



**COLLEGE OF MEDICINE
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES

WebEx

September 27, 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

TIMELINE AND GOALS FOR MAY 2022

Dr. Mann presented initial thoughts on goals the CCRSC should aim to accomplish by May 2022. Goals for the content/structure for the 3rd year clerkships includes integration of the foundational sciences into the clerkships, radiology, value-based care, ethics, professional identity formation, student well-being, health equity, career advising/exploration, and transdisciplinary/multidisciplinary conditions (SDL framework with a focus on scientific practice/thinking). The grading/assessment goals include a revised clinical competency evaluation (CCE) and a new approach to composite grade calculation. Faculty integration/communication is ongoing using multiple venues such as newsletters, the website, and committee updates. A targeted plan will be needed to roll-out to faculty and residents that includes UT, PPG, AHEC, and GMEC/DIO. Acknowledging resources will be needed (people and time), Dr. Mann opened the discussion for the committee to discuss what areas of the timeline could be prioritized to be ready to go in May 2022.

Dr. Lori DeShetler provided an update on the status of the revised Clinical Competency Evaluation (CCE). The CCE will be presented this week to the Clinical Curriculum Committee (CCC) for additional conversation. The next discussion will be on the grading thresholds of each of the scores between departmental points, the NBME, and the CCE score. The grading thresholds will then be presented to the CCC for conversation and vote. Once approved, the CCE forms will be used for beta testing along with the existing CCE and then implemented into RocketMed for testing in February. This timeline will allow for implementation prior to the start of the upcoming academic year.

Dr. Sharon Thomas shared that the Professional Development portion related to health equity and diversity could be implemented within the current timeline. There is a curriculum based on Critical Consciousness Theory from LSU that is available with predesigned workshops. These workshops can be integrated into our M3 and M4 curriculum during the transition courses and integration intersessions. The faculty development pieces needed for health equity in general may be more difficult to implement. We will need to address how we get the information out to all the clinicians and preceptors in the various locations and practice modalities.

Dr. David Giovannucci referenced there is overlap with the topics and subgroups. In terms of trying to make it more efficient, the subgroups may need to get together to workout areas of overlap and ensuring efforts will not be duplicated. Dr. Mann showed a timeline that indicates the opportunities for consolidation and elimination of redundancies.

Dr. Darah agreed that a phased approach would make the implementation easier to tackle. Each group may have a different approach for how the content should be disseminated to the faculty. It would be beneficial for the faculty development workgroup to meet with the subgroups to identify the appropriate communication channels for each topic.

Dr. Jeremy Laukka emphasized how important faculty development will be for the implementation process. Any good work that is taking place can be undermined by a poorly facilitated session. A needs-based approach may be warranted to identify what the faculty would need to be successful in educating medical students and identify the comfort level of the faculty to then target the development to meet those needs. In terms of the foundational sciences, the group is trying to identify important areas of concentration in each clerkship.

Dr. Shonola Da-Silva recognized that our faculty are different across sites and how the content is delivered to the different populations of faculty will be a challenge. In addition, time commitment to implement these changes will require administrative support.

Dr. Tom Aretz recommended that training needs to be very specific to the training needed at the sites and should incorporate a “train the trainer” model to reach the various constituents involved with teaching medical students at UToledo. Identifying a small group of dedicated champions that could be identified as key stakeholders in forming the training program at the different sites and coordinating communication to those groups. This is the negotiation phase of the curriculum and there is an envelope of ideas – the least desirable and where you would like to get to. The group needs to decide what minimum you need to get that will make a significant change and have all the tools prepared. The rollout should be transparent about how the changes will be implemented over time. There needs to be a Plan B that recognizes where you are going to reach at a minimum and anything beyond that would be a bonus.

Dr. Da-Silva emphasized we need to identify things that are easier to accomplish that will have the most impact to ensure our early wins. Those content areas that will be difficult to implement should be introduced at a later time (as part our longitudinal plan).

Dr. James Kleshinski echoed the need to identify the most important items or priorities, such as the clinical competency evaluation, to focus the efforts on those pieces. Dr. Mary R. Smith suggested looking at the reform from the viewpoint of the students and what they need and promote academic success. Dr. Da-Silva and Dr. Mann affirmed that the students are focused and concerned on the clinical competency evaluation and that the faculty will be trained on how to assess them during their clinical rotations.

Other than the clinical competency evaluation, Dr. Mann asked the group what three items the group would like to prioritize. Dr. Da-Silva recommended that this list should be vetted by the subgroups and pose the question to those groups about what they believe they can prepare and have implemented for the upcoming academic year. Dr. Laukka expressed interest in hearing what the students would see has the most important topics from their perspectives. This would achieve student involvement and help give direction to the group. There could be small wins utilizing the expertise of the workgroups to implement content that is relative to the students. Dr. Darah shared that if the focus was on three topics, the faculty development could be more focused and manageable. Dr. Mann shared that the content would be focused on the intersessions to help alleviate the need for many faculty to be trained.

Dr. Thomas shared that the Health Equity group has a curriculum in mind that they can modify quickly and efficiently to meet the needs of UToledo. The workshops tend to focus on using students to help with the facilitation, so the group is working to find ways to recruit faculty to participate, which will require education. These topics are on the forefront of the medical society, so there is a lot of content. We will need to determine what we want to use and how we get the information out to our faculty so that they are educated on these topics. This development is doable in the amount of time we have to develop it.

Dr. Mann asked the group if it is fair that clinical grading is something we need to address and ready to go by May 2, 2022 based on the feedback of our students while they are here and on the GQ. Aside from clinical grading, can the workgroups reconvene and identify what can be designed and implemented by May 2, 2022? The groups affirmed that they could convene to prioritize what could be accomplished. Dr. Darah suggested that the faculty development group should engage with each group to hear their ideas and find out what the needs of each group will be to incorporate the content into the upcoming academic year. The group was in agreement to keep the summary drafts due in November to keep the group focused.

NEXT STEPS

The groups will report back at the next CCRSC on what items they have prioritized to implement for the upcoming academic year.

The meeting
was adjourned
at 4:30 p.m.

PRESENT

STEPHANIE MANN, MD, MS HPED; CATHY VAN HOOK, MD; DAVID GIOVANNUCCI, PHD; DEEPA MUKUNDAN, MD; GEORGE DARAH, DO; JAMIE DAUGHTON; JAMES KLESHINSKI, MD; JEREMY LAUKKA, PHD; MARY R. SMITH, MD; MEHMOOD RASHID, MD; NICOLE DOMINIAC, MD; SHARON THOMAS, MD; SHONOLA DA-SILVA, MD, MBA; THOMAS ARETZ, MD; ZOWE HAMIZADEH, CHRISTOPHER PREVETTE, LORI DESHETLER, PHD

EXCUSED:

James Molnar; Neezam Altorak, MD; Nicholas Henkel (M3), Carly Polcyn (M4), Coral Matus, MD; Jacob Bieszczad, MD, Jason Huntley, PhD, Joan Duggan, MD, Shaza Aouthmany, MD

