

Patient, Doctor, Society (PDS) Module Review

Course Director: Alice Goepfert, MD

Course Date: August 4 – August 15, 2008

Review Date: April 30, 2009

Present:	Alice Goepfert	PDS Course Director
	James Jackson	UME Representative
	MaryKathryn H. Colburn	PDS Module Reviewer;
		Student Course Representative
	Dale Benos	PDS Module Reviewer
	Laura Cotlin	PDS Module Reviewer;
		Pre-clinical Sub-committee

Review Process:

This module review process consists of three parts; the self-study conducted by the course director with the aid of UME; the review meeting between representatives of the pre-clinical sub-committee of the MEC and UME, the student representative and the course director; and the final report submitted to the Pre-clinical sub-committee and thence to the MEC. Below is a summary of the review meeting and the PDS self-study report, including module strengths, weaknesses, and areas for improvement.

Summary:

PDS was a successful module and an appropriate and meaningful introduction to medical school. The module director was well received by the students and was a primary reason that the students enjoyed the module and were satisfied with their experiences. In addition, the module faculty, including lecturers and preceptors, were excellent and the frequent interactions helped relieve much stress and anxiety felt by some students. While there is always room for improvement, PDS achieved its overall goal of introducing the fundamental principles, behaviors and skills essential for a physician-in-training.

Strengths:

The module director was accessible and developed an excellent rapport with the students.

Exceptional and approachable lecturers and preceptors

“Better” projects provided much-needed opportunity to become comfortable with their group members and familiar with library resources and online research tools.

Ward shadowing experiences were very well received

Effective and relevant small group sessions

Most students felt the lack of exam was a positive aspect of the module

Weaknesses:

Excessive reading, much of which was not related to module activities

Cultural competency discussions were mostly limited to interactions with elders

White coat ceremony was disappointing because the students already had their coats

“Better” projects required a lot of work, but presentations were sparsely attended by anyone but students.

Recommendations for Improvement:

Broaden discussions of cultural competencies

Advertise and promote attendance to the poster sessions

Present white coats at the actual ceremony rather than beforehand

Professional attire (particularly for women) should specifically be addressed rather than just alluded to by faculty and staff

Limit readings to what will be focused on in small groups or other module activities

Have faculty try not to constantly remind students how hard medical school will be because it adds to the anxiety and stress they are already feeling

Attempt to limit student contact hours to <20 hours per week, considering ICM is running concurrently with PDS

Enlist the help of additional faculty (or residents, fellows, etc) to help with reading and grading the numerous written reports and essays that the students are required to submit

Summary of the PDS Self Study Report, reviewed April 30, 2009

Module Objectives and Content

PDS outlined specific module objectives that addressed five of the six main SOM objectives, which also correlated to and addressed all of the ACGME Competencies. All of the 11 module objectives were focused on the Learner-Centered approach, and expectations for six of the 11 were above the basic “Knowledge” level of learning according to Bloom’s Taxonomy. In terms of content, all topics taught in PDS were topics included in the “General Principles” of the Step I Content Area. Of the five SOM Themes, four of them were covered. “Professionalism and Ethics” and “Translating Evidence into Practice” were heavily addressed, while “Special Populations” and “Behavior Science” were covered to a lesser extent. The “Clinical Skills” Theme was not covered, though the material was covered in ICM which overlapped with PDS.

Methods of Instruction and Assessment

The PDS module used a variety of activities to address the objectives, including lectures, small groups, shadowing, film viewing, group discussions and community service. Students spent ~42% of time in lecture in 2008, which was down from ~66% in 2007. Small group contact hours were ~20% for 2007 and 2008, which is appropriate and any more is probably not feasible. ~18% of contact time was spent with the ward shadowing experience, an activity that was added in 2008 and was very well received. The number of contact hours per week, including ICM, exceeded 20 hours in both weeks of the course. The objectives addressed to the greatest extent were professional behavior, communication skills and ethical issues, all of which were addressed in multiple activities.

Assessment in PDS was achieved based on Knowledge Performance and Individual/Group Performance, weighted 60% and 40% respectively in 2008, compared to 50%/50% distribution in 2007. Written, multiple choice exams were used in 2007, but this assessment vehicle was dropped in 2008, considered a positive change in particular by the students. The Knowledge Performance component consisted of various reports (History of Medicine, Ward Reflection and the Team Project, all faculty reviewed) and ARS participation. The Individual/Group Performance assessment consisted of the small group evaluation, professional code and mission statements and community service. The “Professional” evaluation form was used for small groups since preceptors had 4+ contact hours with students. 23 students received a rating of Commendation (100%), 165 students received Acceptable (90%) and no students received an Unacceptable (60%) rating.

Student Outcomes

During PDS, students were required to attend all module activities. In 2007, there were no failures and the mean final grade was 92%. In 2008, PDS grades were submitted as Pass/Fail only and all students passed the course. Raw scores were determined to establish P/F and the mean score was 96%.

Student Evaluation of Module

In 2008, the overall quality of PDS is rated as Outstanding or Good by 86% of students, up from 51% in 2007. The overall rating was 4.1 (on a 5 point scale) in 2008, up from 3.4 in 2007. The quality of faculty was rated as Excellent or Satisfactory by 100% of students, compared to 90% in 2007.

For the module specific items, ~70% of students felt the emphasis placed on the various objectives was about right. However, some felt there was too much emphasis on Professionalism and not enough on Health Care Finance. The media presentations were well received by 82%, while only 66% of students felt the “Better” team project facilitated learning.

Items of concern included the use of ARS and appropriate feedback. The ARS issue is not specific to the PDS module, and every effort should be made by the UME to train faculty to effectively use the system, as well as, explain the rationale for ARS use to the students. Given the numerous written assignments required in the module, it was not feasible to give constructive feedback to students in a timely manner, if at all. The use of additional faculty and specific grading rubrics would help alleviate this issue in the future.

Based on Nominal Group Technique (NGT) results for 2008, other areas of concern included non-essential reading, repetition of certain topics, and increasing small group discussions relative to lectures and writing assignments. In addition, students expressed feeling of anxiousness at regularly hearing about how hard medical school is, but not hearing more uplifting or success stories.

Evaluation of Lecturers and Preceptors

The mean lecturer ratings for PDS ranged from 3.4 to 4.5, which are higher than the means for other modules. Lecturer rankings were similar for 2007 and 2008. The preceptor ratings were also equal to or above preceptor rankings for all other modules. In 2008, all preceptors scored at least 7.5 (on a 9 point scale). The Overall Teaching Effectiveness mean for PDA was 8.1 in 2008, up from 7.5 in 2007. In general, the PDS faculty contributed tremendously in the success of the module and the students greatly benefitted from the interactions with module faculty.

Impact of Changes from Last Year

The most significant change from 2007 to 2008 was that the module was shortened by one week, though this did not seem to have a negative impact on the overall success of the module. In 2008, there was no quiz or exam; so consequently, there was less emphasis on details and facts. Most viewed this as a positive change, though some students did express the feeling that the module was taken less serious than it would have been if exams were given. In 2008, more essays were added, as was the “Better” team project. These activities promoted active learning and improved the use of resources and personal development.