

POLICY NUMBER: DCOM 6.11
COMPARABILITY ACROSS CLINICAL ROTATION SITES

I. PURPOSE

To establish a policy and procedure to ensure the DeBusk College of Osteopathic Medicine (LMU-DCOM) curriculum includes comparable education experiences and equivalent methods of assessment across all locations within a given rotation.

II. POLICY STATEMENT

In accordance with the Commission on Osteopathic College Accreditation (COCA) Element 6.11, it is the policy of LMU-DCOM to follow the below policy to ensure the curriculum includes comparable educational experiences and equivalent methods for assessment across all locations in a given rotation:

Patient encounters and clinical experiences vary across community-based core sites. With oversight by the Curriculum Committee, LMU-DCOM has a system in place to ensure the curriculum includes comparable education experiences and equivalent methods of assessment across all locations within a given rotation.

III. DEFINITIONS

CME – Continuing Medical Education

COMAT – Comprehensive Osteopathic Medical Achievement Test

COMLEX-USA Level 2-CE – Comprehensive Osteopathic Medical Licensing Examination
United States of America Level 2 – Cognitive Evaluation

OMS-III: Refers to Osteopathic Medical Student(s) in their third academic year.

OMS-IV: Refers to Osteopathic Medical Student(s) in their fourth academic year.

IV. AUDIENCE

This policy applies to all stakeholders (faculty, staff, students, administration, and community members) interested in learning more about or participating in the LMU-DCOM clinical curriculum planning process.

V. COMPLIANCE

COCA Standard 6, Element 11:

“A COM must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core clinical educational sites where students learn, ensuring all students achieve similar outcomes based on core educational learning objectives.”

VI. ROLES AND RESPONSIBILITIES

LMU-DCOM Office of Clinical Education: LMU-DCOM administration is responsible for ensuring comparable educational experiences and equivalent methods of assessment across all core clinical education sites.

Responsible Office: Office of Clinical Education; Assessment Department

Responsible University Officer: Assistant/ Associate Dean(s) of Clinical Medicine; Assistant/ Associate Dean(s) of Clinical Affairs; Chair of LMU-DCOM Curriculum Committee

Policy Oversight Committee: LMU-DCOM Policy Process Committee

VII. STANDARDS

N/A

VIII. PROCEDURE

To complement clinical experiences received by students dispersed across training sites, online learning provides a blended learning strategy to ensure completion of required clinical experiences by all medical students. Instructional methods are driven by learning objectives.

Some learning objectives are best achieved by lecture, while others are more suited to activities such as case-based learning and team-based discussion boards, etc. The same learning objectives are covered across core sites during the same four-week period. For example, if a four-week rotation has a quiz every week, students at all sites will be responsible for engaging with the online material during each one-week interval.

Clinical Core Sites adhere to minimum standards, offering similar learning environments across sites. Each site has a Clinical Site Coordinator who manages the day-to-day activities of students. The Site Coordinator plans and oversees hospital orientation, can assist with securing housing, assigns preceptors, follows up on student evaluations, etc. The Site Coordinator serves as a liaison between LMU-DCOM, medical students, and the core site. LMU-DCOM hosts an annual Site Coordinator meeting each spring to discuss curricular changes for the upcoming academic year, challenges faced at core sites and how they may be addressed. A Director of Student Medical Education (DSME) is appointed at most core sites to oversee clinical instruction. The LMU-DCOM Office of CME and Preceptor Development provides multiple educational opportunities for preceptors on effective precepting skills, including online modules easily accessible from remote sites. Site visits are made at least annually with each core site to assess the learning environment.

Data is obtained from the assessment department, from site visits with students and from feedback gathered from clinical adjunct faculty and directors of student medical education at the sites. This information is gathered by the Office of Clinical Education and reviewed internally for any needs of immediate action. The data is then shared with Rotation Directors who use this information to complete End of Course Reports for each specific rotation and to develop the syllabi for each academic year. This information is then reported to and reviewed by the Curriculum Committee. The Curriculum Committee then makes recommendations regarding individual courses/rotations and

core site training.

There are a variety of evaluation methodologies employed to evaluate each site. The Dean of Clinical Affairs, Department Chairs, Course Directors and the Curriculum Committee are all provided this information and act upon it accordingly. The actual mechanism of this action is dependent upon the individual situation.

Course data from common assessment measures and feedback from students and training sites determine the extent to which students are achieving program objectives. The following assessment data is collected and considered for course evaluation:

- Aggregate results of students' survey evaluations of the curriculum, core sites and preceptors.
- Summary of Site Visit Reports and OMS-III and OMS-IV Student Assessment Team Reports, including recommendations for curricular changes from students as well as from training sites and preceptors.
- COMAT score analysis, identifying sites with lower and higher performance of students.
- COMLEX-USA Level 2-CE analysis identifying areas of lower and higher performance of students.

The Chair of each required rotation develops an Annual Rotation Report, outlining findings gathered from assessment data and based on identified curriculum needs and develops a course syllabus. Syllabi contain clearly stated learning objectives which guides curriculum content. Annual Reports and rotation syllabi are presented to the LMU-DCOM Curriculum Committee for review and revisions and to establish the basis for evaluating programmatic effectiveness. The LMU-DCOM Curriculum Committee approves the course syllabi and the continuation of future course offerings.

Assessment data offers insight into the effectiveness and comparison of core rotation sites through an Annual Core Site Outcome Comparability Report published each August. The report includes a 3-year rolling average of student outcomes including COMAT, COMLEX-USA Level 2-CE, and residency match results. COMLEX-USA Level 2-CE first attempt scores are compared for all sites using a one-way analysis of variance (ANOVA) combined with a post-hoc Tukey test to determine if and where statistically significant differences exist between core sites.

Core sites identified as low-performers based on COMLEX-USA Level 2-CE and/or COMAT scores would undergo further analysis to determine what support services would be required for both faculty and students. These support services could include additional faculty/preceptor development workshops at the core site for Clinical Adjunct Faculty, enrollment in a COMLEX Level-2 CE Prep Program for students that are underperforming on COMAT exams and required attendance at 4th Friday Didactics. For additional support, student comments from annual site reports of the highest performing locations will be reviewed to identify "best practices" that could be implemented at other sites to help

improve outcomes.

IX. CONTACT INFORMATION

For more information regarding this policy, please contact the Dean's Office at LMU-DCOM, 423-869-6661.

X. DOCUMENT HISTORY

Approved by LMU-DCOM Dean's Council:	4/6/22
Approved by LMU Office of General Counsel:	4/14/22
Approved by LMU-DCOM Dean's Council:	5/11/22
<i>(Editorial changes only)</i>	
Approved by LMU-DCOM Dean's Council	7/28/22
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Approved by Policy Process Committee	6/5/23
<i>(Editorial changes only)</i>	

XI. FORMS

N/A