

www.upstate.edu/com/curriculum/

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

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.

Curriculum Office

Dear Upstate Community:

Summer is finally here and the flowers and tree are finally in full bloom. As I attended the Class of 2016 graduation ceremony, I am struck by the amazing accomplishments of our students. I remember many of them from their first few days of starting medical school and the white coat ceremony, and in a blink of an eye, see them mature into full blown physicians who are ready to 'conquer the world' in their respective specialties of choice. I want to congratulate all our recent graduates, and wish them nothing but the best in their residency training and beyond.

Recently I went to my own specialty's (Emergency Medicine) annual national academic society meeting. As I ran into multiple former mentees and students at the meeting, I was struck by how successful our graduates are after medical school. Multiple former students were now in the roles of Chief Resident at their respective programs (a leadership role for residents in their senior year) and were making Upstate proud! I ran into former students who are now in national

leadership roles, one who had finished a fellowship in disaster medicine through Johns Hopkins, just to name a few. Again, I am struck by how quickly our students graduate and become leaders in the field of medicine and beyond.



Lastly, I want to highlight the launch of our new Organ-Based Curriculum titled "UP" (Unified Pre-clerkship Curriculum) that will be starting August of this year. After close to 5 years of planning and brainstorming by multiple faculty, students, and staff, we can finally say we have an innovative and exciting new curriculum that will engage our students with more active learning, small group teaching, and clinical relevance. I'm sure you may have heard a little about it, and will definitely hear more about the new curriculum in this newsletter. As medicine keeps evolving, I hope our curriculum will keep evolving to develop physician leaders of tomorrow!



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 As the decision body for all curriculum content within the College of Medicine, the Curriculum Committee has been busy reviewing all the new unit proposal for the upcoming UP Curriculum. Each unit objectives have been reviewed and approved by the committee, as well as content and grading in the new unit-based curriculum. This has been a huge undertaking, and we truly appreciate the work that each Unit Director and Thread Director have put in to make this possible.

Some compromises were reached between different content experts, with emphasis on student and faculty feedback based on prior years of experience. Additionally, Curriculum Committee has approved changes to the clerkship curriculum, and specific assessment tools (such as the clinical evaluation form, and the Standardized Patient Encounters) that was rolled out with the new clerkships for 2016-17 that recently started. Again, many of these decisions come from extensive work that goes on in the subcommittees (Phase 1, Phase 2, and the UP Curriculum Committees), so we want to thank our faculty and students who have worked diligently in these last few months to make this happen.

As someone recently mentioned at a committee meeting, it's exciting to see true innovation and collaborative change occurring in the curriculum that will hopefully benefit our students and the patient they take care of!



The Curriculum Office will be closed on the
July 4th & September 5th.



PHASE 1 ANNOUNCEMENTS

Kaplan Preclinical Test Bank:

We are purchasing a test bank of 800 questions from Kaplan that are in clinical vignettes and integrated across disciplines that will be used by faculty for a portion of the unit exams in ExamSoft. These questions will resemble Step 1 questions and help prepare students for that assessment.

Syllabus Printing:

We have been discussing ways to "green" the Phase 1 curriculum for a couple of years. This year we will provide printed syllabi for incoming first year students for Unit 1 and have an "opt-in" system for Units 2 to 8 of the first year and all 6 units of the second year. Students will have to request a printed copy of the syllabus if they need one. All syllabi will continue to be available electronically on Blackboard.

Rural Medicine Education Update



“Because rural medicine is more fun.”



“One of my favorite morning routines includes going down to the city pier to watch the sunrise, read, and drink coffee before I head to the hospital. “



A student bonding with a very young patient.

RMED students had a busy Spring working with their community preceptors while finishing their last three clinical rotations in Family Medicine, Surgery and Emergency Medicine. This year, we added a community engagement activity to the RMED curriculum. The activity was developed by Dr. Mary Obear from our Batavia RMED site. The goal of the assignment is to introduce students to end of life and hospice care. Students had the opportunity to explore end of life health systems, policies and issues from a community medicine standpoint.

Students sent in pictures and personal reflections of their clinical training experiences and personal time spent in RMED. One student’s reflection stated,

I’m still loving this rural medicine life. I’ve gotten more involved in the community, and recognize more people. Between seeing patients in Family Med office and the ED, they all overlap.

This reflection illustrates the unique opportunity of the RMED program, students participate in continuity of care, and become well integrated into their small town communities.

This summer we welcome the opportunity to coordinate two Rural Health Immersion Programs for our incoming 2nd year medical students.

The purpose of the program is to provide a recruitment opportunity to rural small towns in need of future healthcare providers, while also providing a fun and meaningful experience for our medical students. Twelve students will have the opportunity to job shadow and observe a variety of professionals in addition to experiencing the benefits of living in a small rural community. They will gain an understanding of the local economy, public health issues, recreational offerings, educational resources, social influences and many of the elements that help define rural communities.

The Canton-Potsdam Immersion Week is being held June 6-11 with the following participants: Michael Danaher, Shiv Patel, Marten Peterson, Phillip Sander, Anola Stage and Ellen Villafuerte. The Oswego Immersion Week is scheduled for June 13-18 with Joshua Drake, Kathleen Farry, Brian House, Larissa Raymond, Jessica Witte and Matthew Witte participating.

Looking ahead, the 2017 RMED cohort will consist of 21 students, assigned to 17 sites across NYS. Pre-start visits with each hospital are being scheduled over the summer.

Update from the Phase 2 Committee

Phase 2—John Folk, MD

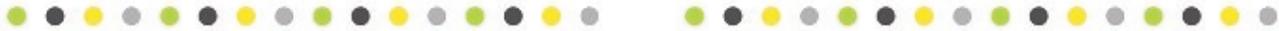
MS 3 orientation for 2016-17 academic year is complete. For the MS 3 year, we have a new student clinical evaluation form that was developed by the Phase 2 Committee and piloted in the Surgery clerkship last academic year. The evaluation form is closely tied to our College of Medicine Graduation Competencies and Educational Program Objectives (GC & EPO) as well as the AAMC Entrustable Professional Activities (EPA).

We also have a new format for post-encounter activities for the Standardized Patient Encounters (SPE) that occur in each clerkship that will give a better assessment of how we are developing skills in developing a differential diagnosis and formulating a

plan for patient evaluation and care. MS 4 year is off and running with acting internships and other MS 4 electives and courses.

For members of the Phase 2 Committee, we will have a retreat November 18, 2016. It is never too early to begin collecting our thoughts about progressing toward criteria-based evaluation and what changes we will make for MS 3 and MS 4 years for the 2017-18 academic year.

Last, but certainly not least, we are extending congratulations to Sarah Lappin, DO, who has accepted a newly created position in the Department of Medicine as Director of Undergraduate Medical Education.



Update on Interprofessional Education

Upstate faculty are working to ensure that the core curriculum of the education programs prepare students to actively learn to collaborate, communicate, and problem solve together on health care teams. Recent activities include a Faculty Development Seminar on Tuesday, May 24, 2016 and an Interprofessional Education Retreat on Friday, June 10, 2016.



Jody Coppola (CON), Sandra Banas (CHP), Ann Botash (COM), Carol Recker-Hughes (CHP), Bambi Carkey (CON)

Student Spotlight

Nicole Cifra, MD, MPH

Dear all,

It has been a privilege to work with you for the past several years. There have been a lot of changes both to the curriculum and the institution as a whole since I started working on the Upstate Student Government Executive Board in August 2011. One thing we as students appreciate about Upstate is that students are always invited to have a seat at the table regarding curricular changes and ideas. From a student's perspective, that matters!



As I transition from my role as medical student to resident, I'm increasingly grateful for the opportunities I've had to develop as not only a physician, but also as a leader. I know many of my colleagues would share in this appreciation. Thank you for including us in decisions, course restructuring, and even allowing a few of us to teach! I feel comfortable speaking on behalf of many of my classmates in saying that we will be better physicians and educators because of it.

Thank you for allowing me to be a part of this institution's story, and I'm grateful that many of you have been a part of mine.

Sincerely, Nicole Cifra, MD, MPH (!)

Goodbye...

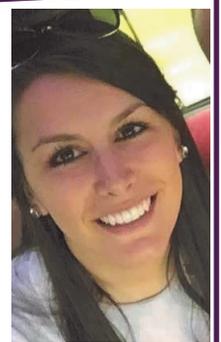
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Meghan Freed The Practice of Medicine (POM) Course will be losing one of its coordinators on June 30. Meghan Freed has decided to move to Colorado to pursue a real estate broker career! We wish Meghan the best in her new position and thank her for all that she has done for the POM Course.



Kristen Vella The new Foundations of Reasoning in

Medicine (FRM) course has hired Kristen Vella as the course coordinator. She will begin on June 24 and be located on the 4th floor of Setnor in the Curriculum Office Annex. She comes to us from Leadership Greater Syracuse and prior to that was the Promotions Manager at Rancho Cucamonga Quakes in California. Please stop by to say hi!



Graduation Competencies and Educational Program Objectives (EPOs)

As courses and clerkships begin this new academic year, coordinators will be sending all faculty and residents several documents and policies for your review. Included in these documents will be the COM EPOs.

The EPOs are used as the basis for all course and clerkship curricula. These objectives for the medical education program serve as statements of what students are expected to learn or accomplish during the course of medical school at Upstate. The EPOs can be found at the following website:

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

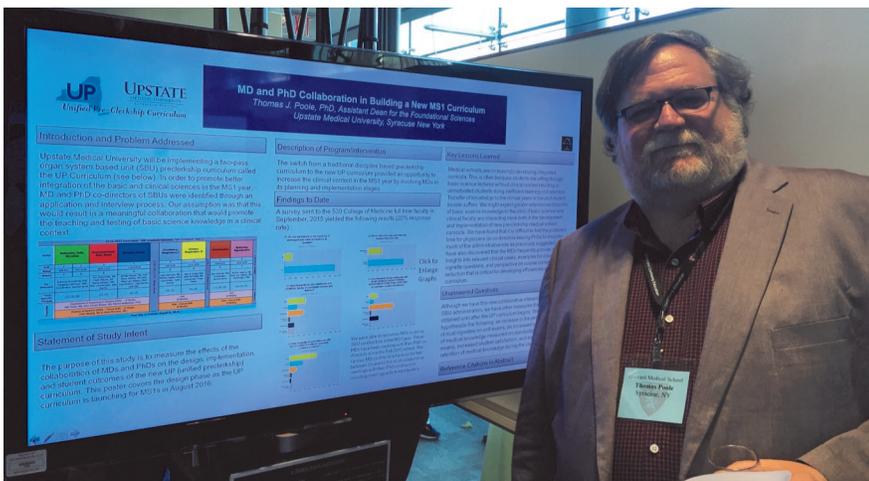
Practice of Medicine

This past month the POM course had a truly unique clinical experience opportunity for the first year medical students. Dr. Eufrosinia Young and her patient, Mark Airel came to speak to the first year medical students about ALS (Amyotrophic Lateral Sclerosis also known as Lou Gehrig's disease).

Mr. Airel has been living with ALS for the past 10 years and volunteered to come talk with our students about what it's like to be diagnosed with and live with a devastating illness, and not letting a disability define you. Mark has continued to work full time through the use of adaptive equipment since his diagnosis. His wonderful wife and caregiver were also able to join in the conversation and Dr. Young discussed the basic science and clinical correlation of ALS.

Mr. Airel gave the students great insight and perspective about what every day life is like for someone living with disability while working full time. He inspired us all with his humor, compassion and enthusiasm for teaching our students!

Warmest regards,
Joan M. Mitchell, MD
Course Director, Practice of Medicine

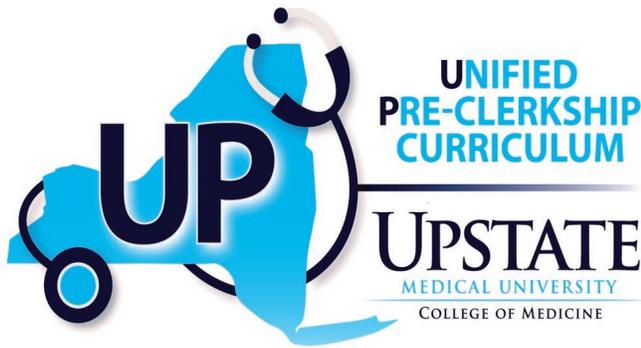


Tom Poole, PhD, Assistant Dean for the Foundational Sciences presented a poster on MD and PhD Collaboration in Building a New MS1 Curriculum on May 18, 2016 at Harvard Medical School as part of the Harvard Macy Institute Program for Educators in the Health Professions.

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/



Introducing a new organ-based curriculum.

The future of medicine, here at Upstate.

The "UP" (Unified Pre-Clerkship Curriculum) continues to move forward, with an **official launch date of August 8, 2016** for the 16-17 MSI year. Common goals have allowed us to combine the UP/Unit Co-Directors monthly meeting with Phase 1 beginning June 7. For the July 13 meeting, we are excited to welcome Dean Duggan to the new Phase 1 for a luncheon and 'thank you' for everyone's hard work in getting the "UP" Curriculum ready to go.

Preparing for the new curriculum has taken much time and planning and we really cannot thank our Unit Co-Directors, Thread Leaders, Coordinators and Curriculum Staff enough. Now it is time to design the MSII year!

MS2 Systems Based Unit Co-Director Job Description

Applications solicited through June 30, 2016

For the MSII year, we are now seeking one Basic Science **and** one Clinical (MD/DO) Co-Director **for each unit** (see MS2 unit diagram). The Co-Directors will report to the Assistant Dean of the Foundational Sciences (Dr. Tom Poole) and Associate Dean for Undergraduate Medical Education (Dr. Paul Ko) for this activity.

Goal for Systems Based Units:

- 1) Each unit should be created with the following in mind:
 - Material should not just be a "cut and paste" from current curriculum
 - Relevant lectures can be kept but should adhere to #2 below
- 2) Material presented should be:
 - Clinically relevant and grounded in a clinical principle
 - Found on Step 1
 - Consider some active learning techniques (PBL will be covered in its own course. Will need to monitor how much time students need outside of class to complete all assignments in a unit)
- 3) Assessment should mimic Step 1 style questions and include integrated questions across subject domains

MS2 Units
Foundations, Cancer
Blood/Immunity/ Skin
Neuroscience/Muscle
Cardio and Respiratory
GI
Renal, Endocrine, Reproductive

Expected Job Duties:

- 1) Actively participate in the pre planning sessions for the units, including identifying appropriate faculty, with Co-Director and Thread Directors.
- 2) Attend curricular retreats, Phase 1 Meetings and pertinent Academic Review Board meetings
- 3) Attend all of the lectures/activities in the unit (this would not be an all day commitment - likely 15 hours per week for the duration of the unit).
- 4) Contribute to and approve all quiz and final exam questions.
- 5) Actively participate in the post planning/debriefing/evaluation of the units.
- 6) Work collaboratively with the 'Foundations of Reasoning in Medicine' Course Director, to plan cases that align with the unit.
- 7) Teaching in the unit is appreciated but not required.

Physicians in these positions will be supported with protected time.

We are now actively soliciting applications for both the Basic Science and Clinical Co-Directors thru June 30, 2016.

Interested applicants should email a CV and Letter of interest indicating the MS2 Systems Based Unit they wish to apply for to Sarah Edwards, edwarsar@upstate.edu, Director of Phase I Curriculum.

AΩA Class of 2016 – Upstate Medical University

On May 20, the AΩA Gamma Chapter held the Annual Induction Dinner and Ceremony for the Class of 2016 at The Genesee Grande, at which time 26 students, 2 residents, and 3 faculty were inducted. Dr. Daniel Rancier received the Volunteer Clinical Faculty Award, and Gamma Chapter teaching awards were given to Drs. Amit Dhamoon, Karen Teelin, Zain Badar (resident), and Rogin Subedi (resident).

Dr. Richard Cantor was chosen by the AΩA students to be the guest speaker. President Danielle Laraque-Arena, Dean David Duggan, and AΩA Councilor Lynn Cleary took part in the induction ceremony.

It was a wonderful celebration to begin commencement weekend!



Seated (l to r): Maria Nicolais, Gabi Palacio, Claire Hennigan, Alisa Anderson, Danielle Wallace, Ellie Garbade, Cate White, Sarah Mahonski, Melissa Gadsden

Standing (l to r): Arthur Zak, Sergey Toshinskiy, Joshua Bonville, Jordan Vokes, Finny John, Austin Meeker, Steve Karnyski, Ben Onderdonk, Matt Helm, Matthew Perlstein, Kyle Devins, Dan Grove

Unable to attend: Shilpa Agarwal, David Clark, Lingyun Du, Lindsey Koester, John Kulesa

News from the Office of Evaluation, Assessment and Research

Match Day 2016

Match update

When all was said and done (including SOAP and other post-NRMP processes), **99.3% of our graduates matched** into residencies and 72% matched into one of their top three programs.

Interested in MD program outcomes?

Check out the Student Achievement document [here](#).

http://www.upstate.edu/currentstudents/document/com_consumer_info.pdf

Considering Away Electives?

Take a look at feedback on **Away Electives** from the past 2 years of graduates [here](#).

http://www.upstate.edu/currentstudents/document/intra/away_electives_dataset_report_3_25_15.pdf

Two-Part Exam Analysis System – Abstract Accepted

Drs. Rebecca Greenblatt and Lauren Germain had an abstract on our two-part item analysis system accepted to the **2016 Educational Strategies Workshop** of the Association of Medical School Microbiology and Immunology Chairs.

[Here's a video about our process.](#)

<https://www.youtube.com/watch?v=NLp8N12Z-Ak>



medhub

**The MedHub
mobile app is
now here!**

Here's how to get the app:

- On your phone/tablet, type our medhub address into the browser: <https://upstate.medhub.com>
- Select "Evaluations App"
- Log in

NOTE: you can add the evaluation app to your home screen by selecting the "upload" button; once the app is on your phone, you won't have to log in each time in the future

YOU SAID... WE DID...

MS-2 Course Annual Reviews reveal the following changes based on student feedback...

Practice of Medicine

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 moved from small group time with faculty to the clinical skills center this year. You will have the opportunity to work individually with an SP every morning that you have a small group. These sessions will be videotaped, and you can review your SP encounter yourself and will be getting feedback from teaching assistants (TAs) and your faculty coaches this year.

You Said: "Small groups are too long"

We Did: This year small groups will be much shorter (95 minutes reduced from 150 minutes last year).

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

We Did: We've met (and will continue to meet) regularly with your class representatives and have open office hours every week to address student concerns. We have been incorporating class officer, student and small group faculty recommended changes into planning every year in the POM course.

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

We Did: We increased from 1 TA review session at the end of the year to 3 review sessions this year to be held all throughout the year.

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

We Did: We have secured several new clinical experience sites this year, which can be reliably scheduled into, with a clinical site point person who will now welcome you to your experiences.

You Said: "We need more clear instructions about what is expected from us and more information ahead of time"

We Did: We have added supplemental videos and training modules that can be worked on in advance if students want to work ahead and have reduced in-person lecture time most weeks to ≤ 50 minutes this year. We have included all assignments, in-class and outside-class activities in the master POM course schedule this year. This will make easier to see exactly what is expected and when assignments are due.

You Said: "Having small groups on 2 different days of the week isn't helpful when you need both lectures to have the best small group and standardized patient experience"

We Did: We have completely reorganized the course this year so all students will have small groups on Tuesday mornings, Clinical Experiences scheduled on Thursday afternoons, and only one lecture a week on Friday mornings at 9am (with supplemental videos and training modules) to standardize the experience for all students.

You Said: "The Virtual Medical Error Room (VMER) exercise would have been much better if we all had the Inter-professional exercise opportunity and not just a few of us"

We Did: This year, we've scheduled one 2 hour session for the VMER exercise with students in other professions (inter-professional exercise) 4pm to 5:30pm so all groups will be inter-professional this year.

Case-Based Learning: Clinical Reasoning & Pathophysiology

You Said: Have less concept maps

We Did: Concept maps will not be assigned for every case, and will whenever possible try to focus on major pathophysiology themes (e.g., sepsis)

Microbiology

You Said: Make the handouts more comprehensive, with color illustrations as appropriate.

We Did: Handouts have been expanded this year and include many of the lecture slides. We have increased our use of color illustrations.

You Said: It is hard to keep track of all the microorganisms when the teaching is based on a Systems format.

We Did: We introduced a new master table of all the microbial pathogens that we cover, showing their phylogenetic relationships and indicating which organisms appear in each System Unit.

You Said: The Shelf exam is harder than expected because of many questions on Immunology and Genetics, which is first-year material.

We Did: Reviews of essential 1st year material have been added to Unit 6.

You Said: MS2 Immunology is scattered; it doesn't make sense in the Systems format.

We Did: MS2 Immunology has been consolidated; it now shares Unit 2 with Hematology.

Pharmacology

You Said: We would like more practice questions.

We Did: More practice questions were posted in some topics.

You Said: We would like information on TB.

We Did: Lecturer added TB coverage.

You Said: We prefer slides printed with a white background.

We Did: We will print more PPT presentations with white background.

Human Disease: Pathology & Laboratory Medicine

You Said: Have less in-class review activities and instead move the content online to cater to individualized studying plans

We Did: Review material from both faculty and AOA students were posted in online format to allow students to complete questions at their own pacing rather than having designated on-campus review sessions

Behavioral Science

You Said: It doesn't feel like my concerns are being heard

We Did: We started annual focus groups, we ask for real-time feedback via ARS, and we review centrally collected survey data annually

You Said: Behavioral Science topics should be taught when we learn about psychopharmacology

We Did: We moved the course earlier in the year and work every year to achieve as much topic alignment as possible. Dr Schwartz now teaches in Pharm and the DSM diseases are lined up with the appropriate Pharm lectures

You Said: Topics are redundant when compared to clerkship content and other course content

We Did: We streamlined the lecture series to remove unplanned redundancies and went from 2 units to 1 unit

You Said: We only take Behavioral Science for a short time, we shouldn't be required to take a shelf exam

We Did: The final exam is no longer a shelf, it is an in house exam

You Said: We want more interactive lectures

We Did: We added ARS questions to nearly every lecture

You Said: We don't want our entire grade to be based on performance on 1 exam

We Did: We added quizzes

You Said: No one reads the assigned text book, it is too long

We Did: We chose a shorter, more succinct review book

You Said: We don't learn about insomnia anywhere

We Did: We added a lecture on insomnia

You Said: The lectures are disorganized

We Did: Through the use of the student focus group, we reworked the lectures to improve organization and focus on pertinent information and every year the quality and ratings go up

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!