In lieu of a full annual assessment report this year (AY 2015-2016), we have been asked to “prepare a short 2-5 page assessment document focusing solely on the Most Significant Challenge section” of our Annual Assessment Report last year (for AY 2014-2015) and the comments made by the ECA in its Narrative Response to that report.

At the time of the previous report, we noted that we were revamping the curriculum, and this was described as our “Most Significant Challenge.” (A diagram showing the layout of the new curriculum is shown in Figure 1.) We noted that the changes required heavy involvement of basic science and clinical faculty across the disciplines, and would also require new methods for student assessment. Since that report, the curricular changes have been completed; the incoming students’ education followed the new framework during this academic year. All material was successfully delivered as planned. Faculty work time (in terms of FTEs) proved adequate to the tasks of developing and delivering the curricular material. Student assessment was supplemented by a new series of customized shelf exams supplied at our direction by the National Board of Medical Examiners. Average marks on internally-constructed exams for particular units differed from the corresponding shelf exams by less than two percentage points in every case.

ExamSoft® software was used for all in-class exams. After adequate training of the students, this program has been enthusiastically accepted. One highly popular feature of ExamSoft® that we have used is the capacity to track competencies in subject areas. Students receive reports on their competency mastery after each major course component, on an on-going basis. This helps guide their studying for in-house exams and the boards, because they can see subject-specific weaknesses. Those with persistent or multiple weaknesses, whether in grades or competencies, are followed up by the Office of Student Affairs so that additional support can be offered. A generic example of a competency report, listing all tracked competencies, is shown in Figure 2. Five of the competencies are separately required for progression to second year: Anatomy/Embryology, Histology/Pathology/Pathophysiology, Pharmacology, Physiology, and Clinical Skills (Patient Centered Medicine), in addition to being components of unit/exam grades. The others are part of unit/exam grades. Competency tracking required that each exam question be tagged, and this has been accomplished with each exam during its construction. With the experience of designing and delivering the new curriculum and assessment methods for first
year behind us, it will be easier for us to work with the new in-coming first years, and also to provide new curriculum to those now entering the second year. And the use of ExamSoft® will now be extended to the second-year students, as will the associated competency tracking.

In the previous report, we mentioned that a new staff member, reporting to the NJMS Director for Education Evaluation and Research, had been hired to provide additional evaluation assistance, thanks to the Dean’s Office’s support for our educational efforts. That individual began her employment at the start of AY2015-2016 and has proved invaluable in the development of our assessment programs.

In short, the “Most Significant Challenge” and its related issues have been dealt with effectively and we expect to deal with the same challenges in second-year, in the same way.

Last year’s Narrative Response by ECA was complimentary and did not anticipate any problems in overcoming these challenges.

![Figure 1: NJMS 2015 Curriculum](image)
Figure 2: Typical Competency Report