School of Medicine *Assessment Plan* Template
Assessment of Student Learning Outcomes
The University of New Mexico

Introductory Page

Please use the information in the tables below to complete the program alignment table for Part D. You only have to provide the number associated with the targeted HSC goal(s).

HSC and SOM Alignment Table	
Health Sciences Center (HSC) Goals	**School of Medicine (SOM) Goals**
1. Improve health and health care to the populations we serve with community-wide solutions	1. **Education:** Provide excellence in education to outstanding students from all of our communities of NM in the service of the highest quality patient-oriented, community engaged care to 'help NM make more progress in health than any other state by 2020'
2. Build the workforce of New Mexico by providing a premier education and transformative experience that prepares students to excel in the workplace	2. **Research:** Develop nationally acclaimed programs in research, research education and research infrastructure in coordination with our local and national partners to make more progress in health than any other state by 2020
3. Foster innovation, discovery and creativity; and translate our research and discoveries into clinical or educational practice;	3. **Clinical Services:** Through the activities of the UNM medical group, internal and external partners develop comprehensive and state-of-the-art clinical services and health care delivery systems required to meet the health care needs of the people of NM
4. Provide the environment and resources to enable our people and programs to do their best	4. **Administration:** Implement the cross cutting missions and objectives of the School of Medicine and the HSC so that NM makes more progress in healthcare than any other state by 2020
5. Deliver a well-integrated academic health center that provides high quality of care and service while being accessible to all New Mexican	
6. Nurture and embrace an environment of diversity, integrity and transparency	

UNM Learning Goals	
Knowledge (K)	KNOWLEDGE of human cultures and the natural world, gained through study in the sciences and mathematics, social sciences, humanities, histories, languages and the arts.
Skills (S)	SKILLS, both intellectual and applied, demonstrated in written and oral communication, inquiry and analysis, critical and creative thinking, quantitative literacy, information literacy, performance, teamwork and problem solving.
Responsibility (R)	RESPONSIBILITY, both personal and social, that will be manifested in civic knowledge and engagement, multicultural knowledge and competence, ethical reasoning and action, and foundations and skills for lifelong learning.

A. College, Department and Date

   1. College: Medicine
   2. Department: Undergraduate Medical Education
   3. Date: 10/20/17

B. Academic Program of Study
   MD

C. Contact Person(s) for the Assessment Plan
   Edward Fancovic M.D.
   Executive Director, Assessment and Learning

D. Broad Program Goals & Measurable Student Learning Outcomes (please add/remove rows in table as needed)

Learning Goals and Student Learning Outcomes	UNM Goals K, S & R	HSC Goals (1 – 6)	SOM Goals (1-4)	Specialized Professional Accreditation Standards/Criteria/Competencies (SPA)
Learning Goal A: Medical knowledge, integration & critical reasoning				**(All standards are from LCME)**
1. Identify, define, and apply the scientific principles and knowledge necessary for the practice of medicine	K,S	1, 2,3, 5	1,3	**6.1 Program and Learning Objectives** **7.1 Biomedical, Behavioral, Social Sciences** **7.2 Organ systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors** **7.3 Scientific Method/Clinical/Translational Research** **7.4 Critical Judgment/Problem-Solving Skills**
Learning Goal B: Patient care				
1. Gather data from patient history, physical examination and technical investigations and apply clinical problem-solving skills to make accurate diagnostic judgments	K,S,R	1,2,3,5	1,3	**6.1 Program and Learning Objectives** **7.1 Biomedical, Behavioral, Social Sciences** **7.2 Organ systems/Life Cycle/Primary**

				Care/Prevention/Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors **7.3 Scientific Method/Clinical/Translational Research** **7.4 Critical Judgment/Problem-Solving Skills**
2. Make informed decisions, recommendations, and interventions to further patient evaluation, treatment planning and health maintenance	K,S,R	1,2,3,5	1,3	**6.1 Program and Learning Objectives** **7.1 Biomedical, Behavioral, Social Sciences** **7.2 Organ systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral and Social Factors** **7.3 Scientific Method/Clinical/Translational Research** **7.4 Critical Judgment/Problem-Solving Skills** **7.5 Societal Problems** **7.6 Cultural Competence and Health Care Disparities** **7.8 Communication Skills** **7.9 Interprofessional Collaborative Skills**
Learning Goal C: Practice-based learning & improvement				
1. Reflect on and evaluate one's own knowledge, skills, attitudes, and outcomes and work toward ongoing improvement	K,S,R	1,2,3,4,5,6	1,3	**6.1 Program and Learning Objectives** **6.3 Self-Directed and Lifelong Learning** **7.3 Scientific Method/Clinical/Translational Research** **7.9 Interprofessional Collaborative Skills**
2. Locate, appraise, and apply evidence from clinical studies of diagnostic and treatment effectiveness	K,S,R	1,3,4,5	1,3	**7.3 Scientific Method/Clinical/Translational Research** **7.4 Critical Judgment/Problem-Solving Skills**
Learning Goal D: Communication skills				
1. Demonstrate effective communication behaviors/skills and interpersonal relationships with patients and colleagues	S,R	1,2,4,5,6	1,3,4	**7.6 Cultural Competence and Health Care Disparities** **7.8 Communication Skills** **7.9 Interprofessional Collaborative Skills**
Learning Goal E: Professionalism and Ethics				
1. Identify, define, and apply ethical principles in the diverse and complex context of patient care	K,S,R	1,4,5,6	1,3	**7.6 Cultural Competence and Health Care Disparities** **7.7 Medical Ethics**

				7.8 Communication Skills
				7.9 Interprofessional Collaborative Skills
2. Identify, demonstrate, and practice ethical virtues (altruism, compassion, accountability, etc.) with fellow students, teachers, patients, society, and the profession	K,S,R	1,4,5,6	1,3	7.6 Cultural Competence and Health Care Disparities 7.7 Medical Ethics 7.8 Communication Skills 7.9 Interprofessional Collaborative Skills
Learning Goal F: Systems Based Practice				
1. Describe the impact of the social determinants of health in order to assist patients in dealing with complex systems and to advocate for integrated, quality care	K,S,R	1,4,5,6	1.3.4	6.6 Service Learning 7.5 Societal Problems 7.6 Cultural Competence and Health Care Disparities 7.8 Communication Skills 7.9 Interprofessional Collaborative Skills

E. **Assessment of Student Learning Plan** (please add/remove rows in table as needed)

	i & ii - Measures of Assessment, Direct	*iii* - Criteria for Success
Learning Goal A: Medical knowledge, integration & critical reasoning		
A-1 Identify, define, and apply the scientific principles and knowledge necessary for the practice of medicine	Written (MCQ, supply answer) and performance exams Tutor narratives Block/course grades (Phase 1 GPA) US Medical Licensing Exams (USMLE) Step 1 and Step 2 CK	85% student success, first attempt USMLE Step 1 and 2 CK
Learning Goal B: Patient care		
B-1 Gather data from patient history, physical examination and technical investigations and apply clinical problem-solving skills to make accurate diagnostic judgments	• Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • Nationally standardized clinical subject examinations • Course/Clerkship grades	85% student success, first attempt USMLE Step 2 CK
B-2 Make informed decisions, recommendations, and interventions to further patient evaluation, treatment planning and health maintenance	• Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • Nationally standardized clinical subject examinations • Course/Clerkship grades • USMLE - Step 2 CK and CS	• 85% student success, first attempt Step 2 CK • 94% student success, first attempt Step 2 CS
Learning Goal C: Practice-based learning & improvement		
C-1. Reflect on and evaluate one's own knowledge, skills, attitudes, and outcomes and work toward ongoing improvement	• Tutor and preceptor narratives • Nationally standardized clinical subject examinations • Clinical performance - PRIME rubric • Course/Block/Clerkship grades • Phase I & II objective structured clinical examinations (OSCE) • US Medical Licensing Exams - Step 1, 2 CK, 2 CS	• 85% student success, first attempt Step 1 and 2 CK • 94% student success, first attempt Step 2 CS

C-2. Locate, appraise, and apply evidence from clinical studies of diagnostic and treatment effectiveness	• Tutor narratives • Nationally standardized preparatory and clinical subject examinations • Phase II objective structured clinical examinations (OSCE) • US Medical Licensing Exam - Step 2 CK	• All students must meet minimum tutorial and OSCE performance standards • 85% student success, first attempt Step 2 CK
Learning Goal D: Communication skills		
D-1. Demonstrate effective communication behaviors/skills and interpersonal relationships with patients and colleagues	• Tutor and preceptor narratives • Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • US Medical Licensing Exam - Step 2 CS	• 94% student success, first attempt Step 2 CS • 85% meet criterion-referenced Internal standard for communications skills on OSCE exams
Learning Goal E: Professionalism and Ethics		
E-1. Identify, define, and apply ethical principles in the diverse and complex context of patient care	• Tutor and preceptor narratives • Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • US Medical Licensing Exam - Step 2 CS	• 94% student success, first attempt Step 2 CS
E-2. Identify, demonstrate, and practice ethical virtues (altruism, compassion, accountability, etc.) with fellow students, teachers, patients, society, and the profession	• Tutor and preceptor narratives • Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • US Medical Licensing Exam - Step 2 CS	• 94% student success, first attempt Step 2 CS
Learning Goal F: Systems Based Practice		
F-1. Describe the impact of the social determinants of health in order to assist patients in dealing with complex systems and to advocate for integrated, quality care	• Tutor and preceptor narratives • Clinical performance - PRIME rubric • Phase I & II objective structured clinical examinations (OSCE) • US Medical Licensing Exam - Step 2 CS • PIE Community Project • Continuity Clinic narratives • Phase III Medicine in NM paper and presentation	• 94% student success, first attempt Step 2 CS • All students must meet minimum performance standards for SOM courses listed here

2./3. How will learning outcomes be assessed? What, Who and When in Table

SLO	Means	D/I	Criteria for Success	Who	When
A1/B1/B2	Written MCQ Exams National shelf board reference exams Faculty evaluation of clinical reasoning skills – online cases Faculty/peer evaluation of note-writing Faculty evaluation of performance in clinical clerkships Clinical skills scores on OSCE exams	D	>85% of students will receive credit on each preclinical block >85% of students will receive grade of Satisfactory or better on clinical clerkships >85% of phase II students will received credit for clinical skills and note-writing on OSCE exams	Phase I (preclinical): faculty block chairs. Phase II (clinical): clinical faculty and clerkship directors. OSCE: Assessment and Learning faculty/staff; standardized patients	Phase I: in each block Phase II: in each clerkship (every 4 or 8 weeks) OSCE: every 4 months during the third year of curriculum
A1/B1/B2	US Medical Licensing Exam Step I, Step 2 CK, Step 2 CS	D	>85% of students will pass Step 1 and Step 2 CK on first attempt >94% of students will pass Step 2 CS on first attempt	NBME	Step I: after end of second year Step 2 CK and CS: after end of third year
C1/C2	Faculty evaluation in small-group learning throughout phase I (PBL, Clinical Reasoning) Faculty evaluation of performance in clinical settings	D	100% score of Credit for phase I small group faculty evaluations Scores of Satisfactory or better on Phase II and phase III clerkships MCQ/short answer written examinations Family Medicine OSCE activity	Faculty of Program	Phase I: Every December and May Phase II: every 4 or 8 weeks, depending on length of clerkship Phase III: at end of subinternship and ICU rotations
D1/E1/E2	Clinical skills/OSCE exams Faculty evaluation of performance in clinical clerkships	D	>85% receiving credit on standardized patient exams Scores of Satisfactory or better on Phase II and Phase III clerkships	Standardized patients Assessment and Learning faculty/staff Clinical faculty and clerkship directors	6 predefined times over 2 years during Phase I Phase II: every 4 or 8 weeks, depending on length of clerkship Phase III: at end of subinternship and ICU rotations
A1/B1/B2/C1/C2/D1/E2/F1	Residency Program Director Survey	I	>50% of SOM graduates rated in top first or second quartile	Residency program directors who supervise graduates	1 year post-graduation
F-1	Faculty evaluation of performance in clinical rotations (Phases I/II/III) Papers, projects, capstone presentations	D	Scores of Satisfactory or better on Phase II and Phase III clerkships 100% credit for relevant courses having these assignments (Health of NM, Continuity Clinic 1/2/3, PIE, Medicine in NM)	Clinical faculty and clerkship directors Course directors and preceptors	Health in NM: first 2 weeks of first year Continuity Clinics: spring 1st year, fall 2nd year, entire 3rd year PIE: summer between 1st/2nd years Phase II: every 4 or 8

					weeks, depending on length of clerkship Phase III: at end of subinternship and ICU rotations Medicine in NM: spring of 4th year

5. What is the unit's process to analyze/interpret assessment data and use results to improve student learning?

All examination data and grades are made available in real time to:
1) Block chairs/clerkship directors (for their individual courses)
2) Learning Communities mentors (each mentor receives data for the student in his/her own house)
3) The Office of Medical Student Affairs (OMSA)
4) The Office of Academic Resources and Support (OARS) (phase I blocks)
5) The Office of Assessment and Learning (A&L) (phase I blocks and OSCE exams)
6) The Office of Program Evaluation, Education and Research (PEAR)

In addition, yearly summary data is presented by A&L and PEAR to the following:
Dean of Undergraduate Medical Education
Dean of Medical Student Affairs
Curriculum Committee
Phase I Block Chairs Committee
Clerkship Directors Committee

Improvement of student learning will occur in several ways:
1) Learning Communities mentors, OARS and OMSA will identify students who may benefit from additional coaching and academic support
2) Individual block chairs/clerkship directors will review assessment data to identify curricular successes and gaps, for iterative improvement in their course design
3) The Dean of Undergraduate Medical Education and the Curriculum Committee will review the entire curriculum to identify successes, redundancies and gaps, and will make adjustments to overall curriculum design as needed

Evaluative Rubric for Assessment Plan of Student Learning HSC

Degree Program: _____   Date:

Department: _____College:

Report Elements	Exemplary 3	Acceptable 2	Unacceptable 1	Score
Degree program student learning outcomes (SLOs) assessed during the year	SLOs were stated in terms of measurable knowledge, behavior, value, or disposition.	Not all of the SLOs were stated in measurable terms.	No SLOs were listed.	
Assessment method/measure for each SLO	Two or more appropriate measures were used for each SLO.	At least one measure was used or developed for each SLO.	Measures were not used or developed or were inadequate or were not discussed.	
Direct measures (at least 1/2 of the measures used are direct measures, and at least one direct measure is applied to each SLO.)	At least 1/2 of assessment measures were direct, and there was at least one direct measure for each SLO.	No direct measures were used during the reporting year, but direct measures are part of the plan for next year.	No direct measures were implemented or planned for the next year.	
Participants (students or alumni involved for each measure)	Participants were identified for each SLO, and valid sample selection described.	Participants were identified for some SLOs, but there was some lack of clarity.	Participants were not identified.	
Timeframe in which measures were administered or data collected	The timeframe for administration of measures or collection of data was specified.	The timeframe was specified for some SLOs, but not for others or there was some lack of clarity.	The timeframe was not specified.	
Setting/forum in which measures were administered or data collected	The setting or forum in which each of the measures were administered or data collected was specified.	The setting or forum was specified for some measures, but not for all, or there was lack of clarity.	The setting or forum was not specified.	

Results	Results were described for each SLO that was assessed.	Results were described for a sub-set of the SLOs and/or there was some lack of clarity.	Results were not described for the SLOs that were to be assessed.	
Process for data presentation to and discussion by faculty	The process that was used for the interpretation, review, and discussion of the data by the faculty was described.	The process was described for a sub-set of the SLOs and/or there was some lack of clarity.	The process was not described. It is not clear whether the faculty considered the results of the assessment.	
Actions or revisions implemented based on assessment results	Specific actions or revisions have been or will be implemented based on assessment results.	Specific actions or revisions were described but the report or plan for implementation was unclear or incomplete in some aspects.	There were no specific actions or revisions described.	
Description of plans for the coming year (2013-14), including any significant changes to degree program SLOs or to the general assessment strategy	Plans for the coming year and any significant changes in SLOs or the overall assessment strategy are clearly described.	Plans and any significant changes were described but in some aspects the description was unclear or incomplete.	No description of plans for the coming year nor were any significant changes in SLOs or assessment strategy described.	

Feedback on Annual Progress Report from the College Assessment Review Committee
Assessment Plan for (Academic Year): Approved _____ Revise and Resubmit _____

Strengths of report and progress on assessment "loop":

Concerns/Questions:

Suggestions for future reports or assessment approaches:

Other comments: