OHSU Curriculum Committee

FACULTY SELF-REFLECTION and COURSE EVALUATION PROCESS

Overview: The OHSU Curriculum Committee is responsible for systematic course review and evaluation of all IPE and UNI courses. Accordingly, all IPE and UNI courses are required to undergo an initial review, preferably within one quarter of their inaugural offering and then, if the review is satisfactory, be reviewed on a three-year cycle. If the inaugural review is unsatisfactory, annual review may be needed.

STEP 1: Faculty Self-Reflection/Course Evaluation

PART I: Fill in the following course information.

Course Title: ____________________
Course #: IPE ____ UNI _____
Quarter(s) Offered: ________

Faculty: Provide name(s) of course director(s) as well as their professional affiliation

<table>
<thead>
<tr>
<th>Course director(s)/faculty</th>
<th>Program</th>
<th>School</th>
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PART II: Complete the following four (4) items:

I. Course Syllabus –
   A. Attach a copy of the Course Syllabus.
   B. If not already embedded in the syllabus, included a week-to-week outline/overview of course content/focus

II. Student Learning – Complete the grid below

<table>
<thead>
<tr>
<th>Course Objectives, Outcomes, or Competencies</th>
<th>Student Learning Activities</th>
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<tbody>
<tr>
<td>List the course objectives, outcomes, or competencies</td>
<td>Link the student learning activities and/or outcome measures to the course objectives, outcomes, or competencies</td>
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</tbody>
</table>

Please provide any additional comments here:
III. Student Faculty/Course Evaluations
   A. Attach the BLUE student evaluation rating report from this course
      (NOTE: 6 OHSU mandated items, 2 IPE/UNI items, and an option for additional course-specific items)
   B. Optional: Feel free to provide a brief summary/comments if you feel it will help interpret the course evaluations.

IV. Faculty Reflection/Evaluation
   A. What are the overall strengths of this course?
   B. What were the challenges you encountered?
   C. What is/are the area(s) of continued development/improvement for this course?
   D. Please comment specifically about any negative feedback from students and indicate how you will respond in the course.

Course Faculty Signature(s):
   Faculty __________________________        Date _______
   Faculty __________________________        Date _______
   Faculty __________________________        Date _______

   NOTE: Once complete, submit to OHSU CC for review/evaluation
STEP 2: OHSU Curriculum Committee Review/Evaluation

PART I: SUB-COMMITTEE REVIEW

OHSU Curriculum Committee member: __________________________ Date ______
OHSU Curriculum Committee member: __________________________ Date ______

Date of Review: __________________________

Comments:

Decision: Satisfactory ___ Unsatisfactory ___

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PART II: FULL COMMITTEE REVIEW

Date of Review: __________________________

Comments:

FINAL RECOMMENDATION: _____ Satisfactory _____ Unsatisfactory

Recommended timeline for next review:

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PART III: OHSU CC CHAIR SIGNATURE

OHSU CC Chair Signature: __________________________ Date ______