

CEPC Review of Unit 4 Reports and Data IPC 2013/2014

The CEPC committee discussed the 2014 implementation of Unit 4 of the Integrated Pathways Curriculum (IPC) on November 13, 2014. Discussion was lead by an *ad hoc* subcommittee for Unit 1 that consisted of Lee Eisner, Sheldon Landesman and Josh Lampert (MS4). The report prepared by this committee was distributed and discussed with members of CEPC at the November 13 meeting and then presented to the Presiding Officer of the Faculty and Professional Staff Executive Committee on December 1, 2014.

Sources available to the *ad hoc* subcommittee were:

1. Weekly evaluations by the students during the Unit (16-21 students)
 2. End-of-unit evaluations by the students at the end of the Unit (152 out of 190 students)
 3. Student report by a trial Course/Faculty Assessment Pilot Committee that consisted of a written and slide presentation prepared for the Unit review meeting with Unit 4 leadership, John Lewis, CEPC, Academic Development
 4. Weekly formative assessment summary of 76-190 students (Mean ranged from 58% - 65%) and end-of-unit mean scores: Practicals: Gross Anatomy “Wet” (mean 74.3%), Histology, Pathology and Radiology Integrated “Dry” Practical] (mean 67.5%), Medical Knowledge Essay (mean 81.1%), Clinical Skills exam (mean 85%) and NBME Exam (mean 78.6%).
 5. Unit 4 Report presented by Unit Director Mariana Markell to the Dean’s Council on August 19, 2014.
- A Unit 4 Report was not submitted or presented by the Associate Dean of Foundations curriculum John Lewis to the Dean’s Council. Those reports appear to have been terminated as they have not been submitted since the 2013 Unit 2 review.

DISCUSSION SUMMARY

The reports from the Unit Director Mariana Markell and the Course/Faculty Assessment Pilot Committee of Foundations 2 (in July) both offered an overview of the unit with a discussion of what unit elements were successful and unsuccessful, with further analysis and recommendations on gaps and logical sequencing, faculty resources, and unit content. Both reports directly or indirectly alluded to calendar issues affecting multiple units as well as intra-Unit 4 issues. The CFA Pilot Committee report was especially detailed and useful and reflected consensus statements of a larger group of students than in previous units. This new format proposed by Dean of Assessment Bonnie Granat and the Curriculum Evaluation Committee of the Dean’s Council was very successful despite last minute summer recruitment in June of students to participate after the end of Foundations 1.

The CEPC committee is in general agreement with the review of the Unit by the Unit Director and the recommendations for action outlined in the report. However, because of the increased time pressure to complete the Unit 4 report prior to the meeting of the Dean’s Council (and prior to the start of the academic year) the report was somewhat less detailed than the Unit 1-3 reports in the depth of consideration of the data collected. The Unit Director had much less time to prepare this report than previous unit directors. The CEPC however believes that none of the issues that could have benefitted from greater analysis were significant and relevant for the start of Foundations 1 version 2 or version 1 of Foundations 2.

Many of the problems in Unit 4 can be fixed by relatively easy repairs, such as adding specific lectures or sessions in GI physiology, omitting unsuccessful lecturers or sessions, and evaluating gaps in content, including preparation for the Women’s Health Clerkship (issues raised in the Dean’s Council meeting and the Women’s Health Clerkship Review). Unit 4 benefitted from its organ system focus. Generally, students appeared to be the most relaxed during this unit compared to Units 1-3, except during the last few weeks of panic that preceded the Summative Exam Week and the Gateways Exams fast approaching. The calendar scheduling was more relaxed than in Units 1 and 3 despite fears that the unit is much too short for so much material. Perhaps some material/sessions were unhappily omitted due to an attempt to keep the number of scheduled hours lower. The flow of content between GI, Endocrine and Reproductive was smoothly achieved and students appreciated being able to focus on a “single” subject, as they perceived, for a period of time.

CEPC CALLS ATTENTION TO A FEW UNIT 4 SPECIFIC ISSUES

Issue and Recommendation 1

The Unit 4 Director will be working at a disadvantage in preparing for version 2 because of the loss of some key subunit directors and subject specialists in the unit. Nonetheless, Dr. Markell is optimistic that this year the unit will not be significantly affected because Janet Schneller has agreed to assist Elka Jacobson-Dickman (who is no longer at Downstate but has agreed to participate) to run the Reproductive subunit. A new GI Division head has promised to provide faculty support for the GI subunit.

The Integrated Pathways Curriculum (IPC) places an emphasis on small group learning that requires significant faculty effort and resources. The CEPC asks that the Dean, Senior Associate Dean and Department Chairpersons of the COM make every effort to support the Clinical Assistant Dean of Foundations and the Associate Dean of Foundations to recruit adequate and consistent coverage by clinical and basic science faculty in the IPC. We anticipate multiple retirements in the upcoming years, particularly among faculty heavily invested in teaching. Succession planning is required in order to ensure satisfactory coverage during this transition. Currently, there is active faculty recruiting by several clinical and basic science departments and CEPC suggests that the Dean make effort to ensure that these recruitments should include designated involvement (perhaps 60-80 hours/year) in undergraduate medical education, especially in the Foundations curriculum, as part of the mandated responsibilities of any new faculty hired.

Issue and Recommendation 2

Many students perceived that they needed more guided instruction in normal GI physiology and felt inadequately prepared to fully understand GI pathophysiology. Student evaluations hinted at the need to re-evaluate faculty responsibility for the relevant lectures and curricular materials.

The Unit Director specifically addressed this issue in her report, however CEPC recommends that Dr. Markell be given the full support of the Dean's Council and the IPC leadership in her search for new faculty to prepare lectures and curriculum materials that address this weakness.

Issue and Recommendation 3

CEPC notes a lack of continuity in the coverage of GI and Reproductive Tract infections from the basic principles covered in Unit 3. A more formal process could be established to confirm what infectious disease content should be covered in Unit 3 and each organ system unit and also between the pre-clerkship curriculum vs years 3 and 4 of the curriculum. Are there guidelines on how to make these decisions so that unit directors and faculty have a clearer vision of what topics are appropriate for Foundations 1 and 2 students vs MS3/4 students?

CEPC recommends that there be a stronger transition from Unit 3 on the subject of GI and reproductive tract infectious diseases by increasing communication and involvement of Fred Volkert and Steve Carleton in the planning for versions 2 and 3. The Unit Director could meet with faculty who are basic science and clinical subject specialists to review the appropriate level of knowledge that students must learn prior to start of the clerkships vs what material would be more appropriate for them to learn during the clerkship years. This is also a cross unit issue with Units 5 and 6.

CROSS UNIT ISSUES FROM AN END-OF-FOUNDATIONS 1 PERSPECTIVE

There are a few categories of cross unit issues that have not been raised in the Dean's Council.

Standardize communication with faculty concerning curriculum implementation.

Never before have so many clinical and basic science faculty participated in more than one unit of the pre-clerkship curriculum. The curriculum of the clinical competencies is implemented as an integrated yet a somewhat separate track all through Foundations. For this reason, continuity of communication of the clinical competency curriculum is achieved to a greater extent under Dr. Ovitsh. This is achieved with the assistance of Drs. Erogul and Dickman/now Quinn for implementation of Units 1-3 and 4-6 respectively. However, for basic science faculty involved in multiple units, the leadership is somewhat idiosyncratic with regard to: method and degree of communication with participating faculty, use of the Office of Medical Education, scheduling and methods to transmit curricular materials to students, decision making on omission and addition of curriculum content and assessments, and decisions on grade value of MK and CS content and assessments.

Report results of formative/summative assessments and student evaluations to faculty at end of unit.

Participating faculty who have developed curriculum materials and have direct student contact hours in a unit would like to receive timely feedback of class performance on formative and summative assessment questions and exams, as well as findings on the end of unit surveys. For example, perhaps at about the same time that student grades are released, faculty could receive a summary email of class performance on each exam and the number of students who did not pass each competency. Faculty should also receive a copy of the end of unit evaluation collated from the student's responses on all session types in a unit. Single faculty evaluations should be excluded from distribution.

Increase faculty contribution to some unit decisions.

There are aspects of the formative and summative assessment process in each unit in which faculty play little to no role. This varies somewhat between units. Participating faculty and content specialists should be consulted, included in or at the very least, informed of decisions made about assessments in a unit, with regard to distribution, grade weight, overlap of clinical and MK questions, etc. Content specialists could also be asked to evaluate the quality of questions and student performance from version 1 of formative and summative questions used in 2013-2014 before they are used again the following year.

Meetings of unit directors, subunit/associate directors, discipline directors and competency directors should be reinstated on a regular schedule.

It would be appreciated if the schedule is set at the start of the academic year.

Broaden the group of faculty invited to the student CFA presentations for each unit.

The challenges of the Gross Anatomy curriculum in the Foundations curriculum are multiple.

The Gross Anatomy discipline co-directors have implemented some experimental improvements for version 2 of the anatomy curriculum in Foundations 1, hopefully to improve the conditions for student learning in this academic year. We encourage the Foundations curriculum leadership to meet with anatomy discipline coordinators to discuss the curriculum challenges for body donor preservation, anatomy faculty resources during the summer and gross anatomy lab maintenance and to consider further modifications in planning the 2015-2016 academic year of the IPC.

Submitted December 2, 2014