UC Riverside, School of Medicine Policies and Procedures **Policy Title:** Program Evaluation System for UCR SOM **Policy Number:**

Responsible Officer:	Associate Dean for Medical Education Quality and Integration
Responsible Office:	Office of Medical Education Quality
Origination Date:	October 26, 2021
Date of Revision:	--
Scope:	All medical education program at UCR SOM

I.   Policy Summary

The UCR SOM program evaluation system:

- integrates actionable continuous quality improvement (CQI) approaches for all courses, clerkships, and themes.
- enables the institution to make curricular or resource decisions based on the competency-based outcomes of our medical students.
- assesses and promotes clinical site comparability for clerkships and the Longitudinal Ambulatory Clinical Experience (LACE) 1, 2 and 3.

II.   Definitions

Clerkship Curriculum Subcommittee (CCS)
Office for Assessment and Evaluation (OAE)
Office for Medical Education Quality (OMEQ)
Pre-clerkship Curriculum Subcommittee (PCCS)

III.   Policy Text

A. Evaluation of MS1 and MS2 Block Courses including Doctoring 1 & 2 and Clinical Skills 1 & 2, MS3 Clinical Foundations 3 (CF3), MS3 Community-based Experience (CBE), MS4 Radiology, MS4 Back to Basics.

1. "Course CQI Reports" are compiled and produced by OAE and OMEQ for these courses annually.

2. Quality benchmarks for a variety of measurable outcomes are set by the PCCS and published annually in the manual entitled "Program Evaluation: Continuous Quality Improvement and Site Comparability System". Measurable outcomes include student evaluation of courses (e.g., program quality, learning environment, mistreatment, etc.), student evaluation of teaching, learner performance evaluation data, and timeliness of grades, etc.

3. These course director(s) review their Course CQI Reports with their faculty for discussion and planning.

4. The directors complete a written "Course Directors' CQI Strategic Response Form" and return it to the Associate Dean for Pre-clerkship Medical Education, OMEQ and OAE.

5. These directors also present of their CQI Strategic Plans to the PCCS for discussion, input, and ratification.

6. The members of the PCCS and the Associate Dean for Pre-clerkship Medical Education identify themes across courses, can commission working groups to study challenges and solutions in depth, can recommend student focus groups or interviews when data needs clarification, and may identify challenges that need SOM, clinical affiliate, or leadership interventions.

B. Evaluation of MS3 Clerkships, MS4 Critical Care Medicine Selective, MS4 Sub-internship Selective and LACE 1, 2 & 3

1. "Clerkship CQI/Site Comparability Reports" are compiled and produced by OAE and OMEQ for each MS3 Clerkship, MS4 Critical Care Medicine Selective and MS4 Sub-internship Selective at the 6 month point and 12 month point of each academic year. LACE 1, 2 and 3 receive a CQI/Site Comparability Report at the end of each academic year.

2. Quality and comparability benchmarks for a variety of measurable outcomes are set by the CCS and published annually in the manual entitled "Program Evaluation: Continuous Quality Improvement and Site Comparability System". Measurable outcomes include student evaluation of clerkships (e.g., program quality, learning environment, mid-clerkship feedback, etc.), student evaluation of teaching, required clinical encounter patient logs, work hour logs, learner performance evaluation data, and timeliness of grades, etc.

3. All clerkship, Critical Care Medicine, Sub-internship and LACE director(s) review their Clerkship CQI/Site Comparability Reports with their site leaders for discussion and planning.

4. These directors complete a written "Clerkship/Selective Directors' CQI/Site Comparability Strategic Response Form" and return it to the Associate Dean for Clinical Medical Education, OMEQ and OAE.

5. The directors also present of their CQI/Site Comparability Strategic Plans to the CCS for discussion, input, and ratification. The LACE Director

presents the CQI/Site Comparability Strategic Plans for LACE 1, 2 and 3 to the LACE Subcommittee for discussion, input, and ratification.

6. The members of the CCS and the Associate Dean for Clinical Medical Education identify themes across clerkships, can commission working groups to study challenges and solutions in depth, can recommend student focus groups or interviews when data needs clarification, and may identify challenges that need SOM, clinical affiliate, or leadership interventions.

C. **Evaluation of MS3 Selectives and MS4 Electives**
1. MS3 selectives and MS4 electives are reviewed by the Electives Subcommittee.
2. The CQI process for these programs can be found in policy 950-06-025 Vetting and Monitoring of MS3 and MS4 Electives.

D. **Evaluation of Emphases and Threads**
1. All curricular threads and designated emphases are reviewed by the Subcommittee on Emphases and Curricular Threads (SECT).
2. This subcommittee has a conflict of interest policy.

E. **Evaluation of Curricular Phases**
1. The Pre-Clerkship Curriculum Subcommittee (PCCS) conducts an annual curricular phase review for the pre-clerkship phase (years 1 and 2) and submits the curricular phase report to the Medical Education Committee (MEC).
2. The Clerkship Curriculum Subcommittee (CCS) conducts an annual curricular phase review for the clerkship phase (years 3 and 4) which includes detailed site comparability data, then submits the curricular phase report to the Medical Education Committee (MEC).
3. The MEC reviews and approves the annual curricular phase reviews, both for the pre-clerkship phase and for the clerkship phase.

IV. **Forms/Instructions**
Program Evaluation: Continuous Quality Improvement and Site Comparability System
Course Directors' CQI Strategic Response Form
Clerkship/Selective Directors' CQI/Site Comparability Strategic Response Form

V. **Related Information**
Policy on Use of Medical Education Program Objectives (8.3: Curricular Design, Review, Revision/Content Monitoring; 8.4: Evaluation of Educational Program Outcomes)

Approval(s):

COMPLIANCE COMMITTEE (XX/XX/XXXX)

_____   _____
PAUL HACKMAN, J.D., L.LM.   DATE
CHIEF COMPLIANCE AND PRIVACY OFFICER,
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DEBORAH DEAS, M.D., M.P.H   DATE
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