

**Attachment B****MSU College of Osteopathic Medicine****ANNUAL COURSE REVIEW FORM****Instructions:**

Course Coordinators should complete this form during the semester immediately following that in which the course was taught. It is the expectation that Coordinators will include input from course faculty of all three sites when completing form. Please enter your comments by typing directly on this form. Your responses to these questions helps MSUCOM fulfill some of the accreditation standards and we greatly appreciate your input.

**Course Name and Number:**

**Course Coordinator(s):**

**Year and Semester Being Reviewed:**

**List all organizational units (e.g., physiology department), with ongoing involvement in the course, and the number of instructional staff from each unit**

Department/Organizational Unit	Names of Teaching Staff Involved from each Unit

<p><b>Course Credit Hours:</b> (As shown in Registrar Course Description)</p>	<p><b>Course Contact Hours:</b></p> <p>Lecture (live and on-line):</p> <p>Discussion, small group or recitation:</p> <p>Laboratory:</p> <p>Other assigned learning activities:</p> <p><b>Grand total:</b></p> <p>Have contact hours changed from the prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain what was changed and why:</p>
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**A. What went well and made you proud during this most recent offering of the course?**

**B. Did any problems occur this year?** ☐ No ☐ Yes **If yes, please describe:**

▪ **Were any of these recurrent from last year?** ☐ No ☐ Yes **If yes, please describe:**

▪ **What is the single biggest problem that needs to be addressed in future presentations of this course?**

**C. List the major enduring learning goals of the course:**

▪ **Have these changed from prior years?** ☐ No ☐ Yes **If yes, please describe:**

**D. Comment on how the course content addresses:**

- Osteopathic Philosophy, Principles & Practices
- Critical Thinking
- Evidence Based Medicine
- NBOME blueprint content

**E. Describe how course planning encouraged collaboration of Basic and Clinical Science Faculty.**

**F. Describe how instructors were oriented to the course policies, enduring learning goals and objectives.**

**G. Please comment on the overall adequacy of instructional and other resources to facilitate attainment of the curricular objectives of this course.**

Resource	Adequacy of Resource for Fulfilling Curricular Objectives		
Quality of instructional team	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Instructional team quantity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Classroom facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Laboratory facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Curriculum Assistants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Laboratory Assistants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Other Support Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Adequacy of IT infrastructure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Computer hardware & software	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Equipment or models	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please describe:

**H. Were there any challenges related to scheduling, general logistics, or learning resources at any of the three sites?**

	Any Challenges Noted?	Site(s) Impacted by this Challenge		
Scheduling	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> E. Lansing	<input type="checkbox"/> DMC	<input type="checkbox"/> Macomb
Logistics	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> E. Lansing	<input type="checkbox"/> DMC	<input type="checkbox"/> Macomb
Learning Resources	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> E. Lansing	<input type="checkbox"/> DMC	<input type="checkbox"/> Macomb
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> E. Lansing	<input type="checkbox"/> DMC	<input type="checkbox"/> Macomb

- I. Describe the technology/computer applications used during the course, the setting where each was used and whether these activities were recommended or required.

Technology or Computer Application (e.g. i-Clicker, LON-CAPA, KBIT, DXR, etc.)	Setting of Use		Recommended or Required
	<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Recommended
	<input type="checkbox"/> Small Group	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Contributes to grade
	<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Recommended
	<input type="checkbox"/> Small Group	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Contributes to grade
	<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Recommended
	<input type="checkbox"/> Small Group	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Contributes to grade
	<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Recommended
	<input type="checkbox"/> Small Group	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Contributes to grade
	<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Recommended
	<input type="checkbox"/> Small Group	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Contributes to grade

- J. What were the changes made in the course from the previous year and what were the results?

	What changes were made in this aspect of this course this year?	What is your assessment of the results of this change?
Content		<input type="checkbox"/> Positive impact <input type="checkbox"/> Neutral/No difference <input type="checkbox"/> Warrants additional refinement <input type="checkbox"/> Unsuccessful, will not do this again
Objectives		<input type="checkbox"/> Positive impact <input type="checkbox"/> Neutral/No difference <input type="checkbox"/> Warrants additional refinement <input type="checkbox"/> Unsuccessful, will not do this again
Sessions/Lectures		<input type="checkbox"/> Positive impact <input type="checkbox"/> Neutral/No difference <input type="checkbox"/> Warrants additional refinement <input type="checkbox"/> Unsuccessful, will not do this again
Format		<input type="checkbox"/> Positive impact <input type="checkbox"/> Neutral/No difference <input type="checkbox"/> Warrants additional refinement <input type="checkbox"/> Unsuccessful, will not do this again
Evaluation		<input type="checkbox"/> Positive impact <input type="checkbox"/> Neutral/No difference <input type="checkbox"/> Warrants additional refinement <input type="checkbox"/> Unsuccessful, will not do this again

- K. Briefly describe self assessment activities the course provided to enable students to assess their understanding of the material prior to exams:

Student Self Assessment Activity	Used in Course?
Homework problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral questions during lecture or lab	<input type="checkbox"/> Yes <input type="checkbox"/> No
i-Clicker questions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice exam questions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case studies/application problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other – Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**L. Check all the formats that are used in examinations or other assessments that contribute toward the course grade:**

<input type="checkbox"/> Multiple-choice, true/false, matching questions	<input type="checkbox"/> Laboratory practical items
<input type="checkbox"/> Fill-in, short answer questions	<input type="checkbox"/> Problem-solving exercises
<input type="checkbox"/> Essay questions or papers	<input type="checkbox"/> Presentations
<input type="checkbox"/> Oral exams	<input type="checkbox"/> Preceptor ratings
<input type="checkbox"/> OSCE or standardized patient exam	<input type="checkbox"/> Other (describe)

**M. Provide a summary of student performance and indicate how this compared to the past academic year.**

# students enrolled in course:	<b>Comparison to Prior Academic Year</b>			
# students repeating course:	<input type="checkbox"/> Same	<input type="checkbox"/> More students	<input type="checkbox"/> Fewer students	<input type="checkbox"/> N.A. (new course)
# Withdrawn from course:	<input type="checkbox"/> Same	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> N.A. (new course)
Mean % score overall:	<input type="checkbox"/> Same	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> N.A. (new course)
Average score by site:	E. Lansing:                      DMC:                      Macomb:			
Describe the distribution of scores:	<input type="checkbox"/> Same distribution as prior year <input type="checkbox"/> Increased skewing compared to prior year <input type="checkbox"/> Decreased skewing – movement toward a more normal distribution <input type="checkbox"/> N.A. (new course)			
Std. Deviation of Mean % score:	<input type="checkbox"/> Same	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> N.A. (new course)
# of "P" grades:	# of "P" grades last academic year:	# of "P" grades two academic years ago:		
# of "N" grades:	# of "P" grades last academic year:	# of "P" grades two academic years ago:		
Were there any changes made in the pass line for the course this year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate why this change was made:				

**N. Provide a summary of positive and negative themes of student feedback received about the course this year.**

Positive Student Feedback	Negative Student Feedback

- If negative student feedback was received, please describe how this is being addressed:

**O. What change(s) do you propose for next year, especially to address any problems noted above in items B, J or N? Include any plans for new technology/computer applications.**

**P. Any other general comments about the course?**

Thank you for completing this form. Please send it to: [namehere@msu.edu](mailto:namehere@msu.edu)