

CEPC Review of Unit 3 Reports and IPC Data 2013/2014

Ad Hoc Committee of CEPC Report on Unit 3

Katherine Perkins, Ph.D.

Bram Trauner, M.D.

John Odackal, post-MS3 student

Sources Available to the CEPC Ad Hoc Committee

1. Student Evaluations, both the end-of-unit evaluations and the weekly evaluations
2. Unit Director's Report by Fred Volkert.
3. Katherine Perkins attended the June 13 SLC meeting for Unit 3.

General Comments

On the whole it seems that this very long block was well organized and well executed. We feel that the sessions that were strengths in the unit should be shared within the unit and with other units in order to improve the curriculum as a whole. We should be looking at what makes great sessions great. In particular,

1. Week of Feb. 24 Cranial nerve lesion TBL was successful and should be shared with other units thinking of doing TBLs - is there an audio file of it? One student did a good job in the weekly feedback listing the reasons it was successful.
2. The allergy patient encounters apparently used a new format and were very successful. That format should be shared with other units.
3. There were some great PBL facilitators in this unit. Can we videotape them leading a session and share, or at least share the student comments that describe what made them so good?
4. Unit director communication with students worked well and that method could be shared with other units.

Across-units Recommendations after Reading the Student Comments

1. Consider moving some material to unit 2 to shorten unit 3 and have the break timed better.
2. Re-think the literature searching clinical skills lab week of Feb. 18 and the PICO search lecture, possibly moving them to earlier in the year. One student commented that it was unclear what the goal of the sessions was. It seems clear that these sessions are not going well and need to be re-thought, probably with students on the committee that is re-thinking them.
3. Re-visit Biostats and ask ourselves if asynchronous learning sprinkled through the year is the best way to teach this material. Again, student input might be very helpful in this discussion.
4. Students said that the double sign-in sheets (sign-in and sign-out) that they had for some patient encounter sessions were "insulting" or "humiliating," and we think that policy should probably be changed. (week of Feb. 10 comments)
5. It came across in student comments that they really appreciate receiving an introduction to Big Ideas, new areas, and labs, and that overview lectures are appreciated. They help orient students and keep them from feeling overwhelmed.
6. There may need to be discussion on the low scores on the practical exams, perhaps with student input.

Recommendations Specific to Unit 3 after Reading Student Comments

Consider...

- consolidating gross anatomy lab to preserve bodies
- adding a lecture to orient students to immunology
- alternate way of organizing/grouping microbiology material
- introducing antibiotics earlier, before the TBL
- splitting the class at least in half for TBL
- changing instruction in dermatology
- consolidating or changing parasitology and microbiology labs
- whether Aziza Dar 4 PBL session was necessary
- re-thinking the teaching of anti-microbials – Is TBL the best format?
- Anatomy lab of Feb 18- prosections-need to improve organization; perhaps schedule students for particular 15-min blocks of time
- Anatomy eye lab- Not necessary for one half to teach the other half

Comments on the Unit Director's Report

1. We would like to see a section on what went well in the unit.
2. The unit director did a very good job of detailing sessions and areas that needed improvement and what specifically the issues were. An exception was not acknowledging the problem of the bodies drying out (although this was addressed verbally at Dean's Council. Also, for some reason the Clinical Skills literature searching session, which scored 2.15, was left off the list.
3. The section of Action Plan Recommendations did not come right out and say that each session with a score less than 3 would be changed in some way. Other than changing the order of the subunits (which we acknowledge is a major change), and planning to have all materials ready sooner, the action plan seemed to be to form committees. Actually explicitly writing out an intention to change low-rated sessions for the better would be good, we think.

Comments on the Weekly Evaluations

1. Could the form be changed to ask not just for comments but to ask why the session was good or why it was bad? How could the session be improved?
2. Another possibility is to have a comment box for each activity. The students would fill or not fill the box, but perhaps more comments would be received. Some activities received no comments at all, which can make it hard for a faculty member to improve.

****Comment on Student Liaison Committee Meetings in IPC**

The CEPC strongly advises that all future SLC meetings should be pre-scheduled at the start of the academic year next month by the Dean of Assessment and/or the Office of Medical Education. In our opinion, it is not acceptable that the SLC meeting for Unit 3 did not happen until after Unit 4 ended. Students need to feel that their input matters. Members of the SLC take the time to gather feedback and write up reviews on each unit/block, all while they are already involved in the next unit. When the meetings do not take place in a timely fashion (or at all, as with the second half of MS2 blocks this year), or are very poorly attended by faculty and administration, it gives the students the impression that the school isn't concerned with what they have to say. It is essential that these meetings be on the calendar far enough in advance so that key participants can schedule around them and that all the relevant faculty members are informed and invited.