

**University of Florida College of Medicine  
Committee on Evaluation  
November 17, 2014**

**Minutes**

**Members in Attendance:** Erik Black, Joseph Fantone, Heather Harrell, Maureen Novak, Richard Rathe, Louis Ritz, Sanda Tan, Zareen Zaidi

**Conference Call:** Frank Genuardi

**Recorded by:** Ikiah Young

**I. Clinical Neuroscience**

- This is prototypical of most other courses. This is a seven week course.
- Dr. Ritz said seven students failed this course, which is an unusually high number for this course. Those students were placed in remediation and there was some concern of whether they would pass the Step 1. Dr. Ritz thought the block was too difficult and that his exams are as fair as possible.
- Exam grade distribution: 2012-2013 this course did not exist
- Competencies: It was suggested the syllabus be reviewed to address competencies.
- Dr. Ritz commented that there was a professionalism issue with one student. For some reason it was not showing up on the data summary. Dr. Cooper will be notified.
- Small group activities: Students do Name the Lesion in their collaborative learning groups.
- NBME Exam: This is the only NBME exam in the first two years of medical school. Dr. Ritz mentioned that students did not have much time available to study. They were taking three exams the day before and students did not have enough time to prepare.
- Dr. Ritz said that he thought shelf exams were very valuable and helped students prepare for Step 1. Dr. Black added when speaking with students at the end of last year they all said they felt the shelf was beneficial.

- One person failed the NBME Neuroscience exam and that student took the exam while ill.
- Dr. Novak suggested maybe they could look at exams where they pick out the questions. Unsure if it could be done but it is something to consider.
- What is considered passing for the 3<sup>rd</sup> year shelf exam? Dr. Harrell replied that it varies, 10<sup>th</sup> percentile is considered tough.
- Dr. Genuardi commented that after speaking with several students the ones who have taken neuroscience have all said the course has prepared them very well when they transitioned from second to third year.
- Overall a well-received course. Workload was considered pretty heavy and 22% thought it was much too heavy. Dr. Ritz agreed the workload was heavy.
- Dr. Ritz mentioned that some of the student comments suggested that they wished neuroscience had an addition week. Dr. Ritz offered the suggestion of having six lectures that students can cover on their own before the courses starts. Dr. Harrell wondered if some of the content could be delivered in the neuroscience clerkship. Dr. Ritz said he could speak with Dr. Finney about that. Dr. Novak suggested a meeting between herself, Dr. Wright and Dr. Finney to discuss this further.
- Dr. Harrell commented in regards to the curriculum, that she realized that they have integrated some concepts but she felt a lot of the clinical skills are not integrated across things. If they had a longitudinal clinical reasoning curriculum, neurology would be a great example to incorporate that. So then they can cover material while being a part of a different thread. Dr. Fantone added that maybe they should have a small group of clinical people look at their assessments in the course and determine if they are clinically relevant.
- Dr. Zaidi suggested there be a list of core diseases and common neurological problems and to develop learning outcomes—tie in clinical skills, then sift through the tracts and take out the sections that are no longer needed. Dr. Ritz said he can thin out the internal tracts.
- Dr. Novak asked Dr. Ritz what could the committee do to help. Dr. Ritz replied that the pharmacology in the course needed to be evaluated. Neuroscience is his specialty, pharmacology is not. He wondered if he should go another route in teaching

neuroanatomy, the brain collection is expensive and proposed the notion of doing this digitally. Dr. Harrell added that MRI quality nowadays is phenomenal.

- Dr. Zaidi thought Neuroscience was well placed in the curriculum.

## **II. Review of Pain and Addiction**

- This is a one week intensive course which had a quiz at the end.
- Dr. Novak suggested increasing the difficulty of the quiz.
- Dr. Genuardi asked if there were other intensive quizzes to compare this one to. Dr. Novak responded that the inclusion of a quiz was new this year. Prior years' assessments were done through small group activities and student projects.
- Grade distribution: Everyone passed.
- Competencies: Concerned that medical knowledge, patient care, practice based learning was not addressed. These competencies could be adopted easily in this intensive. Dr. Novak suggested that the course director review the course syllabus.
- Course evaluation comments were very positive. Scores were better than year prior. From the comments students did note that the syllabus was not up. Dr. Averbuch kindly agreed to acquire this course six weeks before the course began because there was a huge turnover in the course leadership. Dr. Averbuch did extremely well with such short notice and Dr. Novak explained the syllabus not being up most likely was a simple oversight.
- Students thought this course was a great follow up to what was learned in neuroscience.

## **III.LCME updates**

- Dr. Fantone mentioned that they have done really good with evaluations and explaining the strengths and weaknesses within the curriculum but they currently need to close the loop on action plans. More specificity was added on mistreatment questions as well as issues with unauthorized logins (e.g. logging into EPIC under another individual's name). It appears to be a real concern and there has been discussion of suspensions being issued to individuals who violate.

#### **IV. Closing Remarks**

- Dr. Novak mentioned that she would like to see the first two years be one big continuous course. Students would have benchmarks throughout the year. From a portfolio perspective it makes sense.
- Dr. Harrell asked if there was a standard setting when grading CSE notes. They need evaluation tools to go with this so there can be some validity. Dr. Novak agreed and said she needs to consult with Dr. Stalvey. Dr. Black agreed that they need training on grading notes.