****E22 post retreat planning for Integration Weeks

# Meeting Information

**Date:** 9-20-21

**Time:** 12:00 – 1:00 pm PT

**Recording:** <https://mediasite.hs.washington.edu/Mediasite/Play/8d9584c60a4e4e12b0dcdbc16aa5fb941d>

**Attendees:** Julien Goulet, Mike Stephens, Edith Wang, Tyler Bland, Sarah Murphy, Laura Goodell, Natasha Hunter, Gerald Groggel, Dustin Worth, Karen McDonough, Julie Carlson, Meghan Kiefer, Kristen Hayward, John Willford, Jaime Fitch, Mark Whipple, Kellie Engle

# Agenda

* Review constraints/guidelines for the structure of Integration weeks
* Review learning objectives based on last meeting’s discussion
* Consider and discuss proposal from Dustin Worth/Tyler Bland
* Select “finalist” for Content/Topics, priority on Weeks 1 & 2

# Minutes

* Review constraints/guidelines for the structure based on what was discussed last time:
	+ No new content.
	+ Minimal out of class prep.
	+ Use patients as a teaching tool.
	+ Focus on symptom-based cases vs. system-based disease.
	+ Incorporate higher order board questions.
	+ 4 days per week 4 hours per day. A question is should that day off be Monday?
* Discussion about incorporating the CAS and CBSE exams into the integration weeks. The original proposal was to have a CAS exam in each of integrations week 1 and 2 and the CBSE exam in integration week 3. Discussion points included:
	+ When to give the CBSE exam – at the beginning of the week, at the end of the week or in a different week and whether to give a day for studying.
	+ Would exams during integrations week take away from the effectiveness of the integration.
	+ The faculty get to choose the questions for the CAS but not for the CBSE.
	+ Another proposal was to have three CAS exams, one in each integration week and then the CBSE exam after.
* Learning objectives were reviewed
	+ Proposed learning objectives:
		- Distill and integrate underlying pathophysiological mechanisms and basic science concepts from clinical presentations.
		- Apply basic science medical knowledge in the diagnosis and management of symptom-based patients.
		- Identify and evaluate patient information necessary to select appropriate diagnostic tests.
	+ Discussion around no new content being introduced means no new core or accessible content but could include contextual content. There was also discussion about how to carefully word that for students.
	+ Trust or pathway could be dedicated as a specific lecture.
	+ FCM simulation could be included during each of the weeks. This would come out of the block so we would gain that time in the block. E.g., the first one could be on the sore throat.
	+ Integrating knowledge across blocks should be called out as a learning objective.
	+ Discussion around integrating board style questions and test taking skills everyday into the sessions including deconstructing the CAS exam questions in a session.
	+ There should also be some time to focus on professional identity formation.
* Review of proposal from Dustin W. and Tyler B.
	+ Using a teaching EMR (electronic medical record) along with some tricky cases. Using EMR has all the info, but the students would have to figure out what to do next in order to access the results.
	+ Current student exposure to EMR is variable.
	+ Due to time constraints Dustin and Tyler offered to come back and demo the tool at a future meeting.