

Report to MSEC
Annual meeting

The first annual meeting for MSEC occurred on June 3, 2014.

Purpose: To complete the annual periodic and comprehensive curriculum review process; to build on the annual and comprehensive reviews of individual course and clerkships to include a review of curriculum segments and the curriculum as a whole to evaluate horizontal and vertical integration, omissions and unplanned redundancies and areas needing improvement.

Background: MSEC has a formal policy that directs the approach to monitoring and evaluating our entire curriculum. The annual meeting is a part of that process, and focuses on:

1. Feedback and assistance among the pre-clinical and clinical directors
2. Horizontal and vertical integration
3. Omissions and unplanned redundancies across the curriculum
4. Areas in need of improvement

Rationale: Participation of course and clerkship directors allows for communication among those most knowledgeable about how the curriculum functions within segments of the curriculum and across all 4 years. MSEC needs input from course and clerkship directors to give us both detailed and broad appreciation of what works well, what areas need improvement and how course and clerkship directors can learn from and assist one another in creating a comprehensive and cohesive curriculum.

Structure: Introduction

3 small groups, each with both pre-clinical and clinical course directors (and including a MSEC member, AA staff)

2 Small group break-out discussions

First addressed question 1 and 2 (above)

Second addressed questions 3 and 4 (above)

2 large group feedback and discussion sessions after each small group break out session

Closing comments, with Dean Means present

<u>Number of attendees:</u> Preclinical	16
Clinical	8
<i>Total Faculty</i>	24

AA and clerkship staff + 6

Grand total 30

General conclusions from the first annual meeting were that it:

- provided a positive addition to curriculum evaluation and management process
- served as a welcome opportunity for communication within and between those who lead segments of the curriculum
- increased knowledge of curriculum content and processes across segments of the curriculum
- stimulated discussion of opportunities to collaborate

Positive aspects of the curriculum specifically mentioned in breakout sessions included:

- Ambulatory patient care experience in M1 and M2 years
- Excellence in many segments of the curriculum such as general knowledge, communication skills, physical exam skills, general presentation skills, behavioral sciences and professionalism
- Progress in several important curricular components such as formative/narrative assessment, awareness of need to integrate content and the use of Examsoft to coordinate learning objectives and assessment
- Wide variety of experiences and community basis in M3

Areas for improvement specifically mentioned in breakout sessions included:

A. Curriculum content (recommend content review)

- Health and wellness
- QI and Patient safety curriculum
- Neurophysiology
- Nutrition
- Proteomics
- Functional anatomy
- Antibiotic choices

B. Curriculum—general

- Additional horizontal and vertical integration
- Targeting basic science instruction at a basic and flexible (not exhaustive) level

C. Student skills development

- Focused presentation skills
- Ability to synthesize information for clinical use
- Overcoming student short term focus on standardized test scores instead of long term perspective

D. Faculty needs

- Assistance with breaking down content silos
- Faculty development, especially in assessment and educational technology
- A reliable and easy method for communication and exchange of information about who teaches what, who to contact about specific curriculum content and access to one another's instructional material

Recommendations for consideration

- Enhance faculty development (instructional methods; promoting critical thinking and information synthesis; assessment) and educational technology resources
- Establish mechanism for communication across segments of the curriculum (Contact information, syllabi, etc)
- Facilitate involvement of basic science faculty in clinical education (e.g., attend grand rounds) and clinical faculty in basic science courses (e.g., attend research seminar)
- Use educational technology to foster sharing information across all segments of the curriculum
- Expand meetings for clerkship directors to coordinate clinical curriculum
- Identify physicians to serve as "Theme Directors" for all 4 years of curriculum
- Create a mechanism for clerkship directors to provide feedback to pre-clinical course directors
- Convene meetings every 6 months to speed up horizontal and vertical integration
- Include more opportunity for attendees to introduce themselves and the objectives and methodologies of their courses/clerkships to the large group
- Make curriculum database easily searchable
- Identify specific basic science topics for clerkships to reinforce every year