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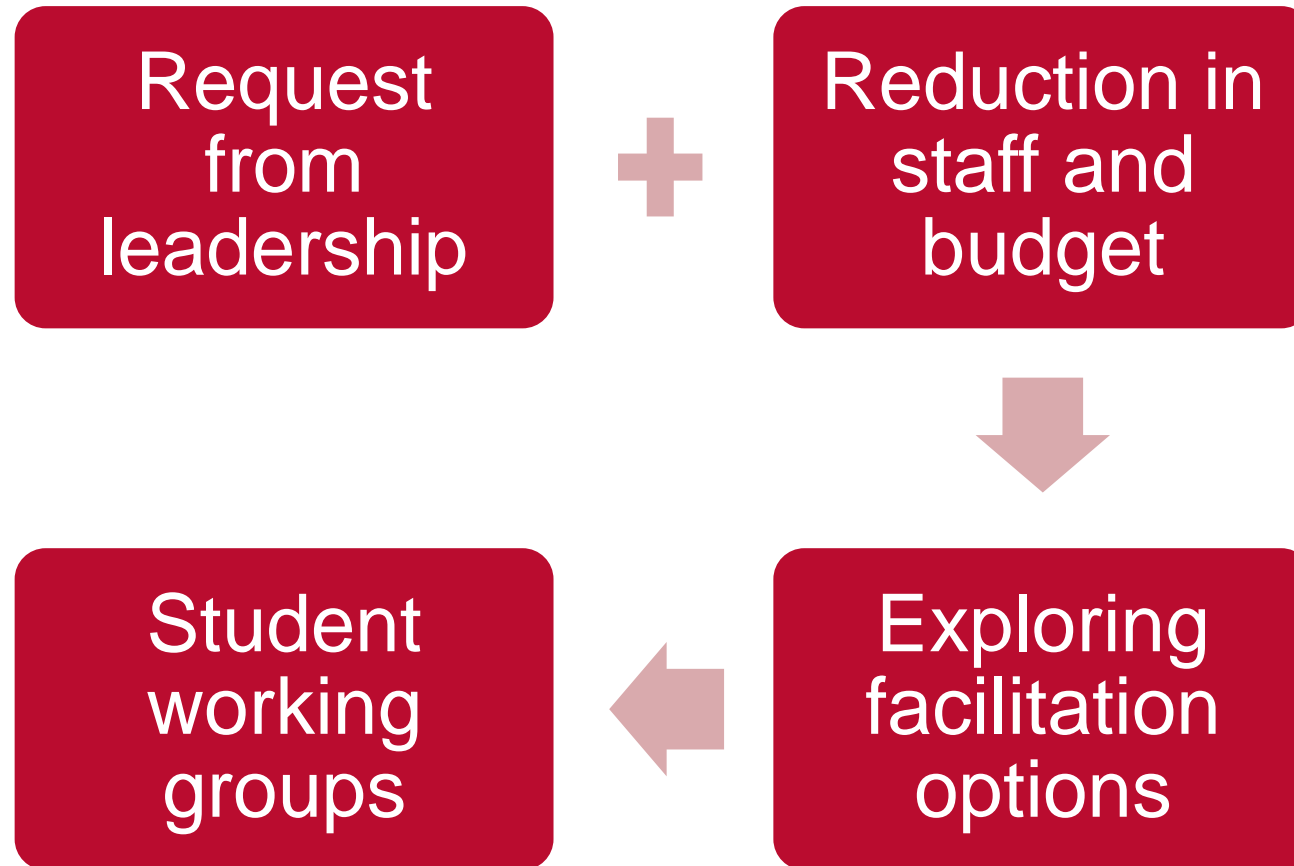


An Innovative Working Group Process to Gather Medical Student Feedback and Generate Solutions

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Education Day 2018
September 28, 2018

Background



Learning Environment

“The learning environment includes the social, psychological, and physical contexts that affect or are affected by academic activities.”

Skochelak, S., Dekhtyar, R., & Filstead, W (2016). Medical Student Perceptions of the Learning Environment at the End of the First Year: A 28-Medical School Collaborative. *Academic Medicine*, 91(9), 1257-1262.

Key Evaluation Questions

- What positive and negative experiences do students describe as impacting the learning environment?
- What aspects of the learning environment do students find most troubling?
- What recommendations do students have for improving the learning environment?

Criteria for alternative

- Reduce costs for transcription
- Reduce staff time with coding and analysis
- Represent the student voice adequately
- Produce a quality deliverable for leadership

Interactive Evaluation Practice (IEP)

“The intentional act of engaging people in making decisions, taking action, and reflecting while conducting an evaluation study”

Grounded in two key ideas:

1. Personal factor: engaging stakeholders
2. Interpersonal factor: facilitation of the interactions with and between stakeholders

Stevahn, L., & King, J. A. (2016). Facilitating interactive evaluation practice: Engaging stakeholders constructively. In R. S. Fierro, A. Schwartz, & D. H. Smart (Eds.), *Evaluation and Facilitation. New Directions for Evaluation*, 149, 67–80.

Facilitated Evaluation Working Sessions

“...the process of bringing together, engaging, and following up with stakeholders resulting in new insights, perspectives, and potential actions, which (a) in all likelihood would have not otherwise occurred and (b) advance the interests of the stakeholder group.”

Torres, R. T. (2016). Planning and facilitating working sessions with evaluation stakeholders. In R. S. Fierro, A. Schwartz, & D. H. Smart (Eds.), *Evaluation and Facilitation. New Directions for Evaluation*, 149, 53–66.

Learning Environment Domains

Modified from internal Long Learning Environment Survey (LLES)

LLES originally modified from Medical Student Learning Environment Survey (MSLES)

LLES internally used since 1994.

Marshall, R.E. 1978. Measuring the medical school learning environment. *Journal of Medical Education* 53(2): 98-104.

Learning Environment Domains

1. Emotional Climate
2. Flexibility and Student Voice
3. Student-Student Interaction
4. Meaningful Learning Experience
5. Faculty-Student Interaction
6. Fair Assessment and Exams
7. Extra-Curricular Activities
8. Other

Supportive Learning Environment Project

Three 90-minute sessions:

1st year medical students (MS2020)

2nd year medical students (MS2019)

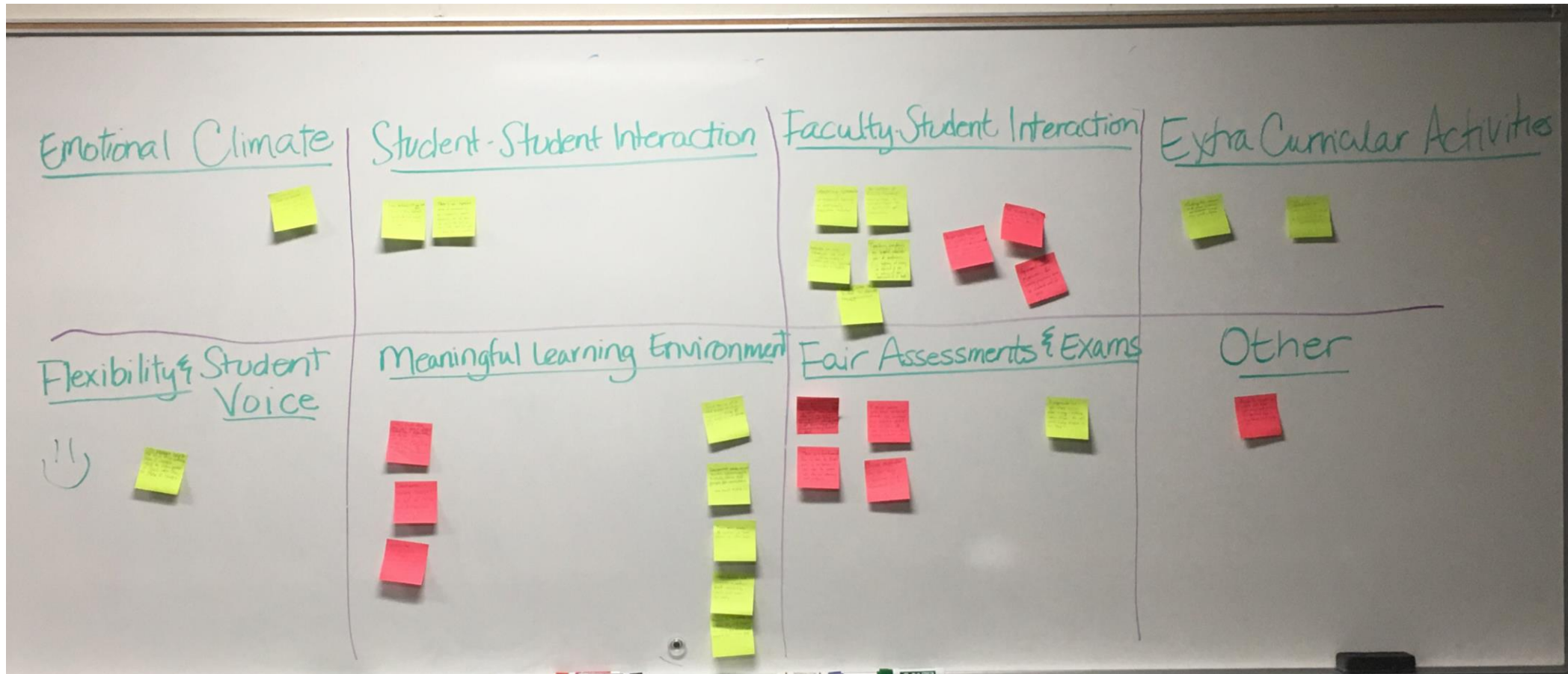
3rd year medical students (MS2018)

Students received lunch/dinner, \$20 Lobocash, and Letter of Commendation (by request of students) for their student file

1. Participants generate + and – aspects of learning environment



2. Facilitator helps participants to group + and - aspects into domains



3. Facilitator helps participants create problem statements/themes

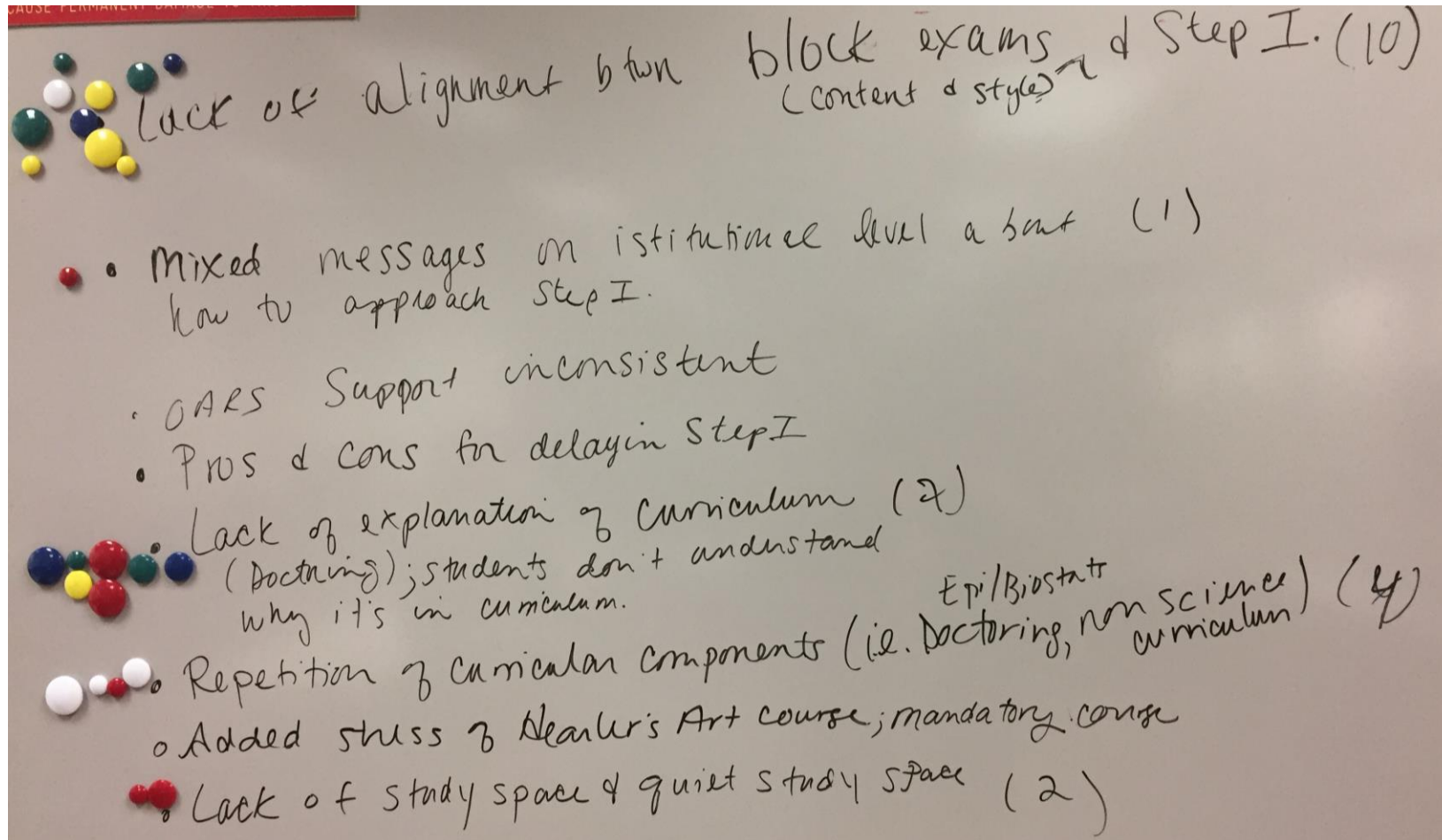
Examples:

Lack of alignment between block exams and Step 1

Use of PRIME not standardized which leads to variable evaluations

Repetition of curriculum components and course content

4. Participants vote on most important problem statements/themes



5. Participants work in small groups to generate suggestions to address

STUDENT ROLES & EVALUATION (PRIME)

The clinical evaluations in Phase II is highly variable and subjective. Is often based on personality and likability as opposed to competence. No standard student role across teams.

Solutions

- Simplify PRIME: too many areas asked about - Shorter
 - Make score categories more distinguishable
 - Train residents/attendings to standardize how they grade

Also make sure all evaluators know they are affecting our grades/future
- Clarify student expectations and roles on teams
 - make standard across teams and evaluate on what student is actual told/expected to do
- Restructure clinical Grades
 - Always 50%
 - Divide 25% objective - attendance, wrote note, found
- Give real feedback (oral) 25% ~~subjective~~ PRIME (simplified)
 - constructive & representative of written evaluation

Operational Support for Struggling Students

interdisciplinary meetings about student
(For failing an entire block)
Student should be able to choose who to meet w/ between available resources (NOT see left if not necessary)

H

CURRENT RESOURCES:

- OMSA ①/② (② > ①)
- CSPE ②
- OARS ②
- Dr. Lawrence (Wellness) ①/②
- Learning Commitments ①/② (① > ②)
- Block Chairs ①
- Good Intentions (Student Resource) ①/② (① > ②)

① QUIZ
② BLOCK

6. Small groups come together to discuss in a large group

7. Facilitators generate report based on recommendations.

Results – 1st Year Medical Students

- Accessibility of faculty
- Recorded lectures
- Learning Communities
- CQI Process to facilitate feedback
- Question Banks for students
- Integrated curriculum

**Positive
Aspects**

- Variable teaching
- Variable assessments among blocks and Step 1
- Step 1 preparation

**Negative
Aspects**

Variable teaching

- Block chair reviews sessions beforehand
- Different method to evaluate presenters
- Acknowledge mistakes

Variable assessments among blocks and Step 1

- Step-focused lectures and practice questions
- Standardization of Doctoring performance exams
- Quality standards for test questions across courses
- Flexibility with problematic test questions

Results – 2nd Year Medical Students

- Pass/Fail grading system
- Leadership receptive to feedback
- Accessibility of faculty
- Learning Communities
- Support amongst peers
- Anatomy lab
- Early clinical exposure
- Extra-curricular activities

Positive Aspects

- Lack of alignment between block exams and Step 1
- Lack of explanation of curriculum; students don't understand why some curricular components are included
- Repetition of curriculum components and course content

Negative Aspects

Lack of alignment between block exams and Step 1

- Collaboration between block chairs for best practices in curriculum
- Collaboration between students and block chairs
- Require students to complete question banks

Non-science curricula not adequately justified to students

- Course directors should address how courses prepare for Step 1 and clinic
- Use Step 1 content as discussion topics for teaching

Repetition of curricular components

- Increase communication between block chairs
- Examine need for redundancies (Doctoring)
- Examine need for multiple components of courses (for example, epi-biostats)

Results – 3rd Year Medical Students

- Sense of community amongst students
- Faculty/mentor and student relationships
- Access to learning facilities and resources
- CQI process to facilitate feedback
- Extra-curricular activities

**Positive
Aspects**

- Use of PRIME not standardized which leads to variable evaluations
- Operational support for struggling students
- No standardized role for students on clinical teams
- Lack of dedicated study space

**Negative
Aspects**

Use of PRIME not standardized which leads to variable evaluations

- Shorten and simplify PRIME
- Clarify student role on clinical teams
- Clinical grades 50% of total grade
- More verbal/informal feedback during clinic

Operational support for struggling students

- Interdisciplinary team
- Advocate of student's choice
- Advocate will work with appropriate entities to formulate plan
- Increased communication between entities

Lessons Learned - Negatives

Increased time for preparation

Variable facilitation

Variable group dynamics

Increased time and energy required from students

Time constraints

Lessons Learned - Positives

Less spending

Less staff time

Provides instant verification or “check” of findings

Provides an authentic student voice

Allows students to be part of the solution

Positive reception from students

Questions?
