COLLEGE OF MEDICINE AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES

WebEx

November 15, 2021

CALL TO ORDER

Dr. Stephanie Mann called the meeting to order at 3:30 p.m.

APPROVAL OF MINUTES

ANNOUNCEMENTS — ACTION

NO NEW ANNOUNCEMENTS

NEW BUSINESS

FACULTY INTEGRATION AND ENGAGEMENT

Dr. Joan Duggan presented a proposed timeline for faculty development and a way to roll out the process. The timeline is based on how the content is to be rolled out either as (1) increased complexity compared to the current evaluation process or (2) decreased complexity compared to the current evaluation process. Under the first method (increased complexity), increased communication would be recommended: one letter of notification prior to the end of the calendar year with clear cut instructions on what the educational expectations are for the faculty and then a follow-up letter 6-8 weeks before launch date with details on when the new process will begin and what specifically the informational process will be (i.e., module for CME credit). If the second method is chosen (decreased complexity), two letters could be sent, or one letter detailing the process and how to access the informational process (i.e., module for CME credit). An example template letter was presented for review and suggestion. The recommendation of the committee is to use the two-letter approach. The training may not be available by the end of the calendar year, so the initial letter is meant to be informational and prepare recipients for more information to be sent later with specific details. The letter would be consistent across all recipients across all clinical learning sites.

ASSESSMENT AND EVALUATION

Dr. Lori DeShetler shared that the clinical grading subcommittee met with Dr. Svetlana Beltyukova and Dr. Christine Fox, the two research and measurement experts in the Judith Herb College of Education. The Clinical Competency Evaluation form is being revised so that is a defensible tool and results in fair grading of the students. Dr. Beltyukova is expected to provide a revised version of the CCE based on the feedback within a day. The clinical grading group will review and finalize the CCE. Each item will be quoted as to the acceptable level for pass, fail, and honors status. At that point, Dr. Beltyukova will take the revisions and develop the grading algorithm. This algorithm will also provide the backend coding for IT to plug into

the tool. The goal is to pilot a paper-based form with the upcoming block starting on November 29, 2021.

Dr. DeShetler also shared the competency matrix. This matrix provides the end of year competency expectations for our faculty and students so that we are all operating from the same mental model. The grid outlines when in the four year curriculum the skills are introduced, practiced and mastered.

INTEGRATION

Dr. Mann presented the focus of the integration workgroup as they prepare for the upcoming 2022-23 academic year. The committee is working on integrating the foundational sciences into the M3 and M4 year and focusing on value-based care, health equity, ethics, and teaching the scientific approach to solving clinical problems. The new content will be introduced during the Integrated Intersessions. The proposal for the Integrated Intersessions is that it will be one course graded on a pass/fail basis. The activities will include: a self-directed learning activity that is based on the LCME framework with a focus on common clinical conditions presentations/discussions; workshops on privilege and bias to address the topic of health equity; incorporation of a learning pod mission to discuss resiliency/wellness; a case based discussion to reflect on high-value care; an ethics case examining microethical challenges; career exploration and professional identity formation; and discipline specific simulations that link the foundational sciences content to clinical cases. The foundational science integration opportunity will be based on a paradigm similar to that used for GI Olympics. The model would focus on common clinical conditions across the dyads to organize different stations that address the foundational science elements, such as biochemistry, genetics, anatomy, pathology, radiology, etc. There will be a pre-test and post-test and approximately 10 different stations, some examples may include radiculopathy, lower back pain, and headache. Transdisciplinary integration will occur through the self-directed learning framework that will require students to identify one knowledge gap about a common clinical condition related to the dyad. The students will need to research the gap in knowledge to provide a rational with supporting documentation to justify their conclusions about the knowledge gap/clinical question. A rubric is being developed and will be given to the students ahead of time to provide the assessment criteria that will be used. The students will be split into groups of 6 and asked to create and formulate their clinical question by the end of the fifth week of the 1st clerkship. The students will use the remaining 7 weeks to research and prepare their presentations to be given during the intersession. The students will use the rubric to evaluate each other. The health equity curriculum will be presented using a small group workshop format. The health equity curriculum is being developed and adapted based on the Louisiana State University workshop-based curriculum that utilizes Critical Consciousness as a framework for health equity learning. The group is proposing to deliver the five workshops over the M3 and M4 year starting with Bridge and ending with ACC 2. The first workshop will be during Bridge, the second and third workshops occurring during the two intersessions, the fourth session will be included in Advanced Clinical Care 1, and the fifth during Advanced Clinical Care 2.

RESOURCES AND INFRASTRUCTURE

Chris Prevette shared that the RFP process is underway to identify a content management vendor. Three out of the five vendors have provided responses. The system should focus on providing an overall course management tool, related to content management, grading, and attendance tracking, as well as curriculum mapping over all four years, integration and upload to CI for AAMC, a centralized calendar, supportive of a competency-based model, manage clerkship schedules and clinical capacity across sites, as well as students being able to record their clinical experiences, procedures, and encounters. Resources for implementation have been identified such as a dedicated implementation lead, experts from medical education, clerkships, AHEC, Registrar, Information Technology, Student Affairs, and a ProMedica IT representative. The timeline of the implementation will likely take approximately 4-6 months. The implementation timeline can be modified to accommodate the more pressing needs first.

Dr. James Kleshinski shared that the group continues to work on a spreadsheet to capture true capacity, identifying new clinical sites, and maximizing current capacity at UTMC and ProMedica. Other suggestions the group propose include streamlining the clerkship orientations, identifying opportunities to coordinate student simulation sessions at ProMedica, and developing a formal telemedicine curriculum.

PROFESSIONALISM /STUDENT WELL-BEING

Dr. Coral Matus shared that Dr. Mukundan is working on plans during intersession to address career advising and professional identity formation, as well as developing a tool for students to use at the end of each rotation to evaluate how they viewed the rotation and whether they can see themselves in that profession. Additionally, the group is looking for opportunities to continue some of the pod activities through the M1 and M2 year into the third year addressing the areas of wellness and professional identity. Input from current M3 students suggests there may be opportunities to workshop examples of interactions with patients that may have gone wrong, patients with negative clinical outcomes, patient encounters that are not culturally sensitive, and patient death as examples of how to navigate those scenarios. The group continues to work on the longitudinal concentrations, such as global health.

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

PRESENT

DAVID GIOVANNUCCI, PHD; GEORGE DARAH, DO; JAMIE DAUGHTON; JAMES KLESHINSKI, MD; JEREMY LAUKKA, PHD; CORAL MATUS, MD; THOMAS ARETZ, MD; CHRISTOPHER PREVETTE; CARLY POLCYN (M4); JOAN DUGGAN, MD; SHAZA AOUTHMANY, MD; MARY R SMITH, MD; MEHMOOD RASHID, MD; NICOLE DOMINIAK, MD; JACOB BIESZCZAD, MD; STEPHANIE MANN, MD, MS HPED; SHARON THOMAS, MD; SHONOLA DA-SILVA, MD, MBA; LORI DESHETLER, PHD; CORAL MATUS, MD; NICHOLAS HENKEL (M3)

EXCUSED:

James Molnar; Cathy Van Hook, MD; Nezam Altorok, MD; Jason Huntley, PhD; Deepa Mukundan, MD