A. Undergraduate Assessment by Degree/Certificate Program

Not applicable.

B. Graduate Assessment by Degree/Certificate Program

1. List in detail your Student Learning Outcomes (SLOs) for each graduate degree/certificate offered.

The following are the stated Graduation Objectives for the University of Hawaii John A. Burns School of Medicine, ratified 2002.

University of Hawaii John A. Burns School of Medicine

Objectives for Graduation

Graduates of the University of Hawaii John A. Burns School of Medicine (JABSOM) are compassionate, skilled physicians, who are life long learners, practicing medicine with the highest professional and ethical standards to meet the healthcare needs of the people of Hawaii and the Pacific Basin.

I. Life-Long Learning Skills

Graduates will be life-long learners.

After patient care interactions or in anticipation of future learning needs, students will be able to:

A) Identify and prioritize important learning issues in the biological, clinical, populational, and behavioral domains for self-directed study in order to obtain and maintain the knowledge necessary to practice medicine.

B) Efficiently access information using computerized databases and the internet.

C) Apply an understanding of research to the critical evaluation of published literature and its application to the practice of medicine.

II. The Patient Encounter

Graduates will be able to care for their patients under the supervision of faculty.

When seeing a patient presenting with a complaint in the ambulatory or hospital setting, as defined by the content of each unit and clerkship, students will be able to:
A) Approach each patient with an awareness of and sensitivity to the impact their gender, culture, spiritual beliefs, socioeconomic background, sexuality, and other psychosocial issues may have on diagnosis and treatment.

B) Perform a complete or focused history and physical exam.

C) Understand and apply the scientific basis of disease to the understanding, diagnosis, and treatment of clinical conditions.

D) Formulate a problem list and differential diagnosis that considers both probability and utility.

E) Order and interpret diagnostic tests with careful consideration of the test properties, risks and complications, discomfort to patients, cost, and the patient’s overall therapeutic goals.

F) Perform procedural skills with minimal discomfort to patients.

G) Apply problem-solving, critical thinking, and clinical reasoning skills

H) Implement a comprehensive management plan that takes into account, efficacy, adverse effects and contraindications, cost, and compliance, in the context of the patient’s overall therapeutic goals and values.

I) Work collaboratively with patients and their families.

J) Educate patients, families, and other healthcare providers about health, illness, and the prevention of disease.

III. Oral and Written Communication Skills

Graduates will be able to communicate effectively with patients, families and other healthcare providers.

During and following the patient encounter, students will be able to:

A) Greet patients warmly, elicit relevant information, understand the patient’s perspective and respond to their feelings, teach them about their condition, and explain further management

B) Communicate with patients and family in a manner demonstrating concern, sensitivity, and compassion.

C) Communicate effectively with other healthcare workers

D) Orally present cases clearly and concisely.

E) Write legible, comprehensive progress notes and history and physical exams.

F) Resolve conflicts constructively.

G) Effectively teach and help other students apply what they’ve learned.

H) Provide constructive, meaningful feedback to colleagues.

IV. Professional and Ethical Behavior

Graduates will be professional and ethical.
Students will exhibit the highest standards of professional and ethical behavior by:

A) Providing compassionate care.
B) Exhibiting altruism, integrity, and honesty.
C) Projecting a professional appearance.
D) Applying the principles of informed consent, confidentiality, truth-telling, patient autonomy, and a recognition of potential conflicts of interest.
E) Exhibiting a self-awareness of personal limitations and the need for continuing medical education.
F) Balancing personal, family, and career goals.
G) Exhibiting an awareness of a physician’s social responsibility and role in the community.

Appendix 1: List of Patient Concerns
Appendix 2: List of Specific Diseases
Appendix 3: List of Communication Skills
Appendix 4: List of Physical Exam Skills
Appendix 5: List of Procedural Skills
Appendix 6: List of Teaching and Learning Skills

(Note: appendices not included in this WASC assessment report.)

2. Where are these SLOs published (e.g., departmental web page)?

The Objectives for Graduation (SLOs) are published in the general student handbook, and in various individual course handbooks.

3. Explain how your SLOs map onto your curriculum, i.e., how does your program of graduate studies produce the specific SLOs in your students?

Objectives for Graduation are mapped throughout the four-year curriculum leading to the M.D. degree. Objectives for Graduation are introduced strategically to offer fundamental skills and basic knowledge earlier in the curricular experience before offering more sophisticated and complex applications later in the curriculum.

4. What population(s) is covered by your assessment(s)?

Centrally administered assessments are focused primarily on evaluating student performance, graduate performance, and program quality.

5. Please list/describe all the assessment events and devices used to monitor graduate student progress through the program. Consider the following questions:

– How are written exams used to assess graduate students?

Internally-developed written exams are used in the large majority of required courses throughout the four-year M.D. degree curriculum. These exams are used
to assess medical knowledge and application competency and readiness to progress through the curriculum.

Nationally-developed standardized exams are used at various points throughout the curriculum. These exams provide not only an internal indicator of knowledge and knowledge application competency, but also provide a national comparative measure of student performance.

– How are independent and/or culminating projects (theses, dissertations, performances, capstone courses, etc.) used to assess graduate students?

All medical students are required to participate in a research experience prior the start of year 2. Students must submit a written product summarizing their work, which is reviewed and graded.

A critical part of the overall assessment of medical students are evaluations of their clinical performance in the hospitals, clinics and other health care sites. Under appropriate supervision, students are required to demonstrate their ability to obtain medical histories, perform physical examinations, communicate effectively with patients, families and health care personnel, create rational management plans, and interpret results of diagnostic tests. Students are evaluated by their faculty, and in some cases patients and other health care professionals using a variety of assessment forms and feedback instruments.

– How are oral presentations/reports/performances used to assess graduate students?

Oral examinations are performed twice during the first year of the curriculum and once during the second year of the curriculum. In the third and fourth years of the curriculum, oral (patient) case presentations are a major part of the assessment of medical students. These are included under the larger context of clinical performance described above.

- Other important assessment events and devices used in the School of Medicine.

Standardized patients are volunteers from the community who are trained – in a very rigorous and scientific fashion – to portray patients with particular medical histories and diseases. Standardized patient examinations have been an integral part of the assessment system in our medical school since 1989. All medical students must complete a series of standardized patient examinations that are strategically placed throughout the four-year curriculum. These exams focus on medical interviewing, physical examination, and physician-patient communication skills.

Of note, all medical students in the United States have been required to complete a three-step national medical licensing examination called the United States
Medical Licensing Examination (USMLE). Step 1 is a written examination taken at the end of the 2nd year of medical school. Step 2 has two components; 1) a written examination taken during year 4 of the curriculum, and 2) a standardized patient examination offered at only a few national sites also taken during the 4th year of the curriculum. Step 3 is taken approximately 1-2 years after graduating from medical school.

6. Please list/describe how your graduate students contribute to your discipline/academic area? Consider the following questions:

- To what extent do your graduate students present their work at professional conferences? To what extent do your graduate students publish their work?

Students are encouraged – but not required – to publish or present their research or other scholarly work. A number of students will present their work at local venues such as the annual Biomedical Symposium or Annual Meeting of the American College of Physicians. Within the past 12 months, students also presented their work at the national Community Partnerships for Health meeting and the national American College of Physicians meeting, and several have published manuscripts in peer-reviewed journals.

7. What attempts are made to monitor student post-graduate professional activities?

- In which industries/professions do your graduates find employment?
- How successful are your graduates in their chosen professions and careers?

In order to obtain a license to practice medicine in the United States, all graduating medical students are required to complete at least one year of postgraduate training in an accredited residency training program. Specialty training requires 2-8 years of additional training beyond this one year minimum requirement. Over 90% of JABSOM graduates go on to pursue specialty training in one or more disciplines.

JABSOM routinely surveys graduates one year post graduation from medical school, and again 4-5 years later. Graduates are asked to reflect on their educational experience, and to self-assess their skills and preparation relative to their peers in training or practice. Surveys are also administered to the directors of the residency training programs for all JABSOM graduates, requesting them to comment about the quality of JABSOM graduates relative to their peers in training who graduated from other medical schools.

Current efforts are to further develop a long-term alumni database. One recent estimate is that over 50% of practicing physicians in the state of Hawaii are either graduates of JABSOM or physicians who have completed their residency training in UH JABSOM residency training programs. JABSOM graduates currently hold prominent roles in direct patient care, healthcare management, research and academic medicine.
8. How were the assessment data/results used to inform decisions concerning the curriculum and administration of the program?

– Was pedagogy changed?
– Did you make administrative changes?
– Were there changes in interactions with students? Advising, counseling, etc.
– Were degree requirements changed?
– Were courses changed?

Assessment data collected from students, graduates and employers of graduates (residency training program directors) are all routinely and formally reviewed and discussed by the JABSOM Curriculum Committee and appropriate school administration. Input of faculty, course directors, discipline experts and educational administrators are also considered before any decisions for change are made.

No major changes in pedagogy have occurred at JABSOM since 1989, when problem-based learning (PBL) was adopted as the primary educational methodology used throughout the curriculum. Survey results from students and graduates have led to adjustments in content and the balance between various educational components such as PBL sessions, lectures, small group conferences, laboratories, and clinical experiences.

Prerequisite requirements for entrance were recently reviewed, but no changes were felt to be necessary. While not specifically in response to student feedback or assessment results, some changes to the materials and training provided to student advisors have recently been initiated. No degree requirements have been changed recently. While internal adjustments to courses are made frequently, no major course changes have been made recently. Committees have undergone slight restructuring, but these changes were not directly related to assessment data or feedback. No other significant administrative changes have been made.