



YOU SAID.....WE RESPONDED.....
AN INTERIM REPORT FOR THE SOM
CLASSES OF '15, '16, '17, '18, & '19



CLASS OF 2015:

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| There needed to be a more efficient way of letting students know what small group they were in and/or where the group would be meeting—especially if interim changes occurred. | ...created the Where Should I Be (WSIB) site on Sakai. |
| The formatting of Sakai for the various modules was often confusing, making it difficult to know where to look for key items. | ...adopted the preferred format outlined by your Class Academic Representatives. |
| That first time use of the NBME exams was made even more stressful given that some students had difficulty even logging into the system on exam day. | ...by arranging for all students to log into the NBME site during Orientation week, allowing for some pre-emptive ‘trouble shooting’ well in advance of the first NBME based exam. |
| That assignments were often difficult to locate and would sometimes appear unexpectedly, making it difficult to plan and organize your work. | ...created an assignments tab on Sakai, so that all of the assignments associated with a particular module could be found in a single location, at the beginning of the module. |
| That reading assignments were often overwhelming in length—especially when entire chapters were assigned by various course directors. | ...began actively coordinating and monitoring reading assignments, asking Course Directors to avoid assigning entire chapters (unless truly necessary), and instead, to specify sections of a text as being either essential or supplementary whenever possible. |
| That Military Medicine needed to be better integrated with other modules, to include required assignments. | ...started incorporating Military Medicine assignments into the Modular based, assignments tab. |
| That the posting of recorded lectures was often delayed and should really be made available within hours—not the next day. | ...responded by posting “block” recordings the same day and refined (edited) recordings 12-24 hours later. |
| That allowing time for students to conduct an in-depth self-review prior to midterm/final exams was a definite positive. | ...responded by making pre-exam study days a routine part of the curriculum planning. |
| That schedule changes were not always posted in a synchronized and/or simultaneous manner | ...created a synchronized, searchable Google Based Calendar, with built in links to Sakai and to the Medical Education webpage. |
| That we needed better synchronization between the components of Introduction to Clinical Skills (ICS) and Introduction to Clinical Reasoning (ICR) | ...worked with faculty to develop a series of combined ICS-ICR sessions at the Sim Center, both of which now take place in the same afternoon, as a consolidated session. |
| That end-of-module feedback surveys were hampered by being sent out well after a module had ended and/or were too lengthy | ...began widespread adoption of real-time opportunities for anonymous student feedback—direct to the Module Directors, while a module was in session. |



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| <p>Told us that more Dean's time was needed in the Neuroscience Module</p> | <p>...Module Directors responded by reducing and/or consolidating content to allow for a maximum of 26 hours/week instruction and at least 3 full afternoons devoted to self-directed study.</p> |
| <p>Told us that doing a neurologic exam on SP's early in the Module was both awkward and uncomfortable, and of uncertain educational value.</p> | <p>...responded by moving the Sim Center cases toward the end of the module so as to maximize student's knowledge prior to the case encounters, and by using a dedicated team of Neurology preceptors who could offer focused feedback and guidance regarding the performance of various aspects of the neurologic examination.</p> |
| <p>Told us that the administering of a Multi-Systems OSCE on Fridays and/or Saturdays throughout the Module introduced some disparities and was less than optimal in timing as well</p> | <p>....starting with the Class of '16, OSCEs were consolidated so that they all take place in weeks 2 and 3, and are all conducted on weekday afternoons. Similarly, the comprehensive H&P that used to take place over weeks 3, 5 and 7 were moved to week 7 for all students.</p> |
| <p>Told us that the number of Human Context sessions (and papers) seemed to be excessive and that the timing was sometimes too proximal to an upcoming major exam</p> | <p>...responded by re-aligning Human Context sessions to a maximum of one per Module, and for the Class of '18, have adjusted the sequencing so that Human Context will take place either at the very beginning of the module or just after the midterm exam.</p> |
| <p>Told us that the Medicine patient log system was both cumbersome and unreliable</p> | <p>...responded by developing a new system for tracking patient encounters using Survey-Monkey. New format incorporates reflection opportunity as well.</p> |
| <p>Asked for more EKG related instruction and interpretation</p> | <p>...added explicit EKG content to the objectives of one of the didactic sessions given during each of the three rounds per block.</p> |
| <p>Asked for more explicit feedback regarding case write-ups completed on your Medicine rotations</p> | <p>...created and distributed an explicit template for the H&P write-ups. Preceptors were also provided with a detailed grading rubric to facilitate consistency. Also created a mechanism of timely email feedback from preceptors directly to students.</p> |
| <p>In Medicine, told us that many of you liked the Art Reflection as a preferred assignment</p> | <p>...Medicine faculty agreed to substitute this for one of the H&P write-up assignments.</p> |
| <p>Shared the fact that in-processing procedures at many of the Clerkship sites were variable and/or cumbersome</p> | <p>...responded by taking steps to recruit and hire dedicated USU Clerkship liaisons at each of our main rotational sites.</p> |
| <p>Told us that the process of securing a new student badge for each rotation at WRNMMC was both time consuming and cumbersome</p> | <p>....starting with the Class of '18, students will be issued a WRNMMC badge that will be valid for all 4 years of medical school.</p> |
| <p>As a Class you told us that the Bench to Bedside and Beyond (B3) segment of the curriculum was too long and included too many lectures</p> | <p>...we re-designed and re-structured the entire B3 module, condensing it to 6 weeks vs. 8 weeks, and reducing the number of lectures.</p> |



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| <p>As a Class you told us that you needed some ‘decompression time’ between preparing for and taking your Step I exam and starting B3</p> | <p>...in addition to re-structuring B3 to 6 weeks (vs 8), we changed the curriculum, incorporated fewer lectures, and a weekly preview of what’s ahead.</p> |
| <p>Told us that many of you would like the option to re-locate to a single location for all of your Clerkship rotations</p> | <p>...responded by exploring options for allowing students to spend most if not all of their Clerkship year at a given location in a manner that is both fiscally reasonable for both students and the university. Formal implementation of this option is expected for the Class of ’17.</p> |
| <p>As a Class, you told us that many of the small group ethics cases were out-of-date</p> | <p>...responded by adopting many of the suggestions that a working group of your classmates put together, and shared with the Ethics Course Director.</p> |
| <p>As a Class you told us that Faculty Derived Exams were sometimes perceived as being less important than NBME exams, particularly given the differing proctoring arrangements</p> | <p>...worked with faculty and staff throughout the SoM so that Faculty Derived Exams will be proctored in precisely the same way as NBME exams.</p> |
| <p>As a Class you told us that instructions associated with certain Clerkship based assignments needed to be made more explicit—especially if collaboration was <u>not</u> to permitted.</p> | <p>...worked with Clerkship Directors to ensure that explicit instruction is provided and that quizzes and other activities that are meant to be reflective of individual work are explicitly annotated as such.</p> |
| <p>As a Class you told us that a more explicit Honor Code was needed</p> | <p>...responded by supporting your efforts and by adopting a more clear, succinct Honor Code for the entire SoM that is now briefed to all incoming students, starting with Orientation Week for the Class of ’18.</p> |



USU SCHOOL OF MEDICINE CLASS OF 2015



CLASS OF 2016:

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| That Orientation week could/should be streamlined, allowing more time for student in-processing, receipt of household goods as well as for the completion of HIPAA training, et al. | ...responded by streamlining both the Brigade and Academic orientation weeks, allowing for more efficient use of your time. |
| Alerted us to the value of on-line apps such as "Quizlet"—and the issues associated with transferring intellectual property to a 3 rd party | ...responded by working with 2Lt John Green ('15) and arranging for his custom developed Flashcard App to be housed on the USU domain, complete with a pass-down option, allowing for sharing among Classes and class members. |
| That having to search through lengthy lists of past small group assignments made use of WSIB overly cumbersome | ...responded by archiving those WSIB entries that were more than 2 weeks old. |
| That students be able to access the correct answers to the weekly quizzes after submitting their answers | ...made adjustments to Sakai so that the correct answers and the associated rationale were in fact visible, once student answers had been submitted. |
| Asked that key resources be more readily available and accessible in the LRC | ...responded by creating a Medical Students corner for easy access to core textbooks and resources. |
| Asked for more contact with real patients, starting with the Fundamentals Module | ...Module Directors responded by increasing the number of hospital based experiences focusing on medical interviewing. |
| Asked that Sim Center schedules be modified so that the same group doesn't always rotate either first or last | ...responded by working with the Sim Center & ICM/ICR faculty to periodically re-order small group rotations. |
| Gave us unequivocally positive feedback about the correlating of anatomic pro-sections with certain facets of the MSK examination | ...responded by keeping this as a key element of the MSK curriculum. For example, incorporating viewing of pro-sections of the knee with instruction on how to complete a comprehensive physical examination on a patient with knee pain. |
| Told us that the Renal section in the CPR module was still too compressed | ...Module Directors responded by increasing the time focused on renal physiology from 5 to 7 days. |
| Told us that CLINEX activities in CPR were valuable and that you'd like more, not less of them | ...expanded the number of available CLINEX activities from 2 to 5. |
| Told us that the use of Spaced Education type quizzes within the GI Module was in fact helpful | ...responded by continuing to use and/or expand the use of on-line Spaced Education review questions in other modules too. |
| Encouraged us to incorporate some LGBT focused education into the M2MM curriculum | ...responded by including a inter-professional panel and small group discussion on LGBT health in the Multi-Systems module. |



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| <p>Told us that you'd like to be provided with better examples of what a well written clinical reasoning response should look like</p> | <p>...worked with the ICR staff so that the beginning of each ICR note set now begins with some sample cases, and includes a more expanded Q&A section as well.</p> |
| <p>Told us that you'd like more time with the Standardized Patients during your Introduction to Clinical Skills sessions</p> | <p>...ICS staff has since arranged for the time allotted for a ICS focused encounter to be expanded from 15" to 20"</p> |
| <p>Asked for increased exposure to the correlation of radiologic imaging and clinical medicine during the CPR module</p> | <p>...Radiology staff created a CLINEX which allows for small groups of students to spent time with cardiothoracic trained radiologists in the hospital. In addition, all of the radiologic small group case materials were reformatted to allow for better integration with the core curriculum in the CPR module and with cases being discussed in ICR.</p> |
| <p>Asked for more radiology related, hands-on activities that would enhance mastery of neuroanatomy</p> | <p>... Dr. Smirniotopoulos created an optional neuroanatomy imaging review activity which would allow students to spend up to an hour with a radiologist and review de-identified DICOM (digital imaging & communications in medicine) data sets as if they were a radiologist in actual clinical practice, reviewing anatomic relationships.</p> |
| <p>Told us that many of you would like the option to re-locate to a single location for all of your Clerkship rotations</p> | <p>...responded by exploring options for allowing students to spend most if not all of their Clerkship year at a given location in a manner that is both fiscally reasonable for both students and the university. Implementation of this option will begin with the Class of '17.</p> |
| <p>Asked to have access to the Sakai based lectures, PowerPoints and webinars that are being used in the most current Class, for pre-Step I review</p> | <p>...responded by arranging (as of Oct '14), for full (pass-down) access to be granted, starting with the Classes of '16 & '17.</p> |
| <p>As a Class, you told us that there were too many assessments included in the final weeks of the pre-clerkship curriculum</p> | <p>....responded by eliminating the pre-clerkship CBSSA and Introduction to Clinical Diagnosis exams, starting with the Class of '18.</p> |



USU SCHOOL OF MEDICINE CLASS OF 2016



CLASS OF 2017:

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| That lab manuals would be more useful if images were printed in color | ...responded by working with duplicating to allow for critical images to be printed in color, with less critical images and text to be printed in the less costly, black & white format. |
| That the paper bindings on the syllabi and lab manuals were cumbersome to use as the pages wouldn't lie flat. | ...changed the binding of lab manuals and syllabi to a spiral binding, allowing the manuals to be placed flat and/or folded over for easier use. |
| Asked that Fire Teams be modified so that individuals could have the opportunity to work with other members of their Class. | ...agreed to deliberately "mix-up" all of the Fire Team assignments at the end of Module 5 and to continue to allow Course Directors to create their own small group assignments as appropriate. |
| Asked that we continue to substitute 'live lectures' for some of the seemingly outdated pathology webinars | ...Pathology department responded and is in the process of doing just this; they also made strides to standardize instruction delivered in path small gps. |
| Asked that Sim Center schedules be modified so that the same group doesn't always rotate either first or last—and to change the rotation schedules more frequently | ...responded by working with the Sim Center & ICM/ICR faculty, asking them to re-order small group rotations more frequently—ideally half-way through each module (whenever possible, given limitations associated with faculty availability). |
| As a Class you told us that the presentation of Military Medicine curriculum appeared to be too fragmented | ...responded by clustering the delivery of Military Medicine topics on the first day of each module and on the first day after each modular midterm, starting with the Class of '18. |
| As a Class told us that you'd like better integration and/or clustering of the medical humanities | ...responded by re-aligning the timing of Human Context and Medical Ethics activities so as to occur in close proximity to the Military Medicine topics as noted above. |
| Asked that there be more instruction on different types of violence | ...responded by adding a session focusing on domestic violence, inter-personal violence, and violence against medical professionals in the neuroscience and behavior module. |
| Suggested that we establish an anonymous, but real-time venue for student feedback, particularly during the clerkships | ...responded by establishing a direct-to-OSA "Listening Post" for real-time conveyance of student issues or concerns. |
| Told us that leadership training shouldn't be excluded from the Clerkship year | ...responded by incorporating a 1/2 day program of small group leadership activities into each clinical rotation, starting with the Class of '19. |

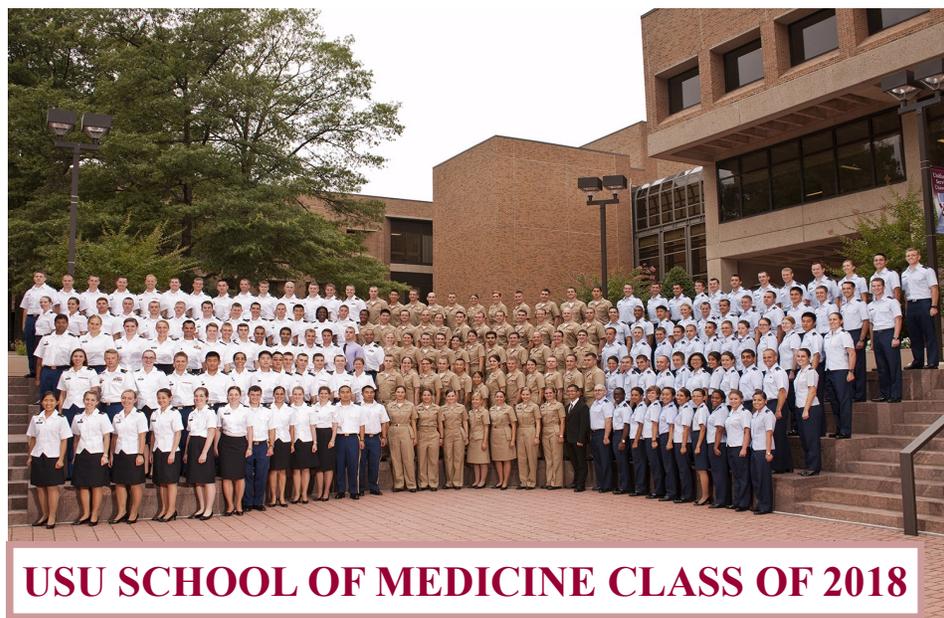


USU SCHOOL OF MEDICINE CLASS OF 2017



CLASS OF 2018:

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| <p>As a Class, you reiterated concerns about the sequencing of content within the “Fundamentals” module, as well as the long term implications of receiving an “F” after only 8 weeks of medical school</p> | <p>...we responded by markedly re-structuring and re-designing the 1st module—to include changing the name to “Foundation in Medicine” and by providing a more individualized educational plan to each student who receives a MP. Faculty also agreed to consider adjusting the grading to Pass/Marginal Performance (only), for the 1st module.</p> |
| <p>Asked for more specific feedback on non-NBME exam questions</p> | <p>...faculty responded by offering optional re-view sessions--starting with the GI module, during which answers to faculty derived exams would be discussed and reviewed.</p> |
| <p>As a Class, you asked that lecture slides be posted in a form that would be compatible with a broader array of electronic devices</p> | <p>...by posting slides as both a PowerPoint and as a PDF, on Sakai.</p> |
| <p>Asked if slides could be posted in a format that would make note taking easier</p> | <p>...Module Administrators began converting lecture slides to a white background prior to posting onto Sakai, and have asked faculty to incorporate a white background as well.</p> |
| <p>Told us that some aspects of pharmacology were causing difficulty in the neuroscience module</p> | <p>...faculty developed a new small group activity, re-emphasizing specific aspects of pharmacology pertaining to neurology and behavior.</p> |
| <p>Told us that you needed more time in the CPR module to focus on renal physiology and that the anatomic dissection could be better aligned</p> | <p>...faculty agreed to remove 6 hrs of GU dissection from the CPR module and reapportion it into the Repro-Endo module, starting with the Class of ‘19</p> |
| <p>Conveyed the need for a break during the clerkship year, particularly between the three main rotational blocks</p> | <p>...responded by re-arranging the clerkship year schedule, inserting a week-long, Spring and Fall break, starting with the Class of ‘19</p> |





CLASS OF 2019:

...re-asked the question as to whether MS-I students could be excused from certain mandatory activities to participate in national meetings and related events.

...responded by developing an official policy and Dean's Policy Memorandum authorizing participation pending prior coordination and approval by the Office of Student Affairs.

...told us that there was insufficient locker space, particularly for those of you who bicycle or commute to campus.

...responded by ordering and installing a bank of extra-large lockers, specifically for use by those who commute to campus.

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USU SCHOOL OF MEDICINE CLASS OF 2019