

**University of Florida College of Medicine
Committee on Program Evaluation and Student Assessment
February 16, 2015**

Minutes

Members in Attendance: Jacob Burns, Lou Ann Cooper, Andrew Cutler, Joseph Fantone, Heather Harrell, Lynne Meyer, Louis Ritz, Matthew Ryan, Zareen Zaidi

Conference Call: Carolyn Stalvey

Recorded by: Ikiah Young

I. Review of Dermatology & the Musculoskeletal System (MSK)

- Dr. Cooper said MSK had a very good exam with good internal consistency, reliability and discrimination. Students who scored high in the dermatology questions also scored high in the MSK portion. Six students will need to remediation.
- Students liked Dr. Merkel and her teaching style and seemed to prefer the model of the single content expert teaching the course. Dr. Ritz said he agreed and he wished there were one person who could give all the neuropharmacology lectures. Many of the senior faculty wish to see junior faculty get teaching credit and teaching evaluations which is why many opt to have multiple content experts.
- There was issue with the order of the content which would be difficult to remedy since members of faculty have limited availability.
- Dr. Cooper believed the primary issue that appeared to have a significant impact on the evaluations in the course was the introduction of the active learning assignment after the syllabus had already been posted. It was tacked on to the work students already had in anatomy for this course. They ended up learning something and appreciated it after the fact but many students were not happy about it. Jacob said in this particular course anatomy can really take huge chunk of your time which makes it very difficult.
- According to the comments students felt this course should have been more front loaded. Before the week of the exam not introducing any new material. Jacob commented that the sport medicine lectures were very dense because they tried to cover everything instead of just focusing on shoulders, knees, and ankles. This was covered in the last week of the course.

- Dr. Ritz said Dr. Rarey approached him and said he thought MSK should occur before Neurology. Jacob said the only benefit he could see having MSK before Neurology is that it might help with the shelf and brachial plexus and lumbar plexus material. Dr. Cooper said that would mean it would be GI, MSK and then Neurology which would be ending on an extremely heavy note which students might not appreciate. Jacob said maybe students can start with MSK, then Neurology and end with GI. Jacob thought having Neurology before MSK is more helpful.
- Dr. Ritz wondered if students can pass the Neurology exam without knowing the peripheral nerves and the dermatomes that they are getting in MSK. Jacob said students should know the Neurology content more so than the peripheral nerves so he felt it would not make a huge difference in their shelf experience.

II. Review of Introduction to Clinical Medicine (Preceptorship 1A)

- Jacob read that students who had pets had complained that students who had children had preferential treatment. Jacob thought it was absurd to compare a small human child to a pet; children cannot be put into boarding.
- This was the students' first clinical experience and exposure to primary care. Several years ago a short exam at the end of the orientation week was added to encourage attendance more so than to assessment.
- Students were given the ability to arrange their own preceptor, which is true to 1B and 2, but more students take advantage of this in 1A.
- Dr. Fantone said we should encourage an individual learning plan between students and their preceptors. Jacob said it should just be made as a requirement. Dr. Fantone thought it would be a good idea to provide an individual learning plan template.
- Jacob felt that many of the first years misunderstood that this experience was meant to develop their history and physical exam skills. He noticed in the comments that many seemed to lose sight of that. Dr. Ryan said it seemed some of the students were unsure of their expectations. Dr. Cooper said there was a scrapbook for students to look at for all the preceptorships. Effort needs to be made to alert them of its location and encourage them to make entries of their own.

- Andrew said it seemed a number of students did not know how to use Epocrates or UpToDate and suggested possibly a ten minute introduction to those resources. Jacob said if it isn't already, he suggested that they be covered in the research intersessions.
- Dr. Rathe suggested that students reference a bound version of the Rational Clinical Exam as required reading more than UpToDate. He has difficulty himself navigating through UpToDate and narrowing things down since it has so much information.
- Dr. Zaidi wondered if the CLG faculty could sit down with their students develop an individual learning plan and help them be realistic in their expectations prior to Preceptorship 1A . The students could come in, prepare a template, jot down some thoughts and CLG leaders could spend 5-10 minutes with each student and just help them refine it.
- Dr. Harrell said it appeared to be one of the primary issues is the expectations. Students need to realize that they need to learn to get used to uncertainty.
- Dr. Fantone wanted to note that 96% of students said they would recommend their preceptor and that is remarkable considering the logistics of this experience.

III. Review of Health Outcomes and Policy Intensive

- A final examination/quiz was added this year. An examination of the item and test statistics showed adequate psychometric properties.
- Dr. Herndon will be tweaking some of the requirements especially the project. Students said the project was not well understood.
- Students overall said instead of having small group activities that they would prefer the project remained but tweaked more towards health policy rather than presenting complaints of a patient. What ended up happening was the projects became more clinical presentation focused instead of a health policy issue.
- This course has been adjusted a lot since they have to determine if this course is prep for MSRP, EBM, etc. But this course is difficult to attune since the student body with their various backgrounds determine how well received this course is. Last year, students thought this intersession was a waste of time but many of those students had extensive research backgrounds. This year students did not have as much research experience. Dr. Harrell wondered could students test out if they have research backgrounds. Dr.

Ryan said they could still do the IRB Ethics module. Jacob said Dr. Herndon did a very good job of taking a lot of the material from first year and making it more applicable.

- Dr. Cooper said they are still trying to figure out how to deliver Pop Health content.
- One of the recommendations was that this course needed to be more big picture focused as opposed to clinical presentations.
- Students commented that the library activity might be more fitted for the Research Intensive instead.
- Based on the comments Dr. Herndon has done an excellent job.