

UPSTATE MEDICAL UNIVERSITY

SPRING 2016

<http://www.upstate.edu/com/curriculum/>



Upstate's Mission: To improve the health of the communities we serve through education, biomedical research and health care.

Curriculum *office*

Letter from Dean Ko

Dear SUNY Upstate Community:

Spring is upon us, and we are closing out an academic year for some students, and looking forward eagerly towards a start of a new academic year as well. We have been working hard in reviewing all the clerkships, and making necessary changes in time for the beginning of the new MS3 clerkship year that starts in May, 2016. As part of the transition from the pre-clerkship to the clerkship curriculum, we have an extensive orientation time planned for both students in Syracuse and Binghamton to ease their transition in this process.

One aspect of the curriculum we have been working extremely hard at is the implementation of the new organ-based curriculum due to begin August 2016 with the incoming MS1 class. Branded as the 'UP' Curriculum (for 'Unified Pre-clerkship'), each unit will be co-lead by at least one PhD and one MD unit-director. This group has been meeting diligently through the winter months in planning innovative ways of integrating basic science and clinical content into our pre-clerkship curriculum. I am

excited to see the fruits of this team efforts, as I am seeing clinicians and basic science faculty come together to think creatively about how we can teach and integrate the topics in the pre-clerkship years to the benefit of our students.

Spring also means the beginning of the end of the time of our 4th year students here at Upstate as they finish up the March into Residency course, and prepare to celebrate with Match Day and Graduation! I am always excited to see our students reach their goals and be excited as they open up that envelope and find out the fruits of their hard work as they match into the specialty and residency of their choice!

I also look forward to seeing the seemingly annual tradition of our graduating class try to outdo the previous class as they put out their 'youtube video'. A search of the last 2 years will show that our students have a lot of creativity and I am excited to see what the Class of 2016 come up with!

Dr. Ko



For questions regarding this publication, please contact Lisa at PhelanLA@upstate.edu or 464-7004

Curriculum Committee

The Curriculum Committee shall be responsible for recommending curriculum coordination, development, objectives, content and methods of evaluation to the Dean.

The Curriculum Committee has just about wrapped up reviewing all the required third year clerkships. Each clerkship has continued to add a "You Said....We Did" page in their syllabus that shows changes that have been made based on student feedback. It is an impressive list that you can review at the end of this newsletter. As part of these discussions, there is a plan to revamp and standardize much of the clerkship Standardized Patient Encounters (SPEs), with clearer expectations and grading in the process.

In the next several months the committee will then begin work reviewing all the MS2 courses as well as proposals for ne new units in the MS-1 year. Dr. Ko



LCME Status Report Update

At its February meeting, the LCME reviewed the 12/1/15 status report submitted by Dean Duggan on behalf of Upstate. The LCME found that Upstate is in compliance with all 12 standards. However, we received the designation of "in compliance with a need for monitoring" for Element 3.6 (Student Mistreatment) within Standard 3 (Academic and Learning Environment).

Element 3.6 states that a medical school must define and publicize its code of professional conduct for faculty-student relationships in its medical education program, develop effective policies that address violations, and has effective mechanisms in place for a prompt response to any complaints.

Upstate's Policy on Learning Environment and Mistreatment includes clear information about how to report mistreatment anonymously on the Upstate Medical University website. These policies and procedures are provided to students in your 1st and 3rd year orientations, in every course and clerkship syllabus, and on ID badge cards, and on clerkship information pocket cards.

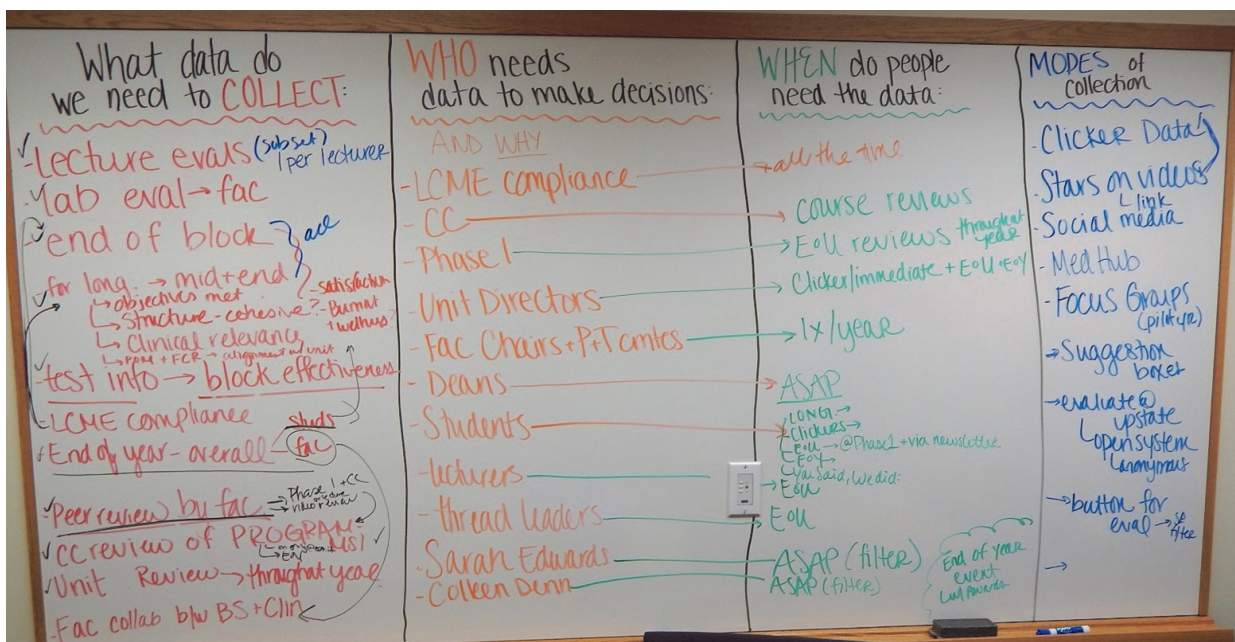
Check out Upstate's website on the learning environment and mistreatment in the College of Medicine:
<http://www.upstate.edu/currentstudents/support/rights/mistreatment.php>

If you have any questions about the status report, or the policies and procedures for reporting learning environment concerns, please contact Lisa Phelan, Director of Accreditation Compliance at phelan-la@upstate.edu or Dr. Paul Ko at kop@upstate.edu.

Updates from Phase 1

There has been much work dedicated to the continued restructuring of the Phase I Curriculum in the 1st year (launch is August 8, 2016)! First, please join us in applauding the efforts of the new Systems-Based Unit (SBU) Co-directors and Thread Leaders. They have been working especially hard to collect an accurate inventory of content alignment in the MS1 units this year, in order to begin the process of final selection of content for the launch of the "UP" (Unified Pre-clerkship) Curriculum in 2016. Student Focus Groups have also been established to help facilitate this information from the student perspective. This is an exciting and critical time to make decisions about integration and the possibilities for clinical relevance in the new curriculum.

We are also beginning the process of recruitment and training of facilitators (tutors) for the newly renamed Foundations of Clinical Reasoning (FCR) course (formerly named CBL). These facilitators will lead small groups tackling problem and case-based learning vignettes. MDs will be recruited to lead fundamental clinical cases in each unit, to utilize existing PhD leaders for four former MCP Conference topics (converted to PBL), and to use many existing Excellence in Care facilitators for a topic in their area that will be one week of the FCR course each unit.



Result of a brainstorming session of the Evaluations and Accountability Subcommittee



Finally, the Curriculum Office plans to hold an awards ceremony at the end of AY 2016-2017 for the following categories, where specific MSI units successfully stand out:

- * Innovative
- * Clinical Relevance
- * Collaboration (MD/PhD)
- * Organization

Tom Poole, PhD, Assistant Dean for Foundational Sciences
 Sarah Edwards, MS, Director, Foundational Sciences

Kudos to the Psychiatry Clerkship

Taken from an end-of-clerkship evaluation.

I would like to start this off by saying that I did not go to medical school to become a psychiatrist. It was medicine or bust, and nothing else was a blip on my radar. However, a week into the psychiatry clerkship, I found myself genuinely enjoying the clerkship. While part of it was the lighter schedule, and the kinder residents and attendings, another part of it was the constructive learning environment. Psychiatry attendings were always ready to answer questions, and residents would graciously explain something you didn't understand. This healthy environment flipped a switch in me and has made me excited for an AI in CL and even pursue a career in psychiatry.

*Attendings, residents, and clerkship directors may forget that clerkships are not only used to teach students the ways of life for the specific branches of medicine, but also to show them **why** they should choose it by creating an environment that makes students **want** to learn more. The psychiatry clerkship has achieved this. I'm truly sad to have this clerkship end, but I'm looking forward to returning to it as a 4th year.*

Clinical Skills Update

- Deadline to submit 2016-2017 academic year calendar requests for activities in the Clinical Skills Center/with Simulated Patients is Wednesday, March 16, 2016. A finalized '16-'17 CSC calendar will be published on April 6, 2016.
- Clinical Skills Exam student enrollment begins on Tuesday, March 1, 2016 at 9:00 AM. Students may switch CSE dates until Sunday, May 8, 2016 at 11:59 PM. Any student who does not enroll themselves for a CSE date by the 5/8/16 deadline will be assigned a CSE date. Remember- passing the CSE is a graduation requirement. Clerkship Directors will be notified of student exam enrollment so they may grant permission for a student to miss their scheduled course activities on the day they take the CSE.

2016 CSE Dates: May 23, 24, 25, June 1, 2, 3, 4, 7, 8, and 9

Amber Hansel
Steve Harris

You said: "We don't have enough individual time with Standardized patients (SPs) and don't have any physician feedback at the SP station in small groups".

We did: The SP station will be removed from small group time and be in the clinical skills area next year. This allows increased student time with SPs, regular physician/TA feedback and students will also be able to review their own video-taped SP encounter.

You said: "Small groups are too long"

We did: Next year small groups will be much shorter (95 minutes down from 150 minutes).

You said: "We don't have a forum for our concerns"

We did: We've met regularly with your class representatives this year and have open office hours each week to address student concerns. We have been incorporating class officer recommended changes into planning for the 2016-2017 course.

You said: "We want more practice sessions with the TAs prior to clinical competency testing."

We did: We will increase from 1 session a year to at least 3 sessions a year.

You said: "Clinical sessions are poorly planned or changed at the last minute"

We did: A proposal has been made to the curriculum committee to allow for a continuity clinical experience and advanced scheduling at the beginning of the 2016-2017 academic year.

POM UPDATE

From the Office of Evaluation, Assessment and Research

Changes to the MS1 evaluation system

Thanks to MS1 students and faculty for helping make some changes to the evaluation system that have hopefully made it more user-friendly. Thanks also to Colleen Denniston for implementing the changes.

Feedback from MS2 Focus Group

Thanks to the MS2 students who attended the focus group, Curriculum Office staff and College of Medicine faculty have received some great feedback.

Unit exam item review process video

MS1s and MS2s, if you're interested in the unit exam review process, here's a link to a video explaining how it works:

<https://www.youtube.com/watch?v=Nlp8N12Z-Ak>

Brief guide to MS3 grading video

Check out this video showing how grading in the MS3 year works:

<https://www.youtube.com/watch?v=pwkm2jhnUqo>

Away electives information for MS3s

Thanks to the class of 2015 who shared feedback on their away electives. There is now a resource where you can access information and opinions of away electives in your fields of interest. The document is titled "Away Elective Feedback" and is available on the Away Electives and Acting Internships webpage here

<http://www.upstate.edu/currentstudents/career/career-com/away-electives.php>

Please note you need to be on campus to access this webpage. In addition, the document will be updated in March.

Graduation Questionnaire for MS4s

The AAMC's Graduation Questionnaire (GQ) should have arrived in your inboxes on February 14th.

We also sent you an email on February 12th explaining the GQ process.

As always, if you have questions or ideas to share, please email or visit us!

Phase 2 Update

Paul Ko, M.D.

Phase 2 has been busy working through many aspects related to the clerkships and 4th year curriculum. There is a planned pilot program for the 4th year Acting Internship to integrate more modules and self-directed learning that will help students reach some of the EPA (Entrustable Professional Activities) milestones. We look forward to making the 4th year curriculum even more innovative and exciting, as students explore different specialties and electives to round out their clinical education. One area to highlight as a change next year is the cooperative efforts between the Surgery and Emergency Medicine Clerkship to integrate and combine aspects of their clerkships. These changes integrated student and faculty feedback, and will hopefully bring out a better learning experience for all our students.



Travis Hobart, MD, PhD
Clerkship Director,
Population Health for
Physicians

The Syracuse campus would like to welcome Dr. Hobart as the newest Clerkship Director. Dr. Hobart came to Upstate in 2013 and holds joint appointments as Assistant Professor of Pediatrics and Clinical Assistant Professor of Public Health and Preventive Medicine.

For more information on Dr. Hobart, please click on the link below:
<http://www.upstate.edu/faculty/hobartt>

EM/SURG MERGE!

In 2016/17, Surgery and Emergency Medicine Clerkships will combine time to create a 10-week clerkship block.

Both clerkships will still remain separate in terms of objectives, requirements and grading.

Group	WK1	WK2	WK3	WK4	WK5	WK6	WK7	WK8	WK9	WK10
Group 1	EM	EM	EM	GS	GS	GS	Sub Special 1	Sub Special 1	Sub Special 2	Sub Special 2
Group 2	GS	GS	GS	EM	EM	EM	Sub Special 1	Sub Special 1	Sub Special 2	Sub Special 2

YOU SAID	WE DID
<i>"I wish I had more contact with the attendings"</i>	New schedule allows <u>more time</u> , <u>greater continuity</u> , and <u>less students</u> per GS service, in each Sub Specialty, and in the ED!
<i>"Have SPE later in clerkship once students have had more time for independent study."</i>	Moved Summative SPE to week 8 giving students more time to study
<i>"I did not have any evaluations complete at my mid-clerkship feedback."</i>	Mid-clerkship meeting moved to week 7 allowing more time to collect feedback from both GS and EM
<i>"The Surgery Clerkship does not give adequate time to study for the shelf exam."</i>	Students will now have 10 weeks to study
<i>Students should get more exposure to EM and it should be more integrated with Surgery."</i>	EM/Surgery = 10 weeks
<i>"I wish EM could be given a full 5 week block."</i>	EM will now be 3 weeks long

Check out the Curriculum Office Exam Information Website!!

Hi everyone!! I have placed much of the information that get sent to you every exam on a exam website (http://www.upstate.edu/com/curriculum/exam_information.php) in an attempt to place the information in one area.

The protocols for the exams are derived from the NBME for the MS1 and MS2 years making the information applicable to all three years of testing. There are a few key differences in the exam protocols: Paper and pen vs. greenboard and erasable marker (NBME requirement)

When you will receive your scores: ExamSoft: final scores are received within 4-5 business days from exam date

NBME: receive scores 2-3 business days from exam date

UPSTATE MEDICAL UNIVERSITY State University of New York College of Medicine

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Standardized Patient Program

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Exam Protocols

- ExamSoft and NBME Exam Protocols
- Minimum Computer Requirements (Class of 2019)

NBME

- NBME Exam Site
- Work Station Certification for Examinees with Personal Laptops

ExamSoft

- ExamSoft Portal
- Troubleshooting Guide

Academic Schedules

- Academic Schedules

Unit Exam Breakdown

- Blackboard Link

Prospective Students

For any questions, comments or concerns... Please contact:
Colleen Denniston
464-5190
Weiskotten Hall, Room 1251

Current Students

Incoming Students

CURRICULUM QUICK LINKS

- MyUpstate
- Med Hub
- Report Mistreatment
- Documents, Policies and Schedules

QUICK LINKS

- Visitor's Guide
- Directions & Parking
- About Syracuse & CNY
- Diversity at Upstate

MY UPSTATE Bb

Other items on the website include links to the applications, academic schedules, and troubleshooting guides.

http://www.upstate.edu/com/curriculum/exam_information.php

I am continuing to build the website and will welcome any suggestions for items that would be helpful to students, faculty and administration. If you have suggestions, e-mail me at DennistC@upstate.edu.

Colleen Denniston, Exam Coordinator



Student Research Day

Friday, April 8, 2016

1:30 PM | WH 2231



The Research Day features four student talks, a keynote presentation and an early evening poster session in the IHP Atrium. Our keynote speaker is Dr. Michael Caligiuri, MD, Professor of Internal Medicine, Hematology, Ohio State University and CEO James Cancer Hospital and Solove Research Institute.

medhub

MedHub Mobile Procedures

The new Procedures web application allows students to manage their case logs from their mobile devices.

To access, simply go to Upstate's MedHub login page from a browser and click the button for the Procedure Logging App. You can save this app to your home screen for easy access.

Rural Medicine Education Update

The RMED Program kicked off 2016 with thirteen third-year medical students heading out to their respective small town communities. Communities hosting RMED students this year include: Auburn, Canandaigua, Canton, Cortland, Glens Falls, Lowville, Oneida, Oneonta, Oswego, Plattsburgh, and Utica. Our students will train in Family Medicine, Surgery, and Emergency Medicine. Students will have four additional elective weeks to practice community medicine, working one-on-one with local attendings across multiple disciplines.



In preclinical news, Sally Hartwick, MS2, presented our Immersion Week Pilot Program at a Legislative Event during a NY Area Health Education Center (AHEC) Advisory Board meeting in Albany. Ms. Hartwick described the importance of providing students with hands-on clinical exposure in community settings, and offered her appreciation towards Oswego Health for welcoming her to the community for the week long program.

Dr. Elkins held a suturing clinic during her Introduction to Rural Health course. With instruction and oversight from St Joseph's Family Medicine Residency Program mentors, our MS1, MS2 and PA students practiced suturing on pigs feet.



Thank you!!!

On Tuesday, February 16, 2016, the weather caused leaking in many of our buildings. One of the rooms damaged was Weiskotten Hall, Room 1159 (1st Floor Auditorium) which holds many of our College of Medicine lectures.



The Curriculum Office would like to take a moment to thank Karen Kelly for her quick responsiveness when the leak began. Her calm manner and years of experience led her to know who to contact to begin the process of relocating the lecture in progress as well as to alert those who could begin to analyze the situation.

We would also like to thank EdComm for working so quickly to relocate lecture rooms, video recordings, provide technical support and relocate equipment as needed.

We would like to thank Physical Plant for rearranging their schedule to make this room a priority to get us back into the room within just a few weeks with the repairs. We will hopefully be back in by March 14th if we all keep positive thoughts.

We would like to thank the students for remaining calm and being understanding of the situation. Thank you for your flexibility in transitioning from room to room and adaptability to the changing schedule.

Thank you to the Course Directors, Coordinators and faculty for your willingness to rearrange your schedules and/or relocate to smaller rooms for lecturing. This made coordinating the schedule much easier with your assistance.

Please note that any changes to the schedule will be made to Banner and can be found here:

<https://bannerweb.upstate.edu/isis/medsched.main>

Thank you!!!

Weiskotten Hall, 1251

Paul Ko, MD
Susan Anderson
Colleen Denniston
Patty Gooden
Barb Hinds

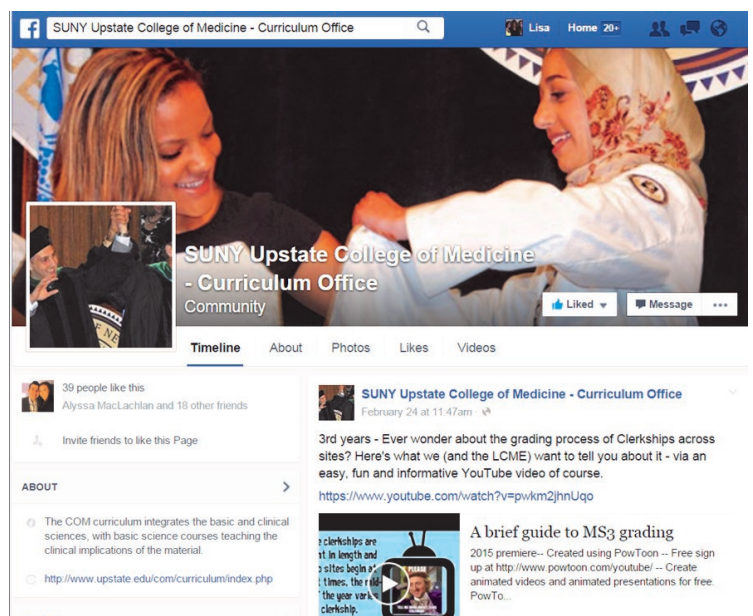
Setnor, 4508

Tom Poole, PhD
Colleen Dillenbeck
Meghan Freed
Allison McCrone, MD
Lisa Phelan

Danielle Byrne
Sarah Edwards
Lauren Germain, PhD
Joni Mitchell, MD



The COM Curriculum Office has stepped into the world of social media with its own Facebook Page! **Please join us by "liking": SUNY Upstate College of Medicine – Curriculum Office.** Here, you will find fun facts from the curriculum office, as well as updates on our current events like the process and launching of the new "UP" Curriculum!



www.facebook.com/upstatecomcurriculum/

YOU SAID... WE DID...

Clerkship Annual Reviews reveal the following changes based on student feedback...

Clinical Bioethics

You said: You said minimize overlapping content With ELSIM

We Did: We met with the ELSIM director now called Excellence in Care) and Coordinated content.

Family Medicine

You said: Videos of Lectures are hard to view

We Did: We have added MedU cases that students can watch at their leisure and through the MedU Website

You said: SPE Grading is sporadic and different between clerkships

We Did: SPE grading and forms are being reworked and standardized through all clerkships. Also, the point breakdown for each case has been added to the syllabus

You said: Some lectures are not helpful or would be more useful earlier in the clerkship

We Did: We have condensed our lectures series and all lectures will be completed by the end of week 2

Internal Medicine

You said: Hem-Onc should not be a mandatory rotation

We Did: Hem-Onc is now a rotation student opt into

You said: Too much call

We Did: We've made all week-end call short call

You said: UHCC rotation not a great experience

We Did: We have a new director, Dr. Traver, and a new system for student education and operations

You said: Too many H&Ps

We Did: We reduced the H&Ps from three to two

You said: Student Noon lectures should start at the same time resident noon conference does

We Did: We changed all noon lecture start time from 12:00 to 12:15 to be line with resident lectures.

You said: Full day off before the shelf

We Did: Because the IM clerkship is 10 weeks, we were able to give students the day off before the shelf.

You said: There is not enough teaching or direct observation of student in Binghamton

We Did: Team R added to the clerkship experience.

Surgery

You said: I wish I had more contact with attending

We Did: Altered the Surgery Clerkship Course schedule to include 3 straight weeks of General Surgery, and two, one two week block of surgical specialties or sub-specialties, and one two week block of sub-specialties

You said: Mid-clerkship would be more beneficial if some evaluations were filled out

We Did: Moved Mid-clerkship into week 7 of the new schedule, after EM, will allow us the ability to collect more robust feedback for the GS services as well as EM.

You said: The BB lectures are outdated and hard to watch

We Did: Removed 11 BB lectures and replaced them with WISE MD cases



Neuroscience

You said: Syracuse morning neurosurgery hours were difficult to learn from and expectations were unclear

We Did:

- Expectations and logistics were tailored to the one week of Neurosurgery, clarified and distributed in writing,
- The Neurosurgery week was designed to give students a more active role in both surgeries and clinics, with clearly defined responsibilities.
- Students are only required to come in for early morning rounds (5:30am) on the first day. It is then optional to do so for the rest of the week

You said: Students were unclear about how to approach unstructured time

We Did: A document regarding student expectations was created for each service in Syracuse describing the logistics and expectations

You said: Some speakers had difficulty holding to set lecture times

We Did:

- Lecture evaluations were implemented to capture data on what lectures were well received
- Feedback from lecture evaluations are provided to faculty every quarter
- Lectures are being reviewed by the clerkship director and associate director to see if changes need to be made
- All core lectures are being videotaped and placed on blackboard for students on both campuses

You said: Continuity with teams is difficult

We Did: During the 2016-2017 year, Syracuse campus will evaluate opportunities to expand the number of services/rotations offered, by piloting new selective rotations

You said: Improve rates of direct observation

We Did:

- Outpatient evaluation cards were developed and implemented in clinics to provide a mechanism for formative feedback and observation
- Faculty development efforts have been very successful, but a clear need to repeat these has been uncovered

Ob/Gyn

You said: Issues with learning environment

We Did:

- Faculty development from full-time faculty, voluntary faculty, resident physicians, advanced practice nurses, nursing staff members
- MedHub narrative formative system for medical students and nurses to provide feedback to each other

You said: Organization of orientation lacking

We Did: Restructure orientation program to be more useful

You said: Organization of rotation lacking

We Did: Increase detail of scheduling to be aware of which preceptors students are working with and incorporate flexibility when needed

You said: Expectations on rotation confusing

We Did: Development of a student handbook to supplement orientation and syllabus

You said: Lecture program not helpful

We Did:

- Survey to determine which of the 12 core topic lectures speak most directly to the OB GYN NBME subject exam and focus on the high yield topics
- Assign component of grade to core topic program
- Assure all lecture sessions have recorded representation on Bb available for all students that cannot attend lecture due to clinical obligations

Population Health

You said: Helmet Case: Requested electronic case

We Did: Case is now electronic except for 2 pages needed for calculations

You said: Obesity: Requested electronic case

We Did: Case is now completely electronic, students are reminded 1 week prior to case to read the required materials

You said: Emergency Preparedness Exercise (EPE): It was not a suggestion by students, but contacted needed between team leaders and team members prior to the exercise

We Did: Clerkship Coordinator is contacting team leaders and giving them information to share with their teams prior to the exercise; this includes receiving 2 phone numbers and students willing to bring laptops to the exercise.

You said:

Pediatrics:

- Students concerned over the unsafe neighborhoods they have to go into, wanted to be able to schedule visits with 2 students at same site
- Student concerns over their schedules being confusing

We Did:

- Discussed with EI, this is not possible due to difficulties with families allowing one student in with the therapists. There are already 4 people attending, which is difficult for evaluation of the child.
- Due to continuous issues with students being rescheduled, we are removing EI visits from the curriculum
- Clerkship Coordinator completes a Population Health schedule for each individual student, they do not have to write anything down themselves

You said: STD: Requested electronic case

We Did: Case is now completely electronic, students are reminded 1 week prior to case to read the required materials

Psychiatry

Changes we've made to the 2016-2017 Psychiatry Clerkship Curriculum from Student Feedback:

- 1) Added CPEP at St. Joe's as an optional experience in lieu of a call shift
- 2) Added more child psychiatry opportunities
- 3) The lecture series will be streamlined based on student feedback.
- 4) The Syracuse lecture series will be re-recorded and posted on Blackboard for both campuses to view.
- 5) Additional learning resources (journal articles etc) will be assigned and posted on Blackboard to supplement the First Aid text
- 6) A formative SPE is being added to the clerkship

In 2015-2016 the following changes were made to the clerkship as a result of student feedback:

- 1) Students are allowed to participate in some self-directed learning and additional site placement choice
- 2) Students assigned to CL in Syracuse will have an alternative on call experience to decrease redundancy in experience
- 3) Per students' evaluation responses, in Binghamton, students will have more time at CPEP

Emergency Medicine

You said: We'd like the clerkship to be longer

We Did: We added a week to the clerkship

You said: We'd like hands on practice with ultrasound

We Did: We added a ultrasound didactic and practice session

Pediatrics

You said: Too many assignments.

We Did: We have reduced the number of assignments dramatically so that you only have one inpatient and one outpatient write-up. Professionalism narratives and EBM remain the same.

You said: I did not have a concrete idea of due dates or what exactly was due.

We Did: A calendar to track the due dates is provided at the beginning of the rotation and reminders are sent weekly.

You said: Rn Syracuse, 8 am conferences were interfering with time needed for inpatient rounds and caused difficulty getting to outpatient sites on time.

We Did: We changed all lectures in Syracuse to one half-day per week instead of at 8 am, similar to the Binghamton site. These are in the afternoons.

You said: Presentations on the inpatient service at the Children's hospital in Syracuse were stressful because the hospitalists had different expectations.

We Did: We added peer assessments, a formative feedback exercise, to standardize the way that patients are presented on inpatient services.

You said: There were some complaints about the learning environment being stressful in Syracuse.

We Did: We addressed issues of the learning environment in Syracuse by creating a series of seminars for clinical staff to anonymously discuss issues brought to the attention of the clerkship director by students.

YOU SAID... WE DID...