UPSTATE MEDICAL UNIVERSITY



www.upstate.edu/com/curriculum/

Improve the health of the communities we serve through education, biomedical research and health care.

Curriculum FALL 2015

Letter from Dean Ko

The Curriculum Office is responsible for managing, coordinating and evaluating the medical school curriculum. In addition, we provide support to the students, faculty, and administration.

Dear Students & Faculty:

I can't believe it's already September, and Autumn is in the air! I hope everyone had a great summer, whether it was here at Upstate or away on some tropical island. Autumn is definitely my family's favorite time of the year here in Central NY. Apple picking, Apple cider, Hayrides for the kids, Pumpkin Picking, and of course Halloween! I hope everyone is able to take a break from your busy clinical or academic schedules and enjoy all that Syracuse and the surrounding areas has to offer this time of the year.

Autumn is a time of change and we are definitely gearing up for change in many areas. We have been talking about the Phase 1 Curricular Change for a long time now (from the days of the New Direction Task Force leading up to now). We have had many fruitful discussions about threads in the new curriculum, and have named the co-unit directors for the new MS1 curriculum. A lot of work is still ongoing, as there will be a Fall Retreat amongst the educational leaders, co-unit directors, and thread directors in early October to

continue the planning process. We are in the process of redesigning and relaunching a website dedicated to giving news and update on the new curriculum, so be on the lookout for that. The Curriculum Office will be involved again this year in the Golisano Hallow-



een Children's Parade on 10/30. The theme is still top secret, but we hope to be able to cheer up the beautiful children at Golisano and pass out some sweets in the process!

The first years have gotten into the swing of things (haven completed their first Unit exams) and I know the second years are also settling back into the 'routine' after a great summer. Do feel free to stop by the curriculum office if you have any questions, or just want to stop by and say hi!

Sincerely,
Dr Paul Ko
Interim Associate Dean for Undergraduate Medical
Education



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.

Curriculum Committee—Paul Ko, MD

The Curriculum Committee has been discussing many key matters related to the new organ/unit based curriculum for the MS1/2 in its recent meeting. Specific areas regarding curricular threads that should be emphasized in the pre-clerkship as well as clerkship curriculum were discussed extensively. Specific objectives, as well as outcomes desired in this curricular change and measures of these outcomes will be something the Curriculum Committee will paying very close attention to. The curriculum committee recently also reviewed and made changes to the March Into Residency course (MS4 course for preparing students to be ready for their first day of internship), much as it has done with all the required courses in the MS1-MS3 years. The committee takes all the student and faculty evaluations seriously, and act on these evaluations to make substantive changes each year. There are MS1 through MS4 class representatives on the Curriculum Committee, so please do let your class rep know if there are issues you want to be brought up at these meetings.

Curriculum Office



In June 2015, members of the Curriculum Office enjoyed lunch at the UUP Picnic. From left to right: Carrie Roseamelia, Lisa Phelan, Alison McCrone, Tom Poole, Colleen Dillenbeck, Meghan Freed.

Update from the Phase 1 Committee

Phase 1-Tom Poole, PhD

Welcome to a new school year!! How did I spend my summer "vacation"? In June I traveled to San Diego for the IAMSE (International Association of Medical Science Educators) meeting subtitled "From Islands to Integration – Identifying the Gaps and Building Bridges". Drs. Margaret Maimone and Joe Stein were also in attendance which had lots of interesting presentations and workshops directly relevant to the curriculum changes we are planning here at Upstate. I attended a workshop presented by NBME staff members on how to develop high-quality integrative basic science questions with clinical vignettes. Other especially interesting workshops addressed technology to engage learners, curriculum mapping, and the cognitive skills used by an expert. I then flew to St. Louis and drove to Springfield, Illinois (arriving at 2 am) to attend a course at Southern Illinois University School of Medicine on "Essentials of Problem-Based Learning: Facilitator Training, Curriculum Design, Problem Construction and Student Assessment". This was an intensive four day course also attended by Drs. Amy Caruso Brown and Bill Paolo. We learned how to be a PBL facilitator and how to design cases for a PBL course. Amazingly, the high school students in their medical pathway program were able to solve a complex case! Flying is no fun these days with numerous delays and uncomfortable spaces, but these were worthwhile meetings. We will be reporting on the PBL course at the March 22nd Faculty Development Seminar.



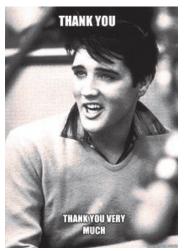
For further musing by Dr Ko & Dr Poole, please feel free to visit our blog site at: http://sunyupstateassistantdeans.blogspot.com/



Update from the Phase 2 Committee

Phase 2-Paul Ko, MD

The Phase 2 subcommittee consists of the clerkship directors and coordinators of all the required clerkships in the MS3 year, as well as some course directors in the MS4 year. The subcommittee meets monthly, and reviews all the data and details related to the 3rd and 4th year curriculum. Recently, the group reviewed grade comparability data generated from Dr Germain's office to ensure that our grading in each clerkship and its subcategories are comparable between our clinical campuses. Questions regarding policies, procedures, and so forth are discussed as well. Recently there was a change in the NBME Shelf Exam grading scales, and that affected students in the clerkships. The group worked diligently with the coordinators and Dr Germain's office to ensure that our students are evaluated fairly with the changes. Additionally, there has been a lot of recently discussion among this group about the 4th year Acting Internship courses. The group is working to standardize a set of learning objectives and standards for the Acting Internship to ensure that our students are learning some of the more advanced skills that may not be covered in the 3rd year clerkships, but students are expected to master before they graduate.



Not an Upstate graduate

THANK YOU, THANK YOU VERY MUCH

MS2s **Gabi Ritaccio**, and **John Lofrese** for presenting MedHub
to incoming MS1s, to MS4 **Ni- cole Cifra** for presenting at
MS3 orientation, and to MS2 **Justin Zhao** for taking photos
of faculty who didn't have photos in MedHub.



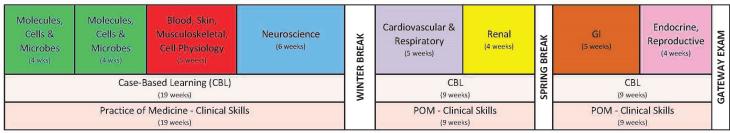
Can you name this Upstate graduate?

Update for Curriculum Renewal

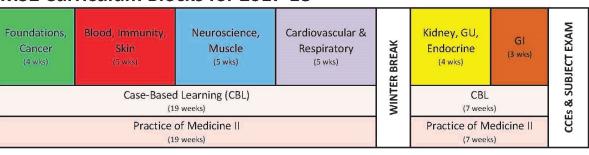
Curriculum reform is continuing and the new MS1 curriculum will launch in August 2016. A half-day working retreat will be held October 7, 2015 with new co-directors of the system-based units, thread leaders and student representatives to kick off it's implementation. A website is being created to keep faculty, students, and staff updated as the new curriculum begins to take shape.

The New Unified Pre-Clerkship (UP) Curriculum

MS1 Curriculum Blocks for 2016-17



MS2 Curriculum Blocks for 2017-18





Student Spotlight

Justin Faulkner

The Surgery Clerkship was offered the opportunity to pilot a new clinical evaluation form for the 2015/16 AY. The from was created to help measure the natural performance progression of Medical Students in five College of Medicine competencies using the AAMC core "Entrustable Professional Activates" as a guide. Since this evaluation form was a departure from the Likert scale forms we have used in the



past, we saw an opportunity around faculty development. Our goal for this major undertaking was to create a short training video that could be easily accessed by faculty and residents not only here at Upstate, but also at Binghamton and the Rural Medicine sites.

Enter, Justin Faulker, an Upstate MSII, with a background in video production, looking for a summer work study opening in the Department of Surgery!

Justin's contribution to the video project was huge. Through his positive, focused, enthusiastic partnership we were able to plan, video, and completely edit the entire video in just 4 weeks!

Check it out... https://www.youtube.com/watch?v=f-K5g5relvc

Sarah Rabice, Shiyani Agarwal, Ryland Richards, Matthew Ringer, Jaclyn Blaauboer and Hannah Marmor

The Curriculum Office wants to extend its sincerest thanks and appreciation to a dedicated group of medical students who graciously spent part of their summer vacation leading into second year studying the first year curriculum in depth with a goal toward coding the sessions (375 in total) and highlighting themes shared across courses. The efforts by Sarah Rabice, Shivani Agarwal, Ryland Richards, Matthew Ringer, Jaclyn Blaauboer and Hannah Marmor will prove immensely useful for faculty, staff and curriculum administration during the upcoming pre-clerkship reform. Student perspectives of the curriculum are a critical component of the curriculum renewal process and we thank you again for lending us your collective voice so it can be heard.













From the Office of Evaluation, Assessment and Research

We've had a busy summer in the Office of Evaluation, Assessment and Research, here are some updates:

Student Feedback Boxes: At the request of students, we have placed feedback boxes outside of the two primary lecture halls in Weiskotten. Please use them to share constructive feedback. If you have ideas about how to improve lectures, slides, small group sessions, lab meetings or other learning activities or tools, please feel free to write them down and deposit them into the boxes. We will retrieve the feedback weekly and, depending on the nature of the comments, send them to the appropriate parties.

Did a student, faculty or staff member go out of their way to help you with something today?

Write it down on a piece of paper with your full name and their full name and submit it in one of the feedback boxes. We love hearing about the many wonderful things that students, faculty and staff do to support one another, particularly the things that are above and beyond their responsibilities. If you share something good that someone in our community did for you, we will include it in a monthly notice and their name will be entered into a drawing for a prize. This is a great way to showcase the kind, generous, helpful and otherwise positive things that people do.

NBME NBME Exam Scoring Changes: On August 5th, the NBME began reporting clinical science subject exam scores on a new scale. The content outlines, timing and length of the exams have not changed. Our standard passing point of the 5th percentile rank remains same, but the scores at the 5th percentile rank have shifted for several clerkships with the roll out of the new score scale. Clerkship Directors and Coordinators have adjusted syllabi and gradebooks accordingly. If you have any questions about this, please feel free to email me [germainl@upstate.edu].

Clerkship Grades and CSE Score Comparability Across Sites: This summer, we conducted our annual analysis of all elements of clerkship grading across the sites (Syracuse and Binghamton). We concluded that there were no substantial differences in scoring trends or CSE scoring between the sites. We will continue to monitor cross-site scoring annually and bring results to the Phase 2 and Curriculum Committees.

workshop for MS1 and MS2 Course Coordinators and Directors: In early August, Colleen Denniston, the Exam and Evaluations Coordinator, and Colleen Dillenbeck, the Coordinator of Evaluation, Assessment and Research, presented a workshop about MedHub for MS1 and MS2 Course Directors and Coordinators. In the workshop, they explained some of the ways that Medhub can be helpful. On the post-workshop survey, 100% of participants indicated that they found the workshop helpful or very helpful and 83% of the attendees indicated that they believe they will use MedHub more frequently after the workshop. Kudos and many thanks to Colleen!

Assessing Communications Skills during Standardized Patient Encounters: Interpersonal and Communication Skills are one of Upstate College of Medicine's Graduation competency Domains. As such, longitudinal assessment of these skills is an important component of the MD program. A modified version of the Kalamazoo Essential Elements Communication Checklist is now being used in the Practice of Medicine course, Clerkships, and Acting Internships to assess student skill sets and give students useful feedback. Recent research has found "The Gap-Kalamazoo Communication Skills Assessment Form is a reliable method of assessing the communication skills of multidisciplinary learners using multi-rater methods within the learning environment."

Peterson, E.B., Calhoun, A.W. & Rider, E.A.(2014). The reliability of a modified Kalamazoo Consensus Statement Checklist for assessing the communication skills of multidisciplinary clinicians in the simulated environment. Patient Education and Counseling, 96(3):411-8

Rural Medicine Education Update

In June, four medical students spent a week in Oswego as participants in our first annual Summer Immersion Week. Oswego Health along with other community agencies in the area rolled out the red carpet for **Brian Leo**, **Sally Hartwick**, **Rebekah Steinke**, and **Kyle Ha-**

genbuch. The medical students hosted a panel discussion with local high school students interested in various healthcare professions, shadowed multiple specialists at the community hospital, spent time working with family medicine physicians, conducted ride alongs with local EMT, and toured local historical sites and attractions. Students practiced clinical skills by taking histories and physicals and trained with physicians who are dedicated to their work and devoted to the Oswego community. We hope to continue this tradition next summer.











YOU SAID... WE DID...

MS-1 Course Annual Reviews reveal the following changes based on student feedback...

Molecular and Cellular Principles of Medicine

You Said: The Blackboard site was cumbersome to use because of the way the information was organized.

We Did: . We restructured the Blackboard site, with input from students, to make it more user friendly.

You Said: All of the lectures need practice questions at the end.

We Did: Practice questions were added to the lectures that lacked them.

You Said: Structured review sessions are much more helpful than question and answer review sessions.

We Did: Most review sessions now incorporate some structured review in addition to question and answer.

You Said: It's unfair for some students to have to give their conference presentations in the same week as the unit exam.

We Did: Small group conferences are no longer scheduled in the same week as unit exams.

You Said: There are too many details to memorize in the metabolic pathways and many of these details are not clinically relevant.

Physiology

You Said: Several students commented that they would like additional quiz questions

We Did: We revised and added more quiz questions with explanations on blackboard. We also added some practice exams.

You Said: Some students commented that they sometimes do not understand the clinical relevance of some lectures .

We Did: Additional clinical cases and problems have been added to the course schedule and within lectures to enhance clinical relevance.

You Said: Students asked for more structured review sessions.

We Did: More lecturers have formulated structured, clicker -type review sessions with questions that help students prepare for the exam.

You Said: Several students commented that some lectures ran over the allotted time

We Did: The course director informs all lecturers about the importance of remaining in the allotted time. To better reinforce this policy, the course director has agreed to interrupt a lecturer if they run more than 5 min overtime.

You Said: Students requested blackboard posting of powerpoint lectures in addition to pdf's

We Did: Both ppt and pdf's are provided on blackboard

Microscopic Anatomy

You Said: Students were dissatisfied with the

Alignment of Anatomy, Physiology and Microscopic Anatomy.

We Did: The 2015-16 Curriculum schedule has Gross Anatomy starting in Unit 3 organ-aligned with Physiology and

Microscopic Anatomy.

You Said: The Blood Bone Marrow Laboratory did not allow enough time for students to finish the exercise.

We Did: This important laboratory session has been extended by half an hour.

You Said: Laboratory practical exams and unit exams on the same day were exhausting for students.

We Did: Laboratory practical exams are all scheduled on the day before the unit exam this year.

You Said: MS1 Formative Exams were not timed to when students completed their course study and results were sometimes delayed. They are more useful at the beginning of the year.

We Did: We are looking at the idea of having Formative Exams that integrate the course content in the Unit. Formative exam answers and results will be available quickly after exam completion.



Gross Anatomy

You Said: Prosections were crowded and too many people stayed.

We Did: Prosection attendance will be scheduled and monitored. Prosections will be available on some weekends by TA's and Course Director as was done last year.

You Said: You were not prepared for MCQ questions in clinical vignettes

We Did: Clinical case studies were made an integral part of the course

You Said: Improve access to prosection videos.

We Did: We are working on videos for the ipads and in prelab presentations. The videos in the past were too large for Blackboard and had to be accessed through a separate site. IPad pictures of the prosections will also be used and can be accessed in the iPad book for the course.

You Said: Organize the course more like Neuroanatomy **We Did:** Smaller group settings with clinical case studies. Clinical case vignettes will give the students a better way to study for the clinical type written questions, the CAS exam at the end of the year, and ultimately Step 1.

Neuroscience

You Said: You asked for more faculty to provide improved instruction.

We Did: Additional teaching faculty have been recruited to provide lectures and laboratory instruction.

You Said: You asked to remove overlap/redundancies with other lectures and courses.

We Did: Several lectures have been removed to streamline content, with elimination of overlap from other lectures.

You Said: You asked for Clinical Correlations to occur in conjunction with relevant basic science lectures and labs **We Did**: Wherever possible and these have been realigned.

You Said: You asked for Laboratory Units to occur in conjunction with relevant lectures to enhance presentation of complementary material.

We Did: These have been realigned.

You Said: You asked for improved uniformity of course content and delivery by moving to standardized templates for slides and notes handout.

We Did: This has been phased in.

You Said: You asked for exam questions to be improved so they reflect similar difficulty levels and are representative of USME format and this has been implemented. You asked for standardization of slide material in the laboratory

We Did: Now rather than individual presentations, the slides presented by each faculty member in his/her group are the same.

You Said: You asked for explanation to accompany figures in the laboratory.

We Did: These have been added.

You Said: You asked for a reduction in laboratory quizzes and better spacing related to the lecture exam.

We Did: The number of laboratory quizzes has been reduced to 2, and they have been scheduled to be as far as possible from your lecture exams. The quizzes are also online, and you will be able to complete them at your own pace eliminating the prospect of not having enough time in lab.

You Said: You asked for some of the didactic content from laboratory sessions to be presented in large group format

We Did: Some lab material which does not require physical laboratory work is now provided in lecture format to the entire class.

You Said: You asked for improved small group learning experiences.

We Did: With the additional faculty, the number of lab rooms utilized was increased from 4 to 5, resulting in a reduction in the number of students from 40 to 32 per room, and within each lab room, the small group size was reduced from 5 to 4.

You Said: You asked for the opportunity to review your exam performance and learn from your mistakes.

We Did: This has now been made possible in small group format.

You Said: You asked for detailed study notes to be made available for each lecture.

We Did: This is now the course policy for lecturers.

You Said...

WE DID...

Molecules, Cells & Microbes

You Said: We need more exam practice questions, particularly Board-style questions.

We Did: We will provide two more (four total) Formative Quizzes, composed of freshly-updated questions and an increased number of Board-style questions.

You Said: Introductory Immunology is too much material to learn all in one Unit.

We Did: This year we will spread the material across three Units.

You Said: Please help us correlate the Systems-based Microbiology lectures with the phylogeny-based Kaplan review guide for Microbiology.

We Did: Attached is a microbial phylogeny chart; the Microbiology instructors will indicate the position(s) of the day's organism(s) at the beginning of each lecture.



Case-Based Learning:

You Said: Provide a more gradual transition into the general pathology component

We Did: The Human Disease component will be broken into three units with progressively more content each unit allowing more time to adapt to the active learning format.

You Said: Back-to-back case sessions are brutal

We Did: 2015-2016 scheduling of the Human Disease component will shift to 2-hour case blocks on Tuesdays mornings only, eliminating the back-to-back blocks on Thursday afternoons

YOU SAID... WE DID...

Practice of Medicine I

You Said: Reduce the variability in student experiences within small groups (i.e. "my small group instructor taught my small group completely differently than my classmate's instructor").

We Did: Standardization of small groups into 5 elements at each session: 1. videos for exam demonstration at the start, 2. standardized patient (SP) H&P, 3. physical exam practice, 4. history taking/oral presentation practice, 5. clinical questions & final wrap up.

You Said: Standardize the physical exam demonstration at the beginning of small groups so we don't feel like each instructor emphasizes completely different exam components.

We Did: Videos created for each major physical exam element, standardizing the exam demonstration and unifying expectations. All videos are uploaded to blackboard so students can use them as a reference all throughout the year.

You Said: 14 students per group is too many to get through all the material we need to at each small group, but we don't want to lose content material either.

We Did: No more than 12 students per group next year will be assigned per group to help efficiently get through all the material (allowing a faculty/student ratio of 1 faculty for every 6 students in each small group).

You Said: It would be great if we could have a third instructor to watch what we do interacting with the SP, and give us tips on how to improve during that interaction at our small groups.

We Did: A TA will be assigned to each small group next year and will act as a peer mentor for their small group's students throughout the year, and observe the SP station when they are available.

You Said: There isn't enough time for the coaches to wrap up at the end and go over the questions.

We Did: Each small group will be 2.5 hours, and all small groups will follow the POM lectures.

You Said: Add additional relevant content in topics other than adult medicine and geriatrics.

We Did: Added OB/GYN, pediatrics/adolescent, more emergency and surgical topics this year as well as Sexual health teaching week, and advanced differential diagnosis to POM1.

You Said: Standardize grading of write-ups across small groups and for our final clinical competency exams (CCEs).

We Did: Multiple faculty development sessions are held each year to standardize faculty grading across all small groups. For final CCEs, the 2 Course Directors grade all of your final CCE write-ups.

You Said: Are the POM CCEs adequately preparing us for the Clinical Skills Exam (CSE) I have to pass in my third year of training and also the third year clerkship expectations of what needs to be done for a history and physical exam?

We Did: The CCE format is in alignment with what's expected in CSE exam and third year clerkship expectations. Each student will have 20 minutes to complete each H&P encounter, and 15 minutes post-encounter to complete their H&P write-ups.

You Said: Many clinical experiences are very good, but we need better communication and expectations so all of the clinical experiences are a valuable experience for us all.

We Did: Clearer expectations, communication, and also clincial experience evaluations will be filled out by both the instructors and students this year to drive improvement in each of the clinical experiences. Students will have some clinical experiences on the half-days they are not in their small groups, better utilizing overall POM course time and improving the variety of experiences that can be offered to all students.

Thank you for your thoughtful and constructive feedback this past year. Your opinion MATTERS, and helps pay it forward toward improvements for next year's class!



Curriculum Office Closures

Columbus Day

Monday, October 12—closed

Thanksgiving

Wednesday, November 25—closing at noon Thursday, November 26—closed Friday, November 27—closed

Upstate Graduate: Dean Duggan—class of 1979