

Year 2 Curriculum Committee Retreat
Wednesday, July 25, 2007
Dirksen Conference Room
8:30 a.m. – 11:00 a.m.

Present:

Mary Aiello, MA, Staff
Amy Arai, PhD
Peter Borgia, PhD, Year 2 Director
George Dunaway, PhD
Gabriele Hoffman, PA
M. Rebecca Hoffman, MD
Carolyn Holmes, RN BSN
Debra Klamen, MD, MPHE
Janak Koirala, MD
Fritz Lower, MD
Sarah Meredith, MA

John Murphy, MD
Vickram Ramkumar, PhD
Karen Reynolds, RN, MS
Nicole Roberts, PhD
Gary Rull, MD
Sandra Shea, PhD
Tracey Smith, APRN, BS, MS
Don Torry, PhD
Steven Verhulst, PhD
Brenda Yale, MS, RN

Absent:

Frank Aguirre, MD
M. Steve Evans, MD, MS

Rhona Kelley, MS
Andrew Sherrick, MD

1.0 Neuromuscular Behavior (NMB) Unit Student Feedback

Dr. Aria summarized all the activities completed in the NMB unit. A majority of the tutors in NMB were veteran tutors and most were content experts. The goal this year was to improve the organization of the unit, improve faculty-student communication, and improve self assessment question (SAQs). Dr. Arai sent a weekly email to students to help with unit communication.

Seventy-one students completed the NMB unit feedback. In general, students appeared to be happy. A commonly reported weakness was the issue of schedule conflicts between mentor sessions and resource sessions. Radiology imaging received a lower score than past years. There were a few complaints regarding the length of the resource sessions. Students would like a 10 minute break between the longer sessions. In regard to the clinical activities, students liked the Psychiatric Patient Day and want more opportunities to practice the musculoskeletal exam. The SAQs improved over last year, specifically the pharmacology SAQs. Approximately fifty questions were released each week and were related to the weekly cases. Students would like explanations be included with the answers.

In summary, NMB will improve radiology images, add breaks to the long resource sessions and improve the musculoskeletal clinical sessions. Dr. Murphy supports Dr. Arai's observations and plans for next year.

Dr. Rull mentioned Doctoring convened a group of faculty to improve musculoskeletal activities in Years 1 & 2. Also, the proposed changes to the physician mentor program should help alleviate some of the scheduling conflicts.

2.0 Endocrine, Reproduction, Gastrointestinal (ERG) Unit Student Feedback

Becky Hoffman, MD was introduced and welcomed to the Year 2 Curriculum Committee. Dr. Hoffman will replace Dr. Anna Mies Richie as an ERG co-director. Dr. Dunaway summarized the student feedback for the ERG unit. Students experienced scheduling conflicts in ERG. Some schedule conflicts were related to mentor visits, added sessions and schedule changes. Dr. Dunaway asked Dr. Rull to describe the proposed changes to mentoring. Doctoring will add small group sessions to the mentoring program. These two-hour sessions will be facilitated by a physician and will discuss various clinical issues and activities. Students will still visit their mentors for a total of 44 hours over the year. This is a 50% decrease over last year.

The ERG unit directors will review the major patient cases, SAQs and make appropriate revisions. Students responded positively to opening an SP teaching case in which the patients (6 SPs) had the same chief complaint and a different diagnosis for each. Tracey Smith is happy to work with other units to do similar cases.

3.0 ERG extra sessions

There were many extra sessions added to the ERG unit. The Y3 Clerkship & Elective Options session was very distracting and poorly done. *Ten Rules for Starting Clerkships* was added at the last minute. There was a scheduling snafu with Dr. Tarter's session. Dr. Dunaway would like everyone to look the schedule to loosen up time. Basically, there is a session in every unit that is not unit specific. Ms. Smith explained the rationale for scheduling CPR at the end of the year. Dr. Klamen agrees it should not be a common occurrence that things be added in the unit. Dr. Dunaway would like better control of things added at the last minute. Mary Aiello will inform Dr. Klamen and the unit directors when others want to add last minute sessions to the calendar. There was discussion about the Y3 clerkship & electives options period. A suggestion was made to offer the session during a neutral time between the NMB and ERG units.

Unit directors will keep a constant eye on things. If someone wants to add a resource session that discusses a unique topic - make attendance optional. We are at the tipping point in terms of the curriculum. Resource sessions cannot

continue to be added to the curriculum. Each unit should re-look at its goals and objectives and see if any sessions can be changed or eliminated. It may be the case that some sessions are no longer needed.

4.0 Y2 MCQ-EOU Exams and Integration

Questions in MCQ exams should be in board format. Many questions have been revised and there is still room for improvement. The National Board of Medical Examiners offers sessions on question writing – the link to this tutorial is on the Academy website. More board appropriate questions are needed. Dr. Klamen plans to ask the Dean to ask department chairs to require that new faculty are trained to write board-style questions. Remediation exams all need board appropriate questions. Several units have rewritten old questions and created new exam questions. It moves slowly and it has been improving. At present, 98% of the questions on USMLE Step 1 are case vignette questions. Y1 is ahead of Y2 in question writing. Year 1 questions are based around the cases. It does not take more time to write questions around the case, it requires more collaboration. The board exam deals with all material from years one and two and units are specific. A hundred percent integration may be impossible.

Dr. Koirala believes it is okay to hold students responsible for information acquired in a previous unit, i.e. microbiology in the Cardiovascular, Renal, Respiratory (CRR). Hematology, Immunology and Infection (HII) decreased the number of cases covered by two and spread out more throughout the year. This helped with integration.

5.0 Grade Review Policy

The Grade Review Policy was discussed. Although this meeting is not a Year 2 Curriculum Committee (Y2CC) meeting, the group discussed the Grade Review Policy. Originally termed "Grade Appeals Policy," the word "appeals" is a legal term and was changed to "review." A motion was approved to accept the grade review policy as written.

Items 6.0 Tutor Expertise, 10.0 Tutor Frustration etc, and 12.0 Balance of Active vs. Passive Learning in the Curriculum were combined

CRR tutors were frustrated by students' unwillingness to complete whiteboards, use of resources, etc. Approximately 50% of the tutors experienced this frustration. As a result, a few tutors are reluctant to come back next year to tutor. Ms. Smith reported a few students did not want to discuss learning issues when in the center PDL room following the SP teaching case encounter. Karen Reynolds believes this is a result of those students who were in a tutor group where they were not held accountable for their learning and then went to a subsequent group where the tutor held the students to the standards of small group learning and this made those students angry. Dr. Borgia reported he is guilty of being lax at times. All tutors need to tow the line. All tutor groups are

expected to complete the whiteboards in each unit. Dr. Murphy sub-tutored in each unit and recalls his groups completing whiteboards. Is this a universal problem? Dr. Dunaway asked what the educational value of recording learning issues. Students just do not want to discuss the case at all. Dr. Klamen suggested the group consider adding an early warning system. Tutors need to let the unit directors know immediately of problems and then they can send a master tutor in to help. Often results are immediate. NMB has regularly scheduled tutor meetings. Tutors can call emergency tutor group assessment and give everyone concerns mid-unit when necessary.

Dr. Lower feels the whole philosophy of being a tutor has changed. He would like a basic outline of activities in Years 1 & 2 that a student needs to go through in case/group. He wants a template, "this is what needs to be done and in this order." In Year 1, this is not much of a problem. Y1 has 9 hours of tutor time. Year 2, however, is different. Dr. Klamen will attempt to draft a list of tutor group expectations for Years 1 & 2. She will pass it around to others for input. She will look at the PBLC tutor group card and translate it into English. If short enough, the guidelines will be posted in each tutor room and each group will be held accountable to knowing the guidelines.

No data exists to suggest having a content expert is the best tutor (although a mix of content experts and process expertise is clearly desirable). Resource sessions and other activities have been added to compliment small group learning. In ERG, Dr. Mies Richie provided material in the tutor books that was easy to read and clearly explained unit topics. In HII, Dr. Borgia chooses those tutors who are familiar with the content of the unit.

In regard to tutor expertise, a few tutors offered opportunities above and beyond case issues. Other students found this unfair and felt short changed by their tutor's experience. The tutor should not give mini sessions to only his/her group. This tutor should offer an optional session to the entire class. This year, CRR will strongly outline the guidelines of the tutor process and will ask all tutors to follow it.

8.0 Reduction of Program Evaluation

Dr. Klamen asked unit coordinators and Doctoring to review each question on current evaluations. Specifically, she wants faculty to determine whether they still need to ask the questions. Population Health and Prevention evaluates sessions immediately following the session. Based on student feedback, Dr. Aria would like students to evaluate resource sessions immediately following the sessions. Mary Aiello will look at the Y2CC minutes to see why this process was changed. Y1 has a third of the students complete the end of unit feedback for each unit. Program evaluation will be placed on the August Y2CC agenda.

9.0 Allowed Resource for CCX (i.e. Pharmacopeia)

A few unit directors want to know the types of resources allowed when completing a CCX. One reason to allow the resource is it simulates real life. However, dosages are not required on the CCX. The group agreed the use of resources during CCX was not allowed.

10.0 Topic Coverage

A few faculty and students want to know where the following topics are covered in the Y2 curriculum: immunology, bladder, dermatology, embryology of head and neck, and kidney stones. Kidney stones are discussed in CRR. Dr. Lower covers some issues of the bladder in CRR. Male bladder is covered in ERG. Neither unit covers the female bladder. During the USMLE prep session, many students asked about embryology of the head and neck. Dr. McAsey is willing to offer an embryology session in Y2. Dermatology terms are provided to students during clinical skills week. Dr. Murphy covers dermatology during the USMLE prep sessions. There are no dermatology cases in Y2. Dr. Borgia can add common dermatology infections to HII however he does not want to add too much to the unit.

Immunology is making several changes this coming year. Year 1 added immunology to learning issues. Plus, there are two immunology lectures and biochemistry covers a little immunology. Immunology has always been there just not stressed. Summer reading suggestions were added which includes online tutorials. There is a quiz after each chapter. There has been a 700% increase in access over last year. Dr. Torry thinks the word is out that students need to start learning about immunology. A four-hour series on immunology was re-instituted in Y2 Introductory Week. Many students are overwhelmed with the introductory material and read more in the early weeks. Students tend to struggle with the conceptual aspects of immunology. Doctoring has been careful with the Y2 Clinical Skills Week schedule allowing time for reading.

11.0 Balance of Active vs. Passive Learning

In a hybrid curriculum, faculty need to be careful with the amount of learning activities. If a new session is added, a session must be removed. Tutors cannot go to group lecturing. Small group learning must be perpetuated. The current students are from the millennial generation – these students tend to respect authority, but are used to spoon feeding. They need to be told to study at night, it is part of medical school.

12.0 Other Business

Dr. Dunaway recently attended a session on genomics. Dr. Dunaway has an online demonstration of genomics and an associated web address. He will conduct an online demonstration of genomics at a future Y2CC meeting.

Dr. Verhulst, Population Health and Prevention (PHP), reported to the committee, in an effort to create a theme in medical school training, PHP will post a sign with the following question in each tutor room "How could this disease have been prevented?" Dr. Verhulst and PHP colleagues hope this question will promote further questioning when students open cases.

Dr. Shea reported the Class of 2010 may need special attention. Many of the medicals students have a non science background. This group wanted more information in the hand outs. This is common with the millennial group of students. Dr. Roberts is happy to do a brief presentation on millennial students at a future Y2CC meeting. Dr. Borgia would like this added to a future agenda.

The meeting adjourned at 10:46 a.m.