****E22 post retreat planning for Integration Weeks

# Meeting Information

**Date:** 8-11-21

**Time:** 12:00 – 1:00 pm PT

**Recording:** <https://mediasite.hs.washington.edu/Mediasite/Play/f9ed0c9c99234796bc3382bae3a9aca51d>

**Attendees:** Julien Goulet, John Willford, Julie Carlson, Laura Goodell, Sarah Murphy, Meghan Kiefer, Peter Fuerst, Karen McDonough, Jaime Fitch, Kellie Engle, Mark Whipple, Mike Stephens

# Agenda

* Goal and Objectives
* Identify 3-5 difficult concepts from blocks for additional review
* Multisystems/case-centered/consolidation/most common complaints
* Assessment
* Structure
* Delivery: Concept mapping as active learning modality

# Minutes

* The first step is thinking about what we want to get out of the Integration Weeks.
* These are not courses but are required. Policy rules, assessment (would have to be part of previous block) and leadership structure are TBDs.
* There will be integration weeks in the third and fourth years as well – these may be an opportunity to look back and build on basic science material now that they are in clinical training.
* There is opportunity for the integration weeks for all years to be complementary but not at the expense of inhibiting them. And it would be nice if they built upon each other.
* Patients as teachers: natural way to integrate and organize medical knowledge, use patients to illustrate ideas and to reorganize information; discuss symptom-based rather than system-based disease, also explore themes content (how do medicine and disease occur in the real world/in actual people). Caveat is that topics would need to be broad enough so patients could be found at all 6 sites.
* Experience at different sites should be equitable and address same goals/objectives but may not need to be identical.
* It is an opportunity to center around a big issue such as pain or nutrition.
* No new content in integration weeks.
* An opportunity to teach students how to integrate information – see Shannon’s work in Alaska, Laura’s work in Montana (e.g., chalk talks on dyspnea)
* Opportunities for TRUST students to do patient care are possible but are not definitive; Mark Whipple has been talking to John McCarthy about this. Integration weeks should not be full time at the TRUST site.
* Could be a time for pathways and electives.
* Having it be fun and “meaty” at the same time – a break from typical class, appealing to students, but also consequential. Discussed minimal out-of-class prep time as one component of this. Possibly the weeks will be 16 hours – 4 days.
* Potential “carrots” for students: A chance to feel like a doctor, a chance to learn study skills that will serve them well on step [less compelling now that step 1 is P/F], a chance to engage with pathway work or strengthen residency applications.
* A Michael Ryan idea is to follow a family with diseases through the integration weeks.
* An opportunity to integrate our faculty in blocks with FCM.
* Using boards questions which are higher-level or third-order may be helpful in illuminating some concepts or approaches; gives a chance to talk through clinical reasoning.
* Important to have these weeks not be just step questions, or factoids.
* Maybe the balance can be more clinical in Foundations and more test taking in the Patient Care Phase. Just need to be broad enough because students don’t go through clerkships in the same order.
* Three integration weeks: One in the fall quarter after FMR and likely after micro/immune; a second in the spring after MSK/rheum/derm, Cardiovascular, pulmonary, and renal content; a final week of integration in fall 2 after Head/Neck/GI, Themes, MBB (before Lifecycle).
* Breast Cancer may be a good topic for the first integration week.
* Other ideas for topics include research Methods, HIV, Jaundice, Anemia, Diabetes, Clotting Cascade, JRA, Sickle Cell, Down Syndrome, Inborn errors of metabolism.
* The Admin for this will not be out of FCM. More details to come downstream after we figure out what is the best design for students.