

CMAT Summative Evaluation Results

Spring 2004 (based on pilot)
compiled by Lisa Foegen

| Student Name | Strengths of Tool | Opportunities for Enhancement | Time Test took |
|--------------|---|---|---------------------------|
| DE | Good flow through decision making process | Too many assumptions, too many different directions the taker may proceed. It may be better to begin evidence and then proceed through the case. | 12:08 - 12:25 = 17 min |
| Cody | I really don't understand what the point of this assignment is. He seems to be a normal healthy male that has no problems. This would be much more helpful if this patient actually had a problem and we could use EBM to make decisions about his health care. | N/A | 12:10-12:25 = 15 min |
| AS | What are you looking for here? Topical knowledge or ease-of-use of this program? | Have initial experience with this tool be more straightforward with clinical application. If you're looking at sensitivity and specificity try rapid strept vs cure, then we can have DX of pharyngitis. What are we learning, not the importance of billing/coding for proper reimbursement. What is the primary DX for discussion about colon cancer CA screen? what insurance does he have? what will it pay for? I would have felt better about this program with a better handle on Colon CA screening guidelines. | 12:08- 12:22=14 min |
| CM | straightforward, easy to use, and relevant scenario | not at this time, good exercise | 12:12- 12:30=18 min |
| GK | interesting approach on evaluating how we would conclude a tx topic that we might not fully know about. Or research /evaluate research & reevaluate plan based on research. Great topic by the way. | offline format | 12:11- 12:27=16 min |

| | | | |
|-----------|--|---|--------------------|
| JS | The purpose of this tool was not clearly defined | none | 12:05-12:20=15 min |
| DF | Understanding sensitivity & specificity & applying them to a clinical situation | confusing scenario | 12:08-12:28=20 min |
| AP | Possibly a good assessment tool but needs more direction & better explanation of HX & Pex | Can't really make DX, intermittent diarrhea associated stress and stomach pain. Males should be screened at 50 yr old for colon CA anyway. The entire tool seems rather vague. Maybe need more parts of PEX to DX or add DX's | 12:10-12:20=10Min |
| EF | Good tool | none | 2:05-2:25=20 min |
| BD | It helps give a practical picture of how & when you would use recent research to make clinical decisions | Objective was unclear. The steps seemed disjointed. | 12:10-12:25=15 min |
| SG | The questions are appropriate, but there is zero clinical information! | none | 12:08-12:23=15 min |
| LS | Making decisions based on a clinical case is very realistic. I am not sure if the paper test is as effective as the computer tool. I was a little confused at times. | none | 12:05-12:25=15 min |
| AS | Okay, need to be more interactive | none | 12:10-12:30=20 min |
| KS | Going through a case. | The wording is inaccurate. A healthy male coming in for a physical with no specific complaints has no "diagnosis". And, it is impossible to determine if my diagnosis will change without the results of my PE or Labs. | 12:06-12:20=14 min |

| | | | |
|-----------|--|--|------------------------|
| JG | I'm not sure that the patients presentation is the best way to generate a CTC vs colonoscopy question. But I think trying to integrate evidence-based research skills into over clinical evaluations is not necessarily a bad idea. | Having a patient present with risk factors or more significant symptoms or complaints may improve the tool by providing more of direction for students. | 12:07-12:30= 23 min |
| DJ | It was easily accessible and didn't take too long to complete. (I'm just slow & I was eating). | It was a bit confusing if you weren't really sure what primary diagnosis to use. Also, the process could be quite different if a different clinical question was posed. I think this tool may be more effective & easy to use for someone more comfortable in diagnosing & treating a patient (ie. 3rd yr vs 1st ye) | 12:15-12:45= 30 min |
| MR | Not a great case. No real sickness. Initially difficult understanding what you wanted. Virtual colonoscopy was nowhere before the present article & was not an obvious choice. He is not standard of care & insurance doesn't cover it. Thus, I did not my choice. Furthermore, I would ordered, with GI/general doc who recommend numerous colonoscopy. | change the case to a real sickness very confusing otherwise. | 12:09-12:20= 10 min |
| TF | fast, easy to work through, but unclear objectives of assessment | If I asked a different clinical question than the abstract we are given, this doesn't help me to alter/modify/evaluate my dx or tx. Plan. This was not helpful for me in my dx/tx decisions. I might explain the purpose of this evaluation more. I wasn't sure what skills you were/are looking to assess. | 12:10-12:40= 30 min |
| LK | succinct, quick assessment | clinical scenario could have been stronger if you were looking for a specific outcome. | 12:10-12:35= 25 min |

| | | | |
|----------------------|---|---|------------------------|
| KM | Shows real life approach to how you could use evidence-based medicine or reviewing literature to address patient concerns, or to determine an alternative treatment plan. | Have it explained a little better but difficult because online | 12:10-12:30= 20 min |
| Kevin Monahan | With a better clinical scenario this may be a good tool. To think about up & coming techniques. Good tool because it makes us think about other options for treatment. | Maybe a more in depth clinical scenario, patient has symptoms (more symptoms) | 12:05-12:20= 15 min |
| Cassidy Seidl | Thinking about how EBM can affect practitioners views of procedures and preventative medicine. | My diagnosis was stomach pain and that diagnosis is correct, however it is not associated with the purpose of this project. | 12:15-12:30= 15 min |