

Texas Tech University Health Sciences Center
School of Medicine

Year 3-4 Renaissance IV
Medical Education Summit

December 9 2005

Executive Summary and
Recommendations

*Breakout Group Leaders
Curr Redesign Coord Team
Office of Curriculum
April 6, 2006*

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Executive Summary and Recommendations: Year 3-4 Renaissance IV Medical Education Summit December 9 2005

As the paradigm for evaluating the quality of medical education now shifts from an emphasis upon educational process to one of learner performance outcome, much needs to be done to reestablish the clinical skill development process on behalf of medical students.

AAMC Project on the Clinical Education of Medical Students:
Clinical Skills Education, December 2005

Recommendations: Recommendations are based on the attached reports from each of the six breakout groups and review by the Curriculum Redesign Coordinating Team.

Summary: Common Themes

- Clarify components of ambulatory experience
- Case-based seminar beginning Year 3 that integrates basic science and phases into 6 ACGME competencies for Year 4; consider incorporating introduction of Student Grand Rounds in Year 2

Ambulatory Experience (Group 1)

- The function of ambulatory education in Year 3 is to develop basic student competencies in the following areas:
 - Health maintenance/screening/prevention
 - Chronic Disease
 - Inpatient care versus outpatient care
 - Ambulatory management of acute conditions
 - Systems based practice
 - Life cycle age/gender
 - Continuity of care
 - Cultural competence and diversity
- Develop criteria for continuity of care skills
- Define level of involvement in different ambulatory encounter types: Initial visit, follow-up visit, 15 minute visit, procedures, telephone encounter
- Firmly ground competencies in AAMC Project on Clinical Skills Education—“extract all drops”
- Ensure vertical integration with Early Clinical Experience skill sets
- Coordinate objectives that cross disciplines, such as professionalism and ethics

Basic Science Disease-Based Integration (Group 2) (renamed)

- Align objectives with the Educational Vision, Goals, and Objectives and with clerkship objectives
- Promote “inextricable linkage” between basic and clinical sciences
- Promote use of scientific method—hypothesis, data collection, etc.
- Use case-based learning in a creative small group format such as Morning Report, CPC, student-run case discussion. Emphasize student leadership and Socratic methods
- Implement via teams of Clerkship Directors and basic scientists on each campus that select topics for that campus. Possible topics include: Ambulatory Top 24, Diabetes, Neuroendocrine Impact on Wound Healing and Mental Health, pulmonary medicine (asthma). Time must be set aside from service delivery.
- Could start July 2006 if only one presentation per clerkship on optional trial basis

MSIII Grand Rounds (Group 3)

- Consider incorporating Basic Science Disease-Based Integration into Student Grand Rounds
- Consider introducing Student Grand Rounds in the Year 2 Early Clinical Experience curriculum
- Mechanics: students choose case with Clerkship Director or other faculty mentor; 2 student presentations per clerkship—may need to divide work so some students do case report, some do EBM review; provide student skill sets on making presentations and EBM searches; bedside presentations
- Start July 2007

Capstone Experience (Group 4)

- Should have 2 components: Component 1 -- completed by February of Year 4; Component 2 -- completed before graduation, possibly by April or May. Should have skill sets format and EBM approach.
- Goals:
 - Ensure integration of knowledge, skills, attitudes and behaviors by developing a culminating experience congruent with the ACGME competencies (see ACGME Core Competencies grid with Institute of Medicine Safety Aims matrix in Bingham JW, et al. Journal of Quality & Patient Safety, 31(2):98-105, 2005.)
 - Complete student preparation for entering a residency training program
- Objectives:
 - 1) **Component 1—Case Presentation:** The student will demonstrate understanding of the ACGME competencies through a **case presentation** which identifies ACGME core competencies and meets professional presentation or journal publication standards. Presentation can be:
 - Written (case report or poster)
 - Oral (“Grand Rounds” or small group seminar)

Case Presentation Elements

- Seminar early in Year 3
 - Define expected elements in the presentation
 - Define the various types of presentations
 - Student chooses a faculty mentor
 - Presentation completed by end of February of Year 4
 - Student required to attend a fixed number of other student presentations for peer evaluation
 - Abstracts of presentations delivered to the “Teaching Academy” for evaluation of honors vs pass vs fail
- 2) **Component 2—“Filling the Gaps”** (to be completed by April or May of Year 4): The student will demonstrate knowledge of:
- Stress management = Interaction in role-playing scenarios and/or discussion groups
 - Create a wrap-up session of “Red to Black” (personal financial management)
 - Medical jurisprudence = “practice test” TMB jurisprudence
 - Cardiac life support skills = Obtain certification in BLS and ACLS
 - Professionalism and medical ethics = attend the seminar led by the Chair of the TMB re: application for licensure and complete a “practice” application for licensure

Patient Care Conference (Group 5) (renamed from Monthly Admission Biopsy Seminar)

Group debated necessity of this conference given prior reports. Defined conference as critical review and analysis of patient care, with focus on: the core competencies of professionalism and ICS, student leadership, EBM, need for Year 4 Coordinator, and the following objectives:

- Assess styles of communication
- Increase awareness of cultural, religious, and spiritual competence
- Promote self-learning
- Enhance patient focus through case-based sessions
- Promote and share self awareness of professional growth
- Involve patients teaching students

Year 4 Structures (Group 6)

- **Objectives for Year 4:** Each student will:
 - Provide a career oriented personal learning plan before the 4th year begins.
 - Demonstrate the capacity to admit and manage patients with complex multi-system problems on an inpatient setting prior to graduation.
 - Demonstrate the ability to perform procedures or clinical skills that are specialty specific to the degree expected of a PGY1 resident prior to graduation.
 - Under supervision, perform an academic project of sufficient expertise to result in a peer reviewed publication prior to graduation.

- **Issues for further clarification:**
 1. **Tasting science – capacity to deepen and develop scientific curiosity**
 2. **Teach students to be good teachers**
 3. **Period of time to be a resident**
 4. **Geriatrics married with neurology (may get short shrift in Year 4)**
- **Group recommended Year 4 Director. No consensus on MD vs staff**
- **See attached Group Report for issues re remediation in Year 4 for shortened internal medicine and surgery clerkships**

YEAR 3-4 RENAISSANCE IV MEDICAL EDUCATION SUMMIT
December 9 2005: BREAKOUT GROUP REPORTS

Group 1: AMBULATORY EXPERIENCE

Group Members:

Leader: Richard Lampe, MD, Lubbock
Carol Felton, MD, Lubbock
Kristin Stutz, Amarillo

Pete Davis, MD, El Paso
Dannen Mannschreck, MD, Odessa
Marie Logvinoff MD, El Paso

The focus of Group 1 was the Ambulatory Experience including:

- Objectives common to all ambulatory experience across all clerkships; alignment with Vision, Goals and Objectives
- Criteria for ensuring continuity of care and skills in chronic care management
- Criteria for selecting key ambulatory experiences
- Components of focused assessment
- Criteria for ensuring evidence-based care
- Methods for assessing students and ensuring attainment of competencies
- Methods for tracking patients
- Methods for eliminating redundancy across campuses
- Criteria for evaluating faculty and community teachers
- Criteria for determining need for faculty and community physician faculty development
- Challenges/SWOT analysis/methods for reporting and data analysis
- Start date July 2006

1. Criteria, faculty, Community, Teachers, evaluation and development

- Variability for campus to campus who but not how
- Student centered learning objectives
- Patient centered experiences
 - Chronic disease
 - Advance directives/ethics

2. Methods tracking patients, assessing student competence, redundancy

- Numbers and kinds of patients
 - Minimums
 - Levels of involvement
 - Progression
- Web based?
- Address redundancy
 - Reinforce
 - Eliminate

3. Criteria for continuity of care skills in chronic care, key ambulatory experiences, evidence based care

- 15 minute visit
- Initial, Follow-up
- Coordination of complex care, continuity

4. Common objectives c/w/ Vision Goals and Objectives

- Core curriculum discipline specific
- Coordinate those that cross disciplines, professionalism, ethics, systems based care

5. Ambulatory Objectives (s) Vision

- A critical function of Year 3 is to introduce the ambulatory elements of Patient Care to the student
- Elements include
 - Health maintenance/screening/prevention
 - Chronic Disease
 - Inpatient care versus outpatient care
 - Ambulatory management of acute conditions
 - Systems based practice
 - Life cycle age/gender
 - Continuity of care
 - Cultural competence and diversity
- Ambulatory encounter types
 - Initial visit
 - Follow-up visit
 - 15 minute visit
 - Procedures
 - Telephone encounter

6. Methodology

- Identify numbers and types of patients
 - Log
- Define level of involvement
 - Observe , assist, participate
- Assess competency
 - AAMC Project Clinical Skill Guidelines December 2005

Group 2: BASIC SCIENCE DISEASE-BASED INTEGRATION

Group Members:

Leader: Elmus Beale, PhD, Lubbock
Steve Berk, MD, Amarillo
John Griswold, MD, Lubbock
Bea Rodriguez, Lubbock

Co-Leader: Gwynne Little, PhD, Lubbock
Manuel De La Rosa, MD, El Paso
Gene Luckstead, MD, Amarillo
Simon Williams, PhD, Lubbock

Our first action was to change the name of the Breakout Group from “Basic Science Case-Based Integration” to “Basic Science Disease-Based Integration”.

This group addressed the following 8 assigned bullet points.

1. Objectives for experience—should be case-based; alignment with Vision, Goals, objectives and common clerkship objectives
 - Promote an understanding that Basic Sciences and Clinical Sciences are inextricably linked
 - Develop life long learning skills
 - Foster data collection skills
 - Develop hypothesis-building skills
 - Build appreciation for animal models--application of animal pathophysiology to human pathophysiology
2. Mechanics of delivering this experience on 3 campuses
 - Set up team of Clerkship Directors/Chairs/Coordinators and Basic Science Partners from each campus to select topic.

- Replication on each campus would be optimal
 - Techlink only if necessary (a distant second choice to replication on each campus)
 - Set aside ½ day per week for this and all other non-clinic experiences. This will minimize scheduling conflicts. This ½ day must be protected (Wednesday PMs?)
3. Criteria for ensuring evidence-based exercise
 - All sessions should begin with a clinical case, ideally a real patient encounter
 - Discuss the underlying pathophysiology
 - Discussion of the case should be a graded progression to basic science from its clinical presentation – progresses to current state of knowledge
 - Discussion should then focus on the current treatment protocol—is it supported by evidence?
 - Methodologies
 - Review of literature
 - What are key unanswered questions?
 4. Curriculum for case-based topics (example, atherosclerosis for internal medicine)
 - Topics for each Clerkship are to be chosen by a team of Clerkship Directors/Chairs/Coordinators and Basic Science Partners from each campus
 - Topic Possibilities
 - Ambulatory Top 24 List
 - Diabetes (must choose a specific topic from this broad topic)
 - Neuroendocrine Impact on Wound Healing and Mental Health
 - Pulmonary medicine (e.g., asthma)
 5. Guidelines for optimizing student leadership in organizing this experience
 - Socratic Methods
 - Non-didactic
 - Interactive
 - Small Groups
 - Students Lead Discussions (with faculty guidance)
 - Student-lead Reviews of Literature (with faculty guidance)
 6. Methods for assessing students
 - Pass/Fail Grading System
 - Require attendance
 - Obtain and consider student feedback
 - Refine assessment after 1-2 years experience
 7. Challenges / SWOT analysis / methods for reporting and data analysis
 - Assessment and Logistics
 8. Review start date July 2006
 - Start Date 2006 is feasible
 - One Presentation per 8-week clerkship
 - Start Date 2007 is feasible
 - Joint Presentations two per 16-week clerkship pairs

Group 3: MSIII GRAND ROUNDS

Group Members:

Leader: Susan McLean, MD, El Paso
Frank Hromas, MD, Amarillo
Patti Patterson, MD, Lubbock

Jeremy Deer, MSII , Lubbock
Robert Neilson, MD, Lubbock
Jan Pumphrey, Amarillo

Students, attending and staff members from multiple Departments met January 10, 2005 to discuss the feasibility and structure of an MSIII Grand Rounds curricular element.

Structure: the initial structure discussed was to have MSIII grand rounds 3 out of the 8 weeks of the new third year 8 week clerkships. Since there would be 6 clerkships, each clerkship would present once per six weeks. The presentations would be a half hour each, and the session would last an hour.

The structure of the presentation would be 15 minutes for the case, and 10 minutes for the evidence based medicine review, with 5 minutes for questioning from the audience.

Later discussion suggested that the sessions should only be twice per 8 week clerkship, and only start the second 8 weeks into the third year. There could be 3 presentations per session, to fit in all six clerkships. The students expressed concern that being assigned a major presentation by the second week of the third year, which could happen to the early presenters, would be an overwhelming task for many of the new 3rd year students. This was especially concerning considering that over half the class will have just moved to a new city, and also be starting the clinical clerkships, which is already a big transition.

Content: The cases should be related to the clerkship, so that the clerkship director can serve as mentor. There should be an evidence based medicine review, and the students should indicate during the presentation how they performed the review.

Preparation: The students should have a series of lectures leading up to the first presentation, including information on how to use PowerPoint, a didactic session on how to make a public presentation, and a session on how to do an evidence based medicine search. The medical students present felt that not too much time needs to be spent in PowerPoint learning, that in any group, enough students know how to use power point that they wouldn't need much training.

Since most clerkships will have up to 10 students in El Paso, and 8-12 in Amarillo and Lubbock, the work would need to be divided up so that all the students will have some role in the presentation. A few students could work on the case report, some on the evidence based medicine review. The students suggested that the students fill out some evaluation forms on how it was to work in a group, so that they would be doing peer evaluations. In addition, some mechanism should be set up so that each student works on different aspects of the case presentation during the third year, so that all of the students have a chance to present.

A suggestion was made to allow interns to go to some of the educational sessions on how to make a presentation.

Later in the second session, the group felt that after hearing all of the new elements, and knowing that now the clerkships would have to all be 8 weeks, which is a change for most of the clerkships, this plan for MSIII grand rounds be started in 2007. The clerkship

directors present felt that they all would be changing the curriculum in the next school year, and having to add this major project on top of doing OSCE's, which was new this year and which not all of the clerkships are up to full speed on, would be difficult.

Some in attendance expressed concern that this element might be too much alike some of the other elements, such as the Basic Science conference, to be of added benefit to the students.

Group 4: CAPSTONE EXPERIENCE

Group Members:

Leader: Kathy Chauncey, PhD, Lubbock
Kitty McMahon, PhD, Lubbock
Fiona Prabhu, MD, Lubbock
John Snelling, El Paso

Ron Hodges, MD, Amarillo
John Parker, MSIII, Lubbock
Manny Schydlower, MD, El Paso

YEAR 4 Overall Goal: Ensure terminal SOM Vision/Goals/Objectives and ACGME competencies

Capstone Experience (definition: ensures integration of knowledge, skills, attitudes, and behaviors acquired during years 1-4 of the curriculum)

Session I – Morning

The group began the morning session by further defining the Capstone Experience. This detailed definition allowed us to focus our work. It was agreed that the outcome measures for the Capstone should be the GME competencies. The group felt strongly that this should be a student-driven project and not just an assigned task. The completion of the Capstone Experience should enhance the student's preparation for residency.

Develop definition – Capstone Experience

- Ensure integration of knowledge, skills, attitudes and behaviors
- Culminating experience flowing into GME competencies
- Student driven project based on a patient
- Help to prepare student to enter residency

The discussion of the Capstone resulted into two components that the Capstone might fulfill for the student. It was agreed that the Capstone should be an integrated self-study project, but it was also felt that the Capstone could help the student fulfill pre-residency requirements. This would be very beneficial to the student and would help reduce stress.

The group developed curricular elements for the two components of the Capstone. Component 1 should be based on an interesting case the student had seen in medical school. Because of this, the Capstone should technically begin early in Year 3 to allow the student to be alert to cases they see that might serve as a good Capstone experience. As the student selects their case, they should also select faculty to evaluate their Capstone presentation. The student would have a choice of presentation such as a Grand Rounds, poster exhibit, or case report. Students would be required to attend a fixed number of other student presentations.

As a way to ensure that the case presentation flowed into GME competencies, one group member described a matrix used to analyze a complex care episode that involved a life-threatening situation. The ACGME Core Competencies were listed vertically on the left and IOM Safety Aims horizontally across the top. A copy of the article containing the matrix is attached to this report (Bingham JW, et al. Journal of Quality & Patient Safety,

31(2):98-105, 2005). It was agreed by the group that this matrix could be adapted for students to use in analyzing their case.

Major Curricular Elements

- Component 1 – Case Presentation
 - GME vs IOM criteria matrix
 - Individual project
 - Initiated in early Year 3 – seminar to define project
 - Must be completed by end of February in Year 4
 - Grand Rounds vs poster exhibit vs case report
 - Student selects group of faculty to evaluate
 - Students attend a fixed number of other presentations

Component 2 could be a one week experience allowing students to obtain life support certifications required by residencies and to receive training on issues pertinent to residency.

- Component 2 – “Filling in the gaps” (Preparation for residency)
 - Medical jurisprudence
 - Stress management
 - Personal financial management
 - BCLS, ACLS
 - Professionalism and medical ethics
 - No terminal OSCE needed
 - Other student generated topics

Session II – Afternoon

In the afternoon session, the group developed active learning methods for the curriculum components identified in the morning session. It was decided that oral presentations should conform to specific guidelines for a professional presentation and written presentations should conform to journal guidelines for case reports or professional meeting guidelines for posters. Students should be encouraged to submit their written work for publication or national or state meeting poster exhibit. Students giving oral presentations should be encouraged to also present outside TTUHSC-SOM.

Component 1 should be completed by February of Year 4. Component 2 should be completed before graduation possibly in April or May.

Goals:

- Ensure integration of knowledge, skills, attitudes and behaviors by developing a culminating experience flowing into the GME competencies
- Complete the preparation of the student entering a residency training program

Objectives:

The student will demonstrate understanding of the ACGME competencies: Present a case in which the ACGME core competencies are identified

- i. Written (case report or poster)
- ii. Oral (“Grand Rounds” or small group seminar)

Demonstrate knowledge of:

- Stress management = Interaction in role-playing scenarios and/or discussion groups
- Create a wrap-up session of “Red to Black” (Personal financial management)
- Medical jurisprudence = “practice test” TMB jurisprudence
- Cardiac life support skills = Obtain certification in BLS and ACLS
- Professionalism and medical ethics = Attend the seminar led by the Chair of the TMB re: application for licensure and complete a “practice” application for licensure

- Case Presentation – Elements
 - Seminar early in Year 3
 - Define expected elements in the presentation
 - Define the various types of presentations
 - Student chooses a faculty mentor
 - Presentation completed by end of February of Year 4
 - Student required to attend a fixed number of other student presentations for peer evaluation
 - Abstracts of presentations delivered to the “Teaching Academy” for evaluation of honors vs pass vs fail

Group 5: PATIENT CARE CONFERENCE

(old name: Monthly Admission Biopsy Seminar)

Group Members:

Leader: Gary Sutkin, MD, Lubbock
 Tom McGovern, EdD, Lubbock
 Ken Nugent, MD, Lubbock
 Christopher Powers, MD, El Paso

Shelly Hook, MSIII, Lubbock
 Terry McMahan, MD, Lubbock
 Ron Owens, PhD, Amarillo

- Definition: Critical review and analysis of patient care
 - Focus on the core competencies of professionalism and Interpersonal Communication Skills
- Objectives for the Sessions
 - Assess styles of communication
 - Increase awareness of cultural, religious, and spiritual competence
 - Promote self-learning
 - Enhance patient focus through case-based sessions
 - Promote and share self awareness of professional growth
 - Involve patients teaching students
- Resources Necessary
 - Provide resources to ensure available faculty
 - Identify established conference time
 - Provide administrative support (Year 4 coordinator)
- Student Leadership
 - Students take the lead
 - Conference appropriate for MS3s and MS4s
- Mechanics
 - Present as groups: Size limited to 5-8
 - Topics assigned ahead of time
 - Assign date of presentation by lottery
- Case/Topics
 - Students pick cases
 - Faculty mentor as guide
- Evidence-based
 - Create competency-based resource guides
- Assessment
 - Pass/fail as a group
 - Remediation

Our group debated the necessity of this conference. Arguments for and against were as follows:

- Necessary
 - Broader exposure to a patient's issues (legal, ethical)
 - Exposure to the core competencies
 - Not a major burden for MSIV
 - Continuation from MSI-III
- Unnecessary
 - Another “hoop” for students
 - Students may be disinterested
 - Covered elsewhere
 - Should be in 3rd year

Group 6: YEAR 4 STRUCTURE

Group Members:

Leader: Fred McCurdy, MD, PhD, MBA, Amarillo
Dennis Dove, MD, Amarillo
Randy Schiffer, MD, Lubbock

Colin Bird, MSIII, El Paso
Miguel Pirela-Cruz, MD, El Paso
Steve Urban, MD, Amarillo

Our group focused on the 4th year. In general, our task was to develop goals and objectives for the 4th year. The specific instructions we were given were:

- Sequence of Year 4: elective and required rotations
- Role and selection criteria for a Year 4 Director – start date July 2006?
- Geriatrics requirement – different resources on each campus
- Year 4 Schedule: accommodation of audition electives
- Year 4 Schedule: accommodation of subspecialty electives
- Review start date July 2007
- Criteria for incorporating themes: cultural competence, genetics, medical informatics/EBM, nutrition science, population health, professionalism-communication

We had a brisk discussion about how the 4th year was to build on the 3rd year of the curriculum and that it should have structure that did not appear to currently be present within the 4th year curriculum. The issues and objectives that we could agree upon were:

- 4th year director – YES – discussion about staff person vs. MD – no consensus reached
- Potential objectives
 1. Deeply focus on career decision
 2. Learn to manage complex problems/sick patients (in patient) (sub I; maybe 2)
 3. Deepening clinical skills - specialty specific (ambulatory or inpatient)
 4. Tasting science – capacity to deepen and develop scientific curiosity
 5. Remedy IM and surgery deficiencies from year 3
 6. Remediation of deficiencies identified earlier in the course of study
 7. Teach students to be good teachers
 8. Period of time to be a resident
 9. Capstone (summative) experience
 10. Encourage students to go to another school or place
 11. Geriatrics married with neurology (may get short shrift in year 4)

The afternoon discussion was used to further focus the objectives after hearing the reports from all the other groups. We could agree upon the following:

- 4th year director – YES – discussion about staff person vs. MD – no consensus reached
- Issues that needed clarification:
- Deeply focus on career decision
- Learn to manage complex problems/sick patients (in patient) (sub I; maybe 2)
- Deepening clinical skills - specialty specific (ambulatory or inpatient)
- Tasting science – capacity to deepen and develop scientific curiosity
- Teach students to be good teachers
- Period of time to be a resident
- ~~Encourage students to go to another school or place – this was removed~~
- Geriatrics married with neurology (may get short shrift in year 4)

There were, however, three items that some of the group wanted to have brought forward as concerns. First, some of the group believed that changing the length of the surgery and internal medicine clerkships was incorrect and there needed to be some remedy for this in year 4. There was nothing offered by the group on what this “remedy” should be. Second, there were going to be deficiencies identified in year 3 (probably because the surgery and internal medicine clerkships are scheduled to be “shortened” and these will need to be also remedied early in year 4. Again, nothing specific came out of this part of the discussion. Finally, the capstone experience needed to be affirmed (being worked by another group). Again, no specifics were offered.

This led to a final summation of the day’s deliberations into the following objectives for the 4th year. Each student will:

1. Provide a career oriented personal learning plan before the 4th year begins.
2. Demonstrate the capacity to admit and manage patients with complex multi-system problems on an inpatient setting prior to graduation.
3. Demonstrate the ability to perform procedures or clinical skills that are specialty specific to the degree expected of a PGY1 resident prior to graduation.
4. Under supervision, perform an academic project of sufficient expertise to result in a peer reviewed publication prior to graduation.
5. As senior students, demonstrate the ability to teach their junior colleagues selected clinical skills.
6. Demonstrate proficiency in “basic survival skills for residency” (i.e., life skills, procedures, clinical decision-making, emergency situations) prior to graduation.
7. We also agreed that the current objectives for geriatrics/neurology should be affirmed and continued unchanged.

We could not gain consensus on the following tasks assigned at the beginning of the day:

- Year 4 Schedule: accommodation of audition electives
- Year 4 Schedule: accommodation of subspecialty electives
- Review start date July 2007
- Criteria for incorporating themes: cultural competence, genetics, medical informatics/EBM, nutrition science, population health, professionalism-communication

**YEAR 3-4 RENAISSANCE IV MEDICAL EDUCATION SUMMIT
December 9 2005**

**Summit Evaluation
n=23**

Total Attendees=44

	Mean Score
Q1:Pre-summit materials were useful	4.20
Q2: Summit objectives were clear	3.93
Q3: Breakout group leadership was effective	4.13
Q4: The Summit improved consensus on design of Years 3-4	3.57
Q5: Overall rating of summit accomplishments	3.90

**OSCE Workshop Evaluation
December 8 2005
n=19
Total Attendees=26**

	Mean Score
Q1:The Workshop helped to ensure an optimal OSCE learning experience and assessment of competencies for MSIII's	3.76
Q2: The Workshop helped to ensure optimal clarity of cases and checklists	4.00
Q3: The Workshop helped to achieve optimal fairness of pass-fail criteria	3.34
Q4: The Workshop has improved the evaluation process and reporting of data results	3.50
Q5: The Workshop established common all-campus policies and guidelines for remediation	3.39