

Year 1 Curriculum Advisory Committee Meeting

Tuesday, May 8, 2018

Present: S. Bhaumik, J. Cheatwood, K. Cecil, R. Clough, J. Daniels, J. Davie, L. DiLalla, R. Gupta, B. Hales, A. Johnson, D. Klamen, J. MacLean, S. Merideth, P. Narayan, E. Niederhoffer, S. Shea, A. Sutphin, K. Whittington

Guests: T. Smith, J. Frueh

S. Shea called the meeting to order at 8:32 a.m.

Minutes

The April 10, 2018 minutes were approved as distributed.

Announcements

As time permits, S. Merideth is beginning to explore ExamSoft software.

The list of incoming students has been moving some, but it should be finalized fairly soon. Pre-orientation will be held June 15.

K. Cecil, K. Whittington, and other students spoke to career classes at Marion High School this week and were very well-received. Students are also giving Tar Wars presentations.

At the 9th Annual Symposium of Teaching and Learning N. Henry et al. received the blue ribbon for their poster. E. Niederhoffer reported his workshop went well though attendance was low.

The curriculum retreat will be held June 12. Items for the agenda should be sent to S. Merideth.

S. Shea thanked K. Cecil and K. Whittington for their service as student representatives this year.

Doctoring Report

S. Shea reported for C. Anderson that doctoring is going well. Only one student failed the mid-unit CCX. She is optimistic students will do well on the comprehensive physical exam evaluation.

Student Report

On behalf of 10-15 students, K. Whittington suggested the P. Sullivan case be moved to the end of the ERG unit. Students feel as if they are waiting for the endocrine and parathyroid material to begin, and many of the IIs associated with the Sullivan case are clinical tidbits. R. Gupta explained the case is designed to overlap with C. Martin, and it would seem disjointed if placed at the end of the unit. B. Hales noted Sullivan also overlaps with S. Johnson. He thinks the Sullivan case might be returned to its former length without having two days dedicated to it.

K. Cecil shared there are no explanations on SAQs this unit, which is frustrating. She is especially concerned about the SAQs for the mini cases as they are not being wrapped.

ERG Report

R. Gupta believes the unit is progressing smoothly. B. Hales is working on the exam and has received input from most faculty.

Dr. Lawler was well-received. Students suggested she might be good for the Murphy wrap.

Y1 Hotspotting Activity with Students

T. Smith provided background information on Student Hotspotting, an Interprofessional Complex Care Education. It is a collaborative project that has been taking place in Springfield since 2014. It brings together students from a variety of programs (medicine, PA, pharmacy, social work, business, and others) to form a team that supports a patient who has complex medical needs. Their support includes accompanying the patient, who has a high use of the E.D., to all medical appointments. It is a leadership training model. The teams consist of 5-9 students who work with up to three patients. The teams are mentored by faculty from participating programs. Springfield has become one of four national hub sites that help to train other universities.

Y2-4 student participants have indicated they would have liked to be involved with the program starting in Y1. As a result, T. Smith and J. Frueh, from the SIUE College of Pharmacy, would like to establish two teams in Carbondale this August. The program will be required for PA students. The time commitment is 3-5 hours/week, though the schedule is flexible and works around exams and breaks. They would like to have two first-year medical students for each of two or three teams.

Following discussion, it was noted that recruiting students in September for an October start, after the CRR mid-unit exam, would be a better timeline. The program would then run until March. If students need to withdraw for academic or other reasons, they may do so. J. Daniels offered to assist with advertising the program and hosting an interest meeting in September. He suggested faculty advisors may want to provide input on their students as well.

Programmatic Assessment

D. Klamen began by stating today would be a discussion meeting, not a decision meeting. She would like the Y1 and Y2 committees to consider adopting a programmatic assessment model whereby student progress would be entirely formative with decisions being made after all data are reviewed, rather than making progress decisions following individual exams and units. The goal would be to keep students focused on learning rather than testing and to provide students and faculty with constant feedback, via MyProgress portfolios (software is being purchased).

Exams would be given just as they are now, but each exam would be reviewed with the class so that they understand each question and answer. S. Shea suggested that the item analysis be added to the class feedback. Students would be given gold standard DXJs for all CCX cases. In essence, every part of the curriculum, including exams, would be teaching tools. Students would receive their scores along with pass levels so they can gauge their progress. The SPC would continue to issue letters of concern and warning.

At the end of the first year, a committee would review the year-long student portfolios and determine whether students may progress to Y2 or need to repeat Y1. Individualized summer remediation might also be an option. The committee would take a more holistic approach to student progress, carefully reviewing clinical skills, patient feedback, TGAs, and non-cognitive measures along with basic science exam scores. This would be assessment *for* learning rather than assessment *of* learning.

R. Gupta was trained using this model, and he found the summative approach used in the United States to provide a much clearer gauge of his progress. This seems regressive.

K. Whittington expressed concern that students might attempt to “kiss up” to faculty in order to find another way to pass. He feels some objective line needs to be set.

L. DiLalla and J. Davie expressed concerns about students who are near the cut-off. They could be deluded into thinking they are doing sufficiently well when in fact they are in academic difficulty. They would need a very clear message that they are in trouble. All agreed. Self-correction is a skill required in MDs. This approach would start teaching the skill early in their education.

S. Merideth asked if students would be given a definitive pass level for exams, e.g. 70%. Doing so would eliminate the Concerns category we currently use, which gives some students a false sense of security.

S. Shea suggested that a Concerns rating influences students in different ways and obtaining a Concerns can be a boost in confidence for a student who had previously earned an Unsatisfactory.

Other medical schools use programmatic assessment, some in the U.S. and many in Europe.

R. Clough feels the curriculum is not broken and does not need to be fixed. D. Klamen shared her mantra, "If it ain't broke, make it better." This could be a way to improve learning for our students.

E. Niederhoffer expressed support for the idea and asked about the timeline. No time frame is set. MyProgress will be available in August and phased in slowly.

S. Shea encouraged the student representatives to discuss this with their classmates and to share feedback. The topic will be on the retreat agenda.

Y1 Student Progress Document Revision

L. DiLalla moved to change YOCC to Y1CAC on the student progress document. D. Klamen seconded the motion, which carried with one dissenting vote. If there are additional changes that need to be made, they will be resolved before August.

Other Business

Next Meeting

The retreat will be held Tuesday, June 12, at 9 a.m. in LSII room 244. The next regular meeting will be held Tuesday, July 10, at 8:30 a.m.

The meeting was adjourned at 9:53 a.m.