

Group A: Genetics & Physiology

FMSR (MCBD): Genetics & Physiology -- take notes here!

Whole RM and MCBD teams need to talk!

Hemoglobinopathies (FMR or BC) Basic Science vs. Clinical.

½ sessions to BCE (keep sickle cell, protein structure function: move hemoglobinopathies).

Keep GPCR and RTK and NHR in FMSR

6 Pathology cancer sessions -> BCE

BC imaging? MCBD/BCE/

Metabolism: add Warburg effect to carb

8 hours cadaver-based dissection to MSK

Spine, cranial nerves, and skull base to MSK (2 hours)

Physiology should stay in FMSR

LC:

Breast cancer location?

Whole hour on NHR in MCBD: sex steroids.

Pulm Renal

Outline RAA system

EH -> GI

Don't need bilirubin metabolism in session.

Group C: Pharmacology

Lifecycle

Lecture on hormone receptor is great and want to build on it
Want students to be able to prescribe birth control after complete course
Pharm pearls need better integration with drug list
Provide targeted information to students about pharm content before each exam better

FMR

Eliminate drug list for autonomic drugs

I&I

Keep intro to antibodies
Keep the immuno drugs as is
More time for antimicrobials in course
Start with more general overview, then use syndromes to focus on specific drug classes

CHB

Endocrine block is very clinical and needs to reorder so talk about normal and abnormal
Immunomodulator therapies have endocrine implications
Need to understand development of blood cells and chromosomal instability
Mechanism of disease hard to understand

MSK

Pharm missing currently from block
Derm and phum have pharm content that will be moved to this block
Opportunity to expand and teach more about clinical pharm
Teach more on pharmacokinetics – choice of transdermal/topical vs oral glucocorticoids
Discuss how to choose and implications of chosen route of drug administration

CV

Cardiomyopathy - Use drugs to treat that control blood pressure
Suggest hypertension drugs stay with renal
Small inconsistencies between table, text and content when it comes to pharm content

Did not meet with AFS and HNG

Group E: Foundations of Clinical Medicine (FCM)

Pulm/renal? Luks and Gerry: try to integrate reading a UA into an FCM case during renal time
HNG? Bruce and Carol: how to tighten up the integration of cases. Bruce offered to create any needed videos. He also brought up ultrasound.

MBB: adding pediatric neuro exam to FCM? MBB getting rid of management of pain – could FCM pick that up? Could pain be a thread?

L&R: they are would like to move aging material – can FCM pick that up? FCM has about an hr of geriatrics currently. Could add death and dying, advanced directives worked into cases (but not geriatric pharm or biology of aging). Karen suggested that a video could be developed for pre-work on biology of aging/polypharmacy that we could then follow up on in FCM focused on clinical aspect, but since we don't have an exam that basic science content would not be tested. ?? multisystem illness/geriatrics in integration week?? Teach pelvic exam after they get it in anatomy. Lifecycle in the past advocated to take a lot of end of life content on and away from FCM - should we take some of that back?

FMR (medical science and research) AKA MCB: no FCM until after MCB. They will likely have their final exam Friday before Labor Day. Could immersion have Tuesday (adding a day)? FCM should have more involvement in orientation, especially in the area of professionalism and professional identity
I&I/I&D: keep communication open regarding what each of us are covering during the block. One area of overlap might be vaccine hesitancy. Syncing sore throat sim the same way. Maybe add back a case about a patient demanding antibiotics for a viral pharyngitis

CHB (B&C): endocrine moving from GI to blood and cancer. Endocrine exam basics is mostly head and neck and includes thyroid exam, looking for acanthosis. Timing during foundations? Reinforce transfusion practices/revisit teaching points in GI bleed sim case.

[no one showed up for 1 cycle]

MSK: is expanding to 5 weeks, and they can focus more on physical exam stuff.

Obesity/diabetes is in Endocrine at the beginning of the year - health behavior history + behavior change

Graves/thyroid as example of autoimmunity in I&I

Group F: Research Methods

Asked what skillsets blocks want students to have:

- How to read a basic and/or clinical science paper

- What is the question being asked?

- Validity, internal and external

- Calculations: number needed to treat; sensitivity; specificity

- Stats

Opportunities for collaboration

Some discussion about looping new drug literature (e.g. Alzheimer's drug debate) with MBB

Women's health population studies for Lifecycle

Diagnostic testing prep for I&I (formerly I&D) - pre-test probabilities. Test accuracy etc.

- Incidence/prevalence - acute v. chronic infections; new literature on new biologics

Blood & Cancer - Kaplan Meyer curves; guideline review in Endocrine; screening tests (Mammogram, PSA, etc.)

Lots of discussion regarding whether this is the best time in the curriculum for this material

- Many think the 3rd or 4th year would be better

Reinforcement needed. Transition to clerkship a good time to refresh and reinforce prior to clerkships, and during clerkships

Additional areas of importance - health economics, guideline appraisal etc.

Unclear if first block is best time for this material or later in the year. Students will learn but then tend to forget it for rest of med school

Group G: Themes

Overall notes:

- There are 9 themes, but focused on ethics, equity, and health disparities. Need to keep in mind other themes when identifying where to put content in blocks. Disadvantage of not having theme leads/champions in all the identified themes is that some may not be getting equitable “air time” (i.e.: global health?).
- Need more 2-way communication between Themes group and Block leads.
 - For help in developing, leading, improving, etc the current and/or proposed themes sessions.
 - Also to help with flow of themes content in the Foundations curriculum.
- With most of the weeks later, students will have a lack of foundational knowledge on how to discuss these sensitive topics in the first 3 terms (Summer, Fall, Winter).
 - We have to be mindful of that when trying to integrate sessions into these early blocks (and there are some great sessions already there and staying or proposed new Themes sessions in these terms).
 - Especially concerning since these difficult discussions are what we’ve struggled with in the past

MSK/MBJ: (Brian Krabek representing)

treatment of pain, need content experts from MHS to help with sessions/content.

1. All these discussions may need to come out of MSK
 2. Can be asynchronous
- Health Equity and Derm session from current I&D block can be included here since Derm content moved to Muscles/Bones/Joints block
 - Consider adding session on disability and ableism (PM&R)
 - Consider some pain themes material here, (Cross Cultural Context of Pain session from MBB? Other?)

CVD: (Jainy Savla, Stephen Farris representing)

1. Need to discuss equity issues-currently do not have someone who teaches it.
2. Health disparities, equity, ethics

Ideas: transplant ethics, gender and chest pain presentation, Dx and Tx equity (heart failure, ACS, etc), health disparities.

Pulmonary/Renal: (Andy Luks, Gerald Groggel representing)

1. Already doing a good job with ethics, equity, and health disparities
2. Material is integrated
3. Will discuss pulmonary function test
4. Students have asked for more integration.

-

- Current has content included in material and cases: ethics in CKD, dialysis. Pulmonary - race based corrections, asthma (SDH and care), HTN treatment
- Has an eGFR ethics session

GI: (Bruce Silverstein, Carol Paredes, Brenda Alexander representing)

does not cover ethics, equity, and health disparities at all. Feels like there is not enough time, and they are losing time.

1. Many organs have been taught, but disparities are not being taught.
2. Bariatric surgery being covered elsewhere.

- Consider: including disparities in colorectal cancer screening, including session on NAFLD and disparities (may already be a developed session that is no longer held?)

MBB: (Leo Wang, Kurt Weaver, Kate Mulligan, Laura LaPlante, Kevin Measor, R. Brown representing)

Losing 32 hours. They will need to give up the following 4 sessions:

- Cross cultural pain session (this was a 2 hour session historically, but adolescent themes session was added so it's now a 1hr session)
- stroke equity
- brain death
- Prevention of substance use disorders in adolescents

Integration piece is getting lost and the EHM Themes are being dropped.

MBB has worked hard to build an integrative themes. Difficult to move content to out of class, or small group based on how much they have been cut.

Three themes weeks will be right before MBB, so perhaps there can be some synchronicity with what Themes delivers going into MBB

Block leads have lost time or have less time. They are looking to offload themes content.

What will be the strategy for moving forward?

FMR (MCBD + RM): (Max Kullberg, Martin Teintz & Charles Asbury representing)

They would like to know - What are the themes in the new curriculum?

There are 3 ethics sessions in FMR that can stay, or be changed. They will tentatively plan for 3 hours of Themes in their block.

Currently the 3 sessions are:

- CF patient adherence (ethics)
- Genetic carrier testing (ethics, but current iteration has a more consultative focus)
- Patient identifiers session

Some of their content will move to blood and cancer. Anatomy labs will move

-CF adherence fits with genetics as well as the genetic testing.

-Themes can have more of an active role

-Themes has 3 hours, if modifying content:

- consider comparing and contrasting sickle cell and CF research/Tx options (research ethics).

Collaborate with Heme since sickle cell Dz is also covered there.

- pulling together equity and ethics would be important
- role playing

I and I: (John Willford, Kristen Hayward, Cindy Knall, Julien Goulet & David Fregeau representing)

Two sessions in I&D that are great but also controversial

1. Dermatology-they will not have it in the introduction, can be moved to MBI block
2. Tuskegee: research methods, bioethics, and now students are like the session (taught by Gina Campelia and Edwin Lindo).

There is a concern that students may not be able to discuss content as robustly, or as safely since there is no Themes week preceding this course (potentially a few hours in their orientation week)

Can consider adding content on the following (to replace the Derm session that is being moved):

- Ethics/equity on COVID, vaccines, and vaccine hesitancy vs elsewhere
- HIV-history, different parts of the world. Ethics of HIV research, drug testing, third world issues.

Will need to be a negotiation between I&I and other places (i.e.: vaccine hesitancy being done by FCM, perhaps all can coordinate?).

Endocrine and Heme/Cancer (block 2): (Kate Weaver, Angela Scharnhorst, and Nick vhapugBurwiN representing - apologies to Nick, that was the name listed on Zoom)

1. Endo: Kate Weaver--took over Endo this year. Lots of opportunities to discuss disparities, systemic racism, on DM2, weight, obesity and nutrition.
 - Obesity/weight management has been changing. It was changed again this year. Much of the discussion comes down to equity and generational health disparities and racism-systemic racism. Small hormonal component.
 - Disorders of wt or medical complications of wt has been renamed. We need to address this issue in a better way.
 - Nutrition lecture-wt, wt management, health disparities that lead to health disparities (ie: food deserts)
 - Weight bias
 - Also much of this ties in to DM2 content
2. Onc:
 - Currently end of life cases covered at the end of cancer material in B&C, consider keeping this content.
 - Is it possible to add the brain death ethics from MBB here?
 - Sickle cell disease - partner with FMR (former MCB) on this as FMR is considering including it in their Themes content.

Lifecycle: did not meet with Themes group

Group H: Human Form & Function

HFF faculty present: Cassie Cusick, Cat Pittack, Laura Schroder, Zach Gallaher

Infections & Immunology (Cindy Knall, Kristen Hayward, John Willford, + 1 other):

- HFF largely moving out of I&I
- HFF faculty will help generate “anatomy snacks” to be incorporated into other lectures where necessary (e.g. orbital cellulitis)

Muscles, joints, bones, and skin (Brian Krabak)

- Brian amenable to “continuing the discussion” regarding moving back/spine, pectoral region, and nervous system into MSK

Cardiovascular (Jainy Savla, Stephen Farris)

- Relatively new faculty who are open to having the thoracic wall and lung lab material in with the cardiac anatomy

Air, fluids, salts (Andy Luks (pulm), Gerald Groggel (renal))

- Much of the lab material will be moved out of this block
- Andy feels that keeping imaging of the chest lecture with the lab material in CV would be a nice connection for the students
- Renal anatomy is a challenge
 - HFF would like to move renal to the GI block where we are doing the rest of the abdominal anatomy
 - HOWEVER, GI is already losing 3 teaching days
 - Gerald is concerned about losing the perspective on kidney anatomy, which could be resolved with a doc cam during a lecture, possibly with renal embryology

Head, neck, and gut (Bruce Silverstein and Carol Paredes)

- HFF discussed 3 days of abdominal labs (ab wall, GI, renal/PAW)
- HFF also discussed 5 days of head and neck anatomy (labs)
- Bruce is concerned about the number of lab days due to the fact that GI will lose 3 teaching days between Memorial Day and the cumulative final; there is also the issue of the timing of the professional meeting

MBB (Leo Wang, Kurt Weaver, Kate Mulligan, Lane Brown, Laura Spence, Kevin Measor, + 1 other)

- HFF wants to move out everything that is not neuroanatomy/cranial nerves, leaving external brain, internal brain, brainstem, and cranial nerves
- Leo is hoping to find a home for hearing, vestibular, and ophtho, possibly in head and neck; this is a problem considering the lab hours that are already planned for head/neck and the time crunch with GI

Lifecycle (did not meet)

- Currently have 8-9 hours of prosection in the block; would like more time for dissection, but seems like it's not a big priority of the thread

Cancer, hormones, and blood (did not meet)

- No anatomy in CHB

Big issues moving forward

- Exact number of abdominal anatomy hours need to be worked out with Bruce
- Where will renal anatomy go?
- Is there room in head/neck for non-lab material? My thinking is no given the GI material has lost 3 days, so how do we help MBB (or can we)?
- Concerned about other block/thread leaders comments near the end of the meeting regarding the thinking that some of their material belongs in the head and neck “block.” This could’ve been better designated as lab time.

Group I: Design & Delivery

CBH

Angela & Kate Weaver – desires some uniformity in Canvas sites (low hanging fruit that would really help students)

Video- don't need uniformity but have some guidelines around, when to use, what's too much, time limits, respect students time and bandwidth

Trifecta of syllabus, in class –

Q&A sessions are not well attended and do not have high student

Unofficial Q&A in small groups

Nicole – expands on the video topics – asks a question or stem that goes over the key concepts, to reinforce

I&I

Kristen, John, Jim, Cindy, Julien, Meredith

- John – how do we look the same or different? How do we reduce cognitive load, have assessments ready earlier

MJBS

Brian Krabak – just got much more time. Sees a

How to expand out those assessments. More frequent assessments, instead of just one final exam

How do you want to integrate these additional topics.

Rhum has an opportunity to expand

How to weigh the different disciplines, and give them time etc

CV

Stephen Ferris and Jainy Salva (both Seattle) – both have served as small group leads. Stephen went to UW

Jainy – student use of materials varied widely,

Many students used and reused the videos so we should keep that. (rewind and rewatch, fast forward, pause and take notes)

Room for small improvements

Small groups were hard over Zoom. They went well in person

Had a hard time drawing online (Jason and Bill interested to know who is doing the drawing and if there is a tool or software that would make this better)

Canvas seems well laid out, information is easy to find

Stephen – online videos and in person small groups

AFS

– air, fluids, salt

Gerry

Doesn't want to move to prerecorded lecture. Not everyone watches. Often watch a 2x speed. Not a good way to learn. Seems to be a push for it (maybe it is easier).

Need to try harder to make large groups more interactive.

CPR has been large group one day, then small group the next day. Works well as they are exposed to something twice, there is space. This is a structure that works well (Matt notes that blocks that don't do this get the feedback that it doesn't work)

Will not talk about treatment as much - it is not on the boards. Pathology is heavily (...) in the boards.

Matt Our current pathology questions are pure pathology. On the boards, pathology is sprinkled in. Do what we are doing with Pharmacology to add more pharm to the questions. (would take someone from pathology to go through and write the questions.)

HNG

Bruce, Carol,

Bruce: What to do lecture in the studio with much higher quality. IF not this year, then next year. Want to do everything video so faculty can have high impact time in small groups

Everyday - Patient presentation, microscope minutes,

Won't be changing much. Got great reviews (it is laid out really well, students know what is coming)

Carol - GI was evaluated high. Students loved the short videos

Depth of understanding is better when you bring in a patient

MBB

Kate M., Leo Wang, Ana Clara,

Leo - updating all the pages in Canvas is exhausting. "Traumatic"

Who is going to do the work? We can come up with all the great ideas but then who is going to do the work?

I see a lot of well-intentioned people here but is everything we've already done

Everyone has put in a lot of work (paraphrase: it's not enough). If we want to do something, will you be giving us?

Gave example of updating videos, removing ums and uhs and dead time.

Jason: What editing will add educational value?

LIFECYCLE