

Curriculum Transformation Town Hall

Quillen College of Medicine
September 22, 2020

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What are you hoping to get out of this meeting?

Hear people's voice

Sense of direction

Hope for a real change!

Just learn more about what plans/ideas are out there for the future of our curriculum and to hear the opinions of others.

Info on how this is going to affect current students

Hear updates on what has been done and understand future directions

Understand what is being considered

Understand the current curriculum and planned changes

I'm new. Hoping for an understanding of the current needs driving this initiative

What are you hoping to get out of this meeting?

Information on where the committee is.

Idea of where we going

Insight on the changes in curriculum!

I hope to find out what changes will be implemented so that I can think about how to better serve students.

An overview of plans for the curriculum and people's thoughts on them

Info on plans

better teaching

Know wh a t's happening

Info if/how this would affect financial aid compliance

What are you hoping to get out of this meeting?

enlightenment

Learn curriculum changes and implementation of them

How we will focus on how to be a patient centered medical School

info for planning

Knowing what the current status is on the planned curriculum



Agenda

- Brief overview of work so far
- Curriculum ideas
- Breakout
- Debrief



What we are NOT covering today:

- The exact framework of the curriculum
- Calendar changes or phase lengths
- Specific content of preclerkship blocks





Who are we?

- Ivy Click, Ed.D.
- Brian Cross, Pharm.D.
- Beth Fox, M.D.
- Tom Kwasigroch, Ph.D.
- Jason Moore, M.D.
- Ken Olive, M.D.
- Rob Schoborg, Ph.D.
- David Taylor, MS4



Charge

- Investigate best practices at other institutions
- Make recommendations for curriculum
- Provide timeline for implementation
- Outline resources needed



Why are we changing the curriculum?

- Unsatisfactory accreditation elements related to integration and coordination of the curriculum
- Student dissatisfaction with integration of the current curriculum
- Desire to increase student and faculty engagement
- A more modern/innovative curriculum could be more appealing to potential students

“
It is easier to move a cemetery
than to change a curriculum.

– Woodrow Wilson





Hopes

**What have we
been doing?**

16

Committee meetings - (almost) every Friday



5

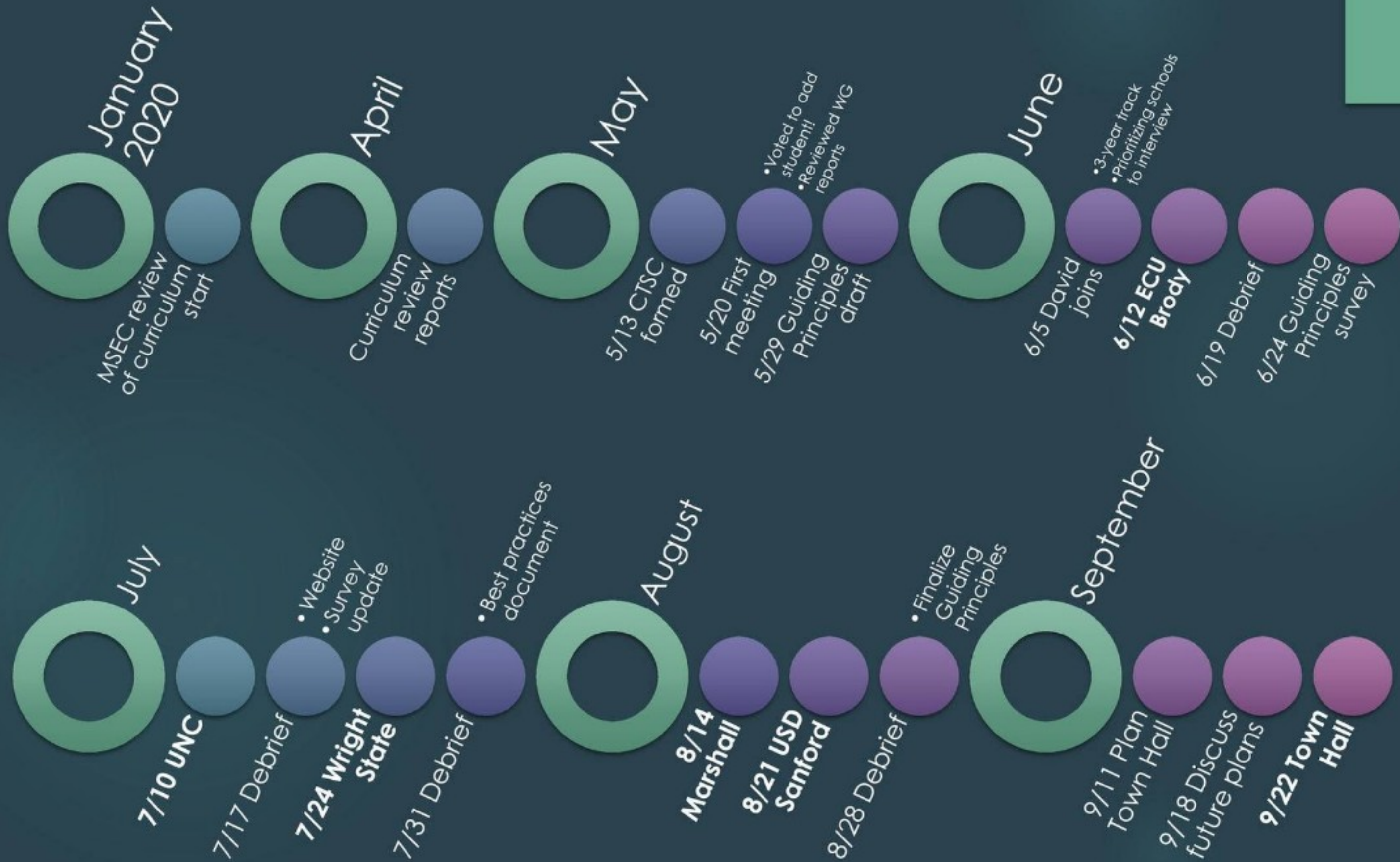
Meetings with representatives from peer institutions



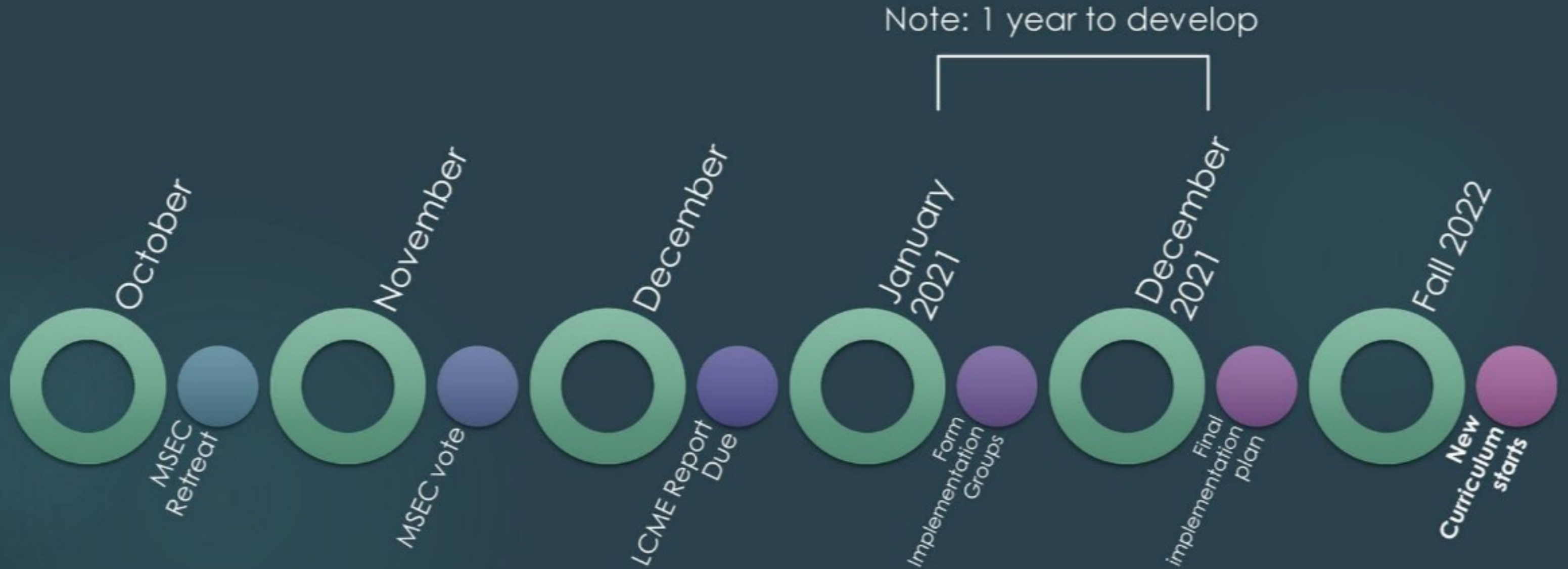
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emails





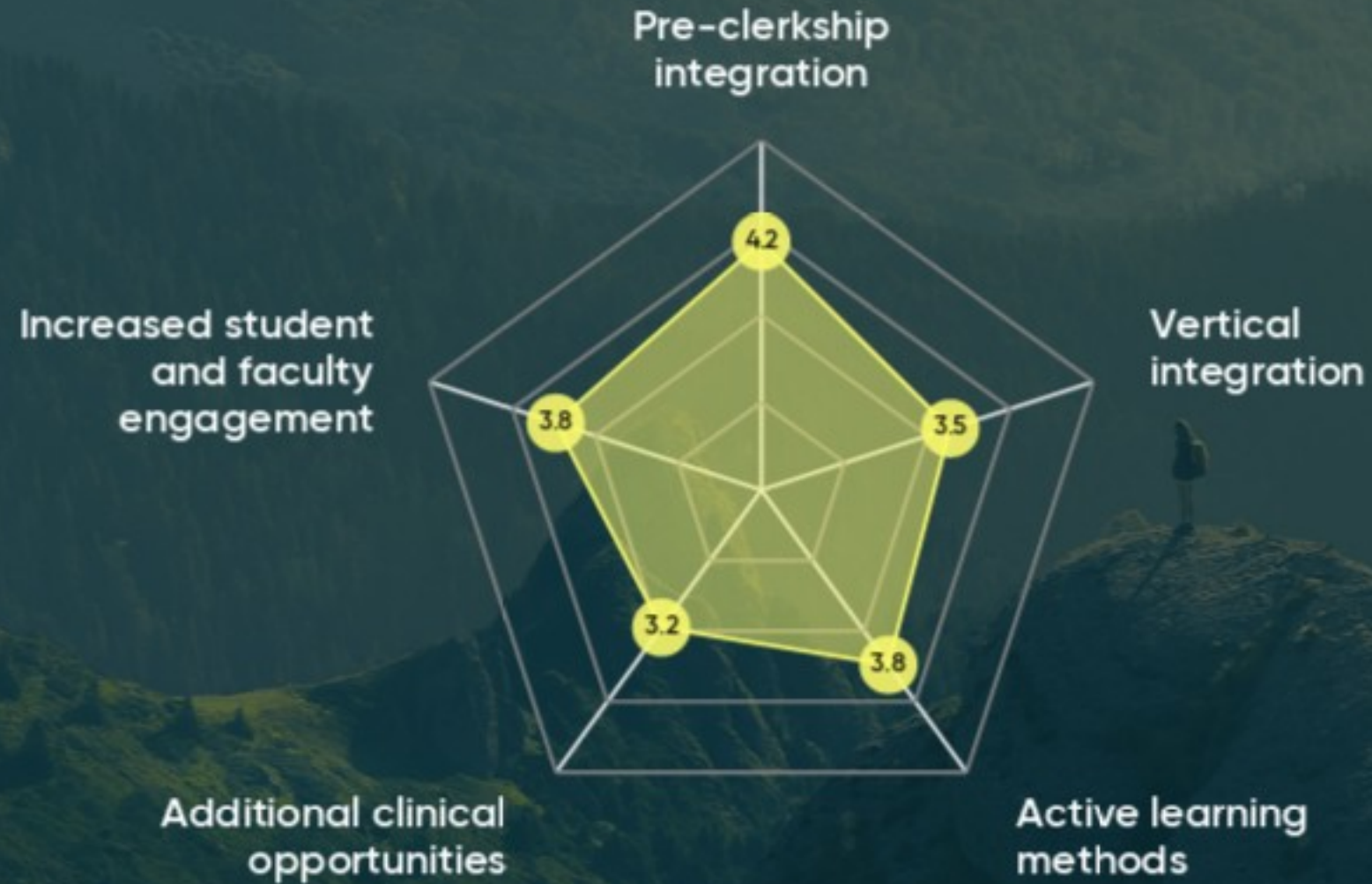
Future Timeline



Key Themes from Working Group Reports

- ▶ Integration – horizontal and vertical
 - ▶ More clinical experience in pre-clinical years
 - ▶ More basic science in clinical
 - ▶ Pre-clerkship organized in thematic blocks
- ▶ Adopt active learning methods across curriculum
- ▶ Complete mapping of curriculum (New CMS)
- ▶ Additional leadership/staffing in Academic Affairs
- ▶ Faculty development to support instruction, mapping, and leadership for course/block directors

What should be the highest priority for the curriculum?



Structure

- Increased horizontal integration
 - Options include
 - Foundational basic science block at beginning of M1
 - Organ systems or integrated systems blocks beginning in M1 and continuing into M2
 - "Keystone" course with multisystem focus at end of pre-clerkship phase
- Increased vertical integration
 - Increased early clinical experience
 - Doctoring aligns with systems blocks
 - "Advanced" basic science course in M4 (specialty-focused?)
- Framework must be compatible with 3-year track and rural primary care track
- Implementation of Learning Communities
 - Used for both Student Affairs activities and Curriculum
 - Can work with IPE/Communications groups
 - Faculty dyads can be in same LC group to foster relationships

Instruction

- Increased active learning methods (TBL, PBL, Peer Instruction, Simulation, etc)
 - Assure sufficient out-of-class time to prepare for active learning sessions
- Core teaching faculty with dedicated time for teaching
- Basic science and clinical faculty dyads for pre-clerkship courses/blocks
- Thread directors responsible for tracking basic science and clinical threads
- Longitudinal Journal Club for students
 - Begin in pre-clerkship phase and continue to clinical phase

Assessment

- Philosophy of *assessment FOR learning*
 - Plan assessment first
 - Emphasis on formative assessment
- Customized NBMEs
- Separate grades for system block (or course) and discipline threads
 - Discipline grades monitored by thread director
- Specific "gates" students must pass to advance to be sure they are prepared for Step 1

Curriculum Framework Concepts



BREAKOUT

Breakout Discussion

- Top 3 Best Ideas
- Top 3 Concerns
- Unique or surprising ideas

Best Ideas

Organ systems are major key. Doctoring curriculum aligning with organ systems based blocks. Learning communities implemented would be helpful.

Core group of competent physicians to teach

Group 6--Time it takes to make changes. 3-year track. Learning group design, size and faculty. Clinical activity increase.

1. Organ systems easier transition
2. Foundations block needs to be long enough
3. Clinicians need involvement in blocks

Strong proponent of single pass

Making it a well established framework

Early clinical experience with Increased mentoring opportunities for M2 to mentor M1 students

Early patient interaction

Are we revising the clerkships. Perhaps with more basic science?

Best Ideas

Use CBL groups for Learning Communities

Concerns

We still need some priority on focusing on basic sciences and not necessarily so much on the early clinic experiences, so it should be a lower priority.

Concerns for having enough professors/teachers for everything we are wanting to do.

Time for implementation

1. Duplications 2. Communication between disciplines. 3. Time for foundations

Loss of content. Stress on students. Implementation.

How will these changes affect the clerkships?

There was some concern for having a professor from each specialty available to teach each specialty focused block.

Who teaches which part?

Unique Ideas

Learning communities aligned with doctoring curriculum/information

Pre-clerkship keystone: Clinical bootcamp that's more a focus on what complex human physiology looks like and how to think that way, not what we get in Transitions course