COLLEGE OF MEDICINE AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES

WebEx
September 13, 2021
Work Group Presentations

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

CLINICAL GRADING AND ASSESSMENT Dr. Rajat Kaul presented the charge and questions the work group is working to address. Questions include: competency expectations for third- and fourth-year students, optimal paradigm for clerkship clinical performance assessment, and what is the optimal clinical skills assessment in lieu of Step 2CS discontinuation? Dr. Shirley Bodi has joined the work group to address the question in response to the Step 2CS discontinuation. Updates regarding that subject will be addressed in the future. The work group recognizes the feedback and concerns from students and faculty relating to the current evaluation system, such as: grade inflation, lack of transparency, a feeling that scores on the CCE are arbitrary and inaccurate, and it takes away from the focus of gaining clinical skills/knowledge while on a clerkship. The group utilized literature review, examples from other medical schools, and internal data to determine best cutoffs. The group has built and modified a competency expectation for each year of medical school as far as what metrics each medical student should be achieving at the end of year. Mastering is not something that medical students will always be able to obtain. Some of those skills are not refined until residency. Based on these expectations, a new CCE for the third-year curriculum was developed with a focus on students being present on rotations. The recommendation is to use Pass, Fail, and Honors. The implementation would lead to a final proposal presented in February 2022. During March/April 2022 faculty and resident education on the new CCE form would occur. The new CCEE and OSCE grading rubric would be ready in April 2022 for the 2022-23 academic year. Implementation of the new CCE will require administrative support, faculty development, and IT support. The new CCE will be assessed based on feedback on the GQ questionnaire, feedback from students, faculty, and residents, end of clerkship surveys, distribution of grades, and pilot implementation of new evaluation prior to the 2022-23 year. Dr. Deepa Mukundan discussed that the school will need to define

practice, sufficient proficiency, and mastery to give faculty the guidelines on how to assess students at those levels. Dr. Tom Aretz recognized this type of model to align with the Dreyfus model. Dr. Aretz described that proficiency is that you can do things in a reasonable timeframe that is appropriate for the task on hand. Mastery then means that you can start putting your own spin on things and develop your own style. Dr. Kaul agreed that is also the interpretation of the work group when referencing skills of sufficient proficiency and mastery.

FACULTY ENGAGEMENT AND DEVELOPMENT

Dr. Joan Duggan presented the work group charge and questions. The questions include: should we form communities of practice; what skills do faculty need to be successful as clinician teachers; how do we support our faculty (at all sites) to teach our students; and what campus wide and COMLS resources are available to our students? Dr. Duggan is a part of the AAMC group on faculty affairs, which includes faculty developed. The AAMC standpoint survey in 2019 showed that 66% of UT COMLS faculty are currently satisfied with current faculty development offerings and this is above the national average. The two areas with the highest satisfaction were medical microbiology and orthopedics and this correlated with satisfaction with departmental mentoring. The group has focused on question 2 regarding what skills faculty need to be successful as clinical learners. The group has found that faculty need to understand the modern medical school curriculum, how to teach adult learners, the importance of and how to give feedback, and how to engage students and transfer the joy of practicing medicine to students. The group has identified that time and money are the major obstacles for clinicians as teachers. Clinical faculty are often not reimbursed for their time. It can be difficult for faculty to attend meetings and faculty development opportunities during normal business hours. There is also a perception that it is difficult for faculty to attend to learners and deliver effective teaching. The group proposes several solutions to consider such as faculty development offerings need to be accessible in an asynchronous manner, explore different reimbursement strategies such as tax credits to volunteer faculty, and decrease the perception that learners are a potential obstacle to getting through the day. The group is working on a SMART plan for faculty engagement/development for the 2022-23 AY. Dr. Duggan shared that the American College of Physicians (ACP) has a teaching series with templates for teaching during in-patient and out-patient rotations, as resources to adopt. The group wants to revamp the original five e-modules: delivering feedback, this isn't your grandma's medical school, precepting in the in-patient setting, precepting in the out-patient setting, and the diversity module from Ohio State and incorporate that into a handbook. Dr. George Darah also shared there is a need for robust IT resources from IT and ProMedica to share the faculty development modules. Dr. Mann asked the group if they could offer an EVU – an educational equivalent to RVU. Dr. Cathy Van Hook brought up the need for physical space available to have an office for students to see a patient. Dr. Darah shared most primary care setups in ProMedica have three rooms so that the patient traffic can continue to move through the office while using wave scheduling. Dr. James Kleshinski shared there is literature to correlate teaching time to EVUs.

STUDENT WELL-BEING/PROFESSIONAL DEVELOPMENT

Dr. Coral Matus and Dr. Mukundan presented the charge and questions of the work group. The six questions or topics the group is addressing are: identify opportunities to facilitate professional identity formation; examine how COMLS can support student well-being; how can we support students with diverse gender, cultural, or religious identities; identify opportunities to develop pathways of distinction; identify opportunities to extend and integrate ethics education into the clinical curriculum; and what are the opportunities to expand career exploration? The six different topics have been split into six subgroups and updates were provided for each topic. Professional identity at UT is currently addressed in the pre-clinical

years in the learning pods, student interest groups such as AMA and other specialties, the PATH sessions, and the ICE program. In the clinical years, students develop their professional identity during the clinical clerkships, during the career advising program through OSA with faculty advisors, and the Dean sessions. The best practices for professional identity development is longitudinal and using coaching to improve performance, professionalism, and professional identity formation. Service involvement, such as with global health, and awareness of social accountability help to develop professional identity. Implementation of the best practices could include self-directed training and introduction to physician group associations. The resources needed will include faculty development and engagement and the curriculum could be evaluated via the GQ, internal student surveys, and focus groups. For topic 2, the current state of student well-being at UT includes the formation of more formal support structures such as the Rocket Launch Learning PODs and the topics surrounding the pillars of wellness. Implementing a focus on student wellness would involve clearly defining wellness as it relates to students in the clinical setting. This could include discussions during Bridge with role playing and real-life examples. In addition, the focus should set clear expectations starting at the admissions process, through the pre-clinical years, and then reinforced throughout the clinical years. Resources to implement may include recruiting clinical students to help mentor pre-clinical students in setting expectations and navigating struggles. Topic 3 addresses diverse gender, cultural, and religious identities. The workgroup has identified three areas to address in the clinical setting: teaching self-advocacy and bystander advocacy in clinical situations; encouraging student reporting of incidents; and identification of the need for other types of student support. Self-advocacy could be addressed with sessions during Bridge, holding workshops using anonymous reports to create scenarios, periodic reminders and refreshers, content during the intersessions, and addressing basic facts/research on health inequities, racism, etc. Follow-up from anonymous reporting could be addressed by maintaining a master document with list of reports and action taken, such as in the Dean's newsletter. Another suggestion could be to assign a case number to each report so that students who are interested can follow-up and check the status in real time. Other opportunities to provide student support could include a new policy to include mental health days and religious holidays not observed by UT. The Pathways of Distinction topic recognized that students currently explore various electives early in their preclinical careers and are interested in strategies to differentiate themselves as the look toward the residency application process. The group is working to develop 6 concentration areas which will have variable options within them for students to explore. Each concentration will need a "champion" to build and maintain the "trunk" and help to develop the branches. The fifth topic covering ethics acknowledges that there is a solid foundation in the pre-clinical years and there is a need for more education and training in the UME curriculum. Suggestions to incorporate ethics into the clinical years include role playing during Bridge, incorporating ethical topics/issues within OSCEs or simulations, asking students to reflect on ethical issues which arise or commonly arise within each clerkship, and asking students to reflect on their personal ethics. The career exploration topic demonstrated the current opportunities for students throughout the curriculum in the pre-clinical and clinical years. The group is recommending a centralized resource that identifies mentors and clinical faculty for students, providing information about the physician and the site where students rotate, and small group sessions with faculty advisors in the M2 year.

RESOURCES/ INFRASTRUCTURE

Dr. Kleshinski and Chris Prevette shared the charge and questions posed to the workgroup. The four questions this group is addressing are: how will our new learning management system support clinical education; what additional clerkship administrative support is necessary; what changes need to be made to our current clinical capacity to meet our future needs; and what additional institutional infrastructure support is needed? The group reviewed literature

resources that spoke to issues regarding clinical capacity as it relates to growing enrollments and competition among schools for sites, including Caribbean and offshore medical schools paying preceptors. COMLS is currently seeking a learning management system to support multiple facets in the operation and delivery of a four-year undergraduate medical education curriculum and provide ease in accessibility of multiple stakeholders across sites. In addition, the group recognizes that most clerkships continue to struggle for consistent placements with little to no margin for placement capacity and clerkship administrative support needs vary by department. For the 2022-23 AY the work group anticipates the LMS RFP process will be finalized, and a system will be identified. There will be a phased approach to the LMS implementation and prioritizing the high needs for the clinical curriculum. A clinical capacity tracking system should be implemented, and faculty/staff development programs will be developed for the new LMS. For the 2023-34 AY, the LMS will be implemented, and support/training systems will be place. The clinical capacity tracking will be fine-tuned. The group identifies the need to incorporate ProMedica into the conversation and added a ProMedica IT liaison to the work group. Additional academic support personnel may be needed to enhance LMS support. The new LMS implementation will be evaluated by reviewing the number of faculty completing student evaluations, and the percentage of faculty evaluations completed within 6 weeks of clerkship end. In terms of clinical capacity, metrics could include the number of clerkship sites needed 3 months prior to the time of placement, quality of clerkship ratings reaching the 50th percentile per the GQ survey, and the number of rotations that have integrated telemedicine into the clerkship experience. Dr. Mann commented that the benchmark is typically at the 70th percentile for agree/strongly agree. Dr. Kleshinski clarified that the 50th percentile is relative to other medical schools at the national level.

INTEGRATION

Dr. Mann presented that the Integration workgroup is examining the current clinical curriculum, best practices, and current literature to determine the best approach to multi-level integration to optimize learning in the clinical curriculum. As part of this examination, the group is looking to address 8 key questions or topics: determine opportunities for integration of foundational sciences into the M3/M4 year; determine opportunities for integration of critical longitudinal components (pathology, radiology, genetics, palliative care, population health, value based care, leadership, and QI/PS; create an implementation plan for the new clerkship dyads and for the development of a longitudinal integrated clinical experience; extend health equity education into the M3 and M4 year; does our clinical curriculum reflect anti-racist pedagogy; how can we develop intentional opportunities for integration of the scientific approach into clinical education; examine and recommend best practices for UME transition courses; and examine current EPOs and determine if revisions are needed. To review the current state at UT COMLS, the group reviewed LCME standards for accreditation. Element 6.3 discusses self-directed learning and the importance of having these opportunities throughout the entire undergraduate medical education experience. There are many opportunities within the pre-clinical curriculum, but there are no intentional self-directed learning opportunities in the clinical years. Standard 7 states specifically what subject areas need to be covered in undergraduate medical education. The GQ survey specifically asks our graduates about their preparedness to begin a residency program. UT COMLS is currently below the national average for agree/strongly agree that students have the skills to apply the principles of high value care (e.g., quality, safety, cost) in medical decision making. At 77.0 percent, UT COMLS has an opportunity to improve education in the clinical years to address

the principles of high value care. The group has also evaluated Step 2CK has about 25-30% of questions related to a systems-based approach to patient care. The literature review emphasizes integration as a curriculum development strategy facilitates clinical reasoning skills and that the cognitive science approach to clerkship design will facilitate knowledge acquisition and long-term retention. The literature review in regard to what schools have learned in curriculum reform captures the need to communicate to all stakeholders to ensure that everyone has the same understanding of integration, that the expectations are clear, and recognizing cognitive load. The work group is currently developing a plan to implement radiology, health equity, and value-based care as the longitudinal threads for the 2022-23 AY. Additional longitudinal threads will be integrated in future academic years, such as climate change, ethics, genetics, immunology, infectious disease, informatics, pathology. Palliative care, and population health. The group is also working to incorporate obesity as a multidisciplinary clinic condition across all of the clerkships for the 2022-23 AY. The foundational sciences work group is looking for opportunities for integration of foundational sciences into the M3/M4 year using a pathological approach. There will be a focus on scaffolding clinical learning on foundational science knowledge, using an intentional activation of foundational science knowledge in the clerkships with a focus on basic science disciplines. Dr. Giovannucci added the group is looking at the possibility to use this for some self-directed learning to deliver this education and align with the LCME standards. Incorporating radiology into neurology, for example, could include online modules to look at some of the anatomical issues when dealing with different imaging modalities associated with neuroradiology and neuroanatomy related to neurological conditions. Health equity education is a significant thread in the clinical curriculum. There is an excellent critical consciousness curriculum out of LSU that the group is looking at and examining how to integrate workshops to facilitate our students' understanding of health equity. Dr. Jason Huntley is working on how to integrate the scientific method into the M3/M4 year and there is a fair amount of literature looking at the application of illness scripts and how we can concretely facilitate applying the use of the scientific method when providing clinical care. Dr. Mann and Dr. Van Hook have been working on how to implement the longitudinal content into the M3 clerkships for the 2022-23 AY. The goal to integrate the transdisciplinary condition is to use the conditions so that student can think about etiologies and management from the perspective of each discipline and will utilize a self-directed learning framework. The group will continue to work to determine content for each component of integration, a timeline of implementation, what the 4th year content will contain, an assessment strategy, and evaluation – determining the metrics of success.

The meeting was adjourned at 6:15 p.m.

X Indicates follow up action required

PRESENT	**STEPHANIE MANN, MD, MS HPED; CATHY VAN HOOK, MD; 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; NICOLE DOMINIAK, MD; SHARON THOMAS, MD; THOMAS ARTEZ, MD; ZOWE HAMIZADEH, CHRISTOPHER PREVETTE, MS; LORI DESHETLER, PHD; NEZAM ALTOROK, MD; NICHOLAS HENKEL (M3); RAJAT KAUL, MD**
EXCUSED:	James Molnar; Carly Polcyn (M4); Mary R Smith, MD, Mehmood Rashid, MD; Shaza Aouthmany, MD; Shonola Da-Silva, MD, MBA