

**UC Riverside, School of Medicine Policies and Procedures****Policy Title:** Program Evaluation System for UCR SOM**Policy Number:** 950-06-038

<b>Responsible Officer:</b>	Associate Dean for Assessment & Evaluation
<b>Responsible Office:</b>	Office of Medical Education
<b>Origination Date:</b>	October 26, 2021
<b>Date of Revision:</b>	May 18, 2023; 12/28/2023
<b>Scope:</b>	All medical education program at UCR SOM

**I. Policy Summary**

The UCR SOM program evaluation system:

- A. integrates data collection, program evaluation and review for all courses, clerkships, selectives, electives, threads, curricular phases and the overall curriculum.
- B. enables the institution to make curricular or resource decisions based on the competency-based outcomes of our medical students.
- C. assesses and promotes clinical site comparability for clerkships and the Longitudinal Ambulatory Clinical Experience (LACE) 1, 2 and 3.

**II. Definitions**

Clinical Curriculum Subcommittee (CCS)

Office for Medical Education Quality (OMEQ)

Office of Assessment and Evaluation (OAE)

Pre-clerkship Curriculum Subcommittee (PCCS)

Medical Education Committee (MEC)

Assessment and Evaluation Team (A&E Team)

Medical Education Integration Subcommittee (MEIS)

**III. Policy Text**

**A. Evaluation of MS1 and MS2 Block Courses including Doctoring 1 & 2 Modules and Clinical Skills 1 & 2 Modules, Transition to Clerkships, MS3 Community-based Experience (CBE), MS4 Radiology, MS4 Transition to Residency.**

1. Data for "Course CQI Program Evaluation Reports" are compiled and produced by the OAE for these courses annually.
2. Preliminary Program Evaluation Reports are reviewed by the A&E Team, which discusses findings with the course director(s) and assists with developing strategic plans to address areas of concern.
3. Quality benchmarks for courses use a variety of measurable outcomes are recommended by the PCCS to the MEC and published annually in the manual entitled "Program Evaluation: and Site Comparability System". Measurable outcomes include student evaluation of courses (e.g., program quality, learning environment, mistreatment, etc.), student evaluation of teaching, aggregate class performance and evaluation data, and timeliness of grades, etc.
4. These course director(s) review their Course data with their faculty for discussion and planning.
5. The pre-clerkship directors complete a written "Course Directors' Strategic Response Form" and return it to the Executive Associate Dean for Pre-clerkship Medical Education (or to the Associate Dean for Clinical Skills Education and Innovation for Doctoring 1 and 2 and Clinical Skills 1 and 2) and OAE. These directors also present their Strategic Plans to the PCCS for discussion, input, and preliminary ratification. The members of the PCCS and the Executive Associate Dean for Pre-clerkship Curriculum 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. Final review of the data and ratification of plans are made by the MEC.

6. The MS3/MS4 course directors complete a written “Course Directors’ Strategic Response Form” and return it to the Associate Dean for Clinical Medical Education and OAE. These directors also present their Strategic Plans to the CCS for discussion, input, and preliminary ratification. The members of the CCS and the Associate Dean for Clinical 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.
7. Final review and ratification of strategic plans are made by the MEC.

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

1. Data for “Clerkship Program Evaluation Reports” are compiled and produced by OAE 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 Program Evaluation Report at the end of each academic year.
2. Preliminary Program Evaluation Reports are reviewed by the A&E Team, which discusses findings with the clerkship director(s) and assists with developing strategic plans to address areas of concern.
3. Quality and comparability benchmarks for a variety of measurable outcomes are set by the CCS and published annually in the manual entitled “Program Evaluation 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.
4. All clerkship, Critical Care Medicine, Sub-internship and LACE director(s) review their Clerkship Program Evaluation Reports with their site leaders for discussion and planning.
5. These directors complete a written “Clerkship/Selective Directors’ Program Evaluation Response Form” and return it to the Associate Dean for Clinical Medical Education and OAE.
6. The directors also present their Program Evaluation Strategic Plans to the CCS for discussion, input, and preliminary ratification. The LACE Director presents the Program Evaluation Strategic Plans for LACE 1, 2 and 3 to the MEIS for discussion, input, and preliminary ratification.
7. 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.
8. Final review of data and ratification of all strategic plans are approved by the MEC.

#### **C. Evaluation of MS1, MS2, MS3 and MS4 Electives**

1. All MS1, MS2, MS3 and MS4 electives are reviewed by the Electives Team.
2. The Program Evaluation process for these programs can be found in policy [950-06-044 - Y1 and Y2 Electives: Vetting and Approving Electives, Scheduling, Student Enrollment, Academic Credit, Student and Faculty Director Responsibilities](#) and [950-06-025 - Elective Vetting and Monitoring MS3 and MS4](#).
3. Final review and ratification of strategic response plans are made by the MEC.

**D. Evaluation of Emphases and Thread**

1. Preliminary Program Evaluation data of all curricular threads and designated emphases are reviewed by the A&E Team, which discusses findings with the thread and emphases director(s) and assists with developing strategic plans to address areas of concern.
2. All curricular threads and designated emphases are then reviewed by the Team for Emphases and Curricular Threads (TECT) annually.
3. The thread directors complete a written “Thread Directors’ Strategic Response Form” and return it to the TECT and OAE. These directors also present their Strategic Plans to the TECT for discussion, input, and preliminary ratification. The members of the TECT identify themes across courses, clerkships or threads, 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.
4. Final review and ratification of their strategic plans are made by the MEC.

**E. Evaluation of Curricular Phases**

1. The Pre-Curriculum Subcommittee (PCCS) conducts curricular phase reviews for the pre-clerkship phase (years 1 and 2) and submits the curricular phase report to the Medical Education Committee (MEC) every two years,
2. The Clinical 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) every two years.
3. The MEC reviews and approves the whole curriculum reviews and formulates strategic plans to close gaps or make curricular decisions including content placement every four years.

**F. Data and Plan Storage and Monitoring**

1. All program evaluation data and corresponding plans are stored and monitored by OMEQ.

**IV. Forms/Instructions**

Program Evaluation-and Site Comparability System Manual

Course Directors’ Strategic Response Form

Clerkship/Selective Directors’ Strategic Response Form

Thread Directors’ Strategic Response Form

Thread Directors’ 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)

**Approvals:**

MEDICAL EDUCATION COMMITTEE (05/18/2023)

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