWP (1): Patient Care	
11	U/PSMN (1): Patient Care		
12	U/PSMN (1): Patient Care	U/PSRN (1): PBLL	
13	U/PSMN (2): Patient Care, Professionalism	PWP (2): Patient Care, Communication	
14	U/PWP (2): Patient Care, Professionalism		
15		PWP (1): Patient Care	
16	U/PSMN (3): Patient Care, Communication, Professionalism		
17	U/PWP (1): Patient Care		
18	U/PSRN (4): Medical Knowledge x2, SBP x2	PWP (3): Medical Knowledge, Patient Care, SBP	LOA
19	U/PSMN (4): Medical Knowledge, Patient Care, PBLL, Communication, Professionalism	PWP (2): Patient Care, Communication	

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Competencies Not Met

Student	Ring 4 NOT MET	Ring 5 NOT MET	Ring 6 NOT MET
20	U/PWP (1): PBLL	U/PSMN (1): Communication	
21		PWP (1): Patient Care	
22		U/PSMN (1): Patient Care	
23	U/PSMN (1): Patient Care		
24		U/PSRN (1): PBLL	
25	U/PWP (1): Patient Care		
26	U/PSMN (2): Patient Care, Professionalism		
27			
28	U/PSMN: Incomplete; Not Met SBP; PBLL: Professionalism	LOA	LOA
29		U/PSRN (1): PBLL	
30	U/PWP (1): Patient Care		
31	U/PWP (1): Communication	U/PSMN (1): Patient Care	
32	U/PSMN (4): Patient Care, PBLL, Communication, Professionalism	PWP (3): Patient Care, Communication, Professionalism	
33	U/PSMN (1): Patient Care		
34	U/PWP (2): Medical Knowledge, Patient Care		
35		U/PSMN (1): Patient Care	
36	U/PSRN (1): PBLL		
37		PWP (1): Patient Care	
38	U/PWP (1): Patient Care		
39	U/PWP (1): PBLL		
40	U/PWP (1): Medical Knowledge		
41		U/PSMN (1): Patient Care	

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Med 4 Student Review Sub-Committee Summary 2014-2015

Daniel M. Cohen, MD

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Committee Overview

Monthly Meetings:
Thursdays prior to Med 4 APC Meeting
Ad hoc meetings given case volume

Membership:

Chair: Daniel M. Cohen, MD	Pediatrics
Deborah Bartholomew, MD	OB/GYN
Cynthia Leung, MD	Emergency Medicine
Nathan O'Dorisio, MD	Hospital Medicine
Katherine Walsh, MD	Internal Medicine

Support:
Med 4 / Part 2 Program Manager, Laura Volk

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Med 4 Student Review Totals 2014-2015

- 14 Students Total
 - 11 students – 1 meeting
 - 3 students – 2 meetings
- 5 – Exam Unsatisfactory (2 students = 2 [Psych / Peds & Psych / IM], DOC 1, and OB/GYN
- 4 – Poor performance
- 3 – Professionalism
- 1 – Unsatisfactory – DOC 1
- 3 – Step 2 CK failure
- 1 – Failure to schedule Step 2 + evaluation concerns

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Admissions Summary 2014-2015

Quinn Capers, IV, MD
Associate Dean for Admissions
Associate Professor of Medicine

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Entering Class of 2015 Profile

- Total Number of Applications: 5782
- Total Number Interviewed: 794
- Total Acceptances Offered: 384
- Total Class Size: 204
- Underrepresented in Medicine: 21.9%
- Males: 46.4%
- Females: 53.6%
- OH: 52.1%
- MCAT: 34
- GPA: 3.72



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Academic Review Board

Activity Summary
2014 – 2015 Academic Year

C. Alexander Grieco, M.D., Chair



Academic Review Board

Academic Year 2014-2015 Summary

- 8 referrals for dismissal
 - 4 students withdrew from the College of Medicine prior to the scheduled ARB meeting
 - 4 meetings occurred
 - Each resulted in the recommendation for dismissal being upheld
 - In each of the 4 cases, students withdrew from the COM prior to dismissal by the Dean of Students.
- 1 Request for reinstatement
 - Request denied



Goals 2015-2016

- Admissions and Student Review
- Forward Feed
- Student Tracking
- Investigating best practices for Student Review Process
- Faculty development for those involved in student review
- Oversight process to ensure that regular processes are followed




ECC approval for

- Development of a review process by Admissions to report back to ASC (review all students referred to ABRC)
- Feed Forward – understanding the risks / benefits of a feed forward process, a competency based framework encourages a process that both informs key faculty and the student
- SRS / ABRC develop a system to track students referred to SRS / ABRC




Supplementary Information

- Sentinel Event Form / Process




Level of Analysis	Questions	Findings	Root Cause?	Ask "Why?"	Take Action
What happened?	Sentinel Event LG withdrew from Medical school	What are the details of the event? (Brief description, eg. HPC, LOA, Dismissal etc.) When did the event occur, date(s)?	XX failed 4 exams (and one anatomy exam) in Med 1, then took an LOA. He returned, failed 5 exams in Med 1 and withdrew. XX entered Med 1 8/2009, took an LOA 4/2010. He returned to restart Med 1 8/2010 and withdrew 7/2011.		
	What area: Med 1-2, 3-4 or other?	Med 1			
Why did it happen?	What are the steps in the process, as designed?	The first attempt XX came within one exam failure of failing Med 1 when he still had 7 exams left prompting the LOA. The second attempt LG failed the year. He was referred for dismissal and withdrew instead.			



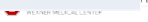
Input (Admission)					
Human factors	Where there identifiable risk factors (social, psychological, financial, communication, other)?	XX is married and during 2009-2010 was expecting his first child. He alluded to financial concerns. LG was a first generation college graduate. His family immigrated to the US when he was 2 years old. He was financially underserved.			
Undergraduate performance factors	Did undergraduate performance affect the outcome (MCATs, GPA, Post-Bacc, other)?	XX did discuss having academic struggles during undergraduate when his family needed him to work in the business – 40 hours a week. Undergrad – USC GPA – 2.93 in Economics Post-bacc – XXX XXX College – GPA 3.3 Worked as a business analyst MCAT 7/07 – 19Q (7.7.5) – needstick MCAT 5/08 – 28M (9.10.9)			
Uncontrollable external factors	Injuries, illnesses or other factors beyond control?				
Interview	In retrospect, were there any red flags? (Check with interviewers?)	No – everyone was impressed by his dedication and ability over come diversity			
Other	Are there any other factors to consider?				

NOTES:




Level of Analysis	Questions	Findings	Root Cause?	Ask "Why?"	Take Action
Throughput					
Med 1-2	Test Scores Compared to mean? Any area(s) of concern?	Failed one anatomy exam and 4 ISP exams during the first attempt Failed 5 ISP exams during the second attempt.			
	CAPS Scores and any red flags?	No – overall his CAPS score was good.			
	Human factors Where there identifiable risk factors (social, psychological, financial, communication, other)?	XX's son was born 5/2010. His wife initially did not drive and relied on him for all household needs. Financially underserved			
	Uncontrollable external factors Injuries, illnesses or other factors beyond control?	Depression – initially diagnosed 2009-2010, treated and under control during 2010-2011 Test anxiety – treated by his physician			
	Other Are there any other factors to consider?				

NOTES:
Dr. Covington assigned to tutor him early 2010.
Tested for a learning disability 2010 – negative
Began meeting with Pam 2/2011 – a scheduling method was created



Other Systems					
Training	Can orientation, monitoring, faculty training or other be improved?	LG received tutoring, academic counseling and psychometric testing and physician support.			
Information Management	Is all necessary information available (admission, courses)? Complete? Unambiguous? Is communication among faculty and staff adequate?	Adequate although still a little challenging			
Environment & Culture	Was the physical & cultural environment appropriate? What systems are in place to identify risks? (Abuse policy, diversity, support). What emergency and failure-mode responses have been planned and tested?				
Leadership Issues	Corporate culture To what degree is the culture conducive to risk identification and reduction? (Faculty and student avenues) Encouragement of communication Uncontrollable factors What are the barriers to communication of potential risk factors? What can be done to protect against uncontrollable factors? (Workflow programming, background checks, etc.)				



A Framework for a Root Cause Analysis & Action Plan In Response to a Sentinel Event in Medical Student Education

Action Plan	Risk Reduction Strategies	Measures of Effectiveness
For each of the findings identified in the analysis to resulting action, indicate the planned action, expected, implementation date and associated measure of effectiveness. OR, ...	Action Item #1: Major psychiatric issues – how to deal with/monitor/ plan for; identify whether communication of issue is pertinent	Documentation of tracking students and issues, and maintaining communication with them System cannot control unpredictable events
If after consideration of such a finding, a decision is made not to implement an associated risk reduction strategy, indicate the rationale for not taking action at this time.	Action Item #2: Every request for review of students occurs, is tracked, and student activity monitored; tracking sheet and documentation for regular review	Tracking of requests and student appearance before committee Ensure staff education re: review requests
Check to be sure that the planned measures will provide data that will permit assessment of the effectiveness of the action.	Action Item #3: Consider how to recognize and avoid backloading to end of academic year multiple challenging academic requirements for students with identified deficiencies – difficult problem as students must be distributed and issues may arise late in the course	Review of student schedules – all vs. all who occur through Med 3-4 Student Review?
Consider whether pilot testing of a planned improvement should be conducted.	Action Item #4:	

Supplementary Information

- ABRC

Med 1 Students – 13 Referrals

- **4** Unsatisfactory for Part One '13-'14
 - Each result of not meeting **Medical Knowledge Competency** 3 times
 - **2** recommended to restart Part One August, 2014
 - **2** recommended for dismissal from COM – were already repeating Part One
- **7** Unsatisfactory for Part One '14-'15
 - Each result of not meeting **Medical Knowledge Competency** 3 times
 - **6** received recommendations to **restart** Part One, August, 2015
 - One of these was already repeating Part One: given third attempt due to extreme extenuating circumstances.
 - **1** received recommendation for dismissal from COM
 - This student was already repeating Part One. No extenuating circumstances.
- **2** Requested LOA and restart Part One '14-'15
 - Each result of not meeting **Medical Knowledge Competency** twice and feeling unprepared for 3rd final exam
 - **Both** - recommendation to take LOA and restart Part One, August, 2015

Med 2 Students – 13 Referrals

(12 students, one student had two ABRC referrals)

- **10** Unsatisfactory for Part One '14-'15
 - **All 10** as a result of not meeting **Medical Knowledge Competency** 3 times
 - **8** received recommendation to **restart** Part One, Year Two August, 2015
 - One was already repeating Part One: given third attempt due to extreme extenuating circumstances.
 - **2** were allowed to continue in the curriculum due to extenuating circumstances; One of these was already repeating Part One.
- **PLUS 1** additional Unsatisfactory for Part One '14-'15
 - One of the students above (final bullet) who was allowed to continue in the curriculum in October (GI/Renal) due to extenuating circumstances did not meet his next Medical Knowledge Competency (Endo/Repro).
 - Student was referred to ABRC in November, but withdrew from the COM before a meeting could be scheduled. This student was already repeating Part One, so likely would have been recommended for dismissal.

Med 2 Students – 13 Referrals, cont.

- **1** referred for behavioral issues
 - Result of falling asleep in class and inappropriate communications to faculty and staff (pestering, badgering, inability to put recommendations into practice)
 - Allowed to continue in curriculum with additional resources and recommendations
- **1** referred for problems completing the curriculum (**9** unmet competencies)
 - ABRC recommended this student restart Part One, Year 2 in August 2015

Med 3 Students – 7 Referrals

(6 students, 1 had 2 ABRC reviews)

- **4** referred for academic difficulties
 - All 4 recommended to restart Part Two in May 2015
- **2** referred for behavioral/professionalism problems
 - **1** for poor communication skills with patients, inability to incorporate feedback and lack of insight/understanding of issues
 - Recommended to restart Part Two in May 2015
 - **1** for failure to communicate with academic program, not showing up for rotations on second ring
 - Placed on administrative LOA. Student did not attend ABRC meeting.

(Continued on next slide)

Med 3 Students – 7 Referrals, cont.

- **PLUS 1** additional referral for failure to communicate with COM
 - Final student discussed on prior slide
 - Second referral (March) to review student's progress in the curriculum and discuss next steps. Student given a deadline to communicate and only did so on the day of the deadline. Student did not attend the ABRC meeting.
 - Student withdrew from the COM before recommendation for dismissal was processed.

Med 4 Students – 2 referrals

- 1 referred for possible extension of 6-Year Rule due to extenuating circumstances affecting student's ability to complete curriculum
 - This request was granted.
- 1 referred for not passing Step 2 CK or CS
 - This student had repeated Year 3 of the curriculum
 - The ABRC recommended dismissal from the COM
 - The student withdrew from the COM

Med 2.5 – MSTP students during PhD years – 2 Referrals

- 1 for review of progress in the curriculum
 - Had been in Independent Study Program (ISP)
 - Was doing modules, but having trouble completing them on time due to extenuating circumstances
 - Given 2 options:
 - a. Revise calendar for modules, new due date, and when complete enter Part Two, or
 - b. Restart medical school completely at start of Part One, Year 1
 - Student chose second option (b), and restarted Part One in August 2015
- 1 due to student being found in violation of OSU Student Code of Conduct; terminated from university position pending HR report.
 - ABRC tasked with determining whether student could return to successfully complete the curriculum.
 - It was determined that this could not be done, and so the ABRC recommended the student be dismissed from the COM.

Reinstatement – 1 referral

- Student had been dismissed from COM in May 2013.
- Applied to ARB for reinstatement in December 2013
 - Denied
- Applied again to ARB for reinstatement in June 2014
 - Approved; forwarded to ABRC to determine recommendations for student upon re-entering COM
- ABRC determined recommendations and requirements for student's success in COM

Student Rank	Meeting Date	ABRC Referral Trigger	ABRC Result
M1	7/15/2014	Academic problems	Restart Year 1
M1	7/22/2014	Academic problems	Dismissal
N/A	7/28/2014	Reinstatement	Recommendations for reinstatement
M1	8/21/2014	Academic problems	Dismissal
M1	1/12/2015	Academic problems	Restart Year 1
M1	1/12/2015	Academic problems	Restart Year 1
M1	1/22/2015	Academic problems	Restart Year 1
M1	1/22/2015	Request for LOA and restart	Restart Year 1
M1	1/22/2015	Academic problems	Restart Year 1
M1	1/30/2015	Academic problems	Restart Year 1
M1	4/13/2015	Academic problems	Dismissal
M1	4/15/2015	Academic problems	Restart Year 1
M1	5/18/2015	Request for LOA and restart	Restart Year 1
M1	6/25/2015	Academic problems	Restart Year 1
M1	6/29/2015	Academic problems	Restart Year 1


Student Rank	Meeting Date	ABRC Referral Trigger	ABRC Result
M2*	10/7/2014	Academic problems	Continue in Year 2
M2	10/20/2014	Academic problems	Restart Year 2
M2	10/21/2014	Academic problems	Restart Year 2
M2*	[none-referral 11/17/14]	Academic problems	[none - student withdrew first]
M2	12/2/2014	Academic problems	Restart Year 2
M2	12/3/2014	Academic problems	Restart Year 2
M2	12/4/2014	Academic problems	Continue in Year 2
M2	12/4/2014	Academic problems	Restart Year 2
M2	12/8/2014	Academic problems	Restart Year 2
M2	3/12/2015	Behavior/professionalism problems	Restart Year 2
M2	3/18/2015	Behavior/professionalism problems	Continue in Year 2
M2	4/21/2015	Academic problems	Restart Year 2
M2	4/27/2015	Academic problems	Restart Year 2

*same student

Student Rank	Meeting Date	ABRC Referral Trigger	ABRC Result
M3*	12/5/2014	Behavior/professionalism problems	Set deadline to contact COM about return
M3	1/29/2015	Progress in curriculum	Restart Part Two
M3	2/27/2015	Academic problems	Restart Part Two
M3*	4/15/2015	Behavior/professionalism problems	Dismissal
M3	4/23/2015	Academic and behavioral/prof. problems	Restart Year 3
M3	4/29/2015	Academic problems	Restart Year 3
M3	5/22/2015	Academic and behavioral/prof. problems	Restart Part Two, repeat 2 rings only

*same student

Student Rank	Meeting Date	ABRC Referral Trigger	ABRC Result
M4	1/29/2015	Progress in curriculum	Approved extension of 6-year rule
M4	3/6/2015	Academic and behavioral/prof. problems	Dismissal
M2.5	12/1/2014	Progress in curriculum	Restart ISP modules or restart LSI Year 1 (chose to restart LSI Year 1)
M2.5	4/14/2015	Found in violation of OSU Student Code of Conduct; terminated from university position pending HR report.	Dismissal

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Supplementary Information

- USMLE

USMLE Annual Report– Academic year 2014-2015

Student Lives and Outcomes: Step 1 related

Before LSI

1. **Pass on second attempt, not progressing**
 - Matriculated 2011, first attempt March 2014
 - LOA 2013-2014, second attempt Aug 2014
 - Matriculated into Part 2- then second LOA 2014-2015
2. **Pass on second attempt, not progressing**
 - Matriculated 2011, first attempt- June 2013
 - LOA 2013-2014, second attempt- March 2014
 - Matriculated into Part 2- then second LOA 2014-2015

USMLE Annual Report– Academic year 2014-2015

Student Lives and Outcomes: Step 1 related

Enrolled in LSI

1. **Pass on second attempt, progressing, anticipated grad-2016**
 - Matriculated 2011, 1st attempt- May 2014, 2nd attempt June 2014
 - Progressed to Part 2, passed Step 2 CK (214)
2. **Pass on second attempt, progressing, anticipated grad-2016**
 - Matriculated 2012, 1st attempt-April 2014, 2nd attempt June 2014
 - Progressed to Part 2, passed Step 2 CK (256) and CS

USMLE Annual Report– Academic year 2014-2015

Student Lives and Outcomes: Step 2 CK related before LSI- with resolutions

1. **Withdrew, pending Dismissal -2015**
 - Matriculated 2008
 - Failed Step 1 x 2, passed March 2011
 - Failed Step 2 CK x 3, recommendation for dismissal
 - Post ARB- fourth attempt permitted with extension to 7 y
 - Failed Step 2 CK on fourth attempt
2. **Graduated, residency status unknown**
 - Matriculated 2009
 - Failed Step 2 CK x 2, passed June 2013
 - Failed Step 2 CS x 2, passed Aug 2014
3. **Withdrew, pending Dismissal -2015**
 - Matriculated 2010
 - Delayed Step 2 CS, CK until Jan 2015- failed both
 - Larger issues of professionalism and behaviors

USMLE Annual Report– Academic year 2014-2015

Student Lives and Outcomes: Step 2 CK related before LSI- without resolution

1. **Delayed graduation, on LOA 2014-2015**
 - Matriculated 2010
 - Failed Step 2 CK x 1, repeat pending
 - Passed Step 2 CS
2. **Delayed graduation**
 - Matriculated 2011
 - Failed Step 2 CK x 1, repeat pending

USMLE Annual Report– Academic year 2014-2015
Student Lives and Outcomes: Step 2 CS related

1. **Graduated, re-entered Match, residency status unknown**
 - Matriculated 2010
 - Failure Step 2 CS x 3, passed on fourth attempt
2. **Graduated, residency status unknown**
 - Matriculated 2010
 - Failure Step 2 CS x 1, passed May 2014
3. **Graduated, residency status unknown**
 - Matriculated 2010
 - Failure Step 2 CS x 2, passed July 2014
4. **Delayed graduation**
 - Matriculated 2011
 - Failed Step 2 CS x 2, June + Nov 2014, passed May 2015

Additional deadline issues, without failures

1. **Delayed graduation**
 - **Matriculated 2011**
 - **Delayed Step 2 CS, CK until Dec 2014, Feb 2015**

Supplementary Information

- Part 1

Student Notification and Process Summary

- A. The ring will notify students that a referral has been made.
- B. SRS will contact student via email with scheduled date and time.
- C. SRS will meet with student, review academic progress thus far and make recommendations if necessary which may include;
 - a. Academic counseling
 - b. Personal counseling
 - c. Recommendation to Younkin Center for counseling/testing.
 - d. In some instances, the SRS may recommend a referral to ABRC. This recommendation will be made to the Part 2 Academic Program Director who will then take responsibility for any referrals to ABRC.
- D. SRS will communicate recommendations to student and the student progress committee. Subcommittee recommendations will be communicated using the student review template letter and posted in MedStar/VITALS.

SRS Meetings

- A. Quorum: 3 committee members; Chair – Associate APD, or if absent, another member; committee Chair drafts summary letter within 72 hours.
- B. Multiple simultaneous meetings can occur as long as 3 faculty members are present and each meeting has a designated Chair.
- C. Student meetings will be scheduled initially as 30 minutes per student. For students who have a second visit to the committee, allow up to 60 minutes.
- D. Most meetings occur ~week 8 of each ring (mid-ring) and 3 weeks after ring ends.
- E. Documents available to the committee members: Part 2 Handbook, copy of each ring syllabus, student-specific performance reports.

Part 2 Student Review Referral Template

[Date]

Referral to Part 2 Student Review Subcommittee

Subject:

[Student] is being referred to the Part 2 Student Review committee by [ring/unit] for [describe details that prompted referral .]

For our ring, [Name] has received an overall grade of [***] and has not met the following competencies: [***]. The reason for the competency not met is [***.] On the NBME exams, the [student] scored [score, (minimal passing ***)] for [***] and [score, (minimal passing ***)] for [***]. To remediate the unmet competencies, [student] must [***]

Part 2 Student Review Subcommittee Note

[Date]

Referral to Part 2 Student Review Subcommittee Note

Subject:

Summary:

The Student Review Subcommittee of the Part 2 L.S.I. Academic Program Committee met with [student name] to review his/her academic performance and standing to date. [Student] was referred to the committee for [***]. In attendance are [***]

[Name] states that overall [describe approach to patient care, study habits, organizational skills, previous meetings with expert educators, tutors, etc]

The committee sees that [Student Name] is [provide summary of discussion and recommendations]. All questions were answered, the student was informed of the remediation policy and a copy of the resources letter was given.

CONFIDENTIAL
Med 3-4 Student Review Subcommittee
Evaluation Form

Student Name:	Med Year:	Date:
Reason for Review:		Visit #: 1 2 3 4 5
Subcommittee Members:		
Student Study Habits	Notes	
During rotation Away from rotation Hours per week Enthusiasm		
Assistance / Help:		
Tutor Mentor Assistance Counseling services Self-directed		
Outside Distractions:		
Research Illness Home/Family Interest Group / Outside job Financial concerns		
Motivations:		
Future Goals		
Previous SRS appearances:		
Comments:		
Recommendation: <input type="checkbox"/> Requirement: <input type="checkbox"/> Referred to Academic Counselor: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Referred to Personal Counseling: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Referred to ABRC: <input type="checkbox"/> Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Other: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____		

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CONFIDENTIAL
Med 3-4 Student Review Subcommittee
Evaluation Form

Student Name:	Med Year:	Date:
Reason for Review:		Visit #: 1 2 3 4 5
Subcommittee Members:		
Student Study Habits	Notes	
During rotation Away from rotation Hours per week Enthusiasm		
Assistance / Help:		
Tutor Mentor Assistance Counseling services Self-directed		
Outside Distractions:		
Research Illness Home/Family Interest Group / Outside job Financial concerns		
Motivations:		
Future Goals		
Previous SRS appearances:		
Comments:		

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Med 3-4 Student Review Subcommittee
Evaluation Form

Comments:

Recommendation: <input type="checkbox"/> Requirement: <input type="checkbox"/> Referred to Academic Counselor: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Referred to Personal Counseling: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Referred to ABRC: <input type="checkbox"/> Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____ Other: _____ Verified by: SRC Member / PM ___ Assoc / Asst Dean ___ Other ___ Follow Up Date(s): _____

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How are students referred to SRS?

A. Mid Rotation Feedback (MRFB)

1. During MRFB, ring member raise issue of student's performance. If concerns identified, ring may recommend referral to SRS.
2. The unit director (UD) or director of integration (DOI) notifies the student and SRS of the referral in writing (email) of the reason for referral (use template referral letter).

B. End of Ring


1. Determined at ring and unit grading committee meetings.
2. Once decision made for referral, notify SRS and the student of referral in writing (email) using the template referral letter to include:
 - a. Details on the reason for the referral
 - b. Competencies failed and remediation requirements

Supplementary Information

- Part 2


1st Ring June 23 – October 3, 2014

- 14 Students reviewed
 - 1 Ring failure
 - 1 Incomplete due to excessive missed time
 - 12 referred with 2 or more competency failures
 - 7 Patient Care
 - 7 Professionalism
 - 5 Medical Knowledge
 - Exam Failures: 2 OB/GYN; 2 FM; 1 IM
 - 5 Practice Based & Lifelong Learning
 - 4 Interpersonal Communications




2nd Ring October 13 – February 6, 2015

- 12 Students Reviewed
 - 3 Students referred after Mid Rotation Feedback
 - Competencies of concern
 - 5 Patient Care
 - 3 Interprofessional Communication
 - 1 Professionalism
 - 3 Referrals to ABRC for failure to progress in curriculum
 - 2 Students required to repeat curriculum
 - 1 student required to repeat 2 rings



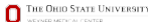
3rd Ring February 9 – May 22, 2015

- Only 1 Ring grading meeting has been held to date:
 - UPWP
 - Competencies of Concern
 - 3 Practice Based and Life Long Learning
 - 2 Professionalism
 - 1 Medical Knowledge



Supplementary Information

- Admissions



Vision Statement Admissions Committee


The Ohio State University College of Medicine seeks to recruit self-directed learners who are driven to become empathetic physicians providing evidence-based, compassionate medical care. The Admissions Committee will assemble a class that displays diversity in background and thought, strong intellect, and the potential to improve people's lives through innovation in research, education, and community service.



Holistic Review

AAMC Definition

- A flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics (E-A-M) and, when considered in combination, how the individual might contribute value as a medical student and future physician



Holistic Review

Experiences Attributes Metrics (MCAT, GPA)

Medical Schools with Avg Total MCAT of 34:

- U of Michigan
- UCSD
- Emory University
- U of Virginia
- U of Texas-Southwestern
- Boston U
- **The Ohio State University**

Undergrad Institutions Most Represented in 2015 Med I Class

In descending order:

- OSU
- Vanderbilt University*
- Washington University in St. Louis*
- University of California – Los Angeles*
- University of California – Berkeley*
- University of Notre Dame*
- University of Michigan*
- University of North Carolina – Chapel Hill*

* 2015 Top 30 Undergraduate Institutions U.S. News and World Report

OSUCOM – 4 Year Data on % Women Matriculants

Women

Year	% Women Matriculants
2012	44%
2013	45%
2014	51%
2015	54%

5 Year Data on MCAT and % URM (matriculants)

Year	% URM	MCAT
2011	14	33
2012	17	34
2013	20	34
2014	19	34
2015	22	34

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Supplementary Information

- Academic Review Board

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Academic Review Board

- **Quarter 1 (9/2014-11/2014)** Carl Gelfius, M.D., Chair
- One referral for dismissal
 - Referral from ABRC
 - Dismissal recommended due to academic deficiency
 - ARB meeting occurred
 - Recommendation for dismissal upheld
 - Decision forwarded to the Dean
 - Student dismissed

Academic Review Board

- **Quarter 2 (12/2014-2/2015)** C. Alexander Grieco, M.D., Chair
- One referral for dismissal
 - Referral from ABRC
 - Dismissal recommended due to academic deficiency
 - ARB meeting occurred
 - Recommendation for dismissal upheld
 - Decision forwarded to the Dean
 - Student withdrew prior to dismissal

Academic Review Board

- **Quarter 3 (3/2015-5/2015)** C. Alexander Grieco, M.D., Chair
- Four referrals for dismissal
 - Three referrals for dismissal
 - Referrals from ABRC
 - Dismissals recommended due to academic deficiencies and behavioral/ conduct violations
 - Students withdrew prior to ARB meeting
 - One additional referral for dismissal
 - Referral from USMLE Committee
 - Dismissal recommended due to repeated USMLE failure
 - ARB meeting occurred
 - Recommendation for dismissal upheld
 - Student met with Dean, allowed to withdraw

Academic Review Board

- **Quarter 4 (6/2015-8/2015)** C. Alexander Grieco, M.D., Chair
- One request for reinstatement
 - ARB meeting occurred
 - Request for reinstatement denied
- Two referrals for dismissal
 - Referrals from ABRC
 - First student –
 - Dismissal recommended due to academic deficiencies and behavioral/ conduct violations
 - One ARB meeting occurred
 - Recommendation for dismissal upheld
 - Student allowed to withdraw prior to dismissal
 - Second student –
 - Dismissal recommended due to academic deficiencies and behavioral/ conduct violations
 - Students withdrew prior to ARB meeting



The Resident as Teacher

Bryan L. Martin, DO, MMAS
 Associate Dean, Graduate Medical Education/DIO
 Associate Medical Director, University Hospital
 Professor of Clinical Medicine and Pediatrics



Teaching module completion

	2013	2014	3/2015	9/2015
Effective Clinical Teaching	406 (64%)	132 (20%)	6 (1%)	123 (15%)
Feedback & Evaluation	402 (63%)	131 (20%)	6 (1%)	125 (15%)

- Why does our data look so bad?
 - These are required modules!
 - Is no one taking these modules?



Teaching module completion

	2013	2014	3/2015	9/2015
Effective Clinical Teaching	406 (64%)	132 (20%)	6 (1%)	123 (15%)
Feedback & Evaluation	402 (63%)	131 (20%)	6 (1%)	125 (15%)

- The Devil is in the details
 - Does every resident take these modules prior to graduation?
 - Yes, or they don't get their certificate
 - Requirement is to take the module before graduation



Teaching module completion

	2013	2014	3/2015	9/2015
Effective Clinical Teaching	406 (64%)	132 (20%)	6 (1%)	123 (15%)
Feedback & Evaluation	402 (63%)	131 (20%)	6 (1%)	125 (15%)

- On July 1
 - All graduating residents and fellows are removed from the system
 - By definition these trainees are at 100%
 - All incoming residents and fellows are added to the system
 - By definition these trainees are at 0%



Resident CBLs

- Conflict of Interest Issues
- Fraud and Abuse Regulatory Overview
- Physician at a Teaching Hospital Guidelines
- Understanding Clinical Trials
- Coding and Documentation for Resident Physicians
- Medical Record Documentation
- Medicare/Medicaid 101
- Physicians Self-Referral

Module To Do:	IPM	CBL	Due Date
Annual HIPPA Privacy Research		X	12/31
Annual HIPPA Privacy & Security		X	12/31
Annual Infection Control		X	12/31
Annual Universal Protocol		X	12/31
Compliance Modules 1-4 (either site)	X	X	12/31
Influenza Prevention & Response for flu shot exemptions		X	12/31
Teaching Modules: Effective Teaching and Feedback & Evaluation ONLY FOR FIRST YEAR RESIDENTS		X	12/31


Introduction to the Practice of Medicine (IPM)

- IPM Requirements: Impaired Physician and Sleep Deprivation Required for Residents and Fellows, plus 8 additional for Residents. These are due by May 1st of your graduating year:**
- Interpersonal and Communication Skill**
 - Effective Communication to Reduce Liability
 - Patient Handoffs
 - Resident Initiation
 - Residents as Teachers
 - Thinking Through Roundness
 - Patient Care**
 - Don't Stand Dead in when Dealing with Difficult Patients
 - End of Life Matters
 - Patient Safety: Further Steps to Protect Patient Harm
 - Patient Safety: Identifying Medical Errors
 - Patient Safety: National Patient Safety Goals
 - Presentation and Management of Patient Error and Harms
 - Practice Based Learning and Improvement**
 - Health Care Quality
 - Professionalism**
 - After Residency: How to Obtain, Maintain and Avoid Losing Your Ohio Medical License
 - Continuity
 - Cultural Competency in Healthcare
 - Planning a Practice and Up
 - Gifts to Physicians from Industry and the Sunshine Act
 - Introduction to Personal Finance
 - Medicine and the Legislative Process
 - Physician Employment Contracts**
 - Physician Health: Physicians Caring for Ourselves**
 - Quality Improvement Panel**
 - Quality Improvement Q&A**
 - Sleep Deprivation (Required)**
 - The Impaired Physician (Required)**
 - Systems-Based Practice**
 - Anatomy of the Litigation Process
 - Choosing the Practice That's Right for You: Some Practical Considerations
 - Medical Liability Insurance: Protection for your Practice Journey
 - Medical Record Documentation: Case Study
 - Physician Profiling: What you don't know can hurt you





Additional On Line Training

- CITI
- IHI Open School



IHI Open School

- **Patient Safety**
 - PS 100: Introduction to Patient Safety
 - PS 101: Fundamentals of Patient Safety
 - PS 102: Human Factors and Safety
 - PS 103: Teamwork and Communication
 - PS 104: Root Cause and Systems Analysis
 - PS 105: Communicating with Patients after Adverse Events
 - PS 106: Introduction to the Culture of Safety
 - PS 201: Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
 - PS 202: Preventing Pressure Ulcers
- **Improvement Capability**
 - QI 101: Fundamentals of Improvement
 - QI 102: The Model for Improvement: Your Engine for Change
 - QI 103: Measuring for Improvement
 - QI 104: The Life Cycle of a Quality Improvement Project
 - QI 105: The Human Side of Quality Improvement
 - QI 106: Mastering PDSA Cycles and Run Charts
 - QI 201: Guide to the IHI Open School QI Practicum
 - QI 202: Quality Improvement in Action: Stories from the Field
- **Quality, Cost, and Value**
 - QCV 100: An Introduction to Quality, Cost, and Value in Health Care
 - QCV 101: Achieving Breakthrough Quality, Access, and Affordability
- **Person- and Family-Centered Care**
 - PFC 101: Dignity and Respect
 - PFC 102: A Guide to Shadowing: Seeing Care Through the Eyes of Patients and Families
 - PFC 103: Having the Conversation: Basic Skills for Conversations about End-of-Life Care
- **Triple Aim for Populations**
 - TA 101: Introduction to Population Health
 - TA 102: Improving Health Equity
- **Leadership**
 - L 101: Becoming a Leader in Health Care

QUESTIONS?

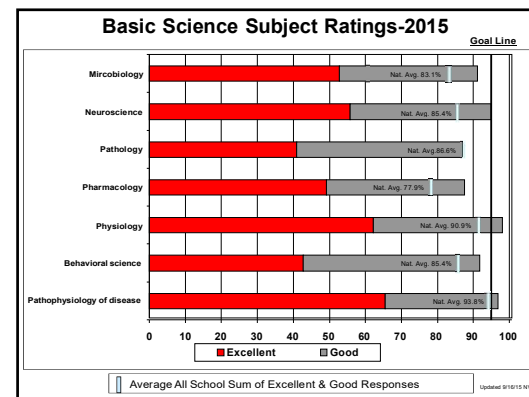
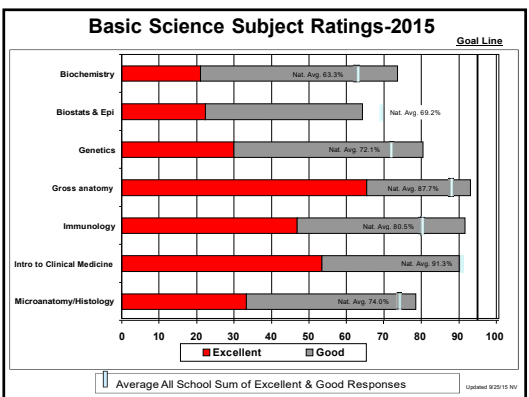
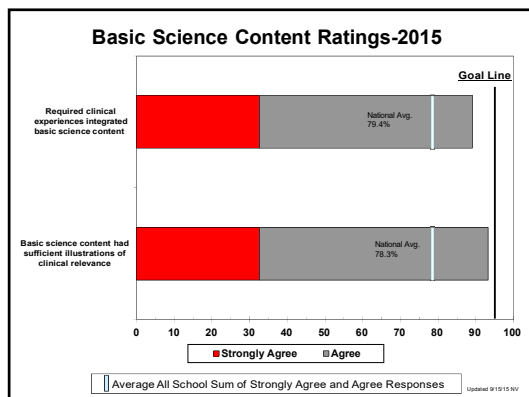
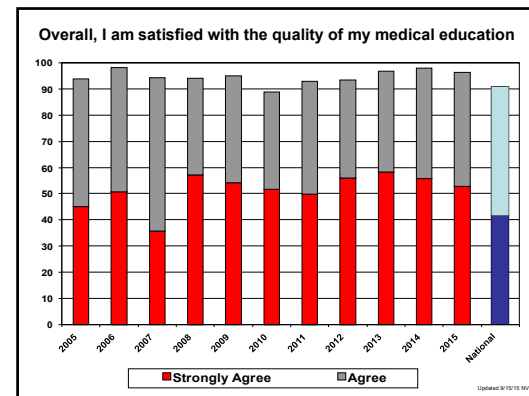
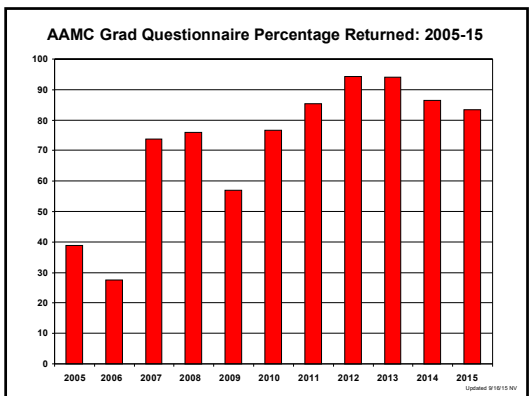


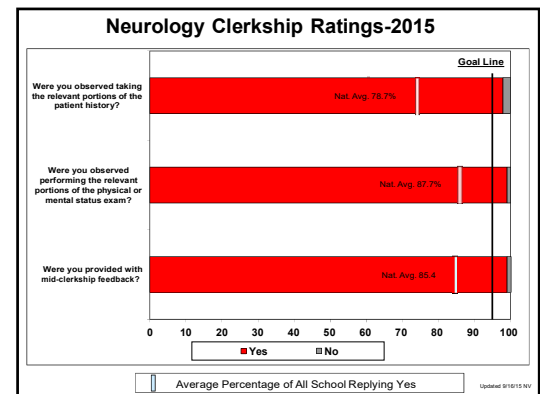
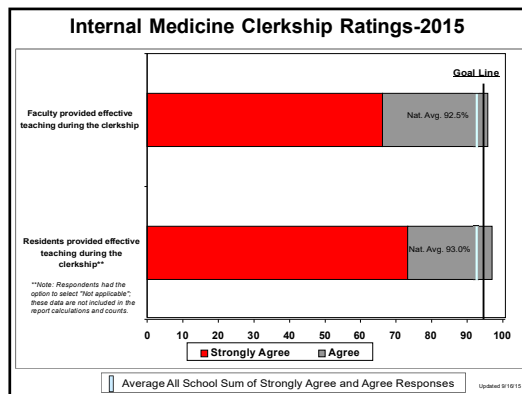
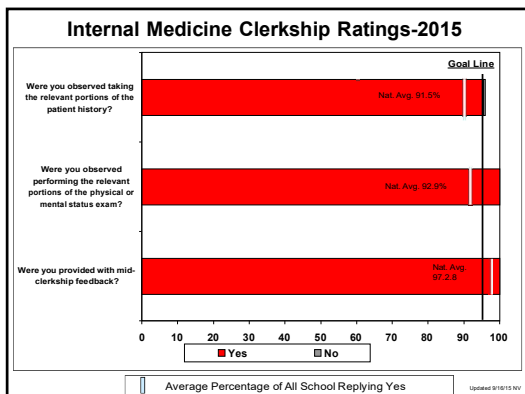
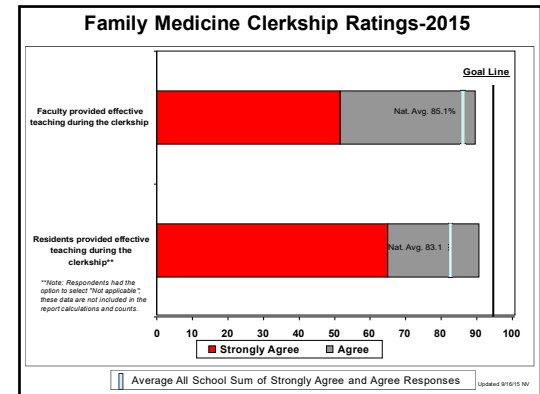
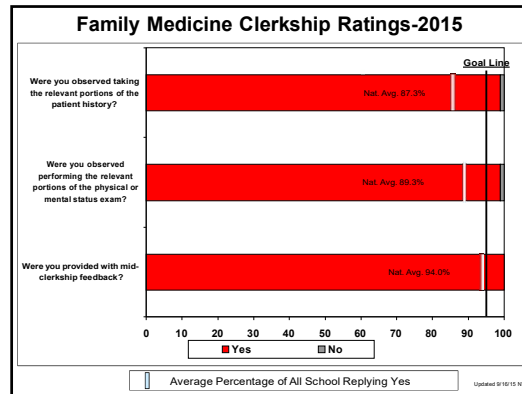
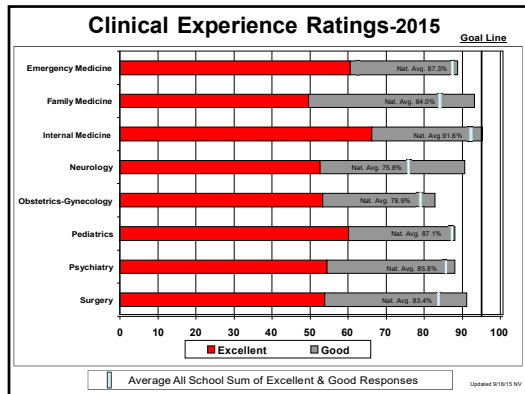
Improving People's Lives Through Innovations in Personalized Health Care

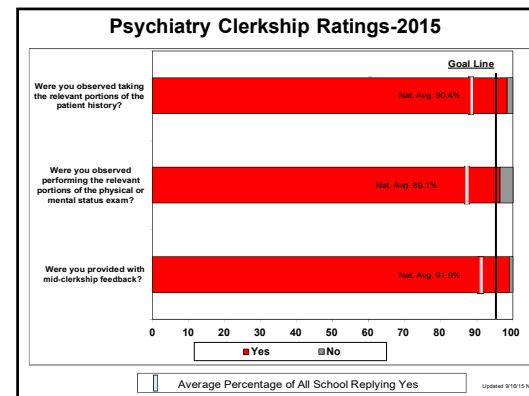
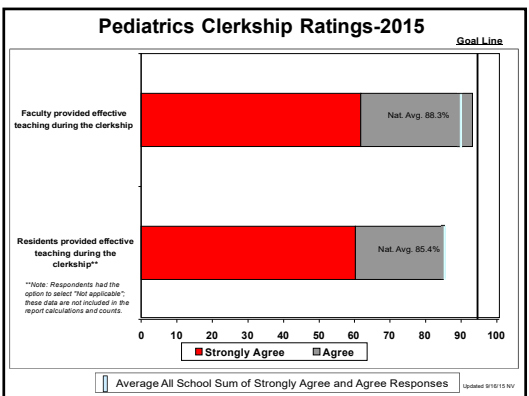
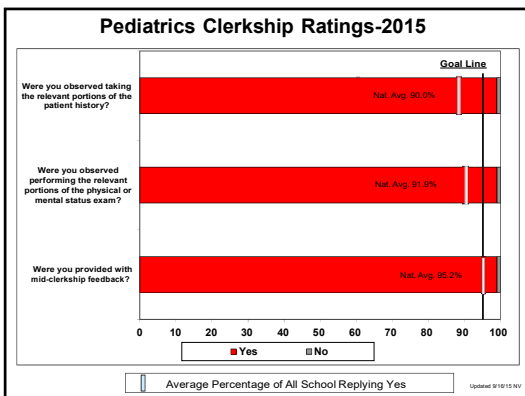
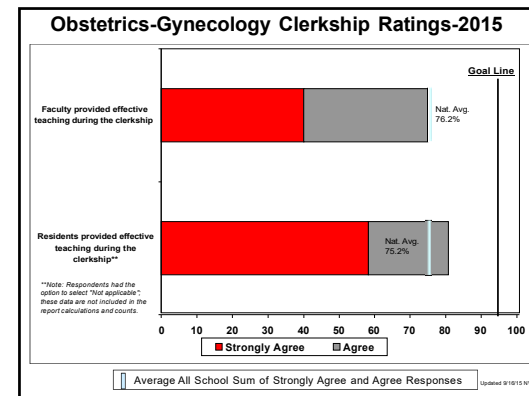
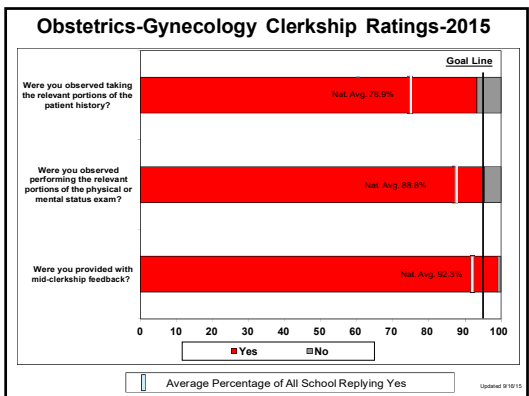
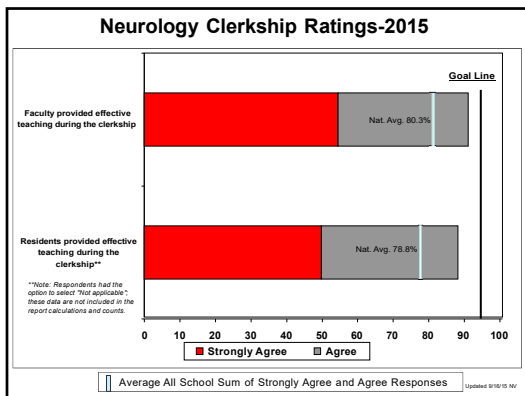


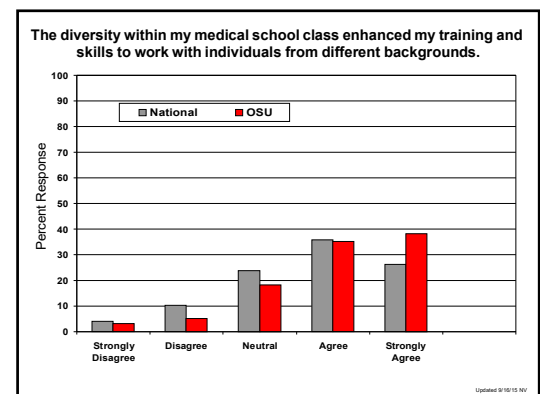
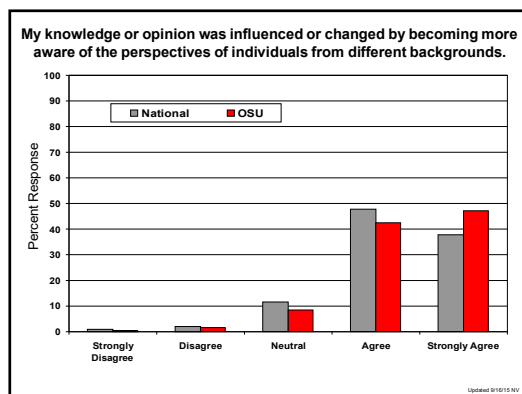
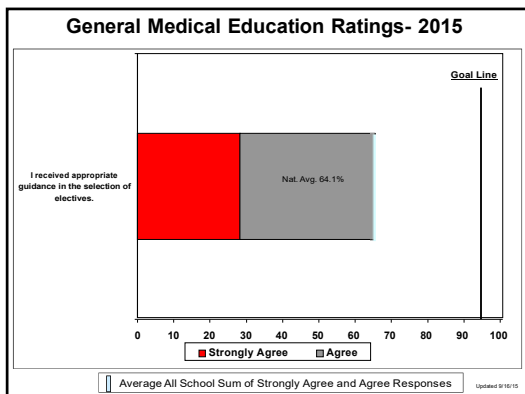
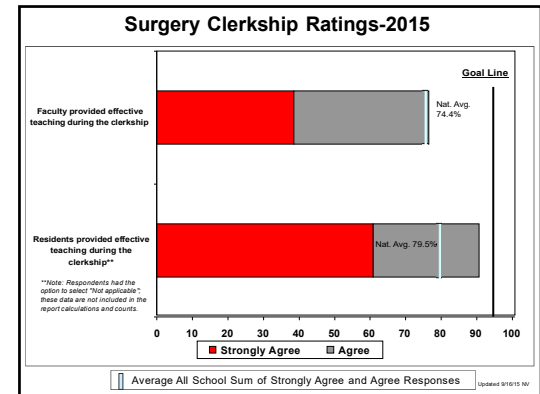
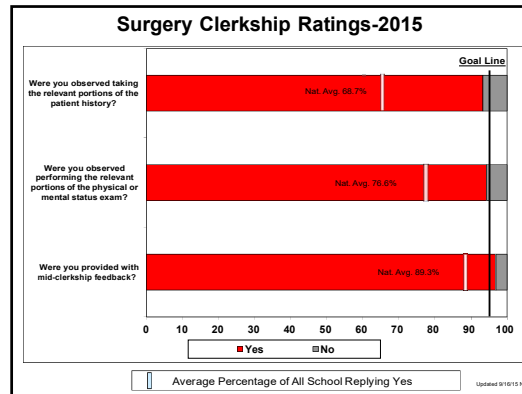
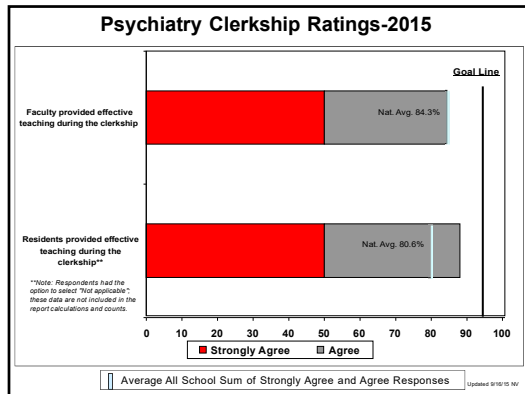
AAMC Graduate Questionnaire Results: Grads of 2015

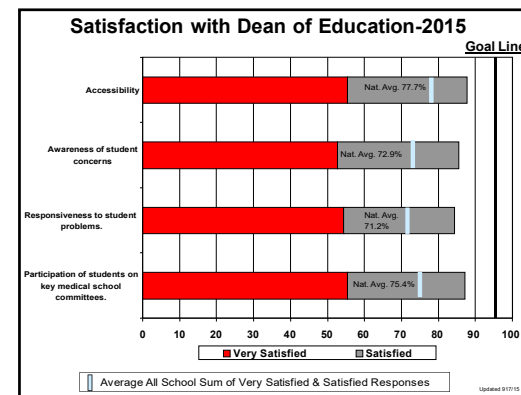
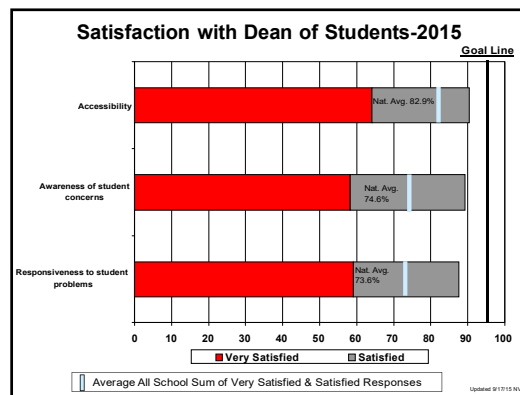
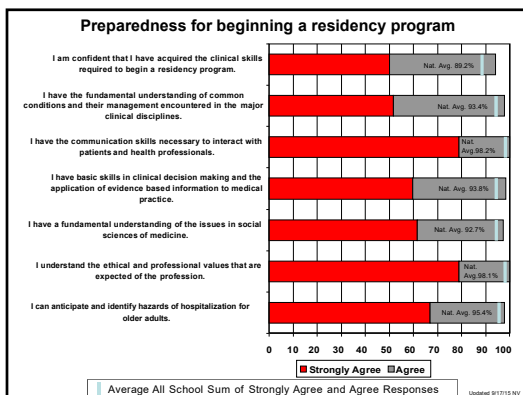
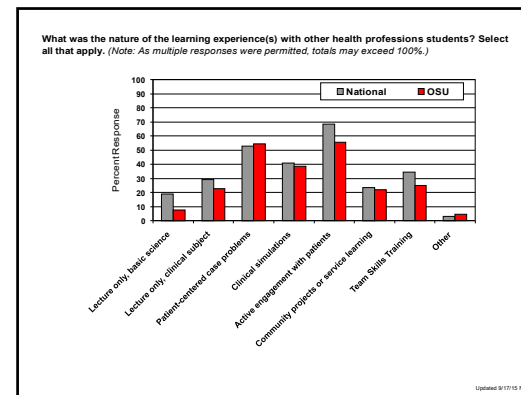
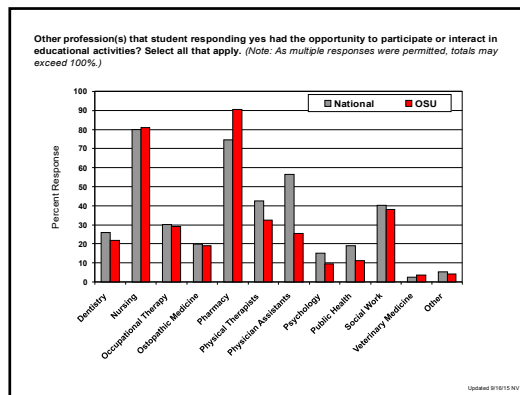
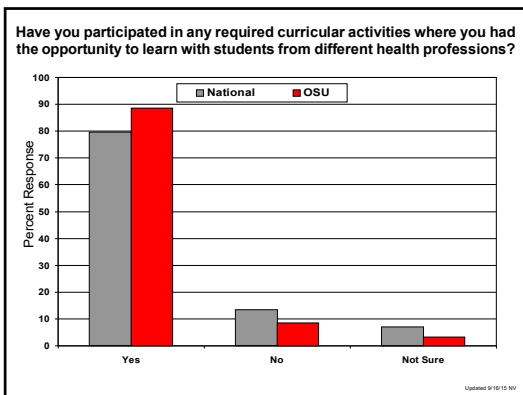
For questions or clarification: Call or email
 Nicole Verbeck, MPH
 Evaluation, Curriculum Research & Development
Nicole.verbeck@osumc.edu 292-3564

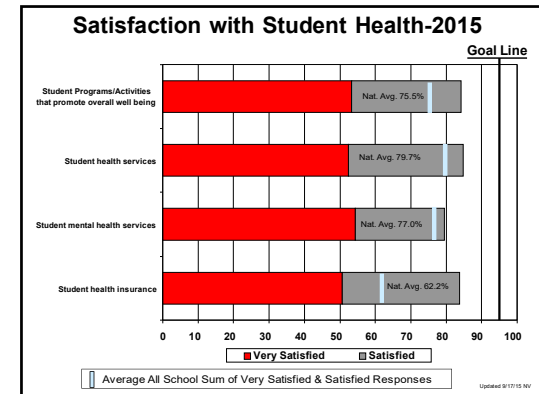
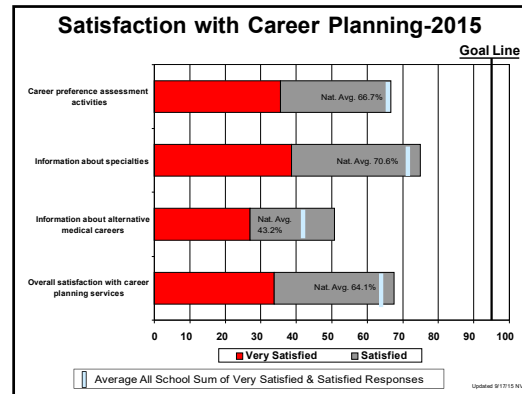
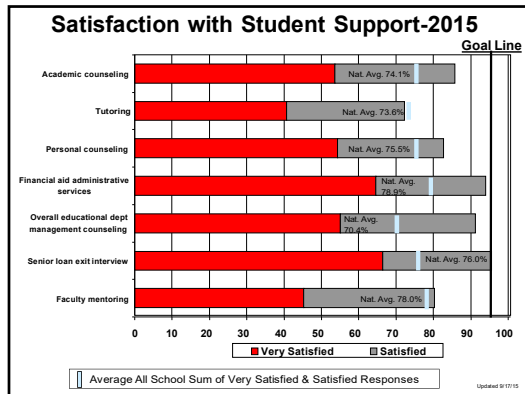












Summary of All Ratings

A: OSU Compared to Nat. Avg.		B: OSU Compared to self over past 5 years		
Above the National Avg	+ 108 (79.41%)	47 (34.56%)	↑ Highest Mean in 5 years	
Same as the National Avg	O 1 (0.74%)	21 (15.44%)	↔ Same as Highest Mean	
Below the National Avg	- 27 (19.85%)	68 (50.00%)	↓ Lower than Highest Mean	
	136 (100%)	128 (100%)		

Guide to table:

- There were 136 total items included in this summary from GQ Survey
- The frequency in the cells tell how many items fall into this category
- Column A compares OSU Graduate ratings to those of "All Other Schools"
- Column B compares OSU Graduate ratings in 2015 to OSU Graduate Ratings from 2011-2015
- Clerkship questions were significantly modified in 2014 so in some cases there are only two years of data available to compare.

Updated 9/16/15 NV

Medical School Graduation Questionnaire

2015 Individual School Report

Ohio State University College of Medicine

July 2015

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**2015 Medical School Graduation Questionnaire
All Schools Summary Report & Individual School Report
Association of American Medical Colleges**

Executive Summary

Background

The 2015 Medical School Graduation Questionnaire All Schools Summary Report provides aggregate data from graduating students at the 134 U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME) with 2015 graduates. The All Schools Summary Report is made available to the public. In addition, each accredited medical school receives separately an Individual School Report showing data from its graduating students who responded to the Graduation Questionnaire, with comparisons to the national data. By request, regional and clinical campuses under the aegis of an accredited institution are also issued GQ campus reports if there are five or more student respondents from that campus. Approximately eighty percent (14,939) of 2015 medical school graduates (18,696) participated in the 2015 Graduation Questionnaire.

The Graduation Questionnaire (GQ) was established in 1978 as a method for the Association of American Medical Colleges (AAMC), medical schools, and other organizations to identify and address issues to enhance the medical education, training, and well-being of medical students. These issues include but are not limited to: students' satisfaction with their educational program's ability to prepare them for residency; students' career and specialty plans; the costs of medical education; and students' experiences in the learning environment.

The attached report displays five years of data, collected 2011 through 2015, where comparable data are available.

Methodology

The data in the 2015 GQ All Schools Summary Report reflect the responses of 14,939 graduates of the 134 U.S. medical schools that graduated students in academic year 2014-2015. According to the AAMC Student Records System (SRS) as of July 6, 2015, these 14,939 respondents represent 79.9 percent of the 18,696 medical students who graduated from July 1, 2014 through June 30, 2015. Survey data for participating individuals may not be comparable to data for nonparticipants. The 2015 results include responses from the first graduating classes at Charles E. Schmidt College of Medicine at Florida Atlantic University, Hofstra North Shore-LIJ School of Medicine, and Oakland University William Beaumont School of Medicine.

The 2015 GQ was open from February 14, 2015 through June 5, 2015. The initial participants were individuals with expected graduation dates between July 1, 2014 and June 30, 2015, as identified by SRS data and confirmed by medical school personnel in January 2015. While the survey was open, medical schools could request changes to the list of eligible participants to reflect changes in expected graduation status. Through a variety of measures, medical schools independently encouraged graduating students to participate. The AAMC also sent email invitations and monthly reminders to eligible students.

Percents displayed in the reports may not sum to 100 due to rounding or to collection formats permitting more than one response. Where the reports appear to have missing columns, rows, or blank spaces within rows, these correspond to unavailable data for a particular survey item in a given year. These are to be distinguished from data with a displayed percent of '0.0', which correspond to survey response options that were selected by no, or very few, respondents.

Selected Findings

Percentage of Graduates with VA Experiences Declines

Fifty-nine percent of 2015 graduates reported having trained at a Department of Veterans Affairs (VA) medical facility. From 2002 to 2012, about two-thirds of graduates had consistently reported having had a clinical experience at a VA facility, but a small decline has been observed each year since 2012 (report item 10).

Percentage of Graduates in Structured Service Learning Increases

A question asking students whether they participated in structured service learning during medical school was introduced in 2010, following the 2008 adoption of an LCME standard requiring schools to make available and encourage these activities. From 2010 through 2014, less than half (44 to 48 percent) of graduates reported participating in structured service learning. In 2015, nearly 54 percent of graduates reported participating in these activities (report item 12).

Percentage of Students Affirming the Benefits of Diversity Grows

Graduating students have become increasingly positive in recent years about the benefits of diversity for their own educational experience. In 2015, over 85 percent of graduates said they agreed or strongly agreed with the statement, “My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds,” up from 79 percent in 2014. Those indicating they “Strongly agree” grew from less than a quarter (24.1%) of respondents in 2014 to over one third (37.7%) of respondents in 2015 (report item 14).

Percentage of Graduates Having No Medical Debt Increases

More than 21 percent of respondents to the 2015 GQ reported graduating with no medical school debt (report item 34). This was the largest percentage of graduates reporting zero medical school debt since the 1990s. For the remaining 79 percent, the average medical school debt reported was \$170,384, a nearly two-percent increase over the amount reported by 2014 graduates (\$167,466). The average reported total educational debt (the sum of premedical and medical school debt) also increased, by nearly three percent, from \$178,046 in 2014 to \$183,189 in 2015 (report item 35).

Copies of the GQ survey are available at www.aamc.org/gq.

Providing Feedback

For inquiries or feedback regarding the GQ surveys or reports, contact gq@aamc.org.

Changes to the Graduation Questionnaire in 2015

As part of the ongoing strategic review of the student surveys that began in 2012, the AAMC, in consultation with the Student Survey Advisory Committee, has been redesigning the GQ. Revisions to the GQ aim to incorporate emerging issues that impact medical education, enable tracking students' opinions and experiences across the educational continuum, and improve the quality of the survey data. The following changes were made to the GQ survey and reports for 2015.

Revised Section on Career Plans and Specialty Choice

The section of the survey addressing students' future plans was significantly revised in 2015. The major changes were associated with the following additions:

“In which of the following activities do you plan to participate during your career? Select all that apply.” With this new question (report item 20), respondents could select multiple options from a list of eight career activities including patient care, research, and teaching. This question replaces a survey item that had permitted respondents to specify only one of eighteen career options, such as “Full-time university faculty: Clinical teaching/research” or “Part-time (non-academic) clinical practice: In a group of 3 or more.”

“Do you anticipate providing patient care full-time or part-time?” This new question (report item 21) was presented as a follow-up question to those respondents who, on the previous question (report item 20), indicated an intention to provide patient care during their career.

“When thinking about your career, what is your intended area of practice?” This question (report item 23) replaces the survey items “Are you planning to become certified in a specialty?” and “Choice of specialty.”

“Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?” This question (report item 24) was added to better understand healthcare workforce issues.

“Please indicate the setting in which you plan to work after the completion of your medical education and training.” This question (report item 28) is similar to a question that had been in the GQ from 1979 through 1997. The question provides options such as large city, suburb of large city, rural, etc.

Revised Question on Non-educational Debt

In previous years, the question asking about non-educational debt explicitly instructed respondents to exclude mortgage debt. In 2015, this question (report item 36) was revised and explicitly instructed respondents to include any mortgage debt.

Streamlined Section on Witnessed Negative Behaviors

With the revision of the section addressing student experiences of mistreatment in 2012, the survey included a series of questions asking students about their personal experiences with, and witnessing of, negative behaviors during medical school. In 2015, the section on witnessed behaviors (report items 45 and 46) was streamlined to shorten this section of the survey.

Relocated “Strengths and Weaknesses” Questions

The GQ historically has provided opportunities for students to comment on both the “strengths” and the “weaknesses” of their medical school’s basic or foundational and clinical science curriculum, clerkship experiences, general medical education, and student affairs programs. These open-text questions had been located across the survey, each one

immediately following questions related to its content area. In 2015, these open-text questions were moved to the end of the survey, and a note was included at the start of the survey informing students there would be an opportunity at the end of the survey to provide comments. The number of topics was trimmed to three: basic science/preclinical education; clinical education; and medical school administration, services, and student affairs programs. The label for “weaknesses” was also reworded to “areas for improvement.” These student comments are not analyzed as part of the present report but are provided verbatim to each school in a separate report.

Piloted Questions on Entrustable Professional Activities (EPAs) and Competencies

The last three report items (47-49) in the All Schools Summary Report display results of test questions organized around the related concepts of entrustable professional activities (EPAs) and general competencies, both of which are described in the AAMC publication *Core Entrustable Professional Activities for Entering Residents*. Report items 47 and 48 display the results of test questions addressing the EPAs; these questions asked graduating medical students to describe their confidence in their current ability to perform particular tasks that, later, as resident trainees, they would be entrusted to perform unsupervised. Report item 49 displays the results of test questions adapted from some of the general competencies that constitute the General Physician Competencies.* These questions asked graduates to assess their current ability to demonstrate some of the skills and attitudes expected of physicians. Data were collected on these questions in 2015 to examine their potential utility. Because the survey questions were being tested, only the national results are displayed; the Individual School Reports will not include these items.

Other Survey Modifications

The following response options that existed in the 2014 GQ were removed in 2015, although the questions for which these responses had been included were otherwise unchanged: “Radiology” was removed from the list of clerkships in the question asking students to rate the quality of core clinical experiences (report item 8). “Thesis project” was removed from the list of elective activities (report item 13) as it was found to be redundant with participation in joint degree programs (report item 4).

Nine questions in the 2014 GQ asking whether instruction was “inadequate, appropriate, or excessive” in subject areas ranging from “diagnosis of disease” to “public health” were removed from the 2015 GQ.

Six questions in the 2014 GQ addressing student confidence in the ability to handle difficult situations such as “Discuss a prescription error I made with the patient” and “Discuss DNR orders with a patient or family member” were discontinued in 2015. Similarly, five questions addressing student confidence in the ability to use technologies such as “a computer-based clinical record keeping program” and “telemedicine” were also removed.

Three questions in the 2014 GQ asking students whether they agreed with particular statements about their medical education were not offered in the 2015 GQ: “The final year was helpful in my preparation for residency”; “I was educated about professional relationships with industry”; and “The learning experience with other health professions students helped me gain a better understanding of other professions in care of patients.”

*Englander, R., Cameron, T., Ballard, A. J., Dodge, J., Bull, J., & Aschenbrener, C. A. (2013). Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Academic Medicine*, 88(8), 1088-1094.

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
Total number of survey respondents:	181	197	193	190	195	14,939

Demographic Data

1. Age at graduation:*

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Under 24	0.0	0.0	0.0	0.0	0.0	0.5
24 through 26	59.1	55.8	57.0	58.4	54.4	42.1
27 through 29	29.3	34.0	34.2	31.1	36.9	40.3
30 through 32	8.3	6.6	6.7	6.3	4.6	11.3
33 or older	3.3	3.6	2.1	4.2	4.1	5.8
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	197	193	190	195	14,939

2. Gender:*

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Male	56.9	54.8	51.3	55.3	52.8	50.9
Female	43.1	45.2	48.7	44.7	47.2	49.1
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	197	193	190	195	14,939

3. How do you identify yourself?*

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
White	78.5	72.1	75.1	76.9	64.7	72.3
Black or African American	5.6	5.8	9.9	6.0	9.8	6.6
American Indian or Alaska Native	0.0	1.6	1.1	0.5	0.0	0.8
Asian Indian	6.8	9.5	8.3	6.0	9.2	6.9
Pakistani	0.6	0.5	0.0	0.5	1.1	0.9
Chinese	7.9	8.4	3.3	7.7	9.8	7.2
Filipino	0.6	1.1	0.6	0.0	0.5	1.0
Japanese	0.6	0.5	0.6	0.5	0.5	1.2
Korean	0.0	2.6	2.8	1.6	2.2	2.8
Vietnamese	0.0	1.6	0.6	0.5	1.1	1.6
Other Asian	2.3	1.1	0.6	2.2	2.2	2.8
Native Hawaiian or other Pacific Islander	0.0	0.0	0.6	0.0	0.5	0.3
Other race	0.0	0.0	0.0	0.0	0.5	0.1
	<u>102.9</u>	<u>104.8</u>	<u>103.5</u>	<u>102.4</u>	<u>102.1</u>	<u>104.5</u>
Number of respondents	177	190	181	182	184	14,124

Spanish/Hispanic/Latino/Latina?*

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Not Hispanic or Latino	95.6	94.4	91.2	92.6	94.9	92.3
Mexican, Mexican American, Chicano/Chicana	0.6	2.6	4.7	2.1	2.6	2.1
Puerto Rican	2.8	1.0	2.6	1.1	1.0	1.8
Cuban	0.6	2.0	2.6	1.1	0.0	0.9
Other Hispanic	0.6	0.0	0.5	3.7	1.5	3.2
	<u>100.2</u>	<u>100.0</u>	<u>101.6</u>	<u>100.6</u>	<u>100.0</u>	<u>100.3</u>
Number of respondents	181	196	193	190	195	14,854

*Demographic information is based on AAMC applicant/matriculant data. Race and Hispanic ethnicity totals may sum to more than 100 percent as applicants could select more than one response.

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
4. Type of degree program (Note: data are from the AAMC Student Records System):						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
M.D.	89.5	93.9	93.8	91.1	92.8	90.3
Joint B.A./M.D.	0.0	0.0	0.0	3.7	2.6	3.1
Joint M.D./M.B.A.	1.1	2.0	0.5	1.6	1.0	0.6
Joint M.D./M.P.H.	5.0	2.0	2.6	1.1	2.1	1.6
Joint M.D./Ph.D.	3.3	0.5	1.6	2.6	1.0	3.2
Joint M.D./Other	1.1	1.5	1.6	0.0	0.5	1.1
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	181	197	193	190	195	14,939

Overall Satisfaction with Medical Education

5. Indicate whether you agree or disagree with the following statement: (Scale: 1=Strongly Disagree to 5=Strongly Agree)
(Note: In 2014, this question was moved to the first question in the survey.)

	Ratings					Mean	Count	
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Overall, I am satisfied with the quality of my medical education.								
Ohio State	2011	0.0 %	2.9 %	4.1 %	42.9 %	50.0 %	4.4	170
Ohio State	2012	0.5	2.2	3.8	37.5	56.0	4.5	184
Ohio State	2013	0.5	0.5	2.2	38.4	58.4	4.5	185
Ohio State	2014	0.0	1.1	1.1	42.1	55.8	4.5	190
Ohio State	2015	0.0	0.0	3.6	43.5	52.8	4.5	193
All Schools	2015	0.8	2.6	5.7	49.2	41.7	4.3	14,842

Basic Science Education

6. Based on your experiences, indicate whether you agree or disagree with the following statements about medical school:
(Scale: 1=Strongly Disagree to 5=Strongly Agree)

	Ratings					Mean	Count	
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Basic science coursework had sufficient illustrations of clinical relevance								
Ohio State	2011	1.1 %	7.2 %	9.9 %	56.4 %	25.4 %	4.0	181
Ohio State	2012	1.0	3.0	8.6	53.8	33.5	4.2	197
Ohio State	2013	1.0	2.1	5.7	52.3	38.9	4.3	193
Ohio State	2014	0.0	3.7	7.5	59.9	28.9	4.1	187
Ohio State	2015	0.0	2.6	4.1	60.6	32.6	4.2	193
All Schools	2015	1.1	7.4	13.2	55.1	23.2	3.9	14,653
Required clinical experiences integrated basic science content*								
Ohio State	2011	0.6	9.7	15.6	56.5	17.5	3.8	154
Ohio State	2012	0.5	7.0	19.5	54.1	18.9	3.8	185
Ohio State	2013	0.0	5.9	13.9	61.0	19.3	3.9	187
Ohio State	2014	0.0	2.7	6.4	64.7	26.2	4.1	187
Ohio State	2015	0.0	2.1	8.8	56.5	32.6	4.2	193
All Schools	2015	0.7	5.1	14.7	55.9	23.5	4.0	14,552

*Note: Prior to 2014 the question text was, "Basic science was integrated in required clinical experience."

7. How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives:
(Scale: 1=Poor to 4=Excellent)

		Ratings*				Mean	Count
		Poor	Fair	Good	Excellent		
Biochemistry							
Ohio State	2011	5.6 %	24.3 %	43.5 %	26.6 %	2.9	177
Ohio State	2012	5.6	24.5	43.9	26.0	2.9	196
Ohio State	2013	4.3	29.3	43.6	22.9	2.9	188
Ohio State	2014	5.9	27.3	44.4	22.5	2.8	187
Ohio State	2015	3.7	22.6	52.6	21.1	2.9	190
All Schools	2015	9.5	27.2	41.0	22.3	2.8	14,428
Biostatistics and epidemiology							
Ohio State	2011	6.1	32.2	43.9	17.8	2.7	180
Ohio State	2012	2.6	19.1	55.7	22.7	3.0	194
Ohio State	2013	2.6	30.7	45.0	21.7	2.9	189
Ohio State	2014	6.5	35.1	41.6	16.8	2.7	185
Ohio State	2015	9.3	26.4	42.0	22.3	2.8	193
All Schools	2015	6.5	24.3	44.2	25.0	2.9	14,545
Genetics							
Ohio State	2011	1.7	21.7	47.8	28.9	3.0	180
Ohio State	2012	1.0	19.3	47.7	32.0	3.1	197
Ohio State	2013	1.1	11.6	54.7	32.6	3.2	190
Ohio State	2014	1.1	14.4	56.7	27.8	3.1	187
Ohio State	2015	3.1	16.5	50.5	29.9	3.1	194
All Schools	2015	4.8	23.1	48.7	23.4	2.9	14,556
Gross anatomy							
Ohio State	2011	0.6	6.1	25.7	67.6	3.6	179
Ohio State	2012	0.0	8.6	33.5	57.9	3.5	197
Ohio State	2013	0.0	6.3	26.3	67.4	3.6	190
Ohio State	2014	0.5	5.9	31.9	61.7	3.5	188
Ohio State	2015	1.0	5.8	27.7	65.4	3.6	191
All Schools	2015	2.8	9.5	34.5	53.2	3.4	14,625
Immunology							
Ohio State	2011	2.2	12.8	55.6	29.4	3.1	180
Ohio State	2012	1.5	16.8	52.3	29.4	3.1	197
Ohio State	2013	2.1	12.7	50.3	34.9	3.2	189
Ohio State	2014	0.0	10.8	53.8	35.5	3.2	186
Ohio State	2015	0.5	7.8	44.8	46.9	3.4	192
All Schools	2015	4.0	15.5	46.5	34.0	3.1	14,559
Introduction to Clinical Medicine/Introduction to the Patient							
Ohio State	2011	0.6	7.8	33.0	58.7	3.5	179
Ohio State	2012	0.5	12.2	31.5	55.8	3.4	197
Ohio State	2013	1.6	9.0	39.7	49.7	3.4	189
Ohio State	2014	1.1	10.8	40.0	48.1	3.4	185
Ohio State	2015	1.6	8.4	36.6	53.4	3.4	191
All Schools	2015	1.8	6.9	30.2	61.1	3.5	14,438
Microanatomy/Histology							
Ohio State	2011	3.9	26.3	45.3	24.6	2.9	179
Ohio State	2012	5.6	23.0	45.4	26.0	2.9	196
Ohio State	2013	2.6	18.9	51.1	27.4	3.0	190
Ohio State	2014	1.1	23.1	52.7	23.1	3.0	186
Ohio State	2015	3.6	17.7	45.3	33.3	3.1	192
All Schools	2015	5.5	20.5	44.0	30.0	3.0	14,522

* Note: Respondents had the option to select "Not applicable"; these responses are not included in the report calculations and counts.

7. How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives: (Scale: 1=Poor to 4=Excellent) (Continued)

		Ratings*				Mean	Count
		Poor	Fair	Good	Excellent		
Microbiology							
Ohio State	2011	1.7 %	10.0 %	48.3 %	40.0 %	3.3	180
Ohio State	2012	3.0	14.2	51.3	31.5	3.1	197
Ohio State	2013	0.5	10.0	37.4	52.1	3.4	190
Ohio State	2014	1.1	3.7	37.8	57.4	3.5	188
Ohio State	2015	2.6	6.2	38.3	52.8	3.4	193
All Schools	2015	3.5	13.4	41.9	41.2	3.2	14,592
Neuroscience							
Ohio State	2011	1.1	6.8	38.4	53.7	3.4	177
Ohio State	2012	0.0	8.1	40.6	51.3	3.4	197
Ohio State	2013	0.5	5.3	44.2	50.0	3.4	190
Ohio State	2014	1.6	8.6	46.0	43.9	3.3	187
Ohio State	2015	0.5	4.6	39.2	55.7	3.5	194
All Schools	2015	3.1	11.5	39.6	45.8	3.3	14,622
Pathology							
Ohio State	2011	1.7	11.7	41.3	45.3	3.3	179
Ohio State	2012	2.6	13.3	50.0	34.2	3.2	196
Ohio State	2013	0.0	8.5	47.6	43.9	3.4	189
Ohio State	2014	1.6	10.7	48.7	39.0	3.3	187
Ohio State	2015	1.0	11.9	46.1	40.9	3.3	193
All Schools	2015	2.4	11.0	39.5	47.1	3.3	14,554
Pharmacology							
Ohio State	2011	1.7	10.1	34.1	54.2	3.4	179
Ohio State	2012	2.5	15.2	43.7	38.6	3.2	197
Ohio State	2013	1.1	5.8	42.1	51.1	3.4	190
Ohio State	2014	2.1	8.5	46.3	43.1	3.3	188
Ohio State	2015	1.0	11.4	38.3	49.2	3.4	193
All Schools	2015	5.7	16.4	40.3	37.6	3.1	14,616
Physiology							
Ohio State	2011	0.0	1.7	34.8	63.5	3.6	178
Ohio State	2012	0.5	4.6	34.2	60.7	3.6	196
Ohio State	2013	0.0	4.7	30.0	65.3	3.6	190
Ohio State	2014	0.0	2.1	31.6	66.3	3.6	187
Ohio State	2015	0.5	1.6	35.8	62.2	3.6	193
All Schools	2015	1.8	7.4	37.3	53.6	3.4	14,561
Behavioral science							
Ohio State	2011	0.6	12.8	46.1	40.6	3.3	180
Ohio State	2012	0.5	13.8	54.6	31.1	3.2	196
Ohio State	2013	0.5	9.5	53.7	36.3	3.3	190
Ohio State	2014	1.6	8.6	51.1	38.7	3.3	186
Ohio State	2015	1.0	7.3	49.0	42.7	3.3	192
All Schools	2015	2.3	12.3	45.4	40.0	3.2	14,392
Pathophysiology of disease							
Ohio State	2011	0.0	1.7	33.7	64.6	3.6	175
Ohio State	2012	0.5	6.1	35.2	58.2	3.5	196
Ohio State	2013	0.0	3.2	31.1	65.8	3.6	190
Ohio State	2014	0.0	1.1	31.0	67.9	3.7	187
Ohio State	2015	0.0	3.1	31.4	65.5	3.6	194
All Schools	2015	1.0	5.2	34.7	59.1	3.5	14,414

* Note: Respondents had the option to select "Not applicable"; these responses are not included in the report calculations and counts.

Clinical Experiences

8. Rate the quality of your educational experiences in the following clinical clerkships. If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select "Not applicable."
(Scale: 1=Poor to 4=Excellent)

		Ratings*				Mean	Count
		Poor	Fair	Good	Excellent		
Emergency Medicine							
Ohio State	2011	1.3 %	6.0 %	29.1 %	63.6 %	3.5	151
Ohio State	2012	2.4	9.6	29.9	58.1	3.4	167
Ohio State	2013	2.9	11.0	34.1	52.0	3.4	173
Ohio State	2014	1.7	8.1	41.3	48.8	3.4	172
Ohio State	2015	3.5	7.6	28.2	60.6	3.5	170
All Schools	2015	3.1	9.6	32.5	54.8	3.4	10,344
Family medicine							
Ohio State	2011	3.9	9.0	38.2	48.9	3.3	178
Ohio State	2012	2.6	10.8	39.2	47.4	3.3	194
Ohio State	2013	2.6	10.1	34.4	52.9	3.4	189
Ohio State	2014	4.4	12.7	42.5	40.3	3.2	181
Ohio State	2015	1.0	5.7	43.5	49.7	3.4	193
All Schools	2015	4.1	11.9	33.7	50.3	3.3	14,125
Internal medicine							
Ohio State	2011	0.0	6.7	30.3	62.9	3.6	178
Ohio State	2012	2.6	2.6	21.2	73.6	3.7	193
Ohio State	2013	1.6	5.3	22.2	70.9	3.6	189
Ohio State	2014	0.0	2.2	23.8	74.0	3.7	181
Ohio State	2015	0.5	4.1	29.0	66.3	3.6	193
All Schools	2015	1.7	6.7	29.4	62.2	3.5	14,694
Neurology							
Ohio State	2011	1.7	15.8	39.0	43.5	3.2	177
Ohio State	2012	1.0	10.9	42.5	45.6	3.3	193
Ohio State	2013	1.1	10.6	33.0	55.3	3.4	188
Ohio State	2014	2.2	13.3	44.2	40.3	3.2	181
Ohio State	2015	2.6	6.8	38.0	52.6	3.4	192
All Schools	2015	6.3	18.0	37.6	38.2	3.1	13,002
Obstetrics-Gynecology/Women's Health							
Ohio State	2011	7.3	15.7	36.5	40.4	3.1	178
Ohio State	2012	10.9	16.1	40.4	32.6	2.9	193
Ohio State	2013	8.5	21.2	37.0	33.3	3.0	189
Ohio State	2014	4.4	14.9	38.7	42.0	3.2	181
Ohio State	2015	4.7	12.4	29.5	53.4	3.3	193
All Schools	2015	6.6	14.5	34.8	44.1	3.2	14,686
Pediatrics							
Ohio State	2011	1.1	2.2	16.3	80.3	3.8	178
Ohio State	2012	1.0	5.7	19.1	74.2	3.7	194
Ohio State	2013	2.1	5.3	16.9	75.7	3.7	189
Ohio State	2014	2.8	6.6	25.4	65.2	3.5	181
Ohio State	2015	2.6	9.3	28.0	60.1	3.5	193
All Schools	2015	3.1	9.8	33.5	53.6	3.4	14,694

* Note: Respondents had the option to select "Not applicable"; these responses are not included in the report calculations and counts.

8. Rate the quality of your educational experiences in the following clinical clerkships. If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select "Not applicable."
(Scale: 1=Poor to 4=Excellent) (Continued)

		Ratings*				Mean	Count
		Poor	Fair	Good	Excellent		
Psychiatry							
Ohio State	2011	2.3 %	8.0 %	38.6 %	51.1 %	3.4	176
Ohio State	2012	1.0	8.8	37.6	52.6	3.4	194
Ohio State	2013	2.1	8.0	26.1	63.8	3.5	188
Ohio State	2014	3.3	7.7	34.8	54.1	3.4	181
Ohio State	2015	3.1	8.8	33.7	54.4	3.4	193
All Schools	2015	3.2	11.0	35.6	50.2	3.3	14,670
Surgery							
Ohio State	2011	3.9	9.0	43.8	43.3	3.3	178
Ohio State	2012	3.1	15.0	36.8	45.1	3.2	193
Ohio State	2013	3.7	9.0	37.6	49.7	3.3	189
Ohio State	2014	2.8	11.6	44.8	40.9	3.2	181
Ohio State	2015	2.1	6.7	37.3	53.9	3.4	193
All Schools	2015	4.5	12.1	35.5	47.9	3.3	14,674

* Note: Respondents had the option to select "Not applicable"; these responses are not included in the report calculations and counts.

Ohio State		All Schools
2014	2015	2015

9. Clerkship Experiences: Family Medicine

Family Medicine: Were you observed taking the relevant portions of the patient history?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	98.3	99.0	87.3
No	1.7	1.0	12.7
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,068

Family Medicine: Were you observed performing the relevant portions of the physical or mental status exam?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	98.3	99.0	89.3
No	1.7	1.0	10.7
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,027

Family Medicine: Were you provided with mid-clerkship feedback?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	98.3	100.0	94.0
No	1.7	0.0	6.0
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	192	14,014

Ratings

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Count
Family Medicine: Faculty provided effective teaching during the clerkship								
Ohio State	2014	1.1 %	2.8 %	11.0 %	37.6 %	47.5 %	4.3	181
Ohio State	2015	0.0	1.6	8.9	38.0	51.6	4.4	192
All Schools	2015	1.9	4.0	9.0	37.0	48.1	4.3	13,993
Family Medicine: Residents provided effective teaching during the clerkship*								
Ohio State	2011	1.2	8.2	10.6	44.7	35.3	4.0	85
Ohio State	2012	2.7	1.8	7.2	31.5	56.8	4.4	111
Ohio State	2013	0.0	1.8	8.0	33.9	56.3	4.4	112
Ohio State	2014	2.9	7.2	11.6	33.3	44.9	4.1	69
Ohio State	2015	0.0	0.0	9.5	25.7	64.9	4.6	74
All Schools	2015	1.8	4.5	10.6	33.8	49.3	4.2	7,310

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

Ohio State		All Schools
2014	2015	2015

9. Clerkship Experiences: Internal Medicine

Internal Medicine: Were you observed taking the relevant portions of the patient history?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	100.0	99.5	91.5
No	0.0	0.5	8.5
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	180	193	14,618

Internal Medicine: Were you observed performing the relevant portions of the physical or mental status exam?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	99.4	100.0	92.9
No	0.6	0.0	7.1
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,570

Internal Medicine: Were you provided with mid-clerkship feedback?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	100.0	100.0	97.2
No	0.0	0.0	2.8
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	192	14,559

Ratings

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Count
Internal Medicine: Faculty provided effective teaching during the clerkship								
Ohio State	2014	0.0 %	0.6 %	1.1 %	28.7 %	69.6 %	4.7	181
Ohio State	2015	0.0	1.0	3.1	29.7	66.1	4.6	192
All Schools	2015	0.7	1.9	4.9	30.5	62.0	4.5	14,518
Internal Medicine: Residents provided effective teaching during the clerkship*								
Ohio State	2011	0.6	0.6	4.5	35.6	58.8	4.5	177
Ohio State	2012	1.1	2.6	2.6	21.2	72.5	4.6	189
Ohio State	2013	0.5	1.6	4.3	20.7	72.9	4.6	188
Ohio State	2014	0.0	0.6	1.7	22.5	75.3	4.7	178
Ohio State	2015	0.0	1.0	2.1	23.6	73.3	4.7	191
All Schools	2015	0.9	1.9	4.2	26.0	67.0	4.6	14,002

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

	Ohio State		All Schools
	2014	2015	2015
9. Clerkship Experiences: Neurology			
Neurology: Were you observed taking the relevant portions of the patient history?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	95.0	97.9	78.7
No	5.0	2.1	21.3
	100.0	100.0	100.0
Number of respondents	181	193	12,964
Neurology: Were you observed performing the relevant portions of the physical or mental status exam?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	96.1	99.0	87.7
No	3.9	1.0	12.3
	100.0	100.0	100.0
Number of respondents	181	193	12,933
Neurology: Were you provided with mid-clerkship feedback?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	98.9	99.0	85.4
No	1.1	1.0	14.6
	100.0	100.0	100.0
Number of respondents	181	192	12,915

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Neurology: Faculty provided effective teaching during the clerkship								
Ohio State	2014	0.6 %	2.8 %	8.9 %	41.7 %	46.1 %	4.3	180
Ohio State	2015	0.5	1.6	6.8	36.6	54.5	4.4	191
All Schools	2015	1.9	5.2	12.7	39.0	41.3	4.1	12,885
Neurology: Residents provided effective teaching during the clerkship*								
Ohio State	2014	1.2	4.1	7.6	35.7	51.5	4.3	171
Ohio State	2015	1.6	2.7	7.5	38.5	49.7	4.3	187
All Schools	2015	2.3	5.9	13.0	34.1	44.7	4.1	10,963

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

	Ohio State		All Schools
	2014	2015	2015
9. Clerkship Experiences: Obstetrics-Gynecology/Women's Health			
Obstetrics-Gynecology/Women's Health: Were you observed taking the relevant portions of the patient history?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	89.0	93.3	78.9
No	11.0	6.7	21.1
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,601
Obstetrics-Gynecology/Women's Health: Were you observed performing the relevant portions of the physical or mental status exam?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	93.4	95.3	88.8
No	6.6	4.7	11.2
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,570
Obstetrics-Gynecology/Women's Health: Were you provided with mid-clerkship feedback?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	96.1	99.0	92.3
No	3.9	1.0	7.7
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	192	14,548

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Obstetrics-Gynecology/Women's Health: Faculty provided effective teaching during the clerkship								
Ohio State	2014	5.0 %	8.3 %	17.1 %	34.8 %	34.8 %	3.9	181
Ohio State	2015	2.1	4.7	18.2	34.9	40.1	4.1	192
All Schools	2015	2.9	6.8	14.2	39.3	36.9	4.0	14,529
Obstetrics-Gynecology/Women's Health: Residents provided effective teaching during the clerkship*								
Ohio State	2011	4.5	8.5	14.7	36.7	35.6	3.9	177
Ohio State	2012	8.0	12.8	13.9	35.3	29.9	3.7	187
Ohio State	2013	5.9	14.4	18.1	29.3	32.4	3.7	188
Ohio State	2014	5.0	10.1	9.5	30.2	45.3	4.0	179
Ohio State	2015	2.6	8.9	7.8	22.4	58.3	4.3	192
All Schools	2015	5.1	8.0	11.6	33.3	41.9	4.0	13,203

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

Ohio State		All Schools
2014	2015	2015

9. Clerkship Experiences: Pediatrics

Pediatrics: Were you observed taking the relevant portions of the patient history?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	97.2	99.0	90.0
No	2.8	1.0	10.0
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	180	192	14,618

Pediatrics: Were you observed performing the relevant portions of the physical or mental status exam?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	97.8	99.0	91.9
No	2.2	1.0	8.1
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	193	14,579

Pediatrics: Were you provided with mid-clerkship feedback?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	99.4	99.0	95.2
No	0.6	1.0	4.8
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	180	192	14,571

Ratings

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Count
Pediatrics: Faculty provided effective teaching during the clerkship								
Ohio State	2014	1.7 %	0.0 %	5.0 %	29.3 %	64.1 %	4.5	181
Ohio State	2015	0.5	1.0	5.2	31.4	61.8	4.5	191
All Schools	2015	1.1	2.9	7.7	35.5	52.8	4.4	14,536
Pediatrics: Residents provided effective teaching during the clerkship*								
Ohio State	2011	0.0	2.3	2.3	24.4	71.0	4.6	176
Ohio State	2012	2.1	2.1	1.6	28.3	65.8	4.5	187
Ohio State	2013	1.6	2.1	4.3	21.4	70.6	4.6	187
Ohio State	2014	3.9	1.1	3.4	29.1	62.6	4.5	179
Ohio State	2015	1.6	3.7	9.4	25.1	60.2	4.4	191
All Schools	2015	1.6	4.0	8.9	32.7	52.7	4.3	13,318

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

	Ohio State		All Schools
	2014	2015	2015
9. Clerkship Experiences: Psychiatry			
Psychiatry: Were you observed taking the relevant portions of the patient history?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	96.7	98.4	90.4
No	3.3	1.6	9.6
	100.0	100.0	100.0
Number of respondents	181	192	14,603
Psychiatry: Were you observed performing the relevant portions of the physical or mental status exam?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	94.5	96.4	89.1
No	5.5	3.6	10.9
	100.0	100.0	100.0
Number of respondents	181	193	14,568
Psychiatry: Were you provided with mid-clerkship feedback?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	99.4	99.0	91.9
No	0.6	1.0	8.1
	100.0	100.0	100.0
Number of respondents	181	192	14,549

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Psychiatry: Faculty provided effective teaching during the clerkship								
Ohio State	2014	1.1 %	3.3 %	6.1 %	37.6 %	51.9 %	4.4	181
Ohio State	2015	0.5	4.2	10.9	34.4	50.0	4.3	192
All Schools	2015	1.4	4.0	10.3	37.9	46.4	4.2	14,519
Psychiatry: Residents provided effective teaching during the clerkship*								
Ohio State	2011	1.2	9.4	13.5	36.5	39.4	4.0	170
Ohio State	2012	2.2	3.9	7.8	37.4	48.6	4.3	179
Ohio State	2013	0.0	2.8	9.7	25.0	62.5	4.5	176
Ohio State	2014	2.5	1.9	11.3	41.9	42.5	4.2	160
Ohio State	2015	0.0	2.0	10.0	38.0	50.0	4.4	150
All Schools	2015	2.1	5.5	11.7	36.1	44.5	4.2	11,461

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

	Ohio State		All Schools
	2014	2015	2015
9. Clerkship Experiences: Surgery			
Surgery: Were you observed taking the relevant portions of the patient history?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	85.6	93.3	68.7
No	14.4	6.7	31.3
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	180	193	14,568
Surgery: Were you observed performing the relevant portions of the physical or mental status exam?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	86.2	94.3	76.6
No	13.8	5.7	23.4
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	192	14,542
Surgery: Were you provided with mid-clerkship feedback?			
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	93.9	96.9	89.3
No	6.1	3.1	10.7
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	192	14,544

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
Surgery: Faculty provided effective teaching during the clerkship								
Ohio State	2014	3.9 %	12.3 %	18.4 %	43.0 %	22.3 %	3.7	179
Ohio State	2015	0.5	8.9	14.1	38.0	38.5	4.1	192
All Schools	2015	3.3	7.9	14.5	38.5	35.9	4.0	14,502
Surgery: Residents provided effective teaching during the clerkship*								
Ohio State	2011	2.3	5.1	9.0	40.7	42.9	4.2	177
Ohio State	2012	1.1	5.3	11.7	35.6	46.3	4.2	188
Ohio State	2013	2.7	3.8	8.2	35.3	50.0	4.3	184
Ohio State	2014	2.2	7.3	10.6	23.5	56.4	4.2	179
Ohio State	2015	0.0	2.1	7.3	29.7	60.9	4.5	192
All Schools	2015	3.3	6.4	10.8	32.3	47.2	4.1	13,578

*Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts.

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
10a. Have you had a clinical training experience during medical school at a Department of Veterans Affairs medical facility?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	10.8	10.4	6.4	7.2	5.2	59.0
No	89.2	89.6	93.6	92.8	94.8	41.0
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	167	182	187	180	192	14,564
10b. How would you rate the value of your Department of Veterans Affairs clinical training experience?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Poor	11.1	5.6	0.0	8.3	0.0	2.7
Fair	0.0	0.0	8.3	8.3	0.0	5.6
Adequate	27.8	11.1	25.0	25.0	20.0	20.9
Very Good	27.8	38.9	41.7	16.7	50.0	36.9
Excellent	33.3	44.4	25.0	41.7	30.0	33.8
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	18	18	12	12	10	8,590

General Medical Education

11. Indicate whether you agree or disagree with the following statements: (Scale: 1=Strongly Disagree to 5=Strongly Agree)

		Ratings					Mean	Count
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
I received appropriate guidance in the selection of electives.								
Ohio State	2011	4.1 %	11.8 %	24.7 %	41.2 %	18.2 %	3.6	170
Ohio State	2012	4.9	8.2	17.9	45.7	23.4	3.7	184
Ohio State	2013	1.1	8.2	15.8	50.5	24.5	3.9	184
Ohio State	2014	1.7	10.6	18.3	46.7	22.8	3.8	180
Ohio State	2015	2.6	10.5	21.5	37.2	28.3	3.8	191
All Schools	2015	3.9	11.7	20.4	43.2	20.9	3.7	14,445

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
12. Did you participate in structured service learning (a structured opportunity to examine service in the context of educational goals and personal reflection)?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	54.6	69.7	70.8	66.1	75.4	53.7
No	45.4	30.3	29.2	33.9	24.6	46.3
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	174	188	185	180	191	14,492

13. Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis. (Note: from 2011 to 2013, "Field experience in providing health education in the community" was "Field experience in community health.")

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Independent study project for credit	41.5	33.9	32.1	36.7	21.9	32.5
Research project with faculty member	73.9	70.9	72.2	80.0	81.8	69.4
Authorship (sole or joint) of a research paper submitted for publication	35.8	37.0	31.0	47.2	55.2	47.8
Authorship (sole or joint) of a peer-reviewed oral or poster presentation				53.3	53.6	52.5
Global health experience	40.3	33.3	38.5	32.2	28.1	31.2
Educating elementary, high school or college students about careers in health professions or biological sciences	38.1	38.6	40.6	37.2	31.3	44.7
Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity)	52.8	46.6	50.8	51.7	51.6	60.5
Field experience in providing health education in the community (e.g., adult/child protective services, family violence program, rape crisis hotline)	39.8	49.2	42.2	30.0	32.3	36.2
Field experience in home care	66.5	56.1	64.2	61.7	60.9	32.6
Field experience in nursing home care	44.3	39.7	43.9	43.3	35.9	31.9
Learned another language in order to improve communication with patients	21.0	10.1	9.1	11.7	10.4	23.7
Learned the proper use of the interpreter when needed	81.3	76.2	78.1	81.1	77.6	73.1
Experience related to health disparities	68.8	68.8	71.1	77.8	69.3	61.7
Experience related to cultural awareness and cultural competence	72.7	65.6	66.3	76.7	68.8	64.2
Community-based research project	18.2	12.7	15.5	19.4	21.9	26.0
Experience with a free clinic for the underserved population	85.8	81.5	84.5	85.6	82.3	73.5
Other	7.4	5.3	3.2	3.9	0.5	1.9

14. Based on your experiences, indicate whether you agree or disagree with the following statements: (Scale: 1=Strongly Disagree to 5=Strongly Agree)

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.								
Ohio State	2011	0.6 %	3.6 %	13.1 %	57.1 %	25.6 %	4.0	168
Ohio State	2012	0.0	3.3	13.8	60.8	22.1	4.0	181
Ohio State	2013	0.5	1.1	16.4	59.0	23.0	4.0	183
Ohio State	2014	0.6	0.6	14.7	58.2	26.0	4.1	177
Ohio State	2015	0.5	1.6	8.4	42.4	47.1	4.3	191
All Schools	2015	1.0	2.1	11.5	47.7	37.7	4.2	14,435
The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds.								
Ohio State	2011	2.4	7.7	18.5	49.4	22.0	3.8	168
Ohio State	2012	5.5	3.3	15.9	51.6	23.6	3.8	182
Ohio State	2013	3.3	8.2	14.8	45.4	28.4	3.9	183
Ohio State	2014	3.4	3.4	22.5	48.3	22.5	3.8	178
Ohio State	2015	3.1	5.2	18.3	35.1	38.2	4.0	191
All Schools	2015	4.1	10.2	23.7	35.8	26.2	3.7	14,454

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
15a. Have you participated in any required curricular activities where you had the opportunity to learn with students from different health professions?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	51.2	74.6	77.8	84.8	88.5	79.7
No	38.2	17.8	16.8	12.4	8.4	13.3
Not Sure	10.6	7.6	5.4	2.8	3.1	7.0
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	170	185	185	178	191	14,454
15b. [If "Yes"] With which other profession(s) have you had the opportunity to participate or interact in educational activities? Select all that apply. (Note: As multiple responses were permitted, totals may exceed 100%.)						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Dentistry	29.9	22.5	24.3	21.9	21.9	26.1
Nursing	92.0	88.4	92.4	86.1	81.1	79.8
Occupational Therapy	48.3	36.2	41.0	27.8	29.0	30.2
Osteopathic Medicine	32.2	29.0	33.3	29.8	18.9	19.7
Pharmacy	88.5	89.1	89.6	94.7	90.5	74.5
Physical Therapy	54.0	44.2	49.3	37.7	32.5	42.5
Physician Assistants	43.7	37.7	42.4	39.7	25.4	56.4
Psychology	18.4	18.8	24.3	12.6	9.5	15.2
Public Health	24.1	16.7	17.4	16.6	11.2	18.9
Social Work	62.1	50.7	55.6	43.7	37.9	40.1
Veterinary Medicine	10.3	2.2	3.5	1.3	3.6	2.5
Other	4.6	2.9	4.9	5.3	4.1	5.3
15c. What was the nature of the learning experience(s) with other health professions students? Select all that apply. (Note: As multiple responses were permitted, totals may exceed 100%.)						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Lecture only, basic science	9.2	9.4	18.1	13.9	7.7	18.9
Lecture only, clinical subject (e.g., universal precautions, informed consent, advanced cardiac life support (ACLS) certification, population health)	28.7	24.6	29.2	37.1	22.5	28.9
Patient-centered case problems (classroom or student setting)	48.3	34.1	36.1	54.3	54.4	52.6
Clinical simulations	37.9	47.1	52.8	54.3	38.5	40.9
Active engagement with patients (e.g., inpatient or ambulatory based team rotation, longitudinal clinics, practice-based clerkships)	70.1	68.8	75.7	60.3	55.6	68.3
Community projects or service learning activities	23.0	18.8	17.4	17.9	21.9	23.4
Team Skills Training	9.2	17.4	15.3	28.5	24.9	34.5
Other	3.4	5.8	4.9	4.0	4.7	3.2

**16. Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:
(Scale: 1=Strongly Disagree to 5=Strongly Agree)**

	Ratings						Mean	Count
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree			
I am confident that I have acquired the clinical skills required to begin a residency program.								
Ohio State	2011	0.0 %	1.2 %	5.3 %	45.9 %	47.6 %	4.4	170
Ohio State	2012	0.0	1.6	6.5	46.2	45.7	4.4	184
Ohio State	2013	0.5	0.0	3.8	51.6	44.0	4.4	184
Ohio State	2014	1.1	1.1	3.9	47.2	46.6	4.4	178
Ohio State	2015	0.0	0.0	5.8	44.2	50.0	4.4	190
All Schools	2015	0.5	2.2	8.0	48.3	40.9	4.3	14,384
I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.								
Ohio State	2011	0.0	0.0	3.5	52.9	43.5	4.4	170
Ohio State	2012	0.0	1.1	4.3	48.9	45.7	4.4	184
Ohio State	2013	0.5	0.0	1.6	56.0	41.8	4.4	184
Ohio State	2014	0.0	1.1	3.9	49.4	45.5	4.4	178
Ohio State	2015	0.0	0.5	1.6	46.3	51.6	4.5	190
All Schools	2015	0.3	1.0	5.3	53.3	40.1	4.3	14,367
I have the communication skills necessary to interact with patients and health professionals.								
Ohio State	2011	0.0	0.0	1.2	35.9	62.9	4.6	170
Ohio State	2012	0.0	0.5	0.5	29.3	69.6	4.7	184
Ohio State	2013	0.5	0.0	0.5	31.9	67.0	4.6	182
Ohio State	2014	0.0	0.0	1.7	22.6	75.7	4.7	177
Ohio State	2015	0.0	0.0	0.0	21.1	78.9	4.8	190
All Schools	2015	0.1	0.2	1.4	26.7	71.5	4.7	14,337
I have basic skills in clinical decision making and the application of evidence based information to medical practice.								
Ohio State	2011	0.0	0.0	4.1	53.5	42.4	4.4	170
Ohio State	2012	0.0	1.6	2.7	42.6	53.0	4.5	183
Ohio State	2013	0.5	0.0	0.0	49.5	50.0	4.5	184
Ohio State	2014	0.0	0.6	1.7	43.8	53.9	4.5	178
Ohio State	2015	0.0	0.0	1.6	38.6	59.8	4.6	189
All Schools	2015	0.3	0.8	5.1	48.4	45.4	4.4	14,304
I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system).								
Ohio State	2011	0.0	1.2	1.8	49.4	47.6	4.4	170
Ohio State	2012	0.0	1.1	4.3	45.7	48.9	4.4	184
Ohio State	2013	0.5	0.5	1.1	46.7	51.1	4.5	184
Ohio State	2014	0.0	0.6	1.7	46.3	51.4	4.5	177
Ohio State	2015	0.0	1.1	1.6	35.8	61.6	4.6	190
All Schools	2015	0.3	1.0	5.4	42.9	50.4	4.4	14,369
I understand the ethical and professional values that are expected of the profession.								
Ohio State	2011	0.0	0.0	1.2	35.9	62.9	4.6	170
Ohio State	2012	0.0	0.5	1.6	30.4	67.4	4.6	184
Ohio State	2013	0.5	0.0	1.1	32.1	66.3	4.6	184
Ohio State	2014	0.0	0.0	0.6	28.1	71.3	4.7	178
Ohio State	2015	0.0	0.0	0.0	21.2	78.8	4.8	189
All Schools	2015	0.2	0.1	1.6	31.0	67.1	4.6	14,348
I believe I am adequately prepared to care for patients from different backgrounds.								
Ohio State	2011	0.6	0.0	1.8	42.9	54.7	4.5	170
Ohio State	2012	0.0	0.5	0.5	37.7	61.2	4.6	183
Ohio State	2013	0.5	0.0	0.5	35.9	63.0	4.6	184
Ohio State	2014	0.0	0.6	1.7	35.4	62.4	4.6	178
Ohio State	2015	0.0	0.0	2.1	31.1	66.8	4.6	190
All Schools	2015	0.2	0.6	3.9	39.7	55.7	4.5	14,356

Student Affairs

17. Indicate your level of satisfaction with the following: (Scale: 1=Very Dissatisfied to 5=Very Satisfied)

		Ratings					Mean	Count
		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied		
Office of the Dean of Students/Associate Dean of Students								
Accessibility								
Ohio State	2011	0.6 %	0.0 %	7.1 %	35.5 %	56.8 %	4.5	169
Ohio State	2012	0.0	1.6	2.7	33.2	62.5	4.6	184
Ohio State	2013	0.0	0.0	2.2	32.1	65.8	4.6	184
Ohio State	2014	0.0	0.0	4.5	31.6	63.8	4.6	177
Ohio State	2015	0.0	0.0	9.6	26.2	64.2	4.5	187
All Schools	2015	1.7	2.8	12.6	37.2	45.7	4.2	13,995
Awareness of student concerns								
Ohio State	2011	1.2	1.8	9.4	37.1	50.6	4.3	170
Ohio State	2012	0.0	2.7	6.6	33.9	56.8	4.4	183
Ohio State	2013	0.0	0.5	4.9	29.3	65.2	4.6	184
Ohio State	2014	0.6	0.6	5.6	37.9	55.4	4.5	177
Ohio State	2015	0.5	1.6	8.6	31.0	58.3	4.4	187
All Schools	2015	3.3	6.4	15.6	36.7	37.9	4.0	13,987
Responsiveness to student problems								
Ohio State	2011	1.8	0.6	8.9	34.9	53.8	4.4	169
Ohio State	2012	0.0	2.2	8.2	31.7	57.9	4.5	183
Ohio State	2013	0.0	1.1	2.7	29.5	66.7	4.6	183
Ohio State	2014	1.1	0.6	4.0	36.0	58.3	4.5	175
Ohio State	2015	0.5	3.8	8.1	28.5	59.1	4.4	186
All Schools	2015	3.8	6.7	16.0	35.1	38.5	4.0	13,859
Office of the Dean for Educational Programs/Curricular Affairs								
Accessibility								
Ohio State	2011	1.2	0.0	7.6	42.4	48.8	4.4	170
Ohio State	2012	0.0	0.0	8.2	36.8	54.9	4.5	182
Ohio State	2013	0.0	0.5	3.8	35.5	60.1	4.6	183
Ohio State	2014	0.0	0.6	10.8	39.2	49.4	4.4	176
Ohio State	2015	0.0	1.6	10.8	32.3	55.4	4.4	186
All Schools	2015	1.7	2.8	17.7	40.9	36.8	4.1	13,969
Awareness of student concerns								
Ohio State	2011	1.2	1.8	8.8	41.2	47.1	4.3	170
Ohio State	2012	0.0	1.1	11.0	33.0	54.9	4.4	182
Ohio State	2013	0.0	0.5	6.0	33.9	59.6	4.5	183
Ohio State	2014	0.6	1.1	10.2	40.3	47.7	4.3	176
Ohio State	2015	1.1	0.5	12.9	32.8	52.7	4.4	186
All Schools	2015	2.8	5.2	19.2	39.3	33.6	4.0	13,940
Responsiveness to student problems								
Ohio State	2011	1.2	1.8	8.3	40.2	48.5	4.3	169
Ohio State	2012	0.6	1.1	11.6	32.0	54.7	4.4	181
Ohio State	2013	0.0	0.5	4.9	33.9	60.7	4.5	183
Ohio State	2014	0.6	0.6	9.7	42.0	47.2	4.3	176
Ohio State	2015	0.5	3.2	11.8	30.1	54.3	4.3	186
All Schools	2015	3.5	6.1	19.2	37.7	33.5	3.9	13,941

17. Indicate your level of satisfaction with the following: (Scale: 1=Very Dissatisfied to 5=Very Satisfied) (Continued)

		Ratings					Mean	Count
		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied		
Participation of students on key medical school committees								
Ohio State	2011	0.6 %	0.6 %	8.2 %	40.6 %	50.0 %	4.4	170
Ohio State	2012	0.0	0.6	10.5	32.6	56.4	4.4	181
Ohio State	2013	0.0	0.0	8.2	31.3	60.4	4.5	182
Ohio State	2014	0.0	0.0	10.9	42.3	46.9	4.4	175
Ohio State	2015	0.5	0.5	11.8	31.7	55.4	4.4	186
All Schools	2015	2.1	3.1	19.5	38.5	36.9	4.1	13,932
Student Support								
Academic counseling*								
Ohio State	2014	0.0	5.0	8.0	45.0	42.0	4.2	100
Ohio State	2015	0.0	3.6	10.7	32.1	53.6	4.4	112
All Schools	2015	3.7	9.3	12.9	37.8	36.3	3.9	9,839
Tutoring*								
Ohio State	2014	2.6	2.6	10.3	41.0	43.6	4.2	39
Ohio State	2015	0.0	7.4	20.4	31.5	40.7	4.1	54
All Schools	2015	3.1	7.4	15.8	39.5	34.1	3.9	5,250
Personal counseling [‡]								
Ohio State	2011	2.8	3.8	9.4	34.0	50.0	4.2	106
Ohio State	2012	2.7	1.8	8.2	31.8	55.5	4.4	110
Ohio State	2013	0.0	1.7	5.1	29.7	63.6	4.6	118
Ohio State	2014	2.7	8.1	6.8	33.8	48.6	4.2	74
Ohio State	2015	1.2	6.2	9.9	28.4	54.3	4.3	81
All Schools	2015	3.5	7.6	13.4	34.4	41.1	4.0	6,443
Financial aid administrative services*								
Ohio State	2011	0.6	1.9	8.3	34.0	55.1	4.4	156
Ohio State	2012	0.0	1.9	3.1	26.9	68.1	4.6	160
Ohio State	2013	0.6	1.8	5.4	41.9	50.3	4.4	167
Ohio State	2014	0.7	0.0	7.2	45.4	46.7	4.4	152
Ohio State	2015	0.0	3.0	3.0	29.5	64.5	4.6	166
All Schools	2015	2.7	5.7	12.8	37.6	41.3	4.1	11,091
Overall educational debt management counseling*								
Ohio State	2011	0.7	6.4	7.9	40.0	45.0	4.2	140
Ohio State	2012	0.0	1.4	6.1	34.7	57.8	4.5	147
Ohio State	2013	1.4	5.8	15.9	42.8	34.1	4.0	138
Ohio State	2014	1.5	2.9	16.2	47.8	31.6	4.1	136
Ohio State	2015	0.0	4.1	4.8	36.1	55.1	4.4	147
All Schools	2015	3.5	9.0	17.1	37.0	33.4	3.9	10,348
Senior loan exit interview*								
Ohio State	2011	0.8	2.5	11.0	37.3	48.3	4.3	118
Ohio State	2012	0.0	0.9	6.3	29.7	63.1	4.5	111
Ohio State	2013	0.0	2.0	21.0	42.0	35.0	4.1	100
Ohio State	2014	1.1	1.1	21.5	48.4	28.0	4.0	93
Ohio State	2015	0.0	0.9	3.5	29.2	66.4	4.6	113
All Schools	2015	2.0	3.9	18.1	38.5	37.5	4.1	8,533
Faculty mentoring*								
Ohio State	2011	3.2	5.2	17.4	34.2	40.0	4.0	155
Ohio State	2012	1.8	6.5	9.5	32.0	50.3	4.2	169
Ohio State	2013	1.2	4.7	8.8	32.4	52.9	4.3	170
Ohio State	2014	1.2	4.8	10.8	36.5	46.7	4.2	167
Ohio State	2015	1.2	5.2	13.4	34.9	45.3	4.2	172
All Schools	2015	2.6	7.0	12.4	34.2	43.8	4.1	13,055

*Note: Respondents had the option to select "Did not use"; these responses are not included in the report calculations and counts.

17. Indicate your level of satisfaction with the following: (Scale: 1=Very Dissatisfied to 5=Very Satisfied) (Continued)

		Ratings					Mean	Count
		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied		
Career Planning Services								
Career preference assessment activities*								
Ohio State	2011	0.7 %	5.3 %	16.4 %	50.7 %	27.0 %	4.0	152
Ohio State	2012	0.7	4.9	26.6	40.6	27.3	3.9	143
Ohio State	2013	0.7	4.2	17.4	41.7	36.1	4.1	144
Ohio State	2014	0.8	4.9	16.4	45.1	32.8	4.0	122
Ohio State	2015	1.4	7.8	24.1	31.2	35.5	3.9	141
All Schools	2015	4.0	10.5	21.0	39.0	25.5	3.7	10,400
Information about specialties*								
Ohio State	2011	0.6	3.2	15.2	49.4	31.6	4.1	158
Ohio State	2012	0.0	5.5	14.0	45.7	34.8	4.1	164
Ohio State	2013	1.2	1.2	12.8	44.5	40.2	4.2	164
Ohio State	2014	0.6	1.9	12.3	44.2	40.9	4.2	154
Ohio State	2015	1.8	8.6	14.7	36.2	38.7	4.0	163
All Schools	2015	3.0	9.3	17.1	42.8	27.8	3.8	12,428
Information about alternative medical careers*								
Ohio State	2011	3.1	18.9	22.8	33.9	21.3	3.5	127
Ohio State	2012	2.3	17.6	28.2	27.5	24.4	3.5	131
Ohio State	2013	3.1	15.6	21.1	27.3	32.8	3.7	128
Ohio State	2014	4.5	13.4	33.9	26.8	21.4	3.5	112
Ohio State	2015	4.8	18.3	26.2	23.8	27.0	3.5	126
All Schools	2015	9.0	21.3	26.6	25.0	18.2	3.2	9,170
Overall satisfaction with career planning services*								
Ohio State	2011	1.3	3.8	17.6	49.1	28.3	4.0	159
Ohio State	2012	0.6	6.1	19.4	45.5	28.5	4.0	165
Ohio State	2013	0.6	3.0	16.3	44.6	35.5	4.1	166
Ohio State	2014	0.7	3.3	15.0	51.6	29.4	4.1	153
Ohio State	2015	1.9	8.3	22.3	33.8	33.8	3.9	157
All Schools	2015	3.9	10.8	21.2	39.7	24.4	3.7	12,282
Student Health								
Student Programs/Activities that promote effective stress management, a balanced lifestyle and overall well being*								
Ohio State	2011	1.3	1.9	11.0	45.8	40.0	4.2	155
Ohio State	2012	0.6	1.9	7.5	34.2	55.9	4.4	161
Ohio State	2013	0.0	0.6	3.2	36.5	59.6	4.6	156
Ohio State	2014	0.0	0.7	6.3	41.5	51.4	4.4	142
Ohio State	2015	1.3	2.0	12.5	30.9	53.3	4.3	152
All Schools	2015	2.5	6.2	15.8	40.6	34.9	4.0	11,620
Student health services*								
Ohio State	2011	6.3	6.3	9.0	47.2	31.3	3.9	144
Ohio State	2012	2.5	8.3	10.8	43.3	35.0	4.0	157
Ohio State	2013	1.3	5.0	6.3	45.6	41.9	4.2	160
Ohio State	2014	2.1	3.5	7.0	40.8	46.5	4.3	142
Ohio State	2015	1.3	3.2	10.8	32.3	52.5	4.3	158
All Schools	2015	2.8	6.5	11.0	43.2	36.5	4.0	11,725

* Note: Respondents had the option to select "Did not use"; these responses are not included in the report calculations and counts.

17. Indicate your level of satisfaction with the following: (Scale: 1=Very Dissatisfied to 5=Very Satisfied) (Continued)

		Ratings					Mean	Count
		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied		
Student mental health services*								
Ohio State	2011	4.6 %	6.2 %	12.3 %	47.7 %	29.2 %	3.9	65
Ohio State	2012	2.9	8.7	8.7	42.0	37.7	4.0	69
Ohio State	2013	0.0	4.0	12.0	42.7	41.3	4.2	75
Ohio State	2014	5.2	8.6	5.2	43.1	37.9	4.0	58
Ohio State	2015	4.4	7.4	8.8	25.0	54.4	4.2	68
All Schools	2015	4.0	6.8	12.2	36.1	40.9	4.0	5,416
Student health insurance*								
Ohio State	2011	10.6	12.1	14.4	43.9	18.9	3.5	132
Ohio State	2012	5.9	14.8	15.6	39.3	24.4	3.6	135
Ohio State	2013	2.1	4.3	18.6	42.9	32.1	4.0	140
Ohio State	2014	1.8	4.5	10.9	42.7	40.0	4.1	110
Ohio State	2015	1.5	5.1	9.6	33.1	50.7	4.3	136
All Schools	2015	7.4	13.3	17.1	37.0	25.2	3.6	9,440
Facilities								
Library*								
Ohio State	2011	0.0	4.2	6.0	48.2	41.6	4.3	166
Ohio State	2012	1.1	6.7	7.8	39.4	45.0	4.2	180
Ohio State	2013	0.0	3.9	5.5	37.6	53.0	4.4	181
Ohio State	2014	1.1	0.0	4.0	36.4	58.5	4.5	176
Ohio State	2015	0.5	1.6	7.6	33.0	57.3	4.4	185
All Schools	2015	1.3	4.1	7.6	41.0	45.9	4.3	13,525
Computer resource center*								
Ohio State	2011	0.0	3.7	5.6	53.1	37.7	4.2	162
Ohio State	2012	0.0	1.7	10.3	47.4	40.6	4.3	175
Ohio State	2013	0.6	2.3	7.4	42.0	47.7	4.3	176
Ohio State	2014	0.0	2.5	8.0	41.4	48.1	4.4	162
Ohio State	2015	0.6	2.9	5.8	33.3	57.3	4.4	171
All Schools	2015	1.3	4.5	9.0	42.1	43.1	4.2	12,734
Student study space*								
Ohio State	2011	3.0	9.8	8.5	51.2	27.4	3.9	164
Ohio State	2012	2.2	14.6	13.5	37.6	32.0	3.8	178
Ohio State	2013	1.1	11.1	8.9	36.1	42.8	4.1	180
Ohio State	2014	1.1	3.4	9.1	40.0	46.3	4.3	175
Ohio State	2015	1.7	2.2	7.3	39.3	49.4	4.3	178
All Schools	2015	2.4	7.7	10.3	38.8	40.8	4.1	13,556
Student relaxation space*								
Ohio State	2011	3.2	9.1	16.2	48.7	22.7	3.8	154
Ohio State	2012	2.4	8.4	19.3	40.4	29.5	3.9	166
Ohio State	2013	0.6	8.8	15.7	35.8	39.0	4.0	159
Ohio State	2014	1.3	2.0	14.6	45.0	37.1	4.1	151
Ohio State	2015	2.1	6.2	11.0	41.1	39.7	4.1	146
All Schools	2015	4.1	10.8	16.6	35.8	32.7	3.8	12,501

* Note: Respondents had the option to select "Did not use"; these responses are not included in the report calculations and counts.

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
18. Are you aware that your school has policies regarding the mistreatment of medical students?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	89.7	93.4	92.4	97.2	99.5	94.5
No	10.3	6.6	7.6	2.8	0.5	5.5
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	165	182	184	177	187	13,954
19. Do you know the procedures at your school for reporting the mistreatment of medical students?						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	68.7	75.5	83.1	92.5		80.8
No	31.3	24.5	16.9	7.5		19.2
	100.0	100.0	100.0	100.0		100.0
Number of respondents	182	184	177	187		13,954

Specialty and Career Plans

20. In which of the following activities do you plan to participate during your career? Select all that apply. (Note: As multiple responses were permitted, totals may exceed 100%.)

	<u>Percent</u>	<u>Percent</u>
Patient Care	100.0	97.9
Research	61.5	59.7
Teaching	88.2	85.3
Medical School Faculty	40.1	45.5
Administration (e.g., Department Chair, Dean)	31.0	26.6
Military Service	2.7	4.7
Public Health	24.1	25.0
Other	1.6	2.2
Number of respondents	187	13,909

21. Do you anticipate providing patient care full-time or part-time? (Note: only those selecting "Patient Care" at item 20 could respond.)

	<u>Percent</u>	<u>Percent</u>
Full-time (at least 36 hours a week)	95.7	89.7
Part-time (less than 36 hours a week)	4.3	10.3
Number of respondents	186	13,594

22. How exclusively do you expect to be involved in research? (Note: only those selecting "Research" at item 20 could respond.)

	<u>Percent</u>	<u>Percent</u>
Full-time	0.0	2.5
Significantly involved	36.5	42.2
Involved in a limited way	63.5	55.3
Number of respondents	115	8,301

	Ohio State	All Schools
	2015	2015
23. When thinking about your career, what is your intended area of practice?		
	<u>Percent</u>	<u>Percent</u>
Anesthesiology or subspecialty	8.0	6.2
Dermatology or subspecialty	2.1	2.4
Emergency Medicine or subspecialty	11.8	8.4
Family Medicine or subspecialty	9.6	8.5
Surgery - General Surgery or subspecialty	6.4	6.2
Internal Medicine or subspecialty	21.4	20.0
Internal Medicine/Pediatrics	2.1	1.9
Medical Genetics or subspecialty	0.0	0.1
Neurological Surgery	1.1	1.2
Neurology or subspecialty	2.7	2.6
Obstetrics and Gynecology or subspecialty	4.3	6.1
Ophthalmology or subspecialty	2.7	2.5
Orthopaedic Surgery or subspecialty	3.2	4.7
Otolaryngology or subspecialty	1.6	2.0
Pathology or subspecialty	0.0	1.5
Pediatrics or subspecialty	12.3	11.6
Physical Medicine and Rehabilitation or subspecialty	2.7	1.0
Plastic Surgery or subspecialty	0.5	0.8
Preventive Medicine or subspecialty	0.0	0.1
Psychiatry or subspecialty	2.7	4.4
Radiology or subspecialty	1.6	3.7
Radiation Oncology	1.1	1.0
Thoracic Surgery or subspecialty	1.1	0.5
Urology or subspecialty	0.5	1.6
Vascular Surgery	0.0	0.3
Undecided	0.5	0.5
I do not plan to practice medicine	0.0	0.2
Number of respondents	187	13,939
24. Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?		
	<u>Percent</u>	<u>Percent</u>
Yes	15.0	18.4
No	43.3	44.5
Not sure	41.7	37.1
	100.0	100.0
Number of respondents	187	13,923

25. How useful were the following resources in learning about specialty choice and career planning? (Note: from 2011 to 2013 only those responding "Yes" to "Are you planning to become certified in a specialty?" were offered this question. In 2014 and 2015 all respondents were offered this question.)

		Ratings					Count
		Did Not Use	Not Useful	Somewhat Useful	Moderately Useful	Very Useful	
Advising/Mentoring							
Ohio State	2011	3.6 %	4.3 %	21.7 %	37.7 %	32.6 %	138
Ohio State	2012	13.6	3.2	10.4	28.6	44.2	154
Ohio State	2013	9.6	3.2	8.3	29.5	49.4	156
Ohio State	2014	7.4	1.7	9.7	30.7	50.6	176
Ohio State	2015	13.0	2.2	11.4	25.4	48.1	185
All Schools	2015	7.3	5.2	12.9	29.2	45.3	13,878
AAMC's Careers in Medicine Web Site							
Ohio State	2011	13.8	7.2	35.5	31.2	12.3	138
Ohio State	2012	38.2	2.0	13.8	30.3	15.8	152
Ohio State	2013	32.7	5.1	17.3	30.8	14.1	156
Ohio State	2014	30.9	4.0	20.0	28.0	17.1	175
Ohio State	2015	31.4	3.2	16.8	31.4	17.3	185
All Schools	2015	28.7	5.5	19.5	28.6	17.8	13,839
Specialty interest group-sponsored panels and presentations							
Ohio State	2011	10.9	8.7	29.0	36.2	15.2	138
Ohio State	2012	15.6	2.6	12.3	40.3	29.2	154
Ohio State	2013	11.6	3.2	18.7	33.5	32.9	155
Ohio State	2014	8.5	1.7	21.6	39.8	28.4	176
Ohio State	2015	18.4	3.8	19.5	32.4	25.9	185
All Schools	2015	15.4	4.0	16.9	33.6	30.2	13,849
School-sponsored career planning workshops and courses							
Ohio State	2011	29.4	10.3	29.4	25.0	5.9	136
Ohio State	2012	35.1	5.2	17.5	31.8	10.4	154
Ohio State	2013	35.3	3.2	19.9	25.6	16.0	156
Ohio State	2014	43.8	2.8	19.9	24.4	9.1	176
Ohio State	2015	41.3	4.3	16.8	22.3	15.2	184
All Schools	2015	31.8	7.4	16.6	27.4	16.7	13,841
Participation in in-house and extramural electives							
Ohio State	2011	11.7	2.2	15.3	28.5	42.3	137
Ohio State	2012	18.8	1.9	8.4	23.4	47.4	154
Ohio State	2013	12.8	1.3	6.4	24.4	55.1	156
Ohio State	2014	14.8	1.1	9.1	25.6	49.4	176
Ohio State	2015	16.1	1.1	7.0	24.2	51.6	186
All Schools	2015	16.7	2.9	9.0	24.5	46.9	13,850
Other publications and web-based resources							
Ohio State	2011	18.8	2.2	34.8	29.7	14.5	138
Ohio State	2012	30.5	2.0	17.9	28.5	21.2	151
Ohio State	2013	22.6	3.9	14.2	34.8	24.5	155
Ohio State	2014	26.9	0.6	18.9	33.1	20.6	175
Ohio State	2015	28.0	2.2	15.1	26.9	28.0	186
All Schools	2015	24.9	2.4	15.4	33.4	23.9	13,833

26. How influential were the following in helping you choose your specialty? (Note: from 2011 to 2013 only those responding "Yes" to "Are you planning to become certified in a specialty?" were offered this question. In 2014 and 2015 all respondents were offered this question.) (Scale: 0=No Influence to 3=Strong Influence)

		Ratings				Mean	Count
		No Influence	Minor Influence	Moderate Influence	Strong Influence		
Competitiveness of specialty							
Ohio State	2011	41.0 %	20.1 %	31.7 %	7.2 %	1.1	139
Ohio State	2012	29.9	27.3	32.5	10.4	1.2	154
Ohio State	2013	21.8	28.2	39.7	10.3	1.4	156
Ohio State	2014	32.5	31.9	25.2	10.4	1.1	163
Ohio State	2015	20.9	31.6	34.2	13.4	1.4	187
All Schools	2015	30.8	28.7	30.6	10.0	1.2	13,897
Level of educational debt							
Ohio State	2011	46.8	26.6	18.7	7.9	0.9	139
Ohio State	2012	48.4	20.3	22.9	8.5	0.9	153
Ohio State	2013	37.2	31.4	23.1	8.3	1.0	156
Ohio State	2014	39.9	31.3	20.9	8.0	1.0	163
Ohio State	2015	39.6	28.9	20.3	11.2	1.0	187
All Schools	2015	51.8	24.0	16.4	7.8	0.8	13,880
Role model influence							
Ohio State	2011	5.1	13.8	34.8	46.4	2.2	138
Ohio State	2012	7.1	9.7	32.5	50.6	2.3	154
Ohio State	2013	3.2	14.1	26.3	56.4	2.4	156
Ohio State	2014	4.9	11.7	27.2	56.2	2.3	162
Ohio State	2015	7.0	10.2	28.9	54.0	2.3	187
All Schools	2015	7.6	11.0	28.8	52.6	2.3	13,888
Options for fellowship training							
Ohio State	2011	17.3	25.2	30.2	27.3	1.7	139
Ohio State	2012	26.8	20.9	30.1	22.2	1.5	153
Ohio State	2013	16.7	20.5	29.5	33.3	1.8	156
Ohio State	2014	17.2	26.4	28.8	27.6	1.7	163
Ohio State	2015	14.7	25.0	20.7	39.7	1.9	184
All Schools	2015	18.1	17.6	29.9	34.5	1.8	13,871
Income expectations							
Ohio State	2011	20.1	39.6	34.5	5.8	1.3	139
Ohio State	2012	23.4	32.5	30.5	13.6	1.3	154
Ohio State	2013	16.0	32.1	34.6	17.3	1.5	156
Ohio State	2014	23.9	23.3	37.4	15.3	1.4	163
Ohio State	2015	15.0	36.4	33.7	15.0	1.5	187
All Schools	2015	22.2	30.8	32.8	14.2	1.4	13,890
Length of residency training							
Ohio State	2011	19.4	38.1	35.3	7.2	1.3	139
Ohio State	2012	22.7	30.5	32.5	14.3	1.4	154
Ohio State	2013	17.3	33.3	36.5	12.8	1.4	156
Ohio State	2014	17.2	36.2	34.4	12.3	1.4	163
Ohio State	2015	20.4	30.6	30.1	18.8	1.5	186
All Schools	2015	24.0	31.9	31.3	12.8	1.3	13,896

26. How influential were the following in helping you choose your specialty? (Note: from 2011 to 2013 only those responding "Yes" to "Are you planning to become certified in a specialty?" were offered this question. In 2014 and 2015 all respondents were offered this question.) (Scale: 0=No Influence to 3=Strong Influence) (continued):

		Ratings				Mean	Count
		No Influence	Minor Influence	Moderate Influence	Strong Influence		
Family expectations							
Ohio State	2011	51.1 %	20.1 %	24.5 %	4.3 %	0.8	139
Ohio State	2012	44.8	17.5	22.7	14.9	1.1	154
Ohio State	2013	43.6	24.4	19.2	12.8	1.0	156
Ohio State	2014	40.5	27.0	19.6	12.9	1.0	163
Ohio State	2015	40.1	24.1	21.9	13.9	1.1	187
All Schools	2015	43.5	22.1	20.5	13.9	1.0	13,890
My future family plans							
Ohio State	2011	21.0	13.8	36.2	29.0	1.7	138
Ohio State	2012	17.6	15.7	35.9	30.7	1.8	153
Ohio State	2013	14.1	24.4	34.0	27.6	1.8	156
Ohio State	2014	10.4	18.4	36.2	35.0	2.0	163
Ohio State	2015	19.8	17.1	28.3	34.8	1.8	187
All Schools	2015	17.7	19.6	31.8	31.0	1.8	13,888
Work/Life balance							
Ohio State	2011	4.3	16.7	35.5	43.5	2.2	138
Ohio State	2012	6.5	10.4	35.7	47.4	2.2	154
Ohio State	2013	3.2	16.0	34.6	46.2	2.2	156
Ohio State	2014	3.7	17.2	31.3	47.9	2.2	163
Ohio State	2015	6.5	10.2	33.3	50.0	2.3	186
All Schools	2015	6.3	15.2	33.8	44.7	2.2	13,875
Fit with personality, interests, and skills							
Ohio State	2011	0.0	0.7	11.5	87.8	2.9	139
Ohio State	2012	0.6	0.0	10.4	89.0	2.9	154
Ohio State	2013	0.6	0.0	11.6	87.7	2.9	155
Ohio State	2014	0.6	0.0	9.2	90.2	2.9	163
Ohio State	2015	0.0	0.0	8.6	91.4	2.9	187
All Schools	2015	0.4	0.9	9.6	89.0	2.9	13,907
Content of specialty							
Ohio State	2011	0.7	0.0	17.3	82.0	2.8	139
Ohio State	2012	0.0	1.3	13.7	85.0	2.8	153
Ohio State	2013	0.6	0.6	16.1	82.6	2.8	155
Ohio State	2014	0.0	0.6	12.9	86.5	2.9	163
Ohio State	2015	0.0	0.0	13.9	86.1	2.9	187
All Schools	2015	0.5	1.4	13.7	84.4	2.8	13,892

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
27. Where do you hope to work after completing your medical training? (Note: from 2011 to 2014, the question was, "Where do you plan to practice?" In 2015, the options "Unknown USA," "Totally Unknown," and "Unknown Canadian" were not offered.)	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Alabama	0.0	0.6	0.0	0.0	0.0	1.0
Alaska	0.0	0.0	0.0	0.0	0.0	0.2
Arizona	0.0	0.0	0.6	0.0	1.4	1.2
Arkansas	0.0	0.0	0.0	0.0	0.0	0.5
California	3.1	7.9	6.7	9.2	16.9	17.0
Colorado	0.6	0.0	0.0	0.6	0.7	2.9
Connecticut	0.0	0.0	0.0	0.0	0.0	0.5
Delaware	0.0	0.0	0.0	0.6	0.0	0.1
District of Columbia	0.0	0.0	2.2	0.0	2.8	1.3
Florida	1.9	1.1	1.1	1.7	2.1	4.4
Georgia	1.3	0.6	1.1	0.0	0.0	2.3
Hawaii	0.0	0.6	0.0	0.0	0.0	0.6
Idaho	0.6	1.1	0.0	0.0	0.7	0.3
Illinois	1.3	0.6	1.7	1.7	5.6	4.7
Indiana	0.0	0.0	0.6	1.2	0.0	0.7
Iowa	0.0	0.0	0.0	0.0	0.0	0.4
Kansas	0.0	0.0	0.0	0.0	0.0	0.8
Kentucky	0.0	0.6	0.0	0.0	0.0	1.0
Louisiana	0.0	0.0	0.0	0.0	0.0	1.4
Maine	0.0	0.0	0.0	0.0	0.0	0.4
Maryland	0.0	0.0	0.6	0.0	0.7	1.8
Massachusetts	1.3	0.6	0.0	0.6	0.7	3.9
Michigan	2.5	2.2	3.4	1.2	2.1	2.8
Minnesota	0.0	1.1	0.0	0.0	0.0	1.7
Mississippi	0.0	0.0	0.0	0.0	0.0	0.5
Missouri	0.0	0.6	0.0	0.0	0.7	1.4
Montana	0.0	0.0	0.0	0.6	0.0	0.5
Nebraska	0.0	0.0	0.0	0.0	0.0	0.5
Nevada	0.0	0.0	0.0	0.0	0.0	0.2
New Hampshire	0.0	0.0	0.0	0.0	0.0	0.2
New Jersey	0.6	0.0	0.0	0.6	0.7	1.0
New Mexico	0.0	0.0	0.0	0.0	0.7	0.3
New York	2.5	0.6	1.1	1.7	3.5	8.5
North Carolina	1.3	2.8	1.7	1.7	2.8	3.8
North Dakota	0.0	0.0	0.0	0.0	0.0	0.2
Ohio	28.9	25.8	25.7	36.4	37.3	2.4
Oklahoma	0.0	0.0	0.0	0.0	0.0	0.4
Oregon	1.3	2.2	0.6	0.0	2.1	1.5
Pennsylvania	1.3	0.6	1.7	2.3	2.1	4.5
Rhode Island	0.0	0.0	0.0	0.0	0.0	0.2
South Carolina	1.3	0.0	0.6	0.0	0.7	1.4
South Dakota	0.0	0.0	0.0	0.0	0.0	0.3
Tennessee	0.0	1.7	0.0	0.0	2.1	1.5
Texas	0.0	0.6	0.6	0.0	2.8	7.5
Utah	4.4	2.2	2.2	1.2	2.8	1.0
Vermont	0.0	0.0	0.6	0.0	0.0	0.4
Virginia	0.0	0.0	0.0	0.6	0.0	2.0
Washington	1.3	2.2	2.2	1.2	3.5	3.0
West Virginia	0.6	0.0	0.0	0.0	0.0	0.4
Wisconsin	0.6	2.2	0.0	0.6	2.8	1.6
Wyoming	0.0	0.0	0.0	0.0	0.0	0.1
Alberta	0.0	0.0	0.0	0.0	0.0	0.0
British Columbia	0.0	0.0	0.0	0.0	0.0	0.0

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
27. Where do you hope to work after completing your medical training? (Note: from 2011 to 2014, the question was, "Where do you plan to practice?" In 2015, the options "Unknown USA," "Totally Unknown," and "Unknown Canadian" were not offered.) (Continued)						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
New Brunswick	0.0	0.0	0.0	0.0	0.0	0.0
Northwest Territories	0.0	0.0	0.0	0.0	0.0	0.0
Nova Scotia	0.0	0.0	0.0	0.0	0.0	0.0
Nunavut	0.0	0.0	0.0	0.0	0.0	0.0
Ontario	0.0	0.0	0.0	0.0	0.0	0.1
Prince Edward Island	0.0	0.0	0.0	0.0	0.0	0.0
Quebec	0.0	0.0	0.0	0.0	0.0	0.0
Saskatchewan	0.0	0.0	0.0	0.0	0.0	0.0
Yukon Territory	0.0	0.0	0.0	0.6	0.0	0.0
American Samoa	0.0	0.0	0.0	0.0	0.0	0.0
Guam	0.0	0.0	0.0	0.0	0.0	0.0
Northern Mariana Islands	0.0	0.0	0.0	0.0	0.0	0.0
Puerto Rico	0.0	0.0	0.0	0.0	0.0	0.8
Virgin Islands	0.6	0.0	0.0	0.0	0.0	0.0
APO-FPO Americas	0.0	0.0	0.0	0.0	0.0	0.1
APO-FPO Europe	0.0	0.0	0.0	0.0	0.0	0.1
APO-FPO Pacific	0.0	0.0	0.0	0.0	0.0	0.0
US Territories / Possessions	0.0	0.0	0.0	0.0	0.0	0.2
Foreign	0.6	0.0	2.2	0.0	1.4	1.3
Unknown USA	35.8	34.3	34.6	31.8		
Totally Unknown	6.3	7.3	8.4	4.0		
Unknown Canadian	0.0	0.0	0.0	0.0		
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	159	178	179	173	142	11,668

Note: Manitoba, Marshall Islands, and Newfoundland/Labrador are excluded from the report as no respondents selected these options over the reporting period.

28. Please indicate the setting in which you plan to work after the completion of your medical education and training:

	<u>Percent</u>	<u>Percent</u>
Large City (Population 500,000 or More)	46.7	41.5
Suburb of a Large City	17.4	14.8
City of Moderate Size (Population 50,000 to 500,000)	19.0	23.3
Small City (Population 10,000 to 50,000--Other Than Suburb)	2.7	4.8
Town (Population 2,500 to 10,000--Other Than Suburb)	0.5	1.9
Small Town (Population Less Than 2,500)	0.0	0.5
Rural/Unincorporated Area	0.5	1.1
Undecided or No Preference	<u>13.0</u>	<u>12.2</u>
	99.8	100.0
Number of respondents	184	13,889

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
29. Do you plan to work primarily in an underserved area? (Note: from 2011-2014 the question was, "Do you plan to practice in an underserved area?")						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	21.2	18.4	24.6	25.0	19.9	22.3
No	29.7	24.6	23.5	22.7	30.1	29.8
Undecided	49.1	57.0	51.9	52.3	50.0	47.9
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	165	179	183	176	186	13,904

30. Regardless of location, do you plan to care primarily for an underserved population?

		Ratings			Count
		Yes	No	Undecided	
Ohio State	2011	23.0 %	35.8 %	41.2 %	165
Ohio State	2012	17.3	33.0	49.7	179
Ohio State	2013	24.0	30.6	45.4	183
Ohio State	2014	22.7	34.1	43.2	176
Ohio State	2015	28.5	23.7	47.8	186
All Schools	2015	28.2	26.5	45.3	13,898

31. If you could revisit your career choice, would you choose to become a physician again?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
No	2.2	1.9	1.9	2.8	2.2	2.4
Probably not	4.3	6.5	3.2	7.9	4.8	6.7
Neutral	7.2	5.8	7.6	6.8	12.9	9.1
Probably yes	37.0	35.7	33.1	28.2	29.0	32.0
Yes	49.3	50.0	54.1	54.2	51.1	49.7
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	138	154	157	177	186	13,926

Ohio State					All Schools
2011	2012	2013	2014	2015	2015

Financing of Education

32. Did you receive any scholarships, stipends, or grants (not loans) for medical school? (Note: the upper limit was \$750,000.)

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	80.0	77.2	72.7	75.6	87.6	61.2
No	20.0	22.8	27.3	24.4	12.4	38.8
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	165	180	183	176	186	13,921

Scholarship Categories

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
No scholarships	20.9	22.8	27.3	24.9	12.6	39.5
\$ 1 to \$ 24,999	53.2	55.0	49.2	45.7	55.5	29.8
\$ 25,000 to \$ 49,999	12.7	11.1	9.8	15.6	19.8	9.4
\$ 50,000 to \$ 74,999	5.7	1.7	4.4	6.4	3.8	5.2
\$ 75,000 to \$ 99,999	3.2	1.7	1.6	0.6	2.7	2.9
\$100,000 to \$124,999	0.6	3.3	0.5	1.7	1.6	3.7
\$125,000 to \$149,999	0.6	0.6	1.6	0.6	0.0	1.0
\$150,000 to \$174,999	0.0	0.0	1.1	1.2	1.6	1.6
\$175,000 to \$199,999	1.9	0.0	0.5	0.6	0.5	0.7
\$200,000 to \$750,000	1.3	3.9	3.8	2.9	1.6	6.2
	100.0	100.0	100.0	100.0	100.0	100.0

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2015</u>
Average scholarship amount of all respondents	\$23,198	\$24,721	\$27,274	\$27,812	\$26,488	\$38,269
Average scholarship amount of those with scholarships	\$29,322	\$32,013	\$37,528	\$37,012	\$30,319	\$63,274

33. Do you have any outstanding educational loans for your college/premedical education? (Note: from 2011 to 2014 the upper limit was \$300,000; in 2015 the limit was \$500,000.)

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	28.2	30.0	36.1	31.4	37.6	34.8
No	71.8	70.0	63.9	68.6	62.4	65.2
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	163	180	183	175	186	13,913

Premedical Debt Categories

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
No debt	71.8	71.2	64.6	69.0	64.1	66.1
\$ 1 to \$ 24,999	21.5	19.8	23.8	17.8	12.7	16.6
\$ 25,000 to \$ 49,999	2.5	6.2	5.5	8.0	7.7	7.7
\$ 50,000 to \$ 74,999	2.5	1.7	2.8	2.9	8.3	3.8
\$ 75,000 to \$ 99,999	1.2	0.0	1.7	0.0	2.8	1.7
\$100,000 to \$124,999	0.6	0.0	0.6	1.1	1.1	1.6
\$125,000 to \$149,999	0.0	0.0	0.0	0.0	0.0	0.3
\$150,000 to \$174,999	0.0	0.0	0.6	0.6	0.6	0.7
\$175,000 to \$199,999	0.0	0.6	0.0	0.0	0.6	0.3
\$200,000 to \$500,000	0.0	0.6	0.6	0.6	2.2	1.3
	100.0	100.0	100.0	100.0	100.0	100.0

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2015</u>
Average premedical debt of all respondents	\$6,564	\$7,964	\$10,761	\$10,081	\$18,893	\$15,256
Average premedical debt of those with debt	\$23,255	\$27,641	\$30,434	\$32,483	\$52,609	\$45,008

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
34. Do you have any outstanding educational loans (including loan service commitments) for your medical school education? (Note: from 2011 to 2014 the upper limit was \$500,000; in 2015 the limit was \$600,000.)						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	88.9	88.3	89.6	84.0	86.0	78.5
No	11.1	11.7	10.4	16.0	14.0	21.5
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	162	180	183	175	186	13,902

Medical School Debt Categories

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
No debt	11.1	11.9	10.6	16.3	14.5	22.0
\$ 1 to \$ 50,000	11.7	9.6	6.1	5.2	6.7	9.3
\$ 50,001 to \$100,000	7.4	7.3	9.4	6.4	7.3	9.4
\$100,001 to \$150,000	15.4	20.3	13.3	13.4	12.3	12.2
\$150,001 to \$200,000	38.3	34.5	36.1	32.6	27.4	22.1
\$200,001 to \$300,000	16.0	15.3	24.4	25.6	29.1	21.4
\$300,001 to \$400,000	0.0	1.1	0.0	0.6	2.2	3.3
\$400,001 to \$600,000	0.0	0.0	0.0	0.0	0.6	0.2
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	162	177	180	172	179	13,616
Average medical school debt of all respondents	<u>2011</u> \$136,114	<u>2012</u> \$141,099	<u>2013</u> \$153,889	<u>2014</u> \$147,630	<u>2015</u> \$153,030	<u>2015</u> \$132,968
Average medical school debt of those with debt	\$153,129	\$160,093	\$172,050	\$176,336	\$179,035	\$170,384

35. Total Educational Debt Categories (Note: total educational debt is the sum of premedical debt and medical school debt. The displayed categories and averages are calculated using only records with complete responses to both questions. From 2011 to 2014 the upper limit was \$800,000; in 2015 the limit was \$1,100,000.)

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
No debt	11.2	11.4	9.0	15.7	12.6	19.2
\$ 1 to \$ 50,000	11.8	10.2	7.9	4.7	8.0	10.5
\$ 50,001 to \$100,000	7.5	6.3	8.4	7.0	5.7	8.4
\$100,001 to \$150,000	13.7	17.6	11.8	12.8	8.0	11.1
\$150,001 to \$200,000	31.1	29.5	29.8	24.4	22.3	18.7
\$200,001 to \$300,000	24.8	22.7	31.5	33.1	36.6	23.9
\$300,001 to \$400,000	0.0	1.7	1.1	1.7	4.6	6.6
\$400,001 to \$500,000	0.0	0.6	0.6	0.0	2.3	1.1
\$500,001 to \$1,100,000	0.0	0.0	0.0	0.6	0.0	0.5
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	161	176	178	172	175	13,520
Average total educational debt of all respondents	<u>2011</u> \$142,300	<u>2012</u> \$149,200	<u>2013</u> \$164,285	<u>2014</u> \$157,712	<u>2015</u> \$173,366	<u>2015</u> \$147,987
Average educational debt of those with educational debt	\$160,212	\$168,328	\$180,511	\$187,079	\$198,294	\$183,189

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015

36. Do you have any non-educational, consumer debt that you are legally required to repay? (This includes credit card debt, car loans, home mortgages, residency and relocation loans, or other consumer debt.) (Note: the upper limit was \$10,000,000. The question was revised in 2015 so prior-year data are not displayed.)

	<u>Percent</u>	<u>Percent</u>
Yes	18.9	23.9
No	81.1	76.1
	100.0	100.0
Number of respondents	185	13,887

Non-Educational Debt Categories

	<u>Percent</u>	<u>Percent</u>
No debt	81.1	76.7
\$ 1 to \$ 24,999	14.6	15.5
\$ 25,000 to \$ 49,999	3.2	2.2
\$ 50,000 to \$ 74,999	0.5	0.6
\$ 75,000 to \$ 99,999	0.0	0.6
\$100,000 to \$149,999	0.5	1.7
\$150,000 to \$10,000,000	0.0	2.9
	99.9	100.0
Number of respondents	185	13,789
Average non-educational debt of all students	\$2,670	\$12,024
Average non-educational debt of indebted students	\$14,113	\$51,540

37a. Do you plan to enter into a loan-forgiveness program?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	27.6	25.1	32.9	45.3	50.3	39.9
No	72.4	74.9	67.1	54.7	49.7	60.1
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	163	179	164	148	163	11,281

37b. Select the type of loan forgiveness program in which you plan to participate:

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Department of Education's Public Service Loan Forgiveness (PSLF)	50.0	61.4	25.9	65.7	79.3	66.1
National Health Service Corps	2.1	2.3	9.3	6.0	8.5	6.8
Indian Health Service Corps	0.0	0.0	0.0	0.0	0.0	0.5
Armed Services (Navy, Army, Air Force)	0.0	2.3	3.7	0.0	1.2	1.5
Uniformed Service (CDC, HHS)	0.0	0.0	0.0	0.0	0.0	0.2
State loan forgiveness program	16.7	4.5	24.1	6.0	6.1	8.8
Hospital program (e.g., sign-on bonus)	22.9	20.5	22.2	10.4	3.7	10.7
Private loan forgiveness program	0.0	2.3	1.9	3.0	0.0	0.7
Other	8.3	6.8	13.0	9.0	1.2	4.7
	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	48	44	54	67	82	4,403

Behaviors Experienced During Medical School

38. For each of the following behaviors, please indicate the frequency you personally experienced that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors performed by patients. During medical school, how frequently have you been:

		Ratings				Count
		Never	Once	Occasionally	Frequently	
Publicly embarrassed						
Ohio State	2013	54.4 %	22.0 %	23.1 %	0.5 %	182
Ohio State	2014	57.0	24.4	18.6	0.0	172
Ohio State	2015	56.8	24.3	18.9	0.0	185
All Schools	2015	53.7	17.9	27.0	1.4	13,877
Publicly humiliated						
Ohio State	2013	79.7	12.6	7.7	0.0	182
Ohio State	2014	79.1	17.4	3.5	0.0	172
Ohio State	2015	87.0	8.6	4.3	0.0	185
All Schools	2015	80.5	10.3	8.6	0.6	13,852
Threatened with physical harm						
Ohio State	2012	99.4	0.6	0.0	0.0	178
Ohio State	2013	99.5	0.5	0.0	0.0	183
Ohio State	2014	99.4	0.6	0.0	0.0	174
Ohio State	2015	98.9	1.1	0.0	0.0	186
All Schools	2015	98.4	1.2	0.3	0.1	13,855
Physically harmed						
Ohio State	2012	97.2	2.8	0.0	0.0	178
Ohio State	2013	98.9	1.1	0.0	0.0	182
Ohio State	2014	98.9	1.1	0.0	0.0	174
Ohio State	2015	98.9	1.1	0.0	0.0	186
All Schools	2015	97.9	1.8	0.3	0.0	13,857
Required to perform personal services						
Ohio State	2012	93.2	5.6	1.1	0.0	177
Ohio State	2013	96.7	2.2	1.1	0.0	183
Ohio State	2014	96.5	2.9	0.6	0.0	172
Ohio State	2015	97.8	1.1	1.1	0.0	185
All Schools	2015	92.1	5.1	2.6	0.2	13,875
Subjected to offensive sexist remarks						
Ohio State	2012	92.7	2.8	3.4	1.1	177
Ohio State	2013	90.7	4.4	4.9	0.0	183
Ohio State	2014	86.2	6.3	7.5	0.0	174
Ohio State	2015	92.4	3.2	4.3	0.0	185
All Schools	2015	85.9	5.9	7.6	0.6	13,862
Denied opportunities for training or rewards based on gender						
Ohio State	2012	96.0	1.1	2.8	0.0	177
Ohio State	2013	96.7	0.0	2.7	0.5	183
Ohio State	2014	91.3	3.5	4.6	0.6	173
Ohio State	2015	95.7	2.7	1.6	0.0	186
All Schools	2015	93.6	2.7	3.2	0.4	13,863
Received lower evaluations or grades solely because of gender rather than performance						
Ohio State	2012	98.9	0.0	1.1	0.0	178
Ohio State	2013	97.8	1.1	1.1	0.0	182
Ohio State	2014	96.0	2.3	1.7	0.0	173
Ohio State	2015	94.1	5.4	0.5	0.0	185
All Schools	2015	93.8	4.0	1.9	0.3	13,866

- 38. For each of the following behaviors, please indicate the frequency you personally experienced that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors performed by patients. During medical school, how frequently have you been:
(Continued)**

		Ratings				
		Never	Once	Occasionally	Frequently	Count
Subjected to unwanted sexual advances						
Ohio State	2012	97.2 %	1.1 %	1.7 %	0.0 %	177
Ohio State	2013	96.2	2.2	1.6	0.0	183
Ohio State	2014	97.1	2.3	0.6	0.0	172
Ohio State	2015	97.3	1.6	1.1	0.0	186
All Schools	2015	95.3	2.6	2.0	0.1	13,868
Asked to exchange sexual favors for grades or other rewards						
Ohio State	2012	100.0	0.0	0.0	0.0	178
Ohio State	2013	100.0	0.0	0.0	0.0	182
Ohio State	2014	99.4	0.6	0.0	0.0	174
Ohio State	2015	100.0	0.0	0.0	0.0	186
All Schools	2015	99.8	0.1	0.1	0.0	13,863
Denied opportunities for training or rewards based on race or ethnicity						
Ohio State	2012	97.2	0.0	2.3	0.6	177
Ohio State	2013	98.4	0.5	1.1	0.0	183
Ohio State	2014	98.9	0.0	0.6	0.6	174
Ohio State	2015	97.3	1.6	0.5	0.5	186
All Schools	2015	96.6	1.1	1.7	0.6	13,861
Subjected to racially or ethnically offensive remarks						
Ohio State	2012	93.8	3.4	2.8	0.0	178
Ohio State	2013	94.5	3.8	1.6	0.0	183
Ohio State	2014	96.5	1.2	2.3	0.0	173
Ohio State	2015	91.9	4.9	3.2	0.0	185
All Schools	2015	92.7	3.5	3.4	0.3	13,856
Received lower evaluations or grades solely because of race or ethnicity rather than performance						
Ohio State	2012	96.0	1.7	2.3	0.0	177
Ohio State	2013	98.9	0.5	0.5	0.0	183
Ohio State	2014	98.9	0.6	0.6	0.0	174
Ohio State	2015	96.2	2.7	1.1	0.0	186
All Schools	2015	97.0	1.5	1.2	0.3	13,856
Denied opportunities for training or rewards based on sexual orientation						
Ohio State	2012	100.0	0.0	0.0	0.0	177
Ohio State	2013	100.0	0.0	0.0	0.0	183
Ohio State	2014	99.4	0.6	0.0	0.0	174
Ohio State	2015	100.0	0.0	0.0	0.0	186
All Schools	2015	99.5	0.2	0.3	0.1	13,853
Subjected to offensive remarks/names related to sexual orientation						
Ohio State	2012	99.4	0.0	0.6	0.0	177
Ohio State	2013	98.9	0.0	1.1	0.0	183
Ohio State	2014	98.8	1.2	0.0	0.0	172
Ohio State	2015	98.4	0.5	1.1	0.0	186
All Schools	2015	97.9	0.9	1.1	0.1	13,854
Received lower evaluations or grades solely because of sexual orientation rather than performance						
Ohio State	2012	99.4	0.6	0.0	0.0	177
Ohio State	2013	100.0	0.0	0.0	0.0	181
Ohio State	2014	100.0	0.0	0.0	0.0	173
Ohio State	2015	99.5	0.5	0.0	0.0	186
All Schools	2015	99.6	0.2	0.1	0.1	13,832

	Ohio State				All Schools
	2012	2013	2014	2015	2015
39. Percent of respondents who indicated they personally experienced any of the listed behaviors, excluding "publicly embarrassed." The data are derived from the responses to the survey question reported in item 38.					
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>		<u>Percent</u>
Yes	33.9	37.4	28.0		38.7
No	66.1	62.6	72.0		61.3
	100.0	100.0	100.0		100.0
Number of respondents	183	174	186		13,886
40a. Sources of "publicly humiliated"-only behaviors experienced personally, as percent of all who answered item 38 above, including those who indicated they "Never" experienced any of the listed behaviors. For example, 12.1% of respondents nationally in 2015 indicated they were publicly humiliated by a faculty member in a clinical setting. The actual question was: "Indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply."					
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>		<u>Percent</u>
Pre-clerkship faculty:	0.0	0.6	0.0		0.7
Clerkship faculty (in classroom)	0.0	0.6	0.0		1.0
Clerkship faculty (in clinical settings)	13.7	14.4	7.0		12.1
Resident/Intern	6.6	6.3	5.4		8.6
Nurse	3.3	2.9	3.2		2.9
Administrator	0.0	1.1	0.5		0.5
Other institution employee	0.0	0.6	1.6		0.8
Student	1.1	0.6	0.0		1.1
Number of respondents	183	174	186		13,886
40b. Sources of behaviors experienced personally, excluding "publicly embarrassed" and "publicly humiliated," as percent of all who answered item 38 above, including those who indicated they "Never" experienced any of the listed behaviors. For example, 17.2% of respondents nationally in 2015 indicated they experienced a resident or intern engaging in behavior other than public embarrassment or humiliation. The actual question was: "Indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply."					
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Pre-clerkship faculty:	0.0	0.0	2.3	0.5	2.0
Clerkship faculty (in classroom)	2.2	1.1	1.7	0.5	2.3
Clerkship faculty (in clinical settings)	12.4	15.8	14.9	11.3	18.8
Resident/Intern	11.8	6.6	17.2	12.9	17.2
Nurse	5.1	4.4	6.3	2.7	4.2
Administrator	0.6	1.6	1.1	0.5	1.6
Other institution employee	2.2	1.6	4.0	3.2	4.0
Student	2.8	2.7	1.1	2.7	5.8
Number of respondents	178	183	174	186	13,886
41. Did you report any of the behaviors listed above to a designated faculty member or a member of the medical school administration empowered to handle such complaints? (Note: the results include those who indicated they had personally experienced at least "Once" any of the behaviors, excluding "publicly embarrassed," listed in item 38 above.)					
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>		<u>Percent</u>
Yes	21.0	32.8	36.5		19.3
No	79.0	67.2	63.5		80.7
	100.0	100.0	100.0		100.0
Number of respondents	62	64	52		5,310

	Ohio State			All Schools
	2013	2014	2015	2015
42. [If "Yes" to item 41] To whom did you report the behavior(s)? Check all that apply. (Note: As multiple responses were permitted, totals may exceed 100%.)				
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Dean of Students	53.8	57.1	57.9	24.8
Designated counselor/advocate/ombudsman	15.4	0.0	15.8	19.5
Other medical school administrator	15.4	33.3	21.1	22.1
Faculty member	38.5	23.8	52.6	45.7
Other	15.4	14.3	0.0	20.8
Number of respondents	13	21	19	1,021

43. [If you reported any behaviors] How satisfied are you with the outcome of having reported the behavior(s)?

		Ratings					Count
		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
Ohio State	2013	7.7 %	15.4 %	46.2 %	23.1 %	7.7 %	13
Ohio State	2014	4.8	4.8	38.1	38.1	14.3	21
Ohio State	2015	15.8	0.0	42.1	26.3	15.8	19
All Schools	2015	18.2	16.3	26.8	24.5	14.2	1,017

		Ohio State			All Schools
		2013	2014	2015	2015
44. If there were any incidents of these behaviors that you did not report, why didn't you report them? Check all that apply. (Note: As multiple responses were permitted, totals may exceed 100%.)					
		<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
The incident did not seem important enough to report		61.3	61.5	59.6	58.3
I resolved the issue myself		17.7	15.4	11.5	19.2
I did not think anything would be done about it		32.3	26.2	34.6	36.5
Fear of reprisal		29.0	15.4	25.0	25.9
I did not know what to do		11.3	12.3	5.8	9.1
Other		6.5	6.2	7.7	9.3
Number of respondents		62	65	52	5,369

45. During medical school, did you witness other students subjected to any of the behaviors listed above? Do not include experiences of embarrassment, or behaviors performed by patients.

	Ohio State			All Schools
	2013	2014	2015	2015
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	16.4	18.4	14.5	19.4
No	83.6	81.6	85.5	80.6
Number of respondents	100.0	100.0	100.0	100.0
	183	174	186	13,874

46. Did you report any of the witnessed behaviors to a designated faculty member or a member of the medical school administration empowered to handle such complaints? (Note: the results include only those who responded they had witnessed other students subjected to the listed behaviors, excluding "publicly embarrassed.")

	Ohio State			All Schools
	2013	2014	2015	2015
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Yes	0.0	15.6	25.9	11.8
No	100.0	84.4	74.1	88.2
Number of respondents	100.0	100.0	100.0	100.0
	30	32	27	2,678

Other Institutional Information

	Ohio State					All Schools
	2011	2012	2013	2014	2015	2015
Control of medical school:						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Private	0.0	0.0	0.0	0.0	0.0	39.6
Public	100.0	100.0	100.0	100.0	100.0	60.4
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	197	193	190	195	14,939
Region of medical school:						
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Northeast	0.0	0.0	0.0	0.0	0.0	29.5
South	0.0	0.0	0.0	0.0	0.0	32.2
Central	100.0	100.0	100.0	100.0	100.0	27.0
West	0.0	0.0	0.0	0.0	0.0	11.3
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Number of respondents	181	197	193	190	195	14,939



Wexner Medical Center

The Ohio State University College of
Medicine

Executive Curriculum Committee

Meeting Minutes

Date: 9/22/15

Location: 150 Meiling

Presiding Chair: Howard Werman, MD

Call to order:

4:00pm

Minutes recorded by: Casey Leitwein

Adjourned:

6:20pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Courtney Gilliam	Med Student Representative	N
Alex Grieco	Chair, Academic Review Board	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	N
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Assistant Dean, Med Ed	N
Thomas Mauger	Clinical science chair	Y
Leon McDougle	Academic Program Director, Associate Dean Diversity	Y
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Douglas Post	Assistant Dean, Med Ed	N
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	Y
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	Y
Kim Tartaglia	Academic Program Director, LSI Part Two	Y
Donald Thomas	Med Student Representative	Y

Additional attendees

Nikki Goldsberry

Agenda items

Item 1, Approval of minutes

Item 2, Post Baccalaureate Program

Item 3, Medical Scientist Training Program

Item 4, LSI Part One Program

Item 5, Updates

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from September 22, 2015 were reviewed by the committee and approved with the correction of spelling out ASC and ABRC in Item 2, discussion number 2 a and c.

Item 2, Post Baccalaureate Program (MEDPath)

Presenters: Dr. Leon McDougle

Discussion

1. Dr. McDougle presented a review of the 2014-15 Post Baccalaureate Program (MEDPath). The presentation is attached.
2. The MEDPath program is one year in duration in which students take classes targeted to increase their MCAT to approximately a score of 25; this year's advancing students had an average GPA of 3.74 and MCAT's of 27
3. The students receive a conditional acceptance to the College of Medicine when they are accepted into the MEDPath Program.
4. The program has introduced a more equitable distribution of the funding available to students
5. Dr. McDougle noted that there has been a change in the curriculum to incorporate 'concept mapping' to improve program success in conjunction with the Younkin Center. Dr. Danforth asked about the popularity of 'concept mapping' among students.
6. The ECC reviewed the student metrics along with historical measures of student success in the program
7. MEDPath will push forward the date of the MCAT test in order to provide a clearer picture to Admissions Committee on open spaces for the coming year
8. Discussion took place regarding whether there was a formal or informal mentorship program as well as the absence of Pharmacology in the curriculum – it was explained that Pharm was not a significant topic on the MCATs and conflicted with MCAT prep
9. There have been mixed reviews on the LSI curriculum among graduates of the MEDPath program

Action Items

1. Dr. Schlesinger suggested developing programs or events to highlight the successful alumni of the program.
2. Dr. Schlesinger also proposed that MEDPath students should be encouraged to consider participation in the advanced track in MD/PhD programs.

Executive Curriculum Committee Agenda

3. Dr. McDougale will report on the mid-year review of incorporating 'concept mapping' into the program

Item 3, Medical Scientist Training Program

Presenter: Dr. Larry Schlesinger

Discussion

1. Dr. Schlesinger presented a review of the 2015-15 Medical Scientist Training Program. The presentation is attached.
2. There was discussion on the career trajectory of the students once they completed the program. Dr. Schlesinger stated that very few of the students go to an MDPHD postdoc and none of them go straight to faculty positions.
3. The students are encouraged to do research residency upon completion of the MSTP program.
4. The LSI/Medical Scientist Training Program students participate in the normal LSI curriculum until the summer leading into their med 2 year when they undergo laboratory rotations. They get early access to the Host Defense curriculum that will be completed on an extended timeline prior to the spring semester. At the beginning of fall, they simultaneously enter M2 and Graduate School
5. Adjustments to the Host Defense timeline has been made to accommodate student feedback. The students now have access to the asynchronous materials during the spring semester of their first year.
6. Dr. Schlesinger presented information on NIH funding, publication, URM participation and retention in the program. The program was recently successful in obtaining three national training grants (F30) and there is optimism about external funding for the MSTP program
7. Dr. Schlesinger presented information regarding academic problems experienced in the LSI curriculum; however, all M2's have passed Step I. There have been recent changes in both the medical school and graduate school curricula to accommodate challenges in integrating the curricula.
8. Information was presented on applications to the program in which demand seems to be increasing
9. There is a formal effort in conjunction with the Office of Diversity to recruit URM's to the MSTP program

Action Item

The MSTP was discussed the ECC resulting in the following action items:

Executive Curriculum Committee Agenda

1. Dr. Schlesinger will continue to update the ECC on the impact of recent changes in the MSTP LSI curriculum on student performance in the Host Defense Block and Step I
2. Dr. Schlesinger will report on the impact of the Individual Development Plans within the curriculum as well as challenges in Parts II and III including the development of an Advanced Competency for MSTP student in Part III

Item 4, LSI Part One Program **Presenter: Dr. Douglas Danforth**

Discussion

1. Dr. Danforth presented on the 2013-2015 LSI Part One Program. The presentation is attached. The presentation started with an overview of the calendar
2. Successes including Step I scores, diverse educational methods, student-faculty relationships and meeting objectives of longitudinal experiences
3. Opportunities in the specific areas of the curriculum including health coaching and community health education, teaching to objectives, timing of blocks and consistency in asynchronous learning. Several task forces were developed to address these areas for improvement
4. Dr. Danforth reviewed student feedback regarding the curriculum based on content areas and overall workload and compared first and second years of the program. The portfolio coaches were highly regarded. Team based learning is a highly rated portion of the curriculum, particularly when patients are presented.
5. Faculty feedback was also obtained this year. The faculty leadership and support faculty gave Part I of the curriculum high marks and felt highly supported.
6. Dr. Danforth presented student performance based on the six major competencies. Forty-five students achieved mastery of the curriculum and an additional 55 achieve proficiency in the curriculum. There were a total of 20 unmet competencies in the curriculum, involving approximately 12 students. 59% of students met all competencies throughout the curriculum.
7. Step I performance showed an improved percent passage and mean score when compared to the previous year; both far higher than national average. Student performance on individual systems was presented.
8. Dr. Danforth concluded with a review of the program's progress in meeting areas of deficiency that were significantly met.

Action Items

The action plan presented by Dr. Danforth was discussed and ultimately accepted by the ECC including:

Executive Curriculum Committee Agenda

- a. foster improvement in health coaching and community health education
- b. restructuring of Integrations and Board Preparation
- c. restructuring the Med-1 spring semester calendar
- d. better utilization of the Part I expert educators including Step I Board prep in areas of our lowest performance as well as support for struggling students
- e. implement some new electives
- f. carefully reassess the evaluations and assessments in Part I including our use of OSCE's

Item 5, Updates

1. The ECC By-laws were sent out via email to the committee after Drs. Clinchot, Davis and Werman made minor revisions. No formal action is necessary. The changes will be incorporated and a current draft will be presented.
2. LCME met earlier this month and accepted the Ohio State University COM updates as requested.
 - a. LCME gave approval for a three year Family Medicine track. The plan is to have two students matriculate in this track starting in 2017.
 - b. Two elements will be continued to be monitored.
 - i. Faculty participation in the curriculum
 - ii. OBGYN site experience

Executive Curriculum Committee
Academic Programs
MEDPATH Annual Report
September 2015

1. Students: Class Profile (attached)
 - a. Numbers/year 15/2014 – 2015
 - b. Progress Report
 - i. Class average 3.63
 - ii. Failures Two– did not meet MCAT Success Criteria
 - iii. LOA 0
 - iv. Dismissal 0
 - c. MCAT - 12 MEDPATH students took the May 22, 2015 administration;
Three MEDPATH students took the June 20, 2015 administration.
 - i. Seven students experienced a 5-point increase and were awarded a \$500 MEDPATH scholarship;
 - ii. Class Average – 27 (n = 15); 28 (n = 13)
 - iii. Pass Rate – 86 percent (13/15)
2. Student Evaluations Summary – MEDPATH Student Evaluation
3. Curriculum issues / changes made during the year
 - Guided by Dr. Leon McDougale students incorporated concept mapping into their academic and MCAT preparation.
 - In 2015, First Aid USMLE Step 1 books, a 12-month Kaplan Q-bank subscription, and a 90-day USMLEWorld Q-bank subscription were provided to eight E2012 students. In addition Patrick Sylvester facilitated Step 1 review sessions. Four students who attempted the exam passed successfully.
 - Upon the recommendation of Dr. Quinn Capers IV, the MEDPATH candidate selection committee expanded to include two Program alums – Dr. Cassandra Grenade (2003) and Dr. Demicha Rankin (2001).
4. Goals for next academic year
 - a. Incorporate Concept Mapping into the Autumn Semester of MEDPATH. Each student will be required to create at least two concept maps per week for one course that they are taking. In partnership with the Dennis Learning Center students will meet in groups with an Academic Coach and they will present one map per week.
 - b. Provide USMLE Step 1 preparation to seven E2013 MEDPATH and MEDPATH Summer Pre-Entry Program.

5. Staff/students acknowledged and recognized for significant contributions

- Necrisha Roach, Med 4, was recognized by the 2015 Minority Scholars Program American Academy of Neurology
- Dr. Leon McDougle, MD, MPH, was selected to serve on The White House Office of Science and Technology Policy and the White House Council on Women and Girl’s Excellence and Innovation through Diversity STEM Workforce Committee.
- Second year and above PGY residents and fellows from a number of departments in the College of Medicine who have served as mentors for the MEDPATH students were acknowledged with a Certificate of Appreciation during the ODI Graduate Celebration.

Umair Ahmad, MD Cardiology	Nicole Meschbach, MD Orthopaedics
Ashley Buffomante, MD Internal Medicine	Samantha Nadella, MD Obstetrics & Gynecology
Stephanie Fabbro, MD Dermatology	Swathi Narahari, MD Psychiatry
Cassandra Grenade, MD Hematology	Elaine Patterson Alexander, MD Internal Medicine
Rebecca Hayworth, MD Physical Medicine & Rehab.	Demicha Rankin, MD Anesthesiology
Candace Howell Braide, MD Pediatrics	Imran Shaikh, MD Emergency Medicine
Leon McDougle, MD, MPH Family Medicine	Deepali Tukaye, MD Cardiology
	Mike Velez, MD Cardiology

6. Scholarship / grants – 13 students were funded by the College; Aid covers student General and Instructional fees, and Non-Residency Tuition for the Autumn and Spring semesters, and Summer terms. No stipend is provided.

7. Progress Report Summary from ECC Program Review

a. **Average Post Baccalaureate Program (PBP) MCAT Scores and PBP Grade Point Averages (GPA) for 2002-2003 to 2014-2015 Post Baccalaureate Program Students**

Post Baccalaureate Program Class	N	Verbal Reasoning	Physical Sciences	Writing	Biological Sciences	MCAT Total	PBP GPA
2002 – 2003	12	6.5	5.9	O	7.3	19.7	3.49
*2003 – 2004	13	7.3	7.8	P	8.7	23.8	3.74
*2004 – 2005	9	8.3	8.6	P	9.7	26.6	3.57
*2005 – 2006	15	8.4	9.1	P	9.4	26.9	3.69
*2006 – 2007	13	7.2	7.9	N	9.3	24.4	3.69
*2007 – 2008	12	7.9	6.8	O	9.2	23.8	3.57
*2008 – 2009	12	8.8	6.9	P	9.0	24.7	3.58
*2009 – 2010	12	8.5	8.1	N	9.8	26.4	3.45
*2010 – 2011	11	8.2	8.0	O	9.7	25.9	3.41
*2011 – 2012	6	8.0	9.2	P	9.7	26.8	3.45
*2012 – 2013	7	8.0	9.7	-	10.1	27.8	3.66
*2013 – 2014	7	8.1	8.0	-	8.9	25.0	3.51
Post Baccalaureate Program Class	N	Critical Analysis & Reasoning Skills	Chemical & Physical Foundations of Biological Systems	Biological & Biochemical Foundations of Living Systems	Psych, Soc, & Bio Foundations of Behavior	MCAT Total	PBP GPA
*2014 – 2015	13	127	124	127	126	503 (27)	3.74

b. **First-time USMLE Step 1 Pass Rates for Post Baccalaureate Program (PBP) Students For PBP Classes Entering in 2002 – 2013**

Entering Medical School Year	N	Pass First Time (% of Takers) ¹	Not Pass First Time ²	Did Not Take ³
2002	13	9 (69%)	4	0
2003	12	6 (50%)	6	0
*2004	13	9 (75%)	3	1
*2005	9	7 (88%)	1	1
*2006	15	9 (69%)	4	2
*2007	13	9 (75%)	3	1
*2008	12	6 (55%)	5	1
*2009	12	8 (66%)	4	0
*2010	12	10 (91%)	1	1
*2011	11	8 (89%)	1	1
*2012	6	5 (100%)	0	1
*2013	4	4 (100%)	0	3

* Post Baccalaureate Program class with new CQI Study Criteria

³E-2004: Withdrew.

³E-2005: Withdrew.

³E-2006: Two students withdrew.

³E-2007: Withdrew.

³E2008: Withdrew.

³E-2010: Withdrew.

³E-2011: Withdrew.

³E-2012: One student is restarting Med 2.

³E-2013: Two students are restarting Med 2; One student's Step 1 attempt is delayed.

2014 MEDPATH Profile

Applicant Profile Numbers

Total MEDPATH referrals	
• Ohio MEDPATH referrals (57)	178
• Ohio MEDPATH applicants (33)	
Total acceptances	15
Men in class	5
Women in class	10
Ohio residents	4
Non-residents	11

Class GPA	3.30
Class Science GPA	3.08
MCAT composite	22

Verbal mean	7
Physical Science mean	7
Biological Science mean	8

College Degrees BA = 3 BS = 12
Graduate Degrees Masters = 1

Age Range

20 – 24:	6
25 – 29:	9
30 – 34:	0

Racial/Ethnic Representation

Black or African American	9
• Black or African	
Hispanic	
• Guatemalan	3
Indian/Alaskan Native	1
White, Non Hispanic	2

Undergraduate Academic Institutions

California State University – Fullerton
Cornell University
Johns Hopkins University
The Ohio State University
Otterbein University
Towson University
University of Alabama
University of Arizona
University of Cincinnati
University of Massachusetts
Vanderbilt University

Academic Majors

Biochemistry
Biology
Biology and Society
Health Sciences
Life Science
Molecular and Cellular Biology
Nutrition
Physiology and Neurobiology
Psychology




Improving People's Lives Through Innovations in Personalized Health Care


Medical Scientist Training Program ECC – October 27, 2015




Medical Scientist Training Program Leadership




Larry Schlesinger, MD
MSTP Director
Professor of Medicine
Director, Center for Microbial Interface Biology
Chair, Microbial Infection & Immunity




Lawrence Kirschner, MD, PhD
MSTP Associate Director
Professor, Endocrinology, Diabetes, and Metabolism
Molecular Virology, Immunology, and Medical Genetics



Ashley Bertran, MLHR
Program Director




Meg Prasecki
Program Associate




Current MSTP Structure

- Medical School Curriculum
 - *Lead. Serve. Inspire. Inquire. Investigate (LSI²)*
- Current Graduate Program partnerships
 - Core Programs
 - Biomedical Sciences Graduate Program
 - Neuroscience Graduate Studies Program
 - Biomedical Engineering Graduate Program
 - Affiliate Programs
 - Biophysics
 - Chemistry
 - Microbiology
 - Public Health





MSTP overview

Year in program	Biomedical Sciences Graduate Program/Neuroscience/BME/ Affiliate Programs (Option 1)	BME (Option 2)
Summer Year 1	Lab rotations	Lab rotations
1	Med 1 MSTP Roundtable	Grad MSTP Roundtable
Summer Year 2	Lab rotations LSI Host defense	Grad
2	Med 2 (through Dec 1) Grad Yr 1 MSTP Roundtable	Med 1 MSTP Roundtable
3	Grad Yr 2	Med 2 (through Apr 1) Boards
4	Thesis Research (formulate plan for med re-entry in Dec/Jan) Last year of PhD - MSTP Roundtable (Bioethics)	
5		
6		
7	Med 3 MSTP Roundtable (Bioethics)	
8	Med 4 MSTP Roundtable (Bioethics)	




MSTP Growth

- 2015 – overall class size: 64 students
 - 2014 – overall class size: 56 students
 - 2013 – overall class size: 52 students
 - 2012 – overall class size: 45 students
 - 2011 – overall class size: 36 students
 - 2010 – overall class size: 36 students

MSTP Students

- Student Metrics (64 students)
 - Overall Average MCAT: 34.59
 - Overall Average GPA: 3.73
 - 41 males (64%), 23 females (36%)
 - 14.29% are from Underrepresented in Medicine groups
- Graduate Program Breakdown
 - 41 males, 23 females
 - 48 Biomedical Science Graduate Program
 - 9 Neuroscience Graduate Studies Program
 - 6 Biomedical Engineering Graduate Program
 - 1 Public Health
- Student Progress
 - Average time to graduation is 8 years (National average)
 - Current M3 and M4 students have an average of 3.7 publications (1.8 first author)
 - Attrition Rate: 3 students have left the program in the past 5 years (<5% attrition rate)



MSTP Students



- **MSTP Student Fellowships**
 - 5 University Fellowship Recipients for 2015
 - NIH F30 Fellowship Recipients for 2015
 - K. Beckwith, Z. Hing, S. Scoville
 - 2015 Center for Clinical and Translational Science TL1 Grant (K. Hartmann)
 - 2015 Pelotonia Fellowship (A. Campbell)
- **MSTP Student Leadership**
 - 2016 OSUWMC Trainee Research Day Co-Chairs (A. Blaszcak and M. Koenig)
 - 2015 College of Medicine Student Council Representative (K. Witcher)

MSTP student performance in LSI³

- Entering class of 2013
 - All successfully completed Part 1
 - All passed Step 1 – cohort average of 232
- Entering class of 2014
 - 4 students with Medical Knowledge failures
 - 2 with 2 failures (Cardio/Host Defense, Neuro/Host Defense)
 - 2 students with 1 failure (Host Defense)
 - 1 student with Professionalism failure
 - Bone and Muscle (did not complete multiple tasks on time)
 - Preparing to take Step 1 in February 2016
- Entering class of 2015
 - Currently in Part 1 year 1 – no issues to date

Impact of the LSI curriculum

- Host Defense LSI material is now offered to the students much earlier (during 1st year)
 - 2015 – some students struggled with time management/stress and a few did not pass the Host Defense Block
 - MSTP Leadership and COM Leadership met with these students
 - Adjustments to the curriculum are being implemented
- Autumn semester Year 2
 - LSI curricular elements conflict with graduate coursework
 - Students are not able to attend Medical School lectures in the mornings
 - MSTP and COM Leaders continue to work through conflicts to identify alternatives for the students
- MSTP-led Step 1 preparation course in partnership with COM
 - Offered each December
 - Team taught
 - 2015 team: Zachary Hing, Steven Scoville, and Samantha Ohmer

Regional Presence

- In July 2015, we partnered with the University of Pittsburgh MSTP for a joint Summer Retreat. This provided an opportunity for students to share their science, and the programs an opportunity to share best practices.



- In 2013, the OSU MSTP joined the Case Western Reserve University MSTP for a joint Retreat.
- In November 2013, the OSU MSTP hosted the APSA Midwest Regional Meeting. This meeting provided the opportunity for MSTP and MD/PhD trainees from the Midwest to come together to discuss issues relevant to physician-scientist trainees.

MSTP Recruitment

- Interview sessions: September 29–October 1, 2015, November 3–5, 2015, January 14–16, 2016, February 2–4, 2016
 - Goal is to interview 55–60 applicants
- MSTP Second Look – April 21–22, 2016
 - April 15–16 (Medical School Second Look)
 - April 21 (Research Day)
- Matriculation goal is 10 students

Current Applicant & Interview Data

- 213 current applications (209 last season)
 - We have seen a 52% increase in applications over 4 years
- Current statistics for this interview season (thus far):
 - 36 interviewees scheduled
 - 19.44% Underrepresented in medicine
 - 44.44% Female
 - 3.8 gpa average
 - 35.58 old MCAT (96th percentile) and 517.33 new MCAT (96th percentile)
 - All affiliate programs have been selected by at least one of our interviewees: Biophysics, Chemistry, Public Health, and Microbiology

MSTP –Initiatives

- NIH T32 Competitive Renewal – submitted January 2015
 - Score received, awaiting official award notice
- Individual Development Plan
 - All MSTP students submit an IDP prior to their annual meeting
- MSTP Advanced Competency in Year 4 of Medical School
 - 8-week training session to include 1-2 week sessions in each of the following areas:
 - Technology and Commercialization
 - Intellectual Property
 - Leadership and Team Science
 - Industry Connections
 - Research Ethics
 - 4-week block dedicated to clinical research project related to PhD thesis (data analysis)



MSTP – Current Initiatives

- Bioethics course for MSTP students
 - Development by Dr. Ryan Nash and Dr. Ashley Fernandes
 - Integrated into MSTP Roundtable (once per quarter)
 - Bioethicist meets with MSTP student and PI once a project has been defined
- PhD Expansion
- MSTP Faculty Forum
 - A quarterly session directed towards faculty interested in physician scientist training.
 - November 20th at 1 pm in L035 James – Dianna Milewicz, MD, PhD – Director of the University of Texas MD/PhD Program
- Alumni Engagement
 - White coat sponsorship, development fund initiative, Annual Retreats, 12 Buckeyes



Diversity Efforts and Achievements

- Active engagement with Diversity and Inclusion Leadership
 - Candidates from underrepresented groups meet with the COM Office of Diversity and Inclusion during their interview session and Second Look
 - MSTP and SUCCESS materials are distributed by the COM Office of Diversity and Inclusion office at various regional recruitment events
- MSTP Leadership travels annually to the following Diversity-focused conferences:
 - Annual Biomedical Research Conference for Minority Students
 - Society for the Advancement of Hispanics/Chicanos and Native Americans in Science
- SUCCESS Program (Directed and managed by the MSTP)
 - 2016 program dates: May 22-July 29, 2016
 - The program specifically encourages candidates from underrepresented groups (31% over the past 3 years)
- Graduate and Professional School (GPS) Recruiting events



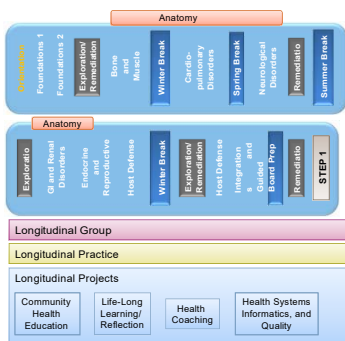
Part One Annual Report 2013-15

Executive Curriculum Committee
10/27/2015

Annual Program Report

- Overview of Program / Review of 2012-2014 Summary Report
- Evaluation Measures
- Student Performance
- Successes, Opportunities, Action Plan

LeadServeInspire Part One



Summary from 2012-2014 Part One Report

Successes

1. USMLE Step 1 scores were higher and overall failure rate was lower than those of previous curricula, despite a shorter duration.
2. The overall learning environments promoted professionalism; faculty and staff were respectful and interested in helping students.
3. Longitudinal Group and Longitudinal Practice met patient care and integration standards.
4. The increased breadth of TLM types was well-received by students, with high ratings given to Case Based Instruction, Peer Teaching, TBLs, and Patient Panels.
5. Measures of medical knowledge correlated well with Step 1, providing evidence for quality of faculty items and exam in most blocks, i.e. predictive validity.

Summary from 2012-2014 Part One Report

Opportunities

1. The biggest challenge was implementing new asynchronous Teaching and Learning Methods. Student satisfaction with eLearning was generally low.
2. Struggled to meet the curricular goal of using learning objectives to design and create educational content. A lack of best practice utilization and simultaneous rollout of a new Learning Management System hampered implementation.
3. Three blocks were relatively poorly rated by students (Medical Practice & Patient Care, Neuroscience, Integrations and Guided Board Prep). In addition to time allocation and distribution of content, areas for targeted improvement in these blocks are organization, clarity of objectives, and integration of content.
4. Health Coach and Community Health Education projects were poorly rated.
 1. Logistical challenges related to linkage to Longitudinal Practice sites
 2. While Health Coach Project demonstrated intended learning and patient outcomes, student satisfaction was poor. Issues relate to logistics of identifying a patient volunteer and timing/workload contributed to student dissatisfaction.
 3. Community Health Education project was challenged by students' difficulty understanding the project's relevance compounded by programmatic problems due to unclear communications/expectations and timing/workload issues.

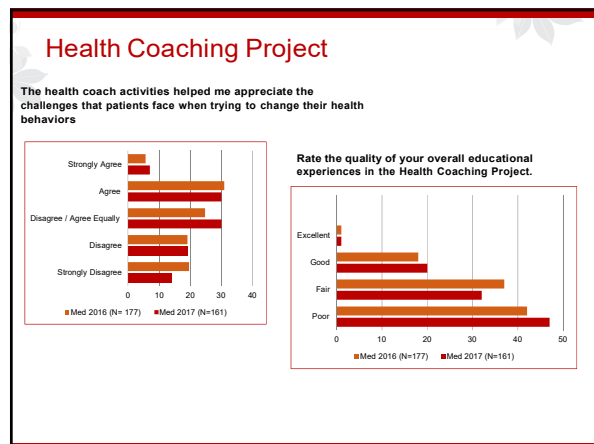
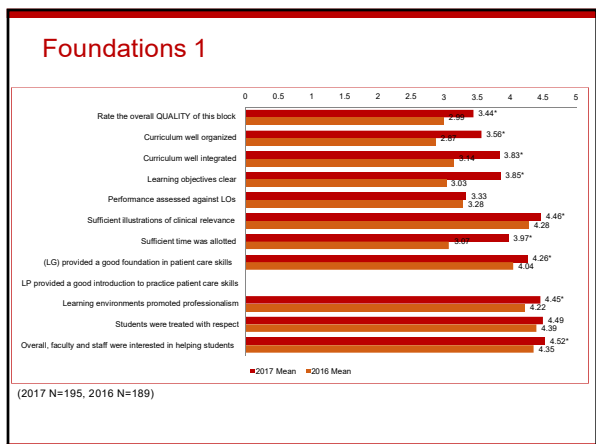
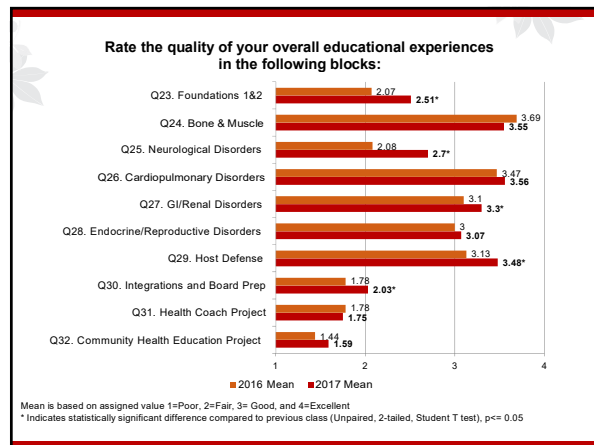
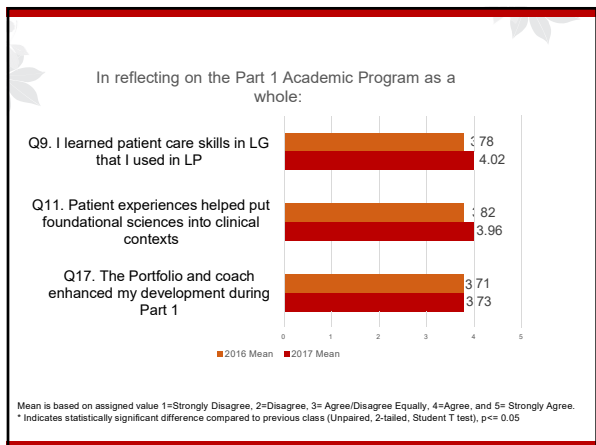
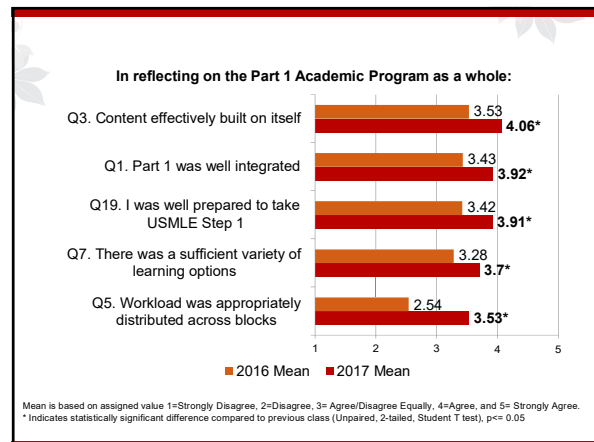
Summary from 2012-2014 Part One Report

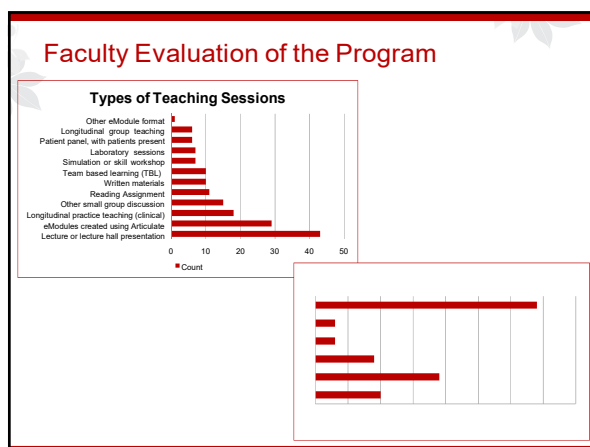
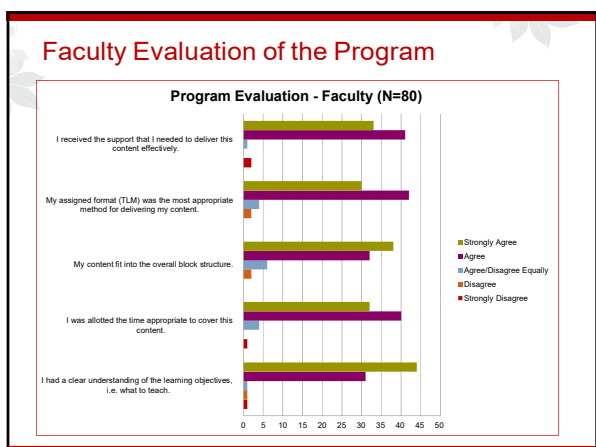
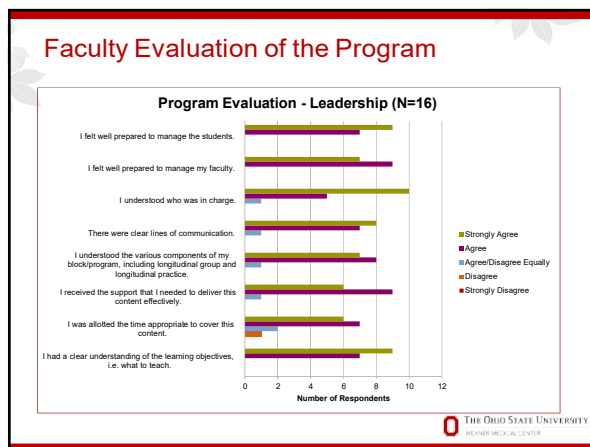
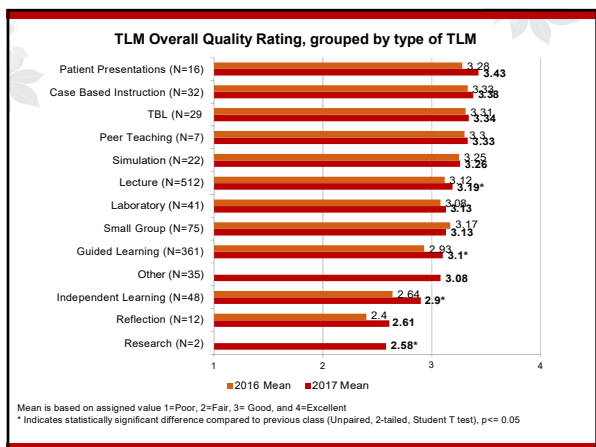
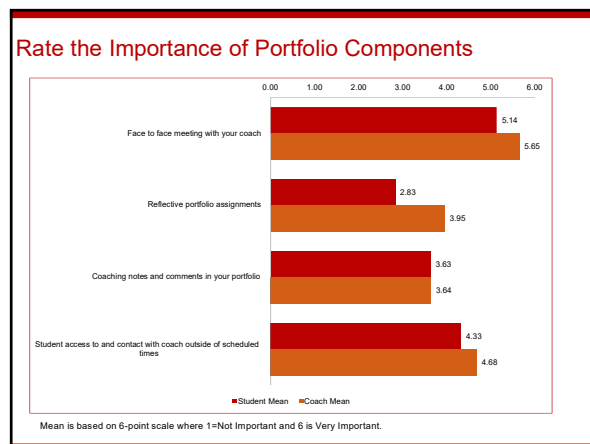
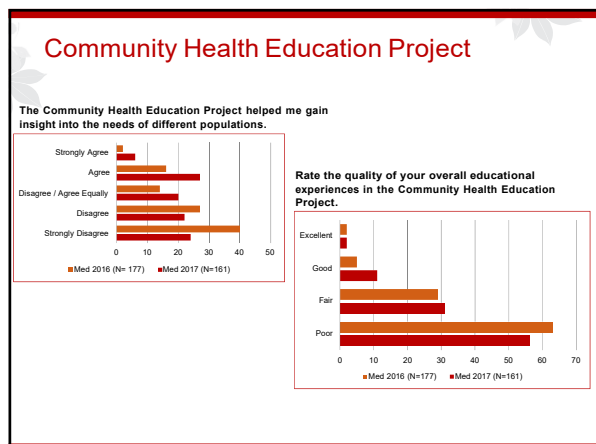
Action Plan

1. Increase faculty and staff resources and training for creating asynchronous content. Create Best Practices for designing Articulate Modules.
2. Create task force to review learning objectives and ensure alignment of objectives with assessments.
3. Review end of year 1 data, comparing (Med 2016) and (Med 2017) curricula, with attention to MPPC (redesigned as Foundations), Neuroscience, and Board Prep.
4. Redesign Health Coach and Community Health Education projects to address issues related to relevance, workload, and timelines.
5. Implement faculty review of curriculum and program leadership to evaluate faculty satisfaction and engagement with the curriculum.

Evaluation Data

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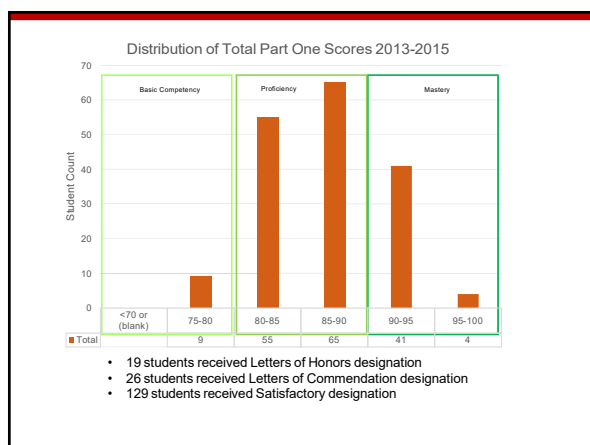




Student Performance

Domains Assessed	Competency Minimum Standards
Patient Care (CEO 1)	Complete Longitudinal Practice objectives and log information in MyProgress Submit all Longitudinal Practice Direct Observation of Competence assessments (DOC) in MyProgress Meet minimum standards for Patient Care as evidenced by LP Clinical Performance Assessments Meet minimum standards for Patient Care as evidenced by the Assessment Week OSCE
Medical Knowledge (CEO 2)	A combined Practical Exam score and Final Exam score greater than or equal to 70.00 Overall score in Medical Knowledge greater than or equal to 70.00
Practice-Based & Life Long Learning (CEO 3)	Attend Portfolio Coach session Submit appropriate reflection assignment by deadline
Interpersonal Communications (CEO 4)	Meet minimum standards for Interpersonal Communication as evidenced by LG Faculty Classroom, LP Clinical Performance, and LG Peer Assessments.
Systems-Based Practice (CEO 5)	Complete IIR Module P1304 Meet minimum standards for Professionalism as evidenced by LG Faculty Classroom, LP Clinical Performance, and LG Peer assessments
Professionalism(CEO 6)	Meet minimum standards for Professionalism as evidenced by the Assessment Week OSCE Complete academic program requirements including, but not limited to, LG, LP, Health Coaching, Community Health Education, HSK, and curricular evaluations

Medical Knowledge Component	Weight	Competency Minimum Standards
TBL - Week 2	5	IRAT 2%, GRAT 1%, Application 2%
TBL - Week 3	5	IRAT 2%, GRAT 1%, Application 2%
TBL - Week 5	5	IRAT 2%, GRAT 1%, Application 2%
TBL - Week 6	5	IRAT 2%, GRAT 1%, Application 2%
Practical Exam	10	Practical and Final exam score total must equal 70.00% or greater to meet the minimum standard for Medical Total Exam
Medical Knowledge Total	25	A minimum overall score of 70.00 is required to pass Medical Knowledge
Aggregate Competencies Component	Weight	Competency Minimum Standards
LG Faculty Classroom, LP Clinical Performance, and LG Peer Assessments	10	Points earned based on aggregate ratings across evaluations
Assessment Week OSCE	10	Points earned based on aggregate case ratings
Task Completion	5	Points earned based on completed tasks
Aggregate Competencies Component	25	No Minimum Required

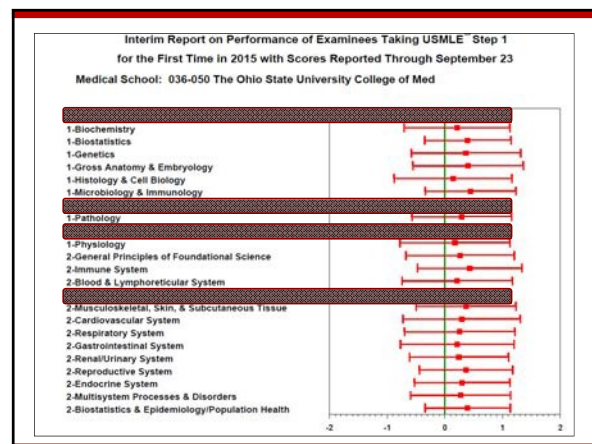
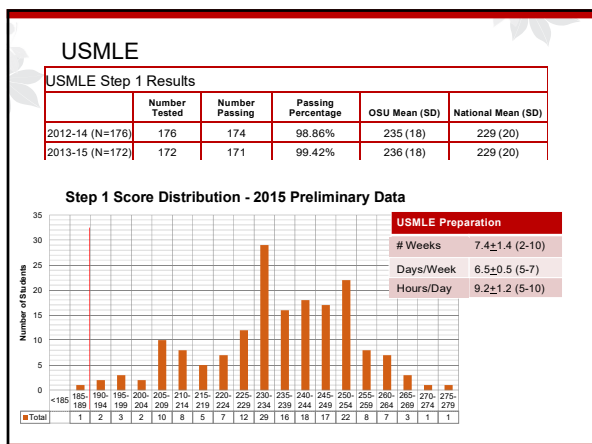


Overall Competency Not Met

	Medical Knowledge	Patient Care	Interpersonal Communication	Systems Based Practice	Practice Based Life Long Learning	Professionalism
Foundations 1	12	0	0	1	3	4
Foundations 2	9	0	0	13	0	7
Bone and Muscle Disorders	12	0	0	2	3	14
Neurological Disorders	9	0	0	2	2	6
Cardiopulmonary Disorders	7	0	0	N/A	2	14
GI/Renal Disorders	12	8	0	0	0	11
Endocrine and Reproductive Disorders	12	1	0	0	1	5
Host Defense	9	2	0	1	0	10
Integrations and Guided Board Prep	4	0	N/A	N/A	1	2

Part 1 Student Review

	F1	F2	BM	N.	C.	GI/R	E/R	HD	BP
Referrals	20 (12)	29 (9)	31 (12)	20 (9)	23 (7)	32 (12)	17 (12)	21 (9)	7 (4)
Students who left		2	1	4	4	3	5	1	
Multiple unmet	10	12	18	11	11	21	10	19	7
Competency Performance	No. Students							Class % (N=174)	
Met all competencies	103							59.20	
One unmet	39							22.41	
Two unmet	17							9.77	
Three unmet	10							5.75	
Four unmet	4							2.30	
Five unmet	1							.057	



Summary from 2012-2014 Part One Report

Action Plan

- Increase faculty and staff resources and training for creating asynchronous content. Create Best Practices for designing Articulate Modules.

Result

OECD added Associate Director and created content management system to manage Articulate Modules. Staff worked alongside faculty to facilitate module development. Student satisfaction with eLearning increased significantly.

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WEAVER MEDICAL CENTER

Summary from 2012-2014 Part One Report

Action Plan

- Create task force to review learning objectives and ensure alignment of objectives with assessments.

Result

Learning Objective Review Taskforce (LORT) chaired by Dr. Westman met with block leadership to review and organize objectives. Correlation of Learning Objectives with Assessments (COLA) taskforce chaired by Dr. Danforth aligned all objectives with assessments.

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Summary from 2012-2014 Part One Report

Action Plan

- Review end of year 1 data, comparing (Med 2016) and (Med 2017) curricula, with attention to MPPC (redesigned as Foundations), Neuroscience, and Board Prep.

Result

All curricular data were reviewed at the end of Year 1 as well as Part One. Student evaluation scores for Foundations, Neurological Disorders, and Guided Board Preparation were all significantly improved, with the greatest increases noted in Foundations and Neurological Disorders.

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Summary from 2012-2014 Part One Report

Action Plan

- Redesign Health Coach and Community Health Education projects to address issues related to relevance, workload, and timelines.

Result

Both CHE and Health Coaching were extensively re-designed to address student concerns. No significant improvements in student evaluation scores for these projects were noted.

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Summary from 2012-2014 Part One Report

Action Plan

- 5. Implement faculty review of curriculum and program leadership to evaluate faculty satisfaction and engagement with the curriculum.

Result

Faculty evaluation of the program was implemented at the end of Part One. Overall satisfaction of block and program leadership was high.

Executive Summary

Successes

- USMLE Step 1 scores were higher and overall failure rate was lower than those of the first class and previous curricula.
- Student evaluation metrics were significantly improved for the majority of curricular units.
- Quality of learning resources significantly improved
- Better integration of Foundational Sciences, Longitudinal Group, and Longitudinal Practice

Executive Summary

Opportunities

- Community Health Education and Health Coaching continue to be poorly rated by students despite significant restructuring.
- Student performance on behavioral sciences, nutrition, and pharmacology Step 1 subject areas was below the OSU norm.
- Guided Board Preparation Block still rated relatively poorly.

Executive Summary

Action Plan

- Re-evaluate CHE and HC
 - Student focus groups
 - Other approaches for meeting objectives?
- Restructure Integrations and Guided Board Prep
 - Already begun
- Restructure M1 Spring Semester Calendar
 - Already done – evaluate outcomes
- Recruit and Deploy Expert Educators
 - Pharmacology, BSS, nutrition, simulation, procedural skills, student support
 - Pilot new initiatives (e.g. electives)
- Review Evaluation and Assessment requirements
 - Evaluation Frequency and Type
 - Assessment Portfolio
 - OSCE



Wexner Medical Center

The Ohio State University College of
Medicine

Executive Curriculum Committee

Meeting Minutes

Date: 11/24/15

Location: 150 Meiling

Presiding Chair: Howard Werman, MD

Call to order:

4:00pm

Minutes recorded by: Casey Leitwein

Adjourned:

4:55pm

Member attendance

Name	Role	Present
Howard Werman	Chair, Faculty member	Y
Laurie Belknap	Faculty Member	Y
Douglas Danforth	Academic Program Director, LSI Part One	Y
John Davis	Associate Dean for Medical Education	Y
Courtney Gilliam	Med Student Representative	N
Alex Grieco	Chair, Academic Review Board	Y
Sorabh Khandelwal	Assistant Dean, Med Ed	Y
Nicholas Kman	Academic Program Director, LSI Part Three	Y
Nanette Lacuesta	Assistant Dean, Affiliated program	Y
Cynthia Ledford	Assistant Dean, Med Ed	Y
Thomas Mauger	Clinical Science Chair	Y
Leon McDougale	Academic Program Director, Associate Dean Diversity	Y
Wanda McEntyre	Faculty Member, Faculty Council Rep	N
Douglas Post	Assistant Dean, Med Ed	N
Andrej Rotter	Faculty Member- Faculty Council Rep	Y
Charles Sanders	Assistant Dean, Affiliated program	N
Jonathan Schaffir	Faculty Member	Y
Larry Schlesinger	Chair, Basic Science Department	N
Kim Tartaglia	Academic Program Director, LSI Part Two	N
Donald Thomas	Med Student Representative	Y

Additional attendees

Agenda items

Item 1, Approval of minutes

Item 2, ECC Discussion of Step 2 CK/CS Results

Item 3, CITL Report Back

Executive Curriculum Committee Agenda

Item 1, Approval of last meeting's minutes

Discussion

1. The meeting minutes from October 27, 2015 were reviewed by the committee and approved with the revision of item 2, discussion point number 7.

Item 2, ECC Discussion of Step 2 CK/CS Results

Presenters: Dr. Cynthia Ledford

Discussion

1. Dr. Ledford presented on Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) results from 2014-2015. The presentation is attached.
2. The OSU College of Medicine Step 2 CK mean scores and pass rate went down slightly but is parallel with the national mean. OSU scored above the national average. Individual topic areas were reviewed for CK with neurology highly rated and behavioral sciences only slightly above the national mean.
3. The majority of the test takers are from the 2006 curriculum however there were early takers from the LSI curriculum that may have contaminated the data.
4. The scores do not reflect LSI curriculum but it has established a benchmark that LSI students have to meet.
5. There was some discussion that under the new curriculum, the ECC may have to evaluate the current deadlines imposed under the LSI curriculum.
6. Step 2 CS is graded as pass/fail. The OSU College of Medicine reported that 98% passed this exam that mirrors the 96% pass rate from national average that comes from U.S. and Canadian schools. 1% of OSU College of Medicine failures came from the communication section and 2% from the integrated clinical encounter section. There was some discussion regarding early results for current Med-4 students.
7. There was a lot of discussion on the differences between the LSI students and the 2006 curriculum students.
 - a. The LSI students will likely take Step 2 CK earlier in the cycle that may result in better scores since they will be taking the examination closer to the completion of LSI Part Two.
 - b. All OSCE's are now presented in a USMLE format that better helps prepare the students for Step 2 CS.
 - c. The LSI curriculum has plans to raise the bar on the Clinical Reasoning measures during the OSCE as this is currently the area of weakest performance.
 - d. The LSI curriculum identifies struggling students early on and allows for targeted interventions.

Action Items

Executive Curriculum Committee Agenda

1. The committee is anxious to see the results from the LSI students. The deadline to take the exam is December 5, 2015.
2. Dr. Ledford will return to ECC to discuss the 2015-2016 results in December 2016.
3. ECC should consider a review of the required deadlines for taking USMLE examinations

Item 3, CITL Report Back

Presenter: Dr. John Davis

Discussion

1. The Curriculum Implementation Team Leadership meeting minutes from 9/11 and 10/9 were reviewed by the ECC committee.
2. Dr. Werman asked if learning objective revisions should be brought to ECC as well as CITL for final approval. The ECC committee members agreed that it was not necessary to bring them for approval to both committees.
3. Dr. Davis suggested adding all ECC members to the CITL Box site where the minutes are housed so the members could review the minutes as needed.

Action Item

1. Dr. Davis will add all ECC members to the CITL Box online.