Curriculum Revolution: Town Hall Questions and Answers

Responses to questions in the chat from the Town Hall June 24 are organized into sections and answered below. We have generally left them in the format asked to identify the question and submitter though streamlined the listing of ideas for structural benefit.

Specific content and sequencing:

1) From Sam Behar: I think it would be helpful for all of our planning if we had some sense of what the curriculum is going to be after the first 18 months. It seems like we are pushing a lot of more clinical material into the first year - may have a different context later during the curriculum.

Answer: Our model is to emphasize the clinical correlation of basic science in order to clarify relevance, build on adult learning strategies and grow successful techniques from our current curriculum. The reciprocal will also be true as we plan to integrate basic biomedical science content in the clinical years as well. There has not been a reduction in biomedical content hours per se, though, with our clinical integration team (lead by Howard Sachs and Jennifer Carey) we expect the clinical integration will be more standardized throughout. Additionally, the transition, themes and threads consultants will work with block leaders to add clinical and social science relevance to basic science material.

2) From Lisa Hall: Where are students getting stem cells and epigenetics? We've cut stem cells out of the genetics course and epigenetics is covered in a very limited fashion.

Answer: Course leaders are empowered to find gaps and make content decisions based on allotted time ensuring that there is appropriate clinical and T3 integration. Therefore, we defer this answer to the principles build team and genetics content experts (like you, Dr. Hall!). OASIS searches can assist with identifying current unintentional repetition and gaps to aid this work.

3a) From Suzanne Cashman: please f/u with us to discuss placement of the PHC.

3b) From Linda Cragin: Re the PHC - I think it is a challenge to schedule a community-based immersion in a month where the weather may be the worst. February is not really "Spring." We also need be aware of when the public-school vacation is, as our community partners may not be available, so this reduces the time possible in February.

Answer: We have been working with GSN leadership closely in considering the placement of the PHC. This time was identified as the best time for interprofessional learning by these educational GSN leaders. We can invite SC and LC to join our follow up meetings with GSN on this topic and calendar placement. While we understand the concerns about weather, being located in New England we must determine how we can utilize all months available for learning. Our experiences with remote learning this spring have taught us much and we look forward to building on this with ideas from our community partners, learners and faculty.

4) From David.Hatem@umassmemorial.org : I imagine that introducing abnormal and pathology in year 1 will allow us to think of DCS and PD and Hospital sessions as more of a continuum and be able to think of a different conception of PD/normal and Hospital sessions/abnormal divided by year.

Answer: Yes! Exactly. Thank you for this comment - We want to rethink how we are currently teaching to take advantage of this opportunity to restructure.

5) From Mark Dershwitz : When CC was later in FOM1, antineoplastics were covered after students had completed PoP. I see a potential problem teaching antineoplastics during pharmacology principles.

Answer: Block/content leaders are empowered to make decisions about where content will be placed. This can be sorted out by a discussion between Drs. Selove, Moni, Ko, and Dershwitz. Also, content allotted to a block can be sequenced within the block. For example, if needed, PoP can be delivered earlier and antineoplastics later during a 4-week long block. Finally, student curriculum revolution leaders will assist with secondary review of the overall sequencing in the integrated curriculum.

6) From David.Hatem@umassmemorial.org: one thing I have been thinking about is putting more clinical material into the WIN weeks—could this run the risk of having students in academic trouble falling behind with clinical material and its integration

Answer: There are no plans to place any content or expectations in the WIN week. How this time is spent will be at the student's discretion. On rare occasions, students may need the week for intensive studying and remediation planning. Otherwise, students may choose to use the week to visit family, pursue additional clinical time (it may be a more convenient LPP opportunity for some students, for example).

7) Suggest spring break be placed between blocks, and not within a block. I think giving students this break during a natural break in the curriculum will be beneficial for many reasons. It might also give an opportunity to remediate MSK or INF/HDB before starting Brain and GI. I hope the placement of spring break is very carefully considered.

Answer: A break may be an advantage in the middle of the longest block (provides student some breathing space, also some consolidation time if needed). However, spring break can be flexible to meet timing and content needs for students. The block leaders are empowered to place the spring break where it makes the most sense (for example, prior to/during/after NSB). We plan to invite a conversation about possible scenarios.

8) **Concerned about AY now extending so far into June. May is conference season for GI faculty, and June for anatomy faculty (IAMSE and AACA). Can't win. Would there be any arrangement that ends first year with Brain, and starts the second year with GI, then continues with the other systems as outlined?**

Answer: The goal of this curriculum sequence is to follow a path that supports students building and layering knowledge and skills -- as such it is modeled to be more student-centric. It is difficult to account for all faculty conflicts, and in the past when we have arranged around faculty schedules both students and faculty have been concerned that the sequence did not make sense and did not support learning. Fortunately, we are gaining more experience with remote teaching modalities. Faculty who need to be off-site may offer live streaming lectures, facilitate small groups or design independent learning activities and projects to continue student learning while they are off-site. The overall schedule timing has been reviewed from the regulatory perspective and is believed to align with other opportunities for students (research, dual degree programs).

Faculty support and resources:

9) What support will be offered to faculty?

Answer: Planned faculty support exists in the areas of educator development, local and national curriculum information, administrative needs.

Educator development plans include ***workshops*** *to assist with contemporary and engaged teaching methods (pedagogy),* ***tools for self-assessment, self-directed learning and implementation*** *and* ***consultation****. Our faculty colleagues are a rich resource for this creative teaching. Many have explored and embraced diverse teaching methods, some of which were showcased at the EPC's January 'Innovation Theater'. We are planning a series of workshops that will be co-led by peers and educational designers to cover topics including small group facilitation, case-based learning, problem-based learning, exposure to newer teaching strategies. In addition we have developed a* ***self-directed guide*** *to assist with integrating T3 content consistently throughout blocks, utilizing existing material to support learning in health systems science and incorporating newer resources such as the EHR Classroom (previously called AEHR, information being updated:* https://www.umassmed.edu/oume/curriculum/academic-electronic-health-record-aehr/*).* ***Individual consultations*** *can be organized to focus on block or session needs. We will continue to build and share these resources and invite your input regarding topics. Rebecca Blanchard shared one in the chat that we will add to our Curriculum ReVolution website:* https://www.baystatehealth.org/education-research/education/berst-teaching-academy/remote-teaching

Local and national curriculum information will assist your content review to identify redundancies and gaps. We are posting resources from the NBME (content outlines) and our own OASIS curriculum database on the Curriculum

ReVolution website (https://www.umassmed.edu/oume/curriculum/curriculum-revolution2 ; navigate to best practice/resources) and working with our IT partners to updating documents guiding your own search of our curriculum database so you can pull reports directly. It is important to note that anyone with UMMS credentials can search the OASIS database – faculty, administrators or students. While the number of keywords is limited to major topics, it is possible to search for any words that appear in other fields including session titles and objectives. The database was purposefully structured in this way to balance the limitation of keywords with broad search capacity. This structure does not allow us to develop a repository as was asked in the chat question "Could we consider creating class-specific databases of what was covered in the first two years for each graduation class (i.e. a specific repository of what was presented to a given class). This would allow me to tailor material specific to their needs for each class and take into account ongoing innovations and changes" however we will continue to consider how we might support the spirit of this request.

10) From Lisa Hall: These zoom trainings are for all our guest lecturers too, right?

Answer: Yes, guest lecturers would be invited!

11) **From Judy Savageau : I realize that there have been many discussions about Epi/Bio as part of the plan (where we are now) for the curr revolution - and it's interesting that many other schools put this right near the beginning of the 1st year, my bias is based on teaching this for 20 years and seeing student evaluations over time. Movement of the second to the first year not only changed the context that students brought to the course (or lack thereof) but the # of hours was reduced in small groups (and too many lg group lectures). With it now being earlier in the first year - I wonder if time allotment will change again which limits what we can truly teach. Students have a hard time with this course in light of all the other competing coursses - and my fear is that this will be even more of an issue for students.**

Answer: We appreciate that there are different ways to sequence curricula, each with its strengths. As you note, many schools choose to place the skills of reading and understanding the medical literature, considering data from a population perspective and introducing the evidence-base behind medical decision-making as an early core skills. This allows for developing a foundation that can be added to throughout the remainder of the curriculum with intentional spiraling repetition. Block and content leaders are empowered to make decisions about where content will be placed within the broad structure of sequencing and we look forward to the team's ideas regarding appropriate threading from the initial presentation in the princples block.

12) RE: NMBE content outline From Sam Behar: I haven't seen these resources - where were they distributed?

Answer: These are now available on our Curriculum ReVolution website – navigate to best practices/resources.

13) From Lela Giannaris : Is there a central place for sharing these docs? A curriculum revolution SharePoint?

Answer: yes, we have developed and (will continue to add to) the Curriculum Revolution website : https://www.umassmed.edu/oume/curriculum/curriculum-revolution2/

14) Concerns about time

Answer: One of our participants questioned in private chat whether her/his Chair was aware of and would support this faculty effort. We expect others may have this question. We are grateful for the engagement of our faculty in teaching our students. Opportunities to help shape the future through work with the next generation of learners is one reason that many of us choose to work at an academic medical center. We also know that each of you has multiple professional interests and needs. This Curriculum ReVolution is fully endorsed by the Dean and senior school administration who have and will continue to present our plans and progress to the Chairs Council, Executive Committee and Faculty Council. In the coming weeks, Drs. Larkin and Fischer are writing to each of your Chairs emphasizing the scope of your work and effort. We have adjusted our timeline in recognition of the unusual stressors that the pandemic have placed on each of you and your departments and will continue to advocate for resources to support your success.

15) From Jill Zitzewitz : Will you share these slides from today with everyone so we can keep thinking. *Yes, they are now on CR page (https://www.umassmed.edu/oume/curriculum/curriculum-revolution2/)*

16) **Rebecca Blanchard** shared a faculty resource from her work at Baystate: https://www.baystatehealth.org/education-research/education/berst-teaching-academy/remote-teaching As above, this will be linked on our curriculum revolution site.

Your Ideas and other questions

17) We appreciate that several of you shared 'best practice' ideas in the chat and will collect them for all to learn from:

***Mary Zanetti** asked: Is it possible to have course leaders preview their instructors' curriculum materials/plans in advance? **Mary OBrien**. I agree that communication among course leaders helps with planned redundancy and why we are doing this. We try to build on other's curriculum and let the students know this at the outset. The CV build team shared that they are making a power point slide for every topic and then they will adjust the order to help build their sequencing. We also have secured the 'TeamUp' calendaring program and will share details with the build teams to assist with your development. We recommend all faculty consider how to integrate the Epic-model EHR Classroom as a tool for case presentation, problem-solving and informatics learning. More details regarding each of these will be posted on our website.*

18) From Jessica Kilham: is blackboard searchable for faculty?

Answer: Blackboard is not searchable, OASIS is. We have given & can give access to specific courses in BBL for faculty and will continue to advocate with Blackboard for a search feature.

19) Integrating priority areas for this year

*As discussed at the Town Hall, our change in timeline increases both opportunity and expectation. We are working on a series of benchmarks from which current course leaders can select in order to build towards our fully realized Curriculum ReVolution in fall 2022. This year's priority areas include: racism, diversity, bias, determinants of health, health systems science and embracing new teaching methods. We will follow up with details in the coming weeks and are thrilled that some of you with earlier courses are already as **Mary OBrien** chatted regarding her work with **Bill Royer** in BWCT: "We have been working on incorporating several of these topics into our clinical cases and try to highlight these as a part of every clinical case." This is a wonderful best practice example and we are thrilled it is happening in one of our first courses! Please keep sharing your ideas and innovations!*

20) Wasn't leadership one of the T3 topics discussed earlier; T3 is a great idea, but I wonder why this dropped off the list? Will list T3 topics and leaders here.

Answer: So, the Transitions, Themes and Threads groups of consultants does not exactly match our topic areas that have representation of the curriculum committee with the same name. Leadership, specifically, is considered part of the "transitions" group and we have asked residents and our transitional faculty and our wellness representitive to consider leadership as one component of professional development for all medical students.

21) **RE: T3 description/incorporation for build teams**. From **David Chiang** (*T3 transitions and professional development leader*) : Hi everyone, PGY-2 in MedPeds here; re: T3 Topics…

First, for **struggling learners, they should feel comfortable from the beginning to come to MedEd or educators for help or access to free tutoring services**. At the same time, in these discussions, please be sure to explore more than just "what is difficult about this topic?" and try to see if there are personal issues going on that prevent an individual from "putting in the time" to learn the material. I know this is probably something people know, but I have had personal and anecdotal experiences where students have been shamed for "not trying hard enough" and being told "maybe you're just not good enough" – and many of these students are URMs.

CR LT (Curriculum ReVolution leadership team) Note*: this is an important comment. One of the goals of the assessment week and 'WIN' time is to purposefully schedule time for 'what I need.' For some students that will be targeted remediation. As a community we have each needed additional support, counseling or time throughout our careers. This is our opportunity to normalize that need so that people feel comfortable asking for help not only as learners but throughout their careers. This is an important part of our profession.*

Second, part of the curriculum should include integration of the **Harvard Implicit Bias/Association test** that can be displayed in collective resultant fashion so that the class of medical students is aware of the any bias they may or may not have.

CR LT Note*: Medical students DO complete the IAT. We ask faculty do so as part of the DRIVE workshop which all course leaders and build team members will participate in.*

Third, **any discussion of medications or pharmacology should have a section on challenges to medication adherence**. For example, day workers are largely Hispanic/Black and often undocumented in NYC and California…why can't they take their insulin? The answer is that they can be arrested for being seen with a needle because it's interpreted that they are shooting heroin and not injecting insulin. This also applies to multiple other medications as well as "non-medical scut work" like insurance companies and how to deal with them, what social work can/can't do, how to identify patients who would qualify for WIC, etc.

CR LT Note*: This is a terrific example of integration of health systems science and social determinants of health!*

Fourth, discussions of **interactions with the healthcare system and clinical trials** should also give historical nod to things like the Tuskegee "Trial" and the HeLa/Henrietta Lacks debacle as an acknowledgement and lesson for us to learn from.

CR LT Note*: The Tuskegee Syphillis study tragedy is part of the current Principles of Pharmacology curriculum as it is included in the human subjects training that all medical students complete. We do not know how the HeLa link to Henrietta Lacks is addressed and this is one example of a potential opportunity. We also like the idea of providing both academic and more popular resources for those who want to learn more. 'The Immortal Life of Henrietta Lacks' was campus read a few years ago, but current students may not be aware of the book.*

These are a few thoughts, but I think are important at this point too and I would be happy to try to go over things with a fine-toothed comb to identify relevant topics/articles for each system-block. *Please contact David (Dr. Chiang) regarding assistance with T3 integration @ David.Chiang@umassmemorial.org. There are 3 other GME physicians as well. Please see the Team member list on the Curriculum Revolution website (https://www.umassmed.edu/oume/curriculum/curriculum-revolution2/)*

22) From Chris Sassetti : Milestones are a good idea. These should be developed by each build team, instead of applied universally.

Answer/Response: We agree! As described in our town hall "thank you email" we are now using the term benchmark for our Curriculum ReVolution work to differentiate from the ACGME milestone approach. The "benchmark categories" for build teams in Stage 1 have been identified with your assistance and you have helped to brainstorm some approaches to meet these benchmarks. We are working on the specific details regarding scope and will share those in the coming weeks. These concrete changes will make subsequent changes the following academic year more streamlined. As a starting point:

Stage 1 Benchmarks for current Course Leaders

Benchmark #1: identifying and removing UN-intended redundancy (leaving room for purposeful (spiraling) repetition that reinforces and builds on important concepts). This respects our learners and offers time for other valued content. Your ideas were:

- *students identifying examples,*

- *searching syllabi and the curriculum database/OASIS,*
- *course leaders working directly with faculty to help them understand what is taught before, after, within and between courses*

Benchmark#2: Incorporating priority topics related to racism, bias, diversity, determinants of health and health systems science in existing courses. Your ideas were:

- *enriching case discussions,*
- *explicitly naming and integrating points about each topic into a set of existing sessions for each course,*
- *adding related questions to small groups,*
- *selecting papers and studies that reinforce these topics,*
- *including population data and genetics,*
- *identifying virtual resources*

In addition, all current course leaders and build team members will attend a DRIVE (Diversity, Representation and Inclusion for Value in Education) educational workshop.

Stage 2 Benchmarks for Block Builders. *Changes that we make for this AY 20-21 will help us achieve benchmarks and success towards full implementation in AY 22-23. As you know, resetting our timeline increases our expectations and we are developing benchmarks to support our achieving those. Chris Sassetti shared in the chat that we should* ***allow course leaders some choice*** *in those benchmarks and we agree! We will identify a set for you to choose from and add to and share them shortly.*

23) Concern about the remediation plan. What happens if a student has to repeat any coursework? Where are the re-entry points? Exit points? I strongly urge these details be considered early. The assessment week as currently structured isn't enough time for those students who are struggling the most. What will be the plan for them?

Answer: *We are working closely with the Center for Academic Achievement to develop best practices for longitudinal assessment, identification of struggling learners and rapid approaches to engaging them in support programs. Many students requiring remediation will only need focused remediation. We want to empower block leaders to create remediation assessments that target the learner's specific challenge areas and use creative approaches such as teach back, discussion and narrative to ensure comprehension of those areas. We recognize that the assessment weeks may not meet the needs of learners who are struggling the most. Additional models and deceleration options are being considered. We welcome input from the community and are in contact with other schools that use this model to identify their strategies and adapt to UMMS needs.*