INTEGRATED, STANDARDIZED COURSE EVALUATION: BRIDGING THE GAP BETWEEN DATA AND CURRICULUM IMPROVEMENT

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Background: The medical school's centrally governing Curriculum Committee (CC) is responsible for maintaining the quality of medical education provided from year to year and for periodically proposing and accomplishing major curricular changes. Integral to making such decisions is an in-depth knowledge of the content and quality of individual course offerings. Acquiring an understanding of the strengths and challenges associated with a course requires more than a review of spreadsheets of evaluation data. Ideally, these data should be collected, analyzed and applied in a uniform manner.

Objective: To develop a method of course evaluation which integrates student evaluation data and faculty insights to enhance current assessment and ongoing improvement in the curriculum.

Methods: The Executive Committee (EC) of the CC appointed a Course Evaluation Subcommittee (CES) consisting of 7 faculty members and 8 student representatives. CES meetings and discussions led to the development of the following plan:
1. A 38-item questionnaire completed by each course director.
2. CES review of past student evaluations and teaching materials (e.g. syllabus).
3. A face-to-face interview with each course director(s) by a CES review team consisting of 2-3 faculty and 1-2 students.
4. A formal written report prepared by the CES, including course director's comments. This confidential report is submitted to the EC, and is not distributed to administration, the CC as a whole, or department chairs.

Results: During 2002-2003, 32 of the school’s 44 courses were evaluated. A standardized CES report format encouraged review teams to comment on the course strengths and weaknesses, course director, participating faculty, course organization, teaching materials, methods of student evaluation, student comments, and recommendations for change. Based on review team feedback, a number of courses have been modified. Another outcome was the identification of common themes, many of which are already being addressed by the CC, OMED and administration:
• The school is blessed with a cadre of excellent course directors and outstanding, highly dedicated faculty teachers.
• Protected time, academic credit and secretarial support for course directors are highly variable.
• Course directors would benefit from improved "empowerment" to recruit and retain the best teachers and to insist on high-quality course syllabus materials and faculty performance in lectures and small group sessions.
• Course directors would benefit from increased discussion and interaction regarding effective recruiting and teaching strategies, and potential new enhancements such as web-based curriculum support.

Conclusions: An active process for course evaluation is an important component of curriculum assessment and change. The CCEC, facing a major curricular reform, is now better informed concerning individual courses, their leadership, and their strengths and weaknesses. A standing committee consisting of faculty and students can serve as an advocate for course directors and as a liaison between course directors and the School's CC/OMED. This process has been a successful vehicle for change and for improvement of the medical school curriculum.