09/25/2018 - 10/26/2018

Performance Responses Comments							
18-19 MS1/MS2 Course Evaluation by Student - D&T I - FALL							2nd Year
Overall the course strengthened my knowledge and/or skills Grade Scale	in this content are Average	a Peer Average	Minimum	Maximum	Mode	Standard Deviation	
Strongly Disagree 1 - Strongly	4.39	4.39	1.00	5.00	4	0.65	
Agree 5	4.55	4.55	1.00	5.00	•	0.00	
Learning objectives for this course were clearly communical Grade Scale	ted Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation	
Strongly Disagree 1 - Strongly	4.36	4.36	2.00	5.00	5	0.72	
Agree 5	4.50	4.50	2.00	5.00	J	0.72	
The course assessment reflected the course content							
Grade Scale	Average 4.30	Peer Average 4.30	Minimum 1.00	Maximum 5.00	Mode 4	Standard Deviation 0.82	
Strongly Disagree 1 - Strongly Agree 5	4.30	4.30	1.00	5.00	4	0.82	
Course content reflected the stated learning objectives							
Grade Scale	Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation	
Strongly Disagree 1 - Strongly Agree 5	4.37	4.37	2.00	5.00	4	0.66	
Agree 5							
Course content emphasized the application of basic and/or	hehavioral science	concents to clinic	cal situations				
Grade Scale	Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation	
Strongly Disagree 1 - Strongly	4.35	4.35	2.00	5.00	4	0.64	
Agree 5							
The WBC Pathology lab helped me solidify my knowledge al Grade Scale	bout some of the W Average	BC diseases that Peer Average	I learned during Minimum	lecture. Maximum	Mode	Standard Deviation	
Strongly Disagree 1 - Strongly	4.08	4.08	1.00	5.00	5	1.08	
Agree 5							
The Ortho Video helped me review the anatomy, pathology a Grade Scale		pecific musculos Peer Average	keletal disorder Minimum	and to practice of Maximum	communicati Mode	on with a patient. Standard Deviation	
Strongly Disagree 1 - Strongly	Average 3.59	3.59	1.00	5.00	Mode 4	1.26	
Agree 5	3.39	3.38	1.00	5.00	4	1.20	



MDC751 - Diseases & Therapeutics I
Rot/Loc: MDC751 - Diseases & Therapeutics I / Marshall University School of Medicine

Times Evaluated: 82

09/25/2018 - 10/26/2018

Performance Responses Comments 18-19 MS1/MS2 Course Evaluation by Student - D&T I - FALL 2018 10/22/2018 2nd Year Strongly Disagree 1 - Strongly 3.59 3.59 1 00 5.00 1.26 Agree 5 Please provide comments about the strengths of this course. Text Response Anonymous This course was very well organized and very understanding of issues students were having. Anonymous coverage of high-yield topics and excellent organization of the block! nonymous ton was an amazing lecturer and block leader nonymous I greatly enjoyed the material covered for the second exam of the block. Well organized, well communicated, and fairly evaluated on the exam. Dr. Norton was an incredible block leader. She was always present to assist with any issues and really expressed care towards the students. She voiced opinions to other professors, addressed any issues we had quickly, and was always available for further explanation and darfication. Extremely approachable and made me feel comfortable to talk to her about issues. I with she was our block leader for the entire year. The independent learnings from the second test over transfusion medicine and edema were great. I loved the questions incorporated and the material flowed well. I felt like I had a good idea of what was expected of me I really enjoyed Dr. Cheung's FLIP learning approach to the ortho material. It helped when I went through and did the Kaplan questions, test questions, and also on the NBME exam. I also purchased the Robbins book this block and I think using it as a learning tool (as opposed to just powerpoints/notepackets) really helped me succeed in this block. is this a repeat question? The strength of the course is truly from Dr. Norton. She is one of the most organized block leaders, and she truly is a fantastic professor -- very high yield. Dr. Norton was FANTASTIC!!!!!! She worked very hard to keep us well informed throughout this block. The pathology-related sections were both engaging and informative. Anonymous NBME is an awesome step forward for the curriculum. Anonymous Dr. Norton was an excellent block leader. She was approachable, well-organized, and highly communicative. nonymous Overall well done. I think Dr. Norton showed that she truly cares about the well being of students, and catered to everything we asked for even if it was a lot to ask of her. nonymous The review sesions were very helpful. Also, it was really helpful that the last two independent learnings had questions spread throughout the notes. really liked the Cheung pre-lecture recordings and interactive case based learning/lectures. Dr. Norton is the best block leader ever! WBC lab was incredibly helpful for me to put together the material I had been studying. really liked this block, I feel like I learned so much in such a short period of time and I'm successfully completing Kaplan Step1 QBank questions on the topics. Anonymous adding the NBME was a really good idea to help prepare us for Step. Anonymous The block leader, projects, the attendance policy, NBME It hink the flipped classroom was a strength. It was helpful for getting several passes of the material that was emphasized during lecture and applied to cases. Flipping the two tests were helpful. It put a generally easier exam at the beginning and gave us a bit of a break while easing us into the first system block. It also put more complex material closer to the NBME which is helpful for having that knowledge on hand. Maybe, flipping it back to heme/onc first would be better for long term learning because the more complex topic would be spaced by two weeks and would need more review. Anonymous I thoroughly enjoyed this course. The lecturers were almost universally engaging which made material very easy to go through and review. Overall knowledge gained in the course dimemko mutombo of blocks Dr. norton is a great block leader Please provide constructive comments about opportunities for improvement. Grade Scale Text Response

The WBC pathology, massive amount of slides on derm and msk pathology was very overwhelming and not necessary. I learned more about WBC from outside resources than I did in lecture. Massive amounts of slides doesn't equal more amount/better quality material taught.

I'm pretty unhappy with how the MSK section went. I did not value the flipped classroom, but maybe I am alone in that sentiment. I felt that I had to teach most of Dr. Cheung's material to myself and I would have preferred to have had bone week before the derm material. Watching the videos for MSK took use lot of time and I felt like the case studies were not well representative of the material in the videos and frankly kind of a waste of time.

The WBC lab was helpful in that it solidified some clinical pictures. However, we did not go over the answers which was disappointing to me.

I did not like the independent learnings from the first exam. I would prefer to have had a lecture on vector borne illnesses over case studies.

I also would have liked lectures on the other diseases in addition to the quizzes. I think those topics are very important for step and they were not well addressed here.

Most of the NBME questions were fair though there were some that were from sections outside of MSK/derm/blood or things that were mentioned in the course

### Anonymous

None. Block leader did a wonderful job keeping everyone UTD and the NBME was a great exposure tool that, although made a lot of students apprehensive, I think will TRULY help us succeed come STEP 1 test day.

I didn't find the WBC pathology lab to be useful. Mainly, I found it disorganized and it was very difficult even with the extra people. I wish every single case had been gone over with the class as whole with the answer instead of the review session with breakdown. I also never got the point until after missing the question on the miniboard mast cells = basophils in circulation. It took me awhile to learn histiccyte = marophage in tissue but monocyte and macrophage can be used interchangeably but macrophage is not interchangeable with histiccyte. Overall, though, I feel like this course really prepared me well for step

Wowzers!! Let me just say, I am not one who complains about workload, but boy oh boy was it really piled on this block with the addition of the NBME everything felt rushed this block. It ended up slowing down nicely in time for our NBME but I have to say it was a crunch at the beginning of both the MSK and WBC weeks. We should consider taking out some of the content and focusing on more thoroughly teaching less material in this block.

ors could focus more on high yield subjects because the NBME scheduling and because the fact that we are taking NBMEs now

The MSK section (particularly the Ortho Video assignment) were less pleasant and difficult to follow due to minimal direction provided.

There are far too many emails sent out. I have at times missed very important emails due to the excessive amounts of emails from marshall students and staff, some of which only apply to a select group of people. Put someone in charge of daily bulletin. All emails that students or faculty want to send out to the entire class should be submitted to the bulletin before being sent out. Just a suggestion. Many many people are frustrated with the inundation of ema

I think there should be review sessions for the name that practice pattern recognition, similar to Dr. Dougherty's session. Include histology slides, x-rays

It is frustrating that the ortho videos have not yet been graded and it has been 16 days since it was due

Dr. Norton went above and beyond to keep all students informed about any changes that occurred throughout the block. All professors were beyond

# accommodating to student requests

The WBC lab was a bit daunting with 6 cases. I think 3 cases would be better and maybe give some guidance as what we should be looking for because I was very lost on what each blood cell type looks like, etc.

Ortho vid assignment is a good idea, could perhaps be a little longer in duration. It felt difficult to put everything I felt I needed to say in 90 seconds (I realize this would make grading more difficult - alternative would be to decrease number of required individual points

None, I really thought the block was good!

## Anonymous

1. I realize that learning to explain complicated medical concepts to lay people is an important skill for physicians, however, I don't feel that making a video is an accurate approximation of this skill (we have CCEs for this).

2. The MSK fectures were disorganized and not boards relevant, and the test questions for these lectures were in no way similar to the NBME or question banks. I wish the surgeons teaching this section would educate themselves on what is important to know for boards instead of teaching what they think is important.

This course had too much material for the allotted time. My goal is to retain information to do well on my upcoming STEP 1 examination. However, I was forced to cram without adequate time to actually LEARN. It takes at least one or two days more than we were given, without classes, to absorb the material per exam. I am not weak. I know medical school is difficult. However, forcing this much information into such a small amount of time does no one favors. Coming off of POD which is already exhausting, this block seemed ill planned and ill timed.

The block leader should not let professors have 170 slides for an hour block. Having the block leader present during these presentations and allowing so many slides is very disheartening as a student. As a practicing doctor, familiar with the topic, she may not have an appropriate understanding of how overwhelming the newly presented medical knowledge can be in such mass. The numerous independent studies were stuffed in like food down an already full throat.

There was not enough time to learn the topics of this block effectively. Too much material in a short amount of time

WBC pathology is tough. I appreciate it being given within the first week and I understand the intent behind the laboratory, but I think there are more effective methods of learning that material. Maybe this is overkill but presenting all of WBC path in one morning (or specifically all the eluckemias & lymphomas) and doing cases in groups half the size of the 12 groups in the afternoon might help. Another solution might per unning through some Robbins questions asking for relevant details from each question, polling answers & asking what details might be changed to lead to other answers.

The Ortho Video could be graded faster. It honestly hurt my rating of this assignment on number 7 because the importance of it feels somewhat marred when it hasn't been evaluated within a month of submission.

More integration of material prior to NBME. Did not feel well prepared

ent Study assignments listed on the curriculum map was very difficult to manage.

Please rate the ov	erall quality of	of this cours	e/clerkship.

Grade Scale	Average	Peer Average	Minimum	Maximum	Mode	Standard Deviation
Extremely Low - Extremely High	4.04	4.04	1.00	5.00	4	0.80