10/08/2018 - 11/19/2018

Performance Response	Comments									
	valuation by Student 08/27/2018								1st Ye	
The course content is well integrated across the covered systems.										
Grade Scale	t·	Average 4.49	Peer Average 4.49	Minimum 3.00	Maximum 5.00	Mode 5	Standard Deviation 0.61			
Strongly Disagree 1 - Strongly Agree 5		4.49	4.49	3.00	5.00	5	0.01			
	thened my knowledge and/or skills									
Grade Scale		Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation			
Strongly Disagree 1 - Stro Agree 5	ongly	4.67	4.67	3.00	5.00	5	0.50			
	nis course were clearly communica									
Grade Scale		Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation			
Strongly Disagree 1 - Stro Agree 5	ongly	4.61	4.61	3.00	5.00	5	0.51			
ngree o										
The course assessment	reflected the course content									
Grade Scale		Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation			
Strongly Disagree 1 - Stro	ongly	4.49	4.49	2.00	5.00	5	0.65			
Agree 5										
Course content reflected	the stated learning objectives									
Grade Scale	cated tearning objectives	Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation			
Strongly Disagree 1 - Stro	ongly	4.55	4.55	3.00	5.00	5	0.59			
Agree 5										
	zed the application of basic and/or I				Maximum	Mode	Standard Deviation			
Grade Scale Strongly Disagree 1 - Stro		behavioral scien Average 4.57	ce concepts to clini Peer Average 4.57	cal situations Minimum 3.00	Maximum 5.00	Mode 5	Standard Deviation 0.54			
Grade Scale Strongly Disagree 1 - Stro		Average	Peer Average	Minimum						
Grade Scale Strongly Disagree 1 - Stro		Average	Peer Average	Minimum						
Grade Scale Strongly Disagree 1 - Stro		Average	Peer Average	Minimum						
Grade Scale Strongly Disagree 1 - Stro		Average	Peer Average	Minimum						
Grade Scale Strongly Disagree 1 - Stro Agree 5	ongly	Average 4.57	Peer Average 4.57	Minimum						
Grade Scale Strongly Disagree 1 - Stro Agree 5 Summative and formative		Average 4.57	Peer Average 4.57	Minimum 3.00	5.00	5	0.54			
Grade Scale Strongly Disagree 1 - Stro Agree 5	ongly o assessment provide feedback and	Average 4.57	Peer Average 4.57	Minimum						



MDC711 - Structure and Function I
Rot/Loc: MDC711 - Structure and Function I / Marshall University School of Medicine
Times Evaluated: 82

Anonymous

10/08/2018 - 11/19/2018

Performance Responses Comments 18-19 MS1/MS2 Course Evaluation by Student 08/27/2018 1st Year Summative and formative assessment provide feedback and improve my learning.

Grade Scale Average Peer Average Minimum Mode Standard Deviation Strongly Disagree 1 - Strongly Agree 5 5.00 Course communications, logistics and scheduling are satisfactory.

Grade Scale Average Peer Average Minimum Maximum Mode Standard Deviation Strongly Disagree 1 - Strongly Agree 5 4.27 4.27 1.00 5.00 5 0.96 Please provide comments about the strengths of this course. Grade Scale Text Response Anonymous Material was straightforward and exams were fair. Anonymous excellent course, straight forward (objectives clear) with tests following material, great professors, interactive and great labs. The nervous system parts were clear and organized. The lower limb was also a great place to start the anatomy portion of the course and easy to follow. My favorite block so far. The teachers were solid and everything was effectively communicated. Well done. Dr Green at the lead made it happen. It sharpened my mind about the fundamentals of anatomy and helped me to become a better JCESOM student. The professors in this course were all extremely knowledgeable about the material and presented it effectively. Anonymous Dr. Green was a great block leader and the block was really interesting! Anonymous I truly learned so much in this course. I feel comfortable with learning Anatomy both in lecture and in lab now. The professors were excellent and taught the Anonymous The information was extremely interesting and clinically relevant. The instructors were all very kind, intelligent, approachable, and helpful. nonymous Well organized Anonymous The course was enjoyable and provided lots of clinical information that will likely be useful in the future. Anonymous it was engaging I think most of the course material is well laid out. There were no outlying professors who seemed disinterested in educating students. The tests were, for the most part, a good assessment on what we learned in class. Most of the material is well integrated with each other. Anonymous Good organization of material. Anonymous Very good Anonymous This block was well organized and material was presented in a reasonable volume. It was awesome to start learning things that can be applied clinically. I really like how lecture and lab go at the same pace with the material. Taught really well! Some of the learning objectives to state which areas of the material were high yield were lacking SF1 flowed and went much smoother than EOM Anonymous he more clinical correlations the better Anonymous felt that this course was well organized and that the material lectured fit well together. ting material for the most part. Good use of clinical correlation mostly. Great Professors all around. Block leader and professors were great for this course. The reviews before the exams were helpful. Good lecturers and plenty of study time Anonymous feel that I learned efficiently from this course.

The cadaver lab was a great experience that was beneficial to learning the body. Dr. Zill is the true gem of this block and his expertise and care helped me succeed in learning and acing my tests.

Anonymous

Although there was a lot of information, the professors did a very good job on providing us with the tools necessary to succeed. Most of the exam questions were fair and we were told what concepts were important and clinically relevant.

Anonymous

Well organized and executed block. The block leader communicated effectively with the students. Objectives and expectations were clearly laid out in the syllabus.

Anonymous

It was well organized, and the professors were extremely helpful.

Anonymou

Dr. Green did a great job leading the block. We had a few lecturers who were late or no-shows, but I would say this was outside of his control. He handled these situations great.

Anonymous

Overall pretty good. Some logistical errors mainly lowered the quality of the course.

Anonymou

Very good integration of information between professors for the most part. Good lab direction as well as useful review sessions

Anonymou

This course, overall, was very useful in integrating the teachings of the various professors of the block. It was enjoyable.

Please provide constructive comments about opportunities for improvement.

Text Response

84

Excellent overall, but the material could have been more balanced (I.e the workload) especially across the first two weeks, exam 1 had covered a lot of material but exam 2 covered a much lesser amount. Lab sessions could have been more structured.

Anonymous

I think a summary of the upper limb would be beneficial. The content is not integrated as well as lower limb. An overall summary of all the nerves and arteries for upper limb would be helpful. Changing the final test to a Friday before Thanksgiving would be appreciated:) and having the knee replacement surgery during lower limb would be more relevant.

Anonymous

The embryology independent learning didn't seem to fit with this block, but Dr Puri already stated that he will make that correction for future classes.

Anonymous

Some aspects of the course didn't seem to fit, such as embryology and learning about the vertebral column so early.

Anonymou

In the future, I would like to have labeled pictures for the prosections and prosection pictures posted on the curriculum map for exam 4.1 don't think I truly learned how to identify some of the arteries on the body because I wouldn't tell what I was looking at. If I had a labeled prosection picture then it makes identifying small vessels so much easier. I know of multiple people in the class that feel the same way.

Anonymous

I highly recommend taking out embryology as an independent learning exercise

Anonymous

The labs were a struggle even though the written exams were more than satisfactory. The future director may want to consider weighing the lab assessments less heavily.

Anonymou

On a few occasions, professors/guest lecturers were late due to going to the wrong classroom, so then they had to rush through the material in their scheduled time slot. I think something needs to happen, whatever a better solution may be, that confirms for our professors/guest lecturers which building we are in so this doesn't confilms to happen.

Anonymou

N/A

Anonymous

Remove embryology from this block. It was frustrating when the material was change back and forth from being on the test to not being on the test and then back again. None of that material was retained by the students since it was completely unrelated from the other concepts.

Anonymous

The anatomy portion of this block was initially difficult for me. More instructor assistance and presence in the cadaver lab during dissections would have been helpful.

Anonymous

My suggestions for improvement include: making sure instructors, especially MD's who only teach a few lectures are reminded of where they are teaching on a given day so they don't go to the wrong location. I would also suggest giving the last swan on the Friday before Thanksgiving break rather than Monday. I would recommend reorganizing the information taught in the last three weeks to make it easier to piece together.

Anonymou

None

Anonymous

Time of lab availability for studying for exam 4 was limited.

Anonymou

The overall layout of this course had a nice flow, but for future classes I believe the final two exams given in this block could be Friday exams. Even with Friday exams, there is still ample study time to prepare. It would be a nice break having two weekends off during this block.

Anonymous

feel that if embryology is to remain in the block, the other lectures should help include some of it into their lectures. My undergraduate comparative anatomy course was very well laid out in this manner. The class was basically 2/3 anatomy and 1/3 embryology. Both Topics were well elaborated and integrated with each other, and it helped students to learn the material.

Anonymous

ono.

Anonymous

I'd love to provide some feedback on our leg and arm anatomy curriculum, specifically the order of our lectures. I think the progression of material could be reorganized so there is a more logical flow to the info.

Currently we learn portions of the arm in sections, and we learn the muscles, arteries, and nerves all together in these sections. However I think this could be greatly improved.

To me it makes the most sense to first have lectures on bones and joints because we need to know the bone features that tendon's of muscles attach to. Next, we could learn the muscles groups utilizing our knowledge of bones. Next we could learn the nerves that innervate these muscless. Lastly, arteries and veins. It would be best to learn the nerves and arteries after the muscles because they covers through muscles and other structures.

I think this progression would make much more sense. Also, I think learning all the nerves in one sitting (as opposed to learning them in chunks) would really below the continuity and branching. Same with the ordering

Anonymous

Maybe have learning objectives in handout or before lecture. Maybe have a learning objective limit, or make them overarching ideas that have more

3

Anonymou

Having an exam on the Monday of Thanksgiving break was inconvenient, would be better to have it the Friday before for the next class



My only complaint would be the miscommunication about the embryology independent lectures being moved to another block, however this ended up working out fine.

Anonymous

Issues with scheduling plagued this block, especially anatomy lab closed all weekend before final exam. Seems like a few truly good professors are making up for mostly really bad ones. Whatever though, med school is hard.

Anonymous

nbryology lecture was inappropriately thrown in to this block.

Anonymous

The embryology independent learning could perhaps be placed somewhere else in the curriculum where there is more relevant content and information that will help build up more background information. The knee replacement clinical correlation should have been in the weeks with the lower extremities instead of upper if possible. I really felt that the limited time in the last week for the final exam, especially right before the, negatively affected my final test grade, although I know that was no one's fault. For next year, I'm sure student's would love to see this exam end on the Friday before Thanksgiving break if the schedule permits, so that it will allow them to plan accordingly, especially for those who need to fly home.

Anonymous

Figure out a better order for teaching the upper extremity such as going from the bones out to muscles then finishing with the nerves. That would lead to less comments such as you don't know this yet but this is where this goes etc. We learned the brachial plexus with no idea with where the muscles were which made it harder to figure out where things were running down the arm.

Anonymous

The organization needs to be changed. It is hard to learn about nerves and the muscles they innervate when we haven't learned the muscles yet. Or learning origins of muscles without knowing the bones and their features. It would be better to start from the bottom and work up.

Anonymous

know for a fact that the gross lab being closed the weekend before the fourth exam dramatically affected my grade, and I would argue that it may have even cost me a letter grade. The grade that I needed was attainable and I ownfeed very hard for I before the lab closure, but the pressure of the lab closure made it hard to study the material in a way that was conducive to my learning (i.e. I was trying to learn lab material before I fundamentally understood it). Also, even when the lab was supposed to be open, it was unexpectedly closed for extended periods of time. I understand that things come up and they must be dealt with, but logistically it did not work. Some learning objectives were not clearly communicated (e.g. origins anesitons" not being as important" for the fourth exam and then origins and insertions constituting a significant portion of the fourth lecture exam). Also, embryology should either be a real-life lecture or not in this block because I very ext to flagre out how it fils into everythina. Also, where is the course autication for Dr. Dougherty?

Anonymous

The lab situation was a hinderance of the last exam of the course. I understand that things do come up, but there were also times after the announcement that the lab closed for 5 hours at a time. Also, I don't see a course review for Dr. Dougherty.

Anonymous

It would be helpful to have more instructors in the lab who could help students identify structures. The many problems the MEB experienced were also inconvenient.

Anonymous

One issue that wasn't necessarily the professors' or medical school's fault was the limited time we had in the cadaver lab due to construction or maintenance of the VA. I know that this issue affected many students in the class. Overall, the course was structured and organized fairly well. I do believe Dr. Zill did a flatwess job from how his powerpoints were set up, the additional documents/tables that he provided us, and his overall willingness to help students. The thing that I thought was the most helpful and that should be implemented more not only in this course but in the entire curriculum is to connect the medical relevance/correlation to concepts. This not only helps the students retain the information better but also shows the relevance of each concept.

Anonymous

Anonymou

There were some inconveniences concerning scheduling of lab time. The lab was closed multiple times which made studying for the practicals difficult at

Anonymous

Next year, I suggest moving final block exam to Friday before Thanksgiving. Gives an extra weekend to students for rest and relaxation with family. Additionally, it may help to have Dr. Zill assist with material development across the board—not 100% in content, but the way he front loads material gives students plenty of time to review on their own, or with the help of faculty. The exams so far that were a majority of his material were the ones I felt most prepared for. He does a great job of investing in the students' success, whether it being individual, class, or small group reviews.

Anonymous

Make Dr. Grovers projects group based, non-graded assignments.

Anonymou

Exams were not always formatted the same with little errors in the setup (for the written exam). The aging material felt a bit out of place with this whole area of focus. The embryology section was also a confusion as it was added then removed then added back again; next time I would suggest sticking to a single option and not jumping back and forward so much.

Anonymou

There were only a few issues in this block, and they were all just in the scheduling of this block. For example, the last exam was scheduled on the Monday of thanksgiving week, however students were not able to use the weekend before the exam to study in the lab due to technical issues. Besides that, there were just a couple of days in which the schedules were lopsided, with very light days (in terms of amount of work) and very heavy days that maybe could be balanced. Overall, this course was very enjoyable.

Please rate the overall quality of this course/clerkship.

Grade Scale	Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation
Extremely Low - Extremely High	4.35	4.35	3.00	5.00	5	0.69