



**COLLEGE OF MEDICINE
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

CLINICAL CURRICULUM REFORM STEERING COMMITTEE MINUTES

WebEx

October 11, 2021

CALL TO ORDER Dr. Stephanie Mann called the meeting to order at 3:30 p.m.

APPROVAL OF MINUTES Minutes from the September 27, 2021 meeting were approved as written.

ANNOUNCEMENTS

ACTION

**NO NEW
ANNOUNCEMENTS**

NEW BUSINESS

REVIEW OF SHORT-TERM & LONG-TERM GOALS/TIMELINE

Dr. Stephanie Mann presented a reflection on the history of the Clinical Curriculum Reform thus far. This committee convened in July 2021 to start to think about the clinical curriculum to identify what could be revised and restructured so that our students graduate as excellent clinicians and scientists. Guiding principles were developed in terms of how to accomplish the revision of the curriculum. A timeline was established with short-term and long-term goals. By 2025, the goal is for our college of medicine to have gone through a complete iteration and revision of both the clerkship phase (M3 year) and advanced clinical experience phase (M4 year). We will be undergoing CQI that will allow us to assess and make revisions throughout the reform process on a continual basis.

Looking forward to May 2022, the goal is to have a revised 3rd year structure that provides the framework for improved integration. The clerkship dyads and intersessions will support integrated learning by focusing on a transdisciplinary approach to common clinical conditions. Another significant endeavor has been looking at the overall clinical grading. The proposed revision to the Clinical Competency Evaluation (CCE) will be presented to the Clinical Curriculum Committee and Executive Curriculum Committee. This review also includes the approach to determining the optimal paradigm for composite grades. Faculty integration and faculty development are also critical to the clinical curriculum reform. Looking at 2023 and beyond, we will assess the changes that we have made on an ongoing basis using a LOGIC model based program evaluation approach.

In preparation for May 2022, the Integration workgroup aims to integrate foundational sciences into the clinical curriculum and determine what content and which clerkships will be targeted during didactic sessions. Additionally, content areas of health equity, value-based care, and the transdisciplinary condition for each dyad will be developed. These topics will be addressed during the intersession. The Clinical Grading workgroup will propose a revised CCE and present a composite grade determination. The Professionalism and Student Well-being workgroup will focus on professional identity formation, ethics, career exploration/advising, and well-being support. These topics will also be focused on during the integration intersessions. The Faculty Integration workgroup will focus on developing a timeline for what needs to be communicated, specifically targeting the new CCE, as well as the most significant changes to the curriculum

The Integration Intersessions will have a defined purpose where most of the new content will be introduced. Students will be required to attend. A course will be assigned to the intersessions with a pass/fail grade. There will be specific learning objectives. The delivery and assessment will utilize the SDL framework and rubric in alignment with the LCME defined four-step process. The assignment will be given at the beginning of the 12-week block. Students could be split into groups of five and asked to provide 20-minute presentations. Faculty will meet with the students during the intersessions, attend the presentations, and then facilitate the discussion. There will not be any students on rotation during the intersessions, which will allow faculty to participate. A facilitator playbook is being developed by Dr. Mann and Dr. Cathy Van Hook to provide guidance to the faculty on their role. Dr. Tom Aretz provided feedback that there you may want to identify opportunities to ramp up to the intersessions throughout the year so that students do not “check-out” once the clerkship has ended. Portions of afternoons on a regular basis being dedicated to the topic, even if it is dedicated SDL time, could connect the intersessions within the clerkship schedules. Feedback from students has indicated that their time is not well spent when faculty are not present during reflective activities. There could be opportunities to engage the learning pods to find opportunities to get the students together in groups to discuss the content that will be facilitated in the intersessions. Dr. Mann and Dr. Coral Matus will connect to see if there is an opportunity to come up with a pre-winter break session that will connect the students to the content after their first intersession.

When reviewing the timeline, ideally, we would be ready to go by March 1, 2022: content, learning, objectives, assessments, SDL, and SDL framework/playbook. This would also include having the beta testing of the CCE by March 1, 2022. Dr. Lori DeShetler expressed that with clerkship participation, this deadline should be achievable. Dr. Matus affirmed that content and learning objectives for Professional Development and Student Well-being could be prepared by that deadline as well.

**FACULTY AND
RESIDENT
COMMUNICATION
& TIMELINE**

As the new CCE is rolled out, the forums and venues for dissemination will include the Chief Resident Forum and GMEC. There is also electronic communication once a week that can be sent to residents, every Friday is a clinical learning environment newsletter. Any changes that are being implemented will need to be communicated on multiple occasions. Dr. George Darah shared that the mechanisms to communicate across all faculty and preceptors will need to be developed. Dr. Darah is going to reach out through PPG Governance Council to get suggestions on how to reach the faculty. There should be interactive education to engage with

the faculty to educate and discuss the changes to the CCE. The delivery method will vary depending on specialty and how those groups get together. Dr. DeShetler emphasized that the intention is for the preceptors to focus not on assigning a grade, but rather on assessing the competencies and skills. The monthly Clerkship Directors meeting is an opportunity to get feedback on the best mechanisms to communicate within the different specialties and sites. Dr. DeShetler suggested that the training on the CCE should perhaps occur after the beta testing is completed. Dr. Aretz agreed that a phased approach would be advantageous such as the conceptual education first and then the practice of using the CCE. One option would be to utilize role play of a standardized student to have the preceptor review a physical exam, for example, and have the preceptor complete a CCE to see if it aligns with the intention of the assessment.

NEXT STEPS

Preliminary drafts of each workgroup's executive summary are due in November. The template is available on OneDrive. The summary should address provide information on the current state, best practices, and literature review. For each question posed to the group, the draft should provide background information, recommendations, resources needed, timeline for implementation, and evaluation strategy (short-term and long-term).

Chairs of the workgroups will be meeting on October 26 to align priorities and ensure there are no redundancies in content. This will be an opportunity to see what the intersectionality is to help inform resource and infrastructure needs and how to prioritize.

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

PRESENT

STEPHANIE MANN, MD, MS HPED; DAVID GIOVANNUCCI, PHD; GEORGE DARAH, DO; JAMIE DAUGHTON; JAMES KLESHINSKI, MD; JEREMY LAUKKA, PHD; SHARON THOMAS, MD; SHONOLA DA-SILVA, MD, MBA; THOMAS ARETZ, MD; CHRISTOPHER PREVETTE, LORI DESHETLER, PHD, CORAL MATUS, MD, NEZAM ALTOROK, MD, NICHOLAS HENKEL (M3), JASON HUNTLEY, PHD, Jacob Bieszczad, MD

EXCUSED:

James Molnar; Carly Polcyn (M4); Joan Duggan, MD; Shaza Aouthmany, MD; Cathy Van Hook, MD; Deepa Mukundan, MD; Jeremy Laukka, PhD; Mary R. Smith, MD; Mehmood Rashid, MD, Nicole Dominiak, MD