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News of the UMass Medical School Office of Medical Education

Message from the Vice Dean

Curriculum redesign in progress—CIP 2 Blueprints and Models for Change

“What would it look like if ...?” With this thought-provoking question in our minds, we inaugurated Phase 2 of our Competency Implementation Project (CIP 2) in January 2007, engaging faculty and students to create a vision for competency-based curricular change and redesign at UMass Medical School.

I am pleased to report that, in partnership with the Educational Policy Committee (EPC), our curriculum committees, and faculty and students, CIP 2 has been outstanding. As we begin the new academic year and prepare for a school-wide curriculum retreat later this fall, I am excited to update you on CIP 2 progress, provide highlights of our work over the past eight months and preview the next steps for CIP 2 curriculum redesign.

Building on the educational priorities identified in CIP 1, CIP 2 addressed the structural changes that are needed to establish a truly competency-based curriculum. To achieve this goal, a

“blueprinting” model was used to generate approaches for structural change. From January through June, the CIP 2 blueprinting project engaged more than one hundred faculty and students through meetings of four working groups designed to address curricular priorities. (See box below.)

We recognized early on that the key to success was the exchange of ideas among leaders of courses, clerkships and electives across the curriculum. The CIP 2 working groups represented leadership from departments and curriculum committees across all four years of undergraduate medical education. A number of resources were put in place



Michele Pugnaire, MD

to support the groups, including a template for blueprint development; a database for tracking and assessing blueprint activity and outcomes, a repository of references and the establishment of the CIP 2 Web site on the EPC's intranet page.

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CIP 2 Work Groups

Foundational Studies

Conveners:

Sue Gagliardi, PhD
Ted Peskin, MD

Focus areas:

- Continuity across Years 1 & 2
- Continuity across courses in Years 1 & 2
- Transitional curriculum to Medical School
- Flexibility in Years 1 & 2

Core Clinical Experiences

Conveners:

Deb Field, MD
Tom Smith, MD

Focus areas:

- Continuity across Years 3 & 4
- Continuity across clerkships
- Transitional curriculum to clerkships
- Flexibility in clerkships

Senior Studies

Conveners:

Melissa Fischer, MD
Julie Jonassen, PhD

Focus areas:

- Continuity across Years 3 & 4
- Transitional curriculum to Internship
- Flexibility (e.g. advanced science wrap around from Years 1 & 2)
- Capstone scholarly project

Longitudinal Studies

Conveners:

Melissa Fischer, MD
Ted Peskin, MD
Tom Smith, MD

Focus areas:

- Continuity across all years (e.g. mentoring, advising, longitudinal curriculum themes)
- Continuity of patient care
- Areas of concentration

Fostering professional collaboration through simulation

The UMMS Simulation Center has been awarded an Academic Technology Grant from the University of Massachusetts Information Technology Council for its project, “A Multidisciplinary Simulator-based Approach for Teaching and Learning Central Venous Catheter Insertion.” The project focuses on three aspects of a simulation experience to build students' clinical competence: education, training and performance assessment. Technologies include an on-line module, Varian simulation technology and hands-on simulation experience.

Since simulation is applicable to physician and nursing disciplines, the grant funds a collaboration of programs throughout the School of Medicine and the Graduate School of Nursing. The project incorporates teaching and

learning experiences into clinical practice early in the curriculum of both professions; these experiences bring knowledge of skills for physicians and nurses, as well as teamwork in patient

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Anne Larkin, MD, (middle) helps guide Nicholas Csikesz, SOM '09, as she and Sarah McGee, MD, (left) instruct him on inserting a central venous catheter into a mannequin in the UMMS Simulation Center.

Grant Personnel

Principal Investigator:

Sarah McGee, MD, MPH, assistant professor of medicine and director, End of Third Year Assessment

Co-Principal Investigator:

Susan Pasquale, PhD, assistant professor of family medicine & community health and director, OME Curriculum and Faculty Development

Collaborators:

Mitchell Cahan, MD, assistant professor of surgery and director, Surgery Clerkship

Anne Larkin, MD, assistant professor of surgery and director, Surgery Residency Program

Jill Terrien, PhD, instructor in nursing

Lyn Riza, MS, instructor in family medicine & community health and manager, Instructional Technology–Academic Computing Services

Melinda Taylor, instructor in surgery and senior engineer, UMMS Simulation Center

Mary Zanetti, EdD, assistant professor of family medicine & community health and senior director, OME Division of Research and Evaluation

Lessons learned

Ask Vice Dean for Undergraduate Medical Education Michele P. Pugnaire, MD, what she took away from her yearlong professional development experience with the Executive Leadership in Academic Medicine (ELAM) Program for Women, and she'll tell you, "A mirror, a tool kit and a family."

The mirror reflects an increased capacity for self-assessment, self-awareness and change; the tool kit is the new set of leadership skills that she uses to constructively address challenges; and the family is the learning community of fellow ELAM "Elums."

ELAM is the only program in the country focused solely on building leadership skills in senior women faculty from academic medicine, dentistry and public health with the goal of institutional change. Selection for ELAM is based on a competitive application process in which the home institution sponsors the ELAM participant financially and administratively for the duration of the program and provides a platform for the graduate to execute her ELAM project. Dr. Pugnaire had a vision for implementing curriculum change, and many of the leadership skills she developed through ELAM helped her bring it into focus.

"My ELAM group was not only racially and ethnically diverse, but our individual professional backgrounds were very different as well," said Pugnaire. "We all had something to learn from and teach each other."

Pugnaire, who is an associate professor of family medicine & community health, found the ELAM experience particularly useful during CIP 2 in the Medical School curriculum Competency Implementation Project, where blueprints for implementing a competency-based curriculum are developed by groups. Rather than building teams of people whose curriculum expertise was the common link, the groups comprised individuals from areas of the Medical School with different knowledge. "We mixed up the groups, and the result was a renewed enthusiasm for working in teams that generated new ideas from fresh perspectives," said Pugnaire.

ELAM also developed her skills in motivating teams, leading employees, using technology in learning and leadership (most of the ELAM participation was through WebCT), change management and networking.

Pugnaire would like to see other UMMS colleagues participate in ELAM. "So much of the experience is interactive. It would be great to start our own ELAM learning community here," she said. ■

Message from the Vice Dean

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The CIP 2 blueprints—32 in all—address priorities for the working groups in foundational studies, core clinical experiences, longitudinal studies and senior studies, and reflect trends in medical education emerging nationally, including learning communities, scholarly capstone projects and interdisciplinary teaching models with basic science and clinical faculty. (For details of all CIP 2 blueprints, visit inside.umassmed.edu/inside.aspx?id=17598)

The next steps for CIP 2 blend our blueprints into the framework of a four-year curriculum. Curriculum-building workshops are now underway and faculty and students will learn of opportunities to participate. CIP 2 progress reports will be presented at EPC

meetings as we continue to develop our models for curriculum change and innovation. In preparation for our school-wide curriculum retreat later this fall, we welcome the leadership of Dean and Executive Deputy Chancellor Terry Flotte, whose guidance will ensure success for CIP 2 curriculum redesign and our goal of an innovative, high quality and nationally recognized competency-based medical school curriculum.

I encourage you to visit our Web site, contribute to CIP 2 activities or attend EPC meetings, which are open to all UMMS faculty and students. We look forward to working with the entire UMMS educational community as we begin this exciting year of innovation. ■

Simulation

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management. Learners include fourth-year medical students, post-graduate surgical residents and acute care nurse practitioner students.

Using an experiential learning model, the project applies scholarly research methods to teaching and learning with technology. The project's blended learning module will be a template to develop additional modules for procedural-based skills.

Supporting the grant's goals, the UMMS Simulation Center will help faculty envision new ways of teaching, advance the use of simulation as an instructional tool, assess technology-mediated learning outcomes, promote collaboration across disciplines, and disseminate the work of the project to reflect the scholarship of teaching and learning. ■

student perspective

Julia Randall, SOM '10

My first experience working in the Dominican Republic's rural bateyes—villages where sugar cane plantation workers live—was in March 2007 with the UMass Medical School mission group. With the support of the Good Samaritan Hospital of La Romana, we set up mobile clinics in different bateyes every day, providing much-needed health care to the migrant Haitian workers.

When I returned to Good Samaritan Hospital this summer, I found my perspective broadened. I was able to use knowledge and skills from my UMMS coursework as I worked with teams from a variety of organizations, both medical and non-medical. I spent my days working with nurses, doctors, dentists, students and volunteers from every profession imaginable. Despite the array of people, I was impressed with the effective operations of the clinics on a daily basis.

I learned valuable lessons about the challenges of international medicine and the importance of cooperation between local and international teams to provide the best care. I felt lucky to be spending this summer at the "Good Sam" because of new efforts to unify the various medical teams. Several long-term projects addressing health issues such as HIV/AIDS were being put into motion. While the mobile clinics are a wonderful contribution to health care in the bateyes, some continuity is inevitably lost as new medical teams rotate in and out. This new atmosphere of cooperation gives me hope that the foreign teams can work together to build a more permanent, effective system for delivering health care in this underserved community.



Julia Randall, SOM '10, (right) and Josue Chery, SOM '10, (center) with a fellow medical volunteer at a mobile clinic in the Dominican Republic

Kristen Ettensohn, SOM '10 Lydia Helliwell, SOM '10

With the goal of improving our medical Spanish, learning the Peruvian culture and experiencing medicine abroad, we joined two classmates, Emily Marsters, SOM '10, and Jhila Biswas, SOM '10, on a five-week trip to Peru.

For the first three weeks, we lived in the small city of Tacna on the southern border of Peru. We were greeted by a number of smiling doctors excited to receive the medical supplies we



SOM '10 students, left to right: Emily Marsters, Lydia Helliwell, Kristen Ettensohn, Jhila Biswas

brought through the help of Medical Assistance Programs International. They were even more excited to teach us their language, culture and medicine. In Tacna, we took Spanish classes and immersed ourselves in everyday Peruvian life. In addition to absorbing the language and culture, we were invited to shadow doctors in a variety of medical settings, including a free clinic, a private hospital and a government-funded public hospital. We were even allowed to scrub in on some surgeries. Although we expected the medical conditions to be different from those at home, we were struck by the differences within the country. The private hospital, though lacking in some equipment found in American hospitals, was fairly modern and staffed by enthusiastic doctors. The public hospital, serving 70 percent of the population, was a complete contrast. The building itself was falling apart and overcrowded, with a shortage of supplies and the doctors overworked.

Our time in Peru gave us brief exposure to a language and culture that will help us communicate with our future patients. We are inspired to continue involvement with international medicine as our friends in Peru look forward to continuing a relationship with UMass Medical School clinical and pre-clinical students.

Focus on the Office of Medical Education

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