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

Letter from Dean Christner

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.

Every season brings change. I think most of us here in central New York greatly anticipate Spring with its promise of warmth and sunshine. There will also be some changes in the Curriculum Office before the season of spring is over.

For the past two and a half years I have had the great fortune of working with some amazing faculty, staff and students. I know I have made some life-long friends, and I know I have colleagues that I will always look to for advice. However, it is time for a change for my family and I.

As of mid May I will be leaving Upstate to begin serving as the Dean of Medical Education, overseeing UG-ME, GME and CME for Baylor College of Medicine. It is with mixed emotion that I accept this position. I know I leave behind an amazing team who will most capably forge ahead with the initiatives that we have begun. I am proud of many of our accomplishments and want to recognize all the individuals who helped make the below happen:

- We successfully came off LCME probation and have a robust system in place to ensure we keep up with changes in LCME Standards

- We have instituted numerous policies and procedures to ensure compliance with the LCME
- We continue to increase our medical education scholarship portfolio with 3 presentations at the Fall 2014 Association of American Medical Colleges (AAMC) Meeting and 2 presentations at the upcoming Northeast Group on Educational Affairs (NEGEA) meeting.
- We have redesigned the Academic Review Boards to focus on following students across the Institutional Graduation Competencies in order to identify students who need help sooner and provide them with resources to improve.
- We have created a Clinical Skills Committee that is looking at the teaching and assessment of Clinical Skills across the curriculum, including all standardized patient exams (formative and summative)

The above is just a small snapshot of what the Phase 1, 2 and Curriculum Committees have accomplished in quite a short timeframe. I wish nothing but continued success for Upstate Medical University.

Jenny Christner, MD



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.

The Curriculum Committee has just about wrapped up reviewing all the required third year clerkships. Each clerkship has continued to add a "You Said....We Did" page in their syllabus that shows changes that have been made based on student feedback. It is an impressive list.

In the next several months the committee will then begin work reviewing all the MS1 and MS2 courses as well. When considering changes to courses and clerkships, a lot of data informs those decisions, student feedback being just one of the sources of information. For example, the committee looks at 5 year trends in Step 2 scores and NBME scores as well as AAMC GQ data when they make decisions about changes that should be made. The clerkship directors also suggest changes. Every clerkship has a national organization with an annual meeting. Many clerkship directors attend these on a regular basis to get ideas about what colleagues are doing elsewhere and often implement changes here based on that!

If you have suggestions about a change for a clerkship, please don't hesitate to contact the clerkship director, myself or Dr. Paul Ko - Assistant Dean for the Clinical Sciences!



Curriculum Office participates in Child Life Program's Snowperson Parade and wins over Student Affairs & the President's Office

The Curriculum Office came in 3rd place for its Doc Mc Stuffins entry at Upstate's Snowperson decorating contest on December 12 at Golisano Children's Hospital. To participate, departments decorated a three-foot cardboard snowperson. More than 250 people voted in the competition that was sponsored by the Child Life Program. The Alice in Wonderland Rabbit Snowman, designed by the staff of 12E, placed first; the GME Office came in 2nd.

The Curriculum Office had a side bet with Student Affairs and the President's Office in which they won. The Curriculum Office was treated to a happy hour by the other two offices.

Practice of Medicine Update

A new Director and Associate Director came on board this year in the Practice of Medicine course (POM) with positive changes in distributing clinical experiences all throughout the year, faculty development, and standardization of the small group structure to allow practice and real time formative feedback on communication, oral presentation and physical exam skills in all small group sessions. Clinical content in the POM course has also been adjusted to better prepare the students for their third year of training and the step 1 & clinical skills exams with many new additions this year including motivational interviewing, enhanced special sessions, clinical exam videos before each small group session and advanced differential diagnosis.

Joan M. Mitchell, MD
Alison McCrone, MD



Clinical Skills Update

- Deadline to submit 2015-2016 academic year calendar requests for activities in the Clinical Skills Center/with Simulated Patients is Wednesday, March 25, 2015. A finalized '15-'16 CSC calendar will be published on April 3, 2015.
- Clinical Skills Exam student enrollment begins on **Wednesday, March 4, 2015 at 12:01 AM**. Students may switch CSE dates until Monday, April 13, 2015 at 11:59 PM. Any student who does not enroll themselves for a CSE date by the 4/13/15 deadline will be assigned a CSE date. Remember- passing the CSE is a graduation requirement. Clerkship Directors will be notified of student exam enrollment so they may grant permission for a student to miss their scheduled course activities on the day they take the CSE.
- 2015 CSE dates: May 11, 15, 16, 18, 19, 20; June 1, 2, 3, 4

Steve Harris
Amber Hansel

New to the medical literature from our very own...

Recker-Hughes, Carol, Jill Dungey, Sue Miller, Amber Hansel Walton, and Janice Lazarski. "A Novel Approach to Clinical Instructor Professional Development: A Multi-Session Workshop With Application of Skills in a Student Standardized Patient Exam." *Journal of Physical Therapy Education* 29.1 (2015): 49-59.

From the Office of Evaluation, Assessment and Research

New Employee: Our most exciting update from is that Colleen Dillenbeck started working here! Please read about her and then come introduce yourself to her. She works in the office suite on the 4th floor of Setnor (Testing Coordinator Colleen Denniston works in the Curriculum Office on the 1st floor of Weiskotten)

Focus groups: Many thanks to the MS1 and MS2 students that participated in focus groups with us during February. They shared their ideas and insights about testing and evaluation and we are working to strengthen our systems based on their feedback.

NBME Subject Exams: The Curriculum Committee determined that all NBME subject exams in the 3rd year will have a pass point of the 5th percentile rank. The 5th percentile rank varies from clerkship to clerkship, but it will be listed on grading rubrics.

Post CSE survey: Students completing the Clinical Skills Exam (CSE) fill out a survey about their experience that is used to examine student preparation for cases during the clerkships as well as the cases themselves. We piloted the survey last year and it was helpful to the Clinical Skills Committee in the planning and reviewing the cases.

March into Residency Surveys: During March into Residency, students will be asked to complete 2 surveys. The first is about their match intentions. One of our goals as a university is for students to match with residency programs that are a good fit for their priorities and goals. The aim of the survey is to evaluate our program by comparing students' match intentions with where they match to establish aggregate numbers like x% of students matched with their top program, etc. Data from the survey will be de-identified. The second survey is about away electives. It is a new requirement that we compile data about students' experiences on away electives. We will use the data that we collect to create a resource for students in the future. Thank you in advance to 4th years for your time.

NEGEA poster: Lisa Phelan and Drs. Lappin, Christner and Germain had a poster accepted to the Northeast Group on Educational Affairs' 2015 Educational Retreat at UMass Medical School. The poster is titled, Does Moving from a 12-week Medicine Clerkship to a 10-week Medicine Clerkship Affect Student Academic Performance? We did not find significant differences in student performance between the 12 and 10 week cohorts in any domains besides NBME subject exam where students in the 10 week cohort scored higher on average.

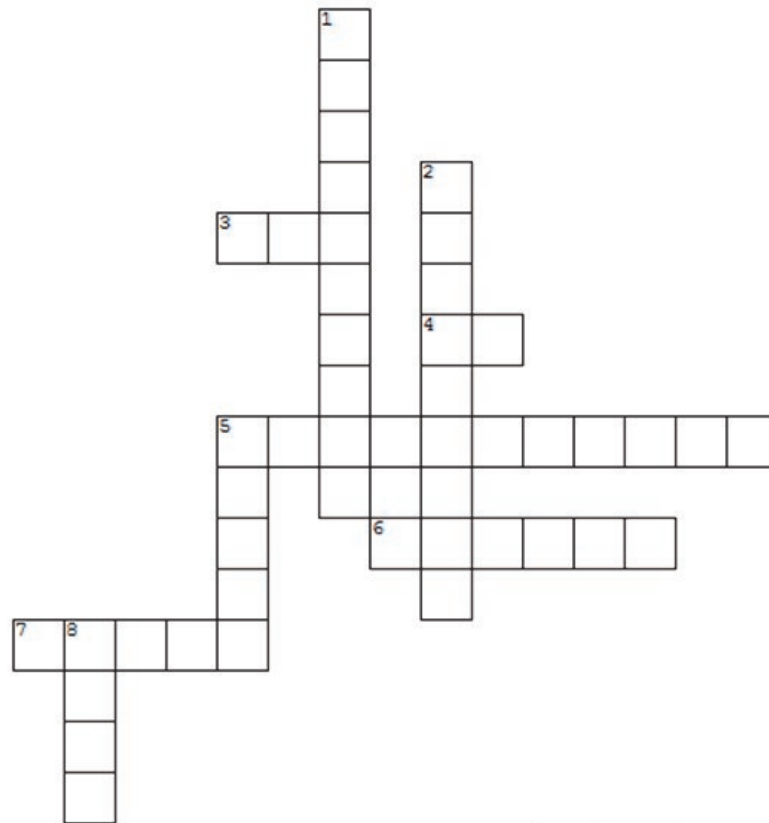
Crossword puzzle: I'm getting increasingly desperate for ways to know whether anyone reads my columns, so here's another attempt. All answers to the crossword are related to this update from our office. The first 3 people to return completed and correct puzzles to us (on the 4th floor of Setnor) will receive a prize.

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

Director of Evaluation, Assessment, and Research



Crossword Puzzle



Created on TheTeachersCorner.net Crossword Maker

Across

3. After this 3 letter exam, students fill out a survey about their experiences
4. So, did moving from a 12 to a 10 week Medicine clerkship negatively impact students' scores or grades?
5. Some MS1 and MS2 students recently participated in these to share their ideas (2 wds)
6. Lisa Phelan and Drs. Lappin, Christner and Germain had one of these accepted to the NEGEA meeting
7. March 20th is _____ day and we will be examining metrics of program success based on student surveys and placements

Down

1. Last name of Colleen who works in Evaluation, Assessment and Research
2. Last name of Colleen the Testing Coordinator
5. The passing point for all MS3 NBME subject exams will be this percentile rank next year
8. We will now be asking students to evaluate _____ electives to create a resource for future students

Updates from the Phase 1 & 2 Committees

Phase 1—Tom Poole, PhD

MS1s will have an end of year gateway exam this year for the first time. This will come from the National Board of Medical Examiners (NBME) Custom Assessment Service. It will be Step 1-style questions chosen from an item bank designed to give students a chance to practice integrated clinical vignettes of the sort that they will see on Step 1 at the end of their second year. The exam will be Z scored to the mean and standard deviation of the prior unit exams with a pass line of 70. A committee of all course directors from the first year will check that the question content fits our curriculum.

New courses for the 2015-16 year will include the Molecules, Cells and Microbes course in the first two units of the MS1 year that will cover foundational aspects of cell biology, genetics, biochemistry, microbiology and immunology in the first 8 weeks; and a new course called Excellence in Care that will incorporate the ELSIM and PM portions of the Practice of Medicine course over the entire first year. Plans are under way to combine the Physiology and Microscopic Anatomy courses into a single course called Physiology and Histology.

We have been interviewing candidates for a new Case-Based Learning Course Director position that will begin to design a new course incorporating active learning in small groups studying clinical cases and clinical reasoning that will begin in 2016-17 for both the MS1 and MS2 years. This person will work with the Co-Directors of the Integrated Organ-Based Units that will start in the fall of 2016 to design a modern curriculum featuring active learning in small groups and early clinically relevant topics and cases.

Phase 2—Paul Ko, MD

The recent Elective Lottery meeting for 3rd year students has gotten a lot of you thinking about your 4th year schedule and career choices. I know it can be an anxiety provoking decision for many students as they try to decide what specialty they want to go into and prepare to apply for a residency spot in. The fear of making a wrong choice can paralyze some students in this decision. I encourage students to think about what they enjoy most through their clerkships, what they are good at, and what

professional and personal goals they see for their future. Talking to mentors, clinicians, and advisors are also good ways to get some of these questions answered. It's ok to not be sure at this point in your 3rd year, but you should probably have it narrowed down to 2 or 3 ones, and learn about those fields as much as you can in the coming months.

On the topic of 4th year electives and Acting Internship, that is something that the Phase 2 Committee will be working on in the upcoming months. We have formed a sub-committee of Course Directors and Coordinators to look at how we define the Acting Internship courses in our curriculum. There are many skills that we expect a graduating medical student to have by the time

that they graduate from medical school and start their residency. Many of these skills we have taught you throughout your first few years (ie. Practice of Medicine, throughout the Clerkships and Longitudinal threads), but there are some advanced skills that should be developed further in the fourth year. The AAMC recently published the

Core Entrustable Professional Activities for Entering Residency (CEPAER) lists some of those skills. This will guide the group in outlining what our Acting Internship and 4th year Curriculum should emphasize. The 4th year should prepare our students to be competitive in whatever specialty they apply for in residency, but also make them well rounded medical student. The time to focus ones skills in a specific area of practice, to do electives in various subspecialties that are available at Upstate, to take part in Service Learning electives and Global Health electives, and time to return to the basic sciences are all important growth opportunities for our medical students in their 4th year.

I know March 20 will be an extremely exciting day for our current 4th year, as Match Day will be when they find out which residency program they have been accepted to. It is always an exciting day at Upstate, and a culmination of 4 years of hard work. I look forward to celebrating with all the Upstate students on that day!



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

visit our
blog!

Student Spotlight

Danielle Wallace



"Malignancy of the Mind," a poem written by Danielle Wallace was published on March 3, 2015 in the Journal of the American Medical Association (JAMA).

Danielle is a 3rd year medical student from Elmira NY currently at the Binghamton campus. She submitted the poem to be included in JAMA's Poetry in Medicine section where they showcase medically related poetry. Her poem is about a patient she had during third year and speaks to the frustration she felt about how the time crunch of medicine can effect patient care.

Unfortunately, JAMA permissions standards do not allow for the reproduction for Danielle's poem here.

To read Danielle's poem, please go to JAMA's web-site...

<http://jama.jamanetwork.com/article.aspx?articleid=2174032>

Colleen A. Dillenbeck

Evaluation, Assessment and Research Coordinator

Colleen graduated from Niagara University with a Bachelor of Arts in Psychology and from St. Michael's College in Vermont with a Master of Arts in Clinical Psychology. She worked in Clinical Research for the past 17 years, including at Upstate from 1997-2003, when she worked in Orthopedic Surgery. Prior to her current job, she was at Hematology Oncology Associates of Central New York where she worked on a grant from the National Cancer Institute.

Colleen has two special needs golden retrievers who are her kids (Riley is blind and Kiera is missing her front paw). Colleen and her husband Craig enjoy hanging out with their dogs and travelling.



Welcome



Rural Medicine Education Update

RMED is THRIVING in 2015. We kicked off the year sending 23 students to 18 different communities across NYS. Sixteen students will complete the RMED Prime program which ends in May 2015, while seven students will stay on at their RMED sites into their 4th year, coming back to Syracuse in October 2015. I am sharing one picture of the rural landscape sent in by an RMED student training in Oneida, NY.

Carrie Roseamelia presented her PhotoVoice Project on Feb 6 at the Society for Teachers of Family Medicine Conference on Medical Student Education in Atlanta Georgia. The poster is titled, "Third year medical and Physician Assistant Students From Rural Training Programs Describe the Interactions Between Rural Setting and Clinical Training Experiences Using PhotoVoice." Emily Mader, Melissa Arthur, Sarah Lewis, Lauren Germain and Sheila Singleton Best are Co-Authors of this study.

For more information about the RMED program, contact Carrie Roseamelia at roseamec@upstate.edu.

*Picture taken by RMED student Jacob Frier
from the Lake Ontario Shore on the SUNY Oswego campus*

YOU SAID... WE DID...

*Clerkship Annual Reviews
reveal the following
changes based on student
feedback...*

Clinical Bioethics

You Said: Eliminate or drastically alter the Communications component of the course; its redundant and unnecessary.

We Did: Communications has effectively been removed from the clerkship and will be implemented throughout the curriculum in other courses.

You Said: Decrease the number of out of class writing assignments

We Did: We decreased the number of out of class writing assignments to one.

Emergency Medicine

You said: Rotating schedule so individuals get a chance to experience the different flavors of each of the hospitals in Binghamton.

We Did: Binghamton students now rotate t all 3 hospitals.

You Said: More variety of sites. It would benefit students to be able to rotate at both UH and VA. They provide different experiences,

We Did: Syracuse students who rotate at the VA or CGH also do a shift at UH.

Internal Medicine

You Said: Hem-Onc should not be a mandatory rotation.

We Did: Hem-Onc is now a rotation student opt into.

You said: Too much call

We Did: We've made all week-end call short call

You Said: UHCC rotation not a great experience

We Did: We have a new director, Dr. Traver, and a new system for student education and operations.

You Said: Too many H&Ps

We Did: We reduced the H&Ps from three to two.

You Said: Student Noon lectures should start at the same time resident noon conference does.

We Did: We changed all noon lecture start time from 12:00 to 12:15 to be line with resident lectures.

You Said: There is not enough teaching or direct observation of student in Binghamton.

We Did: Team R added to the clerkship experience.

Family Medicine

You Said: Videos of Lectures were hard to view and old. PowerPoints were not always up to date.

We Did: We are currently in the process of updating the videos. With the new changes to lectures next year. Re-download the lecture when the presenter arrives at the lecture to make sure it matches what is on BB.

You Said: SPE grading is sporadic. Need more information on SPE.

We Did: SPE is now graded by the SP and the clerkship director and site director. Dr. LaClair talks to the students about what to expect and the students receive feedback on the formative SPE.

You Said: Grading rubric is confusing

We Did: Grading will now be done out of 100 points and all part of final grade are a percentage of that 100 points.

You Said: Quizzes are not useful or executed well.

We Did: Quizzes are being taken out of the clerkship for the 15-16 year.



Neuroscience

You Said: Standardized SPE process across sites.

We Did: -Standardized patients on both campuses now complete the same grading checklist. All students on both campuses meet with the Clerkship Director, either in person or by video conference, to clarify objectives and performance expectations for the summative SPE.

You Said: Increase rates of direct observation at both sites

We Did: The passport has been implemented in Binghamton. In Syracuse, faculty development efforts continue to foster direct observation. These methods were successful in increasing the rates of faculty observations of physical exams.

You Said: Address issue of lecture cancellations.

We Did: Binghamton campus now saves time in week 5 for make-up lectures in the event that there are cancellations earlier in the clerkship. In Syracuse, faculty are sent weekly reminder emails with a didactics schedule.

You Said: Neurosurgery Complaints in Syracuse.

We Did: In order to involve students more in Neurosurgery patient care, students now attend Neurosurgery rounds and meet with residents to discuss case assignments after rounds each morning.

You Said: Add handouts or access to power points for lectures.

We Did: The Blackboard website has PowerPoints for all CORE lectures in addition to handouts for select lectures. Also on Blackboard, there are also video tutorials of the neurological exam, additional didactic sessions on specific neurological conditions, and resources describing taxonomies and preparing objectives.

Ob/Gyn

You Said: Lectures not relevant to shelf exam We Did: Linked subtopics to clinical-based questions similar to shelf exam format

You Said: Lectures often canceled. Lectures a waste of time that could be used clinically.

We Did: When students move through clinical-based questions similar to shelf exam format, a database is created that will focus which topics are in need of a review lecture with the faculty topic leader; scheduled lectures will be determined by student performance and demonstrated need. The database is created will emphasize with the faculty topic leader the importance of the lecture (hopefully reduce cancellations).

You Said: Orientation needs a clear curriculum to optimize student preparation for clinical activities of clerkship

We Did: Though the schedules will be set differently at BING versus SYR Campus sites, the following topics will be presented early in each clerkship rotation block: Orientation to Patient, Physiologic Changes in Normal Pregnancy, GYN Normal Life Cycle, Basics of Fetal Monitoring, Normal Labor & Mechanisms of Term Delivery, Gowning, Gloving, Suturing & Knot Tying Session, Vaginal Delivery Simulation, Formative SPE.

You Said: Make midclerkship evaluation discussion more useful.

We Did: Include clinical performance evaluation to date with discussion regarding progress in clinical logging, Bb interactive modules, preparation for Topic Presentation and Summative SPE Martha Jackson, and studying for shelf exam.

You Said: Reduce shadowing.

We Did: Faculty (and resident) development to include greater emphasis on faculty/resident direct observation of student-run patient encounters and student-initiated patient encounters.

You Said: Syracuse: Scheduling disorganization, Evaluation disorganization, Expectation disorganization.

We Did: Incorporate student schedule with faculty schedule on AmION, resident schedule. Faculty and residents that are scheduled to work with specific students will be linked with students within MedHub. Meeting with Clerkship Director, faculty, residents regarding expectations that will be set and presented as part of SYR Campus.

Pediatrics

You Said: Too many students-diluted experience (Syr) on inpatient and at UPAC outpatient site.

We Did: Met with Dean, Assoc Dean, Registrar (July). Now have a cap at 15. Recruited three new sites after clerkship director visits to offices: Purnima, Auburn and Eastmont (Syracuse). Reviewed Syracuse faculty appointments for outpatient sites and working to get them all library access (Bing is completed).

You Said: Blackboard and assignments are confusing.

We Did: Updated Blackboard, created a table of contents. Created website and orientation video. Created a new table to outline requirements (in Syllabus). Weekly email to students (Syr). Providing Syllabus in spiral bound form to Syracuse students as needed.

You Said: Too many assignments, specifically- two admission write-ups (Syr and Bing).

We Did: Proposed change for 2015-16- one write-up on inpatient, problem list generation on outpatient. No requirement to turn in progress notes on inpatient or outpatient.

You Said: Residents unsure of student schedule.

We Did: Residents provided with schedule and discussed at RAFT session.

You Said: "Shadowing" for preventive medicine, schedule is confusing.

We Did: Met with Dr. Bacchi and Deb Tafel changed EI schedule and set up schedules in advance of orientation. Moved Dr. Morrow's debriefing to last Thursday so that an additional Weds morning can be used and moved all nurse visits to Weds morning.

You Said: Afternoons on inpatient were often spent without learning (busy work).

We Did: Students, residents and faculty have been advised that students can be sent home early if there are no specific patient needs. Only the student on call needs to stay for hand-offs. EI now can be scheduled on inpatient if missed during outpatient. Binghamton: outpatient GI scheduled during afternoon on inpatient. Syracuse: Provide descriptions of inpatient experiences to improve expectations of students.

You Said: Change lectures to one day per week (not 8am) Having sessions from 8am-9am interrupts pre-rounding.

We Did: Lectures changed to Friday afternoons for period E, F, etc.

You Said: Multiple schedules made it unnecessarily cumbersome to keep track of our obligations.

We Did: Students are provided with individualized schedules. Change of lectures to same day each week has reduced this problem.

You Said: Request for built in discussion with residents and attendings for direct feedback (Syracuse comment).

You Said: Hospitalists created a form for mid-clerkship and provide to clerkship director for feedback.

We Did: Plan to discuss at faculty development session in the Spring (Bing preceptors will be invited to Syracuse).

You Said: We had no education on how to do a proper H&P on a pediatric patient or what tests to order for a pediatric inpatient during our pre-clinical years.

We Did: Provided templates for pediatric H&P in orientation materials, updated with Peds hospitalists. Created template for presentation skills. Plan to discuss with POM director. Flipboard Magazine created with resources for students.

You Said: More teaching from residents.

We Did: RAFT (Residents and Faculty Teachers) program in Syracuse, Binghamton working on this.

You Said: More physical exams observed by faculty and residents - it would be useful to encourage more face to face feedback for students. Low direct observation scores (residents and faculty).

We Did: Clerkship director observation implemented on inpatient 2x per clerkship.

You Said: SPE: Did not understand the post-encounter form.

We Did: Provided Tips for SPE.

You Said: No training on how to use interpreter or language line.

We Did: Supplied U-Med guideline for interpreter skills in Appendix.

Psychiatry

You Said: We want more experiences or we want to have a continuity of experience on one site.

We Did: You now have a greater ability to choose your own adventure. Increased site choice, ability to add or remove broadening experiences.

You Said: The consult service and call are the same experience, why are CL students required to take 3 call shifts too.

We Did: Students assigned to CL now have an alternative “call” requirement.

You Said: We don’t get to spend enough time on CPEP in Binghamton.

We Did: We’ve increased the amount of time you are spending at CPEP.

You Said: ½ inpatient, ½ outpatient is too disruptive, the ability to follow patients is impaired.

We Did: Students are now assigned to one main site and one broadening site.

You Said: Addiction and CL students have no additional experiences.

We Did: Students at Addiction and CL are now also assigned to a broadening site.

You Said: My site was too crowded.

We Did: We have worked with the Registrars office to decrease the number of students assigned per period.

You Said: The small desks in 304 are not made for adults and they are incredibly uncomfortable.

We Did: We replaced the small desks with new chairs and tables.

Population Health

Helmet Case:

You Said: Requested marketing costs for bill boards, bus stops and buses to be used in the case calculations. Requested updated bicycle helmet article.

We Did: Obtained information from Onondaga County Health Department (OCHD), info is now being given to students during the case. An updated article will be used in next year’s case.

Obesity:

You Said: Remove “Adolescent” from the case title, the current case is not adolescent based.

We Did: “Adolescent” was removed from the Obesity Case title.

Emergency Preparedness Exercise (EPE):

You Said: Suggestion of a better outline of simulation at the beginning of exercise. Suggestion for group leaders (students) to be open minded to all suggestions being given by the group.

We Did: Simulation Director will now be providing more direction at the beginning of the session, but specific instructions cannot be given or the simulation will be ruined. Team documents have been designed to make roles more clear. Coordinator is contacting team leaders by email prior to the exercise to outline a few items that will make the session run smoother, including the open minded suggestion.

Pediatrics:

You Said: Students are having frustrations over the cancellation of Early Intervention (EI) site visits. Sometimes they are not able to make them up, due to their scheduling restrictions.

We Did: Met with EI Director to improve site visit scheduling, most of the issue is when clients do not sign up or they cancel. Students are now being assigned instead of them choosing a date/time/site. If visit is not able to be rescheduled; the student will have a makeup session, which will include watching a video and writing a paper on social determinants that may affect developmental delay.

Surgery

You Said: The IV placement logging requirement is difficult for many students to fulfill, especially in clerkship periods that fall in the beginning of the academic year. This is mainly due to instructors discomfort with allowing students, with no previous IV placement experience, to perform the procedure for the first time on a real patient.

We Did: The Surgical Education Academic Office put forth a purchase proposal, in July 2014, for “IV placement training arms.” The proposal was accepted by the department chair within a week and three arms were purchased. IV placement training sessions have been added to all Surgery Clerkship Orientations.

You Said: We need more training on the real world of the Operating Room.

We Did: Two students on the Surgery Clerkship put together an excellent, 8 minute, OR 101 video that is now shown at all Surgery Clerkship Orientations.

You Said: R-Med Preceptors need better clarification on the student's role in clinic, the OR, and onwards. Students have access to this information in the Surgery Clerkship syllabus, but preceptors need guidance on matters pertaining to the clerkship's expectations before the students start.

We Did: An R-Med preceptor manual was composed to help the R-Med volunteer faculty better understand their role in the surgical clerkship education and the clerkship's expectations of the students. The manual is meant to be covered with all R-Med faculty before the students R-Med track begins.

You Said: We are not given the opportunity of direct observation by the surgical faculty.

We Did: A "Mini CEX Direct Observation Form" was instituted to help ensure that all students were attaining direct observation and feedback from faculty.

You Said: Many of the service rotation options do not allow us easy access to a Breast Disease Diagnosis experience, thus it is difficult to perform our Breast Disease Diagnosis logging requirement.

We Did: A schedule was constructed, and handed out at orientation, that allowed each surgery clerkship student to participate in at least 1 Breast clinic.

You Said: 1-It is very frustrating when lectures are canceled and rescheduled at the last minute, and then the rescheduled lecture is canceled. 2-We are worried when we are not able to attend a lecture because we are stuck in the OR.

We Did: All lecture videos were added to BB in 2013; however, there was no way to track whether or not students viewed the videos. So online assessments were added to all BB core lecture video content to help ease the frustration students were feeling when they could not attend a lecture or the lecture was canceled. Now, rather than trying to reschedule, students can simply go to BB at their convenience, watch the video, and take the quick assessment. This allows the clerkship coordinators to easily verify that everyone has seen the core lecture content.

YOU SAID...
WE DID...