

**University of Florida College of Medicine**

**Program Evaluation Committee**

**September 25, 2020**

**Attendees**

Dr. John Aris, Eric Black, Ph.D., Dr. Miguel Chuquilin, Dr. Shelley Collins, Lou Ann Cooper, Ph.D., Dr. Frank Genuardi, Dr. Heather Harrell, Lynne Meyer, Ph.D., Oliver Shore, Dr. Carolyn Stalvey, Dr. Sanda Tan, Dr. Ashley Wright

Recorded by: Wendi Miller, Course Manager

Phase 1/Step 1 Debriefing Class of 2022

Phase 1 Preparation for Step

Oliver Shore presented themes that the Class of 2022 noticed going through their first two years of medical school. A survey was sent out to the class and 55 responded.

The first question asked how well did the students feel that the UFCOM curriculum prepared them for Step 1. 54.5% responded that they felt very prepared.

Next the students were asked to identify which systems outlined by the NBME did the students feel the COM curriculum sufficiently prepared them for. Fifty percent of students felt adequately prepared, specifically for cardio, dermatology, endocrinology, GI, hematology, neuroscience, psychiatry, pulmonology, renal, MSK and ethics. Oliver said that many of these courses have a course director who is really involved in the course, a course with fewer lectures, typically with one or two professors taking over physiology or pathology. Oliver included comments with specific information related to this information.

The students said that there were only a few systems that were outlined by the NBME that they didn't feel prepared for including female and male reproductive systems, pregnancy and childbirth, and poisoning and environmental exposure.

Dr. Cooper reminded the committee that during the review of Endocrinology and Reproduction last year many of these issues came up but that Dr. Rhoton-Vlasak had already set her course for Spring 2020. She said that students should be exhibiting a primacy effect with respect to Step 1 since it's one of the last classes the students take before they take Step 1.

Oliver continued saying that students felt that there was a lack of physiology, and after reviewing the schedule, they found that there were two lectures on physiology for male and female. Students also felt that the material covered was perhaps too superficial for Step 1, especially differentiating between disorders and sexual development. Students also didn't like the format that was included in reproduction specifically big class sessions that required students to learn material on their own before the class. The course is only two weeks to get in a lot of material. The students didn't care for the question and answer lectures.

Dr. Cooper said that Dr. Duff has used the CBCs from the OB-GYN clerkship during the course, and that this might be too advanced for the Phase 1 students.

Next Oliver presented the subject areas that the students felt the most prepared for with anatomy topping out at 96%, followed by Embryology at 72.7%, Pathology at 70.9%, Histology at 67.3%, Pathophysiology at 56.4%, and Physiology at 54.5%.

Students felt that lectures focused on understanding rather than memorizing. They enjoyed the labs for application and retention. They appreciated that anatomy was longitudinal, well-integrated with clinical examples. They appreciated that Dr. Gulig taught all of micro. Students feel they learn better when the same professor teaches the same subject throughout the curriculum.

Biochemistry was one area where 65% of the responders said they didn't feel prepared. He believes this is because outside of metabolism and foundations, the students don't learn much biochemistry. Biochemistry takes up 5 – 10% of Step 1. He believes that there is an assumption that most students have had biochemistry prior to coming to medical school but that the non-professional biochemistry experience and the information needed for Step 1 is very different. He gave examples of study materials that students have used to prepare for Step 1. Students had to purchase biochemistry materials to study but Oliver hopes that biochemistry would be added to the curriculum, incorporate biochemistry throughout systems.

Students felt immunology was stressful and overwhelming.

Students felt information session from upperclassmen was helpful. Students would like more information. Students would like more guidance from administration for Step 1. There were more mixed messages coming in on whether to study for Step 1. They would appreciate a longitudinal approach to studying would be helpful to students. Some students felt disadvantaged because they were told not to worry about studying by some in administration. Some decided not to study, some did study. Students would like more resources for studying for Step 1.

Students appreciated the CBSEs at the end of their first and second years. They appreciated the NBME in Neuroscience and would like more exams like that in other courses. Having the Neuro NBME experience helped them practice the question format. Otherwise students must spend a few hundred dollars on a question bank as well as U-World to practice Step style questions.

Burnout at the end of MS2: very few people said they had no burnout at all; very few people had extreme amounts of burnout; and everyone else were in the middle.

Students were asked how well they felt ICM prepared them for clinical rotations. 51,8% felt very prepared. They felt the LAC ICM prepared them well, as well as the preceptorship. Students felt the most prepared for inpatient and outpatient history, perform a physical exam, write an H&P, write a soap note. They feel the least prepared for using Epic, pre-rounds, and participating in rounds.

Oliver presented the main recommendations for preclinical curriculum. Those are:

- Consistent lecturers, fewer individual lecturers
- Standardization of lectures/curriculum
- Incorporate more Step 1 topics into curriculum
- Improve Endocrinology and Reproduction course

- More effectively integrate biochemistry into the rest of systems curriculum
- Make students aware of high yield outside resources
- Higher utilization of NBME subject exams and step style questions on in-house exams
- Increase diversity of patients used in images and disease presentation examples.

Dr. Aris asked for further explanation of the standardization of lectures/curriculum. Oliver explained that sometimes the lecturer who comes in to lecture on one topic, it seems to come from nowhere, doesn't fit with what they have already learned. Students may look at last year's lecture on the same topic but that lecture doesn't fit with this year's lecture. He suggests clear objectives that don't change between the years, making sure the lecturers know what the students are learning and what needs to be covered.

Dr. Cooper asked if the clinicians need biochemistry in their daily practice, other than focusing on Step 1 studying. Dr. Stalvey, Dr. Wright, Dr. Chuqilin agreed that they don't use but Dr. Collins said that it is used in Pediatrics. She says that a skill set related to critical thinking is important and fundamentally based in biochemistry and how things work and function. She thinks there might be a way to integrate that into the system courses. Dr. Wright said that if biochemistry is not taught it leads to rote memorization and the lack of things that have biochemistry as a basis. She says that even though she doesn't reference biochemistry, she understands what is happening because she understands biochemistry.

Dr. Harrell makes some suggestions on how to restate the recommendations is where it's looking at cognitive load and ways to reduce unnecessary cognitive load such as having consistency across lectures, having oversight by the course directors to make sure redundancy is planned versus unplanned. Dr. Aris is helping create a job description of what is expected of course directors. She says that there is an unnecessary battle between Step and the courses, some of the time. She suggests that the National Board might have put together a group of experts across all specialties that is very heavy with clinicians these days to come up with content that is relevant. She suggests that UFCOM look at what is covered on Step, what core content is needed, using resources to teach what is relevant that overlaps with Step 1.

Dr. Cooper said that UFCOM used to be more dismissive of studying for Step 1 early, that the curriculum will prepare them for Step 1 and they have dedicated time. But students found that that wasn't the case. The Class of 2024 is already working on AKI Cards.

Dr. Harrell made a quick update about Endocrinology and Reproduction course. Dr. Kristen Dayton has been hired as a co-director, and Dr. Rhoton is empowered to make changes to the course. She has made some changes involving faculty from her department who have some diversity to the experience for students and adding a talk about health care disparities that are related to early maternal mortality, premature births.

Dr. Cooper asked Dr. Aris about adding more biochemistry. He said that the big challenge will be adding more time in the courses. He said that they have talked about having modules available during the summer between first and second year, in the context of an academic support program, something to offer the students when they have time.

Dr. Cooper reminds the committee that all these recommendations are pre-covid. Oliver asks if biochemistry could be added to genetics. Dr. Aris said that it was possible, that genetics has many of the same lectures by the same lecturers over time, perhaps creating a co-director to help Dr. Harfe to add some updated genetics content and some biochemistry related content. He didn't think Dr. Harfe would pursue that aggressively on his own.

Anatomy Practical's – Dr. Harrell asks why UFCOM does anatomy practicals. Practical's what are practical's preparing our students for? It creates tremendous angst, there is very high failure rate on the practical but then UFCOM has high evidence that students are learning anatomy. Is it a good thing that the students are feeling like they are failing when they might not be? She would like the students in the committee to think about whether how necessary, the emphasis UFCOM has had on practicals for that course really is.

Dr. Cooper said that some third-year students have been writing step style self-assessment module questions for anatomy. She is in the process of evaluating whether those doing those questions help prepare students for the practical and help prepare students for the written part of ICM as well because we're able to link their performance and their engagement with these SAMs questions to their actual performance on the exams and quizzes.

There was some further discussion on the importance of the practicals. Dr. Wright said that the current amount of head and neck labs is nine. Head and neck will be moving to first year. This has allowed a decrease of labs to six during that section.

Final Thoughts – Dr. Cooper would like to do a deep dive review of the surgery clerkship. Surgery is improving in their evaluations. She would like to figure out why there was some indication that there may be some issues with differences in grading. She would like to review this with Dr. Meyer and Dr. Ryan, and she will send information out.

She would also like to review OB-GYN clerkship as it has been showing some decline in the past couple of years in terms of evaluations. The evaluations were divided by where they did the sub-rotations, either Gainesville or Jacksonville. Dr. Genuardi will be sending additional evaluations from Jacksonville. Dr. Cooper would like to work with Dr. Wright, Oliver Shore, and Dr. Black.

She would like to do a review of Endocrinology and Reproduction but there will be changes in leadership. Dr. Cooper would like to work with Dr. Sayeski, Dr. Aris, and Govind Kallumkal. She will be sending some information.

Dr. Cooper would also like to review to review the process of getting residency evaluations from the residency directors. Dr. Black asked about the response rates from other institutions. Dr. Cooper said she wasn't sure but she had seen 80% response rate. UFCOM has a 55% response rate. About 90 students out of 130 gave UFCOM permission to contact their residency director. There is discussion about who should send the emails as it is possible that people are not reading the emails being sent by Wendi Miller.

Dr. Cooper shared the authorization form. Class of 2019 graduated 129 students, 126 matched, 83 students gave their authorizations, 68 PD evaluations were returned, and 50 PDs left a written response in the comment box. UFCOM got a lot of nice comments about our residents. The PDs have been more

positive than in the past. There were no difference between males and females. We are a little higher than last year in regards to response percentages. We are seldomly evaluated below average.

One question is how would the PDs rank the UF PGY-1 graduates compared to other residents in the program. Dr. Cooper wanted to ask this question to see if students in more competitive programs impacts their evaluations. She said that some of the comments received this year state that the resident is average but that cohort is extremely competitive.

Dr. Collins asked what UFCOM does with this information. Dr. Cooper said that the data is presented to the evaluation committee and curriculum committee.

She said that it is validating what we've determined based on their clinical training and step one and step two scores. There is usually not surprise when a resident does not get an above average evaluation.