University of Florida College of Medicine

Program Evaluation Committee

October 23, 2020

Attendees

Dr. John Aris, Eric Black, Ph.D., Lou Ann Cooper, Ph.D., Dr. Frank Genuardi, Dr. Grant Harrell, Dr. Heather Harrell, Dr. Peter Sayeski, Dr. Chris Robinson, Dr. Matthew Ryan, Dr. Carolyn Stalvey, Dr. Sanda Tan,

Recorded by: Wendi Miller, Course Manager

ICM 3 Practical – Dr. Cooper reviewed the practical for the last four years. The written exam was weighted 60% and the anatomy practical exam was weighted 40%. In 2016 there were 13 failures of the anatomy practical 1, on exam 2 there were 14, on exam 3 there were 46, and exam 4 there were 40 (head and neck, MSK). Not many people failed the combined practical and written exams except with exams 3 and 4. (Content varies across the years so the viewer should not compare exam 1 from 2016 to exam 1 in 2017, and so on.)

The exams have excellent reliability but consume a lot of faculty and student resources. Dr. Harrell explained that the integration of anatomy into ICM was to make ICM more clinically relevant of why students were learning anatomy in the context of physical exam and diseases, and how students can use that knowledge in assessing a patient.

In all other courses and clerkships, UFCOM has tried to avoid the questions about simple recall and tried to move towards clinically integrating how it assess specific knowledge, whether that is basic or clinical sciences. Nationally that has been the trend as seen in the NBME's reformat of those exams. Dr. Harrell wonders if the UFCOM practical needs to be a priority in the assessment portfolio of the medical education experience.

She goes on to say that the exam causes a lot of angst amongst the students, who are well prepared in anatomy and do well on Step 1. It seems like a contradiction, that perhaps the exam isn't really testing what is now the most relevant aspects of anatomy.

In addition to the practical exam for anatomy there are anatomy questions in the ICM exam. Anatomy is being tested twice for the introduction to clinical medicine course but the learning outcomes of the course show that anatomy is not more than 50%.

Through the assessment committee, Dr. Harrell would like to create a group with a representative from the anatomy course, student representatives, and ICM representation to look at the practical exam in the 21st century. Is this exam assessing content that is necessary to prepare learners for clinical rotations/clinical practice and the realities of the Step exams. If the group decided to stop practical exams or reformat the exams, how would that affect the students, Step 1, and clerkship preparation? Should the group decide that the exam fills a specific role, Dr. Harrell would like recommendations on how to mitigate the large number of failures, and how to make sure that the alignment of the assessment with this one part of ICM makes sense for the course overall.

This 2nd assessment group would be in addition to the monthly meeting of the Program Evaluation committee. Dr. Harrell will write out the committee's goals and Dr. Cooper will pull any needed data.

Dr. Cooper is going to send out a Doodle poll to find different times to meet during November and December since the committee cannot meet due to holidays in those months. She would like the committee to review the courses she sent in her email. She would like the committee to review Endocrinology/Reproduction as it was the only course that was named by the students as a course that needs significant improvement.

CSE Oversight Committee – There was a committee that met monthly to talk about the different cases. After the Program Evaluation committee was developed, the CSE assessment was taken over and it isn't discussed very often. Dr. Stalvey has worked with the course directors and clerkship directors somewhat. As the clerkship directors took responsibility for specific competencies within their clerkship they were not relying on the CSE as much. Dr. Stalvey would like to look at the clinical skills exams, especially the end of third year exam. She feels that UFCOM is going to move to pass that as a graduation requirement. Dr. Stalvey would like to work with others on a regular basis to look at the clinical skills exams. She feels very confident that the first two years' exams relate closely to ICM because she works closely with the course directors. She would like more feedback from the clerkship directors on the 3rd year CSE to make sure that the CSE is assessing the items that they want to assess.

She would like feedback on specific cases, content, specialties and how the CSE is used in the curriculum and for global assessment. Right now the 3rd year CSE don't relate to anything. If the student fails, they work with Dr. Stalvey and that's it.

Dr. Stalvey thinks this committee could meet every other month or quarterly, with some people meet to discuss the first two years and then the last two years. Dr. Fantone would like Dr. Stalvey to work with Dr. Harrell on this as there are many unknowns with the medical licensing board. He suggests that the group consider the graduation requirements and expectations, and in the absence of the clinical comprehensive CSE, how can UFCOM ensure that the graduates have the necessary knowledge and skills, where are the gaps, and of the EPAs (how is UFCOM addressing the EPA for residency).

Dr. Stalvey suggests the first thing the committee should do is discuss – what is the third-year assessment going to be in the absence of Step 2. What should UFCOM do for CSE 4?

GatorEvals – Dr. Cooper, Tim Garren and Dr. Fantone met with John Doherty about moving the clinical evaluations to the main campus platform. They are going to explore some alternative ways to communicate to the 4th-year students to remind them to do their clinical evaluations. John rewrote the questions to keep them on a strongly agree to strongly disagree scale. The form includes a lecture evaluation for the phase one people who do one offs and for the people who didactics like the Family Friday didactic lectures. It could also be used for electives. Dr. Cooper's main concern for the coming year the COM needs to go with fewer questions. There is a possibility of doing the matching in MedCat. Dr. Cooper would like to have everything in one system. She would like the committee to review the questions.

Dr. Cooper said that the clinical evaluation form is going to be more consistent with the actual basic science faculty evaluation form that it has been in the past.

She would like input on the “side effects”: Gainesville vs Jacksonville, Gainesville vs VA. She is suggesting that students have a sub-rotation evaluation, for example, one for OB and one for gynecology as this would show OB in Gainesville vs Jacksonville, etc. It would be easier for Dr. Cooper to pull the data together if the evaluations are split.

Dr. Genuardi asks if this means they have fewer questions to answer. Dr. Cooper said yes, fewer questions but more details. Dr. Genuardi agreed it would be helpful for Jacksonville as well.

She also provided a revised clerkship evaluation form. The questions have been cut down from four to two to mirror the graduation questionnaire. COM would like an overall rating of the clerkship. She asks the committee if COM should include a short, one or two question evaluation for the clerkship director or directors? Dr. Ryan said that that would assume that the students see the clerkship director more than once. Erik Black said that this might present an opportunity for the clerkship directors to be creative with the narrative. He says they can only win with a global evaluation because they can reap the benefit of great faculty support and they can also shift the table if that’s a situation where they have some challenges.

Dr. Cooper suggests a shorter form that focuses on the management and effectiveness of the clerkship because the support team can make the clerkship look really good.

Dr. Genuardi comments that the question about rating the effectiveness of the clerkship director on the organization of the course doesn’t include useful choices for answers, and that comments about what happened are the most useful. Dr. Cooper responded saying that the old form asked for a numerical rating and comments. She asks if this question be pulled out. Dr. Genuardi gave an example of a Jacksonville evaluation. They ask about the strengths, the weaknesses, and what suggestions do the students have for changes.

Dr. Cooper asks if there are any strong feelings either way about a clerkship administration evaluation with the clerkship director and the staff being evaluated in a short form. Dr. Ryan said that it makes sense if the evaluation separates the staff from the clerkship director.

Dr. Cooper will mock of the questions and present to the clerkship directors at their next meeting.