

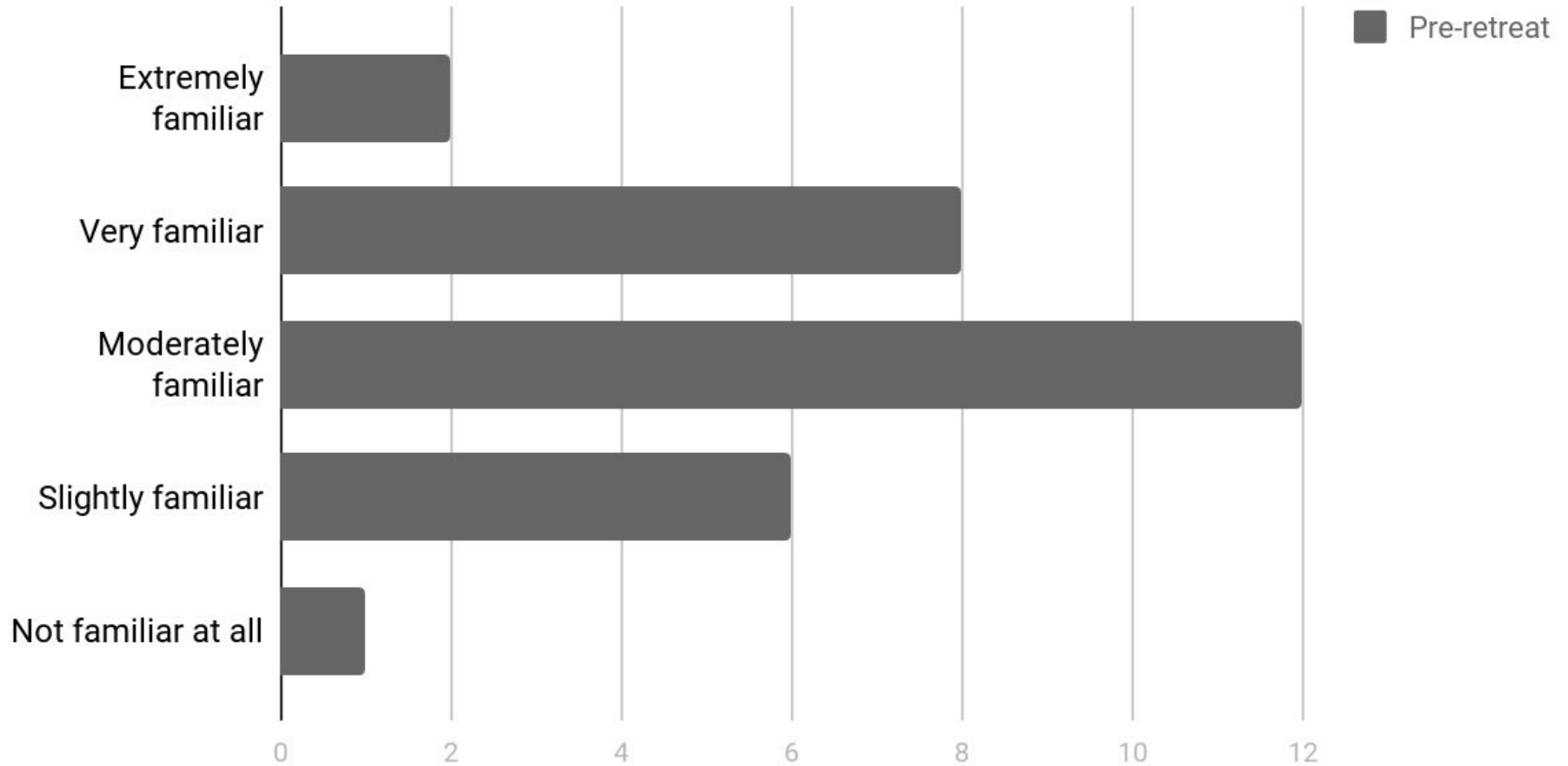
Curriculum Retreat Outcomes 2017

- Pre and Post-Survey Synthesized Report (p. 2-11)
- Synthesized Group Activity (p. 12-15)

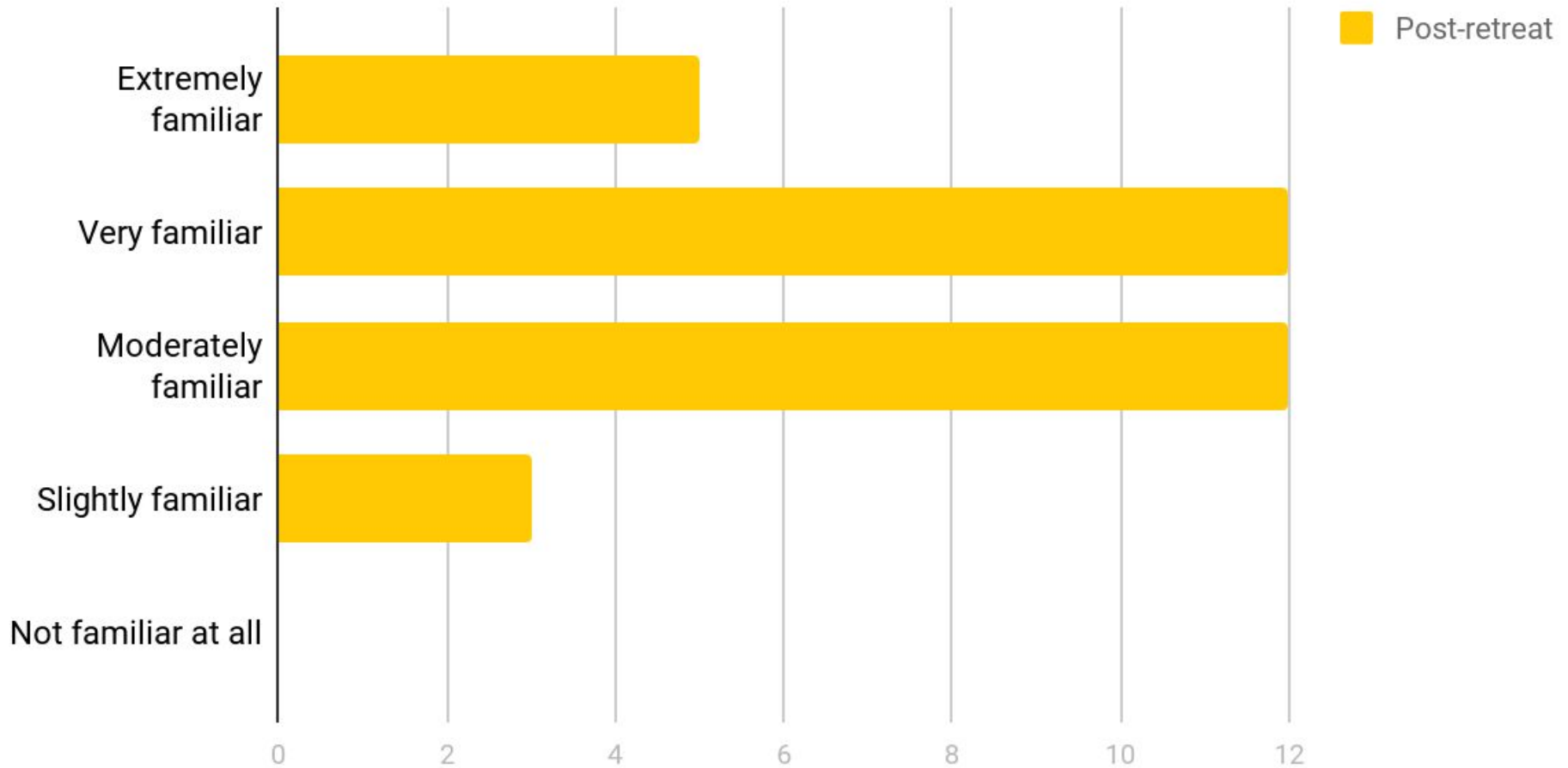
Pre and Post Curriculum Retreat Surveys

June 16, 2017

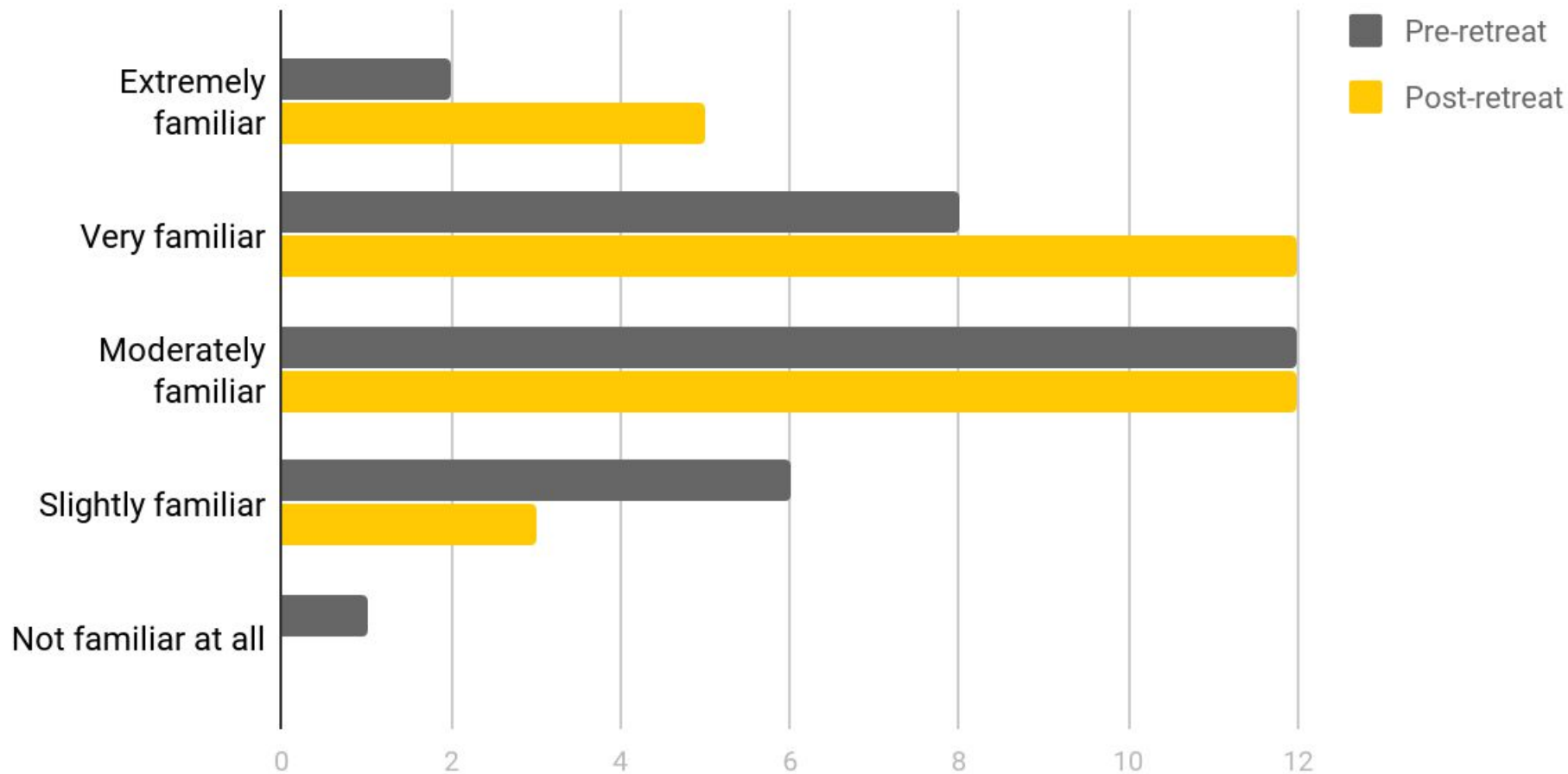
Q1 - How familiar are you with the characteristics of competency-based medical education?



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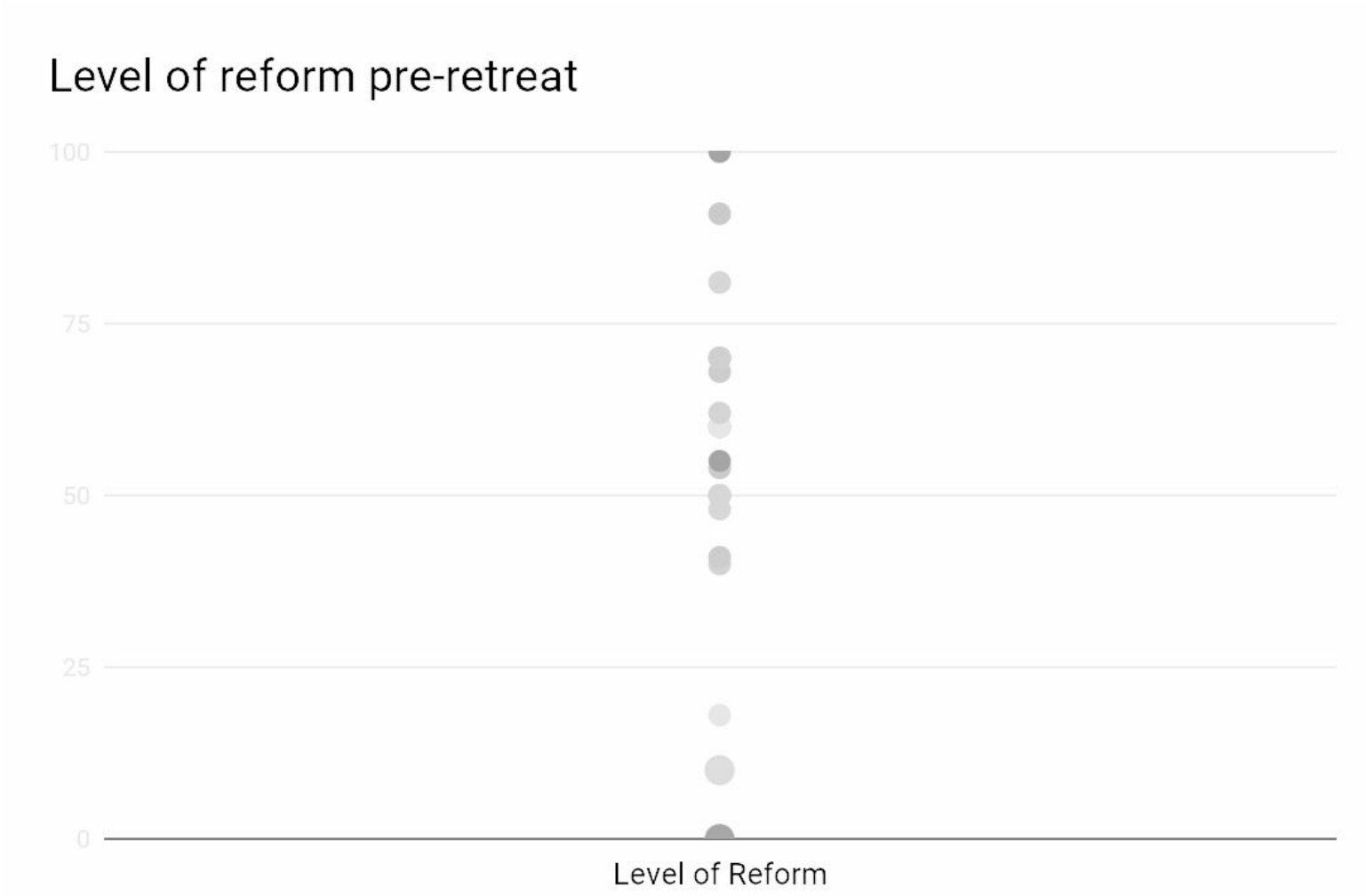


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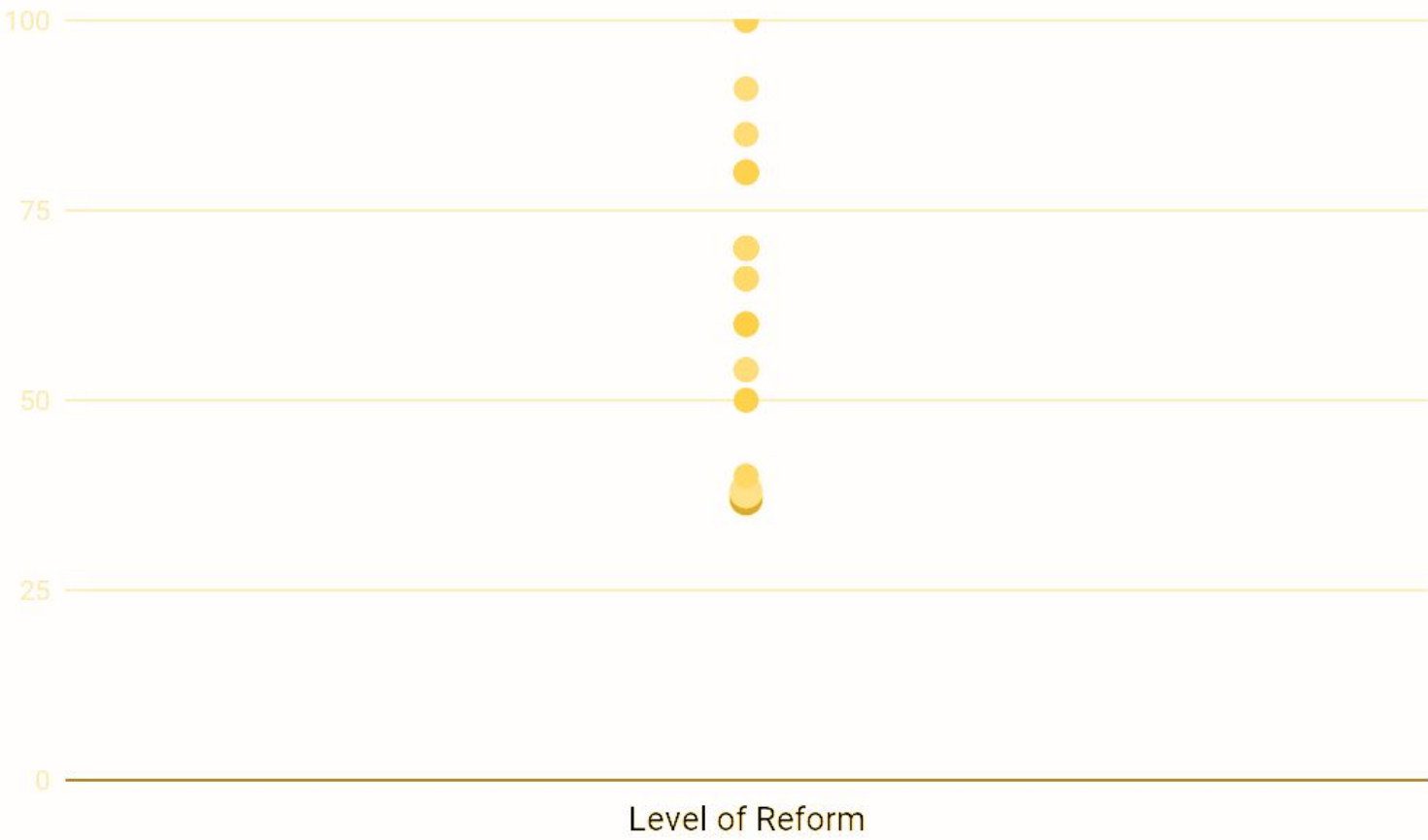
*Three more responses recorded for the post-retreat survey

Pre-retreat Survey Results



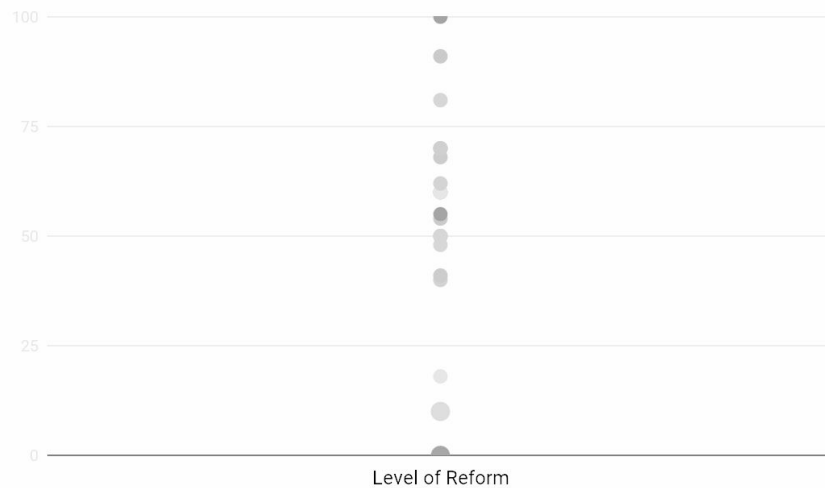
Post-retreat Survey Results

Level of reform post-retreat

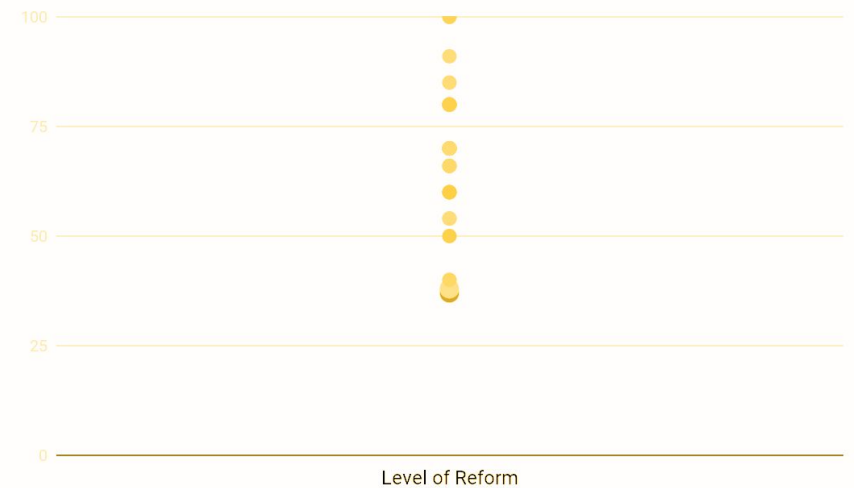


Survey Results Compared

Level of reform pre-retreat



Level of reform post-retreat



Field	Min.	Max.	Mean	Std Deviation	Variance
UCF COM's need for curriculum reform	0.00	100.00	56.80	23.21	538.72

Field	Min.	Max.	Mean	Std Deviation	Variance
UCF COM's need for curriculum reform	37.00	100.00	68.21	15.88	252.05

Does UCF College of Medicine need curricular reform...

Competency-based medical education (CBME): An outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies. (Frank, 2010) Driving force for curriculum is knowledge application with an emphasis of authentic instruction and assessments. The emphasis is on formative assessment and criterion-referenced evaluation.

Identified competencies for the Physician of 2030 (You can develop your own or use a competency from the provided handout)	No Need for Reform Are there competencies where the current curriculum prepares students well, arguing that no reform is needed? Please explain.	Need for Reform Are there competencies where the current curriculum does not prepare students well, arguing a need for reform? Please explain.
Effective Communication	Patient Communication (good in P1 and P2) Student are well prepared to provide a differential diagnosis following a clinical encounter.	<ul style="list-style-type: none"> ● IPE communication (?) ● Oral Presentation of patient/handoff (assessment) ● “Literature” communication, scientific writing ● Our curriculum needs more assessment and remediation of these skills. ● Provide practice with essays and multiple resources.
Basic Clinical Skills	P1/P2 OSCEs	<ul style="list-style-type: none"> ● P3 - Clinical assessment of skills *If weak link on teaching team student suffers (and others) Champions needed ● Systems based practice demonstrate knowledge of community health needs (various approaches to healthcare). ● Ethics, clinical ethics and moral reasoning. ● Unlearn during Clerkships (pick up bad shortcuts) ● Get away from board review and hidden curriculum. ● Focused exam and history ● Communication skills ● Increase clinical practice time Start encounters at second year

Curriculum Retreat Group Activity - Combined group

Basic Science and Practice of Science	Modules Basic science no connection Re-eval the level of Basic Science taught and where	<ul style="list-style-type: none"> • Didactic reform for more structure of 18 months - this could help reinforce • Coverage in M1/M2 because not sure what is covered in M3 • Need more vertical integration
Diagnosis, Management and Prevention	Foundation of knowledge	<ul style="list-style-type: none"> • Prevention (would need to be last 2.5 years - 18 months)
Lifelong Learning	?	<ul style="list-style-type: none"> • How to teach if no “reward” for doing lifelong learning. • How to cultivate it? • How do we teach it, is assessment conducive? • Journal club, need more opportunities.
Professional Development and Professional Growth		<ul style="list-style-type: none"> • Ties into lifelong learning • Leadership skills • Communication skills • Empathy - Reflective writing • Family?
Social and Community Context of Health Care Population health		<ul style="list-style-type: none"> • EHR - H&Ps as if on paper chart. Teaching electronic notes? A tool for this? • Training on using EHR system • All clerkships should have same standards for note entered by students • Note centric/ visit centric note • TBL • Efficacy of EHR, without creating false data • Healthcare finance, insurance, payment • Health advocate / moral development • More systematic approach and increased observation throughout the curriculum (M1-M4) • Need data management and artificial intelligence in curriculum • Keep up in tech

Curriculum Retreat Group Activity - Combined group

		<ul style="list-style-type: none"> ● Increase assessment ● Standard policies across different hospitals
Clinical Ethics	C1 - good foundation	<ul style="list-style-type: none"> ● Consider C1 later in curriculum, like in 3rd year as they are seeing patients
Problem Solving and Critical Thinking	<p>Medical Knowledge is well covered, but needs improvement in long-term retention rates</p> <p>Patient care is pretty good</p>	<ul style="list-style-type: none"> ● 2 arch weeks ● More systematic approach and increased observation throughout the curriculum (M1-M4) ● Need to incorporate critical thinking essays and case presentations/ projects. ● Stewardship of resources ● Interprofessional team session occur but need more.
Teamwork / EPA 9	<p>Curriculum does a good job of training learners in medical knowledge retrieval and preparing them for Step 1 and Clerkship exams</p> <p>IPE curriculum activities, good, just don't occur often enough</p>	<ul style="list-style-type: none"> ● Additional training in professionalism and personal growth ● Development of lifelong learning skills ● Patient safety ● Incorporate systems-practice instruction. ● Anecdote consultation show lack of interaction ● Health behavior and adjust for better outcomes. ● Need IPE in Clerkships - (P3)
<p>PBLI - Better self reflection</p> <p>Self-regulation, Flexibility and Prioritization New Knowledge</p>	Curriculum trains students in communication and professionalism.	<ul style="list-style-type: none"> ● Increasing PBLI, helps learners develop skills in accepting and processing feedback, EBM, self-reflection, prioritizing new knowledge and flexibility

What other areas of importance argue for or against curriculum reform?

Need to map competencies/EPAs M1-M4 years, integrating faculty from all aspects of the curriculum.

Conduct more direct observation and simulation to inform assessment.