



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
School of Medicine™

# Renaissance VI EPC/ Curriculum Summit & Workshops



August 17-18, 2007

Executive Summary  
and  
Recommendations

Office of Curriculum  
November 2, 2007

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**  
**School of Medicine**  
**Office of Curriculum**

**Curriculum Summit**  
**August 18 2007**

**Executive Summary**

*Approximately 70 faculty attended the Curriculum Summit and EPC/ Curriculum Workshops. Key recommendations from the Breakout Group Reports are listed below. Please note Evaluation of Summit and EPC/ Curriculum Workshops at the end of this report.*

- **Year 4 Curriculum:** total weeks should be 32 weeks plus 2 additional weeks; 4 for selectives in Ambulatory Care, Critical Care, Neurology (needs to be on all campuses), Subinternship; 4 true months of electives; required capstone
- **Curriculum Integration and Grading:** recommended that EPC make passing Step 1 a requirement to enter Year 3
- **Criteria for Promotion to Year 3:** “overwhelming support” that students must pass Step 1 to complete Year 2 before beginning Year 3; consider ending Year 2 earlier so students can complete Step 1 by May 31
- **MSIII Continuity Clinic:** Lubbock will provide half-time coordinator position to help all campuses; evaluation will be formative, Pass/Fail, and include patient logs, one station on All-campus OSCE, 360 evaluations by patients, faculty, nurses and self
- **Integration Seminar and Translational Research:** implement Integration Seminar, which will help meet ED 12 and ED 17A requirements; use same articles/topics on all campuses; cover each topic once within a clerkship rather than 6 times within a clerkship
- **Genetics:** ensure that CurrMIT lists genetics sessions in Year 3 in Pediatrics and Ob-Gyn with clear identification of genetics in the curriculum for all four years—Genetics Theme Team will review for completeness; identify a Genetics “Top 12” most common genetic diseases, with 2 per clerkship; Year 1 and 2 teachers would emphasize these topics as well
- **Nutrition Science:** currently 21 hours in curriculum, mostly in Years 1 and 2; distribute Nutrition Curriculum to EOC and CEOC to identify areas relevant to SOM curriculum; distribute access to NIM web-based courses to include in clerkships; identify champions for each curriculum year; connect nutrition science objectives to SOM Vision, Goals, Objectives
- **Population Health:** provide May 2004 consensus report to all Block and Clerkship Directors; all Block and Clerkship Directors should correctly identify all population health learning objectives “where they are being taught” now; add physician’s role in emergency response

## **BREAKOUT GROUP REPORTS**

### **August 17 2007**

#### **GROUP 1: FINALIZING YEAR 4 CURRICULUM, CAPSTONE**

**Chair: Fred McCurdy MD PhD MBA**

#### **Participants:**

Suzanne Escudier, MD (LUB); Robert Jensen, MD (LUB); Tamara Lane (LUB); John Marchbanks, MD (LUB); Leonidas Miranda, MD (ODS); Kelly Mitchell, MD (LUB); Dinorah Nutis, MD (ELP); Laura Patton (ELP); Sophia Tcheung, MSIII (AMA); Fred McCurdy, MD – Chair (AMA).

**Charge:** Report the final action plan for Year 4 that can be implemented in July 2008. Report the action plan for implementing a pilot capstone that can be implemented “now” and a plan for a continued capstone experience in Year 4

1. Determine length of Year 4 in weeks
2. Determine vertical integration with integration seminar – Yes or No? If No, alternative?
3. Identify required rotations by type or specialty (number and length)?
  - a. Must be done on “home campus” - Yes or No? If No – alternatives?
  - b. Sub-internship – Yes or No?
  - c. Critical Care – Yes or No? If Yes, alternatives for campuses that lack resources?
  - d. Geriatrics – Yes or No? If Yes, alternatives for campuses that lack resources?
  - e. Neurology – Yes or No? If Yes, alternatives for campuses that lack resources?
  - f. Ambulatory – Yes or No?
    - i. If Yes – what department(s)?
    - ii. If No – alternative, if any?
  - g. Musculoskeletal (e.g., Sports Medicine) – Yes of No?
    - i. If Yes, home department?
    - ii. If yes, alternatives for campuses that lack resource?
4. Determine required selective rotations by type or specialty (number and length)?
5. Finalize Capstone experience – not optional
  - a. Length? 2 weeks versus more weeks
  - b. Timing? When in the school year?
  - c. Curriculum content?
    - i. Topical content (e.g. orphan topics such as population health)?
    - ii. Personal management (e.g., professionalism, communications skills, use of EBM during residency, etc)
    - iii. Task oriented (e.g., managing care – senior project at Nebraska)
  - d. Outcome measurement(s)?
  - e. “Home campus” versus Main campus?

#### **Information Items**

1. Renaissance V Summit Report August 2006 – Curriculum section, in notebook
2. Syllabus Blocks and Clerkships 2007 – 2008 – see EPC section, in notebook
3. Transition Year 2008-2009 Template – Curriculum section, in notebook (see modules)

#### **Key Points**

- Affirmed the need to revise year 4

- Reviewed and affirmed work of previous two summit groups that addressed year 4 curriculum
- No strong agreement on Geriatrics
- Strong sentiment expressed that neurology should be 4 weeks long
- Group still desires maximum flexibility for students to pursue their own wishes and desires

### **Recommendations**

1. Length of Year 4 in weeks - 32 plus 2 (the 2 weeks were neither allocated nor specified to a subject or a task)
2. Vertical integration with integration seminar - No
  - a. The group believed that the logistics would be too difficult.
3. Required rotations by type or specialty (number and length)?
  - a. 2 of the following 4 must be completed on the “home campus” with the other 2 being done on another TTUHSC SOM Regional campus; “Core” selectives:
    - i. Ambulatory – as a “cafeteria”
      1. Geriatrics inside the “cafeteria”
      2. Broaden to ENT, ophthalmology, dermatology, etc.
    - ii. Critical Care Critical Care
      1. Emergency Medicine
      2. Surgical ICU
      3. Medical ICU
      4. Pediatric ICU
    - iii. Neurology - all campuses must find resources
    - iv. Sub Internship
      1. Current departmental offerings OK
  - b. Musculoskeletal (e.g., Sports Medicine) – No
    - i. Possible alternative Radiology; Strongly urged to occur in Year 3
4. Electives
  - a. Year 4 should be 4 “real” weeks x 4 as it is currently implemented for elective rotations
5. Capstone experience – not optional
  - a. Goal personal management
  - b. As much of this to be done electronically as possible because of geographic challenges
  - c. Items to be Covered
    - i. Effective communications
      1. Writing
      2. Speaking
    - ii. Time management
    - iii. Conflict Resolution
    - iv. Evidence Based Medicine
    - v. Substance Abuse
    - vi. Personal Finance
    - vii. ACGME Competencies

### **Any votes taken**

- Reached consensus; no votes taken

**GROUP 2: CURRICULUM INTEGRATION AND GRADING ISSUES YEARS 1 – 4**  
**Chairs: Susan Mclean MD, K McMahon PhD**

**Participants:**

Lia Bruner, MD (LUB); Patty Crocker, MD (ELP); Doug Hamman, PhD (LUB); Gwynne Little, PhD (LUB); Robert Neilson, MD (LUB); Kathryn McMahon, PhD – Co-Chair (LUB); Susan McLean, MD – Chair (ELP).

**Charge:** Evaluate the use of external standardized testing as a barometer for assessing internal student performance.

1. Review current grading policies for Years 1 and 2 and for Years 3 and 4.
2. Determine if there is a disconnect between internal student performance and performance on external standardized national tests.
3. Determine if grading policy should include thresholds for student performance on external standardized national tests.

**Information Items**

1. Step 1 and Step 2 Scores by Class – Curriculum section, in notebook
2. Clerkship NBME Shelf Exam Reports – Curriculum section, in notebook
3. MSIII Clerkship Evaluation Form – Curriculum section, in notebook
4. MSIII Professionalism Form – Curriculum section, in notebook

**Key Points**

1. Current grading policies were reviewed for all years.
2. Discussion of few “shelf exams for years one and two...only two used. Discussion that there were some more customized tests being purchased. Discussed that USMLE step one scores were declining, lack of preparation could be problem.
3. Discussed current policies for progressing from year two to year 3 and year 3 to 4. Discussed that currently, students need only to take USMLE 1 by May 31. The student is currently allowed to start year 3 without a known pass on USMLE 1. Then the student is now allowed to finish the current rotation and then asked to step out of the curriculum until they pass USMLE 1...this is being phased in. Up until now, the students had until December to pass USMLE 1.
4. The first and second year educators noted that there is a basic science review test given twice that is not required...they felt that the students do not take this test seriously. There is also a practice test given just prior to the students sitting for USMLE 1...if the student does not do well on this test they are advised to not take USMLE 1, but to stay and remediate with a special course on the Lubbock campus which is free of charge.
5. It is noted that not all of the students identified as likely to have problems passing USMLE 1 elect to take the course, many sit for USMLE 1 anyway. Of the students who are advised to remediate and do not, they have a 75% pass rate on USMLE 1, compared with a 94% pass rate for those not advised to remediate. It was felt that often students do not register that they need some remediation.
6. A discussion followed about adult education, transitioning from high school type education and “spoon feeding” to adult education where the learner finds their own resources. One participant noted that in her medical school, they were advised that they would not pass to year 3 unless they passed USMLE1, and if they did not pass in a certain number of tries, that they were asked to leave. The participant felt that this provided motivation. It was also discussed that as a school, guidelines are not reinforced. We say we have rules, but often they are bent.
7. One option that involves grading and promotion and also may affect the second year is that passing USMLE 1 could be required prior to starting year 3. That would

require ending year 2 earlier in order to have USMLE 1 done earlier with results available.

8. It was also discussed that the basic science test be a required rather than optional test.

### **Recommendations**

- Strongly consider at EPC that a passing grade on USMLE step 1 be required to graduate from year 2 and go to year 3.

### **Any votes taken**

- Not after this presentation, but later on in the summit, there was a vote on whether or not we should require a passing score on USMLE 1 prior to starting year 3, and this was a strong “yes” vote.

## **GROUP 3: CRITERIA FOR PROMOTION TO YEAR 3**

**Chair: Kathy Horn MD**

### **Participants:**

Ramona Burdine, MD (ODS); Angelica Chavez, MD (AMA); Jeremy Deer, MSIV (ELP); Vaughan Lee, PhD (LUB); Karen Nelson (LUB); Matthew Robinson, MD (LUB); Marita Sheehan, MD (AMA); Kathy Horn, MD – Chair (LUB).

**Charge:** Determine academic standards for advancement to Year 3, including Step 1 performance and block grades.

1. Determine if passing Step 1 should be required for starting Year 3.
2. Establish policies and re-entry timeline for new off-cycle clerkship students.
3. Determine clerkship ceiling for optimal number of students per clerkship.
4. Recommend calendar/schedule changes needed to accommodate optimal for criteria for promotion to Year 3.

### **Information Items**

1. Criteria for Entry to Year 3 and Graduation – Curriculum section, in notebook
2. Clerkship NBME Shelf Exam Reports – Curriculum section, in notebook

### **Key Points**

All of the group participants felt that we are hurting students by allowing them to start and/or continue their third year with the Step 1 hanging over their heads.

Many schools require passage of Step 1 before entering Year 3 although many also make allowance for starting Year 3 and then removing them either in the current clerkship or the next one if a failure occurs. Most require them to pass before rejoining the curriculum in that case.

### **Recommendations**

1. All students should pass Step 1 before beginning Year 3
2. The end of second year should be moved earlier to allow for 4-6 wks of study for Step 1 in order to complete the test by May 31.
3. If a student fails Step 1, he/she should not be allowed to continue the curriculum until a passing grade can be documented.

4. If the grades are received after the beginning of the third year, the student will be allowed to complete the current rotation but must lie out after that in order to obtain a passing score.
5. When the student returns to the curriculum, they will make up the missed rotation in either the first or second block (July/August or September/October). They may take fourth year electives on their home campus if they are unable to make up a third year rotation in July/August.

**Any votes taken**

The whole group: Overwhelming support for requiring Step 1 to complete Year 2 before beginning Year 3.

*Of note, if we use passage of the comprehensive basic science test as a requirement to complete year 2, this may satisfy the same concerns – allowing at risk students to be held out of the curriculum until successfully completing Step 1.*

**GROUP 4: MSIII CONTINUITY CLINIC**

**Chair: Betsy Jones EdD**

**Participants:**

Karen Brownmiller (LUB); Lance Evans, PhD (LUB); Carol Felton, MD (LUB); Victor Gonzales (LUB); Marie-Marine Logvinoff, MD (ELP); Neha Mittal, MD (LUB); Jan Pumphrey (AMA); Kristin Stutz (AMA); Betsy Jones, EdD – Chair (LUB).

**Charge:** Finalize curricular materials and evaluation for the MSIII Continuity Clinic experience for implementation across the campuses September 4

1. Identify who will coordinate the experience and what are the expectations for that coordination
2. Determine what grading standard should be used
3. Establish the key requirements and evaluation measures for student performance and overall success of the experience as a teaching tool
4. Determine what types of faculty development would be most useful for faculty mentors

**Information Items**

1. MSIII Continuity Clinic Experience Proposal – Curriculum section, in notebook
2. Syllabus Blocks and Clerkships 2007 – 2008 – see EPC section, in notebook

**Key Points**

1. ***Identify who will coordinate the experience and what are the expectations for that coordination***
  - We anticipate that the details of implementing the CCE will vary considerably from campus to campus and from clinic to clinic; for example, in Amarillo, the CCE will have only two mentors, whereas in El Paso, there will be more than 20
  - By necessity, faculty mentors will have extensive responsibility for coordination, including patient scheduling and oversight of teaching responsibilities
  - Clerkship coordinators who already work closely with MS3 students will likely have additional responsibilities for the CCE coordination, in participating departments

**2. Determine what grading standard should be used**

- The CCE will emphasize formative evaluation, rather than summative evaluation of student performance; thus a simple Pass/ Fail grading system is preferable
- However, specific criteria for a Passing grade must still be finalized, as well as consequences for a Failing grade or guidelines for remediation in the case of failure

**3. Establish the key requirements and evaluation measures for student performance and overall success of the experience as a teaching tool**

- Perhaps the most important requirement and evaluation measure for a student to meet is full participation in all facets of the CCE, including participation in a complex case conference activity
- Evaluation of student performance will take advantage of the end-of-year MS3 OSCE required of all students; that OSCE will include at least one station that has been prepared by participating CCE faculty mentors
- Evaluation of student performance will also take advantage of the electronic patient log already used for the MS3 clerkships; additional diagnoses will be developed for the CCE
- A quarterly 360° evaluation will be developed and implemented. Incorporating regular assessments of the student's performance from patients, faculty, nursing staff, and him- or herself, the 360° evaluation will be a brief assessment that faculty mentors can use to provide feedback to students in their clinics
- "The Continuity Clinic" podcast series will be available for faculty mentors to incorporate into the activities for the didactic hour. These podcasts will also be linked to readings in the textbook. Use of "The Continuity Clinic" podcasts may be considered optional, but readings in the textbook should be considered a CCE requirement.

**4. Determine what types of faculty development would be most useful for faculty mentors**

- This Summit session has provided a very helpful opportunity to orient faculty & staff involved in the CCE, and any future summits should probably provide similar break-out groups for those involved in the CCE
- Faculty development will probably be helpful for such CCE activities as the following:
  - podcast preparation and use
  - billing issues related to student physicians
  - 360° evaluation & other evaluation strategies
  - providing feedback to students

**Recommendations**

- Victor Gonzales and Matthew Andersen in the Office of Curriculum will provide assistance with the patient log aspects of the CCE
- The half-time coordinator position to be filled in Family Medicine, Lubbock, as part of the HRSA grant, should be available to provide coordination and support
- The CCE will emphasize formative evaluation, rather than summative evaluation of student performance; thus a simple Pass/ Fail grading system is preferable
- Evaluation of student performance will include the patient logs, a station on the All-Campus OSCE, a 360° evaluation by patients, faculty, nurses & self; Global requirements will *not* include a CCE final exam, community service project, humanities project or pop quizzes, although individual faculty mentors may choose to incorporate such activities into their own CCE activities.

- The CCE orientation session scheduled for the first week of the clerkship should be rescheduled for the second week (i.e., combined into a single orientation session) to avoid conflicting with MS3 clerkship orientations also scheduled for that week
- Textbooks should be purchased by the School of Medicine and checked out for student use, in the same way that textbooks are checked out for MS3 clerkships

**Any votes taken**

**GROUP 5: INTEGRATION SEMINAR AND TRANSLATIONAL RESEARCH**

**Chairs: Elmus Beale PhD and Cindy Jumper MD**

**Participants:**

Lynn Bickley, MD (LUB); Ronald Gibbons, MD (ODS); Jeffrey Oliver, MD (LUB); Fiona Prabhu, MD (LUB); Luis Reuss, MD (LUB); John Pelly, PhD (LUB); Michael Wells, MD (LUB); Cynthia Jumper, MD – Co-Chair (LUB); Elmus Beale, PhD – Chair (LUB).

**Charge:** Develop plan for implementing Integration Seminar in January 2008 on all three campuses. Develop plan for introducing translational research into the curriculum beginning in 2007-2008.

1. Review Integration Seminar proposal and make any needed revisions in seminar content and mechanics.
2. Establish timeline and faculty for one seminar sequence per clerkship period beginning January 2008.
3. Review LCME standards ED 11 and ED 17. Recommend curricular content and insertion points in Years 1 and 2 for January-June 2008 and for Years 1 to 4 for 2008 – 2009.
4. Assess need for required research experience (clinical or basic science) in Year 4 and make related recommendations.

**Information Items**

1. Integration Seminar Proposal – Curriculum section, in notebook
2. Syllabus Blocks and Clerkships 2007 – 2008 – see EPC section, in notebook
3. LCME Standards - see EPC section, in notebook

**Key Points**

1. The “Reverse Clinical Correlation proposal approved by the EPC on 11 December 2006 was well thought out and should be easy to replicate across campuses.
2. It centers on usage of articles such as those in the *Case Records of the Massachusetts General Hospital* found in *The New England Journal of Medicine*.
3. The TTUHSC Libraries have an electronic subscription to the *NEJM*
4. The timeline must be agreed upon by the Clerkship Directors, not this subcommittee
5. Implementation will provide progress towards resolving itmes ED12 and ED17A of the LCME Standards Review

**Recommendations**

1. Adopt the integration seminar proposal essentially as presented
2. Specific topics should be changed yearly but should be selected to focus each of the six Clerkship disciplines
3. The selected articles/topics must be the same at all campuses

4. Each topic would be covered one time during each 8-week Clerkship rather than be replicated 6 times within a Clerkship (since each Clerkship is replicated 6 times to accommodate the entire class).

### **Any votes taken**

### **GROUP 6: GENETICS**

**Chair: Simon Williams PhD**

#### **Participants:**

Teresa Baker, MD (AMA); Candace Brown (LUB); Jane Colmer-Hamood, PhD (LUB); Art Freeman, PhD (LUB); Herb Janssen, PhD (LUB); Richard Lampe, MD (LUB); Kenneth Nugent, MD (LUB); Simon Williams, PhD – Chair (LUB).

The Genetics Theme Team made its original report at the Renaissance II Summit in May 2004 to strengthen the “return to basic science” in Years 3 and 4. The Curriculum Redesign emphasizes integration of basic science and clinical medicine in all 4 years, “the spiral curriculum”.

**Charge:** Review Genetics Theme Team Report. Define Genetics content for Years 1 to 4.

1. Review Genetics topics covered in each year of the Medical School Curriculum
2. Review evolution of Genetics content since implementation of integrated curriculum
3. Review objectives for Genetics lectures, etc relevant to each year of the curriculum
4. Assess vertical and horizontal integration of Genetics topics in curriculum
5. Define Genetics content for each year of the medical school curriculum.

#### **Information Items**

1. Report of Genetics theme team, May 2004
2. Contemporary Issues in Medicine: Genetics Education, AAMC, June 2004
3. TTUHSC SOM Clerkship Lecture Series Topics
4. TTUHSC SOM Patient Log
5. Syllabus Blocks and Clerkships – see EPC section, in notebook and at <http://www.ttuhsu.edu/som/curriculum/documents/Syllabus0708.pdf>

#### **Key Points**

1. **Genetics topics in the current curriculum:** A search of the CurrMIT database identified a series of lectures within Block two of the MSI curriculum where the basics of human genetics are presented. This series of lectures was inserted into this block two years ago and has undergone some revision since then. In essence, the introductory nature of these lectures has been preserved and is appropriate for the normal physiology emphasis of the first year curriculum. Additional lectures that emphasize microbial genetics are located within the Host Defense block of MSI and some potential overlap (i.e. ideal for horizontal integration) in the area of gene therapy. A series of lectures from the old Pathology course are being located within the Systems Disorders Blocks in year 2, consistent with the focus of MSII on abnormal physiology. We were unable to document the inclusion of genetics topic in MSIII and MSIV as these are not well represented on CurrMIT. However, it was clear from the discussion with breakout group members from OB/Gyn and Pediatrics that genetics topics are covered extensively in these clerkships. It will be necessary to ensure that CurrMIT entries for MSIII and MSIV identify components of the curriculum that reference genetic topics. It was also noted that there will need to be

some oversight of the CurrMIT entries to ensure that references to genetics really reflect the inclusion of content that can be defined as genetics. Overall, the feeling of the group was that there is significant coverage of genetics within the curriculum although it is not always clearly defined as such and that a complete description of genetics content awaits the completion of the CurrMIT database.

- 2. Assess vertical and horizontal integration of Genetics topics in curriculum.** The group came up with concept of identifying the Genetics top 12, essentially a list of the 12 most common genetic diseases encountered by clinicians. Ideally, the list would include at least two entries appropriate for each of the six clerkships, recognizing that some entries could be relevant to more than one clerkship. Once these diseases have been identified, the lecturers in MSI and MSII would be asked to incorporate as many as possible into the lectures within the first two years. These diseases would then be revisited during MSIII and presumably MSIV, reinforcing the knowledge gained from lectures with clinical applications and observations.

### **Recommendations**

1. Identify the Genetics top 12. This will be accomplished using several methods, including the surveying of clerkship directors (coordinated between Simon Williams in Lubbock, Teresa Baker in Amarillo and Kathy Horn in El Paso), and extraction of relevant information from USMLE Step 2 guidelines.
2. Once these have been identified, coordinate with block directors in MSI and MSII and clerkship directors on all campuses to ensure topics are incorporated into the curriculum.
3. Complete CurrMIT.
4. Ensure that block directors and others entering data on CurrMIT identify lectures that highlight genetic associations of diseases and other topics relevant to genetics. These entries should be reviewed by the leader of the Genetics Theme Team to ensure that entries accurately reflect the genetics connection and that integration has been optimized.

### **Any votes taken**

## **GROUP 6: NUTRITION SCIENCE**

**Chair: Kathy Chauncey PhD**

### **Participants:**

Dennis Dove, MD (LUB); Brandi Garibay (LUB); Randall Kelly, MD (ODS); Oscar Noriega, MD (ELP); Sylvia Ugarte (ELP); Kathy Chauncey, PhD (LUB).

The Nutrition Theme Team made its original report at the Renaissance II Summit in May 2004. Nutrition is one of seven key themes identified by students and faculty for threading throughout Years 1 to 4.

**Charge:** Review Nutrition Theme Team report and curriculum content in Years 1-4.

1. Review Nutrition topics covered in each year of the Medical School Curriculum
2. Review evolution of Nutrition content since implementation of integrated curriculum
3. Review objectives for Nutrition lectures, etc relevant to each year of the curriculum
4. Assess vertical and horizontal integration of Nutrition topics in curriculum
5. Define Nutrition content for each year of the medical school curriculum.

**Information Items:**

1. Report of Nutrition Theme Team, May 2004
2. TTUHSC SOM Clerkship Lecture Series Topics
3. Review of TTUHSC syllabus in notebook and at <http://www.ttuhsoc.edu/som/curriculum/documents/Syllabus0708.pdf>
4. NAA -- Nutrition Curriculum Guide for Training Physicians, available at: [www.nhlbi.nih.gov/funding/training/naa](http://www.nhlbi.nih.gov/funding/training/naa)
5. NIM – Nutrition in Medicine Web-based Courses: [www.nutritionmedicine.org](http://www.nutritionmedicine.org)

**Key Points**

- The National Academy of Sciences recommends a minimum of 25 hours of nutrition education in a medical curriculum.<sup>1</sup> The nutrition content in the Texas Tech SOM curriculum on all campuses increased from 12 hours in 2003 to 21 hours in 2007. Much of this content is concentrated in the first two years of the curriculum. This distribution of nutrition content hours is similar in other U.S. medical schools.<sup>2</sup> There continues to be a national need to increase clinically relevant and evidence-based nutrition education in schools of medicine.<sup>2</sup> Increasing nutrition education in the clerkship programs is an ideal method to meet this need.

**Recommendations**

1. Distribute Nutrition Curriculum to EOC and CEOC to identify those areas relevant to the SOM curriculum.
2. Distribute access to NIM web-based courses for inclusion in clerkship curriculum on all campuses.
3. Empower a new nutrition taskforce committee for nutrition science theme oversight.
4. Identify nutrition science champions for each year of the curriculum.
5. Connect nutrition science objectives to the SOM Institutional Educational Vision, Goals, and Objectives and to the ACGME Core Competencies.
6. Consider annual institution-wide Grand Rounds on the curriculum themes.

**Any votes taken**

- There was general consensus by all committee members that the above recommendations be accepted and incorporated at Texas Tech School of Medicine.

**References:**

1. Report from the Nutrition Academic Award (NAA) medical schools. *American Journal of Clinical Nutrition*. 2006; 83 (supplement series).
2. *American Journal of Clinical Nutrition*. 2006; 83:941S-944S.

**GROUP 6: POPULATION HEALTH**

**Chairs: Ron Warner MD and Patti Patterson MD**

**Participants:**

Rebecca Aranda (ELP); Tommie Farrell, MD (LUB); Sami Jabara, MD (LUB); Stacia Lusby, MD (AMA); Lori Lutherer, MD/PhD (LUB); Jay Park, MD (ODS); Ron Warner, MD – Co-Chair (LUB); Patti Patterson, MD – Co-Chair (LUB).

The Population Health Theme Team made its original report at the Renaissance II Summit in May 2004. Population Health is one of seven key themes identified by students and faculty for threading throughout Years 1 to 4.

**Charge:** Review Population Health Theme Team report and define Population Health content in Years 1 to 4.

1. Review Population Health topics covered in each year of the Medical School Curriculum
2. Review evolution of Population Health content since implementation of integrated curriculum
3. Review objectives for Population Health lectures, etc relevant to each year of the curriculum
4. Assess vertical and horizontal integration of Population Health topics in curriculum
5. Define Population Health content for each year of the medical school curriculum.

### **Information Items**

1. Report of Population Health Theme Team, May 2004
2. TTUHSC SOM Clerkship Lecture Series Topics
3. TTUHSC SOM Patient Log
4. Review of TTUHSC syllabus in notebook and at <http://www.ttuhsoc.edu/som/curriculum/documents/Syllabus0708.pdf>

### **Key Points**

Everyone has a slightly different definition of Population Health; some think of environmental health, others of indigent groups or disaster/refugee medicine. The Population Health Theme Team provided a consensus definition in its **original report** at the Renaissance II Summit in **May 2004**. That original report should be made readily available (required reading) for all Block & Clerkship directors; as,

1. “Population Health is for everyone” ... health promotion & disease prevention. When health care providers go home after work, they are part of the larger “Population” !!
2. As recommended by the original Population Health Theme Team, core competencies (**except** physician’s role in emergency response) are being taught in the first two years of the curriculum.
3. Our group believes, however, that many elements of Population Health are currently being taught in the curriculum (esp. for MSI & MSII) for which there are no explicit learning objectives ... hence cannot be identified as such.

### **Recommendations**

1. all Block & Clerkship directors should read the **original** Population Health Theme Team **report**.
2. All Block & Clerkship directors need to correctly identify all population health (health promotion & disease prevention) learning objectives “where they are being taught” in the curriculum, esp. in students’ extramural experiences.
3. Physician’s role in emergency response should be taught in MSII curriculum.

### **Any votes taken**

- no votes taken.

## Curriculum Summit Evaluation August 18 2007

	AVG (STD DEV)
Summit materials in the notebook were useful.	4.0 (0.7)
Summit objectives were clear.	4.1 (0.9)
Breakout group leadership was effective.	4.5 (0.6)
The faculty reached consensus on the recommendations of the breakout groups recommendations of the breakout groups	3.8 (0.8)
Summit/faculty developed plan for next steps.	3.8 (0.8)
Overall rating of summit accomplishments	4.0 (0.7)

### Comments

1. I feel that this summit was effective in getting a lot of ideas out on the table, but there seems to be several details that need to be expanded on. Overall, the ideas discussed provide for a strong foundation for future development. I hope development continues to advance for the MSIV experience.
2. Breakout group leaders were well prepared and effectively directed group activities. Overall felt these were very useful and engaging.
3. Informative, good review and recommendation.
4. Helpful overview and brainstorming sessions; hope it will lead to "action plans"
5. Materials to confusing not organized well; when breakout groups done, I could understand everything discussed in my group; rest felt confused
6. Almost too many items to cover; multiple agendas for one event
7. Better indexing in handout so materials can be easily accessed; thanks for staying on time & sticking to the schedule.
8. Would like to see more involvement of the faculty on breakout group recommendations.
9. Needed indexes and page numbering to help find stuff
10. Long and boring without serious consensus on topics assigned
11. The book could use more tabs and table of contents
12. I think that the notebook materials will be useful in the future, but I didn't have time to read it since received on AM of summit; objectives were hazy before starting..better delineation as we discussed issues; very helpful to meet people face to face and share ideas.
13. Notebook a little hard to find some documents; this summit demonstrated real progress in Curriculum development.
14. Several of the topics were extensive and difficult to cover in allotted time; therefore, not all groups were equally successful in generating complete action plan.

15. Breakout groups too small to make big decisions.
16. Much like other committees, goals get clouded and production suffers.  
lots of discussion but seemingly little action.
17. Will need time to review what is in there in detail to properly answer; take home info is great; this part of the summit is always rushed and I do hope we keep with our leaderships comments of "not voting to implement but rather to recommend"; again, I feel like we try to cram too many decisions and tasks into a small time frame; Can we not have summit in August- many faculty on vacation or need to staff clinics for those who are.
18. Remind chairs to have their clerkship directors there, Thanks! Lampe
19. Group leader (Betsy Jones) did a great job stepping in; we needed more time to discuss the changes and outcomes; meeting others helpful.
20. What are we going to drop to fit in all these new requirements?  
Our students time on Clerkship is already filled to the limit!

**EPC/ Curriculum Workshop Evaluations  
August 18 2007**

**Writing Objectives  
Herb Janssen, Ph.D**

Please rate each of the following categories:	AVG (STD DEV)
Workshop leader's presentation skills were excellent.	4.5 (0.5)
Quality of the workshop materials was excellent.	4.5 (0.5)
Workshop information is highly relevant to my needs.	4.8 (0.5)
Overall workshop effectiveness was excellent.	4.8 (0.5)
This session will help me be a better teacher.	4.8 (0.5)

Comments:

1. What worked well for you in this workshop?
  - very integrative
2. What would you improve?
  - more structure
3. What did you find most useful about this workshop?
  - do's and don'ts of writing objectives.
4. Please identify one new method for establishing/writing objectives that was discussed in this workshop that you would be willing to try in your own teaching setting.
  - discussion about why we need objectives and whether..(?)
  - great discussion
5. Other comments
  - I have really heard multiple times about objectives, what was new was the discussion among 1st 2nd 3rd 4th year participants
  - use essay writing technique to extract objectives.

**Writing Test Questions  
John Pelley, Ph.D**

Please rate each of the following categories:	AVG (STD DEV)
Workshop leader's presentation skills were excellent.	4.9 (0.4)
Quality of the workshop materials was excellent.	4.9 (0.4)
Workshop information is highly relevant to my needs.	5.0 (0.0)
Overall workshop effectiveness was excellent.	4.7 (0.5)
This session will help me be a better teacher.	4.7 (0.5)

Comments:

1. What worked well for you in this workshop?
  - discussing written questions we made
  - hearing how others in the group worked out their questions
  - the discussion of the questions we wrote
  
3. What did you find most useful about this workshop?
  - simplified approach to question design
  - practical info
  - templates and then working thru examples;
  - the dialogue
  - active participation.
  
4. Please identify one new method for establishing/writing objectives that was discussed in this workshop that you would be willing to try in your own teaching setting.
  - the test questions writing exercise.
  - relate stem to answers.
  - plan to review our test for meeting guidelines.
  - the dialogue in analyzing-justifying each dis...(?).
  - learned how this can make questions better, and less likely to be thrown out.
  
5. Other comments
  - this would be great to do with faculty if there were time made available by administration (and valued)

**Effective Clinical Teaching**  
**Lynn Bickley, M.D. and Tommie Farrell, M.D.**

Please rate each of the following categories:	AVG (STD DEV)
Workshop leader's presentation skills were excellent.	4.9 (0.3)
Quality of the workshop materials was excellent.	4.7 (0.5)
Workshop information is highly relevant to my needs.	4.8 (0.5)
Overall workshop effectiveness was excellent.	4.8 (0.4)
This session will help me be a better teacher.	4.9 (0.3)

Comments:

1. What worked well for you in this workshop?
  - presentation and handout
  - discussion and small group
  - new concepts in teaching students
  - clarity of presentation
  - the list
  - I liked the role playing , would have liked a planned one where you demonstrated
  - "common problems" in teaching - is harder to do with a volunteer
  - very helpful
  - Interaction
  - essentially everything
  - teaching skills, learning.

2. What would you improve?

- role play sample
- do learning biopsies at the beginning of the encounter
- more role playing
- more role play
- advise on figuring out hidden deficiencies in student knowledge.
- explore common mistakes at bedside.
- more pointers on actual bedside interaction
- more time spent on role play
- want demonstration of what common teaching problems look like
- perfect

3. What did you find most useful about this workshop?

- encouragement to provide more bedside teaching
- planning teachable moments
- how to improve bedside teaching.
- bedside teaching checklist
- remember to ask students what they want to learn
- demonstration
- the PowerPoint, the list
- presenters gave good examples
- information on relevance of bedside teaching.
- data regarding pts satisfaction acceptance of bedside teaching
- the teacher simulation about what to do and what not to do

4. Please identify one new method for establishing/writing objectives that was discussed in this workshop that you would be willing to try in your own teaching setting.

- teaching in front of pt. better contextual learning
- teaching checklist
- asking the learner to critique my teaching skills.
- make students more as tins in the patient encounter and less of an observer only
- checklist
- get more feedback after encounter from students
- use of bedside teaching checklist/tool.
- I am really going to use the worksheet to add more structure to my occasional bedside round.
- use this sheet in the ambulatory clinic- particularly the continuity clinic.
- not being the "star performer" in every teaching situation.
- bedside teaching checklist
- put learner in drivers seat.
- letting the student do hist... and phy... in front of faculty.

5. Other comments

- great workshop.
- great workshop!

**Giving Effective Feedback**  
**Fred McCurdy, M.D., Ph.D, M.B.A.**

Please rate each of the following categories:	AVG (STD DEV)
Workshop leader's presentation skills were excellent.	4.8 (0.4)
Quality of the workshop materials was excellent.	4.8 (0.4)
Workshop information is highly relevant to my needs.	4.9 (0.3)
Overall workshop effectiveness was excellent.	4.9 (0.3)
This session will help me be a better teacher.	4.9 (0.2)

Comments:

1. What worked well for you in this workshop?

- I thought startup without our own past experiences keyed us into the workshop
- role play helpful
- practice
- the role playing that was taught by a true expert in the field
- gave me the information and tools I wanted
- slides with small whole group, somewhat interactive during the lecture
- small group
- dateline for giving positive and negative feedback
- role playing
- exercise
- information
- small group interactions- great!

2. What would you improve?

- self-assessment / wrap up = student
- be a better listener
- my feedback technique
- make my feedback session more interactive
- get more information to provide more timely feedback
- be more specific and allow the learner to open up more
- C. Short Interactive Video clips to enhance presentation

3. What did you find most useful about this workshop?

- the content and examples
- practice
- the role playing; watching role playing
- observed role playing = feedback
- SOAP pneumonic, will try to use this
- role play
- interaction with group.
- several ways of giving feedback
- reflective of personal experience
- role plays
- specific information given, (S.O.A.P.) effective
- interactive

4. Please identify one new method for establishing/writing objectives that was discussed in this workshop that you would be willing to try in your own teaching setting.

- using positive and negative feedback, using specific examples.
- let the learner self-access
- asked the student to a...(?) their performance.
- ask the individual for their feedback during and at the end of the session.
- cutting out "evaluation feedback"
- slide hand out- slides too small. I don't need the lines for notes- I can write on the slides.
- be more behavior-oriented , and clearer on expectations.
- feedback sandwich.
- sandwich- I tend to ID what needs to be fixed and neglect positives
- sandwich analogy.
- sandwich feedback
- sandwich applications

5. Other comments

- I will try to apply this method during feedback portion of upcoming OSCE and in general.
- I will def. start working on giving more time to the students to let me know how they feel.
- be aware that some in groups are not M.D.'s, therefore planning the preceptor role in a clinical setting may be a little awkward, as being asked by the student, how do you want me to present this case.
- maybe practice this more in workshop. Examples that are more concrete for residents to practice second scenario was good for me but resident needs to ID what students did well
- would like to leave these workshops more frequently for further improvements.
- sandwich