Year 3 Courses
College of Veterinary Medicine
Western University of Health Sciences

Orientation Week
- Financial and Practice Management - 1 Cr (on campus)
- Orientation Activities (on campus)

Small Animal Block
- Small Animal Mixed Practice I - 2 Cr (travel)
- Small Animal Mixed Practice II - 2 Cr (on campus)
- Small Animal Mixed Practice III - 2 Cr (travel)
- Small Animal Mixed Practice IV - 2Cr (travel)

Large Animal Block
- Livestock Practice I - 2 Cr (travel)
- Livestock Practice II - 2 Cr (travel)
- Equine Practice I - 2 Cr (travel)
- Equine Practice II - 2 Cr (travel)

Miscellaneous Block
- Diagnostic Laboratory & Pathology - 2 Cr (travel)
- Laboratory Animal Medicine & Research – 2 Cr (travel)
- Zoo Animal & Wildlife Medicine - 2 Cr (travel)
- Surgery & Anesthesia - 2 Cr (on campus-satellite site)

On-Campus Block
- Food & Feed Safety – 2 Cr (on campus)
- Global Animal Health – 2 Cr (on campus)
- Population Health & Production - 2 Cr (on campus)
- Veterinary Public Health – 2 Cr (on campus)
- Third Year Student Presentations – 1 Cr (on campus)

Appendix 6.2   Margaret C. Barr, DVM, PhD

Default Question Block

Year 3 Survey

This survey is designed to gather information regarding your developing knowledge and skills as you enter Year 3.

This survey is confidential and all data will be reported in aggregate for only.

If you have any questions regarding this survey, please contact Dr. Peggy Barr or Dr. Peggy Schmidt.

Please read the following statements in regards to your upcoming clinical courses and indicate the level at which each statement describes you.

	Not at all like me	Not much like me	Neutral	Somewhat like me	Just like me
I can confidently introduce myself to unfamiliar people at clinical sites.	○	○	○	○	○
I am comfortable answering direct questions from preceptors.	○	○	○	○	○
I am comfortable asking direct questions to a preceptor.	○	○	○	○	○
I am comfortable taking directions from technical support staff at clinical sites.	○	○	○	○	○
I feel confident in my ability to speak professionally with clients when directed by the preceptor.	○	○	○	○	○
I am comfortable seeking verbal and written feedback from preceptors and technical support staff.	○	○	○	○	○
I feel confident in my ability to direct my own learning by generating learning issues though patient or clinic interactions.	○	○	○	○	○

Margaret C. Barr, DVM, PhD

Please read the following statements about your knowledge and skills related to companion animals, i.e. **CATS AND DOGS,** and indicate the level at which each statement describes you.

	Not at all like me	Not much like me	Neutral	Somewhat like me	Just like me
I know how to work around these species safely.	○	○	○	○	○
I am able to take a comprehensive patient history using open ended questions.	○	○	○	○	○
I feel confident performing physical examinations in these species.	○	○	○	○	○
I feel confident that I can identify clinical problems when presented with a patient of these species.	○	○	○	○	○
I am able to localize clinical problems to one of the major body systems (i.e. cardiovascular, musculoskeletal, etc.)	○	○	○	○	○
I am able to formulate differential diagnoses for common presenting problems in these species.	○	○	○	○	○
I am comfortable selecting the appropriate diagnostic tests or procedures to prioritize my differential diagnoses.	○	○	○	○	○
I am able to choose a treatment plan based on my top differential diagnoses.	○	○	○	○	○
I am able to identify classes of drugs required to treat many common diseases in these species.	○	○	○	○	○
I am able to identify specific drugs required to treat many common diseases in these species.	○	○	○	○	○
I know how to quickly find information to help me solve a clinical problem in these species.	○	○	○	○	○
I am comfortable assessing patient outcomes in response to my treatment choices.	○	○	○	○	○

Appendix 6.2   Margaret C. Barr, DVM, PhD

Please read the following statements about your knowledge and skills related to **FOOD ANIMALS** and indicate the level at which each statement describes you.

	Not at all like me	Not much like me	Neutral	Somewhat like me	Just like me
I know how to work around these species safely.	○	○	○	○	○
I am able to take a comprehensive patient history using open ended questions.	○	○	○	○	○
I feel confident performing physical examinations in these species.	○	○	○	○	○
I feel confident that I can identify clinical problems when presented with a patient of these species.	○	○	○	○	○
I am able to localize clinical problems to one of the major body systems (i.e. cardiovascular, musculoskeletal, etc.)	○	○	○	○	○
I am able to formulate differential diagnoses for common presenting problems in these species.	○	○	○	○	○
I am comfortable selecting the appropriate diagnostic tests or procedures to prioritize my differential diagnoses.	○	○	○	○	○
I am able to choose a treatment plan based on my top differential diagnoses.	○	○	○	○	○
I am able to identify classes of drugs required to treat many common diseases in these species.	○	○	○	○	○
I am able to identify specific drugs required to treat many common diseases in these species.	○	○	○	○	○
I know how to quickly find information to help me solve a clinical problem in these species.	○	○	○	○	○
I am comfortable assessing patient outcomes in response to my treatment choices.	○	○	○	○	○

Appendix 6.2

Margaret C. Barr, DVM, PhD

Please read the following statements about your knowledge and skills related to **HORSES,** and
indicate the level at which each statement describes you.

	Not at all like me	Not much like me	Neutral	Somewhat like me	Just like me
I know how to work around this species safely.	○	○	○	○	○
I am able to take a comprehensive patient history using open ended questions.	○	○	○	○	○
I feel confident performing physical examinations in this species.	○	○	○	○	○
I feel confident that I can identify clinical problems when presented with a patient of this species.	○	○	○	○	○
I am able to localize clinical problems to one of the major body systems (i.e. cardiovascular, musculoskeletal, etc.)	○	○	○	○	○
I am able to formulate differential diagnoses for common presenting problems in this species.	○	○	○	○	○
I am comfortable selecting the appropriate diagnostic tests or procedures to prioritize my differential diagnoses.	○	○	○	○	○
I am able to choose a treatment plan based on my top differential diagnoses.	○	○	○	○	○
I am able to identify classes of drugs required to treat many common diseases in this species.	○	○	○	○	○
I am able to identify specific drugs required to treat many common diseases in this species.	○	○	○	○	○
I know how to quickly find information to help me solve a clinical problems in this species.	○	○	○	○	○
I am comfortable assessing patient outcomes in response to my treatment choices.	○	○	○	○	○

Year 3 Readiness Survey Executive Summary
College of Veterinary Medicine
Western University of Health Sciences

The class of DVM 2017 was administered a survey designed to explore their levels of self-confidence and ability with personal interactions and self-directed learning, as well as knowledge and skills related to the three major species groups (Companion Animal, Equine, and Food Animal) as they enter into their Year 3 curriculum.

Students were confident and comfortable with their interpersonal skills related to communicating with preceptors, support staff, and clients. Gender had little role in student reported confidence and comfort in this area. Statistical gender differences in likelihood of a positive response were present in one general statement. Male students were more likely to respond in a positive manner to "I am comfortable asking direct questions to a preceptor" than female students.

High levels of overall confidence were related to patient handling, history and physical exam performance, identifying and localizing problems, and finding information to solve clinical problems. The lowest reported confidence levels were related to identifying specific drugs or classes of drugs for any of the three species groups. Students had statistically higher levels of confidence in knowledge and skills related to Companion Animals compared to Equine and/or Food Animals in all other survey areas.

Clinical Skills Course cumulative GPA had a statistically significant difference in the likelihood of a positive response in two statements related to performing physical exams and localizing clinical problems to one of the major body systems (higher GPA more likely to respond in a positive manner). Male students were also more likely to respond in a positive manner for localizing clinical problems compared to female students.

Participation in the Modified PBL groups during Block 8 of the VBS course *(see Appendix 6.3)* had no statistical effect on the likelihood of a positive response for general statements related to self-confidence and ability with personal interactions and self-directed learning. One species specific area of knowledge and skills did have a statistical difference between Modified and Normal PBL groups in Block 8. Modified PBL students were less likely to respond in a positive manner for the statement "I feel confident performing physical examinations in these species."

Pilot Program – Primary Clinician Role for Year 2 PBL Students
College of Veterinary Medicine
Western University of Health Sciences

This program was developed to test an approach to improving readiness of students to transition from preclinical (Years 1 & 2) to clinical (Years 3 & 4) phases of the curriculum. The study looks at the use of a new role for Year 2 students in PBL group designed to prepare students for clinical experiences and interactions with preceptors. Preceptors sometimes worry about gaps in knowledge and dislike when students are too quick to just say "I'll look it up." This program is designed to help students gain confidence in their ability to identify and localize problems, list differential diagnoses, and formulate diagnostic and treatment plans. One student in a PBL group is designated as the "primary clinician" each week. The primary clinician is responsible for taking the lead with the case and verbalizing their thought process as they work through the case, before other students contribute to the discussion. This forces early participation from some students who would naturally wait for their classmates to take the lead, and it simulates an environment that is closer to the student-preceptor interactions that may occur in third and fourth year courses. The pilot program consisted of 5 PBL groups (out of 15 groups) testing out the process for a single 8-week Block. Feedback was obtained from the PBL facilitators for the groups and from the students participating in the groups (questions below). In addition, we compared Year 3 Readiness survey data from students in those groups to data from students in the remaining groups to see if these students had a different perception of their readiness for third year as compared to their classmates (see Appendix 6.3).

Open-ended questions and examples of responses from pilot PBL group members

1. How did acting as the Primary Clinician affect your learning during the week that you had that role?
Pros:
- Learned more, were held more accountable
- Experienced how to improve in physio knowledge
- Feel like they are more able to prepare for next year
- Didn't take too much time to prep as the primary clinician, enjoyed the practice for next year
- Like making a plan
- Motivated to study the topics because of clinical relevance
- Increased retention because they needed to "defend" knowledge in front of other students
- Helped students identify and study topics of clinical relevance (diagnostics, treatment, MOA of drugs, etc)

Cons:
- Not enough time to look up a valid treatment plan and work on your assigned LI
- A lot more work for student who was Primary Clinician for the week (one student described falling behind on studying other LI's for the week)
- Concerns about studying more clinical topics that wouldn't be on exam versus basic science topics that would be on exam (students suggested having a Clinician of the Day rather than for the week due to extra work)

2. How did having another student act as the Primary Clinician affect your learning during the weeks that you did not take on that role?
Pros:
- Sometimes we were happy not having the primary clinician role

- Good to compare ideas on what you would say (in your head) and what the primary clinician says
- Helped them learn how to localize each problem by following their peer's presentation and discussions
- Helped practice clinically-oriented approach without being on the spot
- Good to follow another student approaching the case clinically, rather than faculty, because they can relate better to the student's thought process
- Pace was better with student than with faculty, who has much more experience and may go too quickly
- Did NOT feel under pressure; did learn from the process
- Repetition of clinical approach by each student in different weeks aided learning process

Cons:
- Hindered the conversation a little when you have ideas and not able to be the primary clinician
- Harder to pay attention all the time, when clinical discussions were extensive

3. Did taking the lead as Primary Clinician influence how you feel about Year 3? Will you make changes in how you prepare for Year 3 because of this role?
Pros:
- May look beyond pathophysiology and more into the disease process in its entirety
- Helped a little but need more time to look up tx plan vs LI
- Yes! Feel better prepared to localize problems and think clinically on future cases
- Started to look into most common localizations and differential diagnoses for typical presentations, so they were better prepared for 3rd year
- Reviewed past PBL cases using "Primary Clinician" approach

Cons:
- Yes, it freaked them out!

4. Was this role useful or helpful to you in other ways? How?
YES!
Helps you manage time to study and prepare for defending your treatment plan
- Clinical approach obtained in this PBL method was applicable to other scenarios not only in small or large animal, but also in clinical skills and other courses
- Being able to focus on what matters clinically, since there is way too much knowledge to study
- More confident in localizing problems and listing differentials, even though they have never seen the disease before
- Localizing anatomically and/or mechanistically helped them into providing relevant differentials without the need to memorize ddx lists for each sign
- Learning how to think mechanistically was very helpful to cement basic knowledge

5. Would you recommend that all Year 2 PBL groups use this role in future years? If so, in which blocks?
- All of year two and maybe the last block of year one
- Block 7 and 8
- Introducing the approach on block 7
- Starting on block 6 until 8
- Some students did NOT recommend starting on block 5 because the beginning of 2nd year is stressful due to other commitments (clubs was the most frequently reported activity).