SEMESTER REPORT 2.1

Causes of diseases B2.1

03/09/15 – 04/09/15

Year Representation 2, 2015-2016

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INTRODUCTION

This report, containing the evaluation of **Semester 2.1 (Causes of disease B2.1)**, was written by the Semester Committee (SemCee) and the Community Committee (CommuniCee) **of YR2 year 2015-2016**. M.F.A. Panacea has appointed a YR to evaluate the curriculum and the examinations, to make sure patient gifts are present at the lectures, to produce the year sweater, and organize other activities. This semester report evaluates both the teaching and the examinations. The SemCee and CommuniCee attempt to thoroughly gather and represent the opinions of students on our brand new curriculum: the basic program, the community specific education, the speakers and other educational aspects.

It is the responsibility of the Exam Committee (ExamCee) to evaluate the examinations. The committee uses the evaluation forms handed out during the exams and the emails received on the YR2 e-mail address to get an idea of the exam proceedings and results. By the time the semester report will be sent, the ExamCee has already held its evaluation meeting with the semester coordinator. The present report therefore contains a summary of the exam proceedings, the test statistics and the handling of the students' complaints.

This report consists of four sections – evaluations of each week for the basic program (BP) and for the community specific education in Molecular Medicine (MM) and Global Health (GH) and the exam evaluation.

We hope that this semester report will give a good impression of the semester and will be sufficiently clear and complete to give readers the information they need. If you have any questions or comments concerning this report, please contact one of the SemCee or CommuniCee members by e-mail.

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EXPLANATION OF THE EVALUATION PROCEDURE

The evaluating of the basic program was done by the SemCee and the Learning Community specific education by the entire YR, led by the CommuniCee. All YR members evaluated the different forms of educational and took into account general remarks heard from fellow students. All the education is considered one week at a time. In doing so, this evaluation gives a proper overview of what went well and could be done better per week.

In general, important aspects for different types of learning include:

Patient lecture and Clinical Reasoning

Content

- Did the speaker explain everything adequately and give appropriate amounts of attention to different aspects?
- Was it easy to follow and understand?

Structure

- How was the structure?
- Did the speaker stick to the allocated time?

Presentation

- Did the speaker have a good pace and clear voice?
- Was there a good use of visual and other aids?
- Was the speaker enthusiastic?
- Did the speaker answer questions adequately?
- Was the level of English appropriate?

Other

- Did the speaker(s) interact well with the students?
- Was the case relevant and did it have appropriate solutions? (Clinical Reasoning)
- Were students motivated by the speakers in the process of solving the case?
- Was effort made to ensure that the entire audience understood everything?

Practicals

- What did you think of the practical?
- Was the purpose of this practical clear? Was it relevant and useful?
- How were things organized?
- What did you think of the speaker?
- What did you think of the supervision?
- Do you think it would be a useful practical for other LCs?

BASIC PROGRAM

BP THEME 1: [NERVOUS SYSTEM AND SENSES]

WEEK 1 – NERVOUS SYSTEM AND SENSES

Introduction and Patient Lecture

General: This week was about neuromuscular diseases. Professor Kuks had a thorough and extensive introduction of the learning material, refreshing neurology discussed in year 1. He clearly explained the checklist and the function thereof with regard to the content in exams. He introduced us to the discussion board on Nestor. The patient lecture was in Dutch, due to a scheduling error.

Positive points of the week: Having an expert in neurology giving the introduction was very beneficial to students' understanding of the content. The PowerPoint was clear and easy to follow, correlating with what the Professor was explaining. The patient lecture was highly interactive and the case was discussed in great detail. Professor Kuks also provided neurological background of the symptoms. Diagnosis and treatment were discussed. Discussion board questions were answered, and PowerPoint slides were put on Nestor, both within reasonable time.

Points of improvement: The Professor recommended that everyone who could not understand Dutch should leave the audience for the patient lecture. The request by students for live translation was denied, to preserve fluidity of the conversation. Moreover, there was no attempt on his behalf to compromise and solve the language barrier issue. Tutors were not informed about the fact that the patient lecture was in Dutch, hence some students were not able to fully participate in the tutor discussions.

General points of improvement: The students would have appreciated more of an attempt to compromise and involve non-Dutch speakers especially due to the importance of the patient lecture in G2020. It would have been more suitable for the semester coordinator to kick-off the year personally and introduce himself to the students. The scheduling error led to the patient lecture mishap. Scheduling ought to be more regulatory.

Clinical Reasoning and Response Lecture

General: During clinical reasoning and response lecture Professor Kuks and Professor Bakels provided an interactive environment to approach the topic of neuromuscular disease from a clinical as well as from a physiological point of view. A case was provided on Nestor (in addition to tutor cases), which was specifically designed to help students cover a large amount of the knowledge gained this week. The tutor cases were discussed during the response lecture but there was a bit of uncertainty about the role of this session.

Positive points of the week: The speakers, Dr. Kuks and Professor Bakels were very well rehearsed and brought a sense of comfort to the students. The clinical

reasoning effectively served its purpose as students were asked to participate and come up with differential diagnoses. The neurological tests were explained as well as the underlying physiology. The powerpoints were detailed, uploaded and provided great support.

Points of improvement: At some points Dr. Kuks and Professor Bakels disagreed on content due to their different fields of expertise. This was interesting to students but caused some confusion.

General points of improvement: Unlike last year, clinical reasoning was mixed for both communities. This meant a longer and more detailed session. Although it means less experts per student, everyone who wanted to participate was definitely able to.

Other (practicals, learning material, logistics)

General: Students were getting used to the G2020 week again and familiarising themselves with how the learning material would be this year. There was an anatomy practical for the nervous system.

Positive points of the week: A checklist was posted quite early in comparison with last year (before the weekend) and students were explained the role of this (closed book questions). Students enjoyed working with the cadavers again.

Points of improvement: Bit more clarity about preparation for response lecture.

General points of improvement: Here you can add logistical points. For example if a lecturer did not show up, timetable problems, information about patient lecture that was uploaded too late. Compare this point with the LC specific report: if mentioned in both decide together where the information fits better. (problems with the timetable here, information about a task received too late in the LC specific part).
If there are differences between the basic program from MM or GH, you can add that part over here.

WEEK 2 – NERVOUS SYSTEM AND SENSES

Introduction and Patient Lecture

General: Dr. Kuks took charge of starting the week with the introduction and did the patient lecture as well. He provided a good recap of neurology with useful ways to remember dermatomes for example.

Positive points of the week: It was good to have an expert in neurology take control of the week. The introduction with the extensive recap was very useful and should be standard that is met every week, ideally. This week's patient lecture was in English and students began to regain faith. Interaction was good again, and this is to be expected from an experienced and open-minded lecture (willing to adapt to flipped classroom). The patient spoke excellent English and

this enhanced participation greatly.

Points of improvement: The structure of the introduction was based on the "Klinische Neurologie" book, which Dr. Kuks wrote himself. This meant that many of the English-speaking students could not find the content back easily in Mumenthaler. Dr. Kuks did go into a lot of detail of the sensory processing which got hard to follow at some points.

General points of improvement: Having experienced Dr. Kuks giving the patient lecture for 2 weeks now, students participated much less than they did at the beginning of the previous year when the flipped classroom was introduced. Dr. Kuks tends to begin with a very detailed anamnesis himself and ask all of the relevant questions (to be expected). However, students should be given more of an opportunity to develop their critical thinking skills and explore their inquisitiveness.

Clinical Reasoning and Response Lecture

General: Dr. Kuks and Professor Bakels gave clinical reasoning and response lecture again. Having this consistency for these weeks was wonderful, and this was something the YR had received plaudits for. This session took a similar dynamic to the one in the previous week.

Positive points of the week: The multidisciplinary combination was useful, as mentioned about last week. The consistency of format (uploaded documents) was convenient. The powerpoint had a lot of useful information again.

Points of improvement: It was hard to distinguish between clinical reasoning and response lecture.

General points of improvement: Professor Bakels had to leave the Response Lecture early due to a scheduling error with a physiology practical. This compromised the learning of students two-fold. Some students had to leave early as well and others did not benefit from the absence of Professor Bakels. Dr. Kuks was clearly disgruntled by this chaos in the room.

Other (practicals, learning material, logistics)

General: Students were scheduled a sensibility and equilibrium practical with Professor Bakels. This was spaced out over a couple of weeks which meant that some students were slightly behind and not able to participate as much in the clinical reasoning.

Positive points of the week: In addition to Professor Bakels there were student volunteers and other experts who were actively helping.

Points of improvement: Some physiology practical groups were far too large and meant that it was difficult to follow Professor Bakels (so many people, approx. 60) and his explanations.

General points of improvement: Seeing as the first 2 weeks were based on Dr.

Kuks (lectures and exam related content), international students felt that they would have been prepared with translations of Dr. Kuks rather than disperse and unclear pages of Mumenthaler.

WEEK 3 – NERVOUS SYSTEM AND SENSES

Introduction and Patient Lecture

General: Dr. Hofman started the week with an introduction of hearing and equilibrium. He gave an extensive explanation of anatomy, clinical tests and common pathology of the ear supported by a powerpoint. Students had the opportunity to ask questions, however, the topic was unfamiliar and challenging to many.

Positive points of the week: Patient lecture was clear and easy to follow. There was a level of interactivity better than the previous weeks. Students asked more questions also because of the generic nature of the complaint (dizziness). Several specific tests and manoeuvres to treat ear pathologies were shown with clear videos in the powerpoint. Dr. Hofman was interactive and able to answer questions well.

Points of improvement: Although the powerpoint was consistent with Dr. Hofman's explanation, it lacked text and terms which made the anatomy explanation difficult to follow and self study tricky. The speed of the introduction was very fast and the lecture ended earlier than scheduled. Time management should be improved.

General points of improvement: Due to the high workload of the previous two weeks, students did not have enough time to read, prepare and familiarise themselves with this new topic: people struggled making a differential diagnosis for this patient lecture.

Clinical Reasoning

General: Dr. Free and Dr. van der Heide took control of clinical reasoning this week. They were unfamiliar faces to the students, because they were very specialised in ENT. There was no response lecture on this week. There was nothing uploaded and so students did not prepare much.

Positive points of the week: The structure of this session was excellent. The powerpoint made it very easy to follow. Dr. Free was very good at invoking participation from the students. Several aspects of what was studied was mentioned and covered. This was comforting, as students learnt how to apply what they had studied.

Points of improvement: The powerpoint was not uploaded.

General points of improvement: This was a well-rounded week, starting with an ENT specialist, and ending with two who recapped the material in an effective and clinically oriented week.

Other (practicals, learning material, logistics)

General: The physiology practical comprising equilibrium was covered early for some and during the course of this week for others.

Points of improvement: Some students were not as prepared as others for the introduction of week due to the spread of the sessions.

WEEK 4 – NERVOUS SYSTEM AND SENSES

Introduction and Patient Lecture

General: Dr. Stountenbeek kicked off the week with the introduction of cataract and how it leads to loss of vision. The intro started with a quick overview of the anatomy of the eye, followed by comparing common eye pathologies to the normal eye. The patient lecture was closely related with the learning objectives of the week (cataract).

Positive points of the week: Dr. Stountenbeek was extremely well rehearsed in the philosophy of G2020. His English was clear and easy to understand, which was very much needed given the new topic of the eye. The patient lecture was very interactive and run by students, with guidance from the doctor. The patient was a native English speaker, providing a more comfortable environment for internationals students to interact. After the anamnesis, doctor went back to his slides and showed us a video of a cataract surgery.

General points of improvement: In terms of content, interaction and purpose of introduction and patient lecture high quality was achieved. This is all more impressive seeing that it was given by a single clinician; it is a pity that he only had one week to talk about ophthalmology.

Clinical Reasoning

General: Students were given 3 cases. They were diverse and covered a broad spectrum of diseases in the learning material.

Positive points of the week: There was a very clear structure to the 3 cases. It was challenging at first, but the repetition allowed students to quickly learn how to go about solving a case. The doctor was very good again. His powerpoint was beautiful. The session was highly interactive.

Points of improvement: The powerpoint was not uploaded at all. Students could not recap this effectively.

General points of improvement: The CR session was split up by communities, resulting in a 45 minute seminar. This meant that the doctor had to rush through the last case and could have given more extensive explanations.

Other (practicals, learning material, logistics)

General: This week provided the students with an E-learning practical. This revolved around some common clinical tests of the eye and some pathologies mentioned in the learning resources. The doctor controlled the powerpoint on the individual screens, which meant that going back was not possible.

Positive points of the week: Several clinical cases with many different types of imaging. This was found useful during the exam. Several aspects of ophthalmology were discussed and students were given an opportunity to participate. Since every student was provided with an individual screen, it was easy to follow.

Points of improvement: Students were not able to navigate through the slides themselves. Some found this inconvenient.

General points of improvement: This session was uploaded after the exam.

BP THEME 2: [SYSTEMIC DISEASES]

WEEK 5 – SYSTEMIC DISEASES

Introduction and Patient Lecture

General: Dr. Bram Jacobs introduced the theme. He mentioned the green (MIC) week as well the many departments involved in this theme. He gave his opinion on how we should organize our studies throughout the week. He also stated that the checklist is not the ultimate truth, but rather more of a support. He also recapped the cumulative learning concept (that we will be tested on theme 1 again). The introduction of the week was given by Dr. Bootsma, this covered the subtleties of rheumatoid arthritis. The patient came with a discontent impression of the Dutch health care outside the UMCG; this was contrasting to the previous patients we had.

Positive points of the week: It was good to see the semester coordinator start off the theme. The recap on RA was extensive and covered several aspects of this condition (epidemiology, pathology, etc.). The patient came with a well-prepared story and there was a good degree of interactivity.

Points of improvement: The patient kept repeating that many doctors do not listen enough to their patients and a lot of emphasis was given to the miscommunication between the patient and the doctor. Students would be better equipped with more emphasis on the content of learning resources and slightly less time should be spent on this at this stage of students' career.

General points of improvement: The introduction was very specific for RA, when on the other hand the week was also covering many more rheumatologic conditions and pharmaceutical topics. The introduction of the week should be broader, like in the first theme; unless the focus on RA is reflected in tests.

Clinical Reasoning

General: Dr. Spoorenberg started the session with an interactive quiz, which had good intentions, but the time it took and the knowledge delivered meant that significant amount of time was wasted. The following clinical discussion was of good quality and looked at several types of arthritis, all covered in the learning resources.

Positive points of the week: Although we did start with an emphasis on RA (intro of the week), this clinical reasoning meant we were able to apply our knowledge of the different types of arthritis.

Points of improvement: Again the session was only 45 minutes due to separation based on learning communities, which meant that there was not much detail on such a big topic like pharmacology.

General points of improvement: There should be a more efficient interactive quiz given the few contact hours we have and the shortened clinical reasoning continues to be an irritancy.

Other (practicals, learning material, logistics)

General: This week included a pharmacokinetics session with Professor Henning. This was right the day after the exam and patient lecture, so students were poorly prepared due to lack of time. Only a minority of people did prepare (completed the Pscribe): those who did were rewarded with an extra seminar with Henning.

Positive points of the week: Henning mentioned the concepts of volume of distribution and clearance. These were difficult concepts clearly explained. The powerpoint was uploaded on time and provided a clear guidance along with the learning objectives.

Points of improvement: The attendance of the pharmacology seminar was low. Participation was not lively.

General points of improvement: Not much of the content given by Henning was reflected and assessed in the exam. More focus should be given to the principles asked about during examination.

WEEK 6 – SYSTEMIC DISEASES

Introduction and Patient Lecture

General: This week was about autoimmune diseases, with surrounding aspects like nephrology and dermatology included in the resources and checklist. The introduction and patient lecture were both given by Professor A. Rutgers, who the students are familiar with from the previous year. There was a clear overview of immunology in the introduction which was quite detailed and appreciated by students.

Positive points of the week: The Professor was clear and well-spoken with a good use of English. The PowerPoint was clear, including both an overview of last year's immunology as well as a focus on this week's topic: SLE. The patient was also rehearsed and committed to sharing her story which was well received.

Points of improvement: The PowerPoint was uploaded onto Nestor almost one week later, which delays students' preparation for tutor groups (especially TPs). The patient lecture could have been more structured in terms of the timeline and placing symptoms and events in chronological order, for effective summarising. Some of the questions at the end of the lecture were answered slightly too extensively which caused the majority of students to lose attention.

General points of improvement: PowerPoints being uploaded so late are a logistical issue which should be avoided.

Clinical Reasoning

General: This seminar was given by Dr. E. Brouwer, a clinical rheumatologist and internist. The focus was on vasculitis and the various forms. This was separate for both GH and MM communities. The lecture started with a clear overview of pathogenesis and other aspects of the disease. Two cases were then presented in order to apply medical knowledge to the clinical situations.

Positive points of the week: The language and communication were quite reasonable and the lecturer could be understood for the most part. There was a great amount of information delivered. It was nice to receive guidance for differential diagnosis of systemic disease ('the big three').

Points of improvement: The lecturer's volume of content combined with lack of time (45 minutes due to community separation) meant that it was hard to follow/take notes, all the while participating and contributing to interactivity. It would be beneficial if clinical reasoning was longer (1 hour instead of 45 minutes). Specifically, this would allow more participation from students and focus on the cases.

General points of improvement: Given this weeks broad view of systemic diseases, this session was highly focused on one aspect. This meant students could not apply their new acquired medical knowledge about the large number of other conditions (auto-immune, nephrologic, dermatologic). Students would prefer more types of cases to apply the breadth of knowledge more effectively.

Other (practicals, learning material, logistics)

General: There was a pharmacokinetics practical scheduled in this week. It was not relevant to this week's focus at all, but rather, but rather the previous one. The learning material for this week was a very big volume covering many different aspects (67 checklist points).

Positive points of the week: The pharmacokinetics supervisors made students think about dosage volume and frequency and was a 'hands-on' way to learn it – should have been scheduled for the previous week.

Points of improvement: There was no guidance for the students (practicals, seminars, etc.) between the patient lecture and clinical reasoning that helped students understand the learning material. The bulk of the work done in covering the provided material was not even mentioned outside the tutor group setting. Those who signed up for the practical did not get what they wanted in terms of content, in general. A lot of time was spent on setting up the experiment, rather than thinking and learning about pharmacology.

General points of improvement: The week should have had more focus (too many topics that are covered in a lot of detail). Specifically, students were asked to cover rheumatology, dermatology, pharmacology, nephrology, immunology and were not provided with a clear focus to get through the week.

WEEK 7 – SYSTEMIC DISEASES

Introduction and Patient Lecture

General: The week started with Professor Bakels giving a 30 minute seminar recapping year 1 kidney physiology. He prepared a detailed powerpoint containing useful information to refresh students' knowledge for the upcoming week. Unfortunately, he did not manage to go into detail or cover all the necessary aspects due to shortage of time. After Professor Bakels was rushed off the stage, Dr. Gaillard took over with the patient lecture, but with no actual patient there. The "patient" was played by the doctor's assistant.

Positive points of the week: Professor Bakels' introduction was as always what the students needed, despite it not being as long as they would like. Dr. Gaillard used good English and speed of speech, so the patient lecture was easy to follow. He has also given some insight into what will be covered during Week 7's nephrology offering additional information and interaction (focus on pre-, post- and renal division)

Points of improvement: Students demand that there is a patient, and preferably a back-up patient in place, given the great significance of the patient for the G2020 week. The fill-in actor could not answer all the students' questions, neither could he give all the relevant information. This had to be compensated by the nephrologist; the students didn't get a feel of the doctor-patient relationship.

General points of improvement: Students are constantly requesting more contact hours with the relevant specialists (in this case Professor Bakels) to gain a solid foundation to start the week with. It is a pity that Professor Bakels had just 30 minutes and no contact with the students during the rest of the week, even though a lot of physiology was to be covered.

Clinical Reasoning

General: This week's clinical reasoning was given by Dr. Gaillard, the same doctor as the patient lecture. The case about a woman after a trauma who presented with diminished urine output. There was an emphasis on emergency treatment of diminished urine output.

Positive points of the week: Students were able to contribute their breadth of knowledge gained about renal failure (types, etc.) because this case started broadly and became more specific as we went on. The powerpoint was good and communication with the students was clear. There was a good amount of participation and interactivity.

Points of improvement: There was a scheduling error that meant the session was 0:45h instead of 1:30h. The doctor was not informed about this which meant that there was only one case instead of potentially more content. The high quality of the first 45 minutes meant that students were especially disappointed.

General points of improvement: It is unacceptable that there is a loss of valuable contact hours due to miscommunication.

Other (practicals, learning material, logistics)

General: The week had an anatomy practical in the Snijzaal in addition to the patient lecture and clinical reasoning. This was very useful given the importance of the anatomy of the kidneys to this week.

Positive points of the week: The anatomy practical was received well as usual and those who were committed to it, gleaned a lot from the experts.

Points of improvement: In some of the sessions not all experts were present, which meant that some students not receive enough attention.

General points of improvement: The doctor at clinical reasoning mentioned that he was not aware about the content of the checklist. There was a lot of attention given to Chronic Kidney Disease in the learning material, which was later mentioned not to be covered in the exam. This lack of clarity and coherence between expert, learning material and exam is confusing for students.

WEEK 8 – MEDICINE IN CONTEXT I

Thursday and Friday of the MIC Week

General: On Thursday, Joke Fleer introduced the concept of Leadership Development in the second semester of the third year briefly, and the purpose of MIC weeks. She mentioned that we would have about 6 MIC weeks and that Semester 3.2 would be dedicated to "initiating the development of our vision" using these different acquired skills.
Menno de Bree then introduced substantive knowledge and how we could become a better doctor through different means. We were then showed a short movie.
Hereafter, we moved to the "Case of Syphilis" presented by Timo Bolt. He spoke about the perception of this condition and the move from infectious diseases to chronic ones. He also had focused on the aspect of double morality.
The last speaker of the day was Bhanu Sinha, a microbiologist. He spoke about general principles of microorganisms and their colonisation. He then moved to the economic aspect of investing money into developing countries (Global Health perspective).
The following day we started with an intro from Els Maeckelberghe who showed a video about health care in UMCG. Next was a speaker from Doctors without Borders, Marit de Wit. She spoke about her experiences with the Ebola outbreak and the meticulous steps involved in treatment and prevention. Next was a session about Ethics and Freedom and the various types of problems in society. Hereafter was a WHO Perspective from Hans Hogerzeil who gave a speech about the operations of the organization. The last speaker before the reflection discussion was Ankie v/d Broek who gave an overview of helping developing countries effectively.

Positive points of the week: The father and daughter movie (2000 Academy Award Winner) was a nice choice of movie, as it forced us to think differently

about suffering, death and loss. However, the following reflection on this was quite vague and a pity that more was not done with this. Some interesting things were said during the Syphilis lecture and Microbiology lecture. The talk from Marit de Wit was very insightful, it helped students relate theoretical knowledge on infectious diseases to real-life situations and it was nice hear first hand experiences from someone who was in the field.
Overall, students really appreciated the fact that the day before the exam was free of seminars, so that students could prepare for the exam without having to attend last-minute seminars.

Points of improvement: The reflection on the father and daughter movie was quite vague and a pity that no clear feedback came from the discussion. On Thursday, the introduction and description of MIC was very brief. Students were disappointed not to get more concrete information about semester 3.2 and when asked for this, Joke referred us to the MIC email and that documents would be up 'soon'. This was discomforting and students felt like there was a lack of planning as per usual.

The reason students become agitated when information on the third year is 'unknown' is because many students wish to plan their thesis and/or other activities in the third year ahead. Many of us wish to go abroad so they would like a clear overview of what to expect. This is a recurring issue in the Year Representation.

The Friday session was a real drag, 4 sessions and a discussion is not realistic – students are bound to lose focus: since the lectures were not in the interactive G2020 style. As the day wore on, students became less and less engaged and the quality of the seminars deteriorated very quickly. This was shown as there were about 60 people left during the last discussion session (shocking 15% of students). During the WHO Perspective and 'What went wrong?' talks it was clear that a vast majority of present students had become disinterested, this was also due to the large amount of texts on the Powerpoints and lack of interaction.

General points of improvement: In general, students were dissatisfied with how this MIC has been implemented. Although there were some interesting aspects (Short movie, Syphilis, Principles of Immunology, Marit de Wit speaking), there was not enough connection back to the Basic Program. A very large amount of resources and objectives were given and these were not very interconnected with all the talks given by the experts. Some of the speakers struggled to engage the audience and keep true to the philosophy of G2020.

The underlying problem is that test questions given on this week were very adjacent from the time spent during the week. This was disappointing for many people because going to all of the sessions should have a positive influence on the answering of the MIC week questions. This was not the case!

To be specific, with respect to exam questions: 1) Tuberculosis and its relationship to the Municipal Health Service was not mentioned; 2) the prevalence of infectious diseases in NL neither; 3) though Freedom was a topic by Menno, its relation to practical ethics was not; 4) Ebola was mentioned to be specifically a Filovirus, and not a type of RNA virus; 5) Syphilis' scientific name

was not given and there was a lack of focus on dementia (but rather several other things such as the latent phase).

What students felt was a bitter taste. We feel that it would be more logical to have examination questions in line with the speaker's contribution to our education rather than a pile of resources, which was not given attention to during the contact hours.

Having something like this happen again will mean a very high likelihood of intrinsically motivated students not attending the days but rather cram the heap of resources to improve their test scores.

Clinical Reasoning

General: Clinical Reasoning was given by Dr. Wilting. The lecture started with the doctor listing some general symptoms, and asking the students what would they do with this patient (further questions, differential diagnosis, etc.). Some students were asked to come to the front and write on the whiteboard the points discussed, this prevented them from participating in the discussion.

Positive points of the week: The doctor tried to cover all the possible aspects of this specific case, making sure everything was clear and interacting with the students.

Points of improvement: A powerpoint with information regarding symptoms and the patient is essential to start the session. Having the slides would allow students to be more aware and not have to write on the board (which was also difficult to read because it is quite far away), compromising their participation.

General points of improvement: The last clinical reasoning of the theme, and especially before the exam, should give students a general overview of the systemic diseases and instill a clinical mindset that facilitate with answering the clinical questions in the exam. This session was far too specific, as it didn't focus on Lyme's in the broader context of the week or theme, but rather on a rare neurological complication.

BP THEME 3: [SHORTNESS OF BREATH]

WEEK 9 – SHORTNESS OF BREATH

Introduction and Patient Lecture

General:
This week started with Dr. Bram Jacobs kicking off the theme after the exam in the morning (of Theme 2). He informed the students that the first practice test given on Nestor (for Theme 1) was there to help students be acquainted with digital testing, not for content purposes. Students were disappointed, seeing as they had hoped for content related practice at the end of each theme, similar to last year. He mentioned the importance of informing the relevant people if an exam is going to be missed; this problem would be dealt with on an individual level.Hereafter, the introduction of the week and patient lecture was taken up by 3 experts: a GP (Dr. van der Heide), physiologist (Professor Bakels) and pulmonologist (Dr. ten Hacken). Students were initially told during the introduction that there would be no patient but much to our surprise another GP (Dr. Tamsma) brought the patient of the Dutch patient lecture.

Positive points of the week: It was nice for students to see the semester coordinator give his update on the ensuing theme. The 15 minutes Professor Bakels was allocated to give a recap of the previous year's lung physiology were densely informative and highly appreciated (students were eager for him to continue). The patient who showed up in the end was excellent and was very open to interaction. Dr. Tamsma did a good job in taking the anamnesis and involving the audience. It was a comfortable environment to participate in.

Points of improvement: The GP who kicked off the introduction struggled in engaging the audience and had difficulty explaining himself in English. It was frustrating for a lot of the students because slides were read out (scripted) and this is not in line with the philosophy of G2020 – sacrifice of interaction. Some of the terms used in translation were not easy to follow. The pulmonologist spent a lot of time explaining Clinical Reasoning would work and going into content very quickly, when students had just had an exam 2 hours before.

General points of improvement: The introduction should have been more efficient. More focus should have been given to recapping students' knowledge rather than reading the week's learning objectives and explaining how Clinical Reasoning would work. This highlights the point that the contact hours received need to be more content-rich due to their scarcity.

Clinical Reasoning

General: Clinical Reasoning was given by Professor Bakels and Dr. ten Hacken (both of whom were present during the patient lecture). The idea was to get through and discuss 10 cases which were uploaded earlier this week. The cases were discussed from both experts' perspective. 5 students were asked to come

forward for each case and this ensured a high level of interactivity. This was uncomfortable for some students because of unfamiliar approach. We do feel that it served the purpose of clinical reasoning though and should be followed with more consistency.

Positive points of the week: The interactive approach combined with the large amount of cases that were covered (7) meant that students learnt a lot.

Points of improvement: The lecture was given in the Blauwe Zaal (which is an excellent room) but students were scattered throughout it. A small point of improvement would be to get the students to sit closer to the front as this would save some time.

General points of improvement: Clinical Reasoning was excellent and served its purpose. Consistency of this format would be very beneficial to students' learning.

Other (practicals, learning material, logistics)

General: This week had the propaedeutic ceremony and several LC related contact hours. There was a histology scheduled, which was cancelled about 48h before.

Positive points of the week: Having Professor Bakels and Dr. ten Hacken present at the beginning and end of the week (albeit in the only two BP contact moments) worked well.

Points of improvement: Clinical Reasoning was scheduled till 15.00 at the Blauwe Zaal and MM had a statistics workshop starting at 15.00 in the Combizaal which was a case of poor scheduling. Some week 9 content was posted one week after the beginning of it and this does not help students' time management.

General points of improvement: Students felt that all of the theme's learning material should be posted on the first day of the theme. Moreover, the patient lecture and analytical reasoning were the only scheduled BP contact hours. This meant that we only had 7:45h of general curriculum instead of 12h.

WEEK 10 – SHORTNESS OF BREATH

Introduction and Patient Lecture

General:
Dr. van der Wekken (pulmonologist) started the week with a very short introduction: in which he mentioned additional pages of Clinical Medicine to be covered, as well as six different types of pathologies in the lungs. No other introductory information was given to the students, which was found to be disappointing and lacking content; we were hopeful of a content rich session giving us the foundation to study lung cancer this week. Overall the students felt hard done by the fact that the introduction was used for making

'announcements', and did not serve its purpose. Dr. van der Wekken was also the one to give the lecture on his patient and conduct the following session. His patient was very emotional and took time to give a speech about her experience of doctors. The session ended abruptly after her emotional speech.

Positive points of the week: Dr. van der Wekken used good English during this lecture and made a lot of effort to flip the classroom. He walked around the lecture hall and gave the microphone to any- and everyone. He asked questions mainly about differential diagnoses. Students could freely participate.

Points of improvement:
The introduction of the week was scheduled to be 45 minutes, whereas the session was about 10-15 minutes. As mentioned, it did not deliver content. Although the students appreciate patients' openness to share their stories, in this case, we did not have enough time at the end to ask questions about her follow up and treatment or get to know her situation as of now. The treatment came back later in the week (clinical reasoning) as well as in the exam (radiotherapy) and it was a missed opportunity to discuss this with an expert.

General points of improvement:
The introduction of the week is something we worked hard for to get as a YR in an attempt to get a good foundation before the patient lecture. However, this week the session was appalling. The contact hours of G2020 are limited and each of them should be used to the greatest extent plausible. The wasted introduction, combined with the early end to patient lecture means that yet again: contact hours were lost or 'spilled'. Students did not go to tutor group with a good sense of clarity this week due to the structure/ending of the patient lecture.

Clinical Reasoning

General:
Dr. van der Wekken and Dr. 't Hart (pathologist) conducted this combined session (MM and GH). The theme of this session was a patient presenting with haemoptysis. The students were encouraged to come up with a working differential diagnosis. The session was interactive and students were at the fore of the content while being guided by the expert.

Positive points of the week:
The topic (haemoptysis) was important in the context of the learning resources and students could apply their freshly acquired knowledge. Dr. van der Wekken used the powerpoint interactively by going back and forth from the DDx for the different cases. Epidemiology and risk factors for lung cancer were covered. In general, Dr. van der Wekken spoke well and engaged the students.

Points of improvement:
Dr. van der Wekken spent a lot of time typing into his slides with student's input, however, this did not achieve the purpose intended. The slides were not shared on Nestor and this was unnecessarily time consuming. Dr. 't Hart spoke in a lot of detail about the drug treatments but this was not very clear (in terms of language and communication).

Other (practicals, learning material, logistics)

General:
Two practicals were conducted in week 10.First one was the practical on chest X-ray and was conducted in the Combizaal by Dr. de Jonge and other members of the UMCG radiology department. The students were presented with many X-ray images of different pathologies, and we had to come up with the diagnosis using the knowledge from the preparation websites.
The second seminar was "Pathology/Histology of lungs" which was scheduled instead of the "expired" Versatest of week 9. Professor Timens introduced many histology aspects and images of the previously covered in week 9 pathologies.

Positive points of the week:
During the X-ray/imaging practical Dr. de Jonge gave us an insight on how an X-ray is taken (rules for a good image) and how to systematically analyse an X-ray image (ABCDEFGHI system). After that we were offered 13 cases to go through, while the staff walked around to answer questions. We have greatly appreciated the fact that Dr. de Jonge uploaded the powerpoint with the right diagnosis and her explanation on Nestor shortly after the session. This could be used by students to better prepare for the upcoming exam.
Proffesor Timens used good English and his powerpoint was clear and resourceful. He covered many of the pathologies discussed in week 9, such as pneumonia, COPD etc. using corresponding histological examples.

Points of improvement:
Students would have highly appreciated a longer X-thorax session, since we did not have enough time to discuss all of the cases presented. Students found this session useful and interesting, hence we were engaged to continue it for longer. Although Professor's Timens seminar was engaging, the powerpoint was not uploaded on Nestor and none of the information was in the following exam session. Students also thought that the seminar was a bit too extensive in terms of information and that it did not adhere to the flipped classroom.

General points of improvement: Students were disappointed that a practical that required enrolment and preparation was cancelled. Moreover, many were looking forward to it, having experienced the utility of it (histologically) last year. In addition, having a seminar rescheduled on such short term into the following week should be avoided.

WEEK 11 – SHORTNESS OF BREATH

Introduction and Patient Lecture

General: This week started with an introduction given by Prof. Rob Bakels and Dr. van der Meer on heart failure. The idea was to start with recapping the physiology of the previous year before moving to the more clinical overview. This was followed by the Patient Lecture given by Dr. van der Meer himself.

Positive points of the week: It was a very good idea to have Prof. Bakels recap the physiology, seeing as this is essential to understanding the pathological basis of disease. Dr. van der Meer's powerpoints were very detailed and covered everything up to treatment. What was especially good was the detail of the patient's history and clinical findings (medication, X-ray, ECG).

Points of improvement: Although the recap by Prof. Bakels was useful for students, we found that it was too much to cover an entire year's physiology in such little time. Students'

General points of improvement: When you want to recap the physiology of an entire year, it is recommended to make a separate seminar/practical for it where Bakels has enough time. The students felt rushed through and almost 'disappointed' that the clinician took over.

Clinical Reasoning

General: Prof. Nieuwland and Dr. van der Meer gave the clinical reasoning of the week, recapping heart failure (preserved and restrictive).

Positive points of the week: It was a good overview and very helpful to attend, especially as it was the session before the exam.

Points of improvement: No points of improvement.

Other (practicals, learning material, logistics)

General: This was a lecture on cardiogenetics given by Dr. van den Berg. Dr. van der Meer suggested that students go to this as it would be integral to our understanding of the theme.

Positive points of the week: Students were captivated by the topic and it was an engaging session.

Points of improvement: After the exam there were several complaints about the effort students put in to familiarise themselves and understand cardiogenetics. However, they found that there was no correlation to the exam and were hence disappointed.

General points of improvement: When organising sessions during the course of the week organisers should keep in mind that the practicals and seminars should be integral to the learning material and examination content, else several students will protest.

BP THEME 4: [ABDOMEN]

WEEK 12 – ABDOMEN

Introduction and Patient Lecture

General: Dr. Kleibeuker conducted the introduction of the week, and this was followed by Dr. Jaap Talsma giving us the patient lecture. This session was a one and a half hour session scheduled 2.5h after the test of the previous theme.

Positive points of the week: The introduction was very detailed and covered a lot of useful knowledge. Jaap Talsma made the patient lecture very interactive and really reminded us of the importance of looking beyond the patient's diagnosis.

Points of improvement: The session was too detailed for one so close to after the exam. Students attention was diminished, understandably and participation was lacking. The patient lecture went quite slowly.

General points of improvement: The idea of having such a long session so shortly after the exam needs to be revisited. Students will not get as much of the session. Perhaps the introduction should be very concise and a seminar for a day later in the week should be arranged.

Clinical Reasoning

General: This week had a few cases given by Dr. Talsma and Dr. Kleibeuker. We really delved into abdominal complaints presenting acutely (alarm symptoms) and how GPs would react to this.

Positive points of the week: The doctors really involved students and encouraged them to participate and reason about complaints and what the approach should be. We discussed very real issues about how a GP would deal with such situations and also went on to see how this would be looked at in the hospital setting.

Points of improvement: -

General points of improvement: Having the continuity, with the same 2 doctors at the beginning and the end of the week meant that there was a very satisfying thread and closure. To say that this should be done regularly is an understatement!

Other (practicals, learning material, logistics)

General: There were no practicals this week.

Introduction and Patient Lecture

General:
The introduction lecture was given by Dr. A.P. van den Berg (internist). The lecture started with a brief overview of liver anatomy, giving the students a solid foundation to start the week with. Dr. van den Berg used clear English and very detailed powerpoint slides to take about pathophysiology and compilations of cirrhosis. However, the transition from cirrhosis to the topic of jaundice was not very distinct. Hence, some students were left puzzled, especially when the intricacies (at a molecular level) were delved into. Dr. van den Berg decided to give the students a break before starting the patient lecture, this was very uncommon for us.

Positive points of the week:
Dr. van den Berg gave a clear and detailed basis of the functional anatomy of the liver and associated pathology (fibrosis going onto cirrhosis), this being the focal point of the week. His use of English was comprehensible and easy to follow.

Points of improvement:
The introduction of the week took rather long (1h out of the 1.5h scheduled). Considering the 10-minute break given, the patient lecture was left with just 20 minutes. This was insufficient for interactive interviewing by the students and expanding on all the details of the case.

General points of improvement:
Dr. van den Berg went into a lot of depth and put a lot of effort into delivering content to us. Although this was much appreciated, students would prefer to spare the molecular details in favour of elaboration of the patient lecture (the key moment in the G2020 week). There was not build up of the differential diagnosis, elaboration of the signs and symptoms or emphasis on what we should focus on in the anamnesis. This meant the tutor session was less detailed/productive. In short, if there is such a great emphasis on the content delivered in the introduction this should be reflected in the test given at the end of the theme!

Clinical Reasoning

General:
The session was given by Dr. A.P van den Berg (internist from PL) and Dr. T. Schleuder (gastroenterologist). The complaint focused on was abdominal swelling (specifically, ascites). One case about a patient from the UMCG was presented.

Positive points of the week:
The experts started with discussing the key signs/symptoms that needed to be addressed and explained some relevant aspects of abdominal percussion, that students were unaware of. This, as well as the differential diagnosis of the complaint that followed were helpful and a good start. The reasoning involved was very 'sound'/interactive. We always went into: what is the problem, what can it be, how do you prove it and how do you treat it; a systematic and logical approach that should be engrained in students more often. Like in the Patient

Lecture, Dr. van den Berg was good at summing up the main points of the week at the end of his PowerPoint (clear, well-structured) and provided a clear take-home message.

Points of improvement:
GH students had anatomy scheduled at 15.00h, considering that CR was scheduled to finish at 15.00h: the expert decided to finish the session 30 minutes early. Compatible scheduling should take a greater emphasis. Moreover, this session started 30 minutes after the end of our quarterly Progress Test (in Martini Plaza). Students arrived late/tired and this was evident in the participation at the beginning of the session. Students were less inclined to participate and not many were willing to speak. The gastroenterologist could have provided more insight from his perspective and this would have broadened and deepened our knowledge.

General points of improvement:
Even after half a semester of "transition", scheduling remains an issue that compromises our already limited contact hours and thus our education. The clinical reasonings of MM and GH were combined the evening before the session (probably in the attempt to increase the contact time with the experts). Clinical reasoning is seen by the students as an opportunity to apply the newly acquired knowledge to real clinical settings. The time was not used completely (due to scheduling or preparation by experts) and this was an unsatisfactory compromise. Either the sessions should be separate for MM and GH for more personal contact (if they cannot make it last 1.5h) or they should be combined (if the 1.5h are used fully well); an alternative does not make sense to us.

Other (practicals, learning material, logistics)

General:
The practical of this week was "upper abdominal anatomy" in the Snijzaal. Students were expected to prepare material of the week and recap assignments from the previous year and its corresponding practical. As always, the anatomy practical was well attended and engaging.

Positive points of the week:
There was utilisation of several learning methods (radiology, Socrativ, Acland Anatomy, cadavers, models, etc.). This emphasises how well e-learning fits into our curriculum.

Points of improvement:
The PowerPoint posted for preparation was in the wrong folder: announcements, instead of "practicals basic program". Some students experienced that the practical ended 10-20 minutes earlier than the 2h scheduled.

General points of improvement:
The excellent use of various learning methods by the anatomy department is something students would like to see more in other subjects and disciplines taught during the G2020 themes.

Introduction and Patient Lecture

General: This week's focus was the problems with swallowing. Students learnt about the anatomy of the upper digestive tract, as well as the common pathologies associated. The introduction and the patient lecture were conducted by Dr. Wedman. Because of the scheduling confusion, Dr. Wedman was not prepared for the English group at that time, hence he had a lot of trouble expressing himself in English during the lecture, a major disappointment for students.
One anatomy practical and a joined (MM and GH) clinical reasoning session were held.

Positive points of the week: Anatomy practical is always highly appreciated by students.

Points of improvement: Scheduling errors are a major issue this semester. During the introduction and patient lecture, the lecturer could not express himself clearly and in a comprehensive manner, stuttering a lot. The introductory powerpoint was not rich in content and did not provide students with the needed "boost" into the new topic, moreover many slides contained Dutch terms. Because the patient prepared for the Dutch groups, he could only speak in Dutch. Dr. Wedman assured the students that he would translate, but this, unfortunately, did not happen (only some sentences were indeed translated).
It is difficult to say if the lecture would have been better if not for the scheduling error, since the impression created was that Dr. Wedman just had difficulties with English.

General points of improvement: Scheduling issues.

Clinical Reasoning

General: This session was conducted by Dr. Kleibenker, for both MM and GH students. Two cases about achalasia were discussed. The session lasted for only one hour, when scheduled for 90 minutes.

Positive points of the week: The overall impression from this session is positive, but at the same time there was nothing outstanding about it. Dr. Kleibenker attempted to make the session interactive, but at times students were not eager to participate.

Points of improvement: These sessions are an opportunity for students to apply and practice what they have studied about for a week, hence it should not finish earlier and use the designed contact hours. Since it finished earlier, it is maybe wise to consider for future presenting more cases about different conditions.

General points of improvement: -

Other (practicals, learning material, logistics)

General: The anatomy practical of this week focused on the upper digestive tract.

Positive points of the week: -

Points of improvement: Make the assignments correlate more with the work stations.

General points of improvement: -

WEEK 15 – ABDOMEN

Introduction and patient lecture

General: The introduction was given by surgeon Dr. Hofker who prepared a thorough presentation on the topic of the week: blood in stool. It provided students with a clear picture of the focus of the week, and which topics to study in particular. The patient during the patient lecture was much appreciated by students as he was very enthusiastic to tell his story and answer questions.

Positive points: The introduction powerpoint was uploaded on Nestor for students to use during their independent studying. The patient came prepared to his patient lecture and read out his anecdote about his illness and diagnosis that he had written down. It provided an unique perspective into the patient's experiences, which wouldn't have been achieved if students would solely ask questions during a patient lecture.

Points of improvement: When the patient told his anecdote, relatively early during the lecture, he gave away most of his diagnosis. Perhaps the treating physician could have started off with medical history taking with engagement of the students in the audience, and give the opportunity for the patient to read out his more personal and social experiences at a later stage in the lecture.

Clinical Reasoning

General: Clinical reasoning was given by Dr. Hofker and Dr. J.F.M Lange. Within 1hr and 30min students were encouraged to be proactive and both doctors were open for questions.

Positive points: The Clinical Reasoning session was engaging, practical and very clarifying to most students. Very clinical examples were used to address and visualize theory. The accompanying powerpoint was easy to follow and adjusted to our level.

Points of improvement: At times it was perhaps too clinical for 2nd year students. For example, too much time was used to discuss details about surgical procedures.

Other (practical's, learning material, logistics)

General: Learning objectives were uploaded on time. They were clear and the workload was not excessive this week. The document with tutor cases provided helped discussions and question formulation during tutor groups.

Positive points of the week: The learning objectives contained website links that were available both in English and Dutch. Translations of reading resources were uploaded relatively early in the week.

Points of improvement: Figures and tables of translated resources are published in a separate document than the translated text on Nestor. It would be more coherent and clearer to understand the resources if diagrams and tables are placed with the relevant text in the same document.

BP THEME 5: [NEOPLASMS]

WEEK 16 – NEOPLASMS

Introduction and patient lecture

General: The introduction was given by Dr. G.W. van Imhoff, who introduced the new theme to us with a clear powerpoint addressing the upcoming clinical reasoning and cases for tutor group as well. The patient lecture was informative and sparked a lot of questions during tutor sessions.

Positive points of the week: The patient's English was exceptionally good. The introduction powerpoint was posted on Nestor and contained many informative slides that were found very useful for students during independent studying and their exam.

General points of improvement: The introduction and patient lecture was scheduled two hours after our 2.1.3 exam and close to the Christmas break. Many students did not show up. Of those who attended many were less proactive than usual. Thus rescheduling for after the break would have perhaps have been more fruitful.

Clinical Reasoning

General: Due to the icy weather (code red!) tutor groups had been cancelled and students did not have the opportunity to study as much. Thus overall, students were unprepared and the clinical reasoning session was less proactive than usual.

Positive points of the week: English communities still had the opportunity to ask any questions to Dr. g.w. van Imhoff during the clinical reasoning session about the learning content.

Points of improvement: The main illness addressed during clinical reasoning was multiple myeloma, despite this being a very small part of the studying material. Only one exam question (2.1.5) was on multiple myeloma. Students felt clinical reasoning would have been more fruitful if for instance Hodgkin lymphomas were discussed.

Other (practical's, learning material, logistics)

General: In this week the weather in Groningen was dreadful and there was a 'code red'. On this day the university closed and advised everyone to go home at 13.00. The English clinical reasoning started exactly at this hour and thus was still attended by many students.

Positive points of the week: Despite many cancellations of valuable contact hours due to the weather, rescheduling was done well and many hours were caught up

on the consecutive week.

Points of improvement: Due to the unfortunate cancellation of the VersaTest on liver pathology, due to (yet again) the icy weather, a response lecture was scheduled which was received well by students.

WEEK 17 – NEOPLASMS

Introduction and patient lecture

General: The focus of this week was on cervical cancer; it's treatment, diagnosis and particular attention was given to preventative measures (testing & screening).

An introductory lecture on cervical cytology was given by DR. M.H.M Oonk in which several cancers of the female genital tract were discussed (ovarian, endometrial, cervical, vulvar, vaginal and trophoblastic disease). Epidemiology, signs and symptoms as well as treatment was covered in short. The lecture felt well prepared with an extensive power point. Mr Oonk possessed a high level of English and spoke slowly and clearly, giving students time to ask questions. The session rounded off with time for questions and points of remembering. The session then progressed into the patient lecture which while also being well structured, unfortunately lacked a "physical" patient.

Unfortunately, this week was plagued by bad weather with advice to stay home, which meant that the patient couldn't attend. The tutor groups session was also cancelled as well as a Histology practical. The practical we re-scheduled and changed from a versa-test based practical to a response lecture which was pleasantly received.

At the end of the week (13/1) a clinical reasoning was held, also with DR. Oonk where a comprehensive case of cervical cancer was presented. This session was well structured and tied together well with the learning material. I was done separately for MM-GH which meant a shorter time (45 min).

Positive points of the week: DR. Oonk proved a competent and experienced lecturer. All three lectures given by him were well planned out and resulted in well received and interactive sessions for the students.

Points of improvement: The clinical reasoning was held separately for MM-GH which meant smaller groups but less time spent on the clinical case. Sessions before and since with combined MM-GH have proven to offer a more extensive and information rich learning environment due to a longer total time (1.30h)

General points of improvement: The failings of the week were in general all due to the weather situation and thus couldn't be helped.
The rescheduled histology practical –turned response lecture - proved a better alternative to the traditional Versa test-based practical, which in the students' view can as easily be done at home. It is the general opinion that this structured

be adopted in the future; the Versa-module acting as self-study preparation for an interactive response lecture.

Clinical Reasoning

General: The case offered an interesting diagnostic challenge to students. A very well put together power point offered clear guidance throughout the session. Dr. Oonk was well prepared and engaging but had not been informed about the length of the session (45min instead of 1.30h). This meant that there was a lot of information which was lost to students and felt time-pressed.

Positive points of the week: The case was challenging and many opportunities were given for interaction. Dr. Oonk was well prepared and well spoken and the session in general was well received by students as offering detailed, relevant information.

Points of improvement: Dr. Oonk was not informed about the (shorter) length of the session which meant information was lost and the session did not reach it's full potential. In the future it must be made sure that lecturers are aware of the time frame in order for a realistic session plan to be made.

General points of improvement: It is the view of students that the session not be divided according to learning communities. The alternative of having a joint session gives more time and and opportunities for extensive activities. While this does increase the student/teacher ratio, the

Other (practical's, learning material, logistics)

General: The histology practical on the immune system had to be rescheduled due to problems with the versa-test module. This meant a re-schedule and change from a Versa-test based practical to a response lecture. This was well received and considered a better alternative according to the students.

Positive points of the week: The response lecture was interactive and gave many opportunities for questions.

Points of improvement: Since a change from practical to response lecture was made, it meant a less personal interaction with the lecturer. Because the format was new to students attendance was not complete and there was some confusion.

General points of improvement: A structure of using the Versa-test module as preparation for a response lecture appealed to students and there is a general desire to expand on this concept to include future planned Versa-test practical's.

Introduction and patient lecture

General: This week began with an introduction lecture by Dr. Jutte, P.C — a brief summary of bone malignancies, as well as some basic concepts about metastases by Dr. Gietema J.A.

Positive points of the week: The lecturers offered the students the possibility to ask additional questions and provided some guidance when needed.

Points of improvement: Although it was interesting to have an overview of the metastatic process in cancer, this would have been more beneficial for students to be placed somewhat earlier in the semester, or at least theme, since we have covered quite a lot of cancers up to week 18. Hence this information was not so relevant for the upcoming week. The patient lecture was conducted partly in Dutch, since the patient did not feel confident speaking in English.

General points of improvement: The scheduling issues have once again come across this week, where the lecturer was confused about the English and Dutch groups, having prepared a whole powerpoint in Dutch, but provided with some translations while presenting. It is quite disappointing to see so many introductions being prepared in Dutch, since the information provided is of such great importance for studying and understading the material of the upcoming week. The powerpoint was uploaded on the following Tuesday, in Dutch and with no additional translations. It makes sense to upload the powerpoints in English at least on Nestor, since this is after all an English bachelor programme.

Other (practical's, learning material, logistics)

The logistics behind uploading the necessary resources on Nestor were somewhat confusing this week. YR has received some emails with students complaining that the resources kept changing throughout the week, starting with a whole chapter in the beginning, which changed to a few pages by the end of the week. Since G2020 focuses on self-study, students always appreciate when the information regarding the resources is provided on time and with as few mistakes as possible, so that we can schedule our study time properly.
Organizational issues remain the main point of improvement even by the end of the semester.

WEEK 19 – 'MIC' DEALING WITH DEATH

During the MIC week powerpoints were all uploaded on time and very content-rich. Moreover, in this MIC week compared to the previous one, lectures were more distributed and shorted, this made it easier for students to pay attention and it made discussions more fruitful. Furthermore, learning objectives were very clearly defined.
Students initially enrolled for a lot of MIC week sessions but as the exam came closer and the stress increased a few unenrolled again. As a YR we receive very little comments about MIC week, except if it concerns exams.

GENERAL COMMENTS BP

TEXTBOOKS & E-BOOKS

Students were told that e-books were no longer available in an abrupt letter this summer, before second year started. Thus students were obliged to buy many books. This was unexpected for the students, and clashes with the G2020 philosophy on e-learning. Until briefly before the first exam, it was unclear to students whether and how e-books would be available for their open book exam. For this reason many students opted for buying hard copies versus e-books. Without an announcement, the e-books are now available again via the CMB portal for self-study, not for exams unless bought. This raised several questions among students:

1) Why should I buy an e-book just for the exam?
2) Why are e-books available for self-study for free, but not for use during the exam for free?
3) Why is "Farmacotherapeutisch Kompas" available during the exam, but not BNF (language discrimination)?
4) Why are students asked to buy an expensive ophthalmology textbook for one week of use during the course of the bachelor?
5) What was the decision making process between translating Kuks for previous semesters (Year 1 G2020) but not for this year (Theme 1 Year 2 G2020)?

SELF-STUDY AND LEARNING GOALS

Overall students still feel that the volume of work per week is too much. Even the best students struggle to get comfortable with the subject; we are rushed through it without being able to retain it effectively. There is no time to recap previous themes, for cumulative exams (especially noticeable in 3-week Theme 3).

As mentioned in Week 8, Theme 2: MIC learning goals do not correlate with the contact hours provided, specific to examination questions. Intrinsically motivated students, who attended did not feel they had an advantage during the exam, this was promised. This increases skepticism surrounding MIC weeks. Especially considering the large amount of material expected to be covered and issues in translating resources on time.

What students feel is that there are several occasions where learning material is added for the sake of covering it during the bachelor. To be specific: adding dermatology checklists after the week (it has to be covered somehow) and adding more content from Clinical Medicine in week 9.

TYPES OF TEACHING

Anatomy practicals are a perfect example of G2020 style learning. The teachers involved are aware of how to motivate students to come prepared and have the qualities to help them build on their knowledge during the session. Preparing is rewarding.

The G2020 blue print is promising and we hope that the staff keeps working towards executing this in practice. Students miss the concept of e-learning: TED talks, video lectures, discussion forum. Powerpoints are uploaded late or not at all on a regular basis, students find this a pity.

The Nestor discussion board, described to be: "the bridge between self-study and few contact hours with experts", is ineffective because the experts themselves do not have access to it. The semester coordinator constantly has to forward individual complaints to them and delays the whole process. By the time students get an answer to their pressing questions in the last week of the theme, the exam would often have passed.

Students appreciated the concept of a short recap of last year's content before the patient lecture.

PATIENT LECTURES AND CLINICAL REASONING

As can be seen from the weekly reports, these aspects of our education have been to a high standard and have improved greatly from the last year. On the whole: patients have been inspiring, communication between doctor and students is smooth. Clinical reasoning has often time allowed students to demonstrate their knowledge gained in the week and been in line with the theme.

TUTOR GROUPS

Uploading a document consisting of what tutor group should entail helped improve some of the incoherence between tutors. Cases are very much appreciated and bring tutor groups to more discussion and more interactivity. At the beginning of the semester many tutor group meeting 1s ended early; but this has been rectified. Additionally, tutor group meeting 2s often go past 20:00h because of the enthusiasm of students to teach each other.

LOGISTICS

Students appreciate getting a personal report after exams. However, there are several logistical issues that remain (in general). Scheduling between Basic Program, Learning Community, Profiling Education (and Honour's) has been challenging. Students feel that there is a lack of co-operation between the

individual parties involved. The overview tends to be lost due to the number of changes that happen during the scheduling. For example: intermittent presence of Response Lecture, Clinical Reasoning sometimes consisting of both LCs, practicals and seminars being cancelled due to low enrolment (people needing to re-enrol elsewhere) or 'expiration' (Versatest).

NESTOR

Nestor has been working well. The only issues that students have is that: experts are not able to upload their powerpoints themselves and do not have access to the discussion board.

COMPLEMENTARY PROGRAMS

Not applicable.

PROFILING EDUCATION

The organisation and overlap between profiling education and basic program in combination with learning communities has been a shocking calamity. Students and staff are unaware of the consequences of sacrificing profiling education for basic program/LC and vice-versa. After students personally contacted the coordinator (this was encouraged by Prof. Reijneveld), there was no reply. Consequently, contact with the bachelor coordinator revealed that Profiling Education should be taking place in third year despite what Prof. Reijneveld during a session introducing it. For instance, students have now signed up for an internship abroad during a basic program exam – which should not be the case. The profiling education is yet to formally address its place in the curriculum. To conclude, students are in the dark: they do not know what to do with this, it is confusing and remains unresolved.

Update: by half way this semester, a seminar was given by ter Horst clarifying things for students.

MOLECULAR MEDICINE

MM THEME 1: [NERVOUS SYSTEM AND SENSES]

WEEK 1

General: The theme commenced with an introduction of the theme structure and contents in relation to Molecular Medicine, as well as a brief overview of the lay-out of this academic year.
A task introduction, prior to which students should have prepared, also took place, giving students a clear overview on the key aspects of glaucoma in order to better develop the task.
Following the week, two 'question sessions' (one scientific-related and one clinical-related) were planned. Students had to answer to a series of questions (the answers to which could be found in two recommended articles), with the aim of consolidating the knowledge obtained regarding glaucoma, and to further answer any doubts concerning this disease.
Following this first immersion into the task, the first practical session took place. Each LC group was assigned a topic regarding glaucoma to study (for instance, scotoma simulation or treatment), and were to then conduct it during this first session.

Positive points of the week: Both introductions helped into grasping a better understanding of the upcoming theme, which was much appreciated by most students.

Points of improvement: The question sessions planned for the task were helpful to consolidate the knowledge on glaucoma. However, both sessions could have been 'fused' by reducing the number of questions. The sessions were profitable, nevertheless, it was a general feeling amongst students that they were perhaps too extensive.
Some LC groups had meetings scheduled at considerably late hours in the evening. We understand this is due to the fact that some of the installations used are usually during the day for medical practice or research, thus making it impossible for other another schedule to be made.

General points of improvement: no further comments.

WEEK 2

General: During this week the second part of the practical took place. Students concluded their experiments, analyzed the data gathered and discussed preliminary conclusions regarding the results obtained. Following this session, the first meeting with the expert to discuss a first draft of the scientific report per LC group was scheduled.
A session instructing students on how to conduct peer review also took place this week. A clear explanation on the process, the importance of the deadlines and the different steps concerned was explained.

Positive points of the week: fluidity of all sessions planned for the week.

Points of improvement: level of preparedness of students regarding the knowledge on the deadlines and structure of the task.

General points of improvement: no further comments.

WEEK 3

General: -
Positive points of the week: -
Points of improvement: -
General points of improvement: -

WEEK 4

General: students had a final meeting with their assessor to discuss the development of the task, the feedback received and the changes made based on it.
The task concluded with a presentation of the results of each LC group in a symposium in which each group presented their findings.
Some coach groups also started with the first session, in which there was a first introduction of the coach to the group, a discussion on the importance of feedback, and on the students' goals for the upcoming academic year.

Positive points of the week: Splitting the symposium into two sessions was mostly appreciated.

Points of improvement: some assessors of the LC task were not aware on the guidelines to be followed in order to assess students. Students also transmitted complaints regarding having to conclude the task with a symposium, the general feeling was of an 'additional task to the main one'.

General points of improvement: better communication and training of staff involved in LC tasks.

MM THEME 2: [BIOMARKERS IN HEALTH AND DISEASES]

WEEK 5

General: the week commenced with an introduction to the new theme *Biomarkers in Health and Diseases* in which an overview of the four weeks was given, a brief description of the 'green week', and a brief recap on the development of the first four weeks.
Following the theme introduction, an introduction to the task also took place. The development of the different assignments was explained and a concise overview on the definition of health was also delivered.
The week concluded with a Response session to analyze de data created by each group. Each LC group went into clusters, discussed their results and developed the gathered data into graphs. This occurred in hall 3111.0105, being not the most ideal space to conduct this sort of distribution. The heterogenic levels of preparation prior to this session amongst students, combined with the not too convenient space in which it took place resulted in a rather chaotic session.

Positive points of the week: the theme introduction was once again helpful for students to have a better understanding of the following weeks, as well as an opportunity for most students to ask questions or give feedback to the LC team.

Points of improvement: Clearer instructions on what is required from students to do as preparation prior to 'contact hours'. In the cases of the Response session, the lack of clarity on what was to be prepared was the main cause of the disorganized development of the session. It was also felt by many students that the task finalized during the session could have been completed outside of a contact hour, resulting in an additional contact hour to be spent in another LC related activity.

General points of improvement: the level of concentration and attendance of students was affected greatly, by having had five hours and fifteen minutes of contact hours scheduled after having had an exam on the very same day.

WEEK 6

General: during this week several LC sessions: presenting the data analysis, two lectures on biomarkers and genetics, a clicker session, and further instructions on the assignment.
In the session 'presenting the data analysis' every LC group presented their completed assignments on their data. Since the 'pointers' to analyze and the data upon these were based were the same (with the exception of the group's data), it resulted in a rather repetitive session with very little variability amongst the presented conclusions.
Sessions 'What is a biomarker' and 'Genetics and biomarker discovery for autoimmunity' consisted of two lectures on which the most relevant concepts

regarding biomarkers and the relation of these to genetics to detect autoimmunity were explained.
'Clickers session' was an interactive seminar in which Socrative was used to assess the knowledge of students on the main concepts explained during the past weeks. Attendance of students and the level of preparation was quite heterogeneous amongst both sessions.
The last session of the week was a lecture on how to work on the assignment, in which the task organizers gave further detail on how the final assessment would take place and the different roles involved in the debate.

Positive points of the week: the lecture session invested on giving more detailed information on how the final assignment should be made, and how the assessment would take place. It was found helpful by students since it helped to clarify most doubts concerning the reminder of the development of the task.

Points of improvement: the session concerning the presentation of data analysis was found to be overly repetitive by students, since the data and results presented differed very little amongst groups. This 'issue' could be easily solved by giving different focus points to analyze per group, not only this would help into creating more diversity, but would also simultaneously contribute into having a deeper and more 'enriched' view on the matter.

General points of improvement: the level of preparation and attendance are still very heterogeneous. Students (generally speaking) opt to attend only those sessions they feel will provide crucial information to prepare the task, thus skipping all those seminars or lectures that provide complementary knowledge (such as the clicker session).

WEEK 7

General: during this week to LC related activities took place: Coach-group meeting II, and the final presentation of the task.
Prior to the second coach-group meeting, students were to prepare a 'medical-dilemma case' in groups of five. During the session, each group presented their case and answered a series of key points related to it. After this, there was room for discussion with the whole group.
In the final presentation of the task, each LC group was to 'act out' their debate in front of an 'evaluating board' (formed by the LCMM team, task organizers, medical expert and one of the coordinators for Competency Development). The debate itself lasted for 6 minutes, followed by 3 minutes on the presentation of the reached conclusions.

Positive points of the week: fluidity of the sessions scheduled throughout the week.

Points of improvement: no further comments.

General points of improvement: no further comments.

WEEK 8

General -

Positive points of the week -

Points of improvement -

General points of improvement -

MM THEME 3: [THEME]

WEEK 9

General: The theme introduction started the week off, with the MM staff giving students information on the LC task, as well as for the tasks starting with coach group and statistics. Students were introduced to the task topic through several lectures and seminars on: Lung Physiology, Lung Cancer, COPD, Cystic Fibrosis and Asthma. Additionally, the first Statistics Workshop also took place in which students had to prepare based on the material provided on Nestor and the introductory session.

Positive points of the week: the experts involved in the introductory lectures were very enthusiastic sharing their knowledge with students.
A good example of this was Dr. Postma's lecture on COPD. It very clear, providing emphasis on the risk factors on this disease, which was a topic on which students were to focus on.
It was much appreciated that students had a lecture recapping physiology, since most considered this topic to be complex last year, and were happy to receive the chance to review their knowledge.

Points of improvement: regarding the physiology practical, despite the fact that Dr. Bakels was aiming for an active participation from students, this focus did have a downfall: it resulted in him investing a significant part of the lesson into explaining to a student who did not grasp the graphs being explained at the time, without a proper use of the microphone. This meant that the rest of the group was to watch while this took place, without being able to fully follow the explanation going on between said student and Dr. Bakels.
Concerning the Lung Cancer lecture, Dr. Groen's presentation was highly focused on the pathways and treatment of this disease, leaving risk factors (which were supposed to be the main topic) excluded.

General points of improvement: the experts should be aware of what the focus of their lecture should be. When organizing seminars, interactivity should not solely involve one student whom has problems within grasping the concepts.

WEEK 10

General: during this second week students had a meeting with the high school teacher responsible for the class they would give a lecture to, and a second meeting with an expert on the disease to which they had to give a lesson on.

Positive points of the week: students were able to consult with the high

school teacher the knowledge of the pupils they would be giving a lesson to, discuss the structure of the planned class, and thus be able to make the necessary modifications and preparation.

Points of improvement: the organization and course of the meetings with the expert were not fluid. In most cases, the expert was not fully sure of what he or she was supposed to do, in some sessions several groups were fused into a single session, in other sessions groups of students were to wait outside the expert's office and wait, also being an inconvenience for the hospital staff. Thus, for upcoming years, it would be best to look into a more structured wait to organize this.

General points of improvement: better organization regarding the expert meetings, as well as better preparation of the experts what is exactly to be done during the session.

WEEK 11

General: during this week students were to give high-schoolers a lesson on the respiratory disease they were assigned to. The third meeting of Coach Group also took place, in which students discussed ethnical and cultural conflicts that may arise in the clinic by discussing different proposed cases.

Positive points of the week: it was enriching to be able to debate during the Coach Group sessions on such complex topics, as well as to able to see how the different cultures within one group can have very different ideas on the matter.

Points of improvement: -

General points of improvement: -

MM THEME 4: [THEME]

WEEK 12

General: the theme started off with an introduction on the task and structure of the upcoming theme. Since the half-semester meeting had taken place the week beforehand, the LC team decided to share the course of this meeting with students and give them a chance to provide feedback.
The week followed with several introductory seminars on radiology and radiotherapy: Introduction on PET and Radiation Oncology and Introduction on reading CT's of thorax and abdomen.

Positive points of the week: it was much appreciated by students that the LCMM team invested time from the theme introduction into giving the chance for students to give feedback and openly discuss both positive and improvement points.

Points of improvement: the length and amount of information delivered throughout the task introductions (on the Friday) were found to be too extensive by students. This matter is most likely due to the fact that there had been an exam the day before, contributing to a lesser degree of attention and responsiveness.

General points of improvement: -.

WEEK 13

General: during this week the seminar 'Esophageal carcinoma and lymph node station in the mediastinum and upper retroperitoneum', and the practical thorax and abdomen were scheduled.
In the seminar, experts on the subject covered mainly the clinical presentation, TNM staging, and treatment options of esophageal cancer. The content of the session was found by students to be rather beyond the basics, going into quite detailed matter.
In the practical, students worked in pairs to analyze different imaging modalities of this area of the body. A list of anatomical structures was given at the beginning, students were to complete the list by the end of the session. The aim of the practical was to learn to identify key structures as well as defining a TNM stage of esophageal cancer. Throughout the practical, several experts and student assistants were available to aid students into better understanding the learning content and to explain the most difficult aspects of the practical.

Positive points of the week: the practical was generally found greatly helpful and instructive by students. Furthermore, it served as a more effective means of acquiring knowledge on the matter than the introductory seminars. The additional student and expert assistance was regarded as highly valuable.

Points of improvement: the seminar was found to be too thorough by students. A possible way this could be solved is by instead of going through all aspects of the disease, to focus on those which will be the most relevant for the MDM. For instance, since the aim of the task was to be able to diagnose, stage and determine the treatment of namely esophageal and liver cancer; if the seminar would have focused more on the procedure an oncologist/radiologist/nuclear physician would take in their practice it would have increased the performance and understanding of students when preparing and executing both task practicals and assessments.

General points of improvement: increase in the number of contact hours invested in practicals; and a greater focus of seminars into helping students better understand and develop the clinical and/or biomedical skills necessary for the task.

WEEK 14

General: During this week several practicals, seminars and assessments took place: seminar on colorectal carcinoma and liver metastases; practical and assessment on colorectal carcinoma and liver metastases; practice MDM; and practical on statistics.
The seminar on colorectal carcinoma and liver metastases was intended for students to grasp the basics of anatomy of the area of interest, tumour presentation and treatment options. However, the first part of the seminar was very much focused into importance of FDG-PET scans by comparison of different studies; whilst the second took a rather theoretical approach on the presentation and functioning of liver metastases. Once again, the seminar had a similar outcome to that of week 13 on esophageal cancer.
The structure of the practical was that of the practical on esophageal cancer of week 13. The outcome and thoughts of students on it do not differ.
The assessment evaluated the competence medical expert by a written test, consisting of a multiple choice part and an open question part. The questions covered radiological basics, recognition of pathological findings, and TNM staging.
Lastly, regarding contact hours concerning the LC task was the practice MDM. The course of this session was disorganized (there was not a clear structure, students did not know what they were to do exactly, only eight people out of the fifty attending were active participants during the session, the location was not the most suitable either for the rest of the students to properly follow the discussion) and the aim and what was expected from students were unclear (students were not sure of what they were to do right up to the moment of acting out the MDM, nor were they confident on how much knowledge on the matter they were expected to have). Thus, resulting in a non-highly profitable session.
The attendance to the second practical of statistics was low. The assignments and preparation were adequate to the level of statistics should now have, and there were sufficient assistants for such a number of students present.

Positive points of the week: the practical was generally found greatly helpful and instructive by students. Furthermore, it served as a more effective means of

acquiring knowledge on the matter than the introductory seminars. The additional student and expert assistance was regarded as highly valuable.

Points of improvement: increase in the number of contact hours invested in practicals; and a greater focus of seminars into helping students better understand and develop the clinical and/or biomedical skills necessary for the task. A better structure, instruction (towards students), and organization are needed regarding the practice MDM.

General points of improvement: communication amongst the different experts involved into designing and conducting the task is to be improved, by doing so the problems experienced throughout the development of the task (which mainly fall on miscommunication) could be solved.

WEEK 15

General: during this week the Coach Group meeting IV and the final task assessment (MDM) took place. Prior to the Coach Group session, students had to prepare in pairs video segments from the provided documentaries. During the sessions, these were discussed with the rest of the group. The session concluded with an evaluation of the functioning of the group; a discussion of the goals each student had established and whether they were being completed; and a discussion on how the semester had been for everyone.
For the LC task assessment, students were to prepare two cases accordingly to the role they had been assigned. During the session, students were to act out a multidisciplinary meeting, reaching a common decision on their diagnosis and treatment plan. Three experts judged the students' performance during the meeting.

Positive points of the week: the coach group assignments were found to be mostly interesting by students, serving as an 'eye-opener' to some by showing how much different cultures can differ when facing complex medical situations. The discussions during the sessions were also enriching, aiding in further understanding the impact culture can have with the medical treatment or approach.
It was found both interesting and useful to have the final assignment of the task in the form of a MDM.

Points of improvement: clearer instructions on the structure and preparation necessary for the assignment. Many groups understood that only a representative per group was to be active during the meeting, leading to a lower chance for said groups of a higher performance and score. The amount of material necessary to be prepared for Coach Group meeting IV was found to be too large, especially considering that over 1.5h of it only involved the mandatory documentaries to be watched.

General points of improvement: better instruction of the assessment.

MM THEME 5: [THEME]

WEEK 16

General: the activities scheduled for this week on the 5th of January (theme introduction and task introduction) were cancelled due to dangerous weather conditions. Thus, resulting in a rescheduling of the theme introduction on the following day, and a cancellation of the task introduction. The seminar on melanoma, which originally was meant to be given during the task introduction, was rescheduled on the following Tuesday. The 'Tumour immunology game and introduction to immunotherapy game' took place on the Friday, as originally scheduled.
During the theme introduction, a brief explanation on the tasks following during the upcoming theme were explained. Additionally, a part of the session was dedicated to students to be able to transmit their feedback to the LCMM team.
During the sessions dedicated on tumour immunology, ten groups of five students were present at each session. Students were to study beforehand the key concepts related to cancer immunotherapy, later, in the session they were to complete a quiz (via Socrative) by groups regarding the matter. It resulted into a very interactive session, in which explanations on the subject were combined with the discussion of questions.
Lastly, the seminar on melanoma gave students insight on the basics of the treatment of this disease, as well as the increasing role immunotherapy has in doing so.

Positive points of the week: the sessions dedicated on tumour immunology were found to be highly interactive, allowing for students to both test their knowledge as well as to better understand the matter.
The rapid reaction of the staff into rescheduling the sessions after the weather incidents.

Points of improvement: -
General points of improvement: -

WEEK 17

General: the week started off with the first expert meeting, in which students were to prepare a 'novel' therapeutic approach on which they would want their clinical trial to be based on. For the session, each group was assigned a scientist specialized within the field of immunotherapy, during this meeting students were able to ask questions and discuss the feasibility of their treatment decision.
The week followed with an introduction to clinical trials and a talk given by two researches on their experience when performing clinical trials.
The basics of clinical trials were discussed, additionally, students were able to ask any questions regarding this subject.

Positive points of the week: to be able to hear from researchers conducting clinical trials what their experience is like, and to be able to ask questions regarding both their investigation and career. Additionally, the quality of the introductory lecture was very high, delivering complex concepts in a clear manner.
To obtain some feedback and guidance with regards to the therapeutic proposal was much needed and appreciated.

Points of improvement:-

General points of improvement: -

WEEK 18

General: during this week the second meeting with an expert took place, this time a medical expert. Students were to discuss the preliminary version of their report and patient letter regarding the clinical trial.

Positive points of the week: the clinical experts were very enthusiastic about the students' work, additionally to that also very willing to help the students improve their trials.

Points of improvement: there was heterogeneity between what the science experts mentioned and what the clinical experts mentioned regarding the critical points of improvement and those that were already good. This was not the case for all groups, but some deemed it confusing.

General points of improvement:-

OVERVIEW TASKS MM

TASK 1 – [DISSECTING GLAUCOMA]

General: students worked on developing two competencies: *medical expert* and *academic development*, by applying their medical knowledge to study, collect and/or analyse data related to glaucoma*. Academic development* was further developed, by learning how to both create a scientific report and to provide a constructive peer review on a scientific report.
Students were arranged into groups of 5-6 students each, to study a scientific question based upon a predefined and prearranged topic. Students would then meet with their expert to perform an analysis (theoretical or practical) on their area of expertise within glaucoma. During the next session, students would assess the information gathered and ask further questions to their expert about their specific experiment, the data collected or on how to interpret the findings. During the second week, students would write a first version of their scientific report and submit it to their expert and make the necessary modifications.
In the third week, students submitted their updated report for peer review. The report was exchanged in an anonymous manner with that of another group, resulting in each student having a paper to assess. This peer review would then be exchanged, and the feedback received included within the final assessment.
In the fourth week, the adjusted scientific report was sent for final evaluation by the experts. The task concluded with two plenary sessions in which each group presented the findings obtained with their research.

Positive points of the task: students learned how to write a research application grant parting from some preliminary research. The division of the plenary sessions in two sessions instead of one (as in during the first year) was very much appreciated by students.

Points of improvement: better training of the assessors involved in the task. The time given between deadlines was thought to be too short by most students. We understand the importance of having strict deadlines for the whole process to work properly, however most students felt that in order to have a good end-product or improve according to the feedback received by the expert, more time would be necessary.
The final feedback received by students was thought to be confusing. The fact that end-feedback was given by the task coordinator, resulted in some cases with contradiction in the comments received. Since the aim of the task was to develop the competencies medical expert and academic development, this cannot solely be assessed by reading the 'paper' students elaborated. Perhaps the competence 'collaboration' could also be taken and thus also take into account the process that took place when developing the task. Additionally, medical knowledge was developed while gathering and analysing the data related to glaucoma, to later translate into a scientific report. Thus, perhaps it would seem more fruitful for the expert to assess this competence, and leave for the task coordinator to assess the academic development (reflected in the end-result of the scientific report).

TASK 2 – [BIOMARKERS IN HEALTH AND DISEASE]

General: During the first two weeks students were introduced to the topic of analysing the meaning of health in light of the recent adaptation of the WHO health definition of 1948. Additionally, given the increasing importance of biomarkers in serving as objective measurements of health and disease, students also studied different examples of biomarkers and interpreted their results. During the third week, more introductions on the importance of genetics and immunity in disease followed.
A 'second part' of the task was developed during the third week, in which students used the gathered information to apply it into creating a debate on a hypothetical case concerning the possibility to screen certain biomarkers. The aim of this being for students to understand different perspectives in health care, as well as the advantages and disadvantages of screening in health care management.
The final assessment was taken during this debate.
The competences assessed within this task were *health advocacy* (students being aware of: determinants of good or poor health and applies this in simulated professional situations; relevant legislation; the advantages and disadvantages of screening) and *academic development* (students being aware of: the existing scientific knowledge and the fundamentals of medicine; gaps within their own knowledge and are able to fill them in; forming an independent opinion and has the skills to convey their views to others both verbally and in writing; demonstrating an independent, curious, open and respectful attitude, as well as academic integrity and ethical awareness).

Positive points of the task: the explanatory sessions given through the course of the task were much appreciated by students since they helped into having a better grasp on the matter around which the task evolved, as well as for having a better overview on the course along which the task would develop. The fluidity during the progression of the task remained constant, and the time and material given to prepare were also attainable to do so by students. The fact that the fourth week was void of sessions scheduled regarding the LC task was much appreciated by students.

Points of improvement: the task start-off was not the most ideal. This being due to the level of concentration and attendance of students being affected greatly, since the exam and multiple hours of contact hours had been planned prior to the LC task start.
However, students' attendance and level of preparation continued to be irregular throughout the task.
Regarding the development of the task, it was rather 'rough' during the first week. This outcome is due to two main issues, the first being students not (fully) reading the task description, the second one being the sometimes very much detailed information on what is expected from students to be done. A clear example of this was the 'Response session' (the development of this session is detailed in week 5).
Perhaps due to the two factors mentioned above, most students felt a lack of connection between the sessions during the development of the tasks. The main concern being between the 'first part' of the task (first and second week) and the 'second part' of the task (third week).

Another issue to be addressed is how the final assessment took place. Most students feel that debate would have been more profitable if the time given to develop it was longer (there was not sufficient time to properly explain nor reason arguments), and the debate 'spontaneous' instead of 'pre-arranged'. A key change that could have also helped into giving a better 'debate-like' atmosphere is for students not to be 'standing in a line', but in another.
Regarding the feedback received, several complaints have been received concerning how it was not individual but more likely directed to the group as a whole.

TASK 3 – [SHORTNESS OF BREATH]

General: the task aimed for students to be able to deliver a complex disease into layman terms (in this case, high school students), since this will be a skill will be needed in the future throughout patient consults. Students were put into groups of 4-5 students. Each group was assigned a disease, and was to make a biology class addressed to high school students on it (asthma, cystic fibrosis (CF), chronic obstructive pulmonary disease (COPD) and lung cancer), focusing on the risk factors in relation to the possible primary prevention of it.
In order to grasp the basics of said respiratory diseases, several introductory seminars were given. Following this, each group was to search and learn on the disease assigned to be able to prepare a 50 min less for high school pupils (30 min presentation + 10 min discussion and 10 min evaluation).
Students had to attend to appointments prior to giving the class: one with an expert on their disease (to ask about aspects of the disease that remained unclear), and a second one with the high school teacher (to learn about the level of the high school class concerned and some general educational notions in order to adjust the level of the lesson).
Finally students will gave the class in the high school. In the end, the students received feedback from the pupils and high school teacher, which became a final assessment in this task.

Positive points of the task: the experts assigned to the task were highly motivated when sharing their area of expertise with students, providing with a good start-off during the introductory seminars. Providing students with a recap of physiology was highly appreciated, since the topic of the task was rather complex.
When developing the 'lesson' for the high school students, the freedom given to do so translated into a large variety of formats as well as a higher involvement from students to do the task. Nevertheless, despite this freedom some guidance was necessary; thus, being able to meet with a teacher to receive some counselling was beneficial.

Points of improvement: despite experts being highly driven during the seminars, there was a lack of a clear focus during the introductory seminar concerning what was the key concept to be delivered (in this case, risk factors of respiratory diseases).
Experts seemed somewhat lost in what their role in the meetings with students

was to be. A more detailed instruction could contribute into correcting this. Another aspect needing adjustment is the logistic organization of expert meetings, since several groups have reported having experienced problems regarding this matter.

TASK 4 – [ONCOLOGIC IMAGING AND TREATMENT]

General: this task aimed for students to be:

- Able to define anatomical structures that were provided on a list that was given as preparation material
- Able to recognize the radiological appearance of disease, based on the knowledge of the normal anatomy. The student should be able to recognize each of the following four conditions.
    - Colon carcinoma
    - Esophageal carcinoma
    - Pulmonary metastases
    - Liver metastases
- Able to define an adequate TNM stage based on provided images of:
    - colorectal carcinoma and liver metastases
    - esophageal carcinoma
- Able to determine the TNM stages of both conditions.
- Collaborate efficiently with fellow students during a simulated MDM:
    - Only share clinically relevant findings
    - Fast and to the point, without missing important details
    - Be trustworthy, share doubts if necessary
- Maintain professional relationships during the MDM:
    - Show respect to their colleagues (let them finish sentences, professional attitude)
    - Able to accept different views from their colleagues and adjust their opinion if necessary
    - Respect each other's expertise

In order to acquire the skills to do so several introductory seminars and practicals were organized (*Introduction on PET and Radiation Oncology, Oncologic Imaging and Treatment, Introduction on reading CT's of thorax and abdomen, Oncologic Imaging and Treatment, Seminar esophageal carcinoma and lymph node station in the mediastinum and upper retroperitoneum, Practical thorax and mediastinum, Seminar colorectal carcinoma and liver metastases / liver segments, Practical colorectal carcinoma and liver metastases / liver segments*). At the end of these an individual theoretical assessment on medical knowledge took place. Students were evaluated via a test including both multiple choice questions and an open questions on radiological basics, recognition of pathological findings, and TNM staging.
For the second part of the assessment, students were in groups of four. They were to prepare four cases (two for a practice of the assessment and two for the definitive assessment), accordingly to the physician role (nuclear physician, oncologist or radiologist) they had been assigned to. Then, during the practice assessment, and the assessment itself they would have to 'play' their part in a MDM, contributing with the knowledge and role of their assigned specialty into reaching a common diagnosis and treatment plan. Three medical experts judged the students' performance during the meeting.

Positive points of the task: the task was both highly useful and instructive, students acquired knowledge on how to identify, stage, diagnose and treat different forms of cancer; additionally to being able to learn what an MDM may be like, and learning how to be part of one in a cooperative manner.
The main highlights of this task were the practicals, which proved to be the most significant means of acquiring clinical knowledge and understanding, surpassing that of seminars. The additional student and expert assistance was regarded as highly valuable.

Points of improvement:

- REGARDING SEMINARS
    - The content given not always relevant for the correct development of the task nor coherent with that of the task description. An example of this are the seminars 'Esophageal carcinoma and lymph node station in the mediastinum and upper retroperitoneum' or 'Seminar colorectal carcinoma and liver metastases / liver segments'. A possible way this could be solved is by instead of going through all aspects of the disease, to focus on those which will be the most relevant for the MDM. For instance, since the aim of the task was to be able to diagnose, stage and determine the treatment of namely esophageal and liver cancer. If the seminar would have focused more on the procedure an oncologist/radiologist/nuclear physician would take in their practice it would have increased the performance and understanding of students when preparing and executing both task practicals and assessments.
- REGARDING PRACTICALS
    - Increase in the number of contact hours invested in practicals; as well as a greater focus of seminars into helping students better understand and develop the clinical and/or biomedical skills necessary for the task.
- REGARDING ASSESSMENT ON MEDICAL KNOWLEDGE
    - The grading system given to the assessment was found to be both strict and unclear by students (since no guidelines on how the test would be graded were provided to students)
    - The recommended reading material provided was not found to be particularly useful to accomplishing a better understanding or aiding into a better performance in the exam. It would be appreciated for upcoming years, to mention the book *CT Teaching Manual. A systematic approach to CT reading. Matthias Hofer 4th edition* as a suggestion, but to also add alternatives to it (videos on YouTube, papers, articles, etc).
- REGARDING ASSESSMENT OF MDM
    - The miscommunication amongst experts resulted into contradictory instructions regarding the structure of the assessment. Whilst some groups were told that only one member of the group would have to actively participate, and the rest 'watch'; others were told every member was to be an active participant. The consequence of this miscommunication later on translated into students receiving on their personal feedback to have either participated too much, or too little. Thus creating a both contradictory and unfavourable situation.

- REGARDING INSTRUCTIONS
    - **Communication amongst the different experts involved into designing and conducting the task is to be improved**, by doing so the problems experienced throughout the development of the task (which mainly fall on miscommunication) could be solved. Problems that have risen due to this are:
        - Incoherence between what different specialist say, what the task description says, and what LCMM team says

TASK 5 – [CANCER IMMUNOTHERAPY]

General: This task aimed for students to work on how to communicate with patients about their participation in a clinical trial and to learn about designing and writing a simplified version of a clinical trial protocol on cancer immunotherapy. Thus developing both communication and academic skills.
The first week of the task focused on the deepening on the students' knowledge on immunology and tumour immunology, as well as the latest developments in this field.
Thus, the contact hours consisted of introductory seminars, including that of a quiz for which students were responsible for (as in having to create the questions and contributing into an interactive atmosphere). Despite the unfavourable weather conditions, it must be highlighted the quick measures the staff took, 'making up' for the lost hours.
Following this, students were to choose a cancer immunotherapy to work on (either pre-existing or novel), make a power presentation about it and discuss it with a scientist expert on this field.
Next, introductory sessions on clinical trials took place. Comprising of both the theory behind them and an example of an ongoing research. The high quality of these contact hours allowed for complex concepts to be deliver to students in a clear manner.
After having gathered sufficient knowledge, students were to fill in a simplified protocol form as well as informative letter addressed to patients. In order to obtain some guidance, students had a meeting with a clinician expert on the matter to coach then with creating the reports. They received feedback which was to be later on implanted within the final version of these documents.

Positive points of the task: overall content and organisation of the task were very good (especially considering the ordeal that presented the first week due to the dangerous weather conditions). The end-result was a 'multi-facet' task in which the input and involvement of multiple experts contributed into students grasping a better understanding on clinical trials and the process behind them.
The clicker session was highly instructive, during this session 'quizzing' was combined with explanations on the content being delivered. Thus resulting in a highly productive session in which students' knowledge was consolidated.
The fact that students received guidance from two different perspectives (scientific and clinical) when elaborating on the task, allowed for an enriching end-result.

Points of the task: it remained unclear for students as whether the therapy they should base their clinical trials on was to be novel or pre-existing.
The fact that two different experts evaluated the task made (in some cases) the feedback received either contradictory or confusing. This could be solved by communication between the experts assigned to each group, thus also allowing an evaluation of the students' progress from the initial meeting to the second.
Finally, it would be appreciated by students if the deadline of the task was not placed on the same date of the exam.

GLOBAL HEALTH

OVERVIEW TASKS GH

TASK 1 – [POLIO ERADICATION: MEDICAL, SOCIAL AND POLITICAL ASPECTS OF PREVENTION]

General: The final goal of the task was to produce an infographic which showed the steps health care professionals need to take in case of diagnosing acute flaccid paralysis and want to exclude poliomyelitis. This included everything from lab tests to public health measures, and related to the topic of discussion in the basic programme. For this, students were given a video-conference lecture with two experts from the WHO in Afghanistan, and consulted with two doctors from the UMCG.

Positive points of the week: This task marked a sensational beginning to the year. The video-conference was the highlight, but the interaction between students, UMCG experts and experts on the field went much beyond that. It was impressive how everyone was so focused on the discussion and how it was possible to get privileged information about how things are "out in the field". It was also great that there was a relation between the topic and the basic programme. This is highly advised for every Global health task, as it automatically increases the adherence of students. This paragraph cannot capture all the positive appreciation of students for the video-conference. The assessed competencies were Medical Expert and Communication, which are truly reflected by the aims of the task.

Points of improvement: Albeit a quite well designed and thought-through task, opinions were somewhat mixed. The main criticism rested on the fact that at least as much time was spent on "making it look good" as on actual research, as had been the case with some tasks the previous year, and it still was not clear how that would influence assessment of the "Communication" competency since communication is not only verbal/written but also symbolic/schematic.

TASK 2 – [WRITING A PERSONAL DEVELOPMENT PLAN AND THE IMPORTANCE OF PEER FEEDBACK]

General: The aim of this task was to get the student to a) reflect on their development during year 1 and make new goals for the coming year, and b) to discuss the importance of effective feedback in teamwork. For this, there was a meeting with the HCS group and coach, and students were given reading sources – looking through their feedback from the previous year and two articles

regarding feedback between medical professionals. There was also a pre-meeting seminar given by Fokko Nienhuis.

Positive points of the week: The introductory lecture showed improvement, as compared to similar ones from last year, and the coach meetings were, in most cases, well used to discuss the content of the provided sources. The quality of the coaches seems to have improved, as seen by the way they (in general) prepared for the meeting. Providing actual cases, both during the lecture and for the group meeting, gives students a solid basis to build upon and incites discussion. This was particularly well done during the introduction lecture.

Points of improvement: The generalised idea was that, despite well planned, the task did not add much to what had already been discussed last year, for example, regarding the SMART criteria. Maybe it would be good to, in these cases, establish the expected progression in depth. That is, explain how the task builds on that which was already discussed last year; for example, it is stated that "During the first year you already gave and received feedback from your fellow students and/or coaches", but there is no mention of how this task would help improve the feedback given in comparison to last year.
Also, the two competencies assessed were Communication and Medical Expert. Under the criteria for the latter, "Has shown an ability to express personal views in a respectful manner" or "Can reflect on how he/she would behave personally in the described situations and shows insight of strong and weak points of the personal way of dealing with such situations" can be found. Although their importance is unquestionable, they would fit the competency "Professionalism" more adequately.
Also, in the student description of the task, only two competencies were supposedly going to be evaluated, namely Communication and Medical Expert, while Collaboration was not. Students questioned whether that is a good policy, and think that some thought should be put into giving the right task description. It also connects to a problem brought up in task 4, regarding the distribution of competencies to be assessed in different tasks. Either Collaboration was not going to be assessed in task 2 when it was put together and the LC team later altered this (which goes against a statement from the team brought up in task 4 and is problematic in many ways to the trust relationship between YR and LC GH team) or there was a mistake in the definitive version of the task description sent to students, which also shouldn't happen.

TASK 3 – [MEDICO-LEGAL DILEMMA'S AND THE GOOD DOCTOR]

General: The task opened with a seminar about professionalism and the position of minors in the health care system, which was organised in collaboration with the faculty of Law and

given by Dr. Dorscheidt. A coach group meeting followed where students should discuss the cases put forward in the seminar and documentation given as supplementary material for the task on Nestor. The end product consisted of two essays. One, where the students should discuss the case of a patient with clear legal and moral implication, and answer the questions that are posed at the end of the case, which pertain mostly to such ethical and professional dilemmas. This should also include a note on the subjects discussed during coach group, up to a maximum of 500 words. The second essay consisted of a critical assessment of the example of good or of bad professional behaviour students took to the coach group meeting. Justification on why they chose that example, how it was perceived by other students and a final conclusion related to the discussion within the group and how their thoughts matched or not one's personal thoughts should all be included in up to 300 words, as well as some reflexion on the CanMEDS roles. The assessed competencies were Medical Expert and Professionalism.

Positive points of the week: The introductory seminar is a good way to get students familiar with the main topic to be discussed (introduction to Health Law and to some considerations of controversial cases in healthcare). The key point of the task was also interesting, as the earlier students are exposed to these considerations regarding their future practice, the better.

Points of improvement: There are two things worth pointing out in the opening seminar which might be valuable in the future: one is that it's the third or fourth time students have had this same lecturer and he still introduces himself for 5 minutes every time we meet. This is derived from the lack of contact hours with one same expert in the G2020 model, but as we are aware that we've met, so should be the expert; second, the introduction seminar idea is good, as pointed out for every task until now, but not all intro seminars have the same quality and especially on this subject, a 2-hour seminar where the expert still managed not to handle all key points in the task description could be slightly changed to a more practical, concise and somewhat shorter session.

TASK 4 – [FOOD AND NUTRITION: THE CASE OF VITAMIN A AND D]

General: The task started with an introductory interactive seminar where three experts explained the relevance of vitamin deficiencies as a problem, and how supplementation could tackle this and the multiple aspect involved in doing so, at both an individual (hospital setting) and population level. From there and with the help of some literature, students had to build on it and come up with a 5-minute presentation about the vitamin A or D situation in their country/countries or area of study. This included both the "behind the scenes" research and development of a strong pitch, based on legitimate information and reliable sources, and the 5 minute presentation to a panel of experts. The sources and their strength/reliability were assessed by the Global Health facilitator, independently from the presentation.

Positive points of the week: The introductory seminar was quite good for the most part, as it gave students an example of two perspectives, the clinical, with employees from the UMCG linked to the area of Nutrition, and the broader, more "promotional" point of view

of the industry which is deeply connected to the majority of research on the topic. The articles complemented the presentations and were a good way to prepare. Also, the expert panel on evaluation and the concluding seminar were a fresh, new way of evaluating students which was suggested by the YR to the LC team (Molecular Medicine had been doing it for some time) and everyone was generally pleased to see so much effort put into it, the YR in particular for seeing action being taken based on our recommendations.

Points of improvement: First and foremost, it should be highlighted that the positive points mentioned above should not be overshone by the negative points. Having said this, there is one main complaint regarding task 4, and that is the decision not to evaluate the competency "Collaboration". Instead, the evaluated competencies were Academic Development and Health Advocacy, which seem quite fit, since Academic Development includes scientific rigour in choosing sources, for one, and Health Advocacy is highly dependent on the ability to promote ideas, in one way or the other. However, this being the first task were the final product was **mandatorily** the result of group work over two group sessions and more if students so intended, that there was no space to assess collaboration is a major flaw. This is due to the fact that the main problematic component of the task was that some (fortunately not many) students didn't contribute to the group presentation and instead only concerned themselves with giving the facilitator their sources (Academic Development). Since there is no consequence to not showing up to the closing seminar (two groups only had around half of their members), they will be assessed just like the rest of the group who did show up and present for Health Advocacy.
Furthermore, on the 20-10-2015, this subject was brought up (even before the seminar) to the LC Global Health team and the reply the YR got was "that the slots for assessment of Collaboration had already been attributed to other tasks, mainly due to the fact that these tasks had to be put together before the start of the year. We see this as a rather insufficient reason to such a poor choice because assigning the assessment of Collaboration to tasks such as task 2 (refer to Task 2 description) which resulted in an individual end-product and where the only moment for some collaboration was the group session discussing cases. This was also put forward as a good example of collaboration by the LC team but we deeply disagree, since the assessment of competencies should be based and is best achieved when a competency is fully patent. For instance, it wouldn't make sense to evaluate Communication in an assignment where students had to write post-it notes, rather than in an oral presentation or a patient-doctor roleplay. This type of structural problem should not and cannot be justified with having developed the task in August because we believe that given the educational background of the LC GH team, they are more than competent to "get things right the first time" and should not require feedback on this.

TASK 5 – [CONTROLLING THE WORLDWIDE EPIDEMIC OF NCDS

General overview

The task started with an introductory interactive seminar given by a WHO expert on the global impact of non-communicable diseases (NCDs). The seminar focused on the international perspective on NCDs and provided the groundwork for two group meetings, one consisting of several subtasks for which students had to prepare beforehand, and a second one for presenting the findings and

selecting the best of the final products (speeches) to be presented at the closing seminar. For this task, students were also given a statistics seminar.
The end products should be the abovementioned speech (which the student had to write as a ghost writer, for the Minister of Health of their country) and a separate fact sheet.
The assessed competencies were Health advocacy and Academic Development.

Positive points

The opening seminar was captivating, providing students a broad view of the rising problem of NCDs. It managed to bring valuable information to students with countries in any income range, which is always a good point. The criteria on the selection of articles, although still very dependent on facilitators' opinions, seem to have become more strict, which is seen as a good development (i.e. not any article taken off the internet will do, which sometimes was the case in group discussions).
The Statistics seminar, as all with Prof. Burgerhof, played its role perfectly and was extremely well conducted.

Points of improvement

The idea of a speech was, in general, received with quite some criticism. Writing as a ghostwriter requires different skills as compared to preparing one's own speech. The concept was quite interesting, some also argued, but the information provided in the closing seminar should, instead, have been given as part of the introductory seminar or provided in a document before the speeches were actually written. And even then, it didn't add much to any high-school level writing class, when we firmly believe Prof. Hogerzeil has more than enough experience to provide more solid advice on how to convey information on health matters.
The Statistics seminars are something which has been identified as a source of problems since last year, due to low attendance (please consider this comment in the light of the positive aspects mentioned above).

TASK 6 – [CONSULTATION SKILLS]

General overview
This year, the preparation for the assessment consisted of three preparatory sessions, with a fourth, final one, for assessment. It built on what was done in year 1, except the format varied in some groups.

Positive points
The structure was much better this year compared with last year. More and better meetings, and the final assessment including a psychology student **and** the HCS coach to assess the Medical Expertise competency gave the task a much more serious outlook. The cases provided both for the training sessions as well as for the assessment were also more well structured than last year's and were mostly about things that had indeed already been studied.

Points of improvement
A lot of NOT's were given in some groups, sometimes with insufficient feedback. It would perhaps merit looking into this if a certain groups showed a significantly higher than average number of NOTs.

TASK 7 – [EVIDENCE-BASED DECISION MAKING]

General overview
This task was the first of two linked to the theme "Abdomen" in the Basic Programme. It further involved dealing with the concepts of epidemic, endemic, and pandemic, as well as providing further insight as to how monitoring and surveillance mechanisms for infectious diseases are structured. It started with an interactive seminar from a virology expert (Dr. Coretta van Leer) about the symptoms and epidemiology of Hepatitis C, and the role of practitioners and the GGD in reporting and monitoring diseases. The end product was a paper with epidemiological data, as well as the strategy on monitoring and surveillance in each of the students' countries.
The assessed competencies were Management and Academic Development.

Positive points
The introductory seminar was unarguably the best thus far, all due to Dr. van Leer's dynamic presentation. Getting an expert who had already given us a lecture last year was also quite a good idea, as it gives students (some) idea of continuity. Also, the connection to the Basic Programme was quite appreciated, and the task was actually extremely medically relevant, which is what sometimes lacked in previous tasks.

Points of improvement
The choice for this task to be included in HCS rather than in the Global Health section, especially since it was so closely related to task 8, raised some eyebrows. We already know these two tasks are going to be fused into one next year, which solves this problem.

TASK 8 – [HEPATITIS C TREATMENT: AFFORDABLE HEALTH CARE?]

General overview
Students were assigned a specific country in function of their groups' income level (South Africa, Mongolia or Canada). The purpose was to collect information on the latest clinical guidelines for diagnosing and treating hepatitis C. The groups met twice, with each two students assigned a role in "treating" four cases with different patients (Medical officer, Financial officer, social worker and chairperson).
The final product was a group presentation at a concluding seminar, in which the measures presented by students to solve one of the cases they had to previously prepare were compared to WHO standards by an expert.
The assessed competencies were Management and Health Advocacy.

Positive points
From the start, probably the best Global Health task thus far. The task was very linked to Task 7, and the introductory seminar built on what had already been learned before. There was a good link between the Basic Programme and the

task even though viral hepatitis was not part of the "Abdomen" theme. It allowed students to revise some of what was learned last year and expanded on the Basic Programme, which was something the YR had previously recommended. Indeed, it's rewarding to see this kind of progress and to see so much effort put into incorporating the YR's ideas into the LC GH team's way of designing tasks.
The concluding seminar divided in three sessions was a great idea, as it made it easier to conduct and also more interesting, as a group of 30-40 people is much more suitable for open discussion and there is greater proximity between students. It was also very solidly conducted by the GH team (presentation and assessment/comments). We recommend adopting the format again in the future.

Points of improvement
It's hard to think of things that require significant improvement. The only thing which raised some issues was the formulation of certain cases, in that the information provided did not disclose everything and the treatment plan was, in some of the cases, heavily dependent on specific information (the patient of "mixed ancestry", for instance; information on what is exactly meant by this would have been relevant for, for example, health insurance purposes).

TASK 9 – [COLLABORATION: END OF LIFE]

General overview: The task started with an introductory interactive seminar where students were asked to watch and comment on several movie fragments dealing with end-of-life decisions in different settings. This and a group meeting discussion should provide enough reflection and means for students to present the end product, which was a personal reflection and the analysis of a case in which end-of-life-related decisions and communication with a patient were the main focus.

Positive points
The introductory seminar was extremely good, PJ van Dijk really managed to grip the audience and the videos shown "hit the spot". The direct link to the Basic Programme (MIC Week on Death) was also highly appreciated. Also, the international outlook (Morocco vs the Netherlands) embodies the spirit of what Global Health should be and brought some very relevant points to most groups discussions. The idea of giving the students an actual case to analyse is also in line with what we think is the best way to tackle these tasks and was appreciated by most students.

Points of improvement
Many students and coaches think assessing a personal reflection doesn't make sense, especially when the topic at hand is something like Death. The personal reflection itself is of course valuable and necessary, but grading it with a NOT/OT/FOT seems inadequate. Unfortunately, we also do not see a solution for this, at the moment, so perhaps it would be something to discuss with coaches/LC team/YR in the coming semester.
Also, as was already suggested, a bigger small group discussion (30-40 students) with more than one coach could prove very valuable in this sort of task, as different coaches from different specialties/fields/experience could come together.

EXAM REPORT

EXAM EVALUATION REPORT

INTRODUCTION

This report contains the exam evaluations of the exams 2.1.1, 2.1.2, 2.1.3, and 2.1.4. It was written by the Exam Committee (ExamCee) of YR2 and the Tentamen Commissie (TenCie) of JV2.

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Semester 2.1
Title of exam/semester
Neurology, Systemic diseases,
Short of Breath, Abdomen
Dates of exams
01-10-2015
29-10-2015

Semester coordinator
dr. B. Jacobs
Chief examiner
dr. B. Jacobs

CHARACTERISTICS OF THE EXAM

First exam characteristics (Exam 2.1.1)
Number of questions: 30
Number of closed book questions: 20
Number of open book questions: 10

Second exam characteristics (Exam 2.1.2)
Number of questions: 44
Number of closed book questions: 29
Number of open book questions: 15

Third exam characteristics (Exam 2.1.3)
Number of questions: 57
Number of closed book questions: 28
Number of open book questions: 29

Fourth exam characteristics (Exam 2.1.4)
Number of questions: 63
Number of closed book questions: 33
Number of open book questions: 30

GENERAL ASSESSMENT OF THE EXAM

There were no general complaints about exam 2.1.1. The exam was thought to be a good representation of the learning objectives, though there were some minor complaints about the number of ENT and ophthalmology diseases we had to study.
Students were less satisfied about exam 2.1.2, which was thought to be very detailed and random. A lot of departments had to be covered in this exam, meaning the subjects in the exam questions jumped from one to another. Additionally to that, a lot of students witnessed other students open their digital books before the examiner had announced that the books could be opened.
Exam 2.1.3 was again thought to be very detailed and random, which could again be explained by the fact that a lot of departments had to be covered in one exam.
Students also requested the learning objectives being placed all at the same time at the beginning of the theme. This, however, seems impossible considering the delay in translating.
Despite some faulty questions in exam 2.1.4, this exam was greatly appreciated by the students. This was mostly because only the fourth and the third theme were covered in the closed book part, instead of three themes. Previous knowledge was, however, tested in the open book part, but that was thought to be fine. This new division gave the students the feeling that they were truly tested on their knowledge about theme 4 instead of having to recall big amounts of details from previous themes.
In the first two there were problems with the names of some student not appearing on the name list. Therefore these students seemed to not be enrolled in the exam and did not have a table in the hall. This caused lot of stress amongst these specific students. In the third exam, this problem seemed to be solved.

EXAM EVALUATION MEETINGS

In the first meeting it was quite hard to agree with one another, as the semester coordinator sometimes had greatly different opinions on questions as the student had. The second meeting went a lot better. Both meetings were easily planned, although due to a scheduling problem, only three out of four Examcee/Tencie members could be present at the second meeting. All four were present at the first meeting. During the third meeting, again only three out of four Examcee/Tencie members were present. In this meeting, we also discussed the great workload that is put on the students and that sometimes feels as too much. The fourth meeting was again with only three out of four Examcee/Tencie members. The meeting went very well, despite it was planned on short notice, as it had to take place before the Christmas holiday. Although last year different questions could be removed for the English or the Dutch communities if these had to do with language and formulation, in the second meeting the semester coordinator mentioned that he thought this was not allowed. This will be discussed internally, as last year this was possible. For now, questions were deleted in both exams if they were wrongly formulated in either language.

Exam 2.1.1:

Closed Book:

Question 20 was eliminated due to an unclear formulation, which was supported by the statistics. Therefore this question was eliminated.

Open Book:

Key changes:

CB question 7. The right answer was "'in the posterior portion of the white matter of the spinal cord" instead of "in the anterior portion of the white matter of the spinal cord".

OB question 1. The right answer was "to the right ear" instead of "to the left ear".

Exam 2.1.2:

Closed Book:

Question 14 will be eliminated due to a mistake of the semester coordinator, who forgot to ask the sentence "what is incorrect". This led to a question with multiple correct answers.

Question 15 will be eliminated. This question was too detailed and not in line with the general learning objectives. The statistics support this.

Question 17 will be taken out due to a wrongfully formulated question.

Open Book:

Question 4 will be taken out. Although the question was good content-wise, it could not be found properly in the resources.

Question 8 will be deleted due to the fact that the embryology book was not put on the list of necessary books. Considering this question was an embryology question that could only be found in the embryology book, this question has to be taken out.

Key changes:

None

Exam 2.1.3

Closed book:

Question 3 will be eliminated as the questioning was unclear in both languages and the test statistics were very weak.

Question 6 will be eliminated due to weak test statistics.

Question 7 will be eliminated due to confusing information in the learning material, weak test statistics and unclear formulation.

Question 19 will be removed due to weak test statistics and because there was not enough emphasis on the importance of this subject in the learning objectives.

Question 25 will be removed due to weak test statistics.

Question 27 will be removed due to weak test statistics, additionally the answer to this question did not seem to be present in the learning material.

Question 29 will be removed because the figure legend was not translated into

English.
Question 33 will be removed because two answers could be possible.

Open book:

Question 16 will be removed because the resource given was confusing on the correct answer to the question.

Key changes

OB question 12: the correct answer was "obstructive sleep apnoea syndrome requiring continuous positive airway pressure" instead of "central sleep apnoea syndrome requiring bilevel positive airway pressure".

Exam 2.1.4

Closed book:

Question 12 will be eliminated because the answer to this question could not be properly found in the learning resources. The test statistics were moderate.
Question 35 will be removed due to weak test statistics

Open book:

Question 2 will be removed due to very weak test statistics, and because the answer could not be found in the learning resources.
Question 3 will be removed due to unclear questioning, the question said 'unlikely' while it was supposed to be 'most unlikely'.
Question 7 will be removed due to very weak test statistics and because the answer could not be found properly in the learning resources, especially those provided for the Dutch communities.
Question 17 will be removed due to weak test statistics and insufficient information in the case description.
Question 34 will be removed due to weak test statistics and because the answer could not be found properly in the learning resources.

Key changes

OB question 18: the correct answer is 'incorrect' instead of 'correct'.

CONCLUSION EXAMCEE

The first exam corresponded well to the learning objectives, something that was more problematic with the second exam and the third. The fourth exam showed great improvement that was much appreciated. Overall, the language of the exam has improved and the students are glad that the exams are now taken will all communities together. Nonetheless, attention to the language issues is still needed. Although it has improved, it is yet far from perfect. Also a lot of questions are still deleted, something the students feel reflects poor exam quality.