SUMMARY: The On Doctoring (OD) courses in Years 1 and 2 are strong courses that prepare our students to enter Year 3 clerkships and continue their advancement of specific competencies to work with patients and the healthcare team. We are also fortunate that the three course leaders are energetic, effective, committed to improvement, and passionate about the importance of this type of introductory clinical course early during Years 1 and 2. By all of our different metrics for judging the quality of these two courses—including feedback from students in Years 1 and 2, a survey of students in Year 4, a survey of our graduates at the end of internship, performance of our students on NBME Step II CS, and feedback from faculty and clerkship directors—our students are well prepared for all of their clinical tasks. In addition, OD has taken the lead in teaching and assessing some of our newer and more challenging competencies, such as clinical skills, communication and interpersonal skills, professionalism, practice-based learning, system-based practice, cultural competency, etc.

Despite all of these strengths, and in the spirit of continuous assessment and improvement, we do recognize that we can do an even better job in some areas, particularly selecting important content to be covered, modes of teaching/learning, and plans for assessment of student mastery of important tasks. There have been specific suggestions from students over the past few years, and some recurrent themes and suggestions for improvement over time. In addition, we know from "benchmarking" with other medical schools that such "Introduction to Clinical Medicine" courses often seem to compete at a disadvantage with the more traditional basic science courses, which account for a high percentage of scheduled time, have more midterms and final exams, are fed by concern over board scores, etc. Finally, some specific tasks such as self-reflection, are difficult for all of us, and difficult for Year 1 students as well. And yet, this type of skills is necessary in medical students as they prepare for their clerkships.

The MEC supports the OD course leadership in their ongoing innovation and improvement, and notes the following areas as good targets for improvement.

1. OD should formally reassess what specific educational goals they will address within our six broad competency areas, and in the context of our other required courses and clerkships. No course is expected to cover all six broad competencies in depth, but the

course should have a clear vision of the specific learning objectives it will advance within these six broad areas of competency.

2. OD needs to develop a plan for assessing student progress and eventual mastery of each of the important skills identified in #1 above (mastery being understood in the context of being ready to move on to clerkships in Year 3).
3. OD should develop a grid or checklist of all of the major goals of the course, organized by major competency area, with ascending levels of student mastery indicated and defined. The course leaders, office preceptors, and group tutors should "check off" increasing levels of mastery by each student in each area as scheduled assessments, milestones, and levels of performance are reached. Each student should be responsible for tracking his or her own level of advancement along this path, using the new outputs from DMEDS, the competency tracking grid, etc.
4. There is now a general consensus that the large group and small group sessions should take place for 2 hours per week, the same morning each week within each class. Office preceptor visits will continue to be scheduled for 4 hours during the afternoon, approximately every other week.
5. The areas of the course that could use the most targeted improvement efforts seem to be: ability to present a patient orally (this was indicated in three separate surveys); ability to perform a focused, appropriate, problem-directed Hx; ability to perform a focused, appropriate, problem-directed PE; helping students develop an appropriate level of competency in diagnostic reasoning, developing a differential diagnosis, etc; and developing a "novice" ability to develop Dx and Rx plans for complex hospitalized patients with multiple problems (not easy to introduce in ambulatory patients in office-based practices, but necessary to have students progress to inpatient clerkships).
6. We should minimize the use of large group sessions, but keep the highly successful ones, which seem to focus on presentation of a new, specific, and technical parts of the PE, panel discussions, etc.
7. There should be more structure and more rigor to the tutorial groups, with more time spent practicing specific skills, and having increasing levels of student competency documented within each group.
8. The students have requested a better text, if one is available.

9. Self-assessment and personal reflection are necessary skills for all physicians, and should be introduced during the OD-1 and OD-2 courses. It is not clear what the best ways might be to introduce these more difficult skills and concepts to medical students. Some students feel that writing papers on these subjects is “touchy-feely”, or not important, or less important (at the time) than studying for a pathology final exam. It will be a challenge to plan how to cover these important skills and concepts in ways that are meaningful to students as they are being covered.

10. Other