

**University of Florida College of Medicine  
Committee on Evaluation  
January 30, 2015**

**Minutes**

**Members in Attendance:** Erik Black, Jacob Burns, Lou Ann Cooper, Andrew Cutler, Catherine Gonsalves, Yasmin Islam, Maria Kelly, Isaac Luria, Lynne Meyer, Maureen Novak, Hunter Pattison, Richard Rathe, Louis Ritz, Matthew Ryan, Carolyn Stalvey, Taylor Zak

**Recorded by:** Ikiah Young

**I. Opening Remarks**

- Dr. Cooper said according to the LCME self-study every course needed to be reviewed every year by the Program Evaluation Committee.
- By the time student committee members get the OME course data summary, the data has been reviewed by Dr. Cooper, Dr. Novak, Dr. Fantone, the debriefing committee and by the course directors. Then this committee reviews this information and comes up with suggestions which is then sent to the course director, who then formulates an action plan which is then sent back to the evaluation committee to close the loop.

**II. Review of Foundations of Medicine**

- Isaac said most of the critical comments he read were about exam 2. Students commented that they liked Dr. Winter's labs but disliked the handling of exams. Dr. Cooper said for exam 2 the test questions needed to be adjusted. There needs to be a review of the biochemistry content and the test questions in biochemistry. Catherine said Dr. Winter's labs consisted of a self study with actual clinical questions that students had to answer as a group. There was a form on CANVASS and students got to make selections until they got the right answer. Catherine felt that was a great format for learning because it actually had the class talking to one another instead of being more passive.
- There was a lot of information in the histology labs, a 200 slide lab is overwhelming but adding animations within existing slides would at least break it up the information mentally so students don't have to stare at a wall of text. Catherine said she never read a histology lab because it looked like a novel. There was just too much text on each slide.

Some commented that they felt they did not have enough anatomy to orient themselves in histology. If there was one slide of that outlines that this is the organ, this is the basic functions, this is the tissue slice and then give a low power and a high power just so that you are oriented, would have been so helpful.

- Dr. Novak said that faculty members needed to know how to write good test questions. Dr. Aris has gotten really good at doing this since he is on the national board, but not all have so some faculty development to address this is needed.

### **III. Review of ICM 1**

- Dr. Cooper said this course has improved remarkably. Comments read that there was a scheduling issue, and that some orphan topics that didn't quite fit anywhere else but needed to be covered somewhere were then thrown into ICM.
- Jacob said for students he felt the biggest issue with ICM was Pop Health. He felt it was not well taught.
- Jacob said he read in the comments that students did not feel their HAC activity with the PETAs was valuable. Catherine added that sessions where students were on their own and self-regulated seemed to not be helpful. There were some comments about the PETAs themselves not being useful and that they weren't the best teachers. Catherine said she understands this stance because she goes in the HAC and has no idea who they are (e.g. Are they a doctor? How are they trained?) and it would have been nice to have had some context. There was a need for some standardization in how the PETAs taught physical exams as well. Dr. Stalvey asked could those self-guided sessions be improved. Some students replied that having more PETAs circulating to check in on students or offering a competency based checklists that the PETAs would check off on.
- Isaac said the emphasis was always on the process of the physical exam and not what to look for. Dr. Novak said this was only students' first year, but that is definitely a flaw and students should have a minimal understanding of why they are performing these gestures. She said she witnessed this in the equal access clinic, the first years did not have a clue what they were doing. Isaac said he felt it would make the physical exam easier if students knew what they were looking for, they would more likely to take the correct steps. Dr. Rathe mentioned that students could find out the "whys" by looking at the Bates book. Students said there was a Bates book in the room. Dr. Ryan said there appears to be a clinical context gap as to why they are doing these physicals. Dr. Novak said she will sit down with Dr. Stalvey and Dr. Hagen and look at this together and look

at the Bates and see if there are pieces of that clinical context they could introduce to students at a basic level.

- Andrew said he kept reading in the comments that there were not enough anatomy stations. There were too many people per station and not enough instructors.

#### **IV. Review of ICM 3**

- Dr. Cooper presented Dr. Genuardi's written comments for the review of ICM 3:
  - *This course seemed to be less well loved, unsure why. The only things I see is that there is too much busy work and I am not sure if I agree with that.*
  - *There appeared to be concerns with anatomy, consistency of lectures, and not having enough dissection time. Probably not enough curricular time to address dissection time but little confused by this since in my own experience the dissection lab was open 24-7 where work could be done after hours.*
- Dr. Novak wondered what was the content of what the students considered to be "busy work". Jacob responded that they would do reflections on HAC activities. Dr. Novak said that the action item should be to look at the amount and quality of reflections.
- Dr. Ritz said he would like to see an evaluation question about whether ICM 3 fits within the organ system block. How do they interact and compliment each other. No one mentioned how ICM 3 worked with Neurology or how ICM 3 worked with GI and so forth. Dr. Ritz said they should have a question added on the ICM 3 evaluation or the organ systems course evaluation that addresses this. Dr. Novak said that was a good idea. Issac agreed and said there was a correlation on the non-anatomy part of ICM, but the individual muscles that they would spend hours and hours on in ICM was not present in other areas.

#### **V. Review of Preceptorship 2**

- Andrew said he was a part of the alumni association and he heard from a lot of alumni that they wished to be involved in the preceptorship. Dr. Novak asked that Andrew give her those contacts.
- Dr. Kelly said this was a very popular course and students liked Dr. Rubin and found him very responsive and effective as a course director. The workload was not considered overwhelming.

- **Medical school level** – Students wanted to be better prepared for the experience. Segmented preparations to the preceptor site (e.g. if Ortho have an Ortho review, if Peds have a Peds intro) would have been helpful. Another thing to consider as an introduction is to do CLIPP or SIMPLE cases. This might be useful for primary care sites. EPIC training prior to the preceptorship was also mentioned.
  - **Clinical site/Faculty level** – Students asked for more opportunities to practice the history and physical exam and to improve the feedback on those as well. Students also asked to be involved in medical decision making. Dr. Novak said she did not want them making any medical decisions. Dr. Kelly said she thought that students at least wanted to be asked and of course under supervision.
  - Some faculty members were not aware of their responsibilities for teaching, feedback, did not know the level of the learners and some did not even know students were coming. Dr. Cooper said Dr. Rubin is aware of that and it has improved.
  - Some students complained about not having a consistent preceptor throughout their preceptorship. Dr. Ryan said that for places like the ER that it would be nearly impossible to arrange for all the preceptors to be consistent. Dr. Kelly said maybe it could be creative scheduling, having students around when Dr. Ryan is on call.
- Dr. Black suggested that Dr. Rubin go see Denise Klinker in Pharmacy. They had many of the same issues with their clinical sites and they have worked really hard to reengineer their process.
  - Dr. Meyer said ER residents work with different attendings all the time, in different shifts, whoever the attending is fills out a short form every time they work with someone, could they do that with the students as well. Dr. Ryan said they have done that, a shift evaluation. Dr. Kelly said her suggestion was if they do work with a different person every day at the end of day they have a list of competencies that they get feedback on by the attending. Dr. Novak said that's a good idea, it reorients everyone.
  - Dr. Kelly suggested that students do some kind of SCO (Structured Clinical Observation). Students could do a SCO for history, a SCO for a physical they could also be discipline specific. Dr. Black said they could use something like the Mini-CEX which is pretty standardized and quick and does not have to be specific for any specialization.

- Dr. Kelly mentioned that when looking at the experiences of the sub specialties especially in surgery student dissatisfaction is markedly higher. Dr. Cooper suggested that maybe Dr. Rubin needed to do more one on one interactions with the surgical sub specialties. Dr. Novak suggested getting third or fourth years students paired with first years in the surgical sub specialties may help.
- Dr. Kelly said she felt students should be able to assess preceptors. Preceptors should get a certificate of participation or of thanks even if a preceptor does not want to participate.
- Have students wear a MS1 badge or junior medical student sticker, something that is a constant reminder for preceptors that they are students not at the third year level.
- Students described differently their impact of the course and Dr., Kelly thought it would be a good idea to have students create an individualized learning plan (ILP) where students could reflect and structure what they want out of the experience. Dr. Black thought this was a good idea.
- Dr. Novak said next year the course will get scrunched, currently it's a 20 hour course over 20 weeks. It's going to be through the end of September. Monday mornings from 9-11 every Monday except for the first Monday of the year. It will be longitudinally shorter.

## **VI. Closing Remarks**

- Comments about Research & Discovery will be emailed to Dr. Cooper.