

AAMC's Liaison Committee on Medical Education

The Independent Student Analysis

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LIAISON COMMITTEE ON
MEDICAL EDUCATION



Response Rates



Response Rates

Class	Number of Total Students	Number of Respondents	Response Rate
2023 (M1)	178	175	98.3%
2022 (M2)	175	159	90.9%
2021 (M3)	175	169	96.6%
2020 (M4)	173	151	87.3%
Total	701	654	93.3%

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Office of Student Affairs & Medical Education

- **Medical Education**

- Accessible: **74.1%**
- Aware: **74.5%**
- Responsive: **70.8%**
- Accessibility of Faculty: **80.0%**
- Student Representation: **74.1%**

- **OSA**

- Accessible: **84.4%**
- Aware: **76.8%**
- Responsive: **73.8%**

- **Recommendations**

- We recommend the school establish a broader understanding of these offices, its members and their roles, and how students can best utilize their services.
- Office hours
- Publishing Minutes from meetings with student representatives.
- Formalizing student participation in key medical school committees.



Learning Environment & Facilities



- Faculty (88.4%) and student (83.3%) diversity.*
- Safety of campus.
- Lecture halls and group-classrooms.
- Service learning and community service.



- Mistreatment policy adequacy (68.5%), reporting (71.1%), prevention (75.3%), and action (64.1%)
- Storage space on-campus and on-clinical sites.
- Adequacy of study space (M2, D/s > 20%).
- Ease of access to research opportunities (66.7%)* and support for research.

- **Recommendations**

- We recommend UTCOM make the **mistreatment policy more clearly available and emphasize** this at all orientation events.
- Coordination of **storage space** at affiliate sites + UTMC. Incorporating **more relaxation space** at the HSC.
- We suggest **Administration regularly survey faculty about their interest in advising research for students**, finding those faculty, and making contacts available for students to reach out to those faculty.
- We recommend that the University make more **active efforts to recruit, accept, and retain a more diverse student body**, with a focus on groups typically underrepresented in medicine.



Library & Information Resources



- All satisfaction rates were above 80%!



- **Recommendations**

- None currently. All practices are satisfactory.



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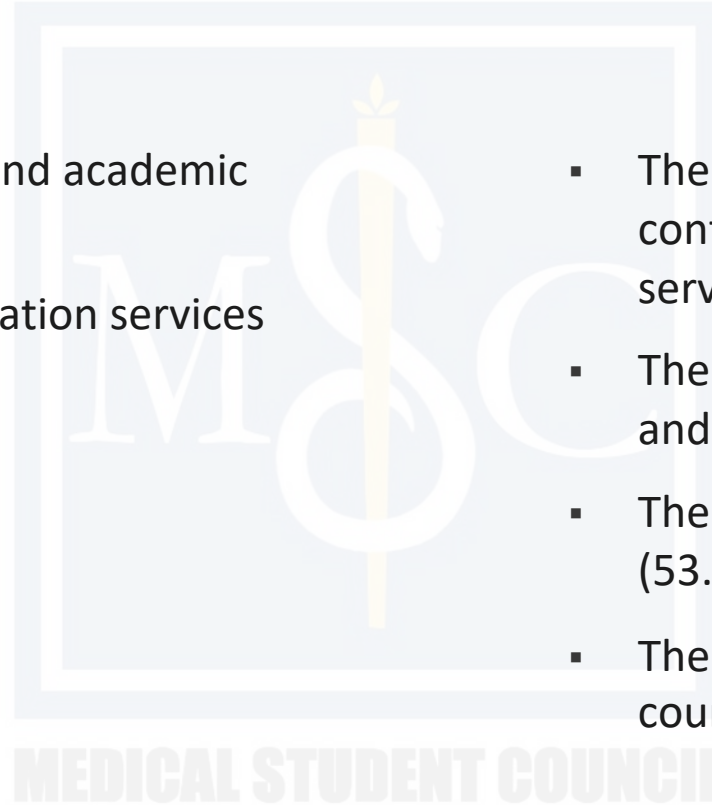
Student Services



- Tutorial help (82.1%) and academic counseling (77.8%).
- Financial aid administration services (80.6%).



- The availability (52.8%) and confidentiality* (55%) of mental health services.
- The adequacy of career counseling (67.1%) and mentorship (75.5%).
- The adequacy about elective choices (53.3%)
- The adequacy of debt management counseling (66.1%).



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Student Services

- **Recommendations**

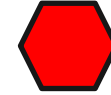
- We recommend **better advertising of current mental health services** on campus as most students did not feel they had adequate information about these services and where to access them. On both UTMC and Toledo Hospital campuses.
- We recommend that for each **career path session** a fourth-year medical student, along with a resident and an attending are all present and can speak to different aspects of the specialty, from residency applications, to the early and later years of practicing in that specialty. We encouraged **Student Interest Group** support and **bolstering of the ICE Program**.
- We recommend an **informational session early in the first year of medical school and during all subsequent orientation events** (i.e., orientation to the M3 and M4 year) on the elective choices available. It would be appropriate for the **Assistant Dean to counsel students entering M4 students** as they approach the end of their third year about the appropriate electives for that student given their needs and interests.
- **Informational sessions or even small group or one-on-one meetings** with a representative from the Office of Financial Aid would be helpful, especially in the fourth year of medical school, as students soon start paying back their student debt.



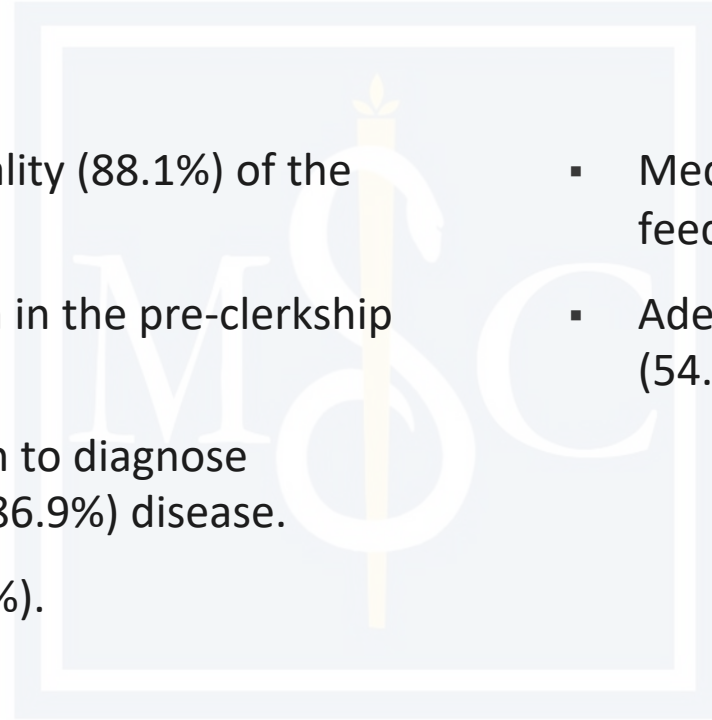
Medical Education Program – Class of 2023 and Class of 2022



- Utility (86.3%) and quality (88.1%) of the pre-clerkship.
- Clinical skill instruction in the pre-clerkship (90.6%).
- Adequacy of education to diagnose (90.2%) and manage (86.9%) disease.
- Adequacy of IPE (93.0%).



- Medical school responsiveness to student feedback on courses (72.3%).
- Adequacy of education in nutrition (54.5%).



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Medical Education Program – Class of 2021 and Class of 2020



- Access to patients in the clerkship (96.8%).
- Quality of the third-year clerkships (92.7%).
- Workload in the third-year clerkship (93.3%).
- Utility (M4: 82.3% ; M3: 90.2%) and quality (88.1%) of the pre-clerkship.
- Clinical skill instruction in the pre-clerkship (M4: 84.4% ; M3: 92.1%)
- Adequacy of education to diagnose (93.3%) and manage (88.2%).



- Adequacy of education in nutrition (65%, M4: 53.4% , M3: 75.3%).

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Medical Education Program

- **Recommendations**

- In conjunction with students presenting very specific aspects of nutrition to each other, we recommend having a **Registered Dietician come and give the class discrete lectures** throughout the pre-clinical curriculum.

While [the Nutrition Project] was a positive addition to the new pre-clinical curriculum, the process by which this information is presented needs to be improved.

- We recommend opportunities for **formative feedback throughout the course rather than solely at the completion of a thread** as a way to help address ongoing issues in which a solution could be implemented promptly.

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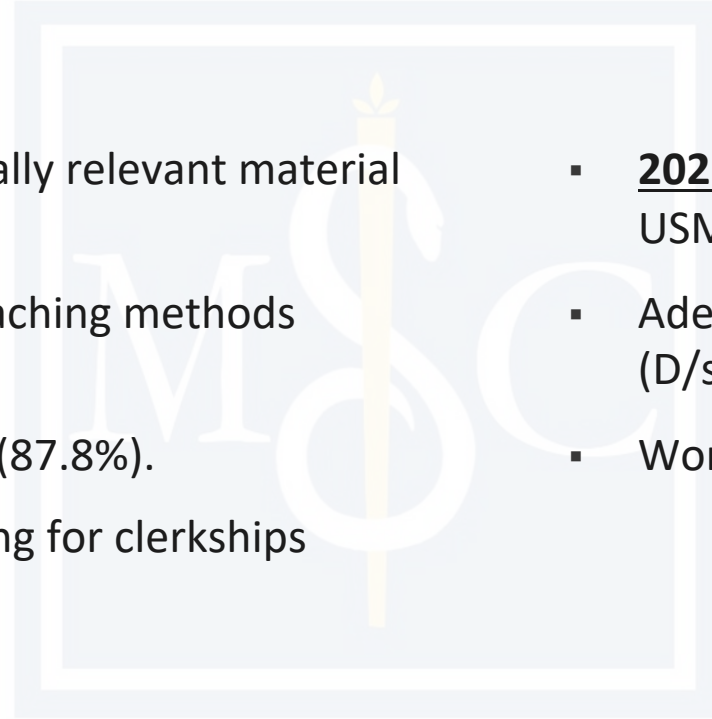
Pre-Clinical Curriculum – Class of 2023, 2022, and 2021



- Incorporation of clinically relevant material (91.3%).
- Appropriateness of teaching methods (85.5%).
- Overall course quality (87.8%).
- Helpfulness in preparing for clerkships (84.3%).



- **2021:** Helpfulness in preparing you for USMLE Exams (67.5%).
- Adequacy and utility of the ICE Program (D/s rates ~20%).
- Workload* (M1 D/s rates ~20%).



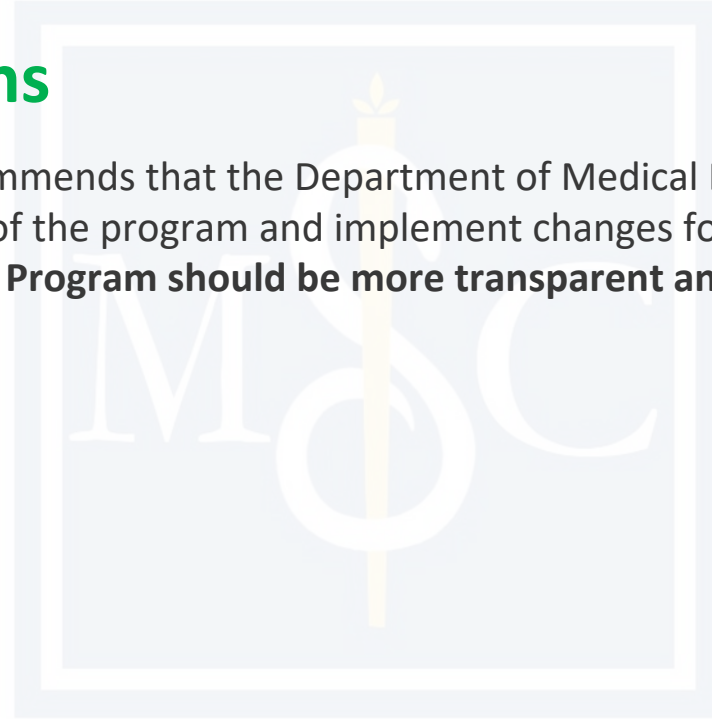
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Medical Education Program

- **Recommendations**

- The ISA Committee recommends that the Department of Medical Education, who oversees the ICE Program, evaluates the weakness of the program and implement changes for the maximal benefit to the student. **We recommend that the ICE Program should be more transparent and consistent with its implementation.**



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Pre-Clinical Curriculum – Class of 2020

Question	Legacy	Rocket Medicine
Clarity and appropriate use of objectives	87.0%	=
Course organization	80.8%	↑
Quality of teaching	80.1%	↓
Academic workload	83.6%	↓
Appropriateness' of teaching method	83.6%	=
Incorporation of clinically relevant information	69.9%	↑
Feedback about your progress in learning the material	74.0%	↑
Fairness of exams and grading	89.7%	↓
Representation of material on assessments, exams, and quizzes	82.2%	↓
Organization of assessments, exams, and quizzes	89.7%	↓
Overall course quality	84.2%	↑
Helpfulness of anatomy-based lectures on clinical understanding?	84.9%	↑
Helpfulness in preparing for clerkships	76.7%	↑
Helpfulness in preparing you for USMLE exams	61.0%	↑



Pre-Clinical Curriculum – Class of 2020

Question	Legacy	Rocket Medicine
Quality of teaching	80.1%	↓
Academic workload	83.6%	↓*
Fairness of exams and grading	89.7%	↓
Representation of material on assessments, exams, and quizzes	82.2%	↓
Organization of assessments, exams, and quizzes	89.7%	↓



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Medical Education Program

- **Recommendations**

- Satisfaction rates **decreased from the old to the new curriculum for several questions items**. As the new pre-clinical curriculum is in its infancy, decreases in these parameters can largely be attributed to the implementation of a completely new layout for classes, activities, and teaching.

We ask that the Department of Medical Education **poll the student body for exact specifics on the discrepancy in “fairness”** of exam grading.

We recommend that the Department of Medical Education encourage the Professors and Lecturers to **write questions/assessments that reflect an appropriate depth of knowledge**

There is **no excuse for poor grammar, questions with the answers blatantly identified, or misspellings on questions**, which has been a recurring issue on any assessment.

- **Continued evaluation of performance on the USMLE Step 1 (and Step 2)** as the new pre-clinical curriculum (and subsequent changes to the clinical curriculum) evolve.

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Clinical Curriculum

Clerkship	Quality Satisfaction
Psychiatry	92.7%
Neurology	96.0%
Pediatrics	95.0%
Obstetrics and Gynecology	79.6%
Internal Medicine	95.6%
Surgery	92.8%
Family Medicine	91.0%

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Medical Education Program

- **Recommendations**

- Students in the M3 class were very **dissatisfied with timeliness**. The clerkship may consider decreasing the amount of time after working with a student that faculty and residents are required to complete an evaluation, as waiting for evaluations is usually what delays the release of the final clerkship grade.

Student expectations are **congruent with these timelines**, so adhering to this schedule by both reminding the coordinator of the timeline and encouraging faculty to turn in grades on time would increase student satisfaction

- It may be helpful for clerkship leadership to survey students to understand what students feel they need to be doing to prepare for USMLE exams. By doing so, the clerkship directors could make a concerted effort to incorporate USMLE content into the clerkship.

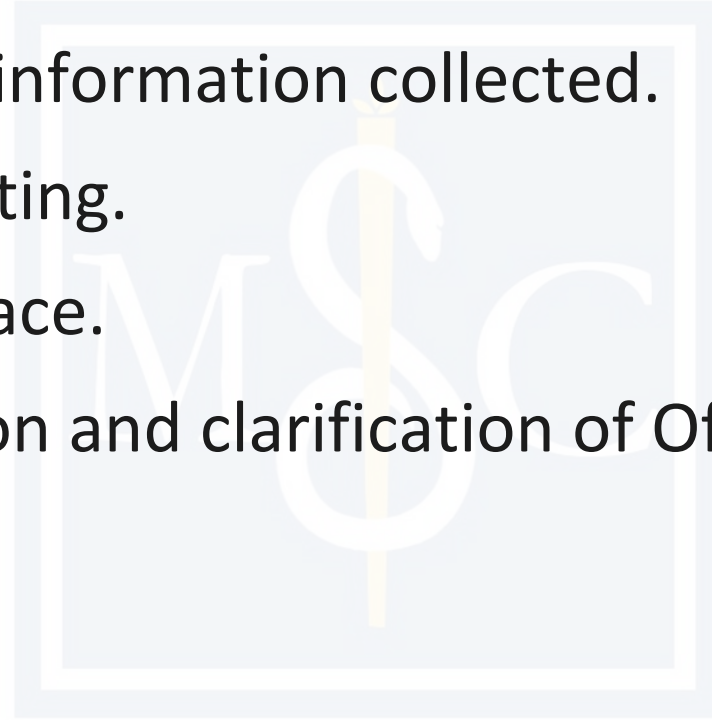
Improving didactic sessions for Boards and reviewing high quality questions from question-banks.

- With respect to fairness of grading and assessments, it may be necessary to work with faculty and residents on how to properly evaluate students, so the **evaluation process is more standardized**.



Limitations

- No demographic information collected.
- Timeline of reporting.
- Free response space.
- Direct specification and clarification of Offices and terms.



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Neejad Chidiac

Thank You!

