What are you hoping to get out of this meeting?

- Hear people’s voice
  Just learn more about what plans/ideas are out there for the future of our curriculum and to hear the opinions of others.
- Sense of direction
  Info on how this is going to affect current students
- Hope for a real change!
  Hear updates on what has been done and understand future directions
- Understand what is being considered
  Understand the current curriculum and planned changes
- I’m new. Hoping for an understanding of the current needs driving this initiative
What are you hoping to get out of this meeting?

- Information on where the committee is.
- Idea of where we are going.
- Insight on the changes in curriculum!
- I hope to find out what changes will be implemented so that I can think about how to better serve students.
- An overview of plans for the curriculum and people’s thoughts on them.
- Info on plans.
- Know what’s happening.
- Info if/how this would affect financial aid compliance.
What are you hoping to get out of this meeting?

- enlightenment
- Learn curriculum changes and implementation of them
- How we will focus on how to be a patient centered medical School
- info for planning
- Knowing what the current status is on the planned curriculum
Agenda

→ Brief overview of work so far
→ Curriculum ideas
→ Breakout
→ Debrief
What we are NOT covering today:

- The exact framework of the curriculum
- Calendar changes or phase lengths
- Specific content of preclerkship blocks
Who are we?

→ Ivy Click, Ed.D.
→ Brian Cross, Pharm.D.
→ Beth Fox, M.D.
→ Tom Kwasigroch, Ph.D.
→ Jason Moore, M.D.
→ Ken Olive, M.D.
→ Rob Schoborg, Ph.D.
→ David Taylor, MS4
Charge

- Investigate best practices at other institutions
- Make recommendations for curriculum
- Provide timeline for implementation
- Outline resources needed
Why are we changing the curriculum?

- Unsatisfactory accreditation elements related to integration and coordination of the curriculum
- Student dissatisfaction with integration of the current curriculum
- Desire to increase student and faculty engagement
- A more modern/innovative curriculum could be more appealing to potential students
It is easier to move a cemetery than to change a curriculum.

– Woodrow Wilson
What have we been doing?
16

Committee meetings - (almost) every Friday
Meetings with representatives from peer institutions
542 emails
Future Timeline

- October: MSEC Retreat
- November: MSEC vote
- December: LCME Report Due
- January 2021: Form Implementation Groups
- December 2021: Final Implementation Plan
- Fall 2022: New Curriculum Starts

Note: 1 year to develop
Key Themes from Working Group Reports

- Integration – horizontal and vertical
  - More clinical experience in pre-clinical years
  - More basic science in clinical
  - Pre-clerkship organized in thematic blocks
- Adopt active learning methods across curriculum
- Complete mapping of curriculum (New CMS)
- Additional leadership/staffing in Academic Affairs
- Faculty development to support instruction, mapping, and leadership for course/block directors
What should be the highest priority for the curriculum?
Structure

- Increased horizontal integration
  - Options include
    - Foundational basic science block at beginning of M1
    - Organ systems or integrated systems blocks beginning in M1 and continuing into M2
    - “Keystone” course with multisystem focus at end of pre-clerkship phase
- Increased vertical integration
  - Increased early clinical experience
  - Doctoring aligns with systems blocks
  - “Advanced” basic science course in M4 (specialty-focused?)
- Framework must be compatible with 3-year track and rural primary care track
- Implementation of Learning Communities
  - Used for both Student Affairs activities and Curriculum
  - Can work with IPE/Communications groups
  - Faculty dyads can be in same LC group to foster relationships

Instruction

- Increased active learning methods (TBL, PBL, Peer Instruction, Simulation, etc)
  - Assure sufficient out-of-class time to prepare for active learning sessions
  - Core teaching faculty with dedicated time for teaching
  - Basic science and clinical faculty dyads for pre-clerkship courses/blocks
  - Thread directors responsible for tracking basic science and clinical threads
  - Longitudinal Journal Club for students
    - Begin in pre-clerkship phase and continue to clinical phase

Assessment

- Philosophy of assessment FOR learning
  - Plan assessment first
  - Emphasis on formative assessment
- Customized NBMEs
- Separate grades for system block (or course) and discipline threads
  - Discipline grades monitored by thread director
  - Specific “gates” students must pass to advance to be sure they are prepared for Step 1
BREAKOUT
Breakout Discussion

- Top 3 Best Ideas
- Top 3 Concerns
- Unique or surprising ideas
Best Ideas

- Organ systems are major key. Doctoring curriculum aligning with organ systems based blocks. Learning communities implemented would be helpful.

- Core group of competent physicians to teach

- Group 6—Time it takes to make changes. 3-year track. Learning group design, size and faculty. Clinical activity increase.

1. Organ systems easier transition
2. Foundations block needs to be long enough
3. Clinicians need involvement in blocks

- Early clinical experience with increased mentoring opportunities for M2 to mentor M1 students

- Strong proponent of single pass

- Making it a well-established framework

- Early patient interaction

- Are we revising the clerkships. Perhaps with more basic science?
Best Ideas

Use CBL groups for Learning Communities
**Concerns**

- We still need some priority on focusing on basic sciences and not necessarily so much on the early clinic experiences, so it should be a lower priority.

- Concerns for having enough professors/teachers for everything we are wanting to do.

- Time for implementation

- 1. Duplications  
  2. Communication between disciplines  
  3. Time for foundations

- Loss of content. Stress on students. Implementation.

- How will these changes affect the clerkships?

- There was some concern for having a professor from each specialty available to teach each specialty focused block.

- Who teaches which part?
Unique Ideas

Learning communities aligned with doctoring curriculum/information

Pre-clerkship keystone: Clinical bootcamp that's more a focus on what complex human physiology looks like and how to think that way, not what we get in Transitions course