FACULTY BENCHMARK WORKSHEET FOR 2021-2022 ACADEMIC YEAR

Course name_Patients_____

People completing worksheet _Howard Sachs, MD_____

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	**Best Zoom Practices** 1. Add Top Hat to at least 1 lecture per week **or** 2. Convert 1 lecture per week to an interactive session **or** 3. Build and implement a simulation experience (including debrief) **or** 4. Transform 1 lecture per week into an interactive independent learning module **or** 5. Create a new small group		Virtually all my sessions already use TopHat. Some are 'pre-tests' but other sessions are entirely interactive using technology-enhanced formative assessments. I don't anticipate further changes to the Patients curriculum insofar as engaged learning. I have experimented with independent learning modules. The students hated them and/or did not engage.

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
B. Identify and remove **unintended redundancy**	**Within Your Course** • Review lecture materials to align slide number with length and topic • Provide a roadmap to help faculty link their sessions to what comes before and after **Within the Entire Curriculum** Identify where materials are taught in other courses and review whether to maintain in your course (OASIS search or other method)		The Patients course reviews materials across all organ systems. Any overlap is intentional to reinforce previously taught materials. For example, carcinoid is mentioned in cardiology (carcinoid heart disease), GI (carcinoid syndrome), and pulmonary (endobronchial lesions). The redundancy is very intentional embedding the key take homes in the organ system best suited for the information. With a single lecturer, I don't confront the issue with repetitive materials.
C. Incorporate <u>at least 1 new aspect of EACH of these 3</u> **priority content areas** into the course (or block for larger courses) using the Instructional Method of your choice Highlight or insert the aspect of choice	1. Antiracism, diversity, bias*		I have no expertise in this field. Educators should teach what they are good at. I would no more address this topic than I would CRISPR technologies or advanced biochemistry. It isn't in my wheelhouse. If you have guest lecturers, please add content hours to Patients and have them come to profess in this arena.
	2. Social Determinants of Health: economic and social conditions that influence individual and		I have no expertise in this field. Educators should teach what they are good at. I would no more

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
	group differences in health status (CDC) **		address this topic than I would CRISPR technologies or advanced biochemistry. It isn't in my wheelhouse. If you have guest lecturers, please add content hours to Patients and have them come to profess in this arena.
	3. Health Systems Science: the principles, methods and practice of health care to patients and populations***		I have no expertise in this field. Educators should teach what they are good at. I would no more address this topic than I would CRISPR technologies or advanced biochemistry. It isn't in my wheelhouse. If you have guest lecturers, please add content hours to Patients and have them come to profess in this arena.

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.

DRIVE: Diversity, Representation and Inclusion for Value in Education: https://www.umassmed.edu/dio/initiatives/drive/

- A brief introduction to the DRIVE Initiative, click here.
- The Curriculum Appraisal Tool, click here
- Interactive Library Guide with expanded appraisal tools and linked resources, click here
- Download sample disclosure slide for inclusion and presentations, click here
- Zoom recording of the faculty development workshop, click here

- Extensive self-education resource collection cured by Yale medical library, click here

* 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.