I. Course Review of Gastroenterology and Hepatology

- Dr. Novak said next year it has been approved for GI and Neurology to change sequence. In the second year GI will occur before Neurology which will alleviate the problem with many of the clinical GI faculty being away for a conference that time of year.

- Dr. Cooper said the TBLs work very well for this course. The reason being has been credited to both Dr. Stevens and Dr. Abbitt. Dr. Novak commented that Dr. Stevens has done more faculty development in regards to TBLs than most.

- Dr. Harrell wondered if the other labs (that were not led by Dr. Winter) needed to be tweaked in how they were administered. Attendance was not taken for those first labs and some students commented that they were not conducive to a team learning experience. Dr. Novak said last year Dr. Winter changed how he managed the lab sessions so that it more important to have your entire group there. Students said they got more out of Dr. Winter’s lab since not only were they case based but were team based. It was beneficial to have questions they had to figure out with their group and they learned a lot working through them.

- Dr. Harrell wondered if there were assigned readings related to the course, since in the comments she noticed students complained about items on the exams not being presented in lecture. Dr. Novak said there were recommended textbooks but they did not get assigned readings. Dr. Novak said this issue she believed was a combination of learning modalities that needed to be more explicit for the students and faculty.
• Dr. Cooper said Dr. Stevens did a very good job with his exam questions. For the first two exams both of them had above a 0.6 reliability coefficient, which is favorable for classroom exams. Dr. Cooper said she had no concerns about these exams and that most of the questions discriminated very well.

• At the end of the course there were 5 students who did not pass one exam. Evaluations were slightly higher than last year overall but not significantly so. Most students thought the workload was moderate, two thought it was too light, and one student thought it was too heavy.

• Dr. Harrell said from the comments she the Content not include enough pancreatitis, hemorrhoids, diverticulitis, oral anal pathology, proton pump inhibitors, and other basic material. It appears there needed to be more thorough explanations.

• Catherine said she felt there was a lot of repetition and not to the benefit of learning. At times it felt as if it would have been more useful to spend time doing other things.

• Yasmin found issue when expert lecturers came to present just one lecture. She said she felt it was interesting to listen but she did not learn as much from those lectures than ones who presented five or six lectures. Most of their knowledge came from lecturers who were there consistently since they seem to have a better grasp of context to where students are in the course and curriculum. Other student members agreed.

• Action items for this course:
  o Introduce more common clinical presentations of GI illnesses
  o Review planned redundancies of the content that is being delivered
  o Review who the lecturers are so that they are understood in the general medical education program

II. Course Review of Nutrition and Health

• Dr. Cooper said students seem to enjoy this intensive. There was no significant difference between this year and last year’s data. A quiz was added this year and the average score was 93%.

• Student comments mentioned wanting a better food tracker/diet counter (like My Fitness Pal).
• Dr. Genuardi mentioned how students commented that at the end of the Mediterranean diet lecture they still did not know what the diet was.

• Dr. Harrell suggested if there was existing room in the intensive to add things that the students requested more detail of then they should try to accommodate them. If there is no room then they need to consider placing that material elsewhere in the curriculum. Dr. Novak said she does not think there is room. Intensives were a way to get content out there that was thought to be important but did not need the level of detail and assessment that their typical basic lectures offer.

• Dr. Harrell wondered if Jeopardy undermined the course because a lot of the comments seemed fixated on STEP 1 prep. She suggested at the end of Jeopardy if it is noticed that a student is weak in a certain area to offer them recommendations for modules they should do, even offer them a self-study plan for next year. Dr. Novak said that was a good idea. Dr. Cooper said using Jeopardy as a diagnostic is a good notion. The Jeopardy questions need to be reviewed.

• Yasmin said she believed that eating disorders should have been covered instead with Psych disorders within ICM. Every other Psych disorder is covered in January in ICM, as opposed to this one being taken out just for Nutrition.

• Obesity needs to be covered.

• Dr. Fantone mentioned that there were some issues with Dr. Hardt’s lectures exhibiting some bias. Need to review the video to determine what exactly students had issue with.

• Dr. Harrell thought the suggestion of having an alternate to the diet diary for those who have eating disorder issues was a good suggestion (e.g. having a friend instead keep a diet diary). They should have someone do a diary since that is something that as a physician you may need to ask from a patient. Dr. Harrell did not agree with the suggestion that those who have eating disorders should be excused from the panel. You may be dealing with patients who have eating disorders issues, that is the reality.

• Suggestion the course director talk to the human behavior folks regarding the best placement for eating disorder in the curriculum (ICM vs Nutrition intensive).

• Action Items for this course
  o Include a reliable food tracker (My Fitness Pal)
  o Review Jeopardy questions
o Eating disorders – offer alternate to food diary, speak to human behavior department to determine if this topic is best presented in Nutrition versus Psych.
o Include more discussion of obesity

III. Closing Remarks

- Dr. Cooper asked student members if they enjoyed working with people from other small groups. Students replied yes and that it was good to learn how to work with people outside of their small group. Student said they like keeping their groups in lab, but also liked that in anatomy groups are mixed.