

**University of Florida College of Medicine**  
**Program Evaluation Committee**  
**May 28, 2021**

**Attendees**

Dr. John Aris, Dr. Eric Black, Dr. Miguel Chuquillin, Dr. Shelley Collins, Dr. Lou Ann Cooper, Dr. Grant Harrell, Dr. Heather Harrell, Govind Kallumkal, Dr. Lynne Meyer, Alyssa Nielsen, Dr. Chris Robinson, Dr. Peter Sayeski,

Recorded by: Wendi Miller, Course Manager

**Clinical Neuroscience Review**

Dr. Black shared his report on the Clinical Neuroscience course directed by Dr. Robinson. He starts off by saying that Dr. Robinson has developed a positive relationship with the students. Overall the students were positive in their responses on the evaluations for Dr. Robinson, the course overall, and the course manager. The structure, pacing and format of the course are also considered strengths. The students like the way things are spread out especially building up to their exams.

There was some discussion about the NBME exam. Dr. Cooper talked about how the NBME is scored.

There are some suggestions for improvement. The students mentioned auditory and seizure lectures could deal with some reformatting. Dr. Black mentioned that there are 15 big items that are covered and could be folded into five learning outcomes. He suggests expanding the numbers of objectives to better align with the specific content mentioned, and suggests providing more specificity. He suggests building specific learning objectives in the topics that are covered over the course (many subjects are multi-day topics). Goal, objectives, and sub-objectives.

There are some inconsistencies in the template with the PowerPoints. Dr. Harrell said that this will be discussed during the course directors' meetings.

Dr. Chuquillin identified some spelling issues.

Students would like some more clarification on how the exam is scored. Dr. Cooper uses a format and Dr. Robinson uses it verbatim in the syllabus. This led into some discussion about what to teach versus what is on the NBME. Dr. Robinson points out that he thought they taught too much peripheral nerve and the NBME had a lot of peripheral nerve questions in it but in the previous year it did not. Dr. Harrell reminded him to let the national objectives inform him what to teach.

Dr. Chuquillin had suggestions about neuro-therapeutics, new drugs related to MS, headache, and neuromuscular disorders. He asks if Dr. Robinson has space to talk about these things. Dr. Robinson said yes and knows who to tap for some of those topics. He asks about headache as he was told that headache was covered in ICM. He is talking with Dr. Neal Holland and said it will be a good relationship to figure out what's taught so they could better meld the courses.

Dr. Harrell reminds him that it's his course and he gets to decide what is taught. She said that there are ways the ICM group can reinforce how to take a history. If he sees things that would align well with other courses then he should collaborate with other course directors. Alyssa wrote in the chat that in ICM 3 they were given a lecture on headache including symptoms, pathology, and therapies.

Dr. Black flagged some questions in the exams. For the most part they are enough but looking at item difficulty. Items are either extraordinarily challenging or extraordinarily easy. There was some discussion on exam 3 – it was too easy. Dr. Robinson understands that. Dr. Black suggests reducing the number of items. Dr. Cooper said that it might depend on how those items are distributed among content.

Dr. Robinson asked if it's okay to feel good about questions that all the students got right. Dr. Cooper said yes but on only a certain number of those questions should be "easy". There are critical items that the students need to get right.

Unfortunately, there are times during phase 1 when all the questions are “easy” instead of being in the sweet spot between too hard and too easy.

Dr. Harrell said that there is untapped opportunities for every course director to collaborate with similar course directors in other medical schools to create question banks and share each other’s good questions.

Dr. Cooper show what the correlations are between the exams. This shows that exam 3 might be problematic. Usually the correlation between the NBME subject exam and the total for the percent correct without the NBME (90% of the course) it’s usually .65 but this year it’s .43. She said it could be that the shelf exam is testing something different than the course but Dr. Black said the comments from the students don’t report that.

Dr. Robinson asked how the students felt about the course and their recently completed step 1 exams. Alyssa said that she felt adequately prepared and that she did about average on neuro in relation to the US as a whole. She said that perhaps students didn’t complain about the NBME in the course was because it was only 10% of the grade and no one fails it. Dr. Robinson was concerned about how much basic science to include, that anatomy will be digital this year.

Dr. Harrell, Dr. Black and Dr. Sayeski all congratulated Dr. Robinson for improving the course and taking it light years ahead of where it was. Dr. Robinson said he would be glad to work on the things the committee recommends.

Dr. Collins said that students have talked to her about step 2 and preparation for neurology. The 4<sup>th</sup> years are prepping for step 2 without having had neurology since 2<sup>nd</sup> year. Dr. Harrell said that this is something that they are working on and how to integrate it through the other clerkships during 3<sup>rd</sup> year.

### **Endocrinology and Reproduction Course**

Neither Dr. Dayton and Dr. Rhoton-Vlasak could attend the meeting. Dr. Harrell said that the students and the course directors have said that there is not enough time to cover everything in the course. Endo/Repo and Derm/MSK will be flipped. GI will end sooner and everything will get a little longer time. Endo/Repo will get almost 5 weeks and Derm/MSK will be getting another day. Endo/Repo needs 3 extra days. This won’t happen until another year. For this coming fall, Dr. Harrell thinks the diabetes topic could be added to GI and they are waiting for an answer from the course directors.

Dr. Cooper said that there are some places in the syllabus that needs more clarification. Dr. Sayeski pointed out that how to pass the course and remediation of the course needs to be cleaned up as it is confusing. The learning objectives need to be updated. The verbiage contains the words: describe, recognize or list, and that there are no real higher-level learning objectives for the course. There are no application objectives.

She said that the gradebook in canvas only shows an average of the two exams and not individual columns for each of the two exams. The syllabus described how the grade is calculated but is not shown that way in the gradebook.

The course is mainly lectures and labs. Dr. Dayton did a large group interactive session with cases including diagnostic testing labs with breakout rooms. Something new this year is that they incorporated TAs.

There two exams and the exams have poor psychometric properties. Originally there was one exam with 60 questions with a reliability of .36. This year the first exam only had 40 questions, and only one question that had less than 90% correct. This could be a hold over from Dr. Duff giving the students a cheat sheet, and she supposes many of the questions were the same.

The Gator Eval questions show an improvement from last year including the course content question improved from a mean of 3.96 to a mean of 4.54. The overall course evaluation improved from 4.1 to 4.6. The CBSE content analysis and the step one score plot, it is at the bottom and shouldn’t be. The students say the course doesn’t prepare them for Step 1.

The syllabus mentions peer evaluations. Dr. Cooper asked the students if they did peer evaluations. Govind said no. Alyssa said she did not know what Dr. Cooper meant. She suggests that the course directors should remove it from the syllabus. The committee agreed that there should not be any peer evaluations during phase 1 but they haven’t taught

the students how to give peer evaluation. Dr. Harrell said that there is a time and place for it but not necessarily in this context. Dr. Grant Harrell suggested upper classmen giving underclassmen feedback.

Dr. Cooper said that the gradebook has columns for five of the six ACGMA competencies. In the past, professionalism and medical knowledge, we are looking for the absence of something. Are the students professional or not? She does not know how they assess system based practice in this course. Dr. Harrell said that they are not assessing patient care, systems based practice, communication skills and they should remove that.

Govind said that the significant issue with the reproduction portion isn't long enough. The endocrine portion was well received and felt pretty well prepared for step and for the clinical years. He said that his class and the CO2021 found that physiology isn't taught in any significant manner in reproduction. There was one lecture in all of female physiology and then the students are thrown in pathology. Students are not prepared for clerkship years.

He said that the pathologies lectures are taught in an incredibly condensed manner, either they are too superficial and cover too much information, or the lectures cover one topic at a depth that the students can't understand with their basic understanding of physiology. Students want other topics covered, such as patients with PCOS and breastfeeding.

Govind said that students aren't going to study as hard for step one now that it is going to pass/fail. They use the step one time to catch up on their understanding of reproductive physiology and pathology simply because they didn't have that information beforehand. So if they're not going to compensate for not knowing they may know even less going into their clerkships.

Alyssa said that Endo/Repo was at the lower end for the CBSE and suggests considering how many students are starting to study for step 1 and how many are adding on to the information learned from the systems courses. Alyssa suggests that pathology and physiology should be regimented, combining all of physiology in an earlier section of the course. Dr. Sayeski said that last year's Endo/Repo got an hour of male and an hour of female physiology but other schools give three to five hours for male and female physiology each.