



**COLLEGE OF MEDICINE  
AND LIFE SCIENCES**  

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**THE UNIVERSITY OF TOLEDO**

**CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES**  
*WebEx*  
*July 16<sup>th</sup>, 2021*

- CALL TO ORDER** Dr. Stephanie Mann called the meeting to order at 2:00 p.m.
- APPROVAL OF MINUTES** This is the inaugural meeting of the new Clinical Curriculum Reform Steering Committee. Dr. Mann led introductions and Dr. Christopher Cooper followed with the Charge for Clinical Curriculum Reform.

**ANNOUNCEMENTS**

**ACTION**

- INTRODUCTIONS** Dr. Mann introduced Dr. Shonola Da-Silva as the co-chair for the committee. Dr. Mann also introduced Dr. Tom Aretz. Dr. Aretz will be a consultant for the clinical curriculum reform. Dr. Aretz is a professor at Harvard Medical School, as well as a Senior Leader for Mass General Brigham. Dr. Aretz is nationally and internationally known for his work in curriculum reform and development.

**NEW BUSINESS**

- CHARGE FOR CLINICAL CURRICULUM REFORM** Dr. Christopher Cooper welcomed the members of the Steering Committee. Dr. Cooper provided some information about the importance of the curriculum throughout the College of Medicine. Dr. Cooper reiterated that the curriculum is the domain of the faculty. Involvement of the faculty is key to success of the curriculum reform. As the Dean of the College of Medicine, he has two goals for the steering committee. Define the direction we are going with medical student education? Specifically, he would like the college of medicine to ensure our students acquire the requisite knowledge, skills, attitudes, and behaviors that allow them to become self-regulated, life-long, accomplished physicians. Second, Dr. Cooper emphasized the importance of our faculty serving as role models for the knowledge, skills, attitudes, and behaviors that we expect from our students. It is important that we define the expectations of the faculty and the impact it carries for our medical students. Dr. George Darah echoed Dr. Cooper's thoughts that success of our reform will be contingent upon faculty accountability across our entire clinical education enterprise regardless of site. Dr. Da-Silva stated that the faculty want to see what is best for the students. Therefore, we need to make sure everyone has the opportunity to participate in the curriculum reform.
- ROCKET MEDICINE PHASE 1: FOUNDATIONAL SCIENCES** Dr. Jeremy Laukka reviewed the current state of our Foundational Sciences curriculum. He provided some background on the role of the Curriculum Steering Committee for Phase 1 of Rocket Medicine with the Foundational Science curriculum. In the Fall of 2015, a curriculum steering committee was formed for the foundational science curriculum reform. The charge of

this steering committee was to rewrite the foundational science experience; this curriculum reform was led by Dr. Imran Ali. The Foundational Science Curriculum Steering Committee implemented their new curriculum beginning in Fall of 2017. Dr. Laukka stated the initial goals of phase 1 of the curriculum reform and concluded that after looking at data from the last few years overall student satisfaction for this curriculum is over 90%. Phase 2 of the curriculum reform will build upon the progress made in the foundational sciences and work to integrate and extend the reform accomplished in Phase 1. Dr. Laukka reviewed the foundational sciences curriculum model; the 18-month curriculum that is divided into 4 threads including the Principles of Clinical Medicine component. Dr. Laukka reminded the steering committee that change is an opportunity to not only improve our curriculum, but to make it unique to the University of Toledo College of Medicine and Life Sciences.

**INITIAL THOUGHTS  
ON CURRICULUM  
REFORM**

Dr. Tom Aretz introduced some general thoughts about curriculum reform and planning. In curriculum reform it is important to create a Toledo profile so that our graduates can be identified as a graduate of the University of Toledo. Values and outcomes are crucial to curriculum reform. Dr. Aretz introduced a three phased approach focused on the following questions: 1) Is it desirable? 2) Is it feasible, and 3) Is it sustainable? Dr. Aretz guided the steering committee to identify a mission, vision, and strategy for the clinical curriculum moving forward. Additionally, Dr. Aretz identified faculty development as a key component to success of the curricular reform. Lastly, Dr. Aretz identified the central role of curriculum development as the academic business plan that translates the mission, vision, and strategy into organization and processes, student issues, content and methods, faculty issues, and infrastructure and systems.

X

Dr. David Giovannucci raised the concern about potential challenges that may arise with respect to faculty embracing change. Dr. Aretz responded with acknowledge the fact that change is hard and is always loss. There is an important aspect that change does not require to make everything different. It is finding the areas that we excel in and building upon those. Building on our strengths allows faculty to understand and recognize what they have done well and improving the areas that require change.

**ROCKET MEDICINE  
PHASE 2: CLINICAL  
CURRICULUM  
REFORM**

Dr. Mann introduced Rocket Medicine Phase 2. She started by explaining the need for reform of our clinical curriculum. Dr. Mann explained that reform is our opportunity to expand and enhance our current clinical curriculum with a focus on achieving a goal of continuous quality improvement as well as the opportunity for innovation and to build on our academic affiliation with ProMedica. Currently, we have a siloed, block curriculum that includes seven core disciplines. One of the goals of the clinical curriculum reform is to integrate knowledge from the foundational sciences in a longitudinal manner throughout the clinical curriculum. Additionally, there is a need to create an assessment of students' clinical performance.

Dr. Mann explains that the clinical curriculum is built upon the mission, vision, and values of the College of Medicine as well as through the guiding principles. The guiding principles are defined through our 6 domains of competence, displayed in our educational program objectives (appendix 1 available in the share point folder). This is how we evaluate that we are graduating competent students and physicians from the College of Medicine. Dr. Mann tasked the steering committee with reviewing the guiding principles as the basis of our reform moving forward.

X

Steering Committee members made the following suggestions to improve the guiding principles: Dr. Cooper wanted clarification on the principle regarding autonomy. His suggestion includes affirmative responsibility, with a focus on progressive autonomy. Dr. Mary Smith suggested a competency-based autonomy. Dr. Aretz noted an EPA focus is another option that can be applied to ensure that a student can be an independent by graduation.

Dr. Cooper also suggested that faculty should exhibit more than professionalism, integrity, and ethics. That specific guiding principle should also include knowledge, skills, attributes, and behaviors.

Dr. Jake Bieszczad states that the guiding principles need to include overall student health and well-being. Dr. Da-Silva re-iterates that student's mental health protection is vital to these principles, and student's participation in this committee contribute to a better understanding of this topic. Carly Polcyn states that giving students a sense of autonomy throughout their clinical rotations directly impacts their overall wellness. Carly also agreed that progressive autonomy in the context of a competency-based better reflects the expectations of students on rotations.

Dr. Smith stated that Graduate Medical Education (GME) needs to be involved in refining these principles, as they are the end consumer to these principles. Dr. Sharon Thomas states that the principle on autonomy and students as part of the patient care team are related. Dr. Thomas expressed that to prepare students for residency it is important to consistently and deliberately provide them with opportunities for progressive autonomy. Nick Henkel suggested that student participation, mental well-being, and moral integrity are necessary for any curriculum. Dr. Aretz strongly encourages the committee to include student health in the guiding principles.

X

Dr. Mann will circulate the guiding principles document to the steering committee. Steering Committee members are tasked with reviewing and refining the principles and come to an agreement that this reflects the curricular reform moving forward.

Dr. Cooper suggested that once the steering committee agrees upon the guiding principles, the committee should open it up to College of Medicine faculty. This would assist with faculty engagement in the reform.

Dr. Mann reviewed the 3 phases of Undergraduate Medical Education: the pre-clerkship phase, (18 months of foundational sciences curriculum previously explained by Dr. Laukka). Then the Clerkship Phase, structured as 7 required disciplines and one clinical elective. Lastly is the Advanced Clerkship Phase, the 4<sup>th</sup> year of the curriculum. This includes 28 weeks of clinical electives that includes a 4 week Acting Internship, 2 weeks of required Emergency Medicine, and a longitudinal transition to residency course. Dr. Cooper urged the steering committee to think of a better way to signal the phases of the curriculum. Dr. Mann addressed the need to identify and define measurable goals and skills that students should meet and possess at the end of both the 3<sup>rd</sup> and 4<sup>th</sup> year of the curriculum.

Dr. Mann shares the new clerkship structure that is scheduled to begin with the 2022/23 Academic year. Modifications to the clerkship schedule include shifting family medicine, psychiatry, OB/Gyn, and pediatric rotations from 5 week to 6-week rotations. Internal Medicine and Surgery will be reduced from 10 weeks to 8 ½ weeks. Lastly, Neurology and the clinical elective will now be 4 weeks. Dr. Mann explained that the clerkships will be linked as

follows: family medicine and psychiatry, OB/Gyn and Pediatrics, internal Medicine and Surgery, this further promotes the goal of integrating the clinical curriculum between disciplines. Additionally, there will be two 1-week intersession courses added to the 3<sup>rd</sup> year curriculum.

Dr. Cooper spoke about the concern of debuting a new clerkship model/schedule at the same time of a major curriculum reform. Dr. Aretz adds that the steering committee needs to introduce a plan that clearly explains what the faculty responsibilities are and what the students understand their expectations. Dr. Laukka offers a note of advice that curriculum is evolving, foundational sciences for example is continuously reviewing feedback and modifying the curriculum for continuous improvement.

Dr. Mann introduces the five different working groups that will make up the steering committee: integration, evaluation/ clinical grading, professional development/ student well-being, faculty professionalism, engagement, and development, and resources and infrastructure for learning. These working groups defined more thoroughly in the summary document available in the Steering Committee SharePoint folder. Steering Committee members will serve as work group leaders (each assigned to different groups). Work groups will also consist of additional faculty, staff, and students.

#### **NEXT STEPS**

Dr. Mann wrapped up the conversation and defined the next steps for the steering committee: 1) Revise the guiding principles to ensure these principles truly reflect the ethos of the College of Medicine and 2) Think about how we want to define student progress throughout the clerkship and advanced clinical experience phase. What benchmarks, competencies or milestones do we envision defining a third year student and a fourth year student in the context of all competency domains of our college of medicine?

Dr. Mann asked the steering committee about their opinions moving forward with the working groups. Members brought up concerns of work groups being siloed and suggested the steering committee meet on a more regular basis.

Lastly, Dr. Mann addressed the need for communication efforts to all stakeholders invested in the college of medicine. She described a detailed plan for information dissemination and emphasized the importance of ongoing communication about our progress. Steering Committee Members agreed that an email from the Dean Cooper would be the first announcement of our curriculum reform. Subsequent communication will include a townhall and regular updates disseminated at all COMLS committee meetings, through newsletters and a dedicated website to our curriculum reform effort.

The meeting  
was adjourned  
at 5:00 p.m.  
**X** Indicates  
follow up action  
required  
**PRESENT**

**STEPHANIE MANN, MD; JEREMY LAUKKA, PHD; CHRISTOPHER COOPER, MD; ZOWE HAMIZADEH; CORAL MATUS, MD; SHANOLA DA-SILVA, MD; GEORGE DARAH, DO; TOM ARETZ, MD; MARY SMITH, MD; CHRIS PREVETTE; LORI DESHETLER, PHD; DAVID GIOVANNUCCI, PHD; JAKE BIESZCZAD, MD; DEEPA MUKUNDAN, MD; SHARON THOMAS, MD; JAMES MOLNAR; NICOLE DOMINIAK, MD; SHAZA AOUTHMANY, MD; NICHOLAS HENKEL; CARLY POLCYN**

**EXCUSED:**

Joan Duggan, MD; Nezam Altorok, MD; Jim Kleshinski, MD; Jason Huntley, PhD; Cathy Van Hook, MD