

PCM TASK FORCE REPORT

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INTRODUCTION

The PCM Task Force, comprised of Dr. James Boehnlein, Dr. Jeff Disney, Dr. Jeffrey Kirsch, Dr. Karen Kwong, Dr. Lynn Loriaux, Dr. Mike Bonazzola, Dr. Scott Fields, Dr. Scott Sallay, Dr. Thomas Becker, Dr. Tracy Bumsted, Vicki Fields, Jennifer McNeil, Ryan Palmer and chaired by Dr. Edward Keenan, met on 12/19/06, 1/23/07, 2/22/07 and 3/22/07, 4/23/07 and 5/31/07 with the intent to review the Principles of Clinical Medicine (PCM) curriculum, as charged by the Curriculum Committee (See Appendix A). The final report was submitted to the Curriculum Committee in June 2007.

Task Force Assumptions

The following assumptions were made by the Task Force prior to reviewing the PCM curriculum:

- 1) The 3 components of the course (small groups, physical exams, and preceptorship) are to remain.
- 2) The course will continue to be one course that is longitudinal across the first two years of the curriculum.
- 3) The overall goals of the course are appropriate.
- 4) The number of contact hours is appropriate.
- 5) Timing and sequence in the curriculum is appropriate.
- 6) Anticipate departments will be credited for faculty participation in the course.

Task Force Charge

The Curriculum Committee charged the Task Force to review the content within the course as follows:

- 1) Review and recommend the content for continuity, appropriate depth, breadth, integration and emerging areas in medicine.
- 2) Review and recommend changes to assure the content is adequate for preparing students for clerkships, residency and beyond.
- 3) Review and recommend processes that can be used for assessment of student performance.

- 4) Review and recommend approaches that can be used for teaching (videos, essays, small groups, GOSCE, etc).

Curriculum Categorization

The Task Force divided the PCM Curriculum into the following components:

- Small Groups
- Physical Exam (PE) Groups
- Evaluation of Student Performance by Faculty
- Preceptorship
- Course Management

Report Structure

For each of these categories, this report presents a series of *formal recommendations* and *detailed recommendations*. The formal recommendations represent the broad recommendations of the Task Force for each component. The detailed recommendations represent more specific recommendations by the Task Force for each component.

A distillation of the most important recommendations for the Curriculum Committee to consider are listed under *Key Points* and precede the formal and detailed recommendations.

In addition to recommendations, the report includes a list of *detailed minutes* for the 1/23/07, 2/22/07 and 3/22/07 meetings. During these meetings the Task Force reviewed each session and made specific recommendations regarding those sessions. Sessions were categorized under *content areas* and assigned to specific teams within the Task Force. See Appendix C for content areas and their respective session breakdowns.

KEY POINTS

KEY POINTS

1. There is a need for increased faculty development in regard to:
 - Evaluating student performance.
 - Teaching of history and physical exam and achieving course objectives.
 - Observing student clinical skills.
2. There is a need for increased involvement by School of Medicine primary faculty in the teaching of the course.
3. There is a need to streamline the governance structure of the course.
4. There is a need to strengthen the performance based assessment components of the course.
5. The PCM Task Force requests the opportunity to monitor the implementation progress of this report on at least an annual basis.

FORMAL RECOMMENDATIONS

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Small Groups (Didactic Curriculum)

- I. Small group topics are appropriate and have been adequately updated and revised over time.
- II. Each content/topic area needs increased faculty scrutiny in terms of:
 - a) Session objectives need to be manageable and measurable.
 - b) Relevance, appropriateness and quantity of session readings need to be updated.
 - c) Exam questions need to be created that are synchronous with session objectives and lectures.
 - d) Each session must be reviewed for scope, sequencing and redundancy.
- III. There is a need to recruit primary SOM faculty to teach in PCM Small Groups.
- IV. There is a need for consistency in teaching and assessment among Small Group faculty.

FORMAL RECOMMENDATIONS

Patient Exam (PE) Groups

- I. The Task Force found the current PE topics to be appropriate and relevant.
- II. All history taking and physical exam techniques and objectives must be standardized and consistent between small groups.
- III. Students must be individually assessed on physical exam and history taking skills at least at the end of their second year.
- IV. Additional resources must be devoted to the PE portion of the PCM curriculum (See Detailed Recommendations).
- V. There is a need to recruit primary SOM faculty to teach in PCM PE Groups.
- VI. There is a need for consistency in teaching and assessment among PE Group faculty.

FORMAL RECOMMENDATIONS

Preceptorship

- I. The preceptorship portion of PCM is running effectively and is an essential part of the course.
- II. The current student assessment forms used by preceptors must be reviewed and updated.
- III. Increased faculty development is needed among preceptors in terms of:
 - a) Improving consistency between preceptors through increased communication between course administration and preceptor community.
 - b) Improving consistency among PCM PE exam objectives and those demonstrated by preceptors.

FORMAL RECOMMENDATIONS

Evaluation of Student Performance by Faculty

- I. The Task Force agrees that the assessment of PCM is to remain comprehensive and graded.
- II. The PCM written exam must be monitored by the Course Director and Course Steering Committee on a continual basis so that it is consistent with course objectives, readings and content.
- III. All current content and checklists for GOSCEs must be reviewed and revised, if necessary.
- IV. At least an end of second year performance based individual assessment of clinical skills acquisition based on PCM PE objectives is needed.

FORMAL RECOMMENDATIONS

Course Management

I. A revised, streamlined governance structure for PCM needs to be implemented.

a) Governance

The new structure should be comprised of:

- 1) Course Director
- 2) Course Steering Committee
- 3) Course Manager
- 4) Advisory Committee

b) Roles & Responsibilities

1) Course Director

- The Course Director will oversee all components of both the first and second year PCM curriculum and be the “final say” on PCM policy matters.
- The Course Director is appointed by the Associate Dean for Medical Education and will oversee the Course Steering Committee.
- The Course Director is appointed for a term of 5 years, upon which he/she may be re-appointed or replaced based on the discretion of the Associate Dean for Medical Education.
- *See Detailed Recommendations for additional roles and responsibilities of the Course Director.*

2) Course Steering Committee

- The Course Steering Committee will consist of 3-5 faculty appointed by the Associate Dean for Medical Education and the PCM Course Director.
- The role of the Course Steering Committee will be to plan, implement and evaluate all components of the course.
- Each member of the Course Steering Committee is appointed for a term of 5 years, upon which he/she may be re-appointed or replaced based on the discretion of the Associate Dean for Medical Education and the PCM Course Director.

FORMAL RECOMMENDATIONS

3) Course Manager

- The Course Manager will coordinate among the various components of the administration, assist the Course Director and Course Steering Committee with curriculum development and revision, and implement policy decisions made by the administrative body, as well as the day to day running of the course.
- The Course Manager is a full time staff position and is managed by the Assistant Dean for Medical Education.

4) Advisory Committee

- The Advisory Committee will consist of PCM faculty and elected student representatives.
- The Advisory Committee will review the current status of PCM and create policy recommendations to submit to the Course Director, Course Steering Committee and Course Manager.
- The faculty members on the Advisory Committee will be appointed by the Course Director and Course Steering Committee.
- The Advisory Committee will meet quarterly (every three months). The PCM Course Director will call and chair the meeting.

II. The new governance structure will be operational by Fall 2007, with a recommended implementation date of July 1st 2007.

III. A consistent, longitudinal faculty development program for all components of the course needs to be created.

DETAILED RECOMMENDATIONS

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Small Groups (Didactic Curriculum)

- ❖ The sequencing of sessions needs to be reviewed (See Detailed Minutes).
- ❖ There are opportunities in the current curriculum to combine certain sessions (See Detailed Minutes).
- ❖ There are opportunities in the current curriculum to remove specified sessions (See Detailed Minutes).
- ❖ Significant effort must be paid to updating current session objectives and readings.
- ❖ Many current small group sessions must be reinvigorated to facilitate a more active learning environment. Roles for role playing activities must be enhanced.
- ❖ Students will switch small group leaders during “Controversies” sessions to ensure that controversial opinions do not compromise their grades.
- ❖ Increased effort must be put into faculty development to ensure there is consistency in teaching between small groups.

DETAILED RECOMMENDATIONS

Patient Exam (PE) Groups

- ❖ The sequencing of sessions needs to be reviewed (See Detailed Minutes).
- ❖ There are opportunities in the current curriculum to combine certain sessions (See Detailed Minutes).
- ❖ There are opportunities in the current curriculum to remove specified sessions (See Detailed Minutes).
- ❖ Additional resources must be devoted to the PE portion of the course. This includes:
 - Utilizing standardized patients to a greater extent.
 - Updated pelvic models.
 - Acquiring teaching tools, such as a physical examination DVD for student and faculty review.
- ❖ Significant effort must be paid to updating current session objectives and readings.
- ❖ Observable history taking and physical exam skills must be incorporated into the current curriculum.
- ❖ The standardized patient center will be utilized to provide students with increased simulated clinical encounters.
- ❖ History taking and physical exam skills must be consistently and accurately assessed to reinforce session objectives and remediate unsatisfactory student performance prior to third year clerkships.
- ❖ GOSCE sessions must be rewritten to more accurately reinforce course objectives.
- ❖ An OSCE will replace at least the end of the year GOSCE for the second year.
- ❖ Increased effort must be devoted to faculty development to ensure there is consistency in teaching between small groups.

DETAILED RECOMMENDATIONS

Preceptorship

- ❖ Increased effort must be devoted to faculty development to ensure there is consistency between preceptors.

DETAILED RECOMMENDATIONS

Evaluation of Student Performance by Faculty

- ❖ The current evaluation forms used for preceptorship, essays, small group and PE groups must be updated to facilitate more accurate faculty reporting of grades.
- ❖ The PCM written test must be prepared, reviewed and analyzed by the Course Director and Course Steering Committee at the end of each exam period, utilizing the psychometric data available through the Teaching Services Office.
- ❖ Practice questions must be created by the Course Director and Course Steering Committee prior to the exam for student review.
- ❖ Significant effort must be put into updating and revising the written test by the Course Director and Course Steering Committee so it is an accurate and fair assessment of the course objectives and lectures given during the two year PCM curriculum.
- ❖ More effective evaluation criteria must be created to facilitate consistency in grading of student essays.
- ❖ The essay assignments must be revised so that they better reflect the updated course objectives
- ❖ Increased effort must be put into faculty development to ensure there is consistency of grading between the faculty members.

DETAILED RECOMMENDATIONS

Course Management

- ❖ Other duties of the Course Director will be:
 - Attending to and implementing all recommendations set forth by the PCM Task Force as charged by the Curriculum Committee.
 - Overseeing the faculty development program to ensure consistency of grading, assessment and teaching skills in PCM.
 - Reviewing, revising and updating the PCM written test so that it is consistent with course objectives, lectures and themes.
 - Analyzing post exam data using psychometric data and revising test questions as appropriate.
 - Reviewing, revising and updating GOSCE checklists so that they are consistent with course objectives and standardized exam techniques.
 - Assisting Course Manager in the recruitment of faculty.
 - Assisting Course Manager in the recruitment of clinical patients for sessions.
 - Coordination of regional education sites and management solutions to increased class size.

