Review of Year 3 ICE course

- Course occurs in 3 sessions, 2-3 days each, June/January/June of Year 3
- Course Director – John Dick III, MD
- Course has 30 curricular hours
- Course was last reviewed in 8/2012
Action Plan from Prior Review

- Addition of session on Clinical Ethics June 2012
  - Added, removed most recently d/t faculty availability
- Schwartz Rounds are being revised
  - discontinued
- Enhance communication with clerkships at CECD
  - ongoing
- New OSCEs and multiple station OSCE at the end of year 3
  - OSCEs revised, communication OSCE station added
- Suggest addition of non-anesthesia department component to pain management
  - Psych added but then removed as redundant with clerkship
- Overall course survey in addition to session surveys
  - Currently doing
## Course Objectives

<table>
<thead>
<tr>
<th>Course Objective</th>
<th>Learning Activity</th>
<th>Learning Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply current medical and clinical knowledge to diagnosis and treatment issues in patient care.</td>
<td>OSCE; Pain Session; Palliative Care</td>
<td>OSCE</td>
</tr>
<tr>
<td>2. Apply current knowledge of disease prevention, risk factor modification, end-of-life and palliative care, pain management, medical ethics, and medical-legal issues to clinical problems.</td>
<td>Pain, Ethics, Palliative Care, HIPAA, Risk</td>
<td>Attendance at session</td>
</tr>
<tr>
<td>3. Interview patients skillfully, utilizing a focused history.</td>
<td>OSCE</td>
<td>OSCE</td>
</tr>
<tr>
<td>4. Examine patients skillfully and respectfully, with appropriate attention to student infection control and patient comfort and privacy.</td>
<td>OSCE</td>
<td>OSCE</td>
</tr>
<tr>
<td>5. Define and prioritize the patient's problems accurately and generate an appropriate differential diagnosis.</td>
<td>OSCE</td>
<td>OSCE</td>
</tr>
<tr>
<td>6. Demonstrate performing common medical procedures in a simulation setting.</td>
<td>Sim Lab</td>
<td>Sim Lab</td>
</tr>
<tr>
<td>7. Explain the indications, complications, limitations, and performance of common tests and procedures.</td>
<td>Sim Lab</td>
<td>Sim Lab</td>
</tr>
<tr>
<td>8. Communicate effectively with patients and families.</td>
<td>OSCE; Palliative Care</td>
<td>OSCE</td>
</tr>
</tbody>
</table>
### Course Objectives

<table>
<thead>
<tr>
<th>Course Objective</th>
<th>Session(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.</td>
<td>OSCE, EMR session</td>
<td>OSCE</td>
</tr>
<tr>
<td>10. Meet professional responsibilities fully.</td>
<td>Professionalism Session</td>
<td>Quiz</td>
</tr>
<tr>
<td>11. Adhere to high ethical and moral standards, accept responsibility for personal actions, and respect patient confidentiality.</td>
<td>Professionalism Session, HIPAA Session, Risk Management</td>
<td>None specific - attendance at session</td>
</tr>
<tr>
<td>12. Demonstrate responsibility for one's own mental and physical health.</td>
<td>Resilience Session</td>
<td>None specific - attendance at session</td>
</tr>
<tr>
<td>13. Demonstrate responsibility for one's own medical education, and develop the habits of mindfulness and reflection.</td>
<td>Orientation, Resilience Session, Residency Advising</td>
<td>Quiz</td>
</tr>
<tr>
<td>14. Describe how to access medical library resources from remote sites.</td>
<td>Library Session</td>
<td>None specific-attendance at session</td>
</tr>
<tr>
<td>15. Identify appropriate resources to support patient care and to collaborate effectively with all members of the inter-professional team.</td>
<td>Library Session, Interprofessional Session</td>
<td>None specific-attendance at session</td>
</tr>
</tbody>
</table>
Course Objectives – Comments

- Objectives written clearly and appropriately high up Bloom’s taxonomy
- Obj #7 and #14 are relatively low level
  - Consider dropping “Describe how to” from obj #14
- Consider adding explicit objective about cultural competence (including use of translator).
- Interprofessional education should be split out from objective #15 as a separate objective (because we have been cited as having insufficient IPE).
  - Possibly “Compare and contrast the roles of different providers on an interprofessional team”.
  - #15 would then be shorter: “Identify appropriate resources to support patient care”
- Need to link to new institutional competencies.
Format of Course & Session Objectives

• Course objectives are provided in the syllabus
• Course objectives are written in the correct format
• Session objectives are provided in the course materials
• Session objectives are written in the correct format
Issues of Redundancy

• Are there major issues of redundancy with other courses?
  – Giving bad news covered in Surgery clerkship as well as ICE
  – Others deemed appropriate reinforcement of concepts
Exploration of Ethics/Cultural Care

- Clinical Ethics session has been used in the past, missed this current year
- Cultural Care Session added this past year
- New activity session planned for January – Reflection session on providing health for underserved populations
Summary regarding Objectives

• Minor changes to language suggested
• New objective recommended for “cultural competence”
• Need to better address potential redundant coverage of delivering bad news by both surgery and ICE
Course Learning Opportunities

- Lecture 18 hrs.
- Small Group Conferences 9.5 hrs.
- Simulation 2 hrs.
Summary regarding Pedagogy

• Diverse learning activities offered with appropriate distribution between lecture, panel, simulation.

• Would consider more “near-peer” opportunities if schedule allows.

• Some lectures could become more case-based
Assessment

• Written Quizzes:
  – A few of the sessions have quizzes attached – completion is required

• OSCE x 2:
  – Scored on Patient interview/exam and SOAP note; less than 2 SD below the mean requires meeting with course director for in person review and potential repeat OSCE
Assessment for Course Objectives

- More short quizzes could be used after each session to re-enforce concepts and test student understanding of material
Summary regarding Assessment

- OSCEs appropriate
- Consider increasing number of short quizzes after specific sessions... ie Risk Management, Pain, etc.
## Measures of Quality – Step II CS

**Geisel Pass rate vs National**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geisel</td>
<td>97% / 97%</td>
<td>99% / 96%</td>
<td>100% / 96%</td>
</tr>
</tbody>
</table>
# Measures of Quality – Course Evaluation

*scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*

<table>
<thead>
<tr>
<th>Incoming ICE</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction of course</td>
<td>3.15</td>
<td>n/a</td>
<td>n/a</td>
<td>3.74</td>
</tr>
<tr>
<td>Radiology</td>
<td>3.63</td>
<td>n/a</td>
<td>4.16</td>
<td>n/a</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>3.9</td>
<td>3.93</td>
<td>4.01</td>
<td>4.24</td>
</tr>
<tr>
<td>Procedures</td>
<td>4.61</td>
<td>4.28</td>
<td>4.42</td>
<td>4.47</td>
</tr>
<tr>
<td>Health Care Team</td>
<td>2.55</td>
<td>3.74</td>
<td>n/a</td>
<td>3.98</td>
</tr>
<tr>
<td>Ethics</td>
<td>3.57</td>
<td>3.71</td>
<td>3.87</td>
<td>n/a</td>
</tr>
<tr>
<td>Risk</td>
<td>4.03</td>
<td>4.07</td>
<td>3.79</td>
<td>n/a</td>
</tr>
<tr>
<td>Environmental Safety</td>
<td>3.75</td>
<td>3.67</td>
<td>3.94</td>
<td>3.75</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>3.89</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>EMR</td>
<td>3.66</td>
<td>3.36</td>
<td>n/a</td>
<td>3.86</td>
</tr>
<tr>
<td>Oral Presentations</td>
<td>4.51</td>
<td>3.65</td>
<td>4.46</td>
<td>n/a</td>
</tr>
<tr>
<td>Interpreter Services</td>
<td>n/a</td>
<td>n/a</td>
<td>3.79</td>
<td>n/a</td>
</tr>
<tr>
<td>DNR, Code, Advanced Directives</td>
<td>n/a</td>
<td>n/a</td>
<td>4.12</td>
<td>n/a</td>
</tr>
<tr>
<td>Resiliency</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4.15</td>
</tr>
</tbody>
</table>
Measures of Quality – Course Evaluation

scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]

<table>
<thead>
<tr>
<th>Mid-Year ICE</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Affairs</td>
<td>3.71</td>
<td>4.06</td>
<td>3.59</td>
</tr>
<tr>
<td>Usefulness of OSCE</td>
<td>3.72</td>
<td>3.65</td>
<td>4.51</td>
</tr>
<tr>
<td>Palliative Care (death/dying)</td>
<td>3.73</td>
<td>n/a</td>
<td>4.25</td>
</tr>
<tr>
<td>Pain</td>
<td>3.56</td>
<td>n/a</td>
<td>3.52</td>
</tr>
<tr>
<td>Residency Advising</td>
<td>4.42</td>
<td>4.40</td>
<td>4.81</td>
</tr>
<tr>
<td>Year 4 Intro</td>
<td>4.46</td>
<td>4.43</td>
<td>4.63</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>n/a</td>
<td>n/a</td>
<td>3.59</td>
</tr>
</tbody>
</table>
### Measures of Quality – Course Evaluation

*scale* [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*

<table>
<thead>
<tr>
<th>Outgoing ICE</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction of course</td>
<td>n/a</td>
<td>n/a</td>
<td>3.71 (3.94 overall)</td>
</tr>
<tr>
<td>Usefulness of OSCE</td>
<td>n/a</td>
<td>3.81</td>
<td>4.30</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>n/a</td>
<td>3.72</td>
<td>4.03</td>
</tr>
<tr>
<td>Ophthalmology Review</td>
<td>3.42</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Residency Advising</td>
<td>4.47</td>
<td>4.43</td>
<td>4.47</td>
</tr>
<tr>
<td>Environmental Safety</td>
<td>3.35</td>
<td>3.07</td>
<td>n/a</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>n/a</td>
<td>3.8</td>
<td>3.89</td>
</tr>
<tr>
<td>Medical Translators</td>
<td>n/a</td>
<td>3.05</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Measures of Quality – Student Comments

Strengths:

• *Student panel, medical malpractice session, resiliency session, skills session*

• “I've felt a lot of anxiety as this year approached because of fear of failure, embarrassment, etc., and the sessions really helped.”

• *Residency advising, time with classmates, palliative care sessions, OSCE practice*
Measures of Quality – Student Comments

Suggestions for Improvement:

• eDH: requests for a dedicated time to go through eDH basics like “how to write a note” and “where to look up information,” review the SOAP note format
• Practicalities on being a medical student: where are the on call rooms, where are hinman boxes at DHMC, hearing advice from a resident panel on how to be a good med student, how to load $$ on badge for food, scrubs, list of study resources found useful to current 3rd years, explanation of what usually happens on day 1 of rotations
• Don’t give an hour to get pagers in the middle of ICE - students can get them on their own
• Condense sessions to reduce hours/day
• Second student affairs session was redundant with ICE #1, should be considerably condensed or removed
Measures of Quality – Student Comments

• OSCEs - Recommend giving 10 minutes for note writing to better mimic Step 2 CS

• For end of year ICE - 1. Requests for a day off, either the Wed to allow for travel or Friday to have a 3 day weekend before starting sub-I's. Content could have been covered in 2 days instead of 3. Timing of sessions during the day could be more efficient. Multiple hour long breaks on Wed could be removed to make the day shorter
Summary regarding Measures of Quality

• Generally well-received course with positive student feedback.
• OSCEs felt to be good preparation for Step 2 CS
• End of Year Sessions could be further condensed
• Pain Session should be reworked
Recommendations

• Objectives
  – # 2- Eliminate words “disease prevention, risk factor modification” as these are not taught in this course.
  – Modify and combine objectives # 6 and # 7
    • 6. Demonstrate performing common medical procedures in a simulation setting.
    • 7. Explain the indications, complications, limitations, and performance of common tests and procedures.
  – Reword #14 and #15 to better emphasize IPE aspect
    • 14. Describe how to access medical library resources from remote sites.
    • 15. Identify appropriate resources to support patient care and to collaborate effectively with all members of the inter-professional team.
  – Add cultural competence objective
Recommendations

• **Pedagogy**
  – More efficiently coordinate “Delivering Bad News” with Surgery clerkship and Palliative Care ICE session
  – Better manage SW participant at Health Care Team panel
  – Minimize Student Affairs session at Mid-year session
  – Increase near-peer involvement
  – Condense end of year sessions
  – Rework Pain session
  – Decrease note writing time for final OSCE

• **Assessment**
  – Add more post-session quizzes to help students prioritize and consolidate learning
Action Plan

• Objectives

1. # 2- Eliminate words “disease prevention, risk factor modification” as these are not taught in this course.
   • Will do if MEC approves

2. Modify and combine objectives # 6 and # 7
   1. 6. Demonstrate performing common medical procedures in a simulation setting.
   2. 7. Explain the indications, complications, limitations, and performance of common tests and procedures.
   • Perform common medical procedures in a simulation setting and explain their indications, complications, and limitations.

3. Add a cultural competence objective
   • Recognize and address cultural biases in yourself and others

4. Reword #14 to “Access medical library resources from remote site.”
   1. Will do.

5. Reword #15 to better emphasize IPE aspect
   1. 15. Identify appropriate resources to support patient care and to collaborate effectively with all members of the inter-professional team.
   • Replace 15 with: Collaborate effectively with all members of the inter-professional team.
Action Plan

- **Pedagogy**
  - More efficiently coordinate “Delivering Bad News” with Surgery clerkship and Palliative Care ICE session
    - Will reconnect Pall Care with Surgery to discuss
  - Better manage SW participant at Health Care Team panel
    - Will find new participant
  - Minimize Student Affairs session at Mid-year session
    - Will discuss with SA team and include only necessary information
  - Increase near-peer involvement
    - Will continue to expand as schedules permit
  - Condense end of year sessions
    - Will condense Palliative Care sessions
  - Rework Pain session
    - Will invite non-anesthesia participants
  - Decrease note writing time for final OSCE
    - Will decrease from 15 min to 10 min in final OSCE
Action Plan

• Assessment
  – Add more post-session quizzes to help students prioritize and consolidate learning
  – Will do this for sessions that do not already have an assessment.