COLLEGE OF MEDICINE AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES

WebEx

August 23, 2021

CALL TO ORDER Dr. Stephanie Mann called the meeting to order at 5:00 p.m.

APPROVAL OF MINUTES

ANNOUNCEMENTS — ACTION

NO NEW ANNOUNCEMENTS

NEW BUSINESS

GUIDING PRINCIPLES

Dr. Stephanie Mann discussed that the recommendations developed by the workgroup are not expected to be fully implemented by February 2022. We will not have completed the blueprint until 2025. The long-term goal is a blueprint that will lead to a clinical curriculum that has evolved with longitudinal opportunities for students to engage in patient care experiences. The idea is to give students longitudinal patient care experiences that will allow them to connect with their patients and meaningful interactions as well as enhancing clinical learning so that retention is optimized. The reform also aims to implement an evaluation paradigm that will reflect the competencies of our graduation students, demonstrating what we expect them to learn. Faculty integration and engagement is critical to the successful development of the curriculum. The implementation of the reform will lead to students not just acquiring knowledge, but all so the attitudes and mindset that supports well-being on all levels. Dr. Mann asked the group if these guiding principles capture the essence of what we are trying to do by generating this blueprint and what we want to accomplish with the reform. Dr. David Giovannucci responded in the affirmative. Dr. Mann asked Dr. Thomas Artez if in his experience if these are reasonable endpoints. Dr. Artez responded that it is a good idea to know where you are going and what the final goals are.

Considering the endpoints of the reform, Dr. Mann reviewed the guiding principles and requested input on whether any items are missing. Dr. George Darah asked for clarification whether the health science principle would encompass social determinants of health. Dr. Mann clarified in the last bullet point we talk about health system science that embraces the competencies of population health/social determinants of health, value-based care, health care

finance, understanding how health care systems work, leadership, and system-based care. Dr. Mary R. Smith shared that there would be great opportunities in the ProMedica system to address these content areas. Dr. Mann agreed and that health system science is the third pillar and is the essence of the academic affiliation, building on the ProMedica reputation regarding their work with the social determinants of health. Dr. Mann shared that the Guiding Principles will be distributed to the Clinical Curriculum and Executive Curriculum Committees. Dr. Mann asked the group for recommendations on how to distribute this information to the faculty. Dr. Smith recommended utilizing the weekly Dean's Newsletter.

WORKGROUP UPDATES

Faculty Integration and Development – Dr. Darah shared that the committee membership has been established. The membership covers input from UT, ProMedica, and AHEC. The group has not yet met but will in the coming weeks. The challenge is trying to find opportunity to engage the faculty. They are doing faculty development for ProMedica faculty and looking to continue with that. Dr. Mann asked in regard to the timeline, is there any background literature about any new or best ways to approach faculty engagement in large scale endeavors and will you have enough time to take a deep dive into that before the September 13 update? Dr. Darah has not yet reviewed the literature. Dr. Artez shared that there are some recent articles on change management processes for curriculum and they are helpful. Dr. Artez will send the references and Dr. Mann will upload to the OneDrive.

Resources and Infrastructure – Dr. James Kleshinski shared that the membership of the workgroup includes four individuals from ProMedica and six from UT. The group is meeting next week. Chris Prevette has started to review the literature and Tori Buckley is also reviewing information. Ideas to tackle include how the new LMS will support education, what other clerkship support may be necessary, what changes will we need for clinical capacity, and what other institutional infrastructure is supported. Dr. Kleshinski invited input from the group if anyone had any ideas they would like to contribute leading up to the presentations on September 13. Chris has already prepared a large portion of the executive summary as it relates to the LMS.

Professional Development – Dr. Deepa Mukundan shared that the committee met last Friday, and the membership includes students and some faculty. The workgroup has identified six topic areas: (1) professional identity, (2) student well-being, (3) diverse gender, cultural, or religious identities, (4) pathways of distinction, (5) ethics, and (6) career exploration. Margaret Hoogland has done some of the preliminary searches for each of the topics and those materials have been shared with the workgroup. Dr. Mann discussed the importance of the concept of professional identity and formation as it underlies the resilience and well-being as a core element to dealing with challenges. Dr. Mann asked Dr. Artez when you think about trends over the next 5-10 years, will there be a lot of emphasis on professional identity? Dr. Artez affirmed that technology and health information systems are changing so fast and medical professionals need to be motivated and adaptable. A lot of curricula have put in professional development and leadership management to address these issues. The profession will continue to change, so a lot of schools are trying to develop independent, evolving physicians.

Integration Workgroup – Dr. Mann discussed that the workgroup has eight different questions to address within the umbrella of integration. The workgroup met last week and discussed particularly how to develop intentional opportunities to for the integration of the scientific approach into clinical education. Dr. Jason Huntley discussed utilizing the scientific process in terms of whether a question can be addressed through experimental projects or in the case of medical education, can the question be asked thinking sequentially about what

treatment options or what tests can be ordered and can the question be answered through the next steps. Dr. Huntley has reached out to Margaret for assistance with reviewing literature to find out how other institutions have implemented this process. Dr. Mann asked Dr. Artez what the optimal way to investigate this topic. Dr. Artez discussed there are articles by Regeher that address this topic as well as articles in the New England Journal of Medicine about clinical thinking. Dr. Artez shared that the classic way to learn is from management consultants. They utilize a loop where they structure the problem, analyze the problem, synthesize the problem, do something about the problem, and then reflect on the outcome. This cycle mimics the scientific method to apply to clinical medicine. The development of this process creates analogies and habits in students where they can get to the point to apply the process all the time and identify shortcuts. Dr. Giovannucci mentioned the use of concept maps as a tool to move forward with integration. Dr. Artez referenced the use of illness scripts to help facilitate students' linking cause and disease manifestations.

Dr. Mann discussed that integration could mean a lot of different things to a lot of people. For the purposes of the reform, integration is a strategy for curriculum development. The aim of the workgroup is to connect foundational science knowledge, clinical knowledge, and health systems science during clinical education. One of the questions we focus on is why we are focused on integration. Dr. Mann addressed the question by answering that integration will eliminate the disconnect between the foundational sciences and the clinical curriculum. The aim is to development learning and retention strategies that will support lifelong learning skills. There is an LCME standard to address integration that we must accomplish. The goal is graduate students that are excellent scientists and integration will allow us to do that. The integrated clinical experience will produce stronger and engage students throughout their careers. Dr. Mann presented a schematic that demonstrates how we look at integration. Looking at how the clerkships are linked, one of the layers of integration will be looking at our foundational sciences. How we bring foundational sciences back into the clerkship and build on the knowledge is a vertical integration. Longitudinal integration will include ethics, equity, palliative care, as example. The new integration will be transdisciplinary as we teach different conditions throughout the clerkships. The last component of integration will be emphasizing certain clinical conditions that all disciplines manage. Dr. Mann asked for feedback from the committee if this integration model makes sense.

Dr. Mann expanded on the foundational sciences example will be focused on the mechanisms of disease. Dr. Laukka shared initial thoughts include taking a more symptom-based approached and looking at symptoms that might cross different disciplines. This method will go beyond regurgitating the science, taking the knowledge to a new level and make sure it relates intentionally to the clinical content. Dr. Mann shared that one of the plans of the workgroup will be to address what the longitudinal content will be, in which clerkships it will be presented, and how that will be integrated over time.

Dr. Mann discussed how the integrated curriculum content will be assessed in the integration intersessions. One idea would be to have the students participate in a transdisciplinary OSCE that will meet the learning objective of the specific clinical condition. The intersessions are also an opportunity to build activities around career exploration, professional identity development, value-based care, informatics, and health systems.

Dr. Mann defined transdisciplinary conditions such as patients with depression within the Family Medicine and Psychiatry rotations – how are patients treated with the condition within each discipline. Pre-term delivery is an example for OB/GYN and Pediatrics. What are the implications of a baby born late second or early third trimester? How does this impact neonatal

development, what are the physiological processes that are interrupted, important factors to consider from pop health standpoint, and social factors? Headaches and seizures are an example for Medicine and Neurology, and perioperative care is an example in Surgery.

Dr. Mann listed obesity, pain, genetic screening, mental health, and climate change as cross-cutting conditions and how each specialty will deal with patients impacted by each of the overarching disciplines. This method will promote integrated thinking, such as the impact of the weather or where people live as it relates to their health.

Dr. Mann asked for any feedback. Dr. Artez recognized that this model covers many aspects of integration. Dr. Artez shared an article covering the 11 steps of integration to promote the coordination of the implementation. Dr. Artez posed the question of how you implement so that the students get used to this approach and emphasized the need to assessment so that students recognize that it is an important aspect of their curriculum.

Dr. Laukka recommended including opioid use. Dr. Da-Saliva suggested sepsis as an opportunity to incorporate the foundational sciences. Dr. Artez suggested oncology, infectious disease, or multi-system/complex diseases may also be included. Dr. Smith also suggested Lupus and DM. Dr. Joan Duggan suggested HIV. Dr. Mann shared that the Integration workgroup will need to refine the list and develop a timeline on how to introduce the topics.

Dr. Da-Silva shared he is hearing from students that we need to find a way to transition the M3/M4 years into PGY-1, not just the M1/M2 into the clinical years. Dr. Da-Silva discussed that it is not just medical knowledge, but also systematic issues, such as IT. Dr. Shaza Aouthmany shared that this is a focus of her review, including topics such as how to cope with stress, professional liability, dealing with mistakes, and how to speak with a consultant. Dr. Mann shared that there is an existing longitudinal course in the last month of the fourth year to cover the transition to residency and this is a great opportunity to expand the curriculum.

COMMUNICATION UPDATES

Dr. Mann reminded the group that the website is live. Any updates or suggestions can be submitted to Dr. Mann and Jamie Daughton.

Dr. Mann shared that she will attend the COMLS Council meeting on August 27 to share an update on the reform. Dr, Mehmood suggested departmental meetings that are integrated with UT and ProMedica faculty would be a good opportunity to share updates about the reform.

TIMELINE

Dr. Mann asked the group if September 13 is still reasonable for presenting. The group affirmed this date for presenting.

NEXT STEPS

Reminder that groups will present on September 13. There will be another meeting in two weeks, invites forthcoming.

The meeting was adjourned at 6:00 p.m.

X Indicates follow up action required

PRESENT **STEPHANIE MANN, MD, MS HPED; CATHY VAN HOOK, MD; CARLY POPCYN (M4); CORAL MATUS, MD; DAVID GIOVANNUCCI, PHD; DEEPA MUKUNDAN, MD; GEORGE DARAH, MD; JAMIE DAUGHTON; JACOB BIESZCZAD, MD; JAMES KLESHINSKI, MD; JASON HUNTLEY, PHD; JEREMY LAUKKA, PHD; JOAN DUGGAN, MD; MARY R. SMITH, MD; MEHMOOD RASHID, MD; NICOLE DOMINIAK, MD; SHARON THOMAS, MD; SHAZA AOUTHMANY, MD; SHONOLA DA-SILVA, MD, MBA; THOMAS ARTEZ, MD; ZOWE HAMIZADEH**

EXCUSED: Christopher Prevette; James Molnar; Lori DeShetler, PhD; Neezam Altorak, MD; Nicholas Henkel (M3)