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*Improve the health of the communities
we serve through education, biomedical
research and health care.*

Letter from Dean Ko

Curriculum Office

The Curriculum Office is responsible for managing, coordinating and evaluating the medical school curriculum. In addition, we provide support to the students, faculty, and administration.

Dear Students & Faculty:

I hope everyone is enjoying the great weather we have been having this Spring, and getting ready for an incredible Summer here in Central New York. Everyone knows that Summer is one of the best times to be in Syracuse, enjoying all the various festivals in and around the city, as well as the beautiful outdoor activities in and around the area. One of my family's favorite park nearby is Green Lakes, and I can't wait until the weather is warm enough for my kids and I to jump in the Lake and go for a swim!

As many of you know, this has also been a time of transition for us here in the Curriculum Office. We said good bye to Dr. Christner, and thanked her for all the work and contribution she has put in to take our curriculum to where it is today. We wish her the best of luck as she heads down to Baylor to take on the role of Dean of Education there.

Our work here at Upstate is far from finished, as we are continuing to look forward to make both small and large changes to all facets of our curriculum. The major renewal of our MS1/2 curriculum towards an organ-based systems is still ongoing. We have identified the director for the new Case-Based Learning (CBL) course starting in 2016-17, and are in the process of interviewing the co-unit directors for the MS1 and MS2 years. In this

renewal of the curriculum, we are aiming to incorporate elements of both clinical and foundation science early on into a student's education process, and provide a more integrated and robust educational experience for our students. There are so many great educators and innovators here at Upstate, and I am excited to see these new changes take form as we continue our goal of preparing our students to face the ever changing healthcare system in the coming years. Change is never easy, but I truly believe that working together as both faculty and students, we can develop a curriculum that will be a model for other schools to follow in the future.



In my new role, I hope to continue to be available to students and faculty to hear your concerns, suggestions, and ideas to make our curriculum even better. Don't hesitate to stop by the Curriculum office to say hi! For those students who are away for the summer, I hope you enjoy your time wherever you may go, and do come back in the late Summer to show us pictures and stories from your time away!

Sincerely,
Dr Paul Ko,
Interim Associate Dean for Undergraduate Medical Education



For questions regarding this publication,
please contact Lisa at PhelanLA@upstate.edu
or 464-7004



Curriculum Committee

The Curriculum Committee shall be responsible for recommending curriculum coordination, development, objectives, content and methods of evaluation to the Dean.

Curriculum Committee—Paul Ko, MD

The Curriculum Committee meets at least twice a month to discuss all aspects of the curriculum and review specific areas of LCME compliance within the curriculum. Currently, the committee is busy reviewing all the required courses and clerkships in our 'annual reviews.' Each course is reviewed in great details, and aspects of the course objectives, evaluations, grading, and overall big picture is discussed by members of the committee. We have already gone through all the MS3 clerkship reviews, and are finishing up on the MS2 course reviews, and will be beginning the MS1 course reviews soon.

As you can see in the *You Said, We Did* section of the newsletter, each course really do take student and faculty feedback and make major and minor changes each year. There is faculty representation from the various departments of the college of medicine, as well as student members from each year.

Graduation Competencies and Educational Program Objectives (EPOs)

As courses and clerkships begin this new academic year, coordinators will be sending all faculty and residents several documents and policies for your review. Included in these documents will be the COM EPOs.

The EPOs are used as the basis for all course and clerkship curricula. These objectives for the medical education program serve as statements of what students are expected to learn or accomplish during the course of medical school at Upstate. The EPOs can be found at the following website:

<http://www.upstate.edu/com/curriculum/objectives.php>

Case-Based Course Director Announcement

Dr. William Paolo



It is with great pleasure that we announce the appointment of Dr. William Paolo to the position of the Case-Based Course Director. Dr. Paolo received his MD degree from Albert Einstein College of Medicine with a Distinction in ID Research. He did his post graduate residency training in Emergency Medicine at NYU/Bellevue where he served as Chief Resident. He is currently Associate Professor in Emergency Medicine and serves as the Residency Program Director. He brings with him significant experience in both teaching and curriculum development in the UME & GME realms. He was the course director for the 4th year March Into Residency Course for the last 2 years and has also been a core faculty in the Evidence Based medicine course.

The Case Based Learning (CBL) course in the curricular renewal plan will be for year 1 and 2 medical student starting in the 2016-17 academic year. The course will incorporate problem-based learning along with other forms of active, self directed learning in a case based format aligned with the redesigned systems based units. In this role, he will work closely with the soon to be appointed systems based unit directors on meaningful integration of clinically relevant content that incorporates key scientific concepts from the foundational sciences.

Update from the Phase 1 Committee

Phase 1—Tom Poole, PhD

Another academic year has just come to a close and we are already thinking about changes to the curriculum for next year, the year after that, and the year after that. The MS2 year will not change very much for next year. The EBM portion of POM2 will be more spread out than last year and there will be minor changes to several other courses based on student feedback this past year. The MS2 year in 2015-16 will see the premier of two new courses.

Molecules, Cells and Microbes (MCM) is a new foundational course in units 1 and 2 that incorporates portions of MCP and Microbiology/Immunology into an organized introduction to cell biology, molecular biology, genetics, microbiology and immunology. The course directors of the new course are Dr. Margaret Maimone and Dr. Rebecca Greenblatt.

Excellence in Care is a new course that incorporates the ELSIM and PM portions from last year's POM1 course into a new course with course directors Dr. Amy Caruso Brown and Dr. Martha Wojtowycz. This course will

have lectures and small groups on Wednesday mornings for all the MS1 year and will provide students knowledge and skills in ethics, law, economics, public policy, communications, social and cultural context, and epidemiology as they develop into physicians.

There are bigger changes planned for 2016-17! We have hired Dr. Bill Paolo from Emergency Medicine as the new CBL course director for

MS1 and MS2 years starting with the 2016-17 academic year. He has already started planning and he will organize a new Case-Based Learning course that will incorporate self-directed learning in small group PBL

case discussions that will align with organ-based course units. We have begun to interview MDs and PhDs for co-directors of these organ-based units.

Here is a sample of my daughter Kate's art



Instagram Follow me at tomeloop

MS1 Curriculum Blocks for 2015/16

Topics	Molecular & Cellular Biol, Genetics, Proteins, Enzymes, Bacteria, Viruses, Parasites, Basic Immunology		Skin, Musculoskeletal, Blood, Cell Physiology	Neuroscience	Winter Break	Cardiovascular & Respiratory I	Respiratory II & Renal	Spring Break	GI, Metabolism	Endocrine, Reproductive	CAS Exam
	Weeks	4	4	5		6	5		4	5	
Courses	Excellence in Care										
	POM - Clinical Skills										
	Introduction to Case-Based Learning			Case-Based Learning			Human Disease				
	Gross Anatomy/Radiology			Gross Anatomy/Radiology			Gross Anatomy/Radiology				
	Microscopic Anatomy			MA			Microscopic Anatomy				
	Physiology			Neuroscience			Physiology				
	Molecules, Cells, Microbes		Mol & Cell Principles		Physiology			Mol & Cell Principles of Medicine			

19 weeks				Break	12 weeks		Break	Step 1/Vacation
Unit 1	Unit 2	Unit 3	Unit 4		Unit 5	Unit 6		
Cancer; Pediatric Diseases	Blood; Immunity; Skin	Nervous System; Muscle	Heart; Lung	Break	Kidney; GU; Endocrine; Bone	GI; Liver; Infectious Disease	Break	Step 1/Vacation
Practice of Medicine II					POM II			
Case-Based Learning: Clinical Reasoning & Pathophysiology				Case-Based Learning				
Human Disease: Pathology & Laboratory Medicine				Human Disease				
Pharmacology				Pharmacology				
Microbiology/Immunology				Microbiology/Immunology				
Behavioral Sci								

MS2 Curriculum Blocks for 2015/16

Update from the Phase 2 Committee

Phase 2—Paul Ko, MD

We just wrapped up MS3 Orientation for incoming 3rd year students who have just started their first clerkships on the wards. This is a significant transition for students as they go from a predominately classroom setting to a clinical setting in their training to become physicians. I know there was some anxiety among the students, but the hope was that the orientation sessions will prepare the students to be ready on day 1 for the clerkships.

The Phase 2 committee is continually evaluating aspects of the clerkships that need refinement. One example is that the evaluation subcommittee of

Phase 2 this past year developed a new clinical evaluation form that is based on our College Educational Program Objectives and Competencies, but also incorporated elements of the AAMC Entrustable Professional Activities (EPA for short). This new form will be piloted in the Surgery Clerkship for the 2015-16 academic year.

Additionally, there is a group formed in Phase 2 that is examining specific objectives and goals of our Acting Internship in the 4th year that will prepare our students to meet the AAMC EPAs, as well as prepare them for residency.

For further musing by Dr Ko & Dr Poole , please feel free to visit our blog site at:
<http://sunyupstateassistantdeans.blogspot.com/>

visit our
blog!

It is with great pleasure to announce that on April 1, 2015, Dr. Matt Sarsfield was named the Director of the Emergency Medicine Clerkship. He joined the faculty in 2009 as the Assistant Director of the EM Acting Internship and in 2013 was named Assistant Director of the EM clerkship.

Dr. Sarsfield earned his MD at Upstate and in 2009 completed his EM residency at Upstate as well. Dr. Sarsfield is a dedicated educator and mentor to all levels of learners. He is a respected and enthusiastic physician and educator who is also the 2015 winner of Upstate's Gold Standard Award.

We are excited to have Dr. Sarsfield as our newest Clerkship Director.



New Emergency Medicine Clerkship Director, Matt Sarsfield, MD



The Curriculum Office will be closed on
July 3rd in observance of the 4th of July.



Student Spotlight

Ryan Schiedo, MS-3



It is a pleasure for me to address you on behalf of Upstate Student Government (USG) and to share with you a little of what we do, but first let me introduce myself. I am a third year medical student and I have been involved with USG this past year as the VP of Club/ Organizations. In March I was elected the new USG president and I am excited to serve the student body in this new capacity.

So what does USG do? USG involves all four of the colleges here at Upstate. One of our goals this year is to find new and fun ways to bring the colleges together and unify the student body. USG is also in charge of overseeing student clubs and organizations. There are many clubs/orgs here at Upstate we are proud to have so many opportunities for students to come together and share their passions. In addition we send representatives to countless committees and task forces. Don't forget, these students we send to the committees represent you! So reach out to us with any advice or suggestions you may have. If you really want to get involved and find out more about what we do then come to our monthly general body meetings. Dinner is always served and we usually have a guest speaker. There is no better way to get involved or to stay up to date on what is going on here at Upstate. If you ever have any questions, suggestions or comments don't hesitate to contact me. Again, thank you for this opportunity to represent the student body, I look forward to the year ahead!

The Practice of Medicine Course will be losing one of its long-time coordinators. Collette Fay has accepted the position of Assistant to the Director of Pharmacy in the hospital. We wish Collette the best in her new position and thank her for all that she has done for the POM Course.

Goodbye...

Susan Barbour

Welcome

Trainer, Standardized Patient Program and Clinical Skills Center

Susan Barbour holds an MA in theatre from The Catholic University of America. She has worked as a standardized patient at Upstate for ten years. As an instructor at Le Moyne College, Susan's teaching specialties were Theatre in the Classroom, Shakespeare, and Writing and Speaking in the Professions. She has also taught at SUNY Oswego, Syracuse University, and Morrisville State College. As an actor, she

has performed with Gifford Family Theatre, CNY Shakespeare, and the Onondaga Historical Association, among others. Susan has researched texts and contexts for many play productions, including five for combined academic conference/festivals at the University of Toronto. She lives in Syracuse.



From the Office of Evaluation, Assessment and Research

Here are some updates from the Office of Evaluation, Assessment and Research:

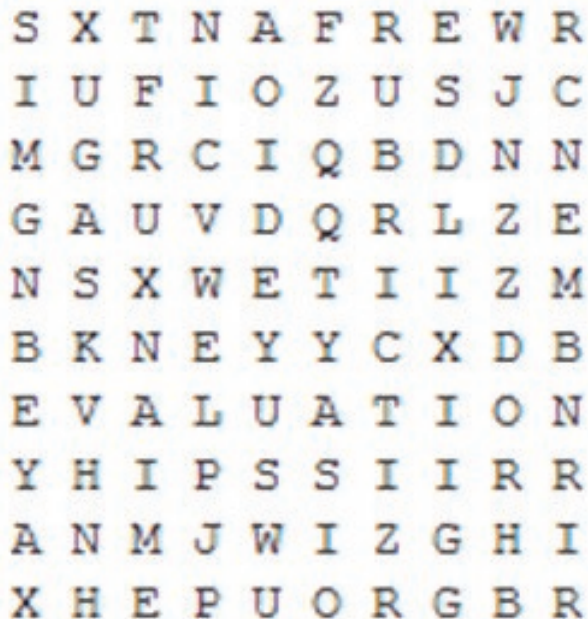
Post CSE Survey: We are in the midst of administering the post Clinical Skills Exam surveys. Many thanks to the members of the MS3 class who have given feedback about their clerkship and CSE experiences that will be used in curricular review.

Congrats: Congratulations to those who graduated and a big thank you to the class of 2015 for filling out surveys about your experiences at Away Electives and residency choices. Your feedback will be really helpful to the classes of 2016 and 2017

Away electives feedback: Class of 2016, if you're looking for some information about Away Electives, there is a new resource available on the Upstate Away Electives webpage. It's in the bottom right-hand part of the page and is called Away Electives Feedback. The resource includes the class of 2015's ratings of away electives. We hope it is useful to you!

Wordsearch: When you complete the word search, please email your completed version to Colleen Dillenbeck (DillenCo@upstate.edu). The first student, faculty member, and staff member to turn in their completed and correct searches will receive prizes.

Lauren J. Germain, Ph.D., M.Ed.



S X T N A F R E W R
I U F I O Z U S J C
M G R C I Q B D N N
G A U V D Q R L Z E
N S X W E T I I Z M
B K N E Y Y C X D B
E V A L U A T I O N
Y H I P S S I I R R
A N M J W I Z G H I
X H E P U O R G B R

Words to find:

Evaluation
Exam
Focus
Group
NBME
Rubric
Survey



Clerkship Coordinators

Lisa Kelly (Neuroscience Coordinator), Rebecca Bellini (Surgery Coordinator) and Kara Welch (EM Coordinator) have been working on new 4th year acting internship and clinical elective evaluations that will be used for the academic year. These forms use the AAMC's 13 entrustable professional activities (EPAs) as benchmarks for evaluating students' clinical performance and residency readiness. The forms also use a competency-based assessment scale, which reflects a movement away from likert-scaled grading and towards the assessment of competencies and milestones. The goal of these evaluations is to measure and provide feedback on behaviors expected of medical graduates before they begin their intern residency year.

The Neuroscience and Emergency Medicine Clerkships in Syracuse will also be piloting a patient evaluation form and student reflection for this year. Both coordinators are very excited about these forms and hope that they will be the start of a portfolio for each student with the goal of receiving 360 degree feedback by the time they graduate. In addition, the Surgery clerkship is working on a Health Professional Evaluation form of the Student. This pilot phase will determine the feasibility of these forms and the potential for implementation in the future.

The use of competency-based assessments and 360 degree feedback are both currently used in graduate medical education, and hopefully with appropriate tailoring will be applicable and useful in the undergraduate realm as well.


**KEEP
CALM
AND
ASK A
COORDINATOR**



SYRACUSE COORDINATORS

Front to back: Sarah Lewis, Sarah Edwards
Lisa Kelly, Katie Stuenzi, Lisa Oliver, Kara Welch, Rebecca Bellini

Clinical Skills Update

At MS3 Orientation, Susan Becker Barbour and Amber Hansel Walton introduced the new COM communication skills rating form for the 2015-2016 academic year. This rubric, the Gap-Kalamazoo Communication Skills Assessment Form (Peterson, EB., et al. "The Reliability of a Modified Kalamazoo Consensus Statement Checklist for Assessing the Communication Skills of Multidisciplinary Clinicians in the Simulated Environment." Patient Education and Counseling 96.3 (2014): 411-18.), will be implemented across all 4 medical student years for all activities involving simulated/standardized patients.

Students had the opportunity to watch clips of standardized patient encounters and use Turn-ingPoint clickers to rate the communication skills of the simulated medical student. Standard-ized patients (SPs) will also be trained using the same video clips and clickers to help ensure consistency. A benefit of this particular communication skills rubric is its adaptability for use by a variety of assessors: SPs, faculty, residents, peer-to-peer, and real patients.

~ Amber Hansel Walton ~

SAMPLE College of Medicine Communication Skills Rating Form

How well did the participant(s) do the following (please select one):	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
A: Builds a relationship (includes the following): <ul style="list-style-type: none"> • Greets and shows interest in the patient's family • Uses words that show care and concern throughout the interview • Uses tone, pace, eye contact, and posture that show care and concern • Responds explicitly to patient and family statements about ideas and feelings 					
B: Opens the discussion (includes the following): <ul style="list-style-type: none"> • Allows patient and family to complete opening statement without interruption • Asks "Is there anything else?" to elicit full set of concerns • Explains and/or negotiates an agenda for the visit 					
C: Gathers information (includes the following): <ul style="list-style-type: none"> • Addresses patient and family statements using open-ended questions • Clarifies details as necessary with more specific or "yes/no" questions • Summarizes and gives family opportunity to correct or add information • Transitions effectively to additional questions 					
D: Understands the patient's and families perspective (includes the following): <ul style="list-style-type: none"> • Asks about life events, circumstances, other people that might affect health • Elicits patient's and family's beliefs, concerns, and expectations about illness and treatment 					
E: Shares information (includes the following): <ul style="list-style-type: none"> • Assesses patient's/family's understanding of problems and desire for more info • Explains using words that family can understand • Asks if family has any more questions 					
F: Reaches agreement (includes the following): <ul style="list-style-type: none"> • Includes family in choices and decisions to the extent they desire • Checks for mutual understanding of diagnostic and/or treatment plans • Asks about acceptability of diagnostic and/or treatment plans • Identifies additional resources as appropriate 					
G: Provides closure (includes the following): <ul style="list-style-type: none"> • Asks if patient and family have questions, concerns or other issues • Summarizes • Clarifies future time when progress will again be discussed • Provides appropriate contact information if interim questions arise • Acknowledges patient and family, and closes interview 					
H. Demonstrates Empathy (includes the following): <ul style="list-style-type: none"> • Clinician's demeanor is appropriate to the nature of the conversations • Shows compassion and concerns • Identifies/labels/validates patient's and family's emotional responses • Responds appropriately to patients and family's emotional cues 					
I: Communicates accurate information (includes the following): <ul style="list-style-type: none"> • Accurately conveys the relative seriousness of the patient's condition • Takes other participating clinician's input into account • Clearly conveys expected disease course • Clearly presents and explains options for future care • Gives enough clear information to empower decision making 					

Rural Medicine Education Update



This is a park bench on a small lake in Oneonta. In many rural towns, it is not the wealthy who own lakefront property, but the average citizen. One of the many reasons people choose to live in rural places.

Most of our 2015 RMED students finished their rotations in May; while seven, traditional RMED students, will stay at their rural community sites over the summer and into the fall.

We are working with our 2016 RMED students on negotiating their community sites to begin this winter. We expect to have fifteen students participate across 13 community sites. Students will have the option of training at our new site in Utica.



Horses stand next to a barn in one of many farms surrounding Oneonta. Most people have animals as pets or for vocational purposes. Quite a few of the physicians in Oneonta run small hobby farms with chickens, rabbits, cows, horses, and llamas.

*Pictures taken by RMED student Peter Edmonds
from our RMED site in Oneonta*

Winners of the 3rd Year Orientation Family Feud Clerkship Director Panel

Sarah Lappin

John Folk

Kwame Amankwah



Medical Education Research Update

For those interested in medical education research, the MedEd Research Group led by Dr. Paul Ko is interested in hearing about your innovative research ideas. In addition, the group is available to assist in a variety of ways including mentorship, IRB guidance, and research support.

Dr. Roseamelia has recruited four MS2 students to participate in an Immersion Week sponsored by Oswego Health. Students will work with Family Medicine, Surgery, Emergency Medicine and Radiology preceptors at Oswego Health and volunteer with community agencies including taking part in the Oswego triathlon this June.

Lisa Phelan, Drs. Lappin, Christner and Germain's poster on Change in IM Clerkship Weeks was a finalist at the Northeast Group on Educational Affairs' annual meeting at the University of Massachusetts Medical School in April. The goal is to have a paper completed this summer.

Dr. Ko presented his research on Free Open Access Medical Education (FOAMed) at the CORD/EM Meeting in April and an oral presentation was presented at SAEM in May.

YOU SAID... WE DID...

MS-2 Course Annual Reviews reveal the following changes based on student feedback...

Behavioral Science

You Said: It doesn't feel like my concerns are being heard.

We Did: We started annual focus groups, we ask for real-time feedback via ARS, and we review centrally collected survey data annually.

You Said: Behavioral Science topics should be taught when we learn about psychopharmacology

We Did: We moved the course earlier in the year and work every year to achieve as much topic alignment as possible. Dr Schwartz now teaches in Pharm and the DSM diseases are lined up with the appropriate Pharm lectures.

You Said: Topics are redundant when compared to clerkship content and other course content.

We Did: We streamlined the lecture series to remove unplanned redundancies and went from 2 units to 1 unit.

You Said: We only take Behavioral Science for a short time, we shouldn't be required to take a shelf exam.

We Did: The final exam is no longer a shelf, it is an in house exam.

You Said: We don't want our entire grade to be based on performance on 1 exam.

We Did: We added quizzes.

You Said: No one reads the assigned text book, it is too long.

We Did: We chose a shorter, more succinct review book.

You Said: We don't learn about insomnia anywhere.

We Did: We added a lecture on insomnia.

You Said: The lectures are disorganized.

We Did: Through the use of the student focus group, we re-worked the lectures to improve organization and focus on pertinent information and every year the quality and ratings go up.

You Said: The Half day teaching activities are not fun and we do not like to sit for 3-4 hours listening to same topic. We prefer 1 hour lectures that stand alone

We Did: We will proceed with this request and re organize as such

You Said: We want more interactive lectures

We Did: We added ARS questions to nearly every lecture

Human Disease: Pathology & Laboratory Medicine

You Said: Do not mandate a single source for pathology.

We Did: Students were encouraged to utilize whichever source they might prefer (e.g., Rubin's Pathology, Robbins' Pathology, Goljan Rapid Review of Pathology).

You Said: Do not schedule sessions too close to the unit Exams.

We Did: No sessions with new content will be scheduled for the day after an unit exam or within 48 hours preceding an unit exam.

Microbiology

You Said: Better coordination with other courses is important.

We Did: All lectures are organized to present relevant material at the same time as related material is presented in other courses, especially Pharmacology and Pathology

You Said: The lecture notes should be more complete, and coordinate with slides.

We Did: The Syllabus was re-written, expanded and coordination was improved.

You Said: Unit exam questions are too easy; they aren't adequate preparation for the Shelf.

We Did: We have replaced most of the simple multiple choice exam questions with Shelf (i.e. Board)-style exam questions which require a higher level of understanding that was tested in the past. We have also introduced Formative Quizzes to help you become familiar with this style of question before seeing it on an exam.

You Said: The clinical relevance of Microbiology and Immunology would be more apparent if exam questions were in the clinical vignette format.

We Did: We have increased the proportion of clinical vignette questions from 15% to 50%.



Pharmacology

You Said: Lecturers should know what is in the Kaplan review books.

We Did: We sent each lecturer information pertaining to his lectures from the Kaplan Pharmacology and Physiology review books.

You Said: Some of the practice questions are outdated.

We Did: Each lecturer looked at the practice questions pertaining to their lectures and updated the questions or deleted the questions.

You Said: Some lectures do not have practice questions.

We Did: We asked lecturers to write more practice questions.

You Said: We do not like the lecturers of 14 Pharmacology lectures.

We Did: We found new lecturers to give those 14 lectures.

You Said: We do not like the landscape orientation of the printed power point presentations.

We Did: We changed the printed power point presentations to portrait orientation.

You Said: Some exam questions do not represent lecture material.

We Did: We sent exam questions to lecturers twice; once when they were preparing their handouts, and again just before their lecture to remind them which questions they wrote or selected from their question pool.

You Said: The acid/base lecture is repetitive and would be better in the 1st year

We Did: The acid/base lecture will be moved into Physiology in the 1st year for 2015-2016

Practice of Medicine II

You Said: Standardize the physical exam demonstration at the beginning of small groups so we don't feel like each instructor emphasizes completely different exam components.

We Did: Videos created for each major physical exam element, standardizing the exam demonstration and unifying expectations. All videos are uploaded to blackboard so students can use them as a reference all throughout the year.

You Said: Reduce the variability in student experiences within their small groups (i.e. "my small group instructor taught my small group completely differently than my classmate's instructor").

We Did: Standardization of all small groups: using videos for exam demonstration; 3 rotating stations with standardized patient (SP), physical exam, history taking and oral presentation practice stations; and clinical questions & final wrap up at the end of each small group.

You Said: Give the students more time to practice with the SPs

We Did: We will have 2 SPs for each small group next year so each student will be able to practice an H&P with an SP at every small group session this coming year.

You Said: 14 students per group is too many to get through all the material we need to at each small group, but we don't want to lose content material either.

We Did: No more than 12 students per group next year will be assigned per group to help efficiently get through all the material with a faculty/student ratio of 1 faculty for every 6 students.

You Said: It would be great if we could have a third instructor to watch what we do interacting with the SP, and give us tips on how to improve during that interaction at our small groups.

We Did: A TA will be assigned to each small group next year and will act as a peer mentor for their small group's students throughout the year, and observe the SP station when they are available, which will enhance the educational experience at the SP station.

You Said: There isn't enough time for the coaches to wrap up at the end and go over the questions.

We Did: 15 minutes was added to each small group this year, and all small groups this coming year will be AFTER lectures (i.e. morning small group next year - lecture at 8:30, and small group will run 9:30 - noon).

You Said: Add relevant content in topics other than only adult medicine and geriatrics.

We Did: Added OB/GYN, pediatrics/adolescent, more emergency and surgical topics this year as well as Sexual health teaching week, and advanced differential diagnosis.

You Said: The Directors need to work with the faculty on learning objectives to reduce or eliminate pathology and physiology in the lectures and to start including initial workups and treatment plans as we don't get that anywhere else.

We Did: The Directors have modified the learning objectives to reduce pathology and physiology and included initial workups and treatment plans for all topics covered this year.

You Said: Reduce the number of evening Special Sessions for GU/GYN/breast exams. These sessions could be combined and reduce the total student time spent doing this (3 sessions each student for 3 hours each for a total of 9 hours/student).

We Did: We cut back with the same small group type of experience combining sessions so each student now gets a very similar experience in one four hour session each.

You Said: Standardize grading of write-ups across small groups and for our final clinical competency exams (CCEs).

We Did: Multiple faculty development sessions are held each year to standardize grading across all small groups. For final CCEs, the Course Directors grade the majority of your write-ups.

Practice of Medicine II continued...

You Said: Are the POM CCEs adequately preparing us for the Clinical Skills Exam (CSE) I have to pass in my third year of training and also the third year clerkship expectations of what needs to be done on a history and physical exam?

We Did: Multiple case format in the CCEs is now in alignment with what's expected in all CSE exam and third year clerkship expectations. This coming year in POM2 we're moving to a more stringent 15 min H&P and 10 min NBME write-up format, which is the expectation in third year clerkships and the CSE exams.

You Said: Many clinical experiences are very good, but we need better communication and expectations so all of the clinical experiences are a valuable experience for us all.

We Did: Clearer expectations, communication, and also clinical experience evaluations will be filled out by both the instructors and students this year to drive improvement in each of the clinical experiences. You will also have some clinical experiences on half-days you are not in small group, better utilizing overall POM course time and improving the variety of experiences that can be offered.

Case-Based Learning: Clinical Reasoning & Pathophysiology

You Said: Replace the Damjanov text with a better source for learning Pathophysiology

We Did: Lange Pathophysiology of Disease: An Introduction to Clinical Medicine text will be re-introduced.

You Said: Have less sessions and assignments around the unit exams.

We Did: Cases will not be scheduled on weeks with unit exams.

You Said: Do not mandate attendance at mid-week sessions that do not include assessments.

We Did: Only case discussion sessions with guest clinicians and wrap-up case hypothesis sessions with the course director will be required.

Evidence-Based Medicine

You Said: EBM discussion groups seemed to lag and were occasionally too long.

We Did: Decreased overall lecture/discussion time, there is a single discussant for these.

You Said: EBM sites (Blackboard and Wiki) were confusing to navigate.

We Did: Attempted to clarify and streamline the course web pages.

Thank you for your thoughtful and constructive feedback this past year. Your opinion MATTERS, and helps pay it forward toward improvements for next year's class!

YOU SAID... WE DID...