

LCME Standard 5

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Finance



**COLLEGE OF MEDICINE
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 Adequacy of Financial Resources

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

LCME Part I-A Annual Financial Questionnaire

- Tuition Revenue – stable, 11% of total revenue & declining
- Govt & Parent Support – stable, 27% of total revenue
- Grants & Contracts – increased FY19 & FY20, 6% of total revenue
- Practice Plan – stable & increasing, 26% of total revenue
- Hospital Revenues – increasing with Affiliation, 29% of total revenue
- Gifts – modest, < 1%

Total revenues increased from \$253M in FY2016 to \$329M in FY2020 (30%), supporting investments in: faculty, curriculum, student services, research infrastructure, strategic priorities.

ProMedica Affiliation provides substantial resources - \$2.5B operational support + \$250M in capital investment.

5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

- Dean has autonomy in accessing funds and adjusting resource allocations based on needs and priorities of the College.
- Expense budgets in the College of have been increasing due to Affiliation funding.
- Strong leadership in curriculum administration and evaluation and increased resources to support the new curriculum.
- Continued recruitment and investment in faculty in areas of priority.

5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

Table 5.3-1 | Tuition and Fees

Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled "Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet" for the indicated years. Please calculate each percentage by dividing "Total Tuition and Fees Revenues" by "Total Revenues Reported."

FY2016	FY2017	FY2018	FY2019
14.7	12.3	12.0	10.9

- Tuition is recommended by the Dean annually. Tuition and fees has increased on average 1% over last 6 years.
- ProMedica affiliation significantly expands clinical experiences for medical education.
- AAMC StandPoint report shows our faculty total hours and effort distribution across the mission areas is similar to other medical schools.

5.4 Sufficiency of Buildings and Equipment

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

- Lecture halls have been renovated to support the new curriculum with upgraded audiovisual capabilities.
- ISA showed that 90%+ of medical students were satisfied with lecture halls and classrooms.
- Simulation Center offers state-of-the-art medical education technologies and facilities including virtual immersive reality.
- Significant modernization of research labs in the last 5 years and procurement of research equipment.

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g. acuity, case mix, age, gender).

- Clerkships use a breadth of facilities for clinical instruction – UTMC, ProMedica, Riverside Methodist, Mercy, AHECs, Akron General, St. Joseph Mercy which provide adequate numbers and types of patients.

5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required learning experiences has sufficient information resources and instructional facilities for medical student education.

Table 5.6-2a | Clerkship Resources by Curriculum Year – Educational/Teaching Spaces at Hospitals

Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of educational/teaching spaces at hospitals. Add tables as needed for additional relevant survey questions.

Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M3	166	4	2.4	9	5.4	153	92.2
M4	148	0	0.0	13	8.8	135	91.2
Total	314	4	1.3	22	7.0	288	91.7

- Students are satisfied with adequacy of educational/teaching spaces at hospitals.
- ProMedica’s Generation’s Tower was designed to function as a core teaching site and has dedicated conference spaces and computer terminals for students, residents and faculty on each floor.

5.7 Security, Student Safety, and Disaster Preparedness

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

Table 5.7-1b | Student Safety and Security by Curriculum Year Clinical Site Safety and Security

Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of safety and security at clinical sites. Add tables as needed for additional relevant survey questions.

Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M3	165	9	5.5	2	1.2	154	93.3
M4	148	6	4.1	4	2.7	138	93.2
Total	313	15	4.8	6	1.9	292	93.3

- Over 90% of students are satisfied with safety and security on both the medical school campus and clinical sites.
- All sites have security personnel and many have on-site licensed police officers.
- The University and clinical sites have emergency and disaster preparedness policies and plans.

5.8 Library Resources/Staff

A medical school provides ready access to well-maintained library resources in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national informational resources and data systems and is responsive to the needs of the medical students, faculty members, and others associate with the institution.

Table 5.8-1 | Student Satisfaction with the Library

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were satisfied/very satisfied (aggregated) with the library.

AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
75.4	86.3	73.3	86.4	83.8	87.4

- Students have access to all Mulford Library information resources including electronic resources (UpToDate, VisualDX, etc.).
- Students and faculty have access to OhioLINK, a statewide consortium of 116 academic and research libraries in Ohio.
- Clinical Medical Librarian available to assist students and serves on Clinical Curriculum Committee.

5.9 Information Technology Resources/Staff

A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfil its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

Table 5.9-1 | Student Satisfaction with Computer Resource Center

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on percentage of respondents who were satisfied/very satisfied (aggregated) with the computer resource center.

AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
73.0	84.5	77.2	84.5	74.4	85.0

- Cisco-enabled video conferencing rooms are deployed throughout campus.
- Educational resources can be accessed from off-campus by connecting to the virtual private network or virtual labs.

5.10 Resources Used by Transfer/Visiting Students

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

- Medical school does not accept transfer students.
- Clerkships only accept visiting student in accordance with policy (3364-81-04-012-09) after verification that visiting student will not displace or compete for electives with enrolled students.

5.11 Study/Lounge/Storage Space/Call Rooms

A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Table 5.11-1 | Student Satisfaction with Study Space

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were satisfied/very satisfied (aggregated) with study space.

AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
62.8	78.7	70.3	79.3	75.1	81.2

Table 5.11-3 | Student Satisfaction with Relaxation Space

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were satisfied/very satisfied (aggregated) with relaxation space.

AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
42.2	66.1	43.8	66.8	40.8	68.7

- New study & lounge space – Mulford Café and expansion of Academic Enrichment Center.
- ProMedica Toledo Hospital, primary site for clinical clerkships, has lounge/relaxation space and secure storage areas for students.

5.12 Required Notifications to the LCME

A medical school notifies the LCME of any substantial change in the number of enrolled medical students; or any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modifications of its medical curriculum; and/or of anticipated changes in the affiliation status of the program's clinical facilities. The program also provides prior notification to the LCME if it plans to increase entering medical student enrollment on the main campus and/or in one or more existing regional campus above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years; or to state a new or to expand an existing regional campus; or to initiate a new parallel curriculum (track).

- LCME was notified in April 2016 about the major modification of the curriculum.

Questions?



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LCME Standard 6

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Professor

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Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

<p>Name of Policy: College of Medicine & Life Sciences: Educational Program Objectives (Core Competencies) for the College of Medicine</p> <p>Policy Number: 3364-81-04-011-01</p> <p>Approving Officer: Dean, College of Medicine & Life Sciences</p> <p>Responsible Agent: Associate and Assistant Deans for Undergraduate Medical Education and Director of Assessment, Accreditation and Continuous Quality Improvement</p> <p>Scope: College of Medicine & Life Sciences M.D. Program</p> <p><input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy</p>	 <p>Revision date: 08/17/18</p> <p>Original effective date: 7/01/03</p>
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(A) Policy statement

The core competencies serve as statements of what students are expected to learn or accomplish during the course of the Doctor of Medicine program. They are defined in terms of expectations for graduates' knowledge, skills, and attitudes and behaviors of professionalism. These outcomes are aligned with the American Council on Graduate Medical Education (ACGME) six core competencies.

(B) Purpose of policy

These program objectives/core competencies guide the curriculum for all four years of the Doctor of Medicine program.

(C) Scope

This policy applies to all students enrolled in the Doctor of Medicine program, as well as the faculty and administration of the University of Toledo College of Medicine & Life Sciences.

(D) Procedure

Working through the faculty representatives on the Executive Curriculum Committee (ECC), the UT COMLS faculty have designed a program in which knowledge, skills and professionalism are learned and applied through an integrated four-year curriculum. The ECC has responsibility for the articulation of the Educational Program Objectives, hereby referred to as core competencies, which direct the curriculum. The ECC is responsible for the regular review of the core competencies and may add, delete or modify them when they deem it necessary. These are distributed to all medical students, teaching faculty, residents and others who are involved in the instruction of medical students.



- Medical knowledge EPOs
- Patient care EPOs
- Professionalism EPOs
- Interprofessional communication EPOs
- Systems Based Practice EPOs
- Practice Based Learning and Improvement EPOs

6.0 Instructional formats – preclerkship phase

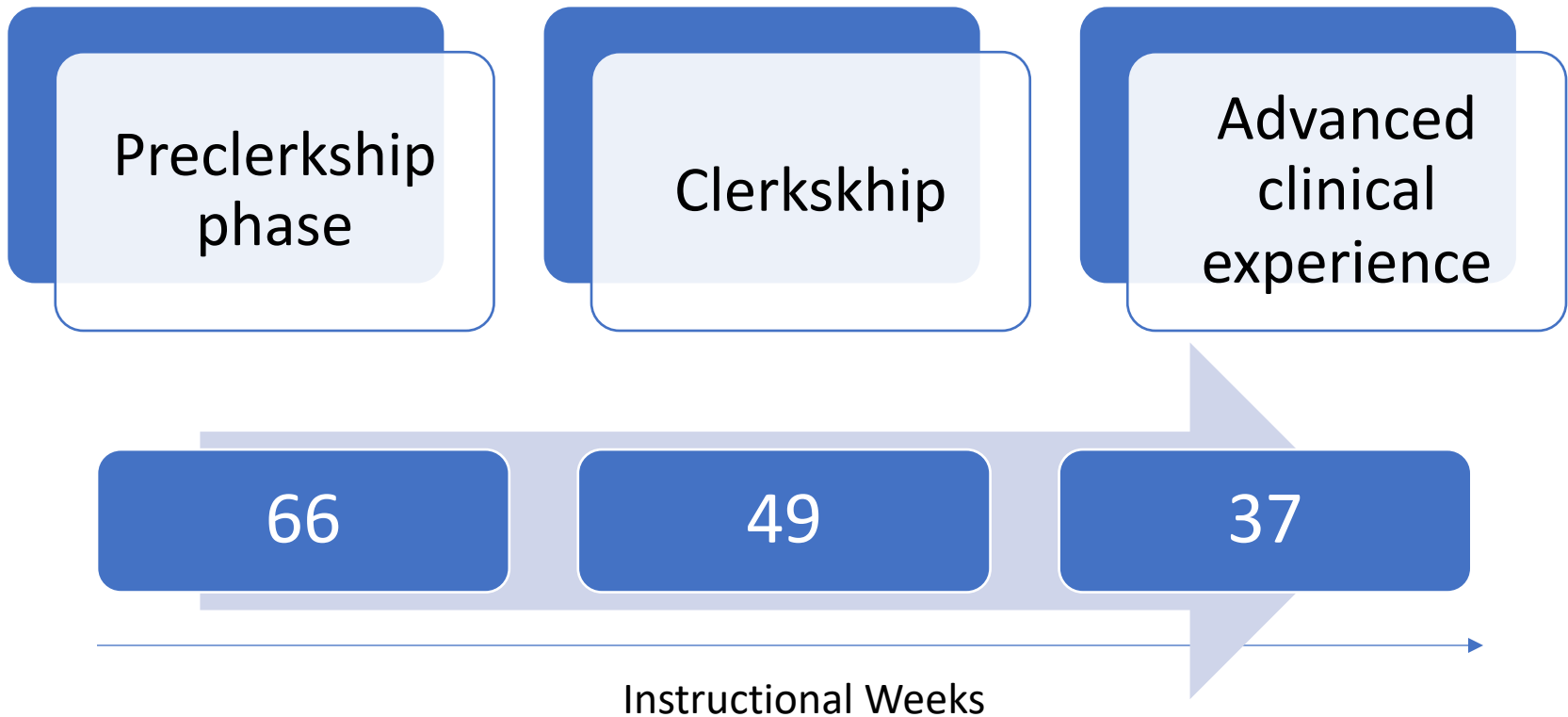
Course	Number of Formal Instructional Hours Per Course						
	Lecture	Lab	Small Group	Patient Contact	Other (simulation)	Learning Modules	Total
<u>Thread 1</u>	<u>227</u>	<u>15</u>	<u>33</u>	<u>2</u>	<u>0</u>	<u>64</u>	<u>341</u>
Human Blueprint System	38	0	4	2	0	35	79
Hematology/Oncology System	32	0	2	0	0	0	34
Immunity System	33	0	0	0	0	13	46
Infectious Disease System	63	1	0	0	0	1	65
Principles of Clinical Medicine*	61	14	27	0	0	15	117
<u>Thread 2</u>	<u>212</u>	<u>35</u>	<u>11</u>	<u>7</u>	<u>6</u>	<u>17</u>	<u>288</u>
Musculoskeletal System	76	15	4	1	2	2	100
Neuroscience in Health and Disease System	61	10	2	2	2	8	85
Behavioral Science and Psychiatric Medicine System	43	0	3	0	0	3	49
Principles of Clinical Medicine*	32	10	2	4	2	4	54
<u>Thread 3</u>	<u>158</u>	<u>23</u>	<u>9.5</u>	<u>0</u>	<u>4</u>	<u>10</u>	<u>204.5</u>
Cardiovascular System	76	10	4	0	2	0	92
Pulmonary System	42	8	2	0	0	0	52
Renal System	31	0	2	0	0	0	33
Principles of Clinical Medicine*	9	5	1.5	0	2	10	27.5
<u>Thread 4</u>	<u>87</u>	<u>33</u>	<u>52</u>	<u>5</u>	<u>4</u>	<u>60</u>	<u>241</u>
Gastrointestinal System	42	14	14	3	0	19	92
Reproduction System	28	10	18	1	1	36	94
Endocrinology System	9	4	11	1	0	5	30
Principles of Clinical Medicine*	8	5	9	0	3	0	25
<u>Bridge to Clerkships</u>	<u>10</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>15</u>
Total	694	106	109.5	14	15	151	1089.5

6.0 Instructional formats – clerkship phase

Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction
Family Medicine	5	3
Internal Medicine	10	4
Neurology	5	3
Obstetrics/Gynecology	5	6
Pediatrics	5	4
Psychiatry	5	5
Surgery	10	4

What is the structure of our curriculum?

4 years → 3 phases



Preclerkship phase

4 threads → systems

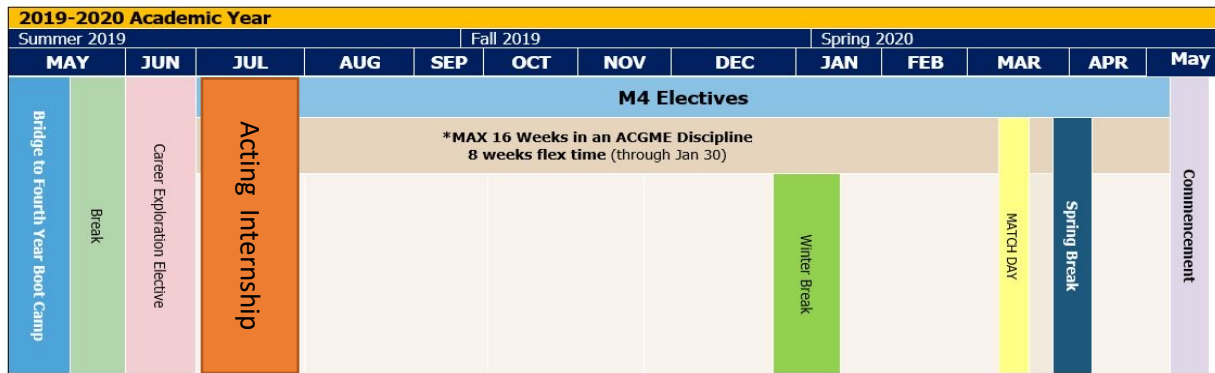
2019-2020					M1 Academic Year					9-2020					M2 Academic Year								
Fall 2019					Spring 2020					Summer 20		Summer 2020			Fall 2020					Spring 2021			
AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR			
THREAD I: Cellular Disease					THREAD II: Bones-Neuro-Behavior					THREAD III: ECOSystems					THREAD IV: Cycles & Vices					Step 1 Prep			
Orientation - UTCOMLS					Integrated Clinical Experience					Integrated Clinical Experience					Integrated Clinical Experience								
Human BluePrint					Musculoskeletal System					Cardiovascular System					Gastrointestinal System								
Hematology & Oncology					Neuroscience in Health & Disease					Pulmonary System					Reproductive System								
Immunity & Infectious Disease					Behavioral Science & Psychiatric Medicine					Renal System					Endocrine System								
Comprehensive Exam I & Practical					Comprehensive Exam II & Practical					Comprehensive Exam III & Practical					Comprehensive Exam IV & Practical								
Winter Break					Summer Break					Winter Break					Winter Break								
Longitudinal Topics					Foundational Sciences: Physiology, Anatomy, Histology, Pathology, Radiology, Pharmacology, Biochemistry, Embryology					Foundational Sciences: Physiology, Anatomy, Histology, Pathology, Radiology, Pharmacology, Biochemistry, Embryology					Foundational Sciences: Physiology, Anatomy, Histology, Pathology, Radiology, Pharmacology, Biochemistry, Embryology								
					Principles in Clinical Medicine (PCM): Clinical Skills & Reasoning, Patient Safety, IPE, Population Health, Business in Medicine, Biostatistics, Ethics, Professionalism, Research					Principles in Clinical Medicine (PCM): Clinical Skills & Reasoning, Patient Safety, IPE, Population Health, Business in Medicine, Biostatistics, Ethics, Professionalism, Research					Principles in Clinical Medicine (PCM): Clinical Skills & Reasoning, Patient Safety, IPE, Population Health, Business in Medicine, Biostatistics, Ethics, Professionalism, Research								
					Leadership; Career Exploration & Development					Leadership; Career Exploration & Development					Leadership; Career Exploration & Development								
					NBME Practice Exam					NBME Practice Exam					NBME Practice Exam								
					NBME Qualifying Exam					NBME Qualifying Exam					NBME Qualifying Exam								
					Dedicated Study					Dedicated Study					Dedicated Study								
					USMLE Step 1 Exam					USMLE Step 1 Exam					USMLE Step 1 Exam								
					Bridge to Clerkships					Bridge to Clerkships					Bridge to Clerkships								

Clerkship phase

7 required clerkships + one elective

2019-2020											
Summer 2019					Fall 2019				Spring 2020		
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
M3 Clinical Clerkships											
Neurology 5 weeks	Psychiatry 5 weeks	Obstetrics & Gynecology 5 weeks	Pediatrics 5 weeks	Family Medicine 5 weeks	Elective 4 weeks	Surgery 10 weeks	Internal Medicine 10 weeks				
NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam	Winter Break	NOPE Subject Exam	NOPE Subject Exam	NOPE Subject Exam

Advanced clinical experience phase*



- *DCI is for 2019-2020 – our M4 year changed in 2020-21 with addition of
- Transition to residency courses
 - Emergency Medicine 2 week elective

6.1 Program and Learning objectives

The faculty of a medical school define its medical education program objectives (EPOs) in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.1-1 Competencies, program objectives and outcome measures

Medical knowledge	EPOs	Outcome measures
Patient care	EPOs	Outcome measures
Professionalism	EPOs	Outcome measures
Interprofessional communication	EPOs	Outcome measures
SBP	EPOs	Outcome measures
PBLI	EPOs	Outcome measures

Example: Patient care domain/associated EPOs/outcome measures

Patient Care	PC-1: The ability to obtain an accurate, relevant and complete medical history that covers all essential aspects of the history	<u>D. Oral Patient Presentation</u> 1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. Narrative Assessment
Patient Care	PC-2: The ability to perform a physical examination that is both complete and accurate	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE)
Patient Care	PC-3: The ability to conduct an accurate, relevant focused history and physical in appropriate clinical situations	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. Narrative assessment
Patient Care	PC-4: The ability to document a patient encounter that is legible (if applicable), organized, concise, timely and accurate	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. Narrative assessment
Patient Care	PC-5: The ability to obtain informed consent for common medical and surgical procedures in a compassionate, professional and efficient manner	1. Clinical Documentation Review 2. Participation
Patient Care	PC-6: The ability to perform common procedures utilizing safe and effective techniques and with universal precautions	1. Clinical Competency Evaluation 2. Clinical Performance Rating/Checklist
Patient Care	PC-7: The ability to use knowledge of the most frequent clinical, laboratory, radiographic and pathological manifestations to interpret the results of commonly used diagnostic procedures	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. NBME Subject Examination 5. Narrative assessment
Patient Care	PC-8: The ability to construct appropriate common diagnostic and therapeutic strategies for patients with common conditions, both acute and chronic	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. NBME Subject Examination 5. Narrative assessment
Patient Care	PC-9: The ability to recognize emergency medical conditions and institute appropriate initial therapy	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Exam – Institutionally Developed, Clinical Performance (OSCE) 4. NBME Subject Examination 5. Narrative assessment
Patient Care	PC-10: The ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information to deliver safe and effective clinical care	1. Clinical Documentation Review 2. Clinical Competency Evaluation 3. Narrative assessment
Patient Care	PC-11: The ability to deliver care in interprofessional teams	1. Clinical Competency Evaluation 2. Narrative assessment 3. Participation

6.1 a-d: EPOs

- EPOs were last reviewed in 2019.
- Development, review and approval
 - EPOs were developed in 2015 at a curriculum retreat by faculty
 - Reviewed by our curriculum committees (FSCC, CCC) which include system/thread directors, clerkship directors, faculty.
 - Approved by the Executive Curriculum Committee (ECC).
- How does our medical school ensure that the outcome measures that we have selected are specific to allow a judgment that medical students have achieved each of the specified objectives?

Assessments → learning objectives → EPO

- Preclerkship phase: test items → session learning objectives → EPO
- Clerkship phase: assessment items (NBME subject exam, CCE, educational activities → learning objectives → EPOs
- Advanced clinical experience phase: assessment items → learning objectives → EPOs

6.1 a-d: EPO and course objective distribution

➤ EPOs

- Medical students
- Faculty

➤ Course (system, clerkship)

- Medical students – syllabus on blackboard
- Faculty – blackboard, system/clerkship director
- Residents – annual meeting with PD and clerkship director (syllabus distributed and posted in NI).

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Required clinical learning experiences by discipline

Table 6.2-1 Required Clinical Experiences				
For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition and required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.				
Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility*
Family Medicine	Female annual exam (ages 18-64)	Physical exam	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	Male annual exam (ages 18-64)	Physical exam	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	Hypertension	History, physical exam, written documentation, presentation	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	Heart failure	History, physical exam, written documentation, presentation	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	Type 2 diabetes	History, physical exam, written documentation, presentation	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	Hyperlipidemia	History, physical exam, written documentation, presentation	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note
Family Medicine	COPD/Asthma	History, physical exam, written documentation, presentation	outpatient	Independently obtain history, independently perform physical exam, present patient case, prepare patient note

6.2 Narrative questions/responses

Definition of levels of student responsibility

1. **Independently obtain history** – student obtains pertinent history from the patient without assistance with confirmation by supervising faculty
2. **Independently perform physical exam** – student performs the pertinent physical exam on the patient with confirmation by supervising faculty
3. **Prepare patient note** – student writes the note with review by supervising faculty
4. **Present patient case** – student presents the entire history, physical exam, discusses pertinent test results, presents/discusses a differential diagnosis, presents a management plan.
5. **Perform with supervision** – student is assisting with or performing the procedure under direct supervision of the preceptor.

6.2 Narrative questions/responses

Patient types/clinical conditions and skills

➤ How chosen?

- For each clerkship, the patient types and clinical conditions are chosen in accordance with the recommendations from each specialty's national educational society. Each clerkship's patient types/clinical conditions and skills are then reviewed by the Clinical Curriculum Committee (CCC) and approved by the Executive Curriculum Committee (ECC) before final implementation.

➤ Who reviewed and approved?

- For each clerkship, the patient types and clinical conditions are chosen in accordance with the recommendations from each specialty's national educational society. Each clerkship's patient types/clinical conditions and skills are then reviewed by the Clinical Curriculum Committee (CCC) and approved by the Executive Curriculum Committee (ECC) before final implementation.

➤ Alternative educational experiences if a student cannot access a required clinical experience?

- The decision to seek alternative clinical experiences is made by the clerkship director and then presented to the CCC and ECC for discussion, review, and approval. When students are not able to obtain the required clinical experience, equivalent clinical experiences are offered by simulation, case-based learning (online cases vetted by the specialty's educational organization, web-based cases from Aquifer, etc.), or student completion of a written case that is equivalent to a required clinical experience (meets the learning objective associated with that clinical experience).

6.2 Narrative questions/responses

Communication of required clinical encounters and skills

➤ Medical students?

- Medical students are informed of required clinical encounters and skills at the beginning of each clerkship block during their orientation with the clerkship director. Students also receive a printed syllabus and have electronic access to the syllabus via Blackboard.

➤ Residents?

- Clerkship directors meet with residents at the beginning of each academic year through a required departmental residency education conference (which includes review of resident roles in teaching and assessing medical students) during which the residency program director attends. Required clinical encounters and skills are reviewed with the residents who also receive a printed copy of the clerkship syllabus. Electronic syllabi are available to residents via the GME software system, New Innovations. After this meeting, the residency program director and clerkship director sign an attestation that the residents were informed of required clinical experiences and skills. For affiliated sites, the same process occurs between the clerkship site director, residency program director, and residents.

➤ Faculty?

- Clerkship directors ensure that faculty at all clerkship sites are provided a printed copy of the required clinical encounters and skills during the annual meetings that are held with site directors and their faculty.

6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.

6.3 Self-Directed and Life-Long Learning

Table 6.3-1a Self-Directed Learning – Pre-clerkship Self-Directed Learning Opportunities							
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the opportunities for self-directed learning in the pre-clerkship phase of the curriculum. Add tables as needed for additional relevant survey questions.							
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1	173	10	5.7	10	5.7	153	88.4
M2	156	5	3.2	7	4.4	144	92.3
M3	165	5	3.0	11	6.7	149	90.3
M4	147	9	6.1	22	15.0	116	78.9
Total	641	29	4.5	50	7.8	562	87.8

Table 6.3-1b Self-Directed Learning – Adequacy of Unscheduled Time for Self-Directed Learning							
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of unscheduled time for self-directed learning in the pre-clerkship phase of the curriculum. Add tables as needed for additional relevant survey questions.							
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1	173	2	1.1	27	15.6	144	83.2
M2	156	3	1.9	16	10.2	137	87.8
M3	165	2	1.2	20	12.1	143	86.7
M4	147	8	5.4	30	20.4	109	74.1
Total	641	15	2.3	93	14.5	533	83.1

Blueprint WEEK 3 - Metabolism of biomolecules

Time	Monday 8/26	Tuesday 8/27	Wednesday 8/28	Thursday 8/29	Friday 8/30
8:00 AM	SDL- prepare for TBL	SDL	SDL	SDL	SDL
9:00 AM			ICL 9.6: Peroxisomal Disorders (Eisenmann)	ICL 12.3: Nucleotide Metabolism: Clinical Aspects (Trumbly)	
10:00 AM		ICL 11.5: Hyperammonemia & Urea Cycle 10a-11:30a (Smas)		ICL 4.3: Clinical Challenges: Cytoskeleton Disorders (Eisenmann)	
11:00 AM		ICL 11.2: Diseases of AA Transport (Smas)	ICL 13.2: Disorders in DNA Replication and Repair (Trumbly)		SDL
12:00 PM					
1:00 PM	TBL 1: Molecular Mechanisms of Diabetes (Eisenmann, Trumbly, Menon, Williams) BLUE 12:30-2:30 GOLD 3:00-5:00	COMM 4.0 PCM: Communication Skills #1 GOLD GROUP 12:50-4:20 pm Group Interviews Hillebrand confirmed	AEC in HEB 100	COMM 4.0 PCM: Communication Skills #1 BLUE GROUP 12:50-4:20 pm Group Interviews Hillebrand confirmed	CLSK 4.0 PCM: LM: Head and Neck Exam
2:00 PM			SDL		PCM: IPE All Teams 1-4 pm Student Union Room 3010
3:00 PM					
4:00 PM					
KEY	PCM: Principle of Clinical Medicine	SDL: Self-Directed Learning	*PC: Patient Conference	ICL: In-Class Learning (*Mandatory)	*TBL: Team-Based Learning

6.4 Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

Table 6.4-1 Percentage Total Clerkship Time*		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine	95-100	0-5
Internal medicine	34	66
Neurology	40	60
Ob-Gyn	25	75
Pediatrics	50	50
Psychiatry	95-100	0-5
Surgery	50	50

6.4 Narrative questions/responses

Information is used by the curriculum committee or other authority to review the balance between inpatient and ambulatory experiences to ensure that medical students spend sufficient time in each type of setting to meet the learning objectives and the requirements for the clerkship.

- Clerkship directors apply national guidelines for the determination of the optimal balance between inpatient and outpatient required clinical experiences for their discipline; these experiences are aligned with the learning objectives of each clerkship.
- On an annual basis, the clerkship directors present to the clinical curriculum committee (CCC) the proportion of inpatient and outpatient experiences that are required of students during each block. The CCC reviews the information to ensure that students' have an adequate distribution of inpatient and outpatient experiences to meet the learning objectives for each clerkship. This information is also presented to the executive curriculum committee for their review.
- To ensure that each student engages in the required clinical learning experiences, clerkship directors meet with students at the midpoint and end of each block to review student experience logs to ensure students are meeting the required clinical experiences.

6.5 Elective opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

Table 6.5-1 | Required Elective Weeks*

Provide the number of required weeks of elective time in each phase of the curriculum.

Phase	Total required elective weeks
Pre-clerkship Phase	0
Clerkship Phase	4
Advanced Clinical Experience Phase	37

6.5 Elective opportunities

Describe how the medical school ensures that sufficient electives are available to medical students.

- Based on specialty interest and demand, the number of electives and learner capacity is examined on an annual basis.
- The Clinical Curriculum Committee (CCC) conducts an annual review of the clinical electives, in which clerkship directors present the number of students who have enrolled in each elective for the most recently completed academic year.
- If demand exceeds capacity, the director presents an expansion plan to the CCC.
- If the medical school does not have the capacity to meet the student requests or does not offer an elective that a student is seeking, the clerkship director and the Office of Student Affairs work with the student to find alternative locations for the student to complete the elective.
- Preference for all electives is given to the college's medical students before electives are opened for enrollment to visiting students. The decision to open enrollment to visiting students is made in collaboration with individual clinical departments to ensure accommodation of the college's medical students prior to making electives available to visiting students.

6.6 Service-Learning/Community Service

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities

Table 6.6-1 Satisfaction with Opportunities for Service Learning/Community Service							
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with opportunities to participate in service learning and/or community service. Add tables as needed for additional relevant survey questions.							
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1	175	8	4.6	5	2.9	162	92.6
M2	158	6	3.8	12	7.6	140	88.6
M3	167	11	6.6	9	5.4	147	88.0
M4	148	1	0.7	6	4.1	141	95.3
Total	648	26	4.0	32	5.0	590	91.0

6.6 Narrative questions

What are the opportunities?

Service Learning*

- Clinic/community based
 - Juvenile Justice Health Initiative
 - COMLS Waite Brand Foundation Community Health Project
 - Community Care Clinics
 - Scribe Program
 - Medical Mission with Sew Hope
- Education/training based
 - HEARTS
 - Student to student
 - Champions Program

Community Service

- 47 organizations
- Diverse array of opportunities for student involvement

* 1) medical students' service to the community in activities that respond to community-identified concerns; 2) student preparation; and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals.

6.6 Narrative questions/responses

Describe how medical student participation in service-learning and/or community service activities is encouraged.

➤ *How are students informed about the availability of these activities?*

- Throughout each of the four years of the medical school curriculum, students are informed of service-learning activities. All service-learning opportunities are posted on the Office of Student Affairs website. Students are also informed of these opportunities during their applicant visits, orientation to medical school, annual student organization fair, annual informational meeting about summer opportunities during their first year, regular business meetings of the student organizations, and through email and the UTNews.
- The student organizations and the community care clinics use social media forums to connect with group members and all students.

➤ *Describe how the medical school supports service-learning and/or community service activities through the provision of funding or staff support.*

- The above opportunities are overseen and supported by the administrative staff in the Office of Student Affairs. The stipends/salaries for the CHP interns and the student director are funded by federal work study and managed by OSA staff.

6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

Table 6.7-2 Continuing Medical Education		
If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.		
Program Sponsor	Accreditation Status	Length of Accreditation Term
ACCME	Full	10 years (2022)

6.7 Narrative questions/responses

- *Graduate programs located on HSC*
- *Other health professional degree programs*
 - College of Nursing
 - College of Pharmacy and Pharmaceutical Sciences
 - College of Health and Human Service
- *Examples of informal programs (not a part of the medical school curriculum) that are available for medical students to interact with students or professionals from graduate and/or professional degree programs. How does the medical school encourage such interactions?*
 - There are optional interprofessional events that occur throughout the academic year sponsored by different professional schools and special interest groups (e.g., Family Medicine Club) as well as opportunities for students to interact with students and professionals from other degree programs through activities at the Community Care Clinic and community mental health centers, and the Student National Medical Association.
- *Describe how students are exposed to CME activities for physicians*
 - During all phases of the curriculum, students are informed of and encouraged to attend conferences that will enhance their education. Students are encouraged to submit their scholarly work to local, regional, and national continuing professional development venues so they will have the opportunity to interface with graduate and postgraduate physicians. Excused absences from required activities are provided to students who are presenting at conferences. During the clerkship phase, medical students are required to attend grand rounds in family medicine, internal medicine, neurology, obstetrics and gynecology, and pediatrics. Attendance is optional in psychiatry and surgery.



6.8 Educational Program Duration

A medical education program includes at least 130 weeks of instruction.

Table 6.8-1 Number of Scheduled Weeks per Year	
Use the table below to report the number of scheduled weeks of instruction in each phase ¹ of the curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks). ²	
Curriculum Phase	Number of Scheduled Weeks
Pre-clerkship Phase	66
Clerkship Phase	49
Advanced Clinical Experience phase	37
Total weeks of scheduled instruction	152

¹The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for