TUCSON EDUCATIONAL POLICY COMMITTEE

Agenda Wednesday, February 20, 2019

4:30-6:00pm Rm 3230

AGENDA ITEMS

Announcements:

1. Educational Leadership Committee (Lebensohn)
2. Subcommittee updates: TCMS, TCCS, TEVs, Evaluation, Electives
3. Call to Audience (Lebensohn)
4. Clerkship Overlap Update (Elliott)
5. LCME Visit Update (Givens)
6. TEPC Policy Revisions Taskforce (de Leon)

Voting Items:

1. Minutes from February 6, 2019 Meeting (Lebensohn) (Attachment 1)
2. DMH Block Change (Woolridge) (Attachment 2)

Presentation/Discussion:

1. Foundations and MSS Quick Feedback Reports (McIntosh) (Attachment 3)
2. Continuous Quality Improvement -CQI (Givens) (Attachment 4)
3. Enrichment Elective Proposal (Melamed/Garner) (Attachment 5)

FUTURE AGENDA ITEMS

	Items(s)/Timeframe	Time Frame	Assigned to
	LCME	March	Givens
	CRC Block Change Form	March	Smith
	TCCS Revised Policies	Future	Elliott
	Faculty Assessment of Student Performance form – Electives	Future	Cho/Warneke
	Proposal for Restructuring of Basic Science Curriculum – Pilot in Neuro	Future	Vanderah
	OB-GYN Clerkship Review	Future	Cho
	Transition to Residency Curriculum	Future	Elliott
	2020/2021 Academic Calendar	Future	de Leon
	Medical Leave Policy – Limit to 6 years/Dr. Moynahan/Student Affairs, CA, Elizabeth - need final formal request and vote	Future	Moher
	Ah Hoc Task Force for Clerkship Year Time Allocation and Time Off Update	Future	Sanders
	SPC Grade Appeal – need further discussion, input from legal	Future	Elliott
	Changes to Advanced Topics	Future	Elliott
	Foundations Block Change	Future	Ganchorre

Meeting Attendance

Wed., Feb. 6, 2019 4:30-6:00pm, Rm 3230

MEETING ATTENDEES			
Voting Members		**Resource Members**	
Art Sanders	x	Ah Ra Cho	x
Dawn Coletta	x	Athena Ganchorre	
Elle Campbell (2019)	x	Carlos Gonzales	x
Jim Warneke	x	Emily Leyva	x
Joe Morales (2022)		George Fantry	x
Jordana Smith		JD Thomas	x
Josh Yell (2021)		Jennifer Yelich	
Kathy Smith	x	Jerie Schulz	x
Larry Moher	x	Kadian Mcintosh	x
Lindsey Lepoidevin (2020)	x	Karen Spear Ellinwood	x
Maria Czuzak	x	Kevin Moynahan	x
Patricia Lebensohn	x	Kris Slaney	x
Stephen Wright		Kristie Bowen	
Zoe Cohen	x	Raquel Givens	
		Sean Elliott	x
		Sonia de Leon	x
		Tanisha Price-Johnson	
		Winifred Blumenkron	

Meeting Minutes

Announcements:

1. Educational Leadership Committee – Nothing at this time.

2. Subcommittee Updates – Discussed later in meeting.

3. Call to Audience –
   a. Zoe Cohen announced that Allie Min is putting on a Faculty Development workshop featuring a teaching panel in Room 3117. Podcasting the event was suggested.

4. Clerkship Overlap Update –
   a. Dr. Elliott stated the class overlap in the clerkships begins on Feb. 25, 2019. Our site recruiter, David Dawley, is working on providing Designated Campus Colleague (DCC) affiliation status for new clinical faculty and continuing to successfully recruit clinical preceptors. Mrs. Leyva added that Mr. Dawley is also working with the Faculty Affairs Office to ensure preceptors have current faculty titles, and acquire new ones for new recruits.
   b. The Doctor and Patient/Societies Mentors have offered to provide faculty mentorship of students to help with some of the clerkship overlap challenges. So far, four of the clerkships (Neurology, OB, Internal Medicine, and Family Medicine), will use specific mentors to meet with students and provide various support to clerkship directors. In the future – post-overlap - the Societies Mentors will continue to work with their own students, including possibly meeting with students twice in the spring semester of the clerkship phase in advising and clinical work.

5. LCME – Nothing at this time.

6. TEPC Policy Revisions Taskforce – Mrs. de Leon announced the COM grading and progression policy needs to align with the curriculum. A task force has been created, chaired by Dr. Cho and supported by Mrs. de Leon, to include representatives from Student Affairs, Student Development, Curricular Affairs, legal counsel, accreditation, and deans. It is hoped the revisions will be completed by the next academic year. Regular updates will be provided to TEPC, and a draft will be brought to the committee when it is ready.

Voting Items:

1. Minutes from January 16, 2019
   A vote was taken and the minutes were approved.

2. Removing "Automatic" from All Automatic Dismissal Language in Policies
   Dr. Lebensohn brought a proposal to TEPC to remove the word "automatic" from the language found throughout all policies when referencing "Dismissal." This topic has been discussed in the leadership meeting, as well as with the legal counsel. It has been recommended to change the language to be more consistent with the current practice, easier to follow, and kinder to the students. Mrs. de Leon stated that legal counsel advised that the change be made effective immediately, and the preferred wording say "eligible for dismissal." Dr. Fantry suggested using the phrase "subject to dismissal," instead.

   A vote was taken, and unanimously approved.

3. Ad Hoc Task Force for Clerkship Year Time Allocation and Time Off
   Following up from the January 16th, 2019 meeting, Dr. Sanders stated that 25% of Intersessions was pulled back in November for one year. He is concerned because discussion for the future has not taken place, and the proposed calendar is listed as a future item on TEPCs agenda. Dr. Sanders wants TEPC to refrain from approving next year's calendar until discussion and decisions about the Clerkship year are made. Dr. Elliott advised that Dr. Sanders' proposal has been given attention, and since the January meeting, Dr. Elliott formed an Ad Hock Task Force (which Dr. Sanders is part of) to address this. Their first meeting is Mon., Feb. 11, 2019. It was agreed that no calendar will be presented to TEPC until this issue is thoroughly investigated.

Presentation/Discussion:

1. Evaluation Process Presentation
   Dr. Cho presented to TEPC her proposal for reconvening the members of the Tucson Evaluation Subcommittee (TEVS), which has been on hiatus since September 2018. She identified the following membership:
   a. Chair – Dir., Program Evaluation and Assessment
   b. Five faculty members – one TEPC (which would be the co-chair), one TCMS, one TCCS, two faculty-at-large
   c. Four medical students – one from each class
   d. Support Members – Associate Dean of Curricular Affairs, Director of Accreditation, Assistant Director of Pre-clinical, Assistant Director of Clinical, Manager of Assessment and Evaluation, and TEPC Chair.

   She also presented a revised six-year evaluation plan, which will include the review of the entire four-year MD program, the three phases (pre-clerkship, clerkship and final phase, Transition to Residency), the Longitudinal Curriculum, the Electives, and Preparation for Residency Bootcamp, as well as the individual Blocks and Courses.

   The initial strategy is to keep the yearly quick feedback reports for each pre-clerkship and clerkship, and do a longitudinal review of each clerkship and each block every four years. The Level 1.5 and Level 2 evaluation reports would be presented to TEPC every three years. The Level 3 report of the entire medical education program (which is overdue), would be presented to TEPC every four years.

   Other programs Dr. Cho would like to evaluate in a new end of Academic Year Evaluation Summary, include the

Distinction Tracks, CUP, RHPP, Clinical & Professional Skills program, Medical Humanities, Learning Environment, EPAs, and the Evaluation of the Evaluation Process. All the reports will build upon each other.

Discussion: Dr. Smith said it would be hard to implement things immediately, and thought she should think about moving it out further. Dr. Sanders asked about getting yearly feedback from students. Dr. Gonzales asked if the six different Sub-I's would be evaluated, to which Dr. Cho said "yes, they would." Kris Slaney asked that contact hours and credits be included in the evaluations, as it is something main campus is now auditing. Overall, TEPC members want reports that contain useful information.

2. Alternate Student Members Update Announcement

   Following up from the January 16, 2019 meeting, the classes are in the process of conducting elections for the alternate students members of TEPC, although one class does not have any interested students. Curricular Affairs will follow-up with the class to ensure they understand the role of the alternate member, and ensure that the class has continued input in TEPC decisions.

3. New TEPC Members/Fill Vacancies

   Following up from the January 16, 2019 meeting, Dr. Lebensohn asked two faculty members to serve on TEPC: Indu Partha and Colleen Cagno. Dr. Partha has agreed, and Dr. Cagno has not yet decided. (Update: Dr. Cagno has agreed to be a new TEPC Member.)

4. SPC Grade Appeal Process Update

   Dr. Elliott spoke of the recent reassessment of current COM-T policies and the role of the Student Progress Committee (SPC). TCCS reports that recent issues require the following proposed revisions to existing policy/processes for grade appeals and student excused absences:

   a. The current policies for a grade appeal and student progression requires students who have a clinical failure to appeal first to the Associate Dean of Curricular Affairs, and if the failure is upheld, the student may appeal to SPC. TCCS argues that this policy does not make sense because SPC members do not have the background to challenge a grading decision.

      TCCS recommends that appealing a failing grade for a clinical clerkship go to the Associate Dean of Curricular Affairs, and that his/her decision is final. This would be in line with the current policy of appeal for a non-failing grade.

   b. Next, for students who are a no-show for a Shelf Exam (not including medical excuses), TCCS recommends that clerkships directors be allowed to refuse students to sit for the Shelf Exam if they do not offer an approved excuse for absences ahead of time.

   c. Another TCCS discussion involved updating the absence policy in clerkships to support the change in clerkship lengths with the new curriculum. The following indicates the maximum number of any absences (excused or unexcused) for clerkships of various lengths:
      - 5 days for a 1-week course
      - 1 day for a 2-week course
      - 1.5 days for a 3-week rotation
      - 2 days for a 4-week rotation
      - 3 days for a 6-week rotation
      - 4 days for a 8-week rotation
      - 6 days for a 12-week rotation

   Discussion: Questions were asked if there would be any due process following the Associate Dean's final decision about appeal of a failure. There was question if any student has a "legal right" to a grade appeal, after receiving one from the Associate Dean of Curricular Affairs. This thought needs to be confirmed by legal counsel. With this

proposal, students do get due process, but that due process ends with the Associate Dean.

It was recommended to discuss with legal counsel the effective date of such revisions, and bring the proposal back to the Feb. 20th meeting for a vote.

5. Medical Leave Policy Not Count in 6th Year

Dr. Moher proposed changing the 6-year graduation policy to exclude medical leave so students are not penalized for their medical problems, which may delay their ability to graduate on time. He requested immediate implementation of the proposed revised policy, and that it read, "exclusive of medical leaves of absence, and inclusive of other leaves of absence." In correspondence with Elizabeth Wolnick, legal counsel, she advised against make the policy effective immediately, and noted "TEPC pointedly made the decision to include medical leaves in the calculation of the six year limit when it was changed a couple of years ago."

Discussion: Dr. Moynahan pointed out that no student has ever been dismissed because of a medical leave of absence. Medical leaves of absence are not granted by the COM, they are granted by Campus Health Services, who require a physician letter and then make a determination. Students then sign a form giving Campus Health permission to notify Student Affairs of the medical leave. Student members asked if a cap should exist. Dr. Spear-Ellinwood stated with a stop-the-clock method, students would still complete medical school in 6 years, because the medical leave time off would not count. Students' medical leaves are only valid for one year, and must be renewed.

Dr. Fantry identified that the current policy does serve a purpose to focus some students about the urgency of progression. He believes an important discussion needs to take place with students about moving forward. Dr. McIntosh suggested verbiage be added that students who take a semester off, or go on medical leave, must check in every year with the COM. The Student Affairs office does not get any information on student medical issues. Everyone agrees that students need to be in contact with a mentor on their status update. It will be investigated if it can be listed it on the form that students must meet with their House Dean before, during and/or after their medical leave, but there were concerns if this was legal.

While there was support for this change, TEPC concluded this policy should be worked on with offices of Student Affairs, the Deputy Dean for Education, Curricular Affairs, and legal counsel, before being brought back for a formal vote.

Meeting ended at 6:00pm.

University of Arizona College of Medicine
Course Change Request Form
Academic Year 2018/2019

This form is part of the "Policy Regarding Changes to Individual Courses in Years 1 and 2" and is due at the latest ***two months prior*** to the start of the block for each academic year. **Block/Course directors must present their Block/Change Request Form to TCMS and TEPC**. Please submit the form electronically to the Assistant Director, Preclinical Education for appropriate approval and routing. Please include planning calendars for past and present academic years when submitting this form.

Class of 2022 Deadline for Form Submission	**Class of 2021 Deadline for Form Submission**
Clinical Reasoning Course 1: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
Foundations: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
Foundations: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
MSS: July 31, 2018	Life Cycle: June 1, 2018
Nervous System: August 17, 2018	Immunity and Infection: May 31, 2018
CPR: October 31, 2018	Immunity and Infection: May 31, 2018
DMH: February 2, 2018	Advanced Topics: September 21, 2018
Pathways in Health & Medicine: May 30, 2018 (Fall)	Pathways in Health & Medicine: October 31, 2018 (Spring)

Course: DMH

Course Director: Dale Woolridge

Date Submitted: _____

☐ I do not anticipate any major changes to my course.
(Please check here and do not complete remainder of form)

Revised: 8/2/2018 sbd

1. Please describe any anticipated personnel changes in your course (i.e. lecturers leaving or starting, lecture eliminated, lecturer change only, CRC facilitator leaving or starting, change in key faculty etc.).

New Block Director: Dale Woolridge
New Co-Director: Marc Tischler

LECTURERS ELIMINATED FROM DMH:

- Dr. Richard Amini: sessions moved into Pathways in Health and Medicine course
- Dr. Edward French (retired): session combined with G-Protein Function
- Dr. David Johnson (retired): session moved into Pathways in Health and Medicine course
- Dr. Thomas Nuno: session moved into Pathways in Health and Medicine course
- Dr. John Palmer: Alcohol – replaced by new lecturer
- Dr. Eugene Trowers: session replaced by new Clinical Correlations (see below)

LECTURER CHANGES:

- Alcohol session changed from Palmer to Woolridge – session objectives modified
- Dr. Pendergrass's sessions will be given by Dr. Stump for 2019 only
- Dr. Klotz's sessions will be given by Dr. Hayes for 2019 only

2. Please describe any content changes to the course (i.e. lectures added or deleted, changes in learning objectives to the block, CRC cases (new, modified, or deleted), Team-Based Learning, Lab, or small group activity changes, modifications, or deletions).

LECTURES DELETED:

- Metabolic Overview moved into the Foundations course
- Nucleotide Metabolism moved into the Foundations course
- Pathology of the Endocrine Pancreas (Bhattacharyya) merged into the Endocrine Pancreas – Hormone Biosynthesis and Neoplasms and the Insulin Action sessions given by Tischler (session objectives were retained).
- Advanced Statistics moved into Pathways in Health and Medicine course
- Therapy Decisions 101 moved into Pathways in Health and Medicine course
- Therapy Decisions Advanced: Systematic Reviews moved into Pathways in Health and Medicine course
- Botanical Supplements - Herbal Remedies Patient Case Interviews moved into Pathways in Health and Medicine course
- Case Interview Reports – combined into Pathways in Health and Medicine course session
- Nutritional Disorders and Lab Values – Clinical Correlations – combined as part of the modified continuing session
- Catecholamines & Catecholamine Receptors – combined with G-Protein Function

LECTURES ADDED:

- Cholesterol Processing and Lipid Transport (Tischler)
- Clinical Correlations (Flipped) – Inflammation and GI (Adamas-Rappaport)

3. Please describe any structural changes to the course (i.e. any changes to the overall allocation of time dedicated to the various teaching strategies in the course). Please provide a justification for these changes.

None

4. Please describe any changes in the course's method of student performance assessment (i.e. additional examinations or fewer examinations). Please include the rationale for such changes.

NBME Exams will not be given for any block specific courses. This was an overall curriculum decision.

5. Any other anticipated changes or comments regarding your course?

None

For administrative use only:

Disposition of request:

☐Approved by Kevin Moynahan, MD, Deputy Dean, Education
Date:_____

AND/OR

☐Approved by Sean Elliott, MD, Interim Associate Dean Curricular Affairs,
Date:_____

☐Sonia de Leon notified
☐Forward to TEPC
☐Forward to Lynda Lehtinen (Tagging)
☐Forward to Raquel Givens (LCME)
☐Forward to Karen Spear-Ellinwood (FID)
☐Forward to Athena Ganchorre (Curriculum)
☐Forward to Assistant Director, Clerkship Education (TCCS)

WEEK 1: 2019 Digestion, Metabolism & Hormones; LC;

Assignment 11/5/18
Notes DUE 2/8/2019

Total DMH+LC+CRC = 24h/student, LGRP= 8.5h, LECT= 10h, LAB= 7h, CRC=0h [lecture=42%]

Apr. 1 2 3 4 5

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	PHM Day – All sessions Required				
8:00	Botanical Supplements - Herbal Remedies [Interviews 1st hr] 2117;3113;3114;3115;3218;3220 [Reports 2nd hr] 2117 Johnson/Funk	8:00-8:50 Intro to DMH Woolridge 3117	8:00-8:50 Esophagus & Stomach HISTOlogy Amerongen 3117	8:00-8:50 Intestines HISTOlogy Amerongen 3117	8:00-8:50 Oral and Salivary Gland Disease Woolridge 3117
8:30					
9:00		9:00-9:50 Oral Cavity HISTOlogy Amerongen 3117	9:00-9:50 Neural & Endo Regulation of GI Function Lynch 3117	9:00-9:50 Abdominal Wall & Inguinal Region Wilson 3117	9:00-12:00 LAB: Abdominal Wall & Inguinal Region (ANATOMY)
9:30					
10:00	Food insecurities, food deserts Panel | 3117 Coordinator: Jennifer Yelich	10:00-11:50 LAB: Oral Cavity (HISTOlogy) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al	10:00-10:50 Salivary / Gastric Secretion Lynch 3117	10:00-11:50 Esophageal and Gastric Disorders	
10:30					
11:00			11:00-11:50 Gastric Mucosal Barrier & Peptic Ulcer Lynch 3117		
11:30				Jain 3117	Czuzak , et al 3105
12:00					DMH: Self-Assessment #1– Within Mid-Term Session in Med Learn Delayed Released 4/5/19
12:30					
1:00	Food as Medicine 2: Healthy fats, Microbiome, DM diets Lebensohn, Hansen Assigned supermarkets 8-9; 3113,3114,3116,3116 | 3117 Coordinator: Jennifer Yelich	*Societies*	1:00-2:50 LAB: Esophagus & Stomach (HISTOlogy) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al	*Societies*	
1:30					
2:00					
2:30					
3:00	Nutrition through lifecycle cases Lebensohn/Hansen| 3117 Coordinator: Jennifer Yelich				
3:30					
4:00					
4:30					
5:00					

FACULTY: Amerongen, Amini, Czuzak, Jain, Lebensohn, Lynch, Wilson, Woolridge, HISTOlogy & ANATOMY Faculty - lab

WEEK 2: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 19.5h/student, [*20.5h curric time*]; LGRP= 2h, CRC=0h; LECT= 8h, LAB= 8.5h, TL= 1h [lecture= 41%]

Apr. 8 9 10 11 12

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-9:00 (Grps 1-10) ★ TL 1: Acid Reflux Tischler/Woolridge 3113	8:00-9:50 LAB: Esophageal & Gastric Disorders (PATH) 3113: Teams 1-10 3114: Teams 11-20 Jain, et al		8:00 – 9:00 D & P Clinical Thinking ★ BY Other Coordinator	
8:30			8:30-9:50 Histology of the Pancreas, Liver and Gall Bladder Amerongen 3117		
9:00	9:00-10:00 (Grps 11-20) ★ TL 1: Acid Reflux Tischler/Woolridge 3114			9:00-10:30 GI Motility & GERD Lynch 3117	
9:30					
10:00	10:00-12:00 ★ Medical Spiral Curriculum Neuro Pharm	10:00-11:20 GI Development / Structural Features of the Abdomen-I Wilson 3117	10:00-11:50 LAB: Liver, Gall Bladder, Pancreas (PATH) Amerongen, et al. 3113/ 3114		10:00-11:50 Structural Features of the Abdomen-II Wilson 3117
10:30				10:30-12:00 Intestinal Secretion/ Ions-Water Absorption Lynch 3117	
11:00					
11:30	Vanderah 3117				
12:00					DMH: Self-Assessment #2 – Within Mid-Term Session in Med Learn Delayed Released 4/12/19
12:30					
1:00	1:00-2:30 LAB: Intestines (HISTO) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al	*Societies*	1:00-4:00 LAB: Abdominal Structural Features-I (ANATOMY) Czuzak, et al 3105	*Societies*	
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Amerongen, Czuzak, Jain, Lynch, Tischler, Wilson, Woolridge, ANATOMY & HISTOlogy Faculty – lab

WEEK 3: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC= 24h/student, [*h curric time*] LGRP= 3h, CRC=0h; LECT= 9h, Lab= 3h; TL= 1.5h, Review/study= 7.5h; [lect=38%]

Apr. 15 16 17 18 19

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-9:50 Splanchnic Circulation Lynch 3117	8:00-9:20 Digestion/Absorption: Carbohydrates, Lipids & Proteins Tischler	8:00-8:50 Blood Glucose Homeostasis Woolridge 3117	8:00-9:20 Radiology of the ANATOMY Review (Slic-O) Czuzak 3117	**Study Time**
8:30					
9:00	9:00-9:50 Pancreatic and Biliary Secretions Lynch 3117		9:00-9:50 Trauma Woolridge 3117		
9:30		9:30-10:20 Endocrine Pancreas Hormone Biosyn-thesis & Neoplasms Tischler 3117		9:30-11:30 Gross Lab Practical Review (ANATOMY)	
10:00	10:00-12:00 ★ Medical Spiral Curriculum		10:00-10:50 Prevention, Diagnosis & Self Care of Type 2 Diabetes in Adults Stump for Pendergrass		
10:30		10:30-11:45 Insulin Action			
11:00			11:00-11:50 Medical Treat of Hypergly Adults Stump for Pendergrass	Czuzak 3105	
11:30	TBD 3117	Tischler 3117			
12:00					DMH: Self-Assessment #3 – Within Mid-Term Session in Med Learn Delayed Released 4/17/19
12:30					
1:00	1:00-4:00 LAB: Abdominal Structural Features-II (ANATOMY)	*Societies*	★ 1:00-2:30 (Groups 1-10) TL 2: Lipid Digestion and Absorption Tischler/Woolridge 3113	*Societies*	
1:30					
2:00					
2:30			★ 2:30-4:00 (Groups 11-20) TL 2: Lipid Digestion and Absorption Tischler/Woolridge 3114		
3:00					
3:30	Czuzak, et al 3105				
4:00					
4:30					
5:00					

FACULTY: Czuzak, Lynch, Pendergrass, Tischler, Woolridge, PATH & ANATOMY faculty - lab

WEEK 4: 2019 Digestion, Metabolism & Hormones; LC; CRC

DMH+LC+CRC= 18h/student, [22*h curric time*]; LGRP= 0h, CRC=2h; LECT= 5.5h, Lab= 2h; TL=1.5h, EX=1 h; Study=6h; [lec=31%]

Apr. 22 23 24 25 26

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00		8:00-8:50 Disorders of the Exocrine Pancreas Bhattacharyya 3117		Study Time	★ *1-3 Clinical Reasoning*
8:30			8:30-9:50 Intestinal Disorders and IBS Bhattacharyya 3117		
9:00		9:00-9:50 Disorders Gall Bladder & Extra Hepatic Bile Ducts Bhattacharyya 3117			
9:30					
10:00		10:00-10:50 Gastroenteritis and Peritonitis Hayes for Klotz 3117	10:00-11:50 Intestinal & Pancreatic Disorders PATH Lab Bhattacharyya , et al. 3113/3114		★ Clinical Correlations (Flipped) Inflam/GI, etc. Rappaport 3117
10:30					
11:00		11:00-11:50 Liver & Hepato Viral& Bacterial Infections Hayes for Klotz 3117			
11:30					
12:00	★ 12:00-12:45 Practical Exa Exam Group 1, 3105		★ Deans' Hour Kron | 3117 Coordinator: Jennifer Yelich		
12:30					
1:00	★ 1:00-1:45 Practical Exam Exam Group 2 3105	*Societies*	★ 1:00-2:30 (Groups 11-20) TL 3: Heme Metabolism Tischler/Woolridge 3114	*Societies*	DMH: Self-Assessment #4 – Within Mid-Term Session in Med Learn Delayed Released 4/24/19
1:30					
2:00	★ 2:00-2:45 Practical Exam Exam Group 3 3105				
2:30			★ 2:30-4:00 (Groups 1-10) TL 3: Heme Metabolism Tischler/Woolridge 3113		
3:00	★ 3:00-3:45 Practical Exam Exam Group 4 3105				
3:30					
4:00	★ 4:00-5:05 Practical Exam Exam Group 5 [DRC] 3105				
4:30					
5:00					

FACULTY: Bhattacharyya, Klotz, Tischler, Woolridge, Path faculty – lab, practical

WEEK 5: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 17h/student; 18h-DRC, LGRP= 0h, CRC=2h, LECT= 9h, LAB= 4h, EXAM=2h [DRC=3 h]; [lecture=53%]

Apr. 29 30 May 1 2 3

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00			8:00-9:20 Liver & Adipose Carbohydrate Regulation Tischler 3117	8:00-8:50 Alcohol & Chemical Toxicity - Liver Bhattacharyya 3117	★ *1-3 Clinical Reasoning*
8:30	8:30 ★ Range 11:15-11:30 MID-TERM Exam DRC	8:30-9:50 Intestinal Polyps and Neoplasia Jain 3117		9:00-9:50 Liver Tumors Bhattacharyya 3117	
9:00	9:00 range ★ 10:50-11:00 MID-Term Exam (Self-Assessments 1 – 4 within.)		9:30-10:50 Glycogen Storage Diseases Tischler 3117		
9:30					
10:00		10:00-11:50 Intestinal Cancers PATH Lab Jain/Rance, et al. 3113/3114		10:00-11:50 Cholesterol Processing and Lipid Transport Tischler 3117	10:00-11:50 Alcoholic Hepatitis/Liver Cirrhosis PATH Lab Bhattacharyya/Jain, et al. 3113/3114
10:30					
11:00			11:00-11:50 Alcohol Woolridge 3117		
11:30					
12:00					DMH: Self-Assessment #5– Within Final Session in MedLearn Delayed Released
12:30					
1:00		*Societies*		*Societies*	
1:30					
2:00					
2:30	Midterm Exam content: thru 4/24 - lectures [~2 q/h lec]; labs [2 q/lab]; No ques for gross labs, TLs or LrgGrp sessions				
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Bhattacharyya, Jain, Tischler, Woolridge Path faculty [lab]

WEEK 6: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 21h/student, [22.5*h curric time*]; LGRP=5.5h; CRC=2h; LECT= 10h, Lab = 2h, TL= 1.5 h [lecture=48%]

May 6 7 8 9 10

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-9:50 Liver Tumors PATH Lab Bhattacharyya/Jain, et al. 3113/3114	8:00-9:20 Disorders of Lipid Digestion and Transport Tischler 3117	8:00-8:50 Inherited Disorders of Am. Acid Metab Woolridge 3117	8:00-8:40 Physiology of Feeding Behavior Lynch 3117	★ *1-3 Clinical Reasoning*
8:30					
9:00		9:30-10:20 Lysosomal Storage Disease Tischler 3117	9:00-10:50 Nutritional Disorders and Lab Values Tischler 3117	8:50-10:00 Satiety and Hunger Peptide and Hormone Signals Tischler 3117	
9:30					
10:00	10:00-12:00 ★ Medical Spiral Curriculum TBD 3117	10:30-11:20 Protein Metab; Disorders of Ammonia Pro Woolridge 3117		10:10-11:00 Psychology of Eating and Eating Disorders Racy 3117	★ Subjects with Clinical Eating Problems (Patient) Professional Dress Racy | 3117
10:30					
11:00			11:00-11:40 Antioxidants Tischler 3117		
11:30					
12:00					DMH: Self-Assessment #6– Within Final Session in MedLearn Delayed Released
12:30					
1:00	★ 1:00 -2:30 (Group 1-10) TL 4: Fuel Metabolism Tischler/Woolridge 3113	*Societies*	★ Talking to Patients about Food & Nutrition: Think-Pair-Share Tischler | 3117 (Hansen unable to attend)	*Societies*	
1:30					
2:00					
2:30	★ 2:30-4:00 (Groups 11-20) TL 4: Fuel Metabolism Tischler/Woolridge 3114				
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Bhattacharyya, Hansen, Jain, Lynch, Racy, Tischler, Woolridge,

WEEK 7: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 18.5 h, [*20h curric time*]; LGRP=2h; CRC=2h, LECT= 10.5h, LAB= 2.5h, TL= 1.5 h, [lecture=57%]

May 13 14 15 16 17

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-8:50 Endocrine I: Pituitary, Hypothalamus, Pineal Gland Amerongen		8:00-9:20 Introduction to Hormones Tischler 3117	8:00-8:50 Posterior Pituitary, Hypothalamic Hormones Tischler 3117	★ *1-3 Clinical Reasoning*
8:30		8:30-10:00 (Groups 11-20) ★ TL 5: Anemia Tischler/Woolridge 3114			
9:00	9:00-9:50 Endocrine II: Thyroid, Parathyroid and Adrenal Glands Amerongen			9:00-9:50 Anterior Pituitary Gland PATH Rance 3117	
9:30			9:30-10:50 G-Protein Function Tischler 3117		
10:00	10:00-12:00 ★ Medical Spiral Curriculum Immune and Inflammation	10:00-11:30 (Groups 1-10) ★ TL 5: Anemia Tischler/Woolridge 3113		10:00-11:20 Growth Hormone and IGF-I Tischler 3117	10:00-11:15 Calcium and Phosphate Homeostasis/Vitamin D Tischler 3117
10:30					
11:00			11:00-11:50 Vitamin A Tischler 3117		
11:30	Lybarger 3117				
12:00					DMH: Self-Assessment #7– Within Final Session in MedLearn Delayed Released
12:30					
1:00	1:00-3:30 Endocrine Glands HISTO Lab Amerongen, et al. 3113/4	*Societies*		*Societies*	
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Amerongen, Lybarger, Rance, Tischler, Woolridge; HISTOlogy faculty - lab

WEEK 8: 2019 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 17h/student, LGRP= 2h, CRC=0h, DP=1h, LECT= 10h, Lab = 4h, TL= 0h; [lecture=59%]

May 20 21 22 23 24

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00 – 9:00 D & P Final Exam BY Other Coordinator ★	8:00-8:50 Thyroid Hormone: Biochem and Physiology Tischler 3117	8:00-10:00 Thyroid and Parathyroid PATH Lab Klein, et al. 3113/3114	8:00-8:50 Adrenal and Renin Angiotensin System (RAS) Klein 3117	8:00-9:50 Adrenal/Pituitary PATH Lab Klein/Rance, et al. | 3115/3116
8:30					
9:00		9:00-10:20 Diseases of the Thyroid Klein 3117		9:00-10:15 Pharmacotherapy of Thyroid/Antithyroid Drugs Jones 3117	
9:30					
10:00	10:00-12:00 ★ Medical Spiral Curriculum TBD 3117		10:00-10:50 Adrenal Cortex Hormones Tischler 3117		10:00-11:15 Sex Steroids Tischler 3117
10:30		10:30-11:20 Calcium and Phosphate-Related Disorders Klein 3117		10:30-11:45 Pharmacology of Glucocorticoids Jones 3117	
11:00			11:00-11:50 Renin-Angiotensin-Atrial Natriuretic Peptide Tischler		
11:30					
12:00					DMH: Self-Assessment #8– Within Final Session in MedLearn Delayed Released
12:30					
1:00		*Societies*		*Societies*	
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

DMH FACULTY: Jones, Klein, Rance, Tischler, Woolridge, Path Faculty - lab

WEEK 9: 2019 Digestion, Metabolism & Hormones; LC; CRC

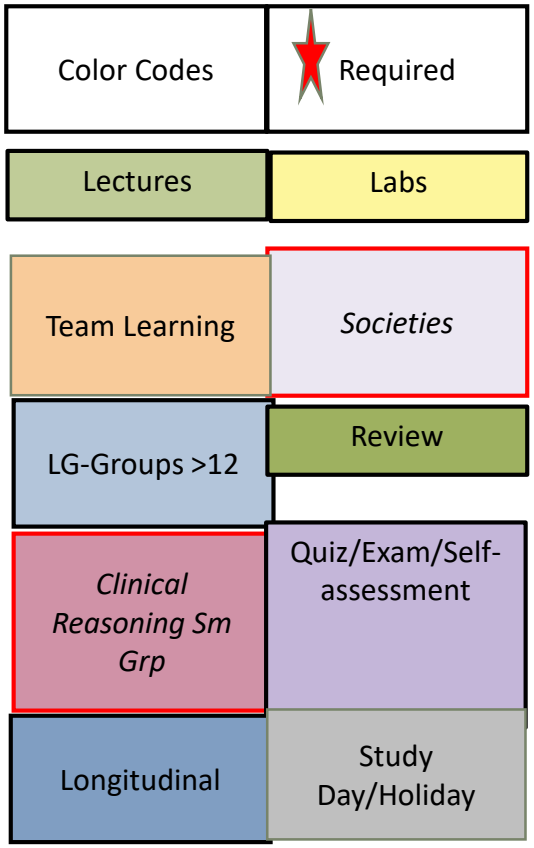
Total DMH+LC= 15.5h/student; 17.5h-DRC, Curriculum 17 h LECT= 0h, TL= 1.5h, Review=2h Study time = 8h; Exam=4h [DRC=6h]

May	27	28	29	30	31

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	Memorial Day	★ 8:00-10:00 (Groups 11-20) TL 6: Steroid Hormone Related Disease NO GAP Tischler/Woolridge 3114	Study Time	★ DRC Final Exam (Self-Assess # 5-8 within this session)	
8:30					
9:00					★ Final Exam: ExamSoft 4/24-5/21; lectures [~2 q/h]; labs [2 q/lab] + LC
9:30					
10:00		★ 10:00-12:00 (Groups 1-10) TL 6: Steroid Hormone Related Disease NO GAP Tischler/Woolridge 3113			
10:30					
11:00					
11:30					
12:00					
12:30				Advise students who need to be offered retake exam on Monday, June 3, 2019	
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

TL's	Practical	Midterm	Final Exam
MK 6%	MK 6%	MK 38%	MK 50%

DMH FACULTY: Tischler, Woolridge



DRC students = 14? as of 10-26-18

Retake: Monday June 3, 2019
Remediation: June 3 – July 26, 2019
Remediation exam: July 26

WEEK 1: 2018 Digestion, Metabolism & Hormones; LC;

Total DMH+LC+CRC = 25.5h/student, LGRP= 3h, LECT= 13.5 h, LAB= 7 h, CRC=2h [lecture=53%]

Mar. 26 27 28 29 30

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00		8:00-8:50 Esophagus & Stomach Histology Amerongen 2117	8:30-9:20 Abdominal Wall & Inguinal Region Wilson 2117	8:00-8:50 Oral and Salivary Gland Disease Woolridge 2117	8:00-8:50 Splanchnic Circulation Lynch 2117
8:30					
9:00	9:00-9:50 Intro to DMH Tischler 2117	9:00-9:50 Neural & Endo Regulation of GI Function Lynch 2117	9:30-10:20 Salivary / Gastric Secretion Lynch 2117	9:00-9:50 Intestines Histology Amerongen 2117	9:00-10:20 GI Motility & GERD Lynch 2117
9:30					
10:00	10:00-11:50 Food insecurities, food deserts Hansen 2117	10:00-11:50 LAB: Esophagus & Stomach (Histology) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al	10:30-11:30 Gastric Mucosal Barrier & Peptic Ulcer Lynch 2117	10:00-11:30 GI Development / Structural Features of the Abdomen-I Wilson 2117	10:30-11:50 Intestinal Secretion/ Ions-Water Absorption Lynch 2117
10:30					
11:00					
11:30					
12:00					DMH: Self-Assessment #1
12:30					
1:00	1:00-1:50 Oral Cavity Histology Amerongen 2117	*Societies*	1:00-4:00 LAB: Abdominal Wall & Inguinal Region (Anatomy) Czuzak , et al 3105	*So*	★ *1-3 Clinical Reasoning*
1:30					
2:00	2:00-4:00 LAB: Oral Cavity (Histology) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al				
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

Color Codes	★ Required
Lectures	Labs
Team Learning	*Societies*
LG-Groups >12	Review
Clinical Reasoning Sm Grp	Quiz/Exam/Self-assessment
Longitudinal	Study Day/Holiday

FACULTY: Amerongen, Czuzak, Hansen, Lynch, Tischler, Wilson, Woolridge, Histology & Anatomy Faculty - lab

WEEK 2: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 21.5h/student, [*22.5h curric time*]; LGRP= 4h, CRC=2h; LECT= 8h, LAB= 6.5h, TL= 1h [lecture=37%]

Apr. 2 3 4 5 6

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-10:15 Food as Medicine 2: Healthy fats, Microbiome, DM diets Lebensohn, Hansen Assigned supermarkets 8-9; 3113,3114,3116,3116 9-10:15		8:00-9:50 Structural Features of the Abdomen-II Wilson 2117	8:00-11:00 LAB: Abdominal Structural Features-I (Anatomy) Czuzak, et al 3105	8:00-8:50 Pancreatic and Biliary Secretions Tischler 2117
8:30		8:30-9:50 Metabolic Overview Tischler 3113			
9:00					9:00-10:20 Digestion & Absorption: Carbohydrates, Lipids, Proteins Tischler 2117
10:00		10:00-11:50 Esophageal and Gastric Disorders Jain 2117	10:00-11:00 (Grps 1-10) ★ TL 1: Acid Reflux Tischler/Woolridge 3113		
10:30	10:30-11:50 Histology of the Pancreas, Liver and Gall Bladder Amerongen 2117				
11:00			11:00-12:00 (Grps 11-20) ★ TL 1: Acid Reflux Tischler/Woolridge 3114		
11:30					
12:00					DMH: Self-Assessment #2
12:30					
1:00	1:00-2:30 LAB: Intestines (Histology) 3113: Teams 1-10 3114: Teams 11-20 Amerongen, et al	*Societies*		*Societies*	★ *1-3 Clinical Reasoning*
1:30					
2:00					
2:30	2:30-4:00 LAB: Liver, Gall Bladder, Pancreas [Histo] Amerongen, et al. 3113/ 3114				
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Amerongen, Czuzak, Hansen, Jain, Lebensohn, Tischler, Wilson, Woolridge, Anatomy & Histology Faculty – lab

WEEK 3: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC=21.5h/student, [*23h curric time*] LGRP= 2h, CRC=2h; LECT= 7.5h, Lab=5h; TL= 1.5h, Review= 3.5h; [lect=35%]

Apr. 9 10 11 12 13

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-9:50 LAB: Esophageal & Gastric Disorders (Pathology) 3113: Teams 1-10 3114: Teams 11-20 Jain, et al	8:00-8:50 Disorders of the Exocrine Pancreas Bhattacharyya 2117	8:30-9:20 Endocrine Pancreas- Hormone Biosynthesis Tischler 2117	9:00-9:50 Intestinal Infections: Gastroenteritis and Peritonitis Klotz 2117	8:00-9:20 Review: Radiology of the Anatomy Czuzak 2117
8:30					
9:00		★ 9:00-10:30 (Groups 11-20) TL 2: Lipid Digestion and Absorption Tischler/Woolridge 3114	9:30-10:20 Disorders Gall Bladder & Extra Hepatic Bile Ducts Bhattacharyya 2117	10:00-10:50 Liver & Hepatobiliary Viral and Bacterial Infections Klotz 2117	9:30-11:30 Gross Lab Practical Review Czuzak 3105
9:30					
10:00	10:00-11:50 Nutrition through lifecycle cases Lebensohn, Hansen 3113,3114				
10:30		★ 10:30-12:00 (Groups 1-10) TL 2: Lipid Digestion and Absorption Tischler/Woolridge 3113	10:30-11:50 Intestinal Disorders and IBS Bhattacharyya 2117	11:00-11:50 Insulin Action Tischler 2117	
11:00					
11:30					
12:00					DMH: Self-Assessment #3
12:30					
1:00	1:00-4:00 LAB: Abdominal Structural Features-II (Anatomy) Czuzak, et al 3105	*Societies*		*Societies*	★ *1-3 Clinical Reasoning*
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Bhattacharyya, Czuzak, Hansen, Jain, Klotz, Lebensohn, Tischler, Woolridge, Pathology & Anatomy faculty - lab

WEEK 4: 2018 Digestion, Metabolism & Hormones; LC; CRC

DMH+LC+CRC=20.5h/student, [*25h curric time*]; LGRP= 4h, LECT= 4h, Lab=2h; TL=1.5h, EX=1 h; Study=8h; [lec=20%]

Apr. 16 17 18 19 20

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00		8:00-8:50 Blood Glucose Homeostasis Woolridge 2117	8:00-8:50 Clinical Aspects: IBD and IBS Trowers 2117		
8:30	8:30-9:15 Practical Exam Group 1 [TL 1-5 -DRC], 3105 ★			★ 8:30-10:00 (Groups 1-10) TL 3: Heme Metabolism Tischler/Woolridge 3113	
9:00		9:00-9:50 Pathology of the Endocrine Pancreas Bhattacharyya 2117	9:00-9:50 Trauma Woolridge 2117		
9:30	9:30-10:15 Practical Exam Group 2 [TL 6-10-DRC], 3105 ★				
10:00		10:00-11:50 Botanical Supplements - Herbal Remedies [Interviews 1st hr] 2117;3113;3114;3115;3218; 3220 [Reports 2nd hr] 2117	10:00-10:50 Diagnosis and Management of Diabetes in Adults-I Pendergrass 2117		
10:30	10:30-11:15 Practical Exam Group 3[TL 11-15-DRC],3105 ★			★ 10:15-11:45 (Groups 11-20) TL 3: Heme Metabolism Tischler/Woolridge 3114	
11:00			11:00-11:50 Diagnosis and Management of Diabetes in Adults-II Pendergrass 2117		
11:30	11:30-12:15 Practical Exam Group 4[TL 16-20-DRC],3105 ★				
12:00			DMH: Self-Assessment #4		
12:30	12:30-1:35 Practical Exam Group 5 [DRC] 3105 ★				**Study Time**
1:00		*Societies*	1:00-2:50 Intestinal & Pancreatic Disorders Pathology Lab Bhattacharyya , et al. 3113/3114	*Societies*	
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Bhattacharyya, Johnson, Pendergrass, Tischler, Trowers, Woolridge, Path faculty – lab, practical

WEEK 5: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 19h/student; 20h-DRC, LGRP= 1h, CRC=2h, LECT= 12h, LAB= 2h, EXAM=2h [DRC=3 h]; [lecture=63%]

Apr. 23 24 25 26 27

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-11:00 DRC Mid-term ★		8:00-9:50 Alcohol Palmer 2117	8:00-9:50 Alcoholic Hepatitis/Liver Cirrhosis Pathology Lab Bhattacharyya/Jain, et al. 3113/3114	8:00-9:20 Disorders of Lipid Digestion and Transport Tischler | 2117
8:30		8:30-9:50 Liver & Adipose Carbohydrate Regulation Tischler 2117			
9:00	9:00-11:00 Exam Groups 1-4 ★				9:30-10:20 Lysosomal Storage Disease Tischler | 2117
9:30					
10:00		10:00-10:50 Advanced Statistics Nuno 2117	10:00-10:50 Alcohol & Chemical Toxicity - Liver Bhattacharyya 2117	10:00-11:50 Glycogen Storage Diseases Tischler 2117	
10:30					10:30-11:40 Intestinal Polyps and Neoplasia Jain 2117
11:00			11:00-11:50 Liver Tumors Bhattacharyya 2117		
11:30					
12:00					DMH: Self-Assessment #5
12:30					
1:00		*Societies*		*Societies*	★ *1-3 Clinical Reasoning*
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

Midterm Exam content: thru 4/18 - lectures [~2 q/h lec]; labs [2 q/lab]; No ques for gross labs, TLs or LrgGrp sessions except LC

FACULTY: Bhattacharyya, Jain, Lebensohn, Nuno, Palmer, Tischler, Path faculty [lab]

WEEK 6: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 23h/student, [*24.5h curric time*]; LGRP=5h; CRC=2h; LECT= 10.5h, Lab = 4h, TL= 1.5 h [lecture=46%]

Apr/May	30	1	2	3	4
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
7:30					
8:00	8:00-9:50 Intestinal Cancers Pathology Lab Jain/Rance, et al. 3113/3114	8:00-8:50 Nucleotide Metabolism Tischler 2117	8:00-8:50 Inherited Disorders of Amino Acid Metabolism Woolridge 2117	8:00-8:45 Physiology of Feeding Behavior Lynch 2117	8:00-9:50 Talking to Patients about Food/Nutrition: Think-Pair-Share Tischler/Hansen 2117
8:30					
9:00		9:00-9:50 Protein Metabolism; Disorders of Ammonia Processing Woolridge 2117	9:00-10:50 Nutritional Disorders and Lab Values Tischler/Rappaport 2117	8:45-10:00 Satiety and Hunger Peptide and Hormone Signals Tischler 2117	
9:30					
10:00	10:00-10:50 Therapy Decisions 101 Amini 2117	10:00-11:50 Liver Tumors Pathology Lab Bhattacharyya/Jain, et al. 3113/3114		10:00-10:50 Psychology of Eating and Eating Disorders Racy 2117	10:00-11:50 **REQUIRED:** Subjects with Clinical Eating Problems (Patient) Racy 2117
10:30					
11:00	11:00-11:50 Systematic Reviews Amini 2117		11:00-11:50 Nutritional Disorders and Lab Values Tischler/Rappaport 2117	11:00-11:40 Antioxidants Tischler 2117	
11:30					
12:00					DMH: Self-Assessment #6
12:30					
1:00	1:00-2:30 (Groups 1-10) TL 4: Anemia Tischler/Woolridge 3113	*Societies*		*Societies*	*1-3 Clinical Reasoning*
1:30					
2:00					
2:30	2:30-4:00 (Groups 11-20) TL 4: Anemia Tischler/Woolridge 3114				
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Amini, Bhattacharyya, Hansen, Jain, Lynch, Racy, Rappaport, Tischler, Woolridge, Path Faculty - lab

WEEK 7: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 21 h, [*22.5h curric time*]; LGRP=0h; CRC=4h, LECT= 13h, LAB= 2.5h, TL= 1.5 h, [lecture=62%]

May 7 8 9 10 11

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-8:50 Pituitary, Hypothalamus, Pineal Gland Elliott 2117	8:00-9:50 CRC Discussion			
8:30			★ 8:30-10:00 (Groups 11-20) TL 5: Fuel Metabolism Tischler/Woolridge 3114	8:30-9:20 G-Protein Function Tischler 2117	8:30-9:20 Posterior Pituitary, Hypothalamic Hormones Tischler 2117
9:00	9:00-9:50 Thyroid, Parathyroid and Adrenal Glands Elliott 2117				
9:30		2117		9:30-10:20 Vitamin A Tischler 2117	9:30-10:20 Pituitary Gland Pathology Rance 2117
10:00	10:00-11:50 Clinical Decision Rules & Practice Guidelines	10:00-11:50 Introduction to Hormones Tischler 2117			
10:30			★ 10:15-11:45 (Groups 1-10) TL 5: Fuel Metabolism Tischler/Woolridge 3113	10:30-11:50 Catecholamines & Catecholamine Receptors French 2117	10:30-11:50 Growth Hormone and IGF-I Tischler 2117
11:00					
11:30	Amini 2117				
12:00					DMH: Self-Assessment #7
12:30					
1:00	1:00-3:30 Endocrine Glands Histology Lab Amerongen/Elliott, et al. 3113/4	*Societies*		*Societies*	*1-3 Clinical Reasoning*
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

FACULTY: Amerongen, Amini, Elliott, French, Rance, Tischler, Woolridge; Histology faculty - lab

WEEK 8: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC+CRC = 20.5h/student, [*21.75h curric time*]; LGRP= 0h, CRC=2h, DP=1h, LECT= 11.5h, Lab = 4h, TL= 2h; [lecture=56%]

May 14 15 16 17 18

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00		8:00-9:10 Clinical Thinking Gordon; Moynahan 2117	8:00-10:00 Thyroid and Parathyroid Pathology Lab Klein, et al. 3113/3114	8:00-8:50 Adrenal and Renin Angiotensin System (RAS) Klein 2117	8:00-9:50 Adrenal/Pituitary Pathology Lab Klein/Rance, et al. | 3115/3116
8:30	8:30-9:45 (Groups 1-10) TL 6: Critical Appraisal Journal Club 3113				
9:00				9:00-10:15 Pharmacotherapy of Thyroid/Antithyroid Drugs Jones 2117	
9:30		9:30-10:45 Calcium and Phosphate Homeostasis/Vitamin D Tischler 2117			
10:00	9:45-11:00 (Groups 11-20) TL 6: Critical Appraisal Journal Club 3114		10:00-10:50 Adrenal Cortex Hormones Tischler 2117		10:00-11:15 Sex Steroids Tischler 2117
10:30				10:15-11:30 Pharmacology of Glucocorticoids Jones 2117	
11:00	11:10-11:50 TL 6: Wrapup Amini 2117	11:00-11:50 Calcium and Phosphate-Related Disorders Klein 2117	11:00-11:50 Renin-Angiotensin-Atrial Natriuretic Peptide Tischler 2117		
11:30					
12:00					DMH: Self-Assessment #8
12:30					
1:00	1:00-1:50 Thyroid Hormone: Biochem and Physiology Tischler 2117	*Societies*		*Societies*	*1-3 Clinical Reasoning*
1:30					
2:00	2:00-3:30 Diseases of the Thyroid Klein 2117				
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

DMH FACULTY: Amini, Jones, Klein, Rance, Tischler, Woolridge, Path Faculty - lab

WEEK 9: 2018 Digestion, Metabolism & Hormones; LC; CRC

Total DMH+LC= 15.5h/student; 17.5h-DRC, Curriculum 17 h LECT= 0h, TL= 1.5h, Review=2h Study time = 8h; Exam=4h [DRC=6h]

May 21 22 23 24 25

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:00	8:00-9:50 (Groups 11-20) TL 7: Steroid Hormone Related Disease Tischler/Woolridge 3114		Study Time	8:00-11:45 DRC Final Exam	
8:30		8:30-10:30 DMH Review Tischler/Woolridge 2117			8:30-11:00 **Final Exam: 4/24-5/21; lectures [~2 q/h]; labs [2 q/lab] + LC**
9:00					**Advise students who need to be offered retake exam**
9:30					
10:00	10:00-11:50 (Groups 1-10) TL 7: Steroid Hormone Related Disease Tischler/Woolridge 3113				
10:30					
11:00					
11:30					
12:00					
12:30					
1:00				1-2:15 G-1 NBME Exam +A/LC	
1:30			NBME rooms → 2102-24; 2102a-12 3115-12 3116-12 DRC 3113		
2:00					2-3:53 DRC NBME
2:30					
3:00				3-4:15 G-2 NBME Exam +A/LC	
3:30					
4:00					
4:30					
5:00					

DMH FACULTY: Tischler, Woolridge

Foundations Block Quick Feedback Evaluation
Report DRAFT
December 2018

Block: Foundations

Year: Class of 2022 – MS-1s

Data Sources
Data and analysis for this Block Review are based on the following sources:

- **Student focus group** – The end-of-block focus group was held on November 1, 2018 and had a total of 10 participants.
- **Student Block Advisory Group meetings -** Participants included the three Block Advisory Group members
- **Exam scores** – The Foundations block has the following exams: Exam 1 (15%), Exam 2 (20%), ExamSoft Final (60%). These exams and TL (5%) make up the Medical Knowledge and Patient Care.
- **Surveys –** Data from the following surveys were utilized: Student Feedback on Instruction: Individual Blocks - Overall, Student Feedback on Instruction: Individual Instructors.
- **Block Director-** Conversation with Dr. Elliot to clarify and confirm information.

Foundation Block Mean MK Scores
The mean MK score for the Foundations block had been consistent over the past several years and had a small decline in the Class of 2022.

Table 1. Class of 2016-2022 Mean MK Scores

Class	Mean MK score
Class of 2016	84.4
Class of 2017	84.2
Class of 2018	86.4
Class of 2019	84.8
Class of 2020	86.0
Class of 2021	84.0
Class of 2022 - All	80.36
Class of 2022 Matriculated Fall 2018*	80.73
Class of 2021 Matriculated Fall 2017+	74.03

*Repeating students removed; Only First-time Block takers; Matriculated Summer 2018
+ Summer 2018 scores of only repeating students; Matriculated Summer 2017

Table 2. Class of 2016- 2022 Percentage of Students by MK Score Cut-Offs

	# of MK scores below 70 (Failed the block)	# of MK scores below 75 (Students encouraged to seek help from Student Development)	# of MK scores below 83 (Students considered to be at risk to fail Step 1)
Class of 2017	1/118 = 0%	7/118 = 6%	46/118 = 39%
Class of 2018	3/116 = 3%	6/116 = 5%	34/116 = 29%
Class of 2019	7/118 = 6%	12/118 = 10%	48/118 = 41%
Class of 2020	3/135 = 2%	8/135 = 6%	38/135 = 28%
Class of 2021	7/120 = **6%**	11/120 = **9%**	47/120 = **39%**
Class of 2022 - all	11/124 = **9%**	22/124 = **18%**	83/124 = **67%**
Class of 2022 Matriculated Fall 2018*	8/117 = **7%**	18/117 = **15%**	77/117 = **66%**
Class of 2021 Matriculated Fall 2017+	3/7 = **43%**	4/7 = **57%**	6/7 = **86%**

Of those that failed, all of them retook the exam. For the retake 1 of the 11 failed again. Three of the retakes are below the 75 grade threshold. Five students retook the exam and received a grade between 75 and 83. The remaining 2 we above 83.

For the students initially in the 2021 Cohort, 3 students failed and retook. One failed. One was above 70, but below 75. The 3rd was between the 75 and 83 score range.

The score range for the full cohort is 63.78 to 95.5

Student Feedback-Focus Group Summary

Feedback provided by focus group participants was fairly consistent with the feedback that was provided in the 2017 assessment of the Foundations Block as well as with the feedback provided in the current year about other blocks (Life Cycles and MSS). Three themes/topic areas that emerged from the focus group meeting are discussed below including 1) Organization of block/sub-topics, 2) Communication of expectations, and 3) Usage of supplementary materials. Feedback specific to interactions with certain instructors is also provided when possible. The report concludes with more general feedback on aspects of the participant's overall medical school experience.

Organization of Foundations Block & Sub-Topics

- Compared to MSS, the balance between MSS and Foundations with TLs was better in Foundations
- Ensure not to schedule TLs the day after ½ the class is having Societies because these students don't have time to process the information. Thus, ½ of students are prepared; ½ of students don't get the chance to prepare
- Shouldn't start with embryology the first day
- A few instructors, despite being great, did not finish their lecture and should consider splitting material into multiple days.
    - Although only half of the lecture was completed, the expectation was for students to know the other day's material also.
    - The material was very dense and students could not see some things were related
- Foundations was too different from week to week.
- Present I & I earlier in the block would be better
- Speaking on the pace of the Foundations Block (note this was stated after completing MSS and while in Nervous Systems and being compared to those Blocks), many students agreed that:
    - Foundations had too many lectures and TLs with no time to review material
    - While they were memorizing/learning the material, the concepts were so varied, that they did not believe that they were building on each other

Communication of Expectations

- Students across the board expressed difficulty with following lecture notes and slides and knowing how to work back and forth between them.
    - This was in large part because each instructor did it differently. Thus, students wanted some consistency between instructors and felt that would have been helpful to their learning.
        - For example: Even if the lecturer stated at the beginning of the lecture what is the relevant information and where to find it, they did not know if they should concentrate on or follow the slides or notes or other material?
- Students benefited from having more context as to how what they were learning and appreciated when it was applied or connected to practical scenarios or they were given stated applications.
    - It helped them to relate the current material to other material/applications that they had seen or experienced outside of the classroom
        - Those lectures that were able to do this effectively were more engaging and received stronger feedback from students both in terms of what and how they learned the content.
- Students valued consistency and clarity between what was communicated through the Learning Objectives and what they would be tested on for each sub-topic.
    - They expressed frustration when they were told to study one thing and then the test included multiple questions on other topics that were thought to not be within the objectives.
        - Ex. Bacteriology, Infection, and Immunology

        - They also expressed that they didn't cover mycosis and other topics that would be heavily tested items
- Some students suggested that it would be helpful if at the start of each lecture the instructor explained the overall flow and expectations for the lecture as well as wrapping each meeting with a short summary of what was covered and what information students should most focus on.

Comments on Content Presented

- Overall, students felt as though the material presented in the Foundations block was helpful and would become more helpful as they progressed through their medical school classes
    - For I&I specifically, they felt like it wasn't as helpful in the moment and might be better to cover later in the first year to have more background when they cover it later
        - Part of I & I was considered crucial such as the immunology section, however many suggested removing the infectious disease portions and folding the antibiotics into pharmacology
        - For I&I lectures, the students also struggled with knowing what the instructor was going to test. As one participants said "he had a huge "canvas" to play with." Students wanted clearer objectives because of this.
    - Students felt they some material was presented well in a way that they were comfortable with their understanding of the material. For example, they felt they had a good understanding of skin lectures and herpes and other viruses.
    - The practice questions in Foundations were well-received and students felt it forced them to apply the material. Students did not appreciate that this stopped and would like practice questions every week, but to not have them graded
- Across all sub-topics students expressed that instances where instructors tried to cram too much information onto one slide or into one lecture made it difficult for them to retain anything at all.
    - They also felt like some of the instructors used too much jargon or terminology to which they had not yet been exposed, so having an opportunity to either go through those terms beforehand or during the lecture would have been helpful.
- Feedback about ILMs
    - In retrospect, had the student known the ILMS (pre-med school ILMs; the ones Todd Vanderah created) were that helpful/expected/required, they would have done them and been more prepared.
    - Students suggested making the ILMs (the ones that Todd created) required or highly recommended. They felt that students have to prepare themselves mentally and this would have been a good way to prepare.
        - One student noted that it was hard to find/devote time to the ILMS and suggested the first 3 days or first week of school to just have them do the ILMs and some the readings. Several students agreed.
- Students suggested that it would be more helpful not to show every bug, but group them instead
    - Students expressed that they needed help in grouping and organizing them such as with flow chart.

    - Students were frustrated that they learned a lot of organisms, but were then told "you weren't going to be tested on them"
    - They felt that there was only had 2 lectures on his material so depending on how much needed to be known and how much tested, this should be changed.
- As it pertains to the use of OSMOSIS and other supplemental materials:
    - Some stated that instead of OSMOSIS, they would like Boards and Beyond for MSK and other material. Most feel that "Osmosis is too superficial" and some were told it was not worth their time. Some stated that both OSMOSIS and Boards and Beyond would be preferred.
    - A few didn't know about OSMOSIS. They did get the emails, but didn't do anything with them.

Feedback on General Medical School Experience

- Students requested a dedicated IT person to the COM because currently response to podcast issues does not take place in a timely manner. This happened in Foundations and MSS and was very inconvenient.
    - They noted a lot of personal IT problems. For example with One Note Thinking and other software that they may have tried to fix on campus but if problems arise at home there is no help available.
- Students noted to be mindful not to schedule anything or speak about long-term milestones before the first med school exam as it increases anxiety. Thus, things like STEP should be talked about in orientation or later in Foundations.

Feedback on Orientation

- Useful to give an hour to learning how to stage and stagger study times in Orientation or first day
- Helpful to have strategies in how to better use their time in Foundations
- Orientation was too long and wasteful; not a good use of time
- Orientation could be condensed into a few days and make the last few days go through the ILMs instead of all the tours
- Students were all placed in Houses early. While this was good in some ways some thought that because it was done so early that they did not meet many other classmates outside their houses. Thus, "Let them sit, where they sit!"

Feedback on Specific Sections/Supports

Learning Specialists

- Students were huge advocates of Learning Specialists and suggested to cut half of the time out of a Student Development lecture and give them 1 hour to actually meet with their Learning Specialist; encouragement to meet with learning specialists; they can help with how to study.

Notable Instruction

As in past years, students had great praise for Drs. Vanderah, Fuchs, and Amerongen, all of whom they felt delivered well-organized, easy to understand lectures

- This was also tied to their ability to communicate course content to students in a way that was applicable/practical.

Immunology

- Students wanted more time on the lecture particularly some sections which were clinically relevant.
  - Students felt lecture was too broad
- Students wanted consistency between when lecture notes and slides.
  - They suggested having notes to hold detail versus broader lecture slides
- The proportion of slides to lecture notes to exam questions was confusing to students
  - Some students felt instructor was focusing on details for exam questions rather than lecture. Some thought the exam questions were not focused on enough.
  - For example, with HLA being tested in more detail than covered.
  - For example, the practice exam had no question on amyloids, yet one lecture did, yet multiple questions on the final exam

Block Recommendations

- *Consistency in Teaching Style*- In the Foundations Block students felt like each week was a different and unrelated class. They felt it was difficult for them to prepare and process the content that was being presented due to a lack of expectations.
- *Timing and Spacing of Assignments and Exams*- Feedback focused specifically on the scheduling of TLs and the need to have adequate time to prepare for them, as well as the quick transitions between topics that resulted students feeling as if they crammed as much information into their heads as possible for the exam and then perhaps forgetting the information in order to take in the next set of information.
- *Difficulty Following Lecture Notes*- Each instructor created and presented their lectures in a different way. Students wanted to have some guidance and consistency between sections which would allow for the students to focus on learning the material as opposed to learning how to read and take in the content of the lecture.
- *Great Value in Applied Learning*- Students expressed that the most beneficial and impactful topics were those where they were given the chance to apply what they were learning both in theory and in practice. Having lectures or interactions that were more focused on active learning was something they wanted to increase.
- *Overall Lack of Clarity of Expectations*- Though it may seem small or trivial, students felt like having a clear outline from the instructor as to what was going to happen and how they would be evaluated at the end of the block would help them to frame or make sense of the intermediate steps along the way.
- *Content Remained Applicable*- Students felt like the knowledge they gained in the Foundations block was something that they drew on in subsequent blocks and other experiences. As such, it is all the more important that the block be taught in a way that prioritizes students learning.

General Recommendations

- Revisit orientation structure and content in order to make it more student friendly and tied to how to study and content overview.
- They also expressed a need for some sort of dedicated IT support to help them learn to

use many of the additional programs and applications to assist in their note taking and troubleshooting,

Musculoskeletal Block: Quick Feedback
Report DRAFT
December 2018 v2

Block: Musculoskeletal

Class Year: Class of 2022: MS-1

Data Sources
Data and analysis for this Block Review are based on the following sources:

- **Student focus group** – The end-of-block focus group was held on November 14, 2018 and had a total of 6 participants.
- **Student Block Advisory Group meetings -** Participants included the three Block Advisory Group members
- **Exam scores** – The MSS block has the following exams: Midterm Exam (25%), Practical Exam (10%), ExamSoft Final Exam (57%). These exams along TLs and Flipped Classroom Quizzes
- **Surveys –** Data from the following surveys were utilized: Student Feedback on Instruction: Individual Blocks - Overall, Student Feedback on Instruction: Individual Instructors.
- **Block Director-** Conversation with Dr. Stanescu to clarify and confirm information.

MSS Block Mean MK Scores

The following are the mean MK scores for the Musculoskeletal block for the past several years.

Table 1. Class of 2016-2022 Mean MK Scores

	Mean MK score
Class of 2016	82.8
Class of 2017	85.0
Class of 2018	86.5
Class of 2019	86.7
Class of 2020	83.1
Class of 2021	85.6
Class of 2022- ALL	82.54
Class of 2022 First-Time Block Students*	83.03
Class of 2022 Repeating Block Students+	74.30

*Repeating students removed; Only First-time Block takers; Matriculated Summer 2018
+ Summer 2018 scores of only repeating students; Matriculated Summer 2017

Table 2. Class of 2016- 2022 Percentage of Students by MK Score Cut-Offs

	# of MK scores below 70 (Failed the block)	# of MK scores below 75 (Students encouraged to seek help from Student Development)	# of MK scores below 83 (Students considered to be at risk to fail Step 1)
Class of 2017	3/116 = **3%**	15/116 = **13%**	40/116 = **34%**
Class of 2018	4/116 = **3%**	9/116 = **8%**	35/116 = **30%**
Class of 2019	4/114 = **4%**	9/114 = **8%**	30/114 = **26%**
Class of 2020	6/134 = **3%**	12/134 = **9%**	38/134 = **28%**
Class of 2021	6/120 = **5%**	13/120 = **11%**	40/120 = **33%**
Class of 2022: All	7/124 = **6%**	20/124 = **16%**	63/124 = **51%**
Class of 2022: First-Time Block Students*	6/117 = **5%**	15/117 = **13%**	57/117 = **49%**
Class of 2022: Repeating Block Students+	1/7 = **14%**	5/7 = **71%**	6/7 = **86%**

*Repeating students removed; Only First-time Block takers
+ Summer 2018 scores of only repeating students

All Students in Musculoskeletal Block

The MK scores for the Class of 2022 ranged from 55.18 to 97.18, with 7 students receiving an MK below 70, 20 receiving an MK below 75 (the cut-off at which students are encouraged to seek help from Student Development), and 63 students receiving an MK below 83, which is currently considered to be the cut-off for high-risk students.

Of the 7 students who initially failed, 1 student did not retake the exam while the other 6 passed the retake exam.

The 2022 Cohort includes 7 students who are repeating. The student information was disaggregated in order to consider the impact of these students on the entire cohort percentage.

The Table 1 (above) and Table 2 (below) show the portion of the cohort who initially matriculated in the Summer 2018, marked in blue and containing an *. The tables also show the portion of the cohort who began in the Summer 2017, but required repeating, marked in green and containing a +.

First Time Block Takers Only

The MK scores for the Class of 2022 who matriculated in 2018 for their first attempt ranged from 55.18 to 97.18, with 6 students receiving an MK below 70, 15 receiving an MK below 75,

and 57 students receiving an MK below 83.

Of the 6 students who initially failed, 1 student did not retake the exam and the other 5 passed the retake exam.

Repeaters Only

The MK scores for the Class of 2022 who matriculated in 2017 for their first attempt and are repeating the block ranged from 68.70 to 84.15, with 1 student receiving an MK below 70, 5 receiving an MK below 75, and 6 students receiving an MK below 83.

The 1 student who initially failed, passed the retake exam.

Summary

There is an increase in the percentage of students who received an MK score below 70, below 75 and below 83 for the Class of 2022. By disaggregating the class to account for repeating students, the results show the repeating students are not the only reason for an increase in lower scores. With the repeating students removed, the class still shows an increase in the number of students below 83, 75, and 70.

Student Survey Feedback on Musculoskeletal

The following chart, with data derived from the student surveys, indicates that compared to last year, students' rating (on a five-point scale) of the "amount of unscheduled time", "overall organization of the block," or "overall teaching of this block" all increased. However, the amount of unscheduled time has not increased to levels prior to the Class of 2021.

	Class of 2019	Class of 2020	Class of 2021	Class of 2022
Amount of unscheduled time	3.75	3.61	2.74	2.97
Overall organization of the block was:	3.37	3.38	3.43	3.77
Overall teaching of this block was:	3.65	3.66	3.66	3.99

Scale: 1 = Poor, 5 = Outstanding

Focus Group Evaluation Summary

This version is from an action/characteristic point of view as opposed to research themes for ease in planning.

Experiences that were Positive/Appreciated/Conducive to Learning

- ***Practiced Instructional Style***
  - *Sessions with the following attributes:*
    - Well-delivered
    - Structured
    - Interactive
    - Helpful videos
    - Targeted class portions (particularly flipped)
    - Clinicals that weren't targeted to exam
    - Practiced describing generally
    - Describing clinically, diagnosis
    - Differential, treatment (particularly great for flip)
    - Included supplemental materials, crossword supplemental
    - Using examples of patients & clinical
    - Examples which build throughout the course and prepare you for next section
  - *Instructors with the following attributes/practices:*
    - Humility
    - Looked at faces
    - Encouraged atmosphere to ask questions
    - Did not a default assumption that everyone already knew related material
    - Started from zero
    - Emphasized what they wanted you to know for the test, but had other information projected
    - Give time for reflection of knowledge or time to answer the question
    - Ask that no one answers question out loud or not answer until all are ready
    - Developed rapport
  - Some professors did a good job of explaining their specialty (Ex. Dermatology, Rheumatology) as well as the classroom material. This was appreciated. They would also like to know more about Orthopedics, Radiology, and Surgery.
- ***Detailed Materials***
  - Well-written notes
  - Relevant materials given later
- ***Examples***
  - Dr. Stanescu
  - Early Bone Lectures
  - Dr. Hardy
  - Dr. Rappaport
  - Anatomy review sessions
  - Flipped dermatology

Experiences that were Negative/Frustrating/Not Conducive to Learning

- ***Unclear Instruction***
  - *Sessions with the following attributes:*
    - *Unclear objectives*
      - Sessions which had learning objectives, but was unclear the extent of that objective or which had no information or foundational knowledge (particularly flipped sessions)

        - Expectations weren't well communicated
        - Formatting of flipped classroom in which they felt they were not given clear learning objectives, background, or did not create productive discussions
        - Decide on level of knowledge needed
        - Students felt it seemed that one instructor taught, but another wrote the exam questions (because exam included items they felt were not well-taught or had little expectations of being on exam such as meds/creams)

    - *General instruction and class management:*
        - Not enough clinical examples and or examples of how to interpret
        - Students constantly shouting out their knowledge
        - Not using phases/variety of figures (illustration, photograph, annotated, cadaver, etc)
- *Instructors with the following practices:*
    - not always using microphones
    - Not making room for cameras for visuals

- ***Unclear Materials***
    - Lack of summary table that shows what to find/look for
    - Unlabeled slides that needed labels
    - Teach both normal and abnormal
    - Mix images and words in PPT and lecture
    - No clarification or references
    - Need external resources so guide which ones
    - Didn't share photo from phone
    - Notes should stand on own
    - Not enough specificity (where, what intersection, labels, etc.)
    - Stacked images that you cannot view well
    - No foundation of how to read an illustration/radiograph
    - Show what the topic (i.e. erosion)looks like don't just start speaking about it

- *Examples*
    - Some Imagery
    - Some Anatomy lectures
    - Some Dermatology lectures

Student Recommendations

- Students felt that since the pacing was very back heavy, it might have been better to provide better spacing/pacing to be more consistent and spread difficult material throughout block
- Decide on level of knowledge needed in beginning so that there is no back and forth on what should be known
- Share slides with students before class so students could draw on them (even if 15 minutes before or right before class)
- Students wanted a schedule that would give more time between exams and societies to break and prepare.
- Students wanted societies to be linked even more closely with conditions being taught at that time
- Flip some bone lectures
- Rethink anatomy format
    - Have intro on how to skin and expectations
    - Show more detail and "how to". Based on lack of detail and instruction students found some videos unhelpful;
    - Overview objectives and how students should go about exploring them and to what depth objectives should be known/explored
    - Students wanted more how basic instruction or what to be careful of doing or how to cut well so that they did not cut their cadaver incorrectly for others
    - Students wanted 4th year students and instructors to be on same page and not in disagreement
    - Use photos not metaplates
    - Have more people per cadavers/subgroups to see other cadavers
    - Have time to go around and see other cadavers
    - Emphasize arteries- where they are coming and going from
        - Help to understand the bigger pieces of artery or whole body; Help to connect segments taught
        - Vascular/nerves should be separate lectures
        - Bring in 3d model first time
- Use example like: Vanderah's blood flow views; Sudano's teachings on medications
- *Refer to positive experiences section and examples*

Annual Comparison

There were a number of consistencies/unaddressed issues when comparing feedback provided by students from focus groups in MSS 2017 and 2018. It appears as though the aspects of pedagogy and class structure that were helpful to/appreciated by students in the Class of 2021 were also highly valued by those in the Class of 2022. In particular, clear communication about expectations, respect for and willingness to engage students, connecting the class learning to practical experiences, and having well-written lecture notes were all noted as being of particular importance. Subjects that students seemed particularly comfortable with and engaged by included those related to bones, arthritis, and anatomy.

On the other hand, there were a number of points which were brought up in the first iteration of this Block which appear to still be issues for students.

- There remains concern around the **consistency and clarity of notes**, **learning objectives, and other class-related materials** from one topic area to another. This lack of consistency not only made it difficult for students to know how to address/prepare for lectures/reading in each subject, but it also left them feeling as though they were reinventing the wheel with each new subject. As a result, students often found that by the time they found any sort of routine that worked for them, they were already finished with the subject and moving on to the next.
- **Pacing** was again an issue. Students felt that the material was very back heavy and it might have been better to provide better spacing/pacing to more consistent by spreading throughout block.
- Students expressed similar concerns across the years with the **flipped classroom format**. Due to the form of teaching not aligning with their learning preferences or because they felt that the lectures taught in this format were unclear/hard to follow, there were specific mentions of challenges with flipped lectures from students in both years. The expectations, foundational knowledge, and format were unclear. They believed the flipped class could be promising, but often did not reach its full potential.
- Students were still frustrated with the **format of anatomy** and in using a lot of time to removing skin and fat from the cadavers. Many would advise future students not to go to anatomy lectures. They did not mind learning the material, but wanted more time to get in depth. They also wanted clearer instruction on how to skin easily, how to locate, and how to properly dissect and not destroy. They wanted a variety of types of images/illustrations particularly photos. They suggested more students per cadaver and more rotations to see other cadavers especially another sex. They also wanted the format to demonstrate the big picture of the whole body/artery system with the smaller sections to understand how and where items connect. Students suggested beginning with a 3D model introduction.

Continuous Quality Improvement Policy

POLICY

It is the policy of the University of Arizona College of Medicine – Phoenix (COM – P) to continuously engage in ongoing quality improvements of all college policies, programs and processes to ensure the achievement of the mission and the effective monitoring of the medical education program's compliance with accreditation standards.

PROCESS

Such improvement initiatives, while far-reaching in scope, include a focus on planning and continuous quality improvement (CQI) processes undertaken to optimize the medical education program's 1) response to evolving resources and knowledge bases, and 2) compliance with all accreditation standards.

The Director, Accreditation is responsible for managing the process, as well as receiving and analyzing relevant data. Standing committees and senior administrators within the college contribute to the monitoring effort, and additional associated personnel provide coordination and support the process.

The Senior Associate Dean, Undergraduate Medical Education ensures that appropriate resources are allocated for these activities, including personnel, information technology systems and infrastructure for the collecting and reporting of data.

Areas for monitoring and/or improvement are identified from the following categories:

1. Elements that have been cited as "not in compliance" or "compliance with monitoring" during previous accreditation visits.
2. New elements or elements in which Liaison Committee on Medical Education (LCME) expectations have evolved (as communicated through Association of American Medical Colleges meetings, the LCME website or other communication from the secretariats).
3. Elements that are effected by review or changes to COM – P policies.
4. Elements that explicitly require regular monitoring or relate to regularly occurring processes.
5. Other components brought forth as a result of the program evaluation process, and items brought forward to the Curriculum Committee as areas of concern from the faculty or students, including results of institutional or national surveys such as internal questionnaires, student feedback surveys and the Graduation Questionnaire.

Monitoring of specific elements and data is accomplished with a work plan that indicates the details being monitored, appropriate time intervals and the group responsible. The work plan is presented every six months to the Dean's Executive Leadership Team.

The Director, Accreditation is a resource member on the Curriculum Committee, Block, Course and Theme Subcommittee, Clinical Curriculum Subcommittee, Assessment and Evaluation Subcommittee and the Executive Team-Program Evaluation. Relevant areas of the work plan are presented at least every six months, and as needed.

Educational Program Policy Committee: Approved 02/15/2017
Curriculum Committee: Approved 10/09/2018, Effective Date: 10/24/2018

Enrichment Electives Proposal

Course Title: Diverse Topics in Medical Humanities

Dates: Begin August 2019
End December 2019

Format:

This elective will consist of monthly meetings to discuss various topics under medical humanities. First and second year students will meet for three hours in a large group setting facilitated by various speakers and student moderators. This course will be held during the fall semester. Registration will occur once per academic year.

Meeting Day(s) and Time(s):
Exact day of the week TBD
Evenings 6-9pm once a month

Total Time Commitment:

15 hrs, additional readings and pre-session work may be required
(Students would be asked to attend a minimum of 4 of the 5 sessions)

_5_ Minimum number of students
_60_ Maximum number of students

Enrollment open to students in semester(s):
Fall 2019

Knowledge and/or skills necessary to participate effectively in this Enrichment Elective:

1. Be open minded and willing to discuss with the group. Participation is required.
2. Read a segment of a book of your choosing from a list of offered medical-themed readings.
3. Work together with a small group to create an art/dance/theater/music piece.

Names of other faculty who will be involved in the course, if any:

Various faculty members and visiting scholars

Faculty Name: Ellen Melamed

Department: Lecturer, Family and Community Medicine; Coordinator, Medical Humanities
Mailing Address:
Phone(s):(520) 626-8074
E-mail:emelamed@email.arizona.edu
Contact: Lakshmee Malladi, Natalie Phagu, Shrey Goel

Learning Objectives

1. Cultivate a sense of the value of engaging the humanities as future medical professionals
2. Explore the relationship between the humanities and humanistic medical care
3. Discuss different modalities of art and their therapeutic value from a mental health perspective
4. Engage individual and collective creativity to produce artwork as a form of expression

Course Description:

This elective will consist of five sessions throughout the semester in which students will take a journey through medical humanities in order to learn and practice tools that will aid them in becoming more compassionate and empathic physicians. Each session will delve into a unique aspect of the humanities such as reading medical-themed literature of their choice, studying visual art, discussing issues of Diversity and Inclusion, including those of interest to the LGBTQ community, confronting the stigma and biases surrounding mental health within healthcare, participating in reading and writing poetry and storytelling, and creating art/drama/music pieces to express a topic of interest.

Each session will introduce students to new art work. This will serve as a jumping off point for discussion of the form, style, and creative choices of the artists to provide students with an idea of the breadth and depth that art work can take on as a form of expression. The content of each artists' work will be chosen for their ability to relate to themes within medicine such as marginalization, mental health, and healing. Proposed class materials might include excerpts from Paul Kalanithi's *When Breath Becomes Air*, talks by Dr. Abraham Verghese on the use of touch in humanistic medical practice, and poetry from authors like Audre Lorde. Small group activities, individual reflection, and large group discussion will be used to diversify each session.

Session Breakdown

1. August Session: Analyzing Art
    a. Professor Melamed will lead students through a group analysis of a piece of art in order to provide students practice dissecting and extracting meaning from creative works
    b. Explore how art can be a therapeutic tool

    c. At the end of this session students will take a look at the book list and make groups of 2-4 people who want to read the same book so that Professor Melamed can order them
2. September Session: Mental Health and Art
    a. Discuss mental health stigma in the medical field and how we perceive our patients - Professor Melamed; invite guest lecturer to speak on mental health such as Dr. Moher or Dr. Racy
    b. Explore paintings by people suffering from mental illness (example), about mental illness; do drawing activity
    c. At this session students will get the books they requested and be asked to read the first 50 pages by the last session
3. October Session: Love and Art
    a. Invite LGBTQ guest speaker to speak about the role of art in making sense of the LGBTQ experience, the contributions of LGBTQ people to the arts, and how art can help us express and process love and desire
    b. Explore work of Rafael Campo; poetry/love song writing activity
    c. Discuss activity/homework for next session
4. November Session: Sharing Art
    a. Order food or have a potluck
    b. Students present a work of art in any art form (theatre, dance, sculpture/painting, music, etc.)
5. December Session: Book Club Meeting and Potluck
    a. Students discuss their readings and what they learned from it, what intrigued them the most, etc. - lead by Natalie

Possible Readings

1. When Breath Becomes Air - Paul Kalanithi
2. The Diving Bell and The Butterfly - Jean Bauby
3. Critical Care: A New Nurse Faces Death, Life, and Everything in Between - Theresa Brown
4. Body, Remember: A Memoir - Kenny Fries