

**Program Review and Assessment Committee (PRAC) Annual Report:
Indiana University School of Medicine (Medical Student Education)**

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The Indiana University School of Medicine (IUSM) is responsible for delivering medical education throughout the state of Indiana¹. In this report, I discuss: (a) IUSM's new institutional learning objectives; (b) the mapping learning objectives and assessment measures to general competencies; (c) one example of the Office of Medical Student Education's (MSE) approach to assessing and evaluating students' knowledge and skills during the 2014-2015 academic year; and (d) our systematic review processes and action plans based on assessment and evaluation findings².

IUSM General Outcomes and Expected Attitudes, Skills, and Knowledge

IUSM offers a competency-based curriculum, providing our medical students with scientific, clinical, and interpersonal knowledge and skills they will need as practicing physicians. The general outcomes we are seeking align with the core competencies of the Accreditation Council for Graduate Medical Education (ACGME): (a) patient care, (b) medical knowledge, (c) practice based learning and improvement, (d) systems based practice, (e) professionalism, and (f) interpersonal skills and communication. Appendix A highlights the specific attitudes, skills, and behaviors associated with these general outcomes.

Contributing to Student Learning

All course- and session-level objectives statewide map to the specific IUSM learning objectives. The first phase of the curriculum emphasizes self-directed learning with students:

- a. Identifying learning needs

¹ Campuses are located in Bloomington, Evansville, Fort Wayne, Indianapolis, Lafayette, Muncie, Gary, South Bend, and Terre Haute. All campuses offer an equivalent four-year medical curriculum which includes basic science coursework, required clinical rotations, and elective opportunities.

² This report focuses on the four years of medical school statewide. It does not include information about residency programs or other health related undergraduate/graduate programs at Indiana University.

- b. Identifying information sources
- c. Assessing the quality of those information sources
- d. Disseminating findings to peers and supervisors
- e. Receiving feedback on their information-seeking skills

During phase two of the curriculum, students engage in required clinical experiences in both the outpatient and inpatient settings. These experiences allow students to interact with students enrolled in other health profession programs, physicians in graduate medical education programs, and professionals from other professions. Finally, in phase three of the curriculum, students engage in elective opportunities that complement required experiences and allow students to deepen their understanding of specialties.

Assessment Measures

Appendix B highlights the assessment measures for each learning objective. I will briefly describe our process for obtaining self-assessment data from graduates and assessment data from residency program directors on the performance of our graduates. UME annually gathers assessment data on the performance of our graduates during their first year in residency using the PGY-1 Assessment, an instrument administered to program directors of our graduates. This instrument and the administration process underwent substantial changes recently. First, core items were revised to better align with current IUSM Core Competencies and competencies from the ACGME. Second, a companion instrument to the PGY-1 Survey was developed and administered to graduates during their first year in residency in order to identify differences in perceptions between graduates and their program directors. Third, similar competency-based instruments were developed and administered to third-year graduates and their program directors. These instruments allow us to examine the performance of our graduates and identify potential deficiencies in the curriculum.

Assessment Findings

Residency program directors were asked to rate a specific first- or third-year resident's ability to engage in 27 different behaviors. The residents were asked to rate their own abilities to exhibit the same behaviors. Residency program directors consistently rated residents higher than the residents rated themselves with the exception of their ability to "invite questions from patients and their families" which both first- and third-years rating their abilities higher than the ratings provided by residency program directors. "Maintain respectful relationships with members of the health care team" and "show compassion to patients regardless of gender, age, etc." were among those behaviors with the highest averages for both residents and residency program directors. "Practice cost-effective health care" and "use appropriate resources to support patient care decisions were among the lowest for both and point to deficiencies that will be addressed in our new Quality Healthcare Delivery curriculum which is a component of our Introduction to Clinical Medicine 2 course statewide.

Using Outcomes and Evaluation Findings for Curricular Improvement

Medical education programs are called to collect outcomes and evaluation data and also have formal processes in place to use this data (Frye & Hemmer, 2012; LCME, 2014). This emphasis on the application of data aligns with Patton's (2000) notion of utilization-focused evaluation where evaluators design and implement the collection of data mindful of how findings will be used to inform change. In developing our formal processes to review and consider data (see Appendix C for schematic), IUSM drew from this literature as well as the literature on evaluative inquiry.

Evaluative inquiry is a process where evaluators not only collect and analyze data but also facilitate the use of data among key stakeholders for the purpose of organizational improvement. Evaluative inquiry centers on collaboration and the sharing of diverse perspectives in order to

develop a deeper understanding of strengths and areas in need of attention. In the third phase of evaluative inquiry – applying learning - stakeholders discuss and develop action plans by (a) engaging in dialogue, (b) reflecting, (c) asking questions, and (d) clarifying values and knowledge (Preskill & Torres, 1999). The IUSM Academic Standards Committee (ASC) reviews and annual Basic Science Component (BSC), Clinical Component (CCCC), and Curriculum Council Steering Committee (CCSC) retreats provide committee members with opportunities to engage in these behaviors while developing meaningful action plans to improve the curriculum and the medical student experience.

ASC Reviews. The ASC's primary activities include reviewing outcomes and evaluation data, identifying areas in need of attention, and establishing goals to improve the curriculum. A diverse multi-disciplinary review team, including basic science and clinical faculty, medical students, and educational staff, examine documents (e.g., syllabi, questionnaire responses) course evaluations, and outcomes data to better understand the specific course/clerkship. They then present a summary of their findings to committee members at an ASC meeting to allow for further discussion on potential areas for change. Following a thorough review, the Review Team Leader, ASC Chair, and Director of Program Evaluation for Medical Student Education meet with the Course Directors/Clerkship Director to share the findings and determine appropriate action plans to optimize medical student learning. This past academic year, in preparation for reviews of clerkships statewide, ASC developed a new questionnaire for Clerkship Directors to complete that aligned with Liaison Committee on Medical Education (LCME) Clerkship Forms and addressed several LCME Standards (for a full list of LCME Standards, visit www.lcme.org/publications.htm and select the April 2015 version of *Functions and Structure of a Medical School*).

BSC Retreat. The BSC reviewed student evaluations of courses, instructors, and electives; student and preceptor perceptions (e.g., AAMC Graduation Questionnaire); and student

performance data (e.g., NBME Shelf Exams, USMLE Step 1) at their annual retreat. Following their review of evaluation and outcomes data, the BSC generated multiple action plans, which included, but were not limited to:

- Develop and implement plan to increase awareness of the Teacher-Learner Advocacy Committee at regional centers.
- Work with the Office for Faculty and Profession Development and Medical Student Education to develop workshops on self-directed learning.
- Decide the frequency of evaluations; when instructors qualify for evaluation, and whether or not evaluations should be required.

CCCC Retreat. The CCCC reviewed student evaluations of clerkships, instructors, and electives; student, resident, and residency director perceptions (e.g., AAMC Graduation Questionnaire, PGY1 and PGY3 Assessments); and student performance data (e.g., NBME Shelf Exams, USMLE Step 2 CS and CK) at their annual retreat. Following their review of evaluation and outcomes data, the CCCC generated multiple action plans, which included, but were not limited to:

- Determine acceptable quantity and availability of training experiences with residents and monitor student exposure.
- Review curricular content to ensure vertical and horizontal integration across the curriculum.

CCSC Retreat. At the annual CCSC Retreat, committee chairs from the ASC, BSC, and CCCC shared findings and action plans from their reviews/retreats. Additionally, committee members reviewed findings from the AAMC Graduation Questionnaire, IUSM Learning Environment Survey, and other student performance indicators. Following chair presentations and a

review of evaluation and outcomes data, the CCSC generated multiple action plans, which included, but were not limited to:

- Develop verbal and written processes for sharing with students how student feedback has been used to improve the curriculum.
- Establish requirement for interprofessional education (IPE) and survey educators to identify where IPE already occurs.
- Review, revise, and disseminate mistreatment reporting policy.

REFERENCES

- Frye, A. W., & Hemmer, P. A. (2012). Program evaluation models and related theories: AMEE guide no. 67. *Medical Teacher*, 34, 288 – 299.
- Liaison Committee on Medical Education. (2014). *Functions and structure of a medical school: Standards for accreditation of medical education programs leading to the M.D. degree*. Washington, DC: Author.
- Patton, M. Q. (2000). Utilization-focused evaluation. In D. L. Stufflebeam, G. F. Madaus, and T. Kellaghan (Eds.), *Evaluation models: Viewpoints on educational and human services evaluation (2nd ed)* (pp. 425 – 438). Norwell, MA: Kluwer.
- Preskill, H., & Torres, R. T. (1999). Building capacity for organizational learning through evaluative inquiry. *Evaluation*, 5(1), 42 – 60.

APPENDIX A

Patient Care

Goal: Students will use knowledge and skills during clinical encounters to gather necessary information and apply evidence to develop appropriate diagnostic and therapeutic plans that enhance health and treat disease.

Graduates will:

1. Recognize their role as a health care professional and contribute to the care of a broad spectrum of patients across the life cycle and with differing demographics.
2. Demonstrate knowledge and skills necessary to assume graduated responsibility in providing supervised care for patients including obtaining an appropriate clinical history and physical exam in a variety of patient care settings.
3. Create a prioritized differential diagnosis in a variety of different clinical situations and formulate a plan of care for the patient.
4. Interpret data from the patient encounter, the medical record and results of diagnostic testing gathered to make informed decisions based on up to date scientific information and sound clinical judgment.
5. Identify opportunities to incorporate health promotion and patient education into patient care activities as a means to improve individual and population health.
6. Perform and document common clinical procedures using appropriate techniques within the limits of the level of training.
7. Demonstrate an appropriate transition of care between providers or settings that minimizes the risk to patient safety.

Medical Knowledge

Goal: Students will apply evidence-based principles of biomedical, clinical, epidemiological, and social- behavioral sciences to guide diagnosis, treatment, and patient care decisions.

Graduates will:

1. Apply knowledge of normal human structure, function, and development, from the molecular through whole body levels, to distinguish health from disease and explain how physiologic mechanisms are integrated and regulated in the body.
2. Explain the causes (behavioral, degenerative, developmental, environmental, genetic, immunologic, inflammatory, metabolic, microbiologic, neoplastic, toxic, and traumatic) of diseases, injuries, and functional deficits affecting organ systems.*
3. Describe the altered structure and function resulting from diseases, injuries, and functional deficits affecting organ systems*, with an ability to interpret the clinical, histopathologic, laboratory, and radiographic manifestations commonly seen in practice.
4. Explain the principles of and describe the rationale for interventions (behavioral, genetic, mechanical, nutritional, pharmacologic, surgical, and therapeutic) aimed at the prevention, treatment, and/or management of diseases, injuries, and functional deficits affecting organ systems*.
5. Explain the role of the scientific method in establishing the cause of disease and use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy of diagnostic and therapeutic options.
6. Describe the epidemiology of common diseases affecting populations, including methods for prevention and early detection of disease and systematic, population-based approaches for reducing the incidence and prevalence of disease.
7. Explain how behavioral, cultural, economic, educational, environmental, lifestyle, and psychosocial factors impact and interact with health, disease, care-seeking, care compliance, barriers to care, and attitudes towards care.

*Organ systems include the cardiovascular, digestive, endocrine, immune, integumentary, lymphatic, muscular, nervous, renal, reproductive, respiratory, and skeletal systems

Practice Based Learning and Improvement

Goal: Students will be able to actively set and pursue clear learning goals and exploit new opportunities for intellectual growth and development. The student will demonstrate the ability to generate critical, reliable, valid self-assessment(s) and use this knowledge for self-regulation and to promote their development. Students will be able to recognize and thoroughly characterize a problem, develop an informed plan of action, act to resolve the problem, and subsequently assess the result(s) of their action.

Graduates will:

1. Demonstrate engagement in their professional development through awareness of their learning style and limits, and use this knowledge to close gaps and guide participation in continuous professional and inter-professional development such as conferences, classes, seminars, lectures, workshops and other venues.
2. Generate and analyze a set of potential solutions by applying prior knowledge to a new experience, recognizing the limitations of prior experience and knowledge, and identifying new information required to solve the problem.
3. Use multiple sources (including, but not limited to: colleagues; faculty; and the biomedical literature) to identify and critically appraise information, which includes managing information volume, discerning quality, and applying findings to advance medical knowledge and patient care.

System Based Practice

Goal: Students will demonstrate an awareness of, and responsiveness to, the larger context and system of health care, utilizing other resources in the system to provide care for patients. Students will acknowledge the relationship between the patient, the community and the health care system and the impact on health of culture, economics, the environment, health literacy, health policy, and advocacy to determine their role within these social and system dynamics.

Graduates will:

1. Embrace and respect diversity and individual differences that characterize patients, populations and members of the health care team.
2. Demonstrate effective team work through collaboration with patients, their supporters, multi- disciplinary healthcare professionals and other staff in the delivery of healthcare.
3. Evaluate the impact of a patient's social context in health and disease and how factors, such as culture, socio-economic status, environment, religion, spirituality, sexuality, education, and health literacy impact patient-physician interactions, health care decision-making, and health outcomes.
4. Explain fundamental features of health care policy (including funding, legal and regulatory issues) both locally and nationally, the importance of physician advocacy in shaping healthcare policy, and the potential impact of policy changes on patients, underserved populations, and health care providers.
5. Promote healthcare quality and patient safety through knowledge of safety concepts and contribution to a culture of safety through local and national initiatives.
6. Demonstrate an awareness of the roles and responsibilities of the different members of the health care team, and participate in inter-professional education leading to collaborative practice.
7. Apply the principles of high value health care to prioritize resource utilization while preserving the delivery of high quality health care to ensure improved outcomes.

Professionalism

Goal: Students will carry out professional responsibilities with the highest standards of excellence and integrity, consistent with the Honor Code and with adherence to ethical principles. Students will value the humanity of all and demonstrate accountability to both patient and society by placing the patient first and advocating for improved access and just distribution of resources.

Graduates will:

1. Be responsive to the whole patient in a manner that supersedes self-interest by respecting the needs, dignity, privacy and autonomy of the patient, and by employing strategies to reduce the effect of their own needs, beliefs, values, interests, vulnerabilities, conflicts and biases on patient care.
2. Behave in a professional manner by demonstrating compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role.
3. Apply ethical and legal principles to identify, analyze, and address ethical issues in clinical and research activities, with the ability to discriminate where ethical and legal principles diverge.
4. Adhere to ethical principles governing medical practice, including maintaining patient confidentiality, gaining informed consent, identifying and managing conflicts of interest, complying with human subjects' research protections, identifying and addressing unethical and unprofessional behaviors, and maintaining appropriate boundaries in relationships with patients.
5. Advocate on behalf of individual patients and underserved populations for improved access to care and just distribution of finite resources, balancing individual patient and societal needs
6. Practice personal self-care, including developing strategies for stress management, maintaining a healthy balance between personal and professional responsibilities, and engaging the assistance of others when needed.

Interpersonal Skills and Communication

Goal: Students will listen attentively and communicate clearly with patients, families, peers, faculty, and other members of the health care team: establishing rapport; fostering, forming, and maintaining therapeutic relationships with patients; effectively gathering and providing information during interactions with others and participating in collaborative decision making that is patient-focused.

Graduates will:

1. Establish and maintain respectful relationships with members of the health care team (peers, faculty and inter-professional colleagues) to facilitate the provision of effective care to patients.
2. Engage in respectful dialogue with patients, demonstrating active listening and the use of verbal and non-verbal skills to establish rapport and an effective physician patient relationship.
3. Modify communications demonstrating sensitivity to differences, values, and needs of others, with attention to one's personal communication style and the context and purpose of the conversation.
4. Incorporate elements of shared decision making into communication with patients to facilitate their active participation in their health care.
5. Share information accurately in academic and clinical settings both in oral presentations and written documentation including in the medical record.

APPENDIX B

General Competency	Medical Education Program Objective	Measures for Objective
Patient Care (PC)	PC1. Recognize their role as a health care professional and contribute to the care of a broad spectrum of patients across the life cycle and with differing demographics	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Narrative Assessment; Self-Assessment
	PC2. Demonstrate knowledge and skills necessary to assume graduated responsibility in providing supervised care for patients including obtaining an appropriate clinical history and physical exam in a variety of patient care settings	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Exam – Institutionally Developed, Written/Computer-based ; Narrative Assessment; Oral Patient Presentation; Research or Project Assessment; Self-Assessment
	PC3. Create a prioritized differential diagnosis in a variety of different clinical situations and formulate a plan of care for the patient	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Oral Patient Presentation; Self-Assessment
	PC4. Interpret data from the patient encounter, the medical record and results of diagnostic testing gathered to make informed decisions based on up to date scientific information and sound clinical judgment	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Exam - Nationally Normed/Standardized, Subject; Narrative Assessment; Oral Patient Presentation; Self-Assessment
	PC5. Identify opportunities to incorporate health promotion and patient education into patient care activities as a means to improve individual and population health	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Narrative Assessment; Self-Assessment
	PC6. Perform and document common clinical procedures using appropriate techniques within the limits of the level of training	Clinical Documentation Review; Clinical Performance Rating/Checklist; Self-Assessment

PC7. Demonstrate an appropriate transition of care between providers or settings that minimizes the risk to patient safety

Clinical Documentation
Review; Clinical Performance
Rating/Checklist; Narrative
Assessment; Oral Patient
Presentation; Self-Assessment

General Competency	Medical Education Program Objective	Measures for Objective
Medical Knowledge (MK)	<p>MK1. Apply knowledge of normal human structure, function, and development, from the molecular through whole body levels, to distinguish health from disease and explain how physiologic mechanisms are integrated and regulated in the body</p>	<p>Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam - Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Narrative Assessment; Oral; Exam - Nationally Normed/Standardized, Subject; Practical (Lab); Self-Assessment</p>
	<p>MK2. Explain the causes (behavioral, degenerative, developmental, environmental, genetic, immunologic, inflammatory, metabolic, microbiologic, neoplastic, toxic, and traumatic) of diseases, injuries, and functional deficits affecting organ systems</p>	<p>Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Oral Patient Presentation; Research or Project Assessment; Practical (Lab); Self-Assessment</p>
	<p>MK3. Describe the altered structure and function resulting from diseases, injuries, and functional deficits affecting organ systems, with an ability to interpret the clinical, histopathologic, laboratory, and radiographic manifestations commonly seen in practice</p>	<p>Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam - Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Narrative Assessment; Oral; Exam - Nationally Normed/Standardized, Subject; Practical (Lab); Self-Assessment</p>
	<p>MK4. Explain the principles of and describe the rationale for interventions (behavioral, genetic, mechanical, nutritional, pharmacologic, surgical, and therapeutic) aimed at the prevention, treatment, and/or management of diseases, injuries, and functional deficits affecting organ systems</p>	<p>Exam - Nationally Normed/Standardized, Subject; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Research or Project Assessment; Self-Assessment</p>
	<p>MK5. Explain the role of the scientific method in establishing the cause of disease and use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy of diagnostic and therapeutic options</p>	<p>Clinical Documentation Review; Exam – Institutionally Developed, Written/Computer-based; Narrative Assessment; Practical (Lab); Self-Assessment</p>

	<p>MK6. Describe the epidemiology of common diseases affecting populations, including methods for prevention and early detection of disease and systematic, population-based approaches for reducing the incidence and prevalence of disease</p>	<p>Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Research or Project Assessment; Participation; Self-Assessment</p>
	<p>MK7. Explain how behavioral, cultural, economic, educational, environmental, lifestyle, and psychosocial factors impact and interact with health, disease, care-seeking, care compliance, barriers to care, and attitudes towards care</p>	<p>Clinical Documentation Review; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Research or Project Assessment; Participation; Self-Assessment</p>

General Competency	Medical Education Program Objective	Measures for Objective
Practice Based Learning and Improvement (PBLI)	<p>PBLI1. Demonstrate engagement in their professional development through awareness of their learning style and limits, and use this knowledge to close gaps and guide participation in continuous professional and inter-professional development such as conferences, classes, seminars, lectures, workshops and other venues</p>	<p>Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Self-Assessment</p>
	<p>PBLI2. Generate and analyze a set of potential solutions by applying prior knowledge to a new experience, recognizing the limitations of prior experience and knowledge, and identifying new information required to solve the problem</p>	<p>Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Self-Assessment</p>
	<p>PBLI3. Use multiple sources (including, but not limited to: colleagues; faculty; and the biomedical literature) to identify and critically appraise information, which includes managing information volume, discerning quality, and applying findings to advance medical knowledge and patient care</p>	<p>Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Oral; Narrative Assessment; Research or Project Assessment; Self-Assessment</p>

General Competency	Medical Education Program Objective	Measures for Objective
Systems Based Practice (SBP)	SBP1. Embrace and respect diversity and individual differences that characterize patients, populations, and members of the health care team	Clinical Documentation Review; Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment
	SBP2. Demonstrate effective team work through collaboration with patients, their supporters, multi-disciplinary healthcare professionals and other staff in the delivery of healthcare	Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment
	SBP3. Evaluate the impact of a patient’s social context in health and disease and how factors, such as culture, socio-economic status, environment, religion, spirituality, sexuality, education, and health literacy impact patient-physician interactions, health care decision-making, and health outcomes	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Research or Project Assessment; Narrative Assessment; Self-Assessment
	SBP4. Explain fundamental features of health care policy (including funding, legal and regulatory issues) both locally and nationally, the importance of physician advocacy in shaping healthcare policy, and the potential impact of policy changes on patients, underserved populations, and health care providers	Clinical Documentation Review; Clinical Performance Rating/Checklist; Narrative Assessment; Oral Patient Presentation; Self-Assessment
	SBP5. Promote healthcare quality and patient safety through knowledge of safety concepts and contribution to a culture of safety through local and national initiatives	Clinical Performance Rating/Checklist; Exam - Institutionally Developed, Written/Computer-based; Exam - Nationally Normed/Standardized, Subject; Narrative Assessment; Self-Assessment
	SBP6. Demonstrate an awareness of the roles and responsibilities of the different members of the health care team, and participate in inter-professional education leading to collaborative practice	Clinical Documentation Review; Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment
	SBP7. Apply the principles of high value health care to prioritize resource utilization while preserving the delivery of high quality health care to ensure improved outcomes	Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment

General Competency	Medical Education Program Objective	Measures for Objective
Professionalism (PROF)	PROF1. Be responsive to the whole patient in a manner that supersedes self-interest by respecting the needs, dignity, privacy and autonomy of the patient, and by employing strategies to reduce the effect of their own needs, beliefs, values, interests, vulnerabilities, conflicts and biases on patient care	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Narrative Assessment; Self-Assessment
	PROF2. Behave in a professional manner by demonstrating compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Written/Computer-based; Narrative Assessment; Oral Patient Presentation; Self-Assessment
	PROF3. Apply ethical and legal principles to identify, analyze, and address ethical issues in clinical and research activities, with the ability to discriminate where ethical and legal principles diverge	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Exam – Institutionally Developed, Written/Computer-based; Exam – Institutionally Developed, Oral; Exam – Nationally Normed/Standardized, Subject; Narrative Assessment; Research or Project Assessment; Participation; Self-Assessment
	PROF4. Adhere to ethical principles governing medical practice, including maintaining patient confidentiality, gaining informed consent, identifying and managing conflicts of interest, complying with human subjects’ research protections, identifying and addressing unethical and unprofessional behaviors, and maintaining appropriate boundaries in relationships with patients	Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment
	PROF5. Advocate on behalf of individual patients and underserved populations for improved access to care and just distribution of finite resources, balancing individual patient and societal needs	Clinical Documentation Review; Clinical Performance Rating/Checklist; Narrative Assessment; Oral Patient Presentation; Research or Project Assessment; Self-Assessment
	PROF6. Practice personal self-care, including developing strategies for stress management, maintaining a healthy balance between personal and professional responsibilities, and engaging the assistance of others when needed	Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment

General Competency	Medical Education Program Objective	Measures for Objective
Interpersonal Skills and Communication (ISC)	ISC1. Establish and maintain respectful relationships with members of the health care team (peers, faculty and inter-professional colleagues) to facilitate the provision of effective care to patients	Clinical Performance Rating/Checklist; Narrative Assessment; Self-Assessment
	ISC2. Engage in respectful dialogue with patients, demonstrating active listening and the use verbal and non-verbal skills to establish rapport and an effective physician patient relationship	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Oral Narrative Assessment; Patient Presentation; Self-Assessment
	ISC3. Modify communications demonstrating sensitivity to differences, values, and needs of others, with attention to one’s personal communication style and the context and purpose of the conversation	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Narrative Assessment; Self-Assessment
	ISC4. Incorporate elements of shared decision making into communication with patients to facilitate their active participation in their health care	Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Narrative Assessment; Self-Assessment
	ISC5. Share information accurately in academic and clinical settings both in oral presentations and written documentation including in the medical record	Clinical Documentation Review; Clinical Performance Rating/Checklist; Exam – Institutionally Developed, Clinical Performance; Exam – Institutionally Developed, Oral; Narrative Assessment; Research or Project Assessment; Participation; Peer Assessment; Self-Assessment

APPENDIX C

IUSM Schematic for Program Evaluation

