

Course name__Foundations of Health & Disease_____

People completing worksheet __Jennifer Clark and Christopher Marshall_____

Please use the following document to identify how your course will meet the following 4 benchmarks for AY 20-21. Please note that options below relate to courses that *do not* include a 'block' structure. For those that *do* include a block structure the benchmarks apply to each block.

Benchmark Category	Deliverables (pick at least one from those listed – delete those not selected)	Session date/title and responsible person for each (create new cell for each session)	1 line description of change
A. Increase engaged learning (small group, flipped classroom, problem-based learning, simulation, etc.) Decrease traditional lectures	Convert 1 lecture per week to an interactive session using an instructional method such as small group, team-based, case-based, etc.	Pathobiology Lab 2 (Microscopic) (week 2) – Jennifer Clark	Convert to small group session with live interactive microscopy.
		CPC Case Discussion and Review (week 4) – Jennifer Clark	Convert to small group interactive session.
		Hypertension Cases (week 4) – Glen Kershaw	Already interactive and case-based, but convert to small groups.
	Transform 1 lecture per week into an interactive independent learning module	Integration of Metabolic Pathways (week 1) – Jason Kim	Could be converted to interactive independent learning module serving as an introduction to the two subsequent lectures on diabetes and obesity.

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		Pathobiology of Vascular Disease – 3 lectures (week 1 and 2) – Tom Smith and Jennifer Clark	This lecture series (particularly #2 and #3) might lend itself well to an interactive independent learning module.
		Starvation and Cancer (week 3) – Chris Marshall	Create an online module for teaching starvation. Consider doing the same for cancer portion.
B. Identify and remove unintended redundancy	Identify where materials are taught in other courses and review whether to maintain in your course (OASIS search or other method)	Hypertension (week 4) – Glen Kershaw and Antihypertensive I (week 3) – John McCullough	Potential redundancy identified during review of course materials for ReVolution CVS block development. This redundancy may be beneficial but should be further examined, perhaps by the CVS block build team.
		Pathobiology of Vascular Disease lecture series – Tom Smith and Jennifer Clark	Overlap with content from OSD lectures (particularly shock and CAD lectures) identified by ReVolution CVS block build team who can further examine this.
C. Incorporate <u>at least 1 new aspect of EACH of these 3 priority content areas</u> into the course (or block for larger courses) using the Instructional Method of your choice	1. Antiracism, diversity, bias*	Obesity and Metabolic Syndrome: A Clinical Perspective (week 3) – Chris Marshall	Students reported concerns about how obesity is addressed in the course on this year's evaluations – consider modifications and including material regarding bias in healthcare toward patients with obesity.
	2. Social Determinants of Health: economic and social conditions that influence individual and	Pathobiology of Vascular Disease 1 (week 1) – Tom Smith and	New content regarding climate change and environmental factors as determinants of health in

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Highlight or insert the aspect of choice	group differences in health status (CDC) **	AND Introduction to Nutrition (week 1) – Chris Marshall	relation to nutrition and vascular disease risk will be added to the two lectures listed for next year.
	3. Health Systems Science: the principles, methods and practice of health care to patients and populations***	Multiple sessions to be determined	Content regarding the role of interdisciplinary care in the management of hypertension, diabetes, and obesity can be included in multiple sessions throughout the course, as an intentional recurring theme, potentially in the form of dedicated slide sets which can be added to pre-existing lectures.
D. All course leaders, and specific small group faculty will participate in a DRIVE (Diversity, Representation and Inclusion for Value in Education) workshop activity. This will be tracked and reported centrally. Schedules are forthcoming and these should be completed early as possible. We welcome your inviting course faculty to join.			

* Diversity: <https://www.umassmed.edu/dio/> (UMMS Diversity and Inclusion Office); Antiracism: "defined as some form of focused and sustained action, which includes [inter-cultural](#), inter-faith, [multi-lingual](#) and inter-abled (i.e. differently-abled) communities with the intent to change a system or an institutional policy, practice, or procedure which has racist effects" Anti-racism Digital Library; Bias as defined by the DRIVE initiative: Disproportionate weight in favor or against one thing, person, or group compared with another in a way usually considered to be unfair; A preference or inclination, favorable or unfavorable, which inhibits impartial judgment. A tendency to think, act or feel in a particular way.

** and the Healthy people 2020 list: economic stability, education, health and health care, neighborhood and built environment, social and community context

*** Health (HC) delivery structures and processes; HC policy and economics; patient and family-centered care; health system improvement; value-based care and evidence-based medicine; systems thinking; population and public health; HC ethics and law; interprofessional care and teaming; clinical informatics.