

David Geffen School of Medicine at UCLA

2012 LCME Reaccreditation Student Report

This report reflects the opinions of the medical students at the David Geffen School of Medicine at UCLA. The Student Survey and this Report were developed and approved by a student committee consisting of the presidents of the Classes of 2012-2015, representatives of the Medical Student Council, and leaders of prominent student organizations on campus. Efforts were made throughout the process to ensure broad representation of the student body.

Focus groups and the guidelines outlined in the LCME publication "The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada" were used to generate a detailed 334 question student survey. The survey was given to all 731 students via email. 634 students responded for an 86.7% response rate.

Student Survey Methods

The student survey was developed and approved by a committee consisting of the presidents of the Classes of 2012-2015, representatives of the Medical Student Council, and leaders of prominent students organizations on campus. The survey consisted of a maximum of 334 questions. Questions pertaining to curriculum year 2-4 were skipped for the class of 2015. Similarly, no questions were answered by the class of 2014 regarding year 3 and 4, and regarding year 4 by the class of 2013. The senior students received all 334 questions. UCLA and UC Riverside students received identical surveys.

The survey was administered through CourseEval, an online course evaluation system, from April 9, 2012 to May 7, 2012. Participation was anonymous and voluntary. Reminders were sent every third day.

Response rates were as follows:

- Class of 2012 81.40% (140 students)
- Class of 2013 81.18% (151 students)
- Class of 2014 92.47% (172 students)
- Class of 2015 91.44% (171 students)

Most survey items were presented as statements (e.g. "The students' voices are appropriately represented in the administration of the school.") with the options of 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, or 5=Strongly Agree. For reporting purposes, the responses of "Agree" and "Strongly Agree" were grouped together to represent agreement with the statement, while "Disagree" and "Strongly Disagree" were grouped together to indicate disagreement. "Non-applicable" responses were treated as missing data. Students received raw survey data, as well as a report with percentages of responses indicating agreement and disagreement to each question. Students conducted the data analysis and created a report independently.

Accessibility of Deans and Faculty Members

A solid majority of medical students (92%) felt that faculty members at the school were generally accessible. However, somewhat fewer students felt that the Dean of the Medical School and the Senior Associate Dean for Student Affairs were accessible (69% and 73%, respectively). 82% of students judged the Dean of the Medical School to be supportive of student interests, and 77% judged the Senior Associate Dean for Student Affairs to be supportive of student interests.

Participation of Students in Medical School Committees

72% of all students agree that student voices are appropriately represented in the administration of the school and 71% agree that the administration solicits student input in relevant decisions. 70% of students agreed that they understood what the Medical Student Council does and 73% agreed that they understand what the Medical Education Committee does. There was some variability across years, with fewer people in the class of 2012 and 2013 agreeing with the above statements. The highest rates of agreement were in the class of 2015. A related student comment was, "UCLA has a very supportive community. The administration is responsive to most, if not all, student concerns, and I feel like there is always someone to go to for help with any issue that might arise."

Curriculum: Preclinical

Preclinical Years Summary and Student Comments

All preclinical blocks were evaluated in the following categories: time for independent study; effectiveness of lectures, anatomy, histology, afternoon labs, and PBL; faculty/student ratio; effectiveness in preparing for USMLE Step 1; effectiveness in preparing for clinical clerkships; and overall effectiveness in achieving learning objectives. Overall, these components of each block are rated relatively high, with exceptions noted below. General comments about the preclinical years included: "1st and 2nd year were absolutely outstanding," "ample independent study time and free time to balance work and school," "my education at UCR for years 1 and 2 was outstanding," "pass/fail during first and second year is very helpful in maintaining a good life balance, building up our resume with extracurriculars and research, and independent study," and "most block chairs and main teaching staff have been very approachable and helpful, especially in Blocks 2,3,6, 7,9." The most highly rated blocks overall were 2, 3, 7, and 9.

Many students, especially 3rd and 4th years, voiced concerns about the preclinical years being unhelpful in preparing for USMLE Step 1 or clinical clerkships. Comments included: "too high an emphasis on basic

sciences that are NOT board-relevant in the first years of lectures, and the information we learn in the first two years is largely not helpful in the clerkships,” “too much of the lecture material is not clinically relevant and is not helpful for step 1 or for 3rd and 4th year rotations,” “emphasize importance of Step 1 in 1st/2nd yr curriculum,” “the preclinical years should incorporate more clinically relevant material,” “the curriculum in general does not adequately prepare students for USMLE,” “in doing my boards studying, I felt that there was so much unfamiliar material that I had to learn myself.”

Students also voiced concerns about the applicability of PBL to the preclinical years. They commented that there was a “disproportionately heavy emphasis on small group learning during pre-clinical years,” “PBLs...would have been more helpful to do several mini-cases rather than beat one topic to death,” “PBL sessions were valuable in general, but varied mostly based on the tutor(s) for the group,” “PBL sessions can often be hit or miss, depending on the tutor,” “PBL tutors who are medical doctors tend to be the best since they teach us about clinical materials that I cannot gain anywhere else, whereas PhD tutors tend to divert attention from the clinical aspects of medicine and they have very little to contribute to the discussion.” The average effectiveness rating of PBL across all blocks was 81%.

There were also several concerns about inadequacy of the teaching in certain subjects, especially biochemistry. There were also multiple comments regarding afternoon sessions, describing them as being ineffective. A few students suggested making them more limited, focused, or turning them toward USMLE preparation. The average effectiveness rating of afternoon labs across all blocks was 76%.

There were several comments from first and second year students expressing concerns regarding feedback on block exams, describing them as “insufficient,” stating it is “very difficult to learn from my exams because I don't really know what I got wrong,” “not being able to see my mistakes has been detrimental to my education.”

Block 1: Foundations of Medicine

The overall rating for this course by all students was 82%, the lowest of all 1st year blocks.

Strengths: Students were generally in agreement that the time allowed for independent study was sufficient (88%) and that lectures helped them learn the block material (88%). And 91% were approving of the faculty/student ratio.

Weaknesses: This block has the lowest ranking in terms of preparation for USMLE Step 1 and clinical clerkships of any preclinical block, with 47% and 46% of students finding it helpful, respectively. The efficacy of afternoon labs and PBL were rated relatively low, with an overall rating of 70% and 74%, respectively. PBL efficacy was rated relatively low, with an overall rating of 74%. Constructive comments included concerns over the quality of embryology lectures, citing them as “confusing,” and “unhelpful.”

Block 1: Foundations of Medicine	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	7% (41)	88% (538)	613
Lectures helped me learn the block material.	6% (35)	88% (538)	613
Anatomy lab helped me learn the block material	7%(37)	85% (442)	517
Histology lab helped me learn the block material.	6% (34)	83% (503)	605
Afternoon labs (aside from anatomy and histology) helped me learn the block material.	13% (76)	70% (427)	607
PBL contributes to learning the block's material	13% (77)	74% (454)	612
The faculty/student ratio is effective to address student questions and enable student learning.	3% (17)	91% (556)	611
This block was helpful in preparing for the USMLE Step 1.	23% (122)	47% (246)	521
This block was helpful in preparing for clinical clerkships.	26% (136)	46% (234)	514
This block was effective overall in achieving its learning objectives	5% (30)	82% (499)	611

Block 2: Cardiovascular, Renal & Respiratory Medicine 1

The overall rating for this course by all students was 94%, the highest of any 1st year block.

Strengths: Students were especially approving of the anatomy lab in this block (92%), as well as the time allowed for independent study (90%) and the lectures (90%).

Weaknesses: The afternoon labs had the lowest approval rating in this block at 79%.

Block 2: Cardiovascular, Renal & Respiratory Medicine 1	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	5% (29)	90% (552)	611

Lectures helped me learn the block material.	4% (26)	90% (551)	611
Anatomy lab helped me learn the block material	2% (15)	92% (562)	608
Histology lab helped me learn the block material.	6% (35)	86% (527)	610
Afternoon labs (aside from anatomy and histology) helped me learn the block material.	9% (54)	79% (483)	609
PBL contributes to learning the block's material	9% (52)	84% (513)	612
The faculty/student ratio is effective to address student questions and enable student learning.	2% (14)	91% (556)	611
This block was helpful in preparing for the USMLE Step 1.	6% (34)	82% (435)	528
This block was helpful in preparing for clinical clerkships.	5% (24)	83% (433)	520
This block was effective overall in achieving its learning objectives	2% (12)	94% (565)	604

Block 3: Gastrointestinal, Endocrine & Reproductive Medicine 1

The overall rating for this course by all students was 93%.

Strengths: Students rated the anatomy lab and the lectures in this block highly, at 90% and 93% respectively.

Weaknesses: Afternoon labs were rated at 78%, which was the lowest rating this block received.

Block 3: Gastrointestinal, Endocrine & Reproductive Medicine 1	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	8% (48)	87% (529)	609
Lectures helped me learn the block material.	2% (15)	93% (567)	609
Anatomy lab helped me learn the block material	4% (25)	90% (548)	608
Histology lab helped me learn the block material.	4% (27)	87% (529)	608

Afternoon labs (aside from anatomy and histology) helped me learn the block material.	10% (58)	78% (472)	605
PBL contributes to learning the block's material	9% (55)	83% (503)	608
The faculty/student ratio is effective to address student questions and enable student learning.	3% (19)	90% (547)	608
This block was helpful in preparing for the USMLE Step 1.	6% (30)	81% (425)	525
This block was helpful in preparing for clinical clerkships.	5% (26)	82% (424)	518
This block was effective overall in achieving its learning objectives	2% (9)	93% (561)	601

Block 4: Musculoskeletal Medicine

The overall rating for this course by all students was 86%.

Strengths: Anatomy lab received high ratings in this block (93%). The faculty/student ratio received a 90% approval rating. A student commented, "I particularly appreciated the involvement of tutors and additional faculty during class time in Block 4 and hope that this can be expanded to other blocks."

Weaknesses: Lectures were rated relatively low at 74%, as was helpfulness in preparing for USMLE Step 1 at 71%. Comments included: "Block 4 was not well structured," "The information covered in this block is represented extensively on step 1, but not in the way it was taught to us. Students need more emphasis on nerves and specific injuries and less emphasis on small muscles of the back."

Block 4: Musculoskeletal Medicine	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	8% (46)	85% (511)	604
Lectures helped me learn the block material.	11% (69)	74% (448)	603
Anatomy lab helped me learn the block material	4% (22)	93% (563)	603
Histology lab helped me learn the block material.	10% (47)	76% (370)	485

Afternoon labs (aside from anatomy and histology) helped me learn the block material.	12% (69)	75% (450)	597
PBL contributes to learning the block's material	11% (69)	76% (459)	603
The faculty/student ratio is effective to address student questions and enable student learning.	3% (15)	90% (546)	604
This block was helpful in preparing for the USMLE Step 1.	9% (49)	71% (370)	521
This block was helpful in preparing for clinical clerkships.	6% (30)	80% (411)	514
This block was effective overall in achieving its learning objectives	4% (21)	86% (508)	589

Block 5: Medical Neurosciences 1

The overall rating for this course by all students was 88%.

Strengths: This block received high ratings for allowing independent time for study (91%) and its faculty/student ratio (91%).

Weaknesses: This block was not rated below 80% in any area. Its weakest areas were its helpfulness in preparing for USMLE Step 1 and clinical clerkships, which were both rated at 80%.

Block 5: Medical Neurosciences 1	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	3% (14)	91% (416)	456
Lectures helped me learn the block material.	5% (22)	89% (406)	456
Anatomy lab helped me learn the block material	6% (29)	88% (397)	453
Afternoon labs (aside from anatomy) helped me learn the block material.	7% (34)	81% (370)	455
PBL contributes to learning the block's material	9% (39)	81% (371)	456

The faculty/student ratio is effective to address student questions and enable student learning.	2% (7)	91% (415)	456
This block was helpful in preparing for the USMLE Step 1.	8% (38)	80% (363)	451
This block was helpful in preparing for clinical clerkships.	8% (34)	80% (349)	439
This block was effective overall in achieving its learning objectives	4% (16)	88% (400)	454

Longitudinal curriculum--1st year

85% of students agreed the 1st year preceptor program is effective as an introduction to clinical medicine, but slightly fewer students(79%) agreed the 1st year doctoring program is effective.87% of students agreed 1st year clinical skills course is effective.

Block 6: Foundations of Medicine 2

The overall rating for this course by all students was 90%.

Strengths: This block received high ratings for allowing independent time for study (92%) and for its faculty/student ratio (90%).

Weaknesses: Only 73% of students felt the afternoon labs in this block were helpful in learning the block material.

Block 6: Foundations of Medicine 2	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	3% (12)	92% (401)	438
Lectures helped me learn the block material.	5% (23)	87% (378)	436
Afternoon labshelped me learn the block material.	10% (41)	73% (309)	422
PBL contributes to learning the block's material	8% (37)	83% (364)	437

The faculty/student ratio is effective to address student questions and enable student learning.	2% (8)	90% (394)	436
This block was helpful in preparing for the USMLE Step 1.	7% (29)	83% (359)	432
This block was helpful in preparing for clinical clerkships.	6% (25)	83% (349)	419
This block was effective overall in achieving its learning objectives	3% (15)	90% (393)	437

Block 7: Gastrointestinal, Endocrine, and Reproductive Medicine 2

The overall rating for this course by all students was 93%.

Strengths: This block received high ratings for allowing time for independent study (92%), its lectures (93%), and its faculty/student ratio (93%).

Weaknesses: Only 79% of students approved of this block's afternoon labs.

Block 7: Gastrointestinal, Endocrine, and Reproductive Medicine 2	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	3% (13)	92% (405)	441
Lectures helped me learn the block material.	3% (13)	93% (409)	441
Afternoon labshelped me learn the block material.	7% (29)	79% (340)	432
PBL contributes to learning the block's material	7% (29)	87% (384)	442
The faculty/student ratio is effective to address student questions and enable student learning.	2% (8)	93% (408)	441
This block was helpful in preparing for the USMLE Step 1.	5% (23)	89% (388)	438
This block was helpful in preparing for clinical clerkships.	3% (14)	89% (379)	426

This block was effective overall in achieving its learning objectives	2% (9)	93% (408)	441
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Block 8: Medical Neurosciences 2

The overall rating for this block was the lowest of all 2nd year courses, at 74%.

Strengths: The time allowed for independent study in this block was rated at 90%.

Weaknesses: Only 66% students agreed this course was helpful for USMLE Step 1 preparation, and only 68% felt the afternoon labs were helpful in learning the block material. This block also received relatively weak ratings for its lectures (73%), its histology lab (78%), PBL (78%), and helpfulness in preparing for clerkships (72%). Students commented that this course was not well-organized.

Block 8: Medical Neurosciences 2	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	4% (19)	90% (393)	437
Lectures helped me learn the block material.	13% (55)	73% (317)	437
Afternoon labs helped me learn the block material.	15% (63)	68% (288)	422
PBL contributes to learning the block's material	11% (49)	78% (340)	437
The faculty/student ratio is effective to address student questions and enable student learning.	4% (16)	88% (385)	436
This block was helpful in preparing for the USMLE Step 1.	16% (70)	66% (284)	433
This block was helpful in preparing for clinical clerkships.	12% (49)	72% (301)	420
This block was effective overall in achieving its learning objectives	10% (43)	74% (325)	437

Block 9: Cardiovascular, Renal, and Respiratory Medicine 2

The overall rating for this course was the highest of all 2nd year courses, at 95%.

Strengths: 91% of students agreed this course was helpful for USMLE Step 1 preparation, the highest of all 2nd year courses, and 93% felt it was helpful in preparing for clinical clerkships. 95% of students agreed lectures were helpful to learn the block material. 91% felt there was sufficient time for independent study, and 93% approved of the student/faculty ratio. In the comments section, students praised the PBL learning issue format utilized in this course.

Weaknesses: This course was not rated below 85% in any area.

Block 9: Cardiovascular, Renal, and Respiratory Medicine 2	Disagree	Agree	Total responses
The time allowed for independent study is sufficient.	5% (22)	91%(402)	441
Lectures helped me learn the block material.	2% (10)	95% (418)	441
Afternoon labshelped me learn the block material.	6% (24)	85% (364)	430
PBL contributes to learning the block's material	7% (33)	87% (383)	442
The faculty/student ratio is effective to address student questions and enable student learning.	1% (6)	93% (412)	441
This block was helpful in preparing for the USMLE Step 1.	4% (18)	91% (397)	438
This block was helpful in preparing for clinical clerkships.	3% (12)	93% (395)	425
This block was effective overall in achieving its learning objectives	2% (7)	95% (417)	441

Longitudinal Curriculum - 2nd year

87% of students agreed the 2nd year preceptor program is effective as an introduction to clinical medicine, but only 77% of students agreed the 2nd year doctoring program is effective. 81% of students agreed 2nd year clinical skills course is effective.

3rd year

A strong majority of students (91%) felt there was an appropriate diversity of rotation sites available to third-year students. In the comments section, one student stated that this was a strength of UCLA's medical school. Fewer students (61%) felt that the continuity programs, in which students do several 3rd year rotations at the same clinical site, were beneficial to their 3rd year experience and educationally useful.

The third year received somewhat lower ratings for its scheduling procedure for clerkships and preceptor, with only 56% of students agreeing that it was easy and efficient. In addition, 78% of students felt that the opportunity for an elective during 3rd year would be beneficial. Problematically, only 40% of students felt that there was an appropriate uniformity between clerkship sites with regards to communication of expectations.

3rd Year Clinical Clerkships

Ambulatory Internal Medicine

The overall effectiveness of this clerkship was rated at 82%, making it the second lowest rated clerkship.

Strengths: This clerkship received good ratings for allowing sufficient time for independent study (91%). Students commented that the experience on this clerkship at the Kaiser Sunset clinical site was exceptional in the quality of its faculty teaching.

Weaknesses: This clerkship received lower ratings for the fairness of its evaluation process (66%), its helpfulness in preparing for the USMLE Step 2 (68%), providing appropriate feedback on clinical skill development (71%), and its level of organization (74%). 81% of students approved of the effectiveness of faculty teaching.

Family Medicine

The overall effectiveness of this clerkship was rated at 83%.

Strengths: The clerkship was generally rated highly for making its learning objectives clear (86%), allowing sufficient time for independent study (91%), providing appropriate supervision in patient care activities (90%), and providing a sufficient variety of patient experiences (86%).

Weaknesses: The clerkship received lower ratings for providing appropriate feedback about student performance (76%), the fairness of the evaluation process (72%), and its helpfulness in preparing for the USMLE Step 2 (76%). The effectiveness of faculty teaching was rated at 81%. Students commented that, during this clerkship, they were taken away from clinic too often for didactics and other non-clinical elements of the curriculum.

Inpatient Internal Medicine

The overall effectiveness of this clerkship was rated at 92%, making it the second highest rated clerkship.

Strengths: Students approved of the effectiveness of faculty teaching (96%), being appropriately involved in patient care (95%), the level of organization of the clerkship (94%), and the clarity of its learning objectives (94%). Students commented on the effectiveness of this clerkship specifically at the Olive View and Ronald Reagan Medical Center clinical sites.

Weaknesses: The clerkship did receive lower ratings for allowing time for independent study (64%), and the fairness of its evaluation process (79%).

Psychiatry

The overall effectiveness of this clerkship was rated at 89%.

Strengths: This clerkship received high ratings for allowing time for independent study (94%), receiving grades and evaluations within a reasonable amount of time (92%), and being appropriately involved in patient care (91%). The clarity of the learning objectives and the effectiveness of faculty teaching were also rated highly, both at 90%.

Weaknesses: Somewhat fewer students (81%) believe the evaluation process was fair, but in general this clerkship had fewer identified weaknesses.

Neurology

Overall, 72% of all students agreed that this clerkship was effective, while 16% disagreed.

Strengths: A particular strength was that 78% of students believed that they were appropriately involved and supervised in patient care. More than 70% of students agreed that the rotation was well organized with effective faculty teaching, sufficient time to study for shelf exams, appropriate clinical skills development, and the receipt of grades in a reasonable time. One student praised it as a “tough” rotation.

Weaknesses: Neurology was the lowest rated third-year clerkship. Only 66% students agreed that the neurology clerkship was effective for preparing USMLE Step 2, and only 65% of students agreed that the evaluation process was fair. One student complained about the limited number of clinical days on the rotation, writing “I had 9 clinical days of neurology (3 weeks, with an average of 2 days per week of other educational activities),” and another stated that “the wards” were “hostile for students,” suggesting this as a cause for the paucity of UCLA medical students who apply to neurology residency.

Obstetrics and Gynecology

Overall, 83% of all students agreed that this course was effective, while 7% disagreed.

Strengths: Particular strengths of the rotation were clear learning objectives (88.1%), sufficient variety of patient experiences (88.6%), and appropriate supervision (89.4%). In all but one category of evaluation, more than 70%, and often more than 80%, of students agreed with statements concerning the effectiveness of teaching, organization, clinical skill development, and evaluation. Several students praised the choice of textbook and the consistency between verbal feedback and final course evaluations.

Weaknesses: Only 65% of students agreed that the clerkship load allowed for sufficient independent study time, while a full 20% disagreed. This was the only area of evaluation below 70% agreement.

Pediatrics

Pediatrics received the highest evaluation of all third-year clerkships. Overall, 93% of all students agreed that this course was effective, while only 3% disagreed.

Strengths: In all areas of evaluation regarding teaching, patient care, clinical experience, and evaluation, the pediatrics clerkship received over 80% positive agreement, and in half, over 90% agreement. Particular strengths included: clear learning objectives (96%), good organization (94%), effective faculty (95%), and appropriate involvement and supervision in patient care (93%).

Weakness: No area of evaluation was below 80%. No negative comments were registered.

Surgery

Overall, 83% of the students agreed that the course was effective, while 9% disagreed.

Strengths: Particular strengths were the variety of patient experiences (89%) and clear learning objectives (87%). Over 70% of students agreed that faculty and resident teaching was effective, that the quantity and supervision of patient care were appropriate, and that the clerkship was effective in preparation for the USMLE Step 2 Examination.

Weaknesses: Only 57% of students agreed that there was sufficient time to independently study, 67% agreed that the evaluation process was fair, and 69% agreed that they had been adequately supervised performing clinical skills. Criticisms included poor support for those “with an interest in surgery” and that the recommended clerkship textbook was ill-suited to prepare for the NBME shelf examination. Multiple students suggested that early deficiencies in anatomy instruction and a lack of 2nd/3rd year

anatomy lab access were causally linked to deficits in surgery clerkship performance, and that third year surgery clerkship directors should work proactively with anatomy instructors to ensure that student anatomical knowledge is sufficient for the clerkship.

4th Year

Students approved of the number and diversity of 4th year electives (94%). 89% believed the course requirements for 4th year (including the number of required courses and sub-internships) are reasonable and appropriate, and 92% believe research electives are easy to schedule. Students commented that they “love the flexibility in 4th year.” Student comments were generally positive about the quality of clinical training in the 4th year. One student stated “I think what makes UCLA a great program to attend is its 3rd/4th year clinical experience.”

However, only 59% of students feel that the start date of 4th year (which began on July 11 in the 2011-2012 academic year) allows a sufficient number of electives to be completed before residency applications begin, and only 51% believe that away electives are easy to schedule. 78% believe that UCLA’s 3-week block schedule, in which 4th year rotations last 3 weeks instead of 4, is appropriate. Numerous students commented that the scheduling process for 4th year was difficult, and that they would have preferred to have time for more sub-internships before residency applications.

Students had mixed feelings about the 4th year college program, with 67% feeling that it is effective in providing career advising, 75% feeling that it provides an effective introduction to different aspects of medical practice (academics vs. private practice, finances, risk management, etc.), and 72% feeling that it is helpful in the residency application process.

Student Assessment and Grading

Satisfaction with the pass/fail grading system in the preclinical years is high (92%), while satisfaction with pass/fail grading in the clinical years is somewhat lower (68%). Some of the difference may be explained by the fact that only 39% of students believe that the pass/fail system is helpful in applying to residency. Students overall gave somewhat lower ratings to the clarity of the grading and evaluation process. Fewer students agree that the consequences of failing a block (68%), failing USMLE Step 1 (63%), or receiving a marginal pass in a block (56%) are clear. Furthermore, students are generally dissatisfied with post-exam feedback; only 42% feel that it is sufficient to determine strengths and weaknesses. Weekly self-exams are generally seen as helpful in determining self-performance (79%).

Students feel particularly strongly about two specific issues regarding the evaluations: the awarding of Letters of Distinction during the third year, and selection of AOA members in the fourth year. Only 26% feel that the awarding of Letters of Distinction is transparent, and 22% believe that it is fair, with a full 59% and 42% disagreeing with these statements, respectively. Among 4th year students, only 11% agree that AOA selection is transparent, and 75% disagree. 15% of 4th years believe AOA selection is fair, and

40% disagree. There were dozens of student comments to the effect that Letters of Distinction are arbitrarily awarded and not fair, and that AOA selection is not transparent.

Evaluation of Courses

Across years, 63% of students agreed that course evaluations are useful and effective but only 51% agreed that problems identified in the evaluations are addressed (16% of students disagreed on both accounts). The class of 2012 had the lowest rates of agreement for the two questions, with responses of 53% and 36% respectively. The class of 2015 had the highest rates of agreement for the two questions, with responses of 65% and 62% respectively. A number of students submitted comments on this section about the need for feedback on the errors they made on block exams and the desire to see exams after they have been graded. For example, “feedback on exam performance is completely insufficient. Students should be able to see exam results and answers to specific questions.” Another comment, not related to block exam feedback was, “weekly evaluations... would be more useful and clear than block-end evaluations.”

Student Support Services

Strengths: Students in general expressed satisfaction with the Student Affairs Office (SAO) and with the quality and amount of financial aid services (excepting the class of 2015). Of students respondents, 84% and 81% of students agreed that the SAO and financial aid counseling respectively were available and accessible. Tutoring availability was another strength in support services: 84% of students felt these service were available.

Students were also generally satisfied with the quality of health care available to them including the confidentiality of mental health services (85%).

Weaknesses: Fewer students (68%) felt they understood the different roles of the individuals within the SAO and which SAO member to approach to have their concerns addressed. Regarding financial aid, students in the class of 2015 were the least satisfied with the amount of financial aid available; only 62% rated it as sufficient.

In evaluating health services, accessing dental care was a low point in the survey. Only 57% of students agreed that accessing dental services was easy. Another area of concern was the understanding and satisfaction with insurance for students and dependants. Just 64% of the students expressed confidence in their understanding of their own insurance benefits and only 59% of students believed that dependant health insurance was adequate. Satisfaction with disability insurance was also low.

Student Health Services

Most students agreed that health care and mental health services are accessible, affordable, and of sufficient quality to meet the needs of students. Response rates across years for questions that assessed these issues ranged from 74% to 79% agreement. In comparison, 22% of students overall believe dental services are not easy to access. (57% believed dental services are easy to access.) Students strongly agree across years that their confidentiality is protected when seeking health services (85%). Approximately 20% of students are not aware of services covered through their health insurance plan and disagree that their health coverage for spouses and dependents is adequate. A number of students were undecided about the availability and cost of disability insurance offered, with 58% of all students agreeing that the services offered are satisfactory. Sample comments for this section include: "When I was in a car accident, I felt I had few options accessing my [primary care provider]." Also: "The hours at [the student health center] are simply not convenient if you have an acute issue but can't justify talking time off clinical rotations."

The Learning Environment

Overall, 11% of students stated that they had been the target of sexual harassment by faculty, residents, or staff, and 13% reported witnessing other students subjected to such harassment. The reported incidence of sexual harassment varied markedly by year, with harassment experienced by 21% of 4th years and 13% of 3rd years, but 3% of 2nd years and 5% of 1st years, implying that a majority of harassment occurs during the clinical years.

Power abuse was reported more commonly, with 24% overall reporting being targeted by faculty, residents, or staff, and 28% reporting witnessing power abuse. There was a similar effect of year in school, with 38% of 4th years, 38% of 3rd years, 7% of 2nd years, and 8% of 1st years reporting experiencing power abuse.

Overall, 15% of students reported that they had been negatively singled out by a person in a position of power because of their gender, ethnicity, religious beliefs, or sexual preference.

67% of students felt that there were safe and confidential avenues for reporting instances of sexual harassment or power abuse, and 54% felt there was adequate follow-up and prevention of further instances of sexual harassment or power abuse. 10% and 13% of students, respectively, disagreed with these statements.

Facilities

Educational Facilities and Learning Environment

Students surveyed found the lecture halls (77%) and study spaces (79%) favorable. However, many comments were made specifically about the graduate reading room's small size and limited private study rooms. 80% of the student body was satisfied with Wilson student lounge and found it conducive

to student relaxation. Safety and security in all of these facilities was also rated high at 91%. However, when asked about personal storage space, 37% of students feel it is lacking, with one student commenting, “more lockers aside from just the anatomy lockers we get during first year would be great.” Overall, 90% of students agree that the facilities provide a supportive learning environment, with one student commenting that they are “extremely conducive to maintaining a healthy work-life balance.”

Housing and Parking

Housing is viewed favorably by students, as 80% agree that housing options and availability are adequate, though UCLA Parking still remains an issue for all students. Only 60% feel that sufficient parking options at UCLA are available, and 70% find parking to be unaffordable. Comments focus on the high price of parking for single day visits (\$11), the restriction on parking permits for the closest parking structures, and the discrepancy between housing parking permits start dates and move-in/out dates. Also, 35% of students would like more information on alternative transportation options.

Library and IT Resources

Overall, 88% of all students found the library facility sufficient for their needs, 93% agreed that they were able to access digital materials through the biomedical library, and 91% of students agreed that course materials were accessible online. Only 69% of students agreed that the school website, which provides access to administrative sub-sites, documents, contacts, and calendars among other resources, was easy to access and navigate online. Only 72% of students agreed that the WiFi was readily available and reliable in areas of study.

Student and Faculty Diversity

Students generally agree that there is diversity in the medical school student body and faculty (85% and 75%, respectively), and that the school values diversity in its students, faculty, and staff. A strong majority of students (84%) also believe they have received enough training to capably provide services across race, sexual orientation, age, religion, and culture.

Specific Curriculum Issues

While only a few students find that there are not enough international education opportunities (16%), nearly half of students feel that incorporation of Global Health issues into the curriculum is insufficient. Interestingly, 1st year students were most satisfied with issues of Global Health curriculum, with scores decreasing sequentially throughout class years. This trend was also similar regarding the presence of Lesbian-Gay-Bisexual-Transgender issues in the curriculum, though overall 66% feel they

are incorporated adequately. Support for summer research is rated high at 77%, with 1st and 4th years having the most satisfactory ratings.

Opportunities for Student involvement in Research

Overall, 87% of students agreed that there were sufficient opportunities to conduct research in their areas of interest. However, only 53% of students across all four years agreed that the school schedule allowed for the pursuit of research opportunities during the academic year.

Student Life and Wellbeing

Overall, UCLA students rate their general wellness and quality of life high. They are pleased with the available food options on campus (81%) as well as their ability to participate in extracurricular activities outside of medical school (76%). Most students also feel strongly about the positive impact of student interest groups on their medical experience, and agree that the Student Affairs Office is supportive of these groups. Lastly, 68% of medical students at UCLA believe that the school allows for a good balance between work and life. Specific comments include: “UCLA does a great job of allowing students to balance school work and outside life.” UCLA allows “ample independent study time and free time to balance work and school.” A 3rd year specifically commented that the “pass/fail during first and second year is very helpful in maintaining a good life balance.” An enthusiastic student wrote, “I really do think that we have the most balanced school with the greatest number of opportunities.”

Disciplinary Action

Students across years largely agreed that they have a clear understanding of the honor code at DGSOM (only 8% of students disagreed). 65% to 70% of students overall said they have a clear understanding of the actions that would result in an unprofessionalism citation and that they believe the disciplinary process is fair to students.

However, only 55% of students agreed that the disciplinary process is transparent to students, and a substantial 26% of students disagreed on this point.

Sample comments for this section include: “I don’t feel students should get [an unprofessionalism citation] if they fail to complete surveys for every block, course, and instructor.” Also: “First year [students] never received a talk about professionalism” and the definition of professionalism seems “nebulous.”

Application and Admissions Process

In general, students were satisfied with the support they received through the application and enrolment process. Students believed the admissions office was helpful (76%), the application process clear (79%), and the enrolment process easy (84%).