



**COLLEGE OF MEDICINE
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES
WebEx
August 9, 2021

CALL TO ORDER

Dr. Stephanie Mann called the meeting to order at 4:30 p.m.

APPROVAL OF MINUTES

ANNOUNCEMENTS

ACTION

**NO NEW
ANNOUNCEMENTS**

NEW BUSINESS

TOWN HALL

Dr. Mann discussed the Town Hall offerings from the previous week. There were about 5 students in HEB and 10-15 signed in virtually. A brief overview of the reform process was shared, and the rest of the discussion was open for feedback on what is going well with the clinical curriculum and what could be improved. The overall feedback recognized the need to overhaul the clinical evaluation system to be more objective. Dr. Mann recognized that Dr. Lori DeShetler and the Clinical Grading and Assessment work group have been working to recraft the assessment form since November. Dr. Deepa Mukundan shared that the work group will be sharing a reformed assessment form to the Steering Committee and the Clinical Curriculum Committee for review.

Dr. Mann also shared that the students expressed concern about disparity within each discipline across sites with how much time students spend in the clinical learning environment as it relates to time available to study for subject exams. Dr. Mukundan shared that the students have not evolved from the pre-clinical learning to clinical learning (concrete to less concrete). The students need to transition, and time will become less available to study as they move through the clinical curriculum. The transition from studying books to seeing patients is a national issue in medical education. Dr. Mary R. Smith shared that students see the subject exam as the most important piece of their assessment, rather than the clinical assessment. Carly Polcyn, MS4 shared that students do not necessarily see the shelf exam as more important than the clinical, but that the clinical evaluation is random and pre-determined by a preceptor who may give all 3's or 5's and there is not much the student can do to change the evaluation. Carly shared that doing well on the subject exam is something students can control and change, so

they study for the exam to improve the overall grade in the rotation. Dr. Mann asked Carly if the clinical assessment was more objective, accurate and less subjective, would the mindset of students shift to emphasizing the clinical experience versus the subject exams. Carly expressed that a more objective clinical evaluation would benefit the students and shift the focus from the subject exams to their clinical assessments. Dr. Mukundan shared that the work group is trying to obtain data from evaluations over the last five years to determine if perceptions regarding clinical evaluations are accurate regarding grading to inform the process of trying to make a more concrete evaluation and educate faculty and students on how to evaluate clinical experiences objectively.

Dr. Shonola Da-Silva added that students at the Town Hall wanted to know how the curriculum will be restructured so that they have dedicated study time for Step 2. Dr. Da-Silva discussed the need to engage more faculty on the reform including input from ProMedica Faculty as well as publishing information in the Dean's Newsletter to reach HSC faculty. Dr. Da-Silva also shared that additional concerns were raised in regard to how to structure material across learners (NP, PA, medical students) so that no one feels left out.

Dr. Thomas Artez acknowledged the question of teaching across different levels sharing that it can be addressed with faculty development. Regarding evaluations, Dr. Artez shared that if performance is not adequately addressed and is random, students will focus on what they can control, such as the subject exams. One of the challenges to clinical competency evaluation Dr. Artez recognized is where the learning environment does not contain longitudinal mentors or dedicated faculty that complete clinical evaluations. When you have multiple evaluators, the best solution would be to standardize the process. Dr. Artez explained that the evaluation form should have clear-cut guidance and rubrics that outline expectations for different grade levels.

REVIEW GUIDING PRINCIPLES

Dr. Mann explained that the guiding principles should not be the same as the outcomes we want the students to achieve. Dr. Mann opened the discussion for feedback from the committee on the latest version of the guiding principles. The question was posed as to whether the principles demonstrate the values of the COMLS: collaboration, discovery, professionalism, integrity, and service.

Dr. Artez reflected that the main question when reviewing the principles is to interpret them from the shoes of a clerkship director – what does this mean for directors when designing a course or learning experiences? Dr. Artez shared the first thing he would look for is do I understand what it is that I need to impart? Secondly, is there any guidance as to how I should do this from a pedagogical point of view. When looking at the guiding principles, Dr. Artez thought these aspects are missing. Dr. Artez discussed the example of giving progressive autonomy – what is the educational philosophy on what and how to teach to gain progressive autonomy. Dr. Mann asked if defining experiential learning would answer these questions, as an example. Dr. Artez explained that experiential learning needs to be defined in the clinical learning environment, such as bedside sessions and case discussions.

Dr. Mann posed the question to the committee about preparations for students – is there anything else that would be important to take into consideration when designing the clerkship or sessions for students. Dr. Mukundan discussed the competencies required to graduate and if that is what a clerkship director should use to evaluate if the courses align with the competencies to help the student move forward. Dr. Mann asked the committee if the guiding principles should assume that we have defined the educational program objectives that support our competency domains and if that this is what we need to take into consideration as we

design our curriculum so that our students accomplish all of those EPOs. Dr. Artez advised not getting hung up on the individual EPOs, but rather focusing on the competency domains and that the domains should find themselves in the principles. Dr. Artez suggested that the committee ask whether these principles are specific to the UT COMLS that really reflect the unique aspects of the institution. Dr. Artez shared that he would look for some examples that other schools have used in the past to share with the group. Dr. Mann posed whether defining integration is too specific. Dr. Artez explained that emphasizing the importance of integrating the basic sciences across the curriculum and that this example provides direction that going back to the basics is important. Other competencies that you may want to stress could be population health, social determinants of disease, and a little bit about the educational philosophy of experiential learning, active learning, and team-based learning. It is stated that students are a valuable member of the team, but what defines the unique role as a student and learning in a clinical environment. Dr. Mann asked the committee if anyone would like to take one-two of the principles and work to provide more concrete statements. Dr. Mann asked that suggestions to modify the principles should be submitted by Friday, August 13, 2021.

X

Dr. Van Hook asked about resident development and integration in the clinical curriculum reform. The residents complete a fair amount of clinical evaluation. Dr. Van Hook shared that she and the Residency Program Director have been doing a lot of group and individual work with the residents to develop their skills and confidence to do teaching and evaluation. Dr. Van Hook emphasized that the residents will also need to be brought up to speed, just as faculty, as changes are being implemented.

Dr. Mann asked Dr. Shaza Aouthmany whether it would make sense to communicate through GMEC to make sure that residents remain informed and what might be best way to involve residents in the implementation of the reform. Dr. Aouthmany shared that GMEC would be a good opportunity to interface with the program directors on the changes and implementation of resident development. Dr. Da-Silva shared that he presented at GMEC and did not receive feedback but working with Chief Residents to disseminate information tends to be a successful channel to share information amongst the residents. Dr. Aouthmany shared that there is a Chief Forum once a month where information could also be shared.

**WORK GROUP
CHECK-IN**

Clinical Grading and Assessment – Dr. DeShetler shared that there are currently 14 members and there has been full participation when meeting. Representation of the membership includes members from clinicians, faculty, M2-M4 students, and a PGY-2 resident. Dr. DeShetler asked what the expectation is for a total number of members. Dr. DeShetler also shared that the group is working on wrapping up one of the charges by the September 13 proposal deadline. Dr. Mann indicated it is up to the discretion of each work group’s leader(s) to determine what makes up the best compliment of the membership to accomplish the charges of the work group.

Faculty Integration and Development – Dr. Joan Duggan shared that the work group is trying to keep membership between 7-10 people and that they are currently at 8 members with good representation.

Resources and Infrastructure for Learning – Dr. Jim Kleshinski shared that there are currently nine members and here are a couple spots available for students for those that are interested. Dr. Kleshinski asked how the work groups will know if a student has signed up for the group and when should the committee meet for the first time? Dr. Kleshinski also asked for

clarification on what is expected for the work group presentations on September 13. Dr. Mann shared that Zowe sent the signup to the students and receives the notification. Dr. Mann asked Zowe to resend the call for work group volunteers with a deadline of August 11, 2021. Chris Prevetie shared that the work group is off to a good start and that the current RFP process to identify a system for Medical Education will help provide insight for the work group and how the system can align with the curriculum reform.

Professional Development and Student Well-Being - Dr. Mukundan shared that the work group is reaching out to AEC, diversity group, and the student wellness group for volunteers to serve. A meeting will be scheduled this upcoming week.

Integration – Dr. Mann share that the first meeting is coming up on Wednesday, August 11, 2021.

NEXT STEPS

Dr. Mann asked that work group leaders provide a list of their membership via email to Zowe by Friday, August 13, 2021.

Dr. Mann explained that on September 13, each work group will be asked to present a summary of their background research such as any current evidence-based practices, national guidelines, or information on the AAMC curriculum inventory websites. The work groups should be prepared to share what is the summary of the background information the group is going to use to inform the curriculum reform process. Dr. Mann will send a PowerPoint template to use for the presentations. Dr. Mann announced that Margaret Hoogland has volunteered to assist any group looking for assistance with literature searches.

The meeting
was adjourned
at 5:30 p.m.

X Indicates
follow up action
required

PRESENT

EXCUSED: