

Loyola University Chicago
Stritch School of Medicine
PCM1 Academic Review Committee

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I. Overall Course Presentation

1) There were numerous positive comments about having a course like PCM during the first year of medical school and its uniqueness to Loyola. Students recognized the value of learning about the different aspects of patient care and being able to put them to use. Some students seemed confused about all the components of the course and what would be expected of them and also were not aware of all the valuable resources on the website until late in the year.

Suggestions:

- Have a single syllabus with important due dates, tests, OSCE skills exams, etc. could be given in a packet form at the beginning of year (similar to PCM2)
- A presentation early in the course showing the outline of the course and how to properly use the website and its resources (such as where you can find info on HPI/hx information) would be extremely helpful

Course Administration Response:

We have reviewed the above suggested packet of PCM-2 information that is distributed to the students during the first week of PCM-2. For PCM-1, this information is all contained on our website, and agree a hard copy can be distributed during the first week for reinforcement.

A calendar indicating important due dates, as well as workshop and exam dates is found on our PCM-1 home page, and will be streamlined and distributed in hard copy for student reference.

Time will be allotted at the beginning of lectures within the first few weeks of the course to review the information presented on our home page.

2) The course seemed to begin very generalized and many students were familiar with the information presented. As a result, many students did not feel as though they needed to put in a lot of study time. Furthermore, many students expressed their wish to learn HPI, history taking, and OSCE skills sooner. It was suggested that had these skills been taught at the beginning of the course, students may have been more inclined to take the class more seriously early in the year.

Suggestions:

- Start off with HPI and history taking skills; give each student a laminated card with components of a complete history that they can carry with them and study from
- Organize a teaching workshop on how to take vital signs
- Provide students with a maxwell card?
- Intersperse history taking and OSCE skills with other topics throughout the semester (bioethics, professionalism, culture, etc); students would value the lectures on bioethics, professionalism, etc more after they had some patient contact (ie: context for learning) and had experienced the atmosphere of care at Loyola

Course Administration Response:

The course starts with a block on bioethics purposefully. In framing our curriculum this way, the course administrators are reflecting the importance of the topics of professionalism and ethics for not only the way medicine is practiced at Loyola, but also how it is taught. It is crucial that these topics form the base upon which subsequent medical education is built, not only in history taking and physical examination skills, but human anatomy, physiology and other courses as well.

We are proud as a course of our early introduction to the patient. Dr Michelfelder and Dr Winger introduce a real patient and a real full length interview to the class the first week of school. Vital signs are taught during the physical exam sessions/OSCEs, which are timed approximately to correspond with the students learning either the anatomy (HEENT, thorax, MSK, abdomen) or physiology (heart) of the subject in question.

A. Scheduling

1) General consensus is that there is not enough coordination between PCM and other courses

Suggestions:

- Schedule more PCM lectures during MCBG and less during SHB due to the stress of SHB
- Schedule a meeting with SHB course directors to go over important dates/exam dates for both courses to avoid overlap in tests.

As stated by one student "...feels like PCM goes on a schedule apart from the technical coursework of other courses. Can we try to integrate the timing better..."

Course Administration Response:

The re-organization of Behavioral Medicine into the first semester has made the first semester of Year 1 more intense. We will, however, continue to look at the intensity of our lecture and small group schedules across the year, making sure they are as evenly distributed as possible. We will also strive to continue good communication with other courses regarding calendar dates and changes for exams of the other courses.

2) Many feel there is too much time between tests and it is unclear on what would be covered

Suggestions:

- More tests covering less lectures
- Email class a list of which specific lectures will be covered on a test
- Have small group facilitators convey the same information regarding exams

Course Administration Response:

The major exams for PCM-1 include the SP exams and OSCEs. The written exams are a smaller component of the course. To help address the identified issues, weekly facilitator-advisor updates are sent by e-mail to the small group facilitators of PCM-1, which include comments on the content of the written exams. We will send e-mails to remind students about which lectures/dates will be covered on each written exam. In terms of testing frequency, with 2 written exams, one OSCE and 1 SP exam each semester, the PCM-1 administration feels that 4

major exams per semester is adequate to assess student competence with the material presented. We would not be in favor of adding more exams.

3) Desire for more clinical integration throughout course as well as spreading out more "feelings based" topics throughout semester

Suggestions:

- Spread bioethics throughout year so that as we progress as physicians these topics can begin to have different meanings to us
- More time devoted to interviewing and physical exam with small group facilitators in addition to time with third years
- More time on clinical relevancy rather than PPT presentations (i.e. What does this mean to me as a physician?)
- More time with preceptors/mentors with less time in lectures.

Course Administration Response:

We will incorporate your suggestions into the Facilitator orientation sessions and give prompts in the Facilitator guides to encourage sharing of physicians' experiences with the topics, to make them as relevant as possible for the students. We will also prompt them to practice the physical exam skills (in preparation for OSCEs) with students to broaden the opportunities to learn from clinicians.

We are meeting with faculty in Bioethics to determine how ethics topics can be spread out and reviewed throughout years 1-4.

We will consistently evaluate the preceptor and mentor programs to get a better understanding of whether students desire more visits.

We will encourage lecturers to decrease power-point time and increase discussion of their own stories or patient demonstrations

4) Some students experienced difficulties with shadowing - "many people find themselves missing class to accommodate the physician's schedule"

Suggestion:

- Schedule suggested time in our schedule to do the shadowing or find preceptors that have more time available

Course Administration Response:

We continue to be challenged by limitation in faculty and student time. We hope to set faculty-student pairs earlier next year so that more months are available earlier to be with preceptors

5) Explore the possibility of ending second semester earlier? Before finals week?

Course Administration Response:

PCM-1 used to have content up until finals week with a final exam during finals week. In response to prior student review panels, PCM-1 finished a week earlier, with the fourth written exam being administered during the week prior to finals week. Therefore the suggestion of finishing before finals week is confusing since PCM-1 currently finishes prior to finals week in both semesters. In addition, PCM-1 content is very important to becoming physicians, and as student physicians learn how to balance the challenges presented before them, it is not appropriate for PCM-1 to decrease content. The goal of year 1 is to develop the foundations for year two, as well as to learn how to balance the volume of content presented. Since year two has significantly more content than year 1, it is important for PCM-1 to press forward with content through year 1 to help student physicians prepare for the challenges of year 2.

B. Examinations

Overall

1) Students felt many of the test questions were either very generalized or were testing a specific detail that was never emphasized. They had trouble figuring out how to study for the tests because information about test content was not always relayed from the weekly representative meetings and different small group facilitators had varying knowledge about what would be covered on the tests. There also was not much motivation for studying because many questions could be answered without studying or by just scrolling through the powerpoint slides. Detailed questions would often still be missed even if you did study because the information was never emphasized (in lecture or small group).

Suggestions:

- Providing in-lecture summary slides with the main points or learning objectives for each lecture can help students know what points/topics are most important and feel more assured knowing test questions would come mainly from these main points.
- Create board-like exam questions to make the tests harder and give students practice.
- Provide students with sample questions to help guide proper exam studying.

Course Administration Response:

Test content is accurately reflected in the weekly assignments from the course. It is expected that students who adequately prepare will do well on written exams. The more important evaluation in PCM-1 are the OSCEs. All lecturers will be expected to address specific learning objectives as part of their presentations and lectures. USMLE or 'board-style' questions are included in each PCM-1 written exam, and are revised every year to better reflect changes in USMLE testing.

Second Exam

2) Most complaints concerned the second exam because the content covered was very different from the first and many students were unaware of this fact until after the exam. The material on the test also seemed very scattered and random (e.g. GI symptoms from Bates).

3) The first 2 exams of the year were taken farther apart so the second exam contained lecture material from the end of September. Students expressed wanting to have the 2nd exam sooner so that it wouldn't be as close to other final exams (ie: SHB).

Other Suggestions:

- having weekly online quizzes on important lecture material would help students understand what was important and ensure they were keeping up with the course
 - if this suggestion is considered, it may be best to poll the entire class as some people may be very opposed to weekly quizzes
- after exams are graded, it would be helpful to either provide a scheduled exam review of missed questions or bullet points of the topics of missed so that students know what to review for the next exam
 - having this review would be helpful since some exam questions are repeated and students are continually getting the same questions wrong because they were never aware of the correct answer

Course Administration Response:

For the academic year 2011-2012, the PCM-1 course directors appreciated comment 2) above and presented to the first year class both in person and through e-mail, an explanation of the content of exam 2.

In terms of giving written exam #2 sooner, the PCM-1 administration moved this exam out of the final week of the semester to give first year students an opportunity to finish the PCM-1 requirements earlier to focus on SHB more during the final week of semester 1. In terms of administering exam #2 sooner, SP exam #1 and OSCE #1 do not leave room to hold the written exam sooner. In addition, the Combined sessions need to be completed prior to the exam. Every year, there are students who struggle with the OSCE, and moving exam #2 earlier would severely disadvantage these few students and make them more likely to fail the OSCE or exam #2, therefore, it is important that exam two occurs after the OSCE.

Weekly on-line quizzes are an intriguing idea and will be considered by the PCM-1 administration. However, the main exams of PCM-1 are the SP exams and OSCEs. Since PCM-1 is different than any other course in terms of content and examinations, the PCM-1 administration do not wish to focus on the written exams, but rather the clinical skills exams which are the thrust and focus of the course.

PCM-1 administration used to hold exam reviews, and no students attended. The course directors are always available to review the exam with individual students. In addition, PCM-1 re-added phrases for missed exam questions. Due to security of the exams, it is not possible to provide written explanations of questions; however, the course directors are happy to meet with any student to explain answers.

II. Lectures

Students generally seemed to appreciate and see the value in topics presented in PCM1. The introduction to Ethics seemed to be particularly appreciated by students. Ethical scenarios incorporated into the curriculum were noted to be very helpful. Suggestions were made to incorporate more ethical scenarios throughout the course in hopes of grasping a better understanding of the concepts. Unlike Ethics, students commented that some of the other lecture topics failed to have a clear connection to their role as future physicians. They suggested more clinical applications and scenarios be presented to help make these

connections. They also appreciated the US Health-Care System lecture, and suggested that more time be spent on this topic.

A number of comments were made regarding the lack of a consistent lecture schedule. Students noted that lectures were at odd times of the day which created large gaps in between classes. In addition, they noted that the amount of lectures seemed to greatly increase once SHB began. They suggested that more lectures be presented during MCBG and less during SHB. Students also felt that the Statistics and Risk lectures would have been helpful to have before the MCBG genetics projects. Many students noted some confusion regarding lectures to be covered on specific exams, and requested that a list of topics for each exam be placed on LUMEN. Students also felt that summary sheets, outlines, or objectives for each lecture would help them focus on pertinent material for the exams.

Course Administration Response:

The Ethics content of the course is determined by the bioethics faculty, who have worked to re-evaluate the ethics content of the course. These comments are much appreciated, and the Ethics faculty have recommended changes to PCM-1 and 2 which will be implemented for the academic year 2012-2013.

US Health care system issues are significantly elucidated during PCM-3 after students have a solid foundation of clinical experience.

Due to behavioral medicine being added during MCBG, it will not be possible to move PCM-1 lectures earlier. That said, PCM-1 administration is always sensitive to student needs and continues to work to better coordinate PCM-1 lectures with other concurrent classes.

PCM-1 produced an "objectives" document on the PCM-1 home page, which includes objectives for each component of PCM-1. We will be reviewing all lectures to ensure objectives are present.

In terms of a consistent lecture schedule, PCM-1 tends to have lectures on Friday morning. However, lecture times are limited by the availability of our many clinical faculty lecturers as well as by time available in the academic calendar.

III. Small Group Sessions

A. Small Group:

Overall, students felt that small groups were an extremely valuable part of their first year curriculum at Stritch. Many felt that they had fantastic discussions with both their peers and facilitators, and that they were able to create a bond with practicing physicians in a way that they would have otherwise been unable. Students felt that these open discussions helped them to become better communicators, not just in the medical world, but in everyday life as well.

One concern that several students mentioned, however, was the variation in student experiences across groups. Some were concerned that their group did not discuss the weekly readings adequately, or that their preceptor may not have been completely aware of course expectations. While we know that there is a weekly agenda given to the physicians, a

suggestion to remedy this group to group imbalance would be to stress the importance of following given guidelines.

Another suggestion offered by the students was to use small groups as a tool to reinforce clinical skills and counselling abilities, rather than as a predominately discussion based forum. Students felt that their physician preceptors were a bit of an untapped resource in these areas, and that we could have learned much from their years of actual practice.

Course Administration Response:

We will continue to give an orientation to faculty facilitators and stress the importance of following the faculty handouts. We appreciate the suggestion to use the small groups as additional practice or reinforcement of clinical skills, and will prompt/encourage faculty to use a portion of the session to demonstrate clinical skills where able.

B. OSCE/SP/Clinical Skills:

Many students felt that what they appreciated most about this course was its clinical skills instruction, and mentioned that it helped to greatly build their confidence and usefulness when shadowing a clinical setting. In fact, students enjoyed it so much that many asked for more opportunities to practice both interviewing and examining standardized patients, and particularly for more opportunities to practice counselling patients. Many felt that since advising is such an important part of what physicians do, that we should have spent more time practicing such strategies and skills. It was felt that the fairly limited time we spent actually practicing our counseling skills was not enough to adequately build and hone this important ability.

As for physical exam skills, students also had suggestions. Many expressed a desire for a more efficient way to learn and practice the OSCE components. It was felt that it would be more effective for students to pair up and practice on each other, rather than to have one student serve as patient for three others to practice on. In pairs, each student would get the opportunity to run through their exam steps, perhaps more than once, with less down-time. An interest was also expressed in the possibility of having more sessions/time scheduled for practice under supervision of the M3s. These fellow students helped expand our knowledge, but were largely inaccessible outside of scheduled PCM times.

Lastly, in regard to clinical skills, many students said that they greatly enjoyed and learned a lot from the Hypothesis Driven History component of the class. Many mentioned wanting more of it, or perhaps having it earlier in the year.

Course Administration Response:

The second semester of PCM-1 heavily emphasizes the counseling skills needed in many physician-patient relationships. This is included in a recorded and evaluated standardized patient encounter. We will address the small groups that involve counseling (smoking/alcohol cessation, nutrition) to maximize the time small groups spend in that activity. It is expected that in the clinical skills center during 'combined sessions' during which exam skills are taught, that students are spending the 60 minutes actively examining one another, not only the individual who may volunteer. Many first year students have noted that their success on the OSCE was greatly aided by group study and practice sessions to review the exam components; at times these have been attended by Junior and Senior medical students.. M3 students are removed from their clinical responsibilities on the days they assist with the combined sessions, and we are unable to require further absence from their rotations. We will evaluate the timing of HDH presentation within the curricular year.

IV. Learning Resources

A. Readings:

- a. Emotional Intelligence was overall not well received.
 - i. Suggestion to eliminate the assigned reading from the curriculum and place more emphasis on the lecture.
- b. Readings were generally perceived as lengthy, redundant and taking too much time to complete each week. Further, there was mention of readings with conflict of interest (authors were speaking on topics with a “bias” perspective). An additional thought came up a lot about different small groups handling the volume of reading in an inconsistent manner (i.e. some groups where every person had to read every reading each week to be prepared).
 - i. Suggestions: using evidence based, peer reviewed readings (review articles/clinical research etc) to allow for more in depth discussions, stats practice, etc. and removal of bias. This would allow for better critical reading skills, practice statistical analysis and application. We could also be asked each week as an assignment to find an article on our own related to the topic of the week that would help us, hands-on, to practice professional information searches (instead of, or in addendum to, the library assignment). It would also allow for more consistency between the manner in which small group facilitators “divvied” up the reading assignments. This would also allow for the “less is more” approach (less readings that are at the same time more challenging).
- c. General suggestion: Readings should be more proactive, less reactive (i.e. more info on how to solve issues in healthcare and not so many readings about the problems in the field; things with “latest recommendations” from trusted government or health agencies, etc)

Course Administration Response:

Emotional Intelligence has been revised as a curricular component. The readings have been eliminated and only the videos are discussed. Readings are evaluated yearly for redundancy and appropriateness to the curriculum. Readings that are thought not to meet these criteria are discontinued as requirements. It is up to individual small groups as to how to handle weekly readings and this should be determined by the students and facilitators together. It is expected that each small group will be able to discuss readings during their weekly meetings and it is expected that each student will be familiar with the readings for the purpose of testing. Most articles that are presented as readings are from peer reviewed sources. Students are encouraged to bring topical supplemental readings to further enhance small group discussion.

B. Diagnostic Equipment

One general thought: Diagnostic equipment should be offered for purchase later in the year/med school - currently offered too soon before students really know what they need.

C. Website:

a. Major concerns revolved around the organization of the LUMEN resources, website in general and the handouts with web-links especially as they weren't always accessible links which left students confused on how to find reading materials.

i. Suggestions:

- Offering an intro/orientation to resources (maybe another lecture or maybe a small group tutorial, where the facilitators are trained/prepared for it) to make online access more clear or send an outline of where to find things for when we come across them later in the course
- Weekly emails to point out the things we need
- In general, people really liked the online handouts
- Database search option (for website or for reading resources)

Course Administration Response:

Years ago, students were required to purchase their diagnostic equipment on their own. During that time, fewer than 10% of the class actually purchased diagnostic equipment, and PCM-2 found that students' ability to use the otoscope/ophthalmoscope was inadequate. Therefore, the deans and curriculum committee approved a tuition fee so that PCM could purchase the diagnostic equipment at a significantly reduced/negotiated fee for the students. The equipment purchased for the students is what is recommended by organizations nationally, and by faculty locally. Since first and second year medical students are unfamiliar with what diagnostic equipment they will need for years 3, 4, residency and beyond, the faculty have made recommendations for them. PCM-1 and 2 follow the faculty recommendations.

Ideas about the website are excellent and very helpful. SSOM is in the process of revising and standardizing websites for all courses/clerkships, and these comments will be forwarded to the faculty group working on this area.

V. Assignments

A. Library Assignment

(1) **Lecture:** The summary handout provided by the librarians after the lecture was excellent and useful for the assignment and for future reference. Many students felt that the lecture did not benefit their understanding, and they learned more by studying the document and doing the practice cases.

(2) **Post-Assignment Small Group:** Many students felt that this small group did not add to their understanding of the cases. One suggestion was to have new cases to do with the librarians as some sort of class-poll quiz and then an answer discussion. Another suggestion was to have an out-loud workshop in regular PCM small group with a librarian present, who would be walking through the search process on the projector and quizzing students on the summary handout from the original lecture.

(3) **The Assignment:** Many students felt that the assignment was too long. While doing 3-5 cases was instructive and helpful for mastering search techniques, this particular assignment was too extended. A suggestion was made to compress the assignment to only one

case or having a handout on the strengths of each database and an assignment to highlight these strengths. A second suggestion is to make an assignment topic specific - eg: during the week that we are learning about smoking cessation, have each student come to small group with a primary resource for smoking cessation

(4) **Overall assessment:** The opinions on this particular assignment and lecture seemed to be bimodal, with some students stating that the practice cases were useful and others saying the contrary. Many felt that the assignment's timing could perhaps be changed to a less involved time of the year, well before exams. Lastly, a few comments were made on the post-assignment recap session. Instead of having students come to recap and review the entire assignment as a whole, it was suggested that students receive constructive feedback on their library assignment with particular points on how their search could be improve and why rather than having students re-do an assignment.

Course Administration Response:

The library science faculty have welcomed and encouraged student and faculty feedback and have revised these sessions yearly. These comments have been shared with the library faculty and in response, several major changes have occurred:

For semester 1, the PCM-1 project was removed, and the library session focused on the MCBG projects. For semester 2, the library session will focus on clinical scenarios and in-session real-time problem solving.

B. Mentor/Preceptorship Program

Overall assessment: Universally appreciated program, unique to Loyola, that students were grateful for and excited to participate in. There were comments on some of the stressors in the program and suggestions are made below to address these.

1) Some students expressed not being able to follow their preceptor/MS3-mentor when it came to understanding lab values.

Suggestion: Create a laminated card with lab values that students can carry in their white coat pocket. This can aid learning as it would provide first-years with an on-hand reference to refer to as their preceptor/MS3-mentor discussed lab values of a patient with them.

2) Some students expressed that when they were on the floors with their preceptor/MS3-mentor, it would have been helpful to have a pocket-sized HPI reference card as they went through the process of learning how to take a history.

Suggestion: Provide students with a laminated card with history steps. This can give students a more concrete/visual aid on what is expected. It can also provide students with direction early in the year when learning how to conduct an accurate and complete history whether in the classroom or on the floors with patients.

3) A consistent comment made by students was that it was often very difficult to find a time to shadow a preceptor/MS3-mentor without having to skip classes.

Suggestion: Set aside a designated block in the schedule for students to shadow their preceptor/MS3-mentor. This can eliminate the stress with having to skip classes in order to fulfill the shadowing requirement.

Course Administration Response:

We will be working with PCM-2 to develop uniform history and physical cards for both courses.

The scheduling of mentor and preceptor visits will continue to be an issue that has both faculty and student factors. We will work to facilitate these preceptor/mentor visits that occur 4 times total each semester without disrupting class. This year we stressed that these visits do not have to occur for more than a few hours, but we would like the student to have the chance to see or practice their clinical skills.

C. Biostatistics

Overall assessment: While some students expressed having previous knowledge of Biostatistics, many expressed that having the sessions were helpful. While overall students were appreciative of the course, it was universally felt that it would be more helpful to have the Biostatistics sessions early in the year - specifically before the MCBG project. Having Biostatistics this early would greatly aid learning as there is more context for the understanding of p-values and other statistical components during this time of the year.

Course Administration Response:

PCM-1 starts with bioethics as a directive from the curriculum committee, so that the year starts with the highest values of the school. Moving this curriculum later is not possible due to the tone-setting of beginning PCM with ethics.

Additionally, due to the addition of Behavioral Medicine to the beginning of the year, it is not possible to add content to the first section of the course. However, 2011 was Dr. Durazo's first year with PCM-1. He has taken all of the student comments to heart and will be modifying the sessions for 2012.