

**University of Florida College of Medicine**  
**Program Evaluation Committee**  
**July 23, 2021**

**Attendees**

Dr. John Aris, Dr. Eric Black, Dr. Miguel Chuquilin, Dr. Shelley Collins, Dr. Lou Ann Cooper, Dr. Heather Harrell, Dr. Lynne Meyer, Dr. Chris Robinson, Dr. Peter Sayeski, Dr. Aaron Thompson, Dr. Ashleigh Wright

Recorded by: Wendi Miller, Course Manager

**Introductions**

Dr. Harrell started the meeting by introducing Dr. Aaron Thompson who will be taking over for Dr. Lou Ann Cooper. She also introduced Sandy Reveille, her new assistant.

**Discussion**

Dr. Harrell asked the committee if there were things that the committee should be looking at but are not? The committee responded and also introduced themselves to Dr. Thompson. Dr. Black and Dr. Stalvey said that Dr. Cooper would put everything together and share with the committee. There were times when the committee would do a deep dive into a syllabus or evaluations.

Dr. Harrell asked about the things that the committee could be more active in, or provide support. Dr. Sayeski said that the committee does a good job of collecting data and the evaluations through debriefings; and the feedback the committee gives to the course directors and clerkship directors is very good. The committee is well intended to improve things. He says that there is room to grow as to what extent that those changes are being implemented. He wonders who we close the loop on the collection, distribution, and implementation of that information.

Dr. Harrell asked if the clerkships were evaluated. Dr. Stalvey said that she had done them as a first year faculty. She appreciated looking at what made a difference and what worked right. Dr. Harrell said she found it very helpful looking at the challenges, did she make progress. She asked the clerkship directors if they had been asked to do that kind of reflection. Dr. Sayeski said that he only did this when his courses were being reviewed. He thinks the clerkships were triaged, if the clerkship director hadn't heard anything that means they were doing a good job. He recalls reviewing some in which the clerkship directors were brought in to have difficult conversations about taking the clerkship in another directions.

Dr. Black said that historically there has been a different level of engagement from the clerkship and course directors. When faculty were doing the reflections, some of the faculty would take the time to thinking critically about their course, materials, and goals. There were the faculty who were already doing this. The ones who were not doing this it was very hard to get the others to reflect and review.

Dr. Wright said that at the time she joined the committee people were enthused to get the feedback but that there was a sense of change. Dr. Robinson said that he uses this as an opportunity to learn how to improve the course.

Dr. Collins said that we are great on reflecting back but we are not good at participating change and preparing for change and affecting change looking ahead inclusive of what are the trends that we should be thinking about as we are evaluation our programs both the phase one side and the phase two side. What are the things that we should be paying attention to and anticipating that should be changed in advance of what we want to reflect on; we loath change. It feels like a behemoth when we try to make any significant alterations in how we do our assessment and in the fundamental way that we administer our clerkships and courses.

She thinks there is opportunity to change because of all the new people. In reality we need to make changes. We are not doing what we need to do by the students and that's why we are here. She wants to change the narrative of the committee, doesn't want the directors feeling like they are coming in to be punished for the work they have done.

She also hopes that the students can learn how to provide appropriate feedback that is meaningful to the course directors. They do not give constructive feedback. They complain about things that cannot be changed.

Dr. Stalvey thinks the course directors need help or tutorials on blueprinting, more help with evaluation faculty development for themselves if we're expecting changes within the courses and assessments.

Dr. Thompson discussed training materials but the microphone did not pick up what he was saying.

Dr. Wright said that she asked the course directors who was following the recommendations through content and none of the course directors raised their hand. No one was familiar with blueprinting either. For just in time feedback to be useful and implementable by the faculty, she would like there to be teaching time, a retreat, where this will be the emphasis.

Dr. Black said the committee is nervous about tasking busy faculty with educational duties but that it might be time to decide requirements for faculty development. Dr. Harrell that the clerkship directors have enjoyed their autonomy, they have national guidelines that help. But course directors do not have national guidelines and she couldn't find a job description for a course director. They seem uncertain about what they are allowed to do. She would like to empower and support the faculty through faculty development.

She asked Dr. Thompson if he had questions. He asked the committee if there was analysis or types of data that the committee would like to have access to? Dr. Black said that the only data the committee get on teaching quality from the students, which is good and bad as it doesn't always translate to valid and reliable feedback. Being able to understand and derive a more objective measure of instructional quality from the many different faculty that are working underneath our course directors is important without having to burden students with more evaluations.

Dr. Meyer wrote in the chat that she would like to see overlap or gaps between courses in curriculum and within courses. Dr. Thompson to know where something's been assessed in the curriculum and how establishing the predictability of those measures for future so that you expect that similar topics or areas are predictive of others. There is hope that this will drill down to individual students. Dr. Collins says this will help the students know where they are doing great/don't have to spend as much time on their weaker skill areas. Dr. Meyer wrote in the chat "mapping exam items to curriculum".

Dr. Thompson went on to explain how this could be very helpful.

Dr. Meyer wrote in the chat "graduating med students able to perform 1<sup>st</sup> level residency milestones for their specialty.

Dr. Harrell drops out for a bit but she would like to know where the assessments are flawed especially because the assessments of our students are high stakes.

She goes on to say that one of our big strengths is involving our students but that all the feedback is not balanced. The students give very good feedback on some things but it gets lost in the other things they complain about.

Dr. Harrell said that Dr. Thompson has seen the recommendations from the assessment Task Force on the curriculum committee. Half the curriculum committee worked on the assessment task force. The other half worked on best teaching practices. She is working on their recommendations now as it was just presented. She wanted this committee to see the recommendations as this committee will be using the recommendations to be prescriptive and planning instead of reactive. She mentioned other areas the committee will be reviewing.