

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES WebEx

November 1, 2021

Dr. Jeremy Laukka called the meeting to order at 3:30 p.m.

APPROVAL OF MINUTES Minutes from the October 11, 2021 meeting were approved as written.

ANNOUNCEMENTS ACTION

NO NEW ANNOUNCEMENTS

NEW BUSINESS

ASSESSMENT AND EVALUATION

Dr. Deepa Mukundan shared that the new Clinical Competency Evaluation (CCE) has been approved by the Clinical Curriculum Committee. The Assessment and Evaluation Committee met with a Biometrician to translate the CCE form to a grade and how to score the evaluation. The committee is concerned regarding the timeline to implement by May 2022. Concerns have been raised about producing a quality evaluation form and having time to fully develop and implement the faculty development need to train the faculty on how to use the new tool. The steering committee discussed the state of the CCE form and the implementation process. Concerns were expressed regarding the length of the CCE and the potential for having many students on rotations as there are several students returning for leave of absences. The committee agrees that the RIME strategy of the new CCE raises the bar on the quality of our evaluation and speaks to concerns students have raised about the subjectivity of the current CCE. Dr. George Darah, member of the Faculty Development subgroup, expressed concern about the time and resource commitment it will take to reach all faculty and prepare the faculty for using the new CCE. The success of the deployment of the form depends on faculty development, which may be difficult to achieve in the timeframe given. Dr. Jason Huntley echoed similar concerns about faculty having the time to evaluate each student based on the current length of the new CCE. If clinicians do not have the time to fill the form out, the risk is that the form could ultimately slide backwards, and students no longer receive the constructive feedback they need. Dr. Mukundan shared that the Biometrician indicated the form could be reduced. However, these changes will take time and could make it difficult to launch a pilot

with sufficient faculty development. Dr. Mehmood Rashid shared that the faculty development should come with training and certification to verify that the faculty are prepared to utilize the new CCE, however, may be difficult to achieve by May 2022. Dr. Tom Aretz recommended conducting a beta test sooner rather later with audiences that are diverse to determine whether the form will work in the field. Not every faculty member will be able to evaluate each rubric on the form based on their interactions. Ultimately, LCME will determine whether the institution has been able to evaluate all the competencies in a confident manner. The beta test will give the data needed to determine the efficacy and usefulness of the form. Dr. Aretz recommends utilizing an asynchronous method for training and a train-the-trainer model at site locations. The committee discussed using the new CME platform at UToledo to share the training modules to include CME credit without any cost.

Dr. Duggan asked when the final CCE will be available for review to begin the work on faculty development. Dr. Laukka shared that ECC has not yet voted on the form, but once that occurs, the Assessment and Evaluation committee has work to do on metrics of the evaluation. The roll-out and faculty development is going to need to be planned and including validation from the faculty in their understanding of the form.

PROFESSIONAL DEVELOPMENT/ST UDENT WELLBEING

Dr. Mukundan shared that the implementation plan for professional development and student well-being is on track for development in the intersessions.

RESOURCES AND INFRASTRUCTURE

Dr. James Kleshinski shared that they are working with Tori Buckley on tracking clinical placements as well as working on trying to establish placements with ProMedica Coldwater. Chris Prevette shared that three vendors have responded to the RFP for a new LMS. The responses will be reviewed and demos setup within the next couple of weeks.

FACULTY INTEGRATION AND ENGAGEMENT

Dr. Joan Duggan shared the overriding themes are that we have clinicians that need development to be clinician teachers. Dr. Darah emphasized the need to focus on relationships to engage with the clinicians as faculty to address teaching the new CCE form, for example. The group discussed gauging clinician faculty awareness of the hidden curriculum and the potential need for education and training. Student satisfaction with the attitudes and behaviors of our faculty is far from where UT COMLS should be in relation to the national mean.

INTEGRATION

Dr. Laukka shared the committee is designing intentional activities to integrate the foundational sciences into the clinical curriculum with an instructional focus on utilizing methods that support an active instead of the passive process of learning. The content being addressed in the Integration workgroup has been identified as important for our students' competence.

LOGIC MODEL PRESENTATION

Dr. Laukka presented the LOGIC model that the was developed during the Workgroup Chair Retreat on October 26 (see attachment).

The meeting was adjourned at 5:00 p.m.

PRESENT DAVID GIOVANNUCCI, PHD; GEORGE DARAH, DO; JAMIE DAUGHTON; JAMES KLESHINSKI, MD;

JEREMY LAUKKA, PHD; THOMAS ARETZ, MD; CHRISTOPHER PREVETTE; JASON HUNTLEY, PHD; CARLY POLCYN (M4); JOAN DUGGAN, MD; SHAZA AOUTHMANY, MD; DEEPA MUKUNDAN, MD; JEREMY LAUKKA, PHD; MARY R SMITH, MD; MEHMOOD RASHID, MD; NICOLE DOMINIAK, MD

EXCUSED: James Molnar; Jacob Bieszczad, MD; Cathy Van Hook, MD; Stephanie Mann, MD, MS

HPEd; Sharon Thomas, MD; Shonola Da-Silva, MD, MBA, Lori DeShetler, PhD, Coral

Matus, MD; Nezam Altorok, MD; Nicholas Henkel (M3)