REPORT FROM THE EVALUATIONS POLICIES AND PROCEDURES WORKING GROUP IN THE BRIDGES CURRICULUM

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Executive Summary

The Bridges Evaluation Policies and Procedures Working Group defined, developed, and planned evaluation policies and procedures for the Bridges Curriculum courses and programs. The working group met from January through March 2016 and proposed a series of recommendations for the policies and procedures governing evaluations in the School of Medicine Bridges Curriculum.

Detailed recommendations made by the group are listed in greater detail in the full report. Key recommendations include:

1. Apply a three-tiered system for determining the extent to which an educator should be evaluated based on the extent of contact, role in the curriculum, and/or other criteria. The goal of changing to a tiered system is to encourage quality evaluations and reduce evaluation burden on medical students.

2. Streamline all course and teacher evaluation forms in Foundations 1, Foundations 2, and Career Launch and standardize evaluations for all elective offerings.

3. Retain the 70% requirement for individual and aggregate course evaluation completion compliance.

4. Continue to preserve student anonymity in evaluations.

5. Link student evaluation compliance to student performance in the Professionalism competency. The evaluation compliance for each student should be reflected in the UCSF iROCKET Student Dashboard, shared with the student's Bridges Coach, and be a point of conversation and check-in over time.

6. Develop an iterative communication strategy to educate students about:
    a. The role of evaluations in curriculum and teaching decision making
    b. Relationship between 70% individual and group compliance
    c. Changes in evaluation procedures in the various phases of the curriculum
    d. Strategies used to reduce evaluation burden

    The course directors, coaches and Educational Evaluations team should accomplish this education jointly.

7. Consider course and teaching evaluations rating that are less than 3 on the 5-point scales to be below standard and to be monitored closely by course directors for decision making.

8. Key procedural recommendations described further below.

Background and Purpose

The Evaluation element within the Assessment & Evaluation project strand of the Bridges Curriculum supports all of the Bridges Project Goals by providing the data and analysis necessary for continuous quality improvement and curricular decision making. The purpose of this working group is to define, develop, and plan the evaluation policies and procedures for the Bridges Curriculum courses and programs.

Principles

The following principles have guided this group's work. The evaluation policies and procedures developed by this group should:

1. Follow sound and rigorous evaluation principles and methods;
2. Be compliant with the accreditation standards on evaluation set forth by the Liaison Committee on Medical Education (LCME);
3. Be compliant with the policies set forth by the UCSF campus and Federal Family Educational Rights and Privacy Act (FERPA) on disclosure of information from student records;
4. Be balanced to provide the School of Medicine with the important information needed to guide curricular decision making that:
    a. Meets the needs for continuous quality improvement of the curriculum;
    b. Provides in-depth, dynamic data on the initial implementation phase of the curriculum;
5. Be respectful of educator and student time and, in particular, avoid student evaluation overload;
6. Meet institutional needs such as course director decision making and teaching faculty promotion and tenure requirements.

Deliverables

1. A set of policies to govern evaluation of educators and courses/programs across all years of the curriculum. These policies and accompanying procedures will guide decisions about the initial implementation (early phases) of the Bridges Curriculum and ongoing quality improvement. The tasks for this deliverable will include:
    a. Review of relevant existing policies and accompanying procedures to ensure they meet the needs of the Bridges Curriculum. Specific policies to review include:
        i. School of Medicine Policy on Student Evaluation of Courses and Teachers for Essential Core
        ii. Survey Policy for Medical Student Programs
        iii. Evaluation Release Policy
        iv. Reciprocal Evaluations in the Clinical Core
    b. Create a proposal for new policies that align with the needs and structure of the Bridges Curriculum and LCME standards related to evaluation
        i. Consider the inclusion of comprehensive evaluation of new curricula in core evaluations and within the scope of the Policy on Student Evaluation of Courses and Teachers
2. Creation of procedures that dictate how evaluations are implemented and reported. These will explicitly articulate an evaluation implementation plan for Foundations 1 and 2 that balances ongoing quality improvement evaluation with the need for in-depth evaluation of new curriculum. The tasks for this deliverable will include:

a. Delineate a set of standard instruments for evaluating courses (courses and clerkships, clinical electives), teaching faculty (lecturers, small group leaders, clerkship faculty, other core teaching faculty), teaching awards, and other core educational activities

b. Determine the standards by which course and faculty performance should be judged for decision making (e.g., when are course or faculty evaluation scores considered low enough to require intervention);

3. A plan for receiving feedback from stakeholders on Deliverables 1-2.

Recommendations

The working group reviewed all existing evaluation policies that will be affected by Bridges Curriculum curricular changes and made the following recommendations:

1. Apply a three-tiered system for determining the extent to which an educator should be evaluated based on the extent of contact, role in the curriculum, and/or other criteria. The goal of the change to a tier system is to encourage quality evaluations and reduce evaluation burden on medical students. The three tiered system is as follows:

   a. **Tier 1**: Provide a teaching acknowledgement letter for educators with whom the student has had minimal contact (e.g., lab instructor who teaches one or two labs, one-time lecturers, one-time small group leaders). These minimal contact educators will not be evaluated by students. Instead, a formal thank you letter will come from the course director to acknowledge teaching efforts. Students will be educated about the mechanisms for unsolicited feedback, (e.g., Confidential Feedback form, Confidential Evaluations mailbox) to ensure that they have voluntary opportunities to evaluate minimal contact experiences.

   b. **Tier 2:** Use an abbreviated evaluation form for educators with whom the student had substantial contact (e.g., lecturer or lab instructor for 3 or more sessions, small group leader for more than one small group session). The abbreviated form has one rating scale item and a comment box.

   c. **Tier 3:** Use an extended form for educators with whom the student had immersive or longitudinal contact (e.g., clinical preceptor, coaches). Educators with whom the student has worked with during longitudinal experiences should be evaluated twice per year. The extended form has several rating scale items and comment boxes.

2. Streamline all course and teacher evaluation forms in Foundations 1, Foundations 2, and Career Launch. The new forms will have core numeric items that include LCME-mandated items, core curricular decision-making items, an overall effectiveness item, and an open-ended item. This recommendation reduces the evaluation burden by shortening the forms while ensuring that teachers receive adequate feedback to guide their teaching and promotion decisions. Additionally, the clerkships and electives will comply with the larger Tier system to maintain a manageable student evaluation workload. The evaluation instruments are listed in Appendix A (teaching evaluations) and B (course evaluations).

3. Standardize evaluations for all elective offerings (non-clinical, clinical, and research). Evaluations should include rating items for overall course quality, faculty teaching effectiveness, and an item for open ended comments. Proposed items are listed in Appendix A.

4. Retain the 70% requirement for individual and aggregate course evaluation completion compliance. This threshold complies with the LCME requirement for a "representative majority" in evaluations and is useful for scholarly purposes. Measures to reduce the evaluation burden on students while maintaining this 70% threshold are described in Recommendation 1.

5. Link student evaluation compliance to student performance in the Professionalism competency. The evaluation compliance for each student should be reflected in the UCSF iROCKET Student Dashboard, shared with the coach, and a point of conversation and check-in over time. The goal of the new process is to be less punitive than the current system (which provides feedback on evaluation compliance only to student with low scores), and to provides more data and opportunities for reflection to all students.

6. Develop an iterative communication strategy for educating students about the role of evaluations in curriculum and teaching decision making, relationship between 70% individual and group compliance, changes in evaluation procedures in the various phases of the curriculum (e.g., Foundations 1 and 2), and strategies to reduce evaluation burden. This education should, on a regular basis throughout the curriculum,:
   a. Be accomplished jointly by the course directors, coaches, and Educational Evaluations team.
   b. Include training on how to deliver professional feedback
   c. Integrate peer teaching on how to write professional feedback

7. The School should continue to preserve student anonymity in evaluations.

8. The group recommended no change to the survey policy on medical student programs (Appendix C).

9. Course and teaching evaluations rated less than 3 on the 5-point scales are considered below standard and should be monitored closely by course directors for decision making.

10. The group also made the following procedural recommendations:
   a. For video and screen lessons it was recommended that:
      i. Questions about video quality should be added through the web platform itself. These items could be completed once a student reviews the material. These forms will not be tied to evaluation compliance
      ii. With regard to teaching effectiveness of faculty in videos, it was recommended that each course to which a given video is assigned decide when to send out evaluations. The video/screen lesson faculty should be evaluated the first year the materials are used and subsequently at a 2-3 years interval to ensure the video is still useful and relevant to the content of the course. These evaluations would be tied to evaluation compliance and considered within the three tiered system. To facilitate feedback to educators, if an educator does two video lectures and one in person lecture, he/she will receive a Tier 2 evaluation in the first year. In subsequent years, if the video lessons are still used in the course and the educator continues to provide one in-person lecture, the educator will receive a thank you letter.
   b. The Confidential Feedback reporting process for reporting on educators should be publicized to students at least twice per year. This system provides students with opportunities to report on teaching they were not explicitly asked to evaluate.
   c. The clerkships will receive education and updates annually about features and changes pertinent to evaluation in E*Value.
   d. A structured format for evaluating electives should be developed. This process should include a communication mechanism between the Registrar, when a new course is created, to notify the Educational Evaluation unit to create evaluations.
   e. A procedure will set up in Foundations 1 to ensure that as teachers change, the course administration alerts the Educational Evaluations team of those changes within 24 hours so that teaching evaluations can be accurately assigned.

Appendix A: Bridges Curriculum Teaching Evaluation Forms

Small Group Teaching

1. *Rate the overall effectiveness of your small group leader.*
   1=poor
   2=fair
   3=good
   4=very good
   5=excellent
2. *Please comment on the strengths of this instructor and make constructive suggestions for improvements. Please be thoughtful, professional, and specific.*

Lecturer and Video/Screen Lesson Lecturer

1. *Rate the overall effectiveness of the lecturer.*
   1=poor
   2=fair
   3=good
   4=very good
   5=excellent
2. *Please comment on the strengths of the lecturer and make constructive suggestions for improvement. Please be thoughtful, professional, and specific.*

Lab Instructor

1. *Please rate the overall effectiveness of this lab instructor*
   1=poor
   2=fair
   3=good
   4=very good
   5=excellent
2. *Please comment on the strengths of this lab instructor and make constructive suggestions for areas for improvement. Please be thoughtful, professional and specific.*

Preceptor, Attending and Resident Teaching

1. *Provide direction and feedback*
   0=Insufficient contact to judge
   1=Does not define expectations; fails to provide student with direction or feedback about clinical performance; devotes little time or attention to helping students improve
   3=Discusses expectations; provides some direction and feedback about clinical performance; devotes adequate time and attention to helping students improve
   5=Provides clear guidelines about expectations; provides specific, useful feedback to student verbally about strengths and areas for improvement; exceptional level of time and attention devoted to helping students improve
2. *Promote critical thinking*
   0= Insufficient contact to judge
   1= Does not discuss clinical reasoning and knowledge of underlying mechanisms of disease with students; does not encourage use of the literature to improve patient care or pursue self-directed learning

      3= Promotes critical thinking through clinical reasoning, emphasis on underlying mechanisms of disease, and use of the literature to improve patient care and encourage self-directed learning

      5= Exceptional ability to promote critical thinking through clinical reasoning, emphasis on the underlying mechanisms of disease, and use of the literature to improve patient care and encourage self-directed learning

3. *My preceptor/attending observed me with patients*
      0= This preceptor did not observe my clinical skills; Non-clinical role; no rating
      1= This preceptor was unable to translate observation into effective feedback; or provided feedback in an unconstructive or unprofessional manner
      3= This preceptor was good at using direct observation of my clinical interaction or clinical exam skills to provide effective feedback
      5=This preceptor was excellent at using direct observation of my clinical interaction or clinical exam skills to provide effective feedback

4. *I was treated with respect by this individual*
      1= This individual consistently failed to treat me with respect and generally displayed an unprofessional or abusive manner during all interactions
      3= This individual treated me with respect most of the time
      5= This individual consistently treated me with respect throughout the rotation)

5. *If you answered 2 or below on the previous question, please indicate in which way(s) you were not treated with respect by this individual.*
   - Belittled or humiliated me
   - Spoke sarcastically or insultingly to me
   - Intentionally neglected or left me out of the communications
   - Created a hostile environment for learning
   - Engaged in discomforting humor
   - Required me to perform personal services (e.g., babysitting, shopping)
   - Threw items (e.g., instruments, bandages)
   - Threatened me with physical harm (e.g., hit, slapped, kicked)
   - Other

6. *If you chose Other in the previous question, please explain in the comment section below.*

7. *I observed others (students, residents, staff, patients) being treated with respect by this individual.*
      1= This individual consistently failed to treat others with respect and generally displayed an unprofessional or abusive manner during all interactions
      3= This individual treated others with respect most of the time
      5= This individual consistently treated others with respect throughout the rotation

8. *If you answered 2 or below on the previous question, please indicate in which way(s) Patients or Health Professionals were not treated with respect by this individual.*
   - Patients- Discussed confidential information in an inappropriate setting (e.g., cafeteria, elevator)
   - Patients- Made derogatory or disrespectful comments about a patient or family
   - Patients- Treated patients differently because of their background
   - Patients- Threw instruments/bandages, equipment, etc.
   - Patients- Created a hostile environment for patient care and/or learning
   - Health Professionals- Made derogatory or disrespectful comments about some health professionals
   - Other

9. *If you chose Other in the previous question, please explain in the comment section below.*

10. *Overall teaching effectiveness*
    0= Insufficient contact to judge
    1= This attending was an overall poor teacher, either due to inadequate time spent teaching medical students, ineffective style, or unprofessional manner
    3= This attending was an overall good teacher through dedication of adequate time to teaching and a generally effective style
    5= This attending was an overall excellent teacher through dedication of time to teaching and a highly effective style, enabling significant skill development throughout the rotation

11. Please comment on this clinical teacher's strengths and/or make constructive suggestions for improvement that can be shared Preceptor. Please be thoughtful, professional, and specific. *(These comments will be viewed by the instructor, but will be anonymous and aggregated. For comments to be effective feedback, please be direct, specific, and constructive. General comments such as "good/bad instructor" are too non-specific to be of value.)*

12. *This area is for giving constructive or corrective feedback that you don't feel comfortable giving directly. These comments are CONFIDENTIAL and will NOT go directly to the educator. They will be forwarded ANONYMOUSLY to the program director(s). Please be thoughtful, professional, and constructive in your feedback.*

13. *If you are willing to be contacted by the clerkship director to address a particularly concerning issue, please include your name and contact information below. This will only go the clerkship director and/or the site director with the goal of appropriately addressing the raised concerns.*

Electives Teaching

1. *Overall teaching effectiveness.*
    0= Insufficient contact to judge
    1= This attending was an overall poor teacher, either due to inadequate time spent teaching medical students, ineffective style, or unprofessional manner
    3= This attending was an overall good teacher through dedication of adequate time to teaching and a generally effective style
    5= This attending was an overall excellent teacher through dedication of time to teaching and a highly effective style, enabling significant skill development throughout the rotation

2. Please comment on this clinical teacher's strengths and/or make constructive suggestions for improvement that can be shared Preceptor. Please be thoughtful, professional, and specific. *(These comments will be viewed by the instructor, but will be anonymous and aggregated. For comments to be effective feedback, please be direct, specific, and constructive. General comments such as "good/bad instructor" are too non-specific to be of value.)*

Clinical Electives Teaching

1. *Provide direction and feedback*
    0=Insufficient contact to judge
    1= Does not define expectations; fails to provide student with direction or feedback about clinical performance; devotes little time or attention to helping students improve
    3= Discusses expectations; provides some direction and feedback about clinical performance; devotes adequate time and attention to helping students improve
    5= Provides clear guidelines about expectations; provides specific, useful feedback to student verbally about strengths and areas for improvement; exceptional level of time and attention devoted to helping students improve

2. *My preceptor/attending observed me with patients*
   0= This preceptor did not observe my clinical skills; Non-clinical role; no rating
   1= This preceptor was unable to translate observation into effective feedback; or provided feedback in an unconstructive or unprofessional manner
   3= This preceptor was good at using direct observation of my clinical interaction or clinical exam skills to provide effective feedback
   5=This preceptor was excellent at using direct observation of my clinical interaction or clinical exam skills to provide effective feedback

3. *I was treated with respect by this individual*
   1= This individual consistently failed to treat me with respect and generally displayed an unprofessional or abusive manner during all interactions
   3= This individual treated me with respect most of the time
   5= This individual consistently treated me with respect throughout the rotation

4. *If you answered 2 or below on the previous question, please indicate in which way(s) you were not treated with respect by this individual.*
   - Belittled or humiliated me
   - Spoke sarcastically or insultingly to me
   - Intentionally neglected or left me out of the communications
   - Created a hostile environment for learning
   - Engaged in discomforting humor
   - Required me to perform personal services (e.g., babysitting, shopping)
   - Threw items (e.g., instruments, bandages)
   - Threatened me with physical harm (e.g., hit, slapped, kicked)
   - Other

5. *If you chose Other in the previous question, please explain in the comment section below.*

6. *I observed others (students, residents, staff, patients) being treated with respect by this individual*
   1= This individual consistently failed to treat others with respect and generally displayed an unprofessional or abusive manner during all interactions
   3= This individual treated others with respect most of the time
   5= This individual consistently treated others with respect throughout the rotation

7. *If you answered 2 or below on the previous question, please indicate in which way(s) Patients or Health Professionals were not treated with respect by this individual*
   - Patients- Discussed confidential information in an inappropriate setting (e.g., cafeteria, elevator)
   - Patients- Made derogatory or disrespectful comments about a patient or family
   - Patients- Treated patients differently because of their background
   - Patients- Threw instruments/bandages, equipment, etc.
   - Patients- Created a hostile environment for patient care and/or learning
   - Health Professionals- Made derogatory or disrespectful comments about some health professionals
   - Other

8. *If you chose Other in the previous question, please explain in the comment section below.*

9. *Overall teaching effectiveness.*
   0= Insufficient contact to judge
   1= This attending was an overall poor teacher, either due to inadequate time spent teaching medical students, ineffective style, or unprofessional manner

3= This attending was an overall good teacher through dedication of adequate time to teaching and a generally effective style

5= This attending was an overall excellent teacher through dedication of time to teaching and a highly effective style, enabling significant skill development throughout the rotation

10. Please comment on this clinical teacher's strengths and/or make constructive suggestions for improvement that can be shared Preceptor. Please be thoughtful, professional, and specific. *(These comments will be viewed by the instructor, but will be anonymous and aggregated. For comments to be effective feedback, please be direct, specific, and constructive. General comments such as "good/bad instructor" are too non-specific to be of value.)*

<div align="center">**Appendix B: Course/Clerkship Evaluation Form**</div>

Foundations 1

1. *Rate the overall quality of the course.*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

2. *Please comment on the strengths of the course and make constructive suggestions for improvement. Comments about the main elements of the course – lectures, small groups, labs, and syllabus – are particularly helpful. Please be thoughtful, professional, and specific.*

* Course directors can also select up to three additional questions to be added to the form.

Foundations 2- Core Clerkship Evaluation Form

1. *Quality of formal teaching (i.e., seminars, didactics)*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

2. *Adequacy of direct observation of your clinical skills*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

3. *Adequacy of feedback on your performance*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

3. *Rate the overall quality of the clerkship.*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

4. *Observed PE skill. I was observed doing (varies by clerkship/course)*
   Yes
   No

5. *Please comment on the strengths of the course and make constructive suggestions for improvement.*

* Course directors can also select up to three additional questions to be added to the form.

Foundations 2 & Career Launch - Clinical Elective Evaluation Form

1. *Adequacy of direct observation of your clinical skills*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

2. *Adequacy of feedback on your performance*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

3. *How well the level of responsibility for patient management helped facilitate your achievement of the course objectives*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

4. *Extent to which the course encouraged the application of EBM principles to clinical decisions*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

5. *The course/clerkship as a whole*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

6. *Please comment on the strengths of the course and make constructive suggestions for improvement.*

* Course directors can also select up to three additional questions to be added to the form.

Non-Clinical Elective Evaluation Form

1. *The course/clerkship as a whole*
   0= Not Applicable
   1= Poor
   2= Fair
   3= Good
   4= Very Good
   5= Excellent

2. *Please comment on the strengths of the course and make constructive suggestions for improvement.*

* Course directors can also select up to three additional questions to be added to the form.

<h1 style="text-align:center">Appendix C: Survey Policy for Medical Student Programs</h1>

I. Overview

The UCSF School of Medicine's Office of Medical Education (OME) provides a variety of services that assist in the development, administration and analysis of surveys. These services include:

- Consultation on CHR protocol development
- Warehouse of curricular data available to faculty for use in program evaluation, educational research and quality improvement
- Development of survey instruments and determination of best methodology for collecting data
- Administration of surveys through online and paper-based technologies
- Survey processing and data management

The UCSF School of Medicine (SOM) employs consistent procedures for notification and processing of surveys administered to medical students. The school requires anyone who sends surveys to medical students to do so in accordance with the procedures outlined in this policy. While surveys may be developed for a variety of purposes, any data collected from UCSF SOM students by UCSF faculty and students should be made available to the Office of Medical Education upon request. Management of these data is essential for the success of this policy and its intent to reduce survey burden and strengthen research in medical education, curriculum evaluation and the overall quality of the data.

All surveys developed in accordance with this policy that gather feedback on core curricular programs and student services will clearly display the following official endorsement: "This survey is endorsed by the School of Medicine for the purpose of improving our programs and services."

Other surveys developed with Office of Medical Education consultation will bear the following: "This survey is endorsed by the School of Medicine."

These endorsements are intended to improve completion rates by our medical students. Endorsement requires CHR except for those surveys that are part of the UCSF SOM program evaluation as determined by the Director for Program Evaluation. OME will indicate to the researcher which endorsement has been granted. In the absence of either endorsement, students should complete any survey about their medical school experience at their own discretion.

Outside vendors, organizations and individuals not officially associated with the School of Medicine must have approval from the Associate Dean for Student Affairs to survey UCSF medical students. The School of Medicine reserves the right to refuse access to our medical students by external constituents.

II. Reason for Policy

Excessive surveying of the student body concerns the school. The purpose of this policy is to reduce the survey burden on our students and maintain the effectiveness of those surveys required of our student body. The policy is intended to reduce surveying of redundant content. Therefore, the content of surveys should be reviewed to determine if the data are being gathered through other means. This policy allows us to strengthen educational research, improve program evaluation, and facilitate curricular innovation.

III. Policy and Procedures

All individuals conducting surveys of medical students should go through the steps that the Office of Medical Education has defined for conducting a formal survey, as follows:

- Surveys that are part of a research study must be accompanied by a copy of the approved protocol from the Committee on Human Research (CHR) before they can be implemented. The following link describes the policies and procedures related to The Human Research Protection Program http://www.research.ucsf.edu/CHR/Apply/chrHowApply.asp (link is external). The Office of Medical Education (OME) encourages faculty to work with us in developing educational research protocols and survey instruments prior to applying for CHR approval. We are experienced at describing data collection and security measures in CHR protocols.

- Upon approval of a request the responsible representative within OME will coordinate final development and dissemination of the survey. This will ensure accuracy and appropriate survey design.

- Survey data will be compiled and distributed in a timely manner through OME.

- For survey services and consultation, please contact the Research and Development in Medical Education (RadME): http://meded.ucsf.edu/radme/survey-services

IV. Survey Priority

In the event that there are multiple requests to survey medical students within the same timeframe, the following criteria will be used to determine priority (from highest to lowest priority):

1. Core education programs
2. UCSF faculty and student educational research
3. UCSF medical student initiated surveys not related to educational research
4. Other proposed and approved surveys

V. Data Collection and Reporting

The Office of Medical Education (OME) is responsible for analyzing the data related to core SOM educational programs and providing results to the surveying party and educational leadership (priority 1 and 2 above). Priority 1 and 2 data sets collected outside of OME should be made available upon request and should include a codebook and relevant data analysis. OME is not responsible for analyzing data that is not directly related to core educational programs, but will provide raw data to the surveying party. Should the investigator require data in a certain format, they should submit a request in writing and allow ten (10) business days for processing. Special requests, such as contracting with an outside firm for data analysis, should be discussed and coordinated with OME during the initial development of the survey. OME will maintain copies of all data related to medical student programs.

VI. Survey Participation

Although a professional expectation of our students includes the ongoing improvement and development of programs, investigators conducting surveys of UCSF medical students may not force or compel users to participate. The survey requestor is responsible for initiating all publicity for their respective surveys. Methods for publicizing surveys can be suggested by the Office of Medical Education in consultation with the Associate Dean for Student Affairs.