

WCUCOM Course Evaluation
May 2013
Course: OMS 7152 OP&P II

1. Grades and feedback were delivered within:
 - a. Less than one week
 - b. 1 – 2 weeks
 - c. 3 – 4 weeks
 - d. More than 4 weeks

1 = Strongly disagree

2 = Disagree

3 = Somewhat agree

4 = Agree

5 = Strongly agree

2. Opportunities were given for questions to be asked during class.
3. Supplemental materials (e.g. books, videos, ETC) for this course were available at the WCU library.
4. The COM-provided electronic textbook collection provided adequate resource material for the course.
5. The course had adequate number of instructors for the LECTURE portion.
6. The course had an adequate number of instructors for the LAB portion, if a lab accompanied the course.
7. The course material was presented clearly.
8. The course met the objectives as stated in the syllabus.
9. The course syllabus clearly stated the expected goals/objectives competencies for the course.
10. The course was presented in a well-organized fashion.
11. The examinations reflected the material covered in the course.
12. The grading criteria for the course were clearly outlined in the syllabus.
13. The relevance of the material to the practice of Osteopathic Medicine was clearly explained.
14. The teaching/learning aids/materials used in this course enhanced my understanding of the material.
15. There was sufficient time allotted to cover the material in the course.
16. This course encouraged me to think clearly and critically about the subject material.
17. Please share additional comments:

SPRING 2013 - OMS 7152 Osteopathic Principles and Practices I
Course Evaluation - Standard Item Analysis Report

Item No	Total Group%	Upper27%	Lower27%	Point Biserial	(1 Point) A_Freq%	(2 Points) B_Freq%	(3 Points) C_Freq%	(4 Points) D_Freq%	(5 Points) E_Freq%
1	9.78	16	0	0.19	9	53	20	6	4
2	36.96	84	4	0.63	4	5	23	23	34
3	9.78	36	0	0.61	11	15	39	10	9
4	21.74	60	0	0.68	10	14	22	25	20
5	56.52	92	4	0.58	2	2	7	29	52
6	20.65	44	4	0.52	10	14	24	25	19
7	16.3	60	0	0.72	1	7	26	43	15
8	31.52	76	0	0.66	2	1	12	47	29
9	40.22	88	0	0.77	2	5	7	40	37
10	18.48	56	0	0.63	7	2	36	29	17
11	22.83	60	4	0.62	7	12	24	28	21
12	34.78	80	0	0.72	4	5	22	28	32
13	39.13	80	4	0.63	1	2	15	38	36
14	22.83	68	0	0.75	4	3	27	37	21
15	21.74	56	8	0.54	7	7	28	30	20
16	34.78	76	4	0.64	3	3	23	30	32

Total Responses	Mean Score	Standard Deviation	Range
92	2.38	0.91	1 to 5
89	3.88	1.12	1 to 5
84	2.89	1.11	1 to 5
91	3.34	1.28	1 to 5
92	4.38	0.88	1 to 5
92	3.32	1.26	1 to 5
92	3.70	0.87	1 to 5
91	4.10	0.83	1 to 5
91	4.15	0.94	1 to 5
91	3.52	1.06	1 to 5
92	3.48	1.19	1 to 5
91	3.87	1.09	1 to 5
92	4.15	0.85	1 to 5
92	3.74	0.99	1 to 5
92	3.53	1.14	1 to 5
91	3.93	1.01	1 to 5

OMS 7152 OP&P II-Course Evaluations

May 7, 2013

-There seemed to be a drastic change from first to second semester in the style of testing for both the CSA and the written exam. This was not clearly stated at the beginning of the 2nd semester. Student comments made to the professors appeared to be disregarded and this effected student morale. Due to the lack of communication from the professors regarding testing and expectations, this semester has made me dislike the practice of OMT and I do not want to have anything to do with it after Medical School. The written exams were said to be COMLEX style, but were too subjective and poorly written. I through Turning Point was a "learning tool," not a grading tool. 10% of our grade was based on quizzes in class. Quizzes seem to be a poor assessment idea. It would be nice if an exam block ended two weeks before the CSA and written. Every block, the last week of material felt very rushed and not properly understood. This was very frustrating with the Sacral Techniques.

- Lab time is not spent well, there is too much down time and not enough professor contact. Less time in the lab with less students (like when we did Clinical HVLA) should be how lab is every week. Lab time is also wasted going over the same thing that was just talked about in lecture. Lab should be only technique, not time wasted on theory.

Exams are too focused on anatomy and physiology. It is understandable that we need to know it is all related, but less emphasis is being given on OMT and more is given on anatomy. Students are talking during graded quizzes.

Not enough structure during quiz time-if it is actually a grade the professors should spread out and not just sit in the back together. Too much class time is wasted on personal anecdotal stories. It does not enhance the learning and takes away from the time needed to be spent on the material. Us knowing who the professors worked with in their career is irrelevant in most cases. Give us a bio in the beginning of the year, then be done with it. We need to be able to discuss quiz questions either during the quiz or after. This helps with learning why you got the answer wrong so you will not get it wrong the next time, especially because those questions aren't available to us again after that class period.

Too much of the year was spend in counter strain. If we need to learn all of that, break it up a little so we don't spend 4 solid months on it. Some professors are not prepared for lab or proctoring the exams. They should know the techniques better than I do it they are teaching/judging me on my technique.

Test grades are not fair. They are set up now that unless you are PERFECT, you can't get an A on the practical. If there is going to be a range of grades, just grade us with a point system like normal grades so instead of an 85%, you can get a 95% or 90% when you get one tiny thing wrong.

Lecture powerpoints should be available at least 2 hours before class. No one will "Try" the techniques before class, and it helps to have the material to take notes and glance at before lecture.

- The faculty developed a grading system for this semester using additional grades between 70%

and 100 for the CSSA. It was changed so grades could actively reflect the skill and preparation of the students. The problem is still the same. Grades depend more on the faculty you are paired with on the CSA day, not how prepared one is for the CSA. Certain doctor's obviously know and practice OP&P, therefore their grading a student based on that knowledge. Last semester, if a student performed all tasks asked in a CSA with little prompting, the students received a 100 on the CSA. This averaged to a 15% of the block grade with a written test that is used to separate the grades out. A simple analogy would express the concern I have best. If you were preparing for an oral exam on the internal structure and functions of Eukaryotic cells. On the day of the test, you show up and are "randomly" assigned a proctor to give the exam. Teacher A is a middle school biology teacher. Second is a college level master's teaching assistant, and the third is a PhD cell physiologist who edits "Inside the cell" peer reviewed journal. Now there will be students who make a 100 with the master's assistant and would fail with the PhD. Students failing the PhD's exam might pass the middle teacher's exam. I hope you understand my criticism. Just as a note, I made a 100% on all CSA and As on all written exams, so this is not the ramblings of a disgruntled student.

-This course should be split into smaller, shorter labs. The test should be fair and consistent. There is no need to spend 2 ½ hours on diagnosing and only 30 minutes on technique. Labs should be video taped. We spend a lot of wasted time going over simple material and very little time on important things. The faculty needs to be more together, they are very disorganized.

- Overall I enjoyed this class and I believe one of our school's greatest strengths is our OPP department. They really know their stuff. However, lab sessions were frequently disorganized, rushed, and I often left feeling confused and frustrated. Cervical HVLA day was awesome due to the more intimate student-teacher interaction. I guess it isn't practical to do this every week, but something needs to change IMO.

- Competition between top instructors tends to disrupt the class and confuse students. Practice tests are not available.

- We need access to a skeleton outside of class. Videos of some of the manipulations, especially those that prove most difficult, or those with multiple set-up steps, would be very helpful.

- Sometimes the professors show up late to class (8:10-8:20) when they tell us to be in class at 8 or we will miss the quiz.

- I think lab time could be more effective. Some of the time in the lab is spend waiting around for the next topic. I think what is currently taught in 3 hours can be easily explained in 3 hours.

- Many of the labs could have been covered in far less time if we had stayed on point. The small groups for cervical HVLA were very helpful and much more productive. You should consider doing more of those.

- The formative assessments are great; however, quizzing for a grade on material that has not been addressed in lecture and lab is not as beneficial. These are different types of learners and the kinesthetic portion of lab is vital to some peoples understanding. Please consider formative quizzes based on material only from a week before allowing integration with lab also. I think grading these is appropriate to encourage students to take it seriously, just allow us proper amount of time and resources to learn the material. The COMLEX style exams are a big plus.

- The course structure flowed relatively well.

- I like the fact that instructors wrote tests in a COMLEX style format. However, I disagree with the fact that with linked questions if you miss the first question in the set you automatically miss the next question (s). This is an unfair deduction of points and is not a true representation of my OPP knowledge.

- There should be an N/A option for the evaluations. Thanks for not having these surveys on test day. No one likes the electronic textbooks. Most of us end up buying hard copies anyway. I would like to see Dr. Jones on stage for lab more.

- Dr. Jones is the man! That being said, it would be nice if we had smaller groups in lab.

-It'd be nice if the teachers in lab would take less time talking to each other and more time being helpful. I spent a lot of time watching Margaitis and Jones converse waiting for help. The tests are starting to be more about tricking us than testing learned information. I cannot emphasize how subjective CSAs are. I was never timed with the proctors I got- but friends had to retest because they ran out of time (and no other criteria).

- The biggest issue is consistency on the grading of the Clinical Skills Assessment. There is far too much difference from instructor to instructor. It needs to be as fair and objective as possible.

- Ok Course. In comparison to OPP I, the schedule was much more rigorous. There was a lot of redundancy that was unnecessary and often cut into time needed for learning new concepts. Lab time was VERY inefficient, leading to frustration when not enough time is given to each partner to practice a technique.

-The electronic quizzes should not count towards the final grade. It is much harder to work out a question in your head and put down an answer without being able to go back over the answers. The textbook is terrible.

- The book for this class was bad. It doesn't even cover the material we cover in class and was useless when trying to learn more about the manipulations we were expected to know. If I followed the book instructions and explanations we would have failed the CSA portion of our exams. This course presented material in one way, drilled it into our heads that this was the way things were to be done, then exams presented the material in a completely atypical, backwards, way. If we are expected to do and record things in one way, it makes no sense why the clinical would be different on the test. Last week we had a 1.5 hour lab. The feelings of this smaller group, shorter time, were very positive. The room was quieter,

and the professors were actually accessible. Two 1.5 hour sessions a week would be a lot better than how things are now.

- Stop showing up to class LATE! Tardiness is unprofessional and it messes up the schedule for the day. When the teachers are late, the class gets held past the end time into OUR time. Once class runs over, our minds shut off and we miss vital information. Keep the quizzes going. They forced me to stay on top of the material, but do not go overboard on them. For instance, do not schedule them on heavy exam weeks, because we will not study for them and the results will be skewed. Please continue trying to standardize the way each teacher grades their CSA, because there are still too many differences. I prefer the hour and a half labs, because there is more teacher interaction and it only teaches the important stuff. Lab is for technique learning, NOT story time so please stop wasting time with stories and lecture material.

- In lab there seems to be a lot of wasted time on certain weeks. Instead of getting out early there are just more stories told or we start later. There was a big change in information on the tests. Test 1 was mainly anatomy, so I changed my study focus for Test 2, which ended up being a completely different style test.

- We spend too much time sitting around in lab. Splitting the class into half allowing more one on one instruction was very beneficial. If we were able to do that more often I don't think we would have as much time sitting in the lab doing nothing.

- Dr. Jones has great stories, but he tends to stray from the point of a lesson. On stage, while demonstrating techniques, he loses some students that are trying to follow hand placement because of being too wordy. We want him to do the technique before telling us all of the interesting side notes/stories. We do love hearing all of that- just separate it.

- Some instructors are more critical than others during OPP CSAs, s basically we all know that our passing or failing a CSA depends mainly on which proctor you get. This is unfair when some students get "easy" proctors every time.

- This class overall was the most organized. However, every professor expects something different during the CSAs. This doesn't help when you have learned to diagnose one way, and the person testing you wants it done another way. This isn't very consistent and it isn't helping. Please agree on one way to do a technique, and maybe one other different way to do it. Maybe include some PBC in the future.

- I loved our cervical HVLA lab. It was really nice to have less people in lab with more instructors per person. Having a 1.5 hour lab was fantastic. I felt like I learned more and was still mentally fresh enough after the lab so I could study. It would be nice to get our grades back sooner. I do realize that CSA grades are evaluated as a group and that takes more time, but it would be nice to not wait so long.

- I really enjoy this class. It is probably the best class we have here. My only issue with this class is that we never start on time.

- This semester's exams reflect the depth in which I need to know the material. Thank you. I feel better about the COMLEX.

-The textbook is not helpful. This class is too long. The class time can be cut down and still cover the material needed.

-This course needs more professors during the lab sessions as students seem to be scrambling to get a professor. Also, some professors in the lab have absolutely NO IDEA what is going on and when you ask them how to do a procedure, they read the powerpoint to you which doesn't help the students. Also, the biggest thing is how much chatter the professors say while in the lab. We could finish lab in 2 hours max if the professors just taught the material instead of telling us useless anecdotes. We spend a lot of time in the lab listening to stories and not doing procedures. Sometimes it's the same stories repeated. The lab needs better structuring.

-Subjectivity in the CSA testing needs to be addressed. Depending on the random lottery of who you get, you could easily wind up with variance in your experience and your grade, even though all professors are professional and approachable some are a lot stricter than others.

- On many days it seemed as if much time was wasted in class just for the purpose of ensuring we remained in class for the time duration for lab. Repetition is good, especially in OP&P, but I am not referring to those times when we are practicing technique, but instead those times when stories are being told or when a professor is interjecting into the lecture to repeat an idea that has already been addressed by at least two instructors already. Different points of view are good, but maybe on those days when the material to be covered is not so in depth we could divide these classes into smaller 1.5 hour groups or shorten the time frame. Being in lab for the sake of being in lab is not productive.

- Posting powerpoints ahead of time would allow student to take notes on the powerpoint and integrate with material presented by lecture/lab. Lab has a lot of repeated material. Too long, most days could have been done in 1-1.5 hours of lab.

- The textbook used for the course is not adequate. It also does not include some materials that are covered in class. The techniques in the book also are extremely simplistic with subpar guides.

- This class is great about integrating anatomy, and I really like that formative assessment questions are in the COMLEX format so that we are learning to think in the way the questions will be asked on COMLEX. The ONLY complaint I have is the grading system. It seems to favor those who, in previous semesters, would have failed CSAs and punish those of us who try hard. If we make the little mistake on a CSA, we automatically make a 85%, but someone can fail and subsequently retest and make 80%. It's ridiculous that the difference between making 1 small mistake and complete failure is 5%! At least give us the chance to make an "A" if we make a minor mistake.

- I understand and even appreciate the quizzes we have in class, however having receiving them constantly and they covered material not yet covered took an unnecessary amount of time to prepare for, that put us at a disadvantage in other classes. Also, the fact that we, on many occasions, would

spend the entire lecture time on a 10 questions quiz was ridiculous and wasted time. When we got to the SI and IS portions of the class our learning was completely from the quizzes and was never properly lectured on in class. These quizzes, while possibly helpful, are currently too disorganized to be beneficial. When it comes to lecture and exams: Lecture is spent telling stories or non-important information. Multiple times, we have been held over in class time due to wasted lecture time by the professor. Exams became more and more difficult with horrible wording and lack of clarity. I have gone online and researched COMLEX OMT exam questions which are presented simply and straight forward. Tests now are a guessing game as to what is being asked and feel like the writer is just trying to prove their intelligence. CSAs are completely subjective. I have heard some professors allow extra time if they are interrupted too much, while others will spend the entire time lecturing and fail a student after they wasted their time.

- As an Osteopathic Medical School, I think the course should be offered more frequently than once a week. With lab time being shortened to 2 hours is there any way to add another lab session, thus OPP would be one hour lecture, 2 hour lab, and 2 hour lab/lecture review each week. The structure of lab could be more efficient as we learned when we broke the class into 4 smaller sessions of 1.5 hours. The availability of professors for Q/A and the hands-on practice were unmatched from our usual 3 hour lab sessions. Perhaps lecture could be multiple times each week to cover the material and then lab can focus on technique and practice of such. The quizzes were an appreciated added feature as it forced me to stay on top of material. However, the exams were not necessarily reflective of the quizzes and much more emphasis on anatomy and working connections was tested than alluded to. With a variety of professors, I think it would be beneficial for staff to meet and get all on the same page for technique and treatment prior to the CSA. Dr. Sloan teaches one way, Margaitis another, Jones a 3rd, and now Rau a 4th. Depending on who your proctors your CSA, you are at the mercy of the subjectivity. It is confusing at times to not have a textbook or reference source that aligns with lecture/lab.

- Fantastic doctors/instructors which is a direct correlation to fantastic Course Director. It is a privilege to learn under Dr. Jones. My only critique would be to stop the redundancy in lecture that leads in to lab. I believe that would reduce lab time and would become more technique focused COMLEX style questions are extremely helpful.

- The textbook is outdated and often contradicts what is taught in class. Lab time is a gross waste of time which, in my opinion, will not be fixed by simply cutting the time from 3 hours to 2 hours. I say that because there are some days in lab that truly require the full 3 hours. The problem arises on days when the material is fairly straight forward. There have been any times when lab could have been concluded in 2 hours or less, but the staff is so set on spending the entire allotted time that the lecture/practice is interspersed with "filler" in the form of unnecessary breaks, story time, and even standing around. Dr. Jones constantly talks about how busy we are as med students, yet the faculty still continues to keep us in lab longer than necessary on most days. The third hour of lab should be available next semester, but only on an "if necessary" basis. The tests are often poorly written and worded in a way that doesn't make clear the question that is being asked. This happened because the questions writers put so much emphasis on trying to be tricky that the question becomes unnecessarily hard to interpret/answer. This

class contains the most straight- forward material in the curriculum, yet it is the most difficult to study for because of the reasons stated above, and I feel like that is not necessary.

- All in all, OPP is a very well structures course. I think the big review needs to be of the grading system which seemed roughly displayed. Another thing, with all of the focus on anatomy questions being tested; it would be appropriate and beneficial to students (to be all under same resources) that there be a ppt. available to review in regards to each subject matter. That way it really helps the learning process rather than hinder with discouragement.

- The exams did not adequately reflect all the material covered in each block in a balanced fashion. For example, block 1 exam was almost exclusively anatomy without any or almost no questions about all the general test that were covered in the block (and there were many).

- I had a problem with the quizzes, do not feel that they helped me learn the material. They seemed demotivational. The CSAs were very objective to the professor testing. Meaning there is no basic formula to test each individual. Would prefer to have my CSA video taped so I could see my errors. The lectures need to be posted prior to the class so I could have it downloaded and reviewed it. It often takes a long time for the powerpoints to be uploaded and causes me not to organize information for quizzes and exams.

The powerpoints are not sufficient outline of the info needed for exam. Often test questions ask about anatomy material and put all of anatomy book chapters on lower extremity. Would be helpful if they structure material better and actually presented what they want us to know.

Quiz question types exam question that Dr. Margaitis wrote seem to actually test on material. You can actually tell who wrote which questions. Some professors use poorly worded or convoluted questions as a way to make exams harder this is not helping learn the material . This is flawed logic to prepare us for Boards. Please have Dr. Margaitis proof read the questions to see if they are Board style.

Did like break ½ the morning up, and ½ the afternoon classes up. It was more one on one instruction and to the point. Got more out of the class as in cervical HVLA.

Dr. Rau presented material directly and underlined key concepts. Was helpful in to getting and knowing the important information many lectures are convoluted and not organized, and poorly presented on what is needed to know. Prefer to have a OMS-Study book online.

Quiz for grade was a horrible experience. Does not prepare us for Boards. The setting, 100 other students with a remote, is not the type of environment Boards will test us. This logic is flawed.

- It took weeks for us to get our CSA grades back! We were told they were “busy”; however we are very busy. Yet we were prepared for the test. It shouldn’t take this much time to get grades to us. I loved the way we did lab for Cervical HVLA. The small groups for 1.5 hours worked GREAT I learned more than ever. It was great to have one on one time with the professors, and it really helped my progress. Also, a lot of times, there is a ton of wasted lab time with too much diagnosis practicing, etc. I feel like they stretch lab sometimes just to keep us in there. Also, on

our first quiz for a grade, we were notified at 10:00 P.M. the night before. They fixed this and didn't count it, but it was still pretty ridiculous. The quizzes count for too much. Also, I hate the CSA grading sheet. Different professors have different ways of grading (some keep time, some don't etc.) I love Dr. Sloan as a teacher, but it seems like it has been pretty disorganized since he took over as course director.

- There was a lot of repeat in lab and lecture. While repeat can be used effectively, it was too close to the original material and it only rushed the lab and diminished the time to practice. The CSA guidelines were loose to interpretation, and while the results were reviewed, it appeared as if something acceptable to one professor wasn't worth writing down to another. A 15% drop in lab grade is too much for subjective items. Slides were inconsistent and points were taken off in labs that were not apparent. Some exam questions to be straight anatomy questions and did not integrate OPP. Seemed questions also asked some anatomy that was not said in Anatomy and OPP.
- The CSAs are very subjective. Not all faculty evaluate the students the same. The quizzes for a grade were not helpful for the exam nor did they aid in better prep for the exam or learning the material. The focus of the quizzes for every other course for a grade had been more demotivational than aiding in learning the material. The book for this course is present however, is like reading a computer programming book which was not helpful in learning that material at first. It would have been more helpful to have a study aid book online. Anything said to the instructor about course or exam caused them to get very defensive, making faculty very unapproachable for the course. The exams were not preparing us for the Boards. Based on the self-exam question bank for OPP by a reputable company, the exam questions were not preparing. Someone other than one faculty needs to proofread exams.
- OPP syllabus was initially distributed the day before the 1st class leaving time for the student to review. CSA exams are evaluated very subjectively and no rationales have been provided to students about variance off grades (i.e. random assignment to poor performing student =100%. Random item of different difficulty level assignment to strong performing student= 70%) The grading remains subjective despite more rigorous grading rubric. Textbook is only partially helpful. We were instructed to read textbook as it pertains to theory of OPP and ignore procedural progress. If so, why assign these pages. Make some if there is deviation from the text, then it is announced in class and emphasized to the student which version should be learned.

In general, most OPP lecturers can't get to class on time despite students being held to a rigorous attendance policy as well as emails about professionalism etc. There is so much wasted time and this material can be consolidated into a more efficient time frame. Attendance role is occasionally passed around 5 minutes before class ends making it difficult/impossible to document our attendance (especially in a course that penalizes your grade based on attendance). Why would you schedule the most difficult non-intuitive material (as admitted by faculty) during a time when the entire faculty is away in FL for conference and not available for student questions.

- I think the biggest critique I have for this course is the lack of consistency among the professors and with the textbook. For lecture, I really liked the quizzes. While they were a pain to study for during exam time, they have definitely kept me studying instead of cramming so I definitely recommend keeping those for next year. I'm sure that the intent behind warnings is legitimate, but as a good student with a B/A, I didn't like getting the constant lecture about being on time when professors are constantly late did not set a good example. After the first announcement about how being tardy is not an excuse to make up quiz questions, the 10+ announcements afterward were unnecessary.

For lab, I have a few suggestions for making lab more efficient and helpful. First, the 1.5 hour Cervical HVLA session was amazing! I thought the info was conveyed quickly and efficiently so I could learn the material and there were enough faculty to get around and help everyone. I feel during the normal 3 hour sessions there is A Lot of time wasted. One day we didn't start lab until 9:30, and then Dr. Jones was forced to speed up his last part. That not only is unhelpful but unsafe because you are asking us to try techniques without actually teaching us how to do them. This is a constant fault in the last hour of ever lab session. The first two hours are incredibly slow and inefficient while the last hour is fast and useless. I take notes all the time in lab and consistently stop taking notes the last hour because there is not enough time between techniques to actually learn anything.

Also, the variances in technique among professors needs to be accounted for during the CSA. I feel that no technique should be done unless the student and patient is comfortable, so forcing me to do a technique in a position that I do not like when I know there is a better way is frustrating especially when the reason I get is "It's not how we taught you." This point also highlights the HUGE discrepancies between lab and lecture and the textbooks. I have constantly been told to read the book, yet there are at least 25 things different between anatomy and techniques that I am apparently supposed to ignore because that's "not what we taught you." If there is one thing that needs to be fixed in this class, every professor and resource is conflicting making it incredibly hard to learn.

- I think that all of our classes in medical, the instructors for OPP have the most knowledge and experience. However, many times especially for the CSA, the instructors will give conflicting information and the grading is highly subjective. In addition, the lab time is too lengthy and the 1 hour lecture is usually pointless because Dr. Jones talks incessantly. I think he is a great instructor, but we could cover the material in an hour and half without his pointless and often unrelated tangents. Plus, the first 30 minutes are usually wasted due to technical difficulty. Perhaps faculty could arrive earlier to ensure lecture time is not wasted.

- Faculty is not always open to questions, which discourages thinking critically and clearly about subject material.

Subject material. Questions have been chastised and/or put on the spot by faculty are unprofessional and do not set a good examples to up and coming physicians in training. We're here to learn after all.

-A more detailed CSA sheet for professors would be welcome. Currently, passing seems like the luck of the draw. Y'all claim that you use your current textbook to show us the diverse styles of treatment, which I'd be fine with if it was reflected on in the test. Last exam on how our hands should be placed in relation to TP was hammered I class and completely disregarded on exam (we were never even told it didn't matter). No wonder the test grades are going down, we don't understand what you want.

- I would like to see a more efficient use of time in class and lab. There is so much time either starting class or lab late which results in rushing through the lab time. I would to see more faculty in the lab to improve the student-student ratio. Since the class only meets for one day per week, it is important that students have the opportunity to maximize their time practicing the techniques under the supervision and guidance of trained professionals.

- Grading: Would appreciate feedback on CSA no matter score. Don't like how 100 still get no suggestions. We are all still learning and could use some goal on what to improve, even if it is awkwardness! Just something!

Exams: Feel like written could focus on techniques we learn instead of minute details. Should at least have majority OPP technique questions. This is not Anatomy or Physiology. That's important, but should not be the focus of the exam.

Lab: Enough professors, but a lot of teachers go to same people every time (Not same tables in groups). They literally follow favorites across the room. Don't like having to fight to get faculty that is assigned to my area. Maybe consider changing way split up so this doesn't occur. I have my favorite professor but try to be respectful of assignments. Should state which days shorts are to be worn for females. It's too cold to always wear them and takes time to shave.

General: Feel like we should be able to have copies of everything including the quiz because some people need more time to think and internalize this subject. We don't all learn the same and sometimes feel like OPP forgets this.

Videos: Would be useful to have access to videos of techniques to fully comprehend parts not written out on slides.

- The faculty have designed this course in efforts to strengthen our abilities in Osteopathic Manipulative Treatment. Please, allow the D.O.s whom are very well trained, experiences, and knowledgeable in Osteopathic Medicine to design our course in learning. In other words, our faculty are considered to be some of the most well respected in our nation. The faculty must design this course, so please allow them the ability. We are students NEED their wisdom.

- Teach counterstrain later. Nobody takes it seriously. Teach muscle energy first so that we understand barriers better, counterstrain teaches us to memorize positions of pt/physician instead of thinking Osteopathically. I like counterstrain but I want to have better Palpation skills and barrier finding skills and better study skills before tackling counterstrain. Also, can you please bring in the science faculty into the principles lectures? It makes OPP sound less “out there” when if you have someone like McWhorter or Legradi talk about the Neuro stuff and Taylor or Porter talk about respiratory-circulatory and gamma for example. The science faculty needs to attend all physiology lectures and be aware what is being taught in OPP. Especially Anatomy, especially physiology, especially immune/biochem. Also, this year’s textbooks are not as good as what they second year’s are.
- Our most recent lab session required that morning and afternoon groups be further broken down into 2 groups, each in lab for 90 minutes session. I felt the smaller groups were more beneficial to my understanding than our standard large groups in lab for 3 hours.
- The worksheets assigned for homework should be included in the participation grade because although the quizzes are helpful in preparation for exams, sometimes the participation grade shouldn’t bring grades down, we should have a mixture of quizzes and worksheets that count. The day the class was split into ½ to facilitate Cervical HVLA was very efficient because the teachers were more readily available and it seemed time was not wasted on tangent topics.
- The weekly quizzes were helpful, but they count too much toward the average grade, especially when it is before we have been taught the material. Need more time with faculty to practice treatment and diagnosis. Round Robin is a good idea.
- Pleased with this course overall. My only request is to have online access to video demonstrations of techniques during study time.
- In one lab session (rib muscle energy) the faculty had us go through positioning motions as they were lecturing with one student operating and the student as the patient (and then we switched and repeated that portion of the material). This was the best learning experience in OPP I experienced this semester. I would recommend that this teaching model be used more often.
- If we quizzed less and taught more we could cover material faster. The quizzes take up too much time.
- I like the idea of 4 1.5 hour sessions better than 3 hour labs. I also think that the test questions are not written to test our knowledge, but to test other thinking skills. They are unnecessarily confusing because everything is written “backwards and upside down” and you have to untangle it to figure out the treatment part.
- Dr. Jones- you run a great department. Thank you for caring about us as much as you do. We are lucky to have you here. Thank you for preparing us.
- I liked the written tests and the application of COMLEX style questions. I believe the written tests reflected course knowledge for the most part. I like the CSAs as well, however, I believe the grading scale should be modified. I did not like having graded quizzes in class. I strongly disagree with having been tested on ST before we were taught the material. It was a major detriment if you are a mechanical learner and if future tests will be like that, I will lose interest in this course.
- Too much wasted time. Some lecture topics go FAR beyond the amount of time needed to cover the topic. 80% of the 4 hours is wasted on most days, while 20% is used on actual new material.

E-mails are excessive. I spammed the instructor in February. My inbox is treated as a text message source instead of a professional contact. Time management , time management, time management.

WCUCOM Faculty Evaluation

May 2013

Course: OMS 7152 OP&P II

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Somewhat agree
- 4 = Agree
- 5 = Strongly agree

- 1. Appears well prepared for class**
- 2. Gives timely feedback on exams, reports, and other course activities**
- 3. Communicates subject matter clearly**
- 4. Demonstrates professional competence**
- 5. Is accessible for help outside of class either in person, by phone, or email**
- 6. Lectures, discussions, and/or demonstrations focus on the material outlined in the syllabus**
- 7. Meets class at the regularly scheduled time**
- 8. Seems to care about students' learning**
- 9. Stimulates interest in the subject**

Open response item:

- 10. Please share additional comments:

IMPORTANT NOTE:

Numbering on data sheet correlates with the following faculty names:

- 1-9 Legradi
- Skip 10
- 11-19 McWhorter
- Skip 20
- 21-29 Porter

SPRING 2013 - OMS 7152 Osteopathic Principles and Practices I
Faculty Evaluation - Standard Item Analysis Report

Item No	Total Group%	Upper27%	Lower27%	Point Biserial	(1 Point) A_Freq%	(2 Points) B_Freq%	(3 Points) C_Freq%	(4 Points) D_Freq%	(5 Points) E_Freq%
1	51.39	84.21	10.53	0.67	3	1	9	20	37
2	44.44	84.21	10.53	0.63	2	5	12	20	32
3	13.89	42.11	0	0.48	7	14	21	20	10
4	47.22	84.21	5.26	0.62	6	2	7	22	34
5	37.5	84.21	0	0.65	5	1	10	26	27
6	30.56	84.21	0	0.69	5	4	15	26	22
7	59.72	100	15.79	0.71	3	0	4	22	43
8	37.5	89.47	5.26	0.64	9	3	10	23	27
9	15.28	47.37	0	0.49	13	11	19	17	11
10									
11	56.94	94.74	10.53	0.67	2	0	5	23	41
12	20.83	68.42	5.26	0.89	3	4	6	4	15
13	56.94	94.74	15.79	0.59	1	1	3	25	41
14	66.67	100	5.26	0.7	2	0	6	15	48
15	40.28	89.47	0	0.71	2	6	11	20	29
16	48.61	100	5.26	0.74	2	0	8	26	35
17	56.94	94.74	5.26	0.7	1	0	5	23	41
18	56.94	94.74	10.53	0.63	1	0	7	20	41
19	48.61	100	0	0.7	1	0	9	25	35
20									
21	58.33	94.74	0	0.78	1	0	6	18	42
22	19.44	68.42	0	1.12	1	0	5	5	14
23	47.22	89.47	0	0.66	1	2	8	23	34
24	55.56	89.47	0	0.66	1	1	5	21	40
25	43.06	100	5.26	0.75	1	2	13	17	31
26	45.83	100	0	0.82	1	0	10	24	33
27	55.56	100	0	0.81	1	0	5	22	40
28	56.94	89.47	0	0.75	1	1	7	17	41
29	45.83	84.21	0	0.75	2	0	13	19	33

I

Total Responses	Mean Score	Standard Deviation	Range
70	4.24	1.02	1 to 5
71	4.06	1.07	1 to 5
72	3.17	1.18	1 to 5
71	4.07	1.20	1 to 5
69	4.00	1.12	1 to 5
72	3.78	1.15	1 to 5
72	4.42	0.92	1 to 5
72	3.78	1.33	1 to 5
71	3.03	1.32	1 to 5
71	4.42	0.85	1 to 5
32	3.75	1.39	1 to 5
71	4.46	0.77	1 to 5
71	4.51	0.87	1 to 5
68	4.00	1.10	1 to 5
71	4.30	0.88	1 to 5
70	4.47	0.75	1 to 5
69	4.45	0.79	1 to 5
70	4.33	0.81	1 to 5
67	4.49	0.78	1 to 5
25	4.24	1.03	1 to 5
68	4.28	0.89	1 to 5
68	4.44	0.81	1 to 5
64	4.17	0.96	1 to 5
68	4.29	0.82	1 to 5
68	4.47	0.76	1 to 5
67	4.43	0.85	1 to 5
67	4.21	0.95	1 to 5

OP&P II Faculty Evaluations

May 6, 2013

General

-It would not be a bad thing if every department was more like the OPP department. They try to prepare us for Boards in ALL subjects and are willing to assist in understanding material and application from the DX →TX and from Cell→ Body. There should be an OPP member assisting in every course.

-My only real criticism is we are demanded to be professional as we should. However, we should see that from faculty. The biggest problem is faculty often do not show up until several minutes and lectures do not start until 8:15 or later.

-I am very thankful to have been taught by all our faculty whom balance one another as a whole, or a sort of "teaching group." Again, please, allow the D.O. faculty at our school to design the course, We also need more lab time with them.

-I do believe the length of time it has taken for us to get feedback on our CSAs (in excess of two weeks, sometimes 3) is too long. In addition, although I have yet to experience this myself, I see that it takes up to, and even over a month.

-Our class always starts late and runs over.

-Keep up the good work. Would be nice to ease off of us more at the start of OPP I. Some of us were still getting our bearings.

-All the instructors are great. However, time spent in the OPP lab is not always fully utilized. I can remember one specific day in lab where we were lectured (on seemingly unrelated material) for a vast majority of the time and then at the very end of the class were rushed to learn two techniques! Very frustrating when time in a 3 hour lab is wasted...

-The ribbing between professors is unprofessional and unnecessary. Altogether, a group of professors that work well together. Too much duty is put on Dr. Sloan and students suffer as a result. It takes longer to receive grades, set-up meetings, too much for one man, but he takes it all in stride.

- The OPP faculty is amazing! They are all very knowledgeable and really care about us! We really appreciate all of the extra stuff they do for us.

-I love our faculty in OPP. Everyone is so helpful and really helps me understand the material. The addition of Dr. Rau has been a tremendous help for me as well.

-We hardly ever start on time. It's very frustrating when lab starts @9:00, but we hardly ever start before 9:20 or 9:30. We start late and seems like we are trying to sprint to the finish at the end of our lab session. I would like to see our professors be more efficient with class time.

-Awesome!

-My only suggestion is to have an open door policy with faculty, so we can just walk in and talk to them.

-I think this is the best department at the school. All three are extremely knowledgeable and willing to go above and beyond to help students. They have been a major factor in my studying hard for OPP. However, I do believe they should all work on utilizing class time more efficiently and starting lectures on time.

-Sometimes explanations need to be given (Data and Studies) how/why TX works. Lots of class time/lab mostly is wasted. Class time could be streamlined. Get in-Get the info-Get out. This is why people like the cervical small group lab.

-Too much wasted time!! (20% of our time is spent on new material) If a lecture/lab is less intense and shorter, find a way to use the rest of the day.

-It would be more helpful if when presenting a lecture I did not have to hear about your personal stories, experiences, and interjections. When this occurs I lost the entire point of the lecture and cannot focus. Also, I would appreciate it if the faculty could come on time, and start class on time. This includes the lab portion of the class. I do not understand why we start 15 minutes late. I also do not want to spend 2 and ½ hours on treatment, which makes up the bulk of the CSA. Also, Lachman's test was taught differently by different professors, therefore, during CSA a lot of people failed that portion/ In regards to grading, I don't think it's fair that you get 85% for missing something while someone who retests can get 80%.

-I feel like OPP depends 50% on student competence, 30% on the professor testing you, and 20% on the partner you get. I practice with some students who are terrible at the techniques the day before the test, and they pass on the lab part not because they were competent, but because the professor wasn't even paying attention. People like Dr. Speed, Dr. Piper, Dr. Ashwini Margaitis, basically pass students for showing up to the tests while professors like Dr. Jones, Dr. Margaitis, and Dr. Sloan fail patients for the smallest things. I am not speaking from spite because I have yet to fail a CSA, but because I hear other students brag that they only passed because they had easy professors.

-I should mention how valuable Dr. A. Margaitis, Dr. Piper, Dr. Hayes, and Dr. Rau are in the lab. They are all extremely patient and helpful. I miss Dr. Speed in the lab though.

-Tests focus more on Gross Anatomy and less on techniques. The first test had 60-80 pages of special text and only 1-2 test questions. Questions were disproportionate to material covered.

-I am confident in the OPP portion of the COMLEX because I am learning from faculty that is not only preparing me to become a good D.O., but to rock the COMLEX OPP portion.

-A more efficient start to lecture at 8:00 and labs to maintain use of class time would be an improvement. All professors seem to care about the students learning and are accessible outside of

class for questions and concerns. A textbook reference in addition to lecture powerpoints that compliments the course material would be a HUGE benefit.

-Stop showing up to class late and stop holding us late.

- Many of us do not ask questions because we do not like to be thought "incompetent." We were publically ridiculed even though others had the same questions.

-start class on time. The small groups in OPP worked better and allowed the class to move faster with more attention given to each student.

Dr. Sloan

- Dr. Sloan's written exams need to be corrected for grammatical errors and objectivity before being given. His attitude towards students seemed nonchalant, and when asked a question, his responses sounded belittling. Overall, I do not trust Dr. Sloan and do not view him as a mentor.
- He is the "discipline" in the class.
- Nice guy
- Great teacher and lecturer.
- Dr. Sloan projects a demeanor that frightens students and makes him unapproachable. He left three powerpoints of material off of the second test. He needs to let the class know what material is relevant so we don't spend 6 hours studying material that isn't on the test.
- Dr. Sloan, I have looked into COMLEX style questions and I do not agree that the OPP tests are COMLEX style, but I don't think questions are linked. Example: Question 2 will be based on the answer to question 1. So if the student did not get question 1 correct, question 2 is wrong as well. COMLEX does not link questions like this. More than one question can be used per situation, but questions should not be linked. Ask another faculty who writes questions.
- Dr. Sloan is always accessible to us to talk to, but sometimes seems slightly unorganized as a course director.
- Dr. Sloan is not the best lecturer, but he is good one-on-one. Would be good to find other ways to communicate concept he obviously knows material.
- Dr. Sloan's powerpoints can be improved.
- Dr. Sloan has poor communication skills. He never e-mails his students back.
- Dr. Sloan is the most helpful in OPP. He teaches the subject matter well in a concise, straight to the point manner.
- Dr. Sloan just keeps on going while we are still working on previous diagnosis/treatment making the whole lab a confusing mess.

Dr. Margaitis

-It would be nice to have Dr. Ashwini give more lab lectures. She was concise and matter-of-fact when it came to learning a technique.

-Dr. Richard Margaitis in a word "Strength/Integrity."

-Great teacher and lecturer.

-Dr. Margaitis is the most helpful in OPP. He teaches the subject matter well in a concise, straight to the point manner.

-Dr. and Mrs. Dr. Margaitis are WONDERFUL!

-Very good clinical experience.

-His Explanations are extremely abrupt in lab.

- He is obviously enthusiastic about material. He may need to keep in mind that not everyone is going to be an orthopedist/ sports medicine doctor.

Dr. Margaitis' focus points are not followed through in exams.

Dr. Jones

-Dr. Jones could really stretch out the lectures and materials. Many labs seemed to focus too long on mirror technique, instead of using the time wisely for a focused review of prior material. Dr. Jones seems absent in realizing how unhappy the students are in OMT.

-Dr. Jones spends way too much class time NOT on lecture material, but on personal anecdotes and the people he knows. This does NOT help with learning the material nor does it enhance learning.

-In a word, "Wisdom."

-Dr. Jones needs to spend more time on actual subject matter-tends to get off subject and it is very irritating.

-I like Dr. Jones but his lectures are longer than necessary because he tells stories.

-Dr. Jones is a great guy and teacher, and I appreciate the personal knowledge in the personal anecdotes, but a lot of time was wasted in the lecture and lab. That time could have been used to practice more diagnosis techniques.

-Dr. Jones covered topics well, but at times I feel principle or purpose of treatment is missed. I'm memorizing without complete understanding. I enjoy his lectures, he is an excellent presenter.

-Dr. Jones spends a lot of time talking about thither than OPP in lecture which is nice, but we only have an hour for lecture. In lab we need to have time to try each thing before the teacher on stage moves on.

-Wastes a lot of class time.

-Dr. Jones is a fantastic professor and we are blessed to have him at WCU-COM. I wish he would teach more lab.

-Dr. Jones has several tangents during lecture that are distracting and non-applicable.

-Dr. Jones is most helpful in OPP as well, but rather than teaching OPP, Dr. Jones preaches OPP. There is a huge difference in the approach in giving the information toward the students when you present it in such a manner. It makes me as a student less responsive to Dr. Jones.

Dr. Rau

-Dr. Rau this is a clinical class. No need to check out girl's boobs more than their diagnosis of inhalation somatic dysfunction.

