

I. Evaluation System of the University of Wisconsin School of Medicine and Public Health (UW SMPH)

Our comprehensive evaluation system has the following features:

Testing and Evaluation Services

Formative evaluation support services are available to course directors and faculty to help them develop effective student, instructor and course evaluation mechanisms as well as interpret the results. The UW SMPH Testing and Evaluation Service provides expert consultation on test development methods and interpreting test analysis statistics. It also provides course directors with test support assistance which includes providing computer-based testing, proctoring of exams, scoring of written exams, producing exam score reports for course directors, and reporting scores to students via the UW SMPH OASIS computer program. The UW SMPH Testing and Evaluation Service also administers examinations in compliance with the Americans with Disability Act. For instructor and course evaluation, the UW SMPH Testing and Evaluation Service administers the forms to students at a time and in the method preferred by course directors, analyzes the results and provides a summary report.

Course and clerkship evaluation

Formative evaluation data are collected and reported back to teaching faculty for the purposes of continuous quality improvement. The School of Medicine and Public Health has adopted a common student evaluation form for use across the curriculum; a small number of courses still administer their own forms, but standardization efforts are continuing. There are different, standard forms for use in each year of the curriculum as well as a form specifically used to evaluate examinations. The standard evaluations are administered through the UW SMPH Testing and Evaluation Service so they are independent of course directors. End-of-semester student focus groups are also conducted to determine the extent to which courses were effectively integrated and to obtain details that could help improve courses. Evaluation information is provided to the course directors and departments. There are also monthly course director meetings to discuss larger curriculum issues.

Longitudinal database

We maintain a longitudinal database that profiles student performance by class and tracks performance over time. The database extends back to 1986, which provides a sufficiently long perspective to interpret any changes that may be noted. This database includes pre-medical GPAs and MCAT scores, licensure examination performance data, clinical exam results, and post-graduate data.

Survey of graduates

Alumni are asked to evaluate their medical school education one year after graduation. The evaluation forms are administered after graduates have completed their first year of residency. They are structured to give a self-assessment of graduates' medical school preparation in comparison to their colleagues from other medical schools. Information received from our graduates is used to improve instruction and curriculum.

The response rates and the percentage of graduates rating their medical education in the "Very Good" to "Outstanding" range are shown in Table 1. Note that, since the data are collected one year post-graduation, there is a delay before we are able to profile each class. This year (2007), we are collecting data on the class of 2006.

**University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007**

**Table 1
Response Rates and Percentages of Graduates Rating Their
Undergraduate Medical Education “Very Good” to “Outstanding”**

Graduation Year	Response Rate	% Rated
		Very Good to Outstanding*
2001	57%	90%
2002	48%	93%
2003	58%	89%
2004	n/a	n/a
2005	37%	96%

* Rating Scale: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent, 6=outstanding

** Data are not available for the class of 2004

The response rate ranged from 37% to 58%. Beginning this year, with the survey of the class of 2006, we are distributing the survey and collecting the data electronically. We hope this will improve the response rate.

The percentage of graduates rating their undergraduate medical education “Very Good” to “Outstanding” ranged from 89% to 96%.

Survey of graduates’ residency supervisors

Residency supervisor ratings of our graduates are administered following their first year of residency. These surveys are structured to give an assessment of our graduates’ level of medical preparation in comparison to their colleagues from other medical schools. Information received from residency directors is used to improve instruction and curriculum.

Response rates and the percentage of supervisors who rated our graduates’ performance in the “very good” to “outstanding” range are shown in Table 2. Note that, since the data are collected at the end of graduates’ first year of residency, there is a delay before we are able to profile each class. This year (2007), we are collecting data on the class of 2006.

**Table 2
Response Rates and Percentages of Residency Supervisors
Who Rated UW Graduates “Very Good” to “Outstanding”**

Graduation Year	Response Rate	% Rated
		Very Good to Outstanding*
2001	79%	83%
2002	66%	81%
2003	51%	75%
2004	n/a	n/a
2005	60%	81%

* Rating Scale: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent, 6=outstanding

** Data are not available for the class of 2004

The response rate ranged from 51% to 79%. Beginning this year we are using electronic technology to distribute the survey, which we hope will improve the response rate. The percentage of residency supervisors rating UW graduates “Very Good” to “Outstanding”

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

ranged from 75% to 83%. These data suggest that our graduates are performing well in residency.

Objective Structured Clinical Examinations (OSCE's)

Medical students learn applied clinical skills in addition to medical knowledge. This learning is confirmed through the use of special clinical exams; information obtained about students' performance is provided to course and clerkship instructors to improve teaching, and to the curriculum office to help with curriculum design.

Students take eight clinical exams during medical school. The first four occur during years one and two, and are associated with the four-semester Patient, Doctor, and Society course. The next three OSCE exams occur at the end of clinical rotations students do in their third year. These exams test students' mastery of skills learned in the Medicine, Primary Care, and Neurological Sciences. Finally, they take a comprehensive, 11- to 13-station clinical exam prior to beginning their fourth year, known as the Year-End Professional Skills Assessment (YEPSA). It is administered at the end of the third year of the medical curriculum to ensure students have the basic clinical skills they need to proceed with their medical education. Students must pass YEPSA to graduate. In addition to giving students feedback on their own performance, this exam helps prepare them for the clinical skills portion of the National Board Clinical Skills exam. The exam also is a vital part of the feedback loop informing departments about students' learning. Results are analyzed and given back to course directors as feedback so they can determine areas where students are doing well or may be struggling. The results are also presented to the Educational Policy Committee to help them determine how well the curriculum is meeting the needs of our students.

Table 3 summarizes the YEPSA results over the last eight years.

Table 3
End-of-Third Year YEPSA Results for 2001-2008 Graduates

Graduation Year	Percent Pass	Number Taking YEPSA
2001	96%	143
2002	97%	125
2003	96%	139
2004	97%	122
2005	99%	142
2006	87%	140
2007	91%	143
2008	89%	133

Licensure Examination Results

The National Board of Medical Examiners (NBME) administers the United States Medical Licensure Examination (USMLE). Passing these board exams is required for all physicians who wish to practice medicine in the United States.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

The USMLE consists of three sets of exams. Step 1, a computer-based basic sciences knowledge exam, is usually taken by students at the end of their second year of medical school. Step 2, which consists of two parts, a computer-based clinical knowledge exam and an objective clinical skills exam, is usually taken in the fourth year of medical school. Step 3 is taken after graduation, usually during the second year of residency. We monitor mean scores of our students in comparison to the national means and national pass rates for Steps 1 and 2, and the percentage of our graduates who pass the board exams.

Table 4 shows pass rates for the graduating classes of 2000 through 2008 (Step 1), 2000 through 2006 (Step 2, Clinical Knowledge), and 2005 through 2006 (Step 2, Clinical Skills), comparing the performance of UW SMPH and that of all examinees in the US and Canada.

Table 4
USMLE Step 1 and Step 2 pass rates for the graduating classes of 2000-2008,
for UW SMPH Students and all examinees in the US and Canada

Step 1 (Basic Science Knowledge)			
Graduation Year	Year Step 1 Was Taken	UW SMPH	National
2000	1997-98	95%	95%
2001	1998-99	97%	93%
2002	1999-00	95%	92%
2003	2000-01	92%	90%
2004	2001-02	93%	91%
2005	2002-03	96%	92%
2006	2003-04	92%	92%
2007	2004-05	98%	93%
2008	2005-06	97%	94%

Step 2 Clinical Knowledge (CK)			
Graduation Year	Year Step 2 CK Was Taken	UW SMPH	National
2000	1999-00	95%	95%
2001	2000-01	96%	95%
2002	2001-02	93%	91%
2003	2002-03	98%	96%
2004	2003-04	95%	94%
2005	2004-05	97%	94%
2006	2005-06	95%	94%

Step 2 Clinical Skills (CS)			
Graduation Year	Year Step 2 CS Was Taken*	UW SMPH	National
2005	2004-05	97%	96%
2006	2005-06	100%	98%

* The Step 2 Clinical Skills exam was first implemented by NBME and required for licensure with the class of 2005.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

The USMLE data show our students are performing adequately on the national board exams. Our pass rate has met or exceeded the national pass rate over the last nine years (for those exams for which information is available at this time). We are pleased to note that our students have done well on the new Step 2 Clinical Skills exam, which is structured in a format similar to our YEPSA exam. The eight OSCE exams our students participate in, including the YEPSA, help prepare them for this new board exam.

Specific and customized instruments

A number of surveys and data collection methods are used to obtain information that is used to improve courses, the curriculum, the school's environment, and students' performance and experiences. Several of these are listed in Table 5.

Table 5
Specific instruments used in developing and refining the
courses, curriculum and students' experiences at the UW SMPH

Standard course evaluation forms, administered at the end of the instruction period, provide feedback to instructors, curriculum, the Educational Policy Council, and other relevant groups
Standard clerkship evaluation forms, administered at the end of each clinical clerkship rotation, provide feedback to clerkship directors, curriculum, the Educational Policy Council, and other stakeholders
End-of-term focus groups administered as needed at the end of first- and second-year courses, usually run by a particular department, depending on needs (e.g., student services or curriculum)
Post-boards Step 1 focus group, administered in July following the second year, after students have taken the Step 1 board exam, to inform faculty, student services, and others
Course reviews performed by the Educational Policy Council; ongoing, with a rotating series of courses, providing feedback to department chairs, instructors, curriculum, and other stakeholders
Evaluations of new courses or new material added to existing courses related to the Innovations in Medical Education grant, as the courses and material are implemented in the curriculum, to help improve the teaching of new information as well as provide feedback to instructors and other interested parties
Post workshop or event surveys, administered following special or occasional education-related events (e.g., a "Core Day" when all third-year students return from their clerkships to Madison for one day of intense specialized training), usually used to improve future offerings of these events
MSA Curriculum Committee feedback form, available online at all times, provides information to those involved in curriculum development and oversight

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

Graduation Questionnaire administered by the Association of American Medical Colleges during the final six months of medical school; this questionnaire covers a broad variety of topics (e.g., courses taken, supportiveness of various student services, learning environment, etc.) and is used as needed by many departments, committees, and working groups to improve our educational offerings and environment

Special thanks to Julie Foertsch of the Innovations in Medical Education work group, for providing this information.

The data from the various evaluation systems described above are used to:

- provide feedback to individual course directors
- give yearly presentations on our students' performance and the curriculum to faculty, staff and administrators at Medical Education Day
- present information for policy decisions to faculty committees
- provide information for various task forces, including those on curriculum flexibility, admissions, and grading.

II. Assessment Plans for 2007-08

We plan to continue the activities described above, updating our records as new information becomes available. We are currently reviewing all student surveys we administer to determine if we can reduce the number of surveys and still meet our information needs. In addition, we are reviewing all data collection procedures to reduce redundancy and determine how we can process data more efficiently and quickly. We are also implementing electronic surveying and data collection methods where practicable.

We continue to work on ways to apply statistical process control procedures to the management of course evaluation data as well as exploring its application to student academic performance data. One of our goals is to obtain early warning about students who may be struggling so we can provide assistance as early as possible. The Medical Education and Student Services offices are working together to accomplish this goal.

We are developing electronic portfolios as a mechanism for students to document their learning, experiences, competencies, and accomplishments.

Under the direction of our new Associate Dean of Medical Education, the UW SMPH will continue to enhance our assessment methods and to use the information we obtain to inform and improve the medical school curriculum.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

Appendix

A partial list of scholarly works of educational research performed and disseminated by UW SMPH faculty and staff, 2005-2007.

- Albanese M, Colliver J, Dottl S, Farrell P, Mootz W, Galofre A, Tekian A, Disrupting the Tyranny of Prior Academic Preparation: Does PBL Help or Hinder? Abstract published in the proceedings of the 44th Annual Conference on Research in Medical Education. Association of American Medical Colleges Publications, November 7, 2005, p 7.
- Albanese M, Dottl S, Mejicano G, Zakowski L, Seibert C, Van Eyck S, Prucha C. Distorted perceptions of competence and incompetence are more than regression effects. *Adv Health Sci Educ Theory Prac.* 2006; 11:267-78.
- Albanese MA et al. MCAT and GPA Thresholds: Stability Across Statistical Methods and Institutions. Symposium presented at the Central Group on Educational Affairs Spring Meeting, Madison, WI. April 7-10, 2005.
- Albanese MA, Colliver J, Dottl SL, Farrell P, Mootz W, Galofre A, Tekian A. Disrupting the Tyranny of Prior Academic Preparation: Does PBL Help or Hinder? Poster presented at Research in Medical Education in the annual meeting of the Association of American Medical Colleges. Washington DC. November 4-9, 2005.
- Albanese MA, Farrell P, Dottl SL. A comparison of statistical criteria for setting optimally discriminating MCAT and GPA thresholds in medical school admissions. *Teaching and Learning in Medical Education*, 2005; 17(2):149-158.
- Albanese MA, Philip Farrell PM, Dottl SK. Statistical Criteria for Setting Thresholds in Medical School Admissions Advances in Health Sciences Education. *Advances in Health Sciences Education.* 2005; 10(2):89-103.
- Banning J, Schwanke W, Johanneck M, Ortiz-Meister L, Dottl SL. The Clinical Teaching and Assessment Center at the Health Sciences Learning Center. University of Wisconsin-Madison Teaching & Learning Symposium, Madison WI. May 2006.
- Becker A. Anesthesiology Simulator: Subspecialty Modules for Residents. Abstract presented at Medical Education Day, University of Wisconsin School of Medicine and Public Health. April 2006.
- Becker YT. Career paths. Short Course in Clinical Research: Faculty Development and Mentoring. Panel discussion presented at University of Wisconsin Hospital and Clinics. Madison WI. July 2005.
- Becker YT. Professional seminars with OR staff. University of Wisconsin. Madison WI March 2005.
- Becker YT. Professionalism and the OR. Operating Room Grand Rounds, University of Wisconsin. Madison WI. February 2005.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Becker YT. Professionalism in the academic setting. University of Wisconsin. Madison WI April 2005.
- Bell CL, Dottl SL, LoConte M, Cleary J, Dast LC. A Multi-Faceted Educational Experience Involving Medical Student Comfort and Experience with Palliative Care. Poster presented at Research in Medical Education, Association of American Medical Colleges. Seattle WA. October 30, 2006.
- Boissonnault JS, Boissonnault WG, Lewis K. ECHOWS, a student interviewing assessment tool. In process.
- Boissonnault JS, Krum L, Tschoepe B. Strategies for Teaching Women's Health Curricular Content. Presented at the Entry-Level APTA Combined Sections Meeting, Boston MA, February 17, 2007.
- Boissonnault JS. A faculty survey on women's health curricular content in professional physical therapy programs. Poster presented at the World Confederation for Physical Therapy, Vancouver, BC, Canada. June 2-6.
- Boissonnault W, Bryan J, Euhardy R, Backus P, Schultz A. Understanding beliefs associated with thrust joint manipulation and professional degree physical therapy student training. *Journal of Manual and Manipulative Physical Therapy*. 2006.
- Boissonnault W, Bryan J, Euhardy R. Understanding the Belief of Physical Therapy Academic Faculty and Clinical Instructors That Thrust Joint Manipulation is Not a Professional Degree Physical Therapy Student Skill. Manuscript preparation underway.
- Boissonnault W, Bryan J. Thrust joint manipulation clinical education opportunities for professional degree physical therapy students *Journal Orthop Sports Phys Ther*. 2005;35(7):416-423.
- Boissonnault W, Morgan B, Buelow J. Differential diagnosis clinical decision-making in physical therapy professional education; A comparison of two classroom teaching strategies. *Journal of Physical Therapy Education*. 2006; 20(1):28-36.
- Boissonnault W, Morgan B, Buelow J. Professional Education: A Comparison of Two Classroom Teaching Strategies. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Boissonnault W, Umphred D. Differential Diagnosis Phase I. Umphred D (ed.) *Neurological Rehabilitation, 5th ed*. Mosby Inc., St Louis, MO. 2005-06.
- Boissonnault W, Umphred D. Differential Diagnosis Phase II. Umphred D (ed.) *Neurological Rehabilitation, 5th ed*. Mosby Inc., St Louis, MO. 2007.
- Boissonnault WG and Boissonnault Jill Schiff. Enhancing Professional Degree Physical Therapy Students' Patient Interviewing Skills: The Effectiveness of Videotape Assessment and Student Feedback Sessions: A Pilot Study. In process.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Boissonnault WG. The Patient Interview: The Physical Examination Begins. In Boissonnault W (ed.) *Primary Care for the Physical Therapist: Examination and Triage*. WB Saunders Co. Philadelphia, PA, 2005.
- Brody, LT Impaired balance. In Hall CM, Brody LT (eds). *Therapeutic Exercise Moving Toward Function (2nd ed)*. Baltimore, MD: Lippincott, Williams and Wilkins. p.149-166. 2005.
- Bumann MC, Banning J. Using Team Process to Create and Interdisciplinary Teaching Module. Poster presented at Medical Education Day University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Carufel-Wert DA, Younkin S, Foertsch J, Eisenberg T, Haq CL, Crouse BJ, Frey JJ. LOCUS: Immunizing Medical Students Against the Loss of Professional Values. *Family Medicine* 2007; 39(5):320-325.
- Chheda S et al. Use of Trigger Cases and Peer Teaching to Disseminate Skills to Impact Health Disparities. Poster presented at the annual Association of American Medical Colleges Central Group on Educational Affairs Spring Meeting, Madison, WI. April 7-10, 2005.
- Chheda S, Dottl SL, Zakowski L. Cultural Issues in Health Care: An Evaluation of an Introductory Curriculum for Medical Students. Oral abstract presented at the annual meeting of the Association of American Medical Colleges. Washington DC. November 4-9, 2005.
- Chheda S, Durning S, Hemmer P. Teaching About Health Disparities: A National Survey of Clerkship Directors in Internal Medicine. Presented at DCIM. New Orleans LA. Fall 2006.
- Crone JZ, Dottl SL. "How Do I Ask About...?" Implementing an Exercise in Gynecological Chief Complaint Interviewing. Poster presented at the Association of American Medical Colleges Central Group on Educational Affairs Spring Meeting, Madison, WI. April 7-10, 2005.
- Crouse B. Wisconsin Academy of Rural Medicine (WARM). Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Crouse BJ. Leadership in Medical Education. Panel presentation at Society of Teachers of Family Medicine Annual Meeting. New Orleans, LA. May 2, 2005.
- Crouse BJ. Medical School Strategies to Promote Rural Practice. Presented at the Association of American Medical Colleges annual meeting of the Central Group on Educational Affairs. Madison, WI. April 9, 2005.
- Crouse BJ. Rural Health Initiatives at the University of Wisconsin Medical School. Rural Health Conclave, Rockford, IL. September 16, 2005.
- Dewane, JA. Introduction to Clinical Decision Making in Vestibular Rehabilitation. Presented at University of Wisconsin Hospital and Clinics, Madison, WI. June 2005.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Dottl SL, Mavis B, Bragg D. Restructuring Residency Director Surveys to Incorporate ACGME Competencies. Discussion session presented at Central Group on Educational Affairs, Association of American Medical Colleges regional meeting. Indianapolis IN. March 2007.
- Edwards MS, Pratt C, McBride PE. Nutrition education at U.S. medical schools? A national survey of the Nutrition Academic Award Program. *Journal of the American College of Nutrition*. 2005; 24(5).
- Foertsch J, Gernsbacher MA. When the medium illuminates the content: Exploiting the unique features of online communication in an undergraduate psychology course. (In press) *Innovate Online*. <http://www.innovateonline.info/>
- Foertsch J. An invited practicum for MRSEC Education Directors at the 2006 MRSEC Annual Meeting. University of Chicago. April 2006.
- Garber MB, Boissonnault WG. The Patient Interview: The Science Behind the Art Boissonnault WG (ed). In *Primary Care for the Physical Therapist: Examination and Triage*. WB Saunders Co. Philadelphia, PA, 2005.
- Gjerde CL, Kokotailo P, Hla KM, Anderson B. A collaborative model for primary care faculty development. First All-Grantee Conference. BHPr, HRSA. June 2, 2005. Washington DC.
- Gjerde CL, Kokotailo P, Hla KM, Anderson B. Follow-up of faculty development participants: Self-reported outcomes. Poster presented at Central Group on Educational Affairs, Association of American Medical Colleges Spring Meeting. Madison WI. April 7, 2005.
- Gordon E. Plan to Implement Entry-Level Assessment for Dermatology Residents Regarding Three Commonly Used Basic Diagnostic Procedures. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. April 2006.
- Hansen KE, Rosenblatt ER, Gjerde CL, Crowe MC. Can an Online Osteoporosis Lecture Increase Physician Knowledge and Improve Patient Care? *J Clin Densitom*. 2007.Jan-Mar. 10(1):10-20. *Epub* 2006, Nov 28.
- Haq C, DiPrete-Brown L, Olsen C, Baumann L, Kraus C, Teigland B. Center for Global Health. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Hinman G, Dottl SL. Reading Revisited: A Course to Teach Medical Students. Workshop presented at Association of American Medical Colleges Central Group on Educational Affairs Spring Meeting, Madison, WI. April 7-10, 2005.
- Hollar D, Carney PA, Chappelle K, Charon R, Cleeland L, Cross AW, Dewey C, Graham M, Litzelman DL, Marantz P, Satterfield JM, Skochelak SE, Stuber ML, Swiderski D, Thompson B, Toffler W, Wimmers P. The National Institutes of Health Social and Behavioral Science Consortium: An Introduction and Progress Report on Undergraduate Medical Education Curricular Innovations. *Annals of Behavioral Science and Medical Education*. Accepted for publication July 2007.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Hooper-Lane C, Severson EL, Boles A, Burton TM, Reed NK. Bridging the Gap: Librarian Expertise and Medical Education. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- Innovations in Medical Education Office. Improving Health and Health Professions Training in Wisconsin: New Educational Partnerships. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Irion J, Boissonnault JS. Introduction to Women's Health. In Irion J, Irion G (eds). *Women's Health Care in Physical Therapy: Principles and Practices for Rehabilitation Professionals*. Lippincott, Williams & Wilkins. Expected publication date: 2007.
- Keller DR, Bell CK, Dottl SL, Dast LC. An Effective Curriculum for Teaching 3rd Year Medical Students About Unanticipated Outcomes and Disclosure. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Keller et al. Teaching Cost Effective Prescription Writing Using PDA's to Access and Utilize Drug Formularies. Association of American Medical Colleges Central Group on Educational Affairs Spring Meeting, Madison, WI. April 7-10, 2005.
- Knuffman J. Learning Needs and Learning Outcomes of Medical Students Rotating Through the Allergy Clinic. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Kokotailo P, Gjerde C, Hla KM. Primary Care Faculty Development Program. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Kroenke K, Ende J, Hoffman RM, Jackson JL, Lawrence VA, Logio L, O'Malley, PG, Schapira MM, Zakowski L. General Internal Medicine. Alguire P, Epstein PE (eds). *Medical Knowledge Self-Assessment Program 14*, American College of Physicians. Philadelphia, PA. 2006.
- Lansing KM. The Wisconsin Academy of Rural Medicine: Objectives for a Rural Core Course Curriculum. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. April 2006.
- LoConte M, Bell CL, Cleary J, Dottl SL, Dast L. A Multi-Faceted Educational Experience Involving Medical Student Attitudes And Knowledge Of Palliative Care. Poster presented at the annual meeting of Association of American Medical Colleges. Washington DC. November 2005.
- LoConte M, Bell CL, Cleary J, Dottl SL, Dast L. A Multi-Faceted Educational Experience Involving Medical Student Attitudes And Knowledge Of Palliative Care. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Magsi H. Development of a One-Month Ambulatory Geriatric Medicine Curriculum for Primary Care Residents. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- McBride PE, et al. Medical School Objectives Program: Education about overweight and obesity. American Association of Medical Colleges, 2007 (in press).
- McGann J. OASIS: Online Access to Student Information and Scheduling. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- Mount D. Development and Evaluation of Podcast Audio and Video Instructional Modules in Plastic and Reconstructive Surgery Medical Student Education. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI April 2006.
- Pearson SM. The Role of Continuous Quality Improvement in Residency Education. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- Rakel D. Healing the Healer: A Web-Based Tool Encouraging Self-Reflection and the Creation of a Plan Towards Health for Students. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Reicheter EA, Boissonnault W, Chesboro S, Williams B, Steinkamp L, Wilson S, Hallisy K. Enhancing Cultural Competence of Physical Therapy Students: A Shared Diversity Project Between Howard University and University of Wisconsin-Madison. Undergoing peer review.
- Reicheter A, Boissonnault WG, Chesbro S, Williams B, Steinkamp LA, Wilson S, Hallisy K. Enhancing cultural competence of physical therapy students: a shared diversity project between Howard University and University of Wisconsin-Madison. *Journal of Best Practices in Health Professions Diversity: Research, Education and Policy*. 2007; 1(1):25-39.
- Reicheter A, Boissonnault WG, Peters B, Chesbro S, Hallisy K, Wilson S, Steinkamp LA. Enhancing cultural competence of physical therapy students: a shared diversity project between Howard University and University of Wisconsin-Madison. Annual Conference Proceedings, 2006.
- Remington P, Duerst B, Cote H. MD/MPH: Combining Public Health and Medical Education. Poster presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2007.
- Skochelak SE. Medical Education in 2006-07: Looking Back, Facing Forward. Presentation at the annual Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI April 18, 2007.

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- Skochelak SE, Becker Y, Ruscher A, Weiler S, Muller D, Cleeland L, Banning J. Improving Health And Health Professions Training In Wisconsin: New Educational Partnerships. Exhibit presented at the annual meeting of the Association of American Medical Colleges. Seattle WA. 2006.
- Skochelak S, Charon R, Cross A, Stuber M. Teaching Behavioral and Social Sciences to Medical Students. Presented at the annual meeting of the Association of American Medical Colleges, Seattle WA. November 2006.
- Torhorst SM. Ambulatory Care Innovation Grant: Assessing the Need For and Training Providers and Students to Use Evidence Based Medicine in the UW Health Immediate Care Clinics. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. April 2006.
- Ude C. Acute Care for the Elderly: An Inpatient Geriatric Medicine Consults Curriculum for Geriatric Medicine Trainees: A Participant's Perspective. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. April 2006.
- Vedder LS. Procedural Curriculum Development: A Residency-Based Intervention to Improve Outpatient Procedural Education. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- Weddle M. The Observed Structured Clinical Examination (OSCE) as a Tool to Teach Communication Skills with Adolescents. Abstract presented at Medical Education Day. University of Wisconsin School of Medicine and Public Health. Madison WI. April 2006.
- Wright CJ, Katcher ML, Blatt SD, Keller DM, Mundt MP, Botash AS, Gjerde CL. Toward the development of advocacy training curricula for pediatric residents: a national Delphi study. *Ambul Pediatr.* 2005; May-June;5(3):165-71.
- Zakowski L et al. An Innovative Sexual History Curriculum for Early Medical Students. Poster presented at the annual meeting of the Association of American Medical Colleges Central Group on Educational Affairs. Madison, WI. April 7-10, 2005.
- Zakowski LJ, Chheda SG, Seibert CS. Communicating evidence: The final frontier. Workshop Presentation at the annual meeting of the Association of American Medical Colleges. Seattle WA. October 31, 2006.
- Zakowski LJ, Crone JZ, Poarch CJ, Dottl SL. An innovative curriculum to teach pre-clinical medical students about sexual assault. Poster Presentation at the annual meeting of the Association of American Medical Colleges. Seattle WA. October 29-30, 2006.

A partial list of grants involving educational research awarded to UW SMPH faculty and staff:

University of Wisconsin School of Medicine and Public Health
Assessment Report for 2007

- NIH: Strengthening Behavioral and Social Science in Medical Schools Partnerships in Health: BASIC Training in Medicine. Skochelak, S. 2005-10.
- NIH: National Center of Minority Health and Health Disparities Cultural Diversity and Health Export Center – a Comprehensive Center on Minority Health and Health Disparities. Skochelak S, Johnson Powell G. 2003-08.
- Wisconsin Partnership Fund: Innovations in Medical Education Award. Skochelak S. 2005-09.
- Bureau of Health Professions, Health Resources and Services Administration: Health Education Training Center. Skochelak S. 2005-08.
- Type 2 Translational Research. Gjerde, C, Smith M, Drezner M. 2007-
- (PCFDP) HRSA: Primary Care Faculty Development Grant. Kokotailo P, Hla KM, Gjerde C. 2005-8.
- (CICS) HRSA: Predoctoral Education Grant: Communication, Information and Community Service. Haq C, Gjerde C. 2002-5.