



Reimagining and Redesigning our CUSOM Curriculum: The Sky's the Limit



Today

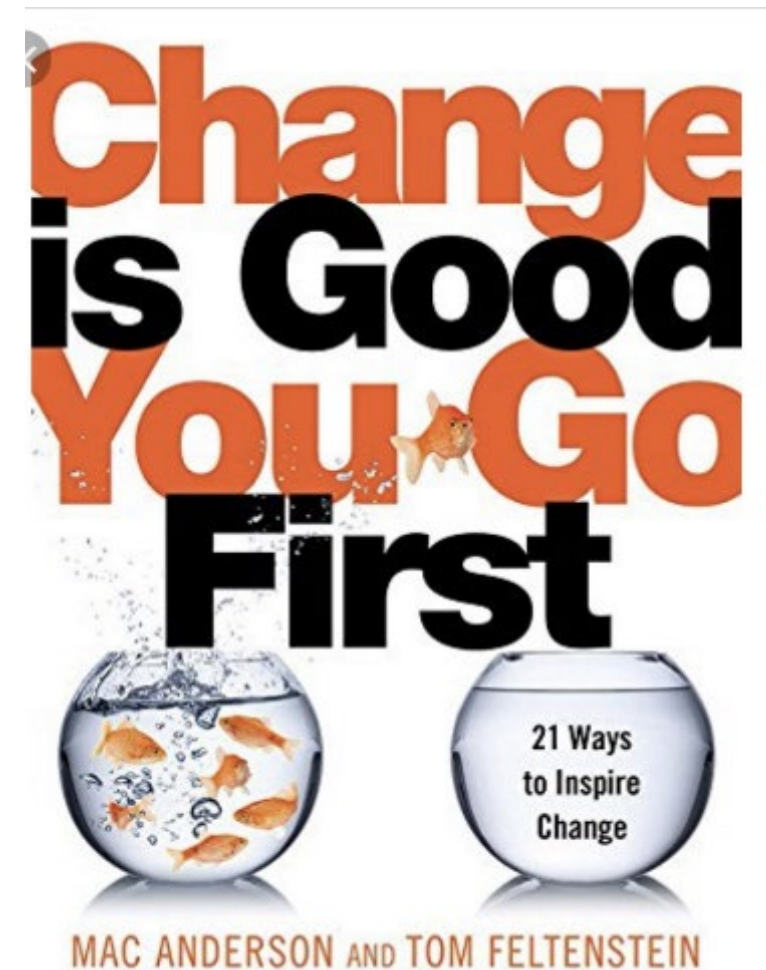


- High level overview
- Share my pride and enthusiasm
- Re-introduce you to our vision
- Invite your feedback and engagement
- This is NOT a discussion of the nuts and bolts



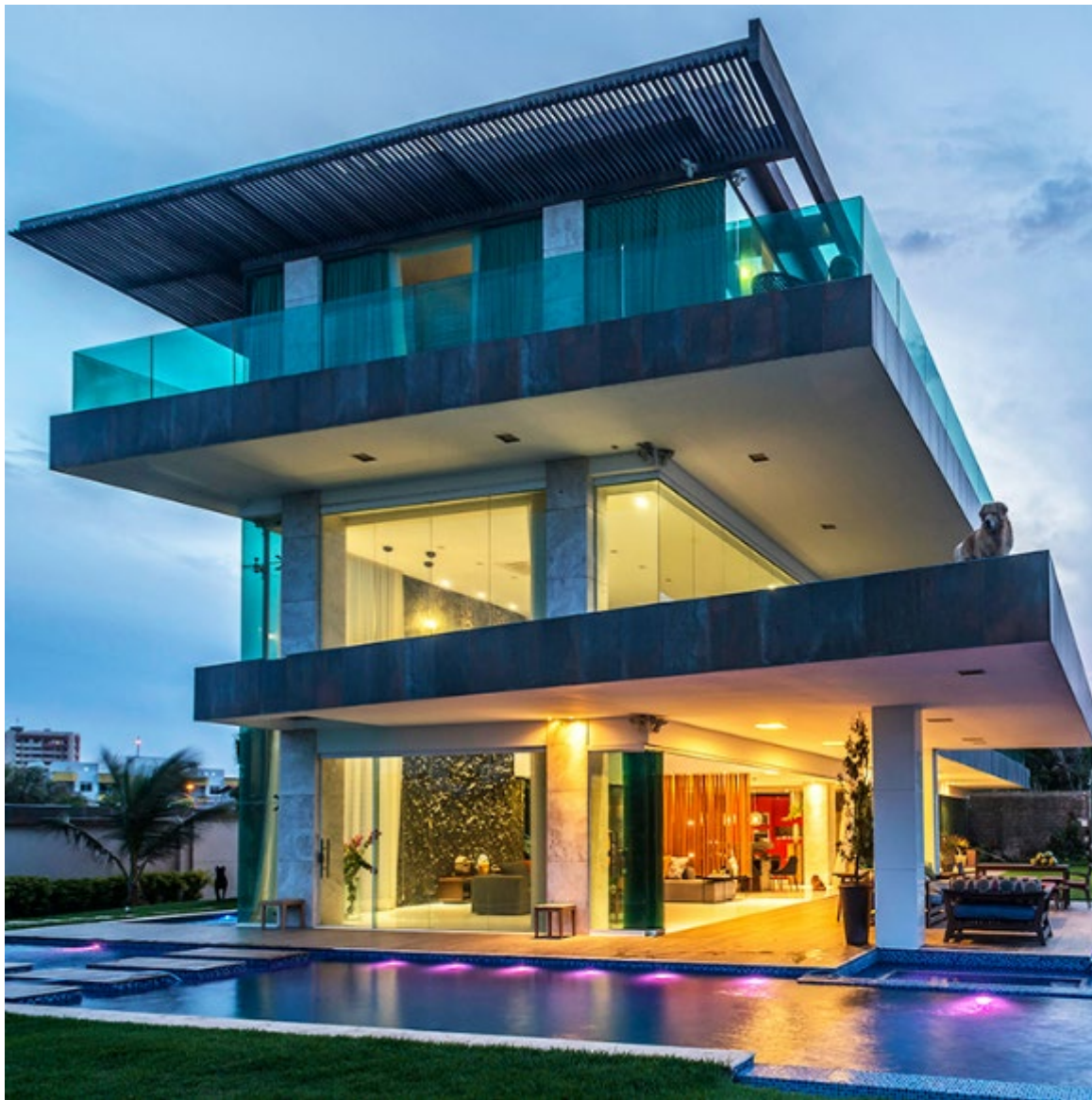
Thank you

- Close to 600 faculty, staff, students and administrators
- More than 100 searched positions in the past two years
- Collaborators at other SOMs
- Funding sources: KFF, UPL, Dean's Office, Departments, CUMedicine, Hospital Partners



What part of the curriculum are you changing?



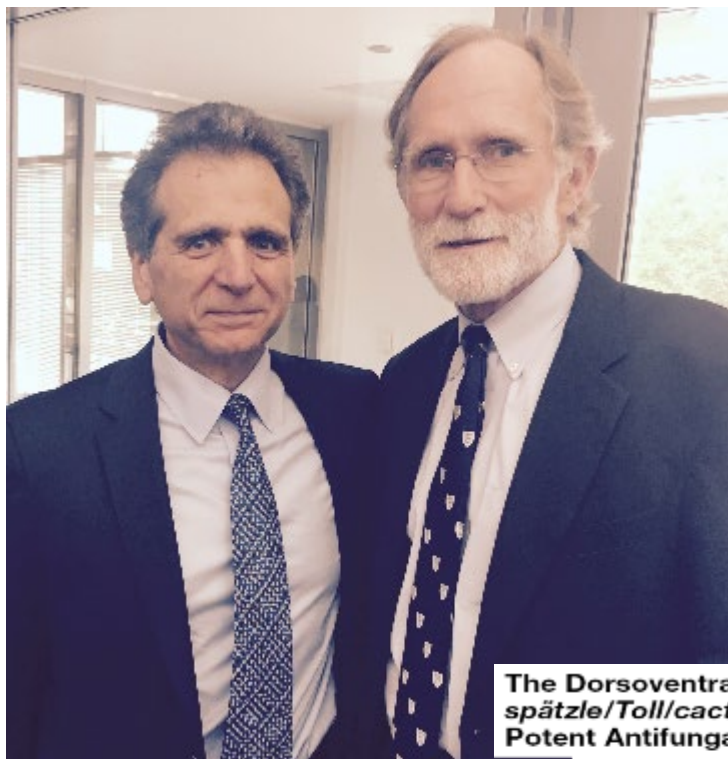


William Carpenter, FAIA, PhD, LEED AP

<http://lightroom.tv/index.html>

October 30, 2017: Curriculum Revision Kickoff Retreat





The Dorsoventral Regulatory Genes *spätzle/Toll/cactus* Controls the Potent Antifungal Response in Dr

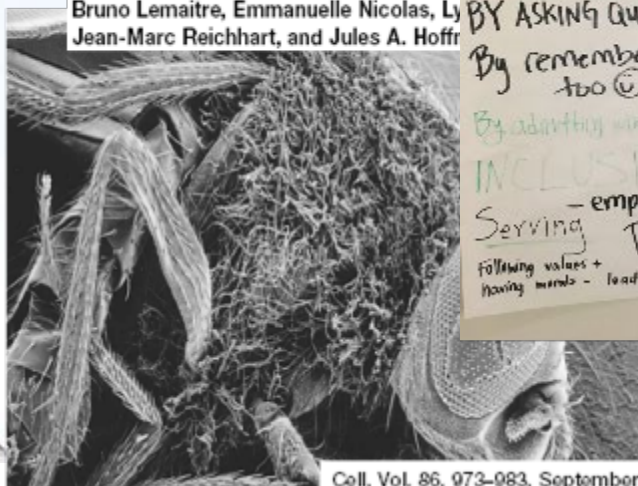
Bruno Lemaitre, Emmanuelle Nicolas, Ly Jean-Marc Reichhart, and Jules A. Hoffr



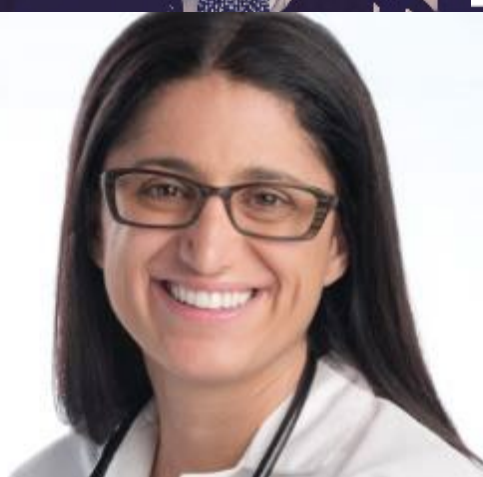
How Do PHYSICIANS LEAD?
 Applying knowledge, teaching, guiding others
 Being a role model (or)
 Lead by example
 Very carefully
 By listening
 Kindness + empathy
 SCIENCE/EVIDENCE
 By asking questions
 By remembering they're human too
 By identifying ourselves as a servant
 Pulling others first
 INCLUSION
 - empower others
 Serving
 Teaching others
 Following values + having morals - lead by example
 Reflecting respect

Be understanding of the fact that other people might make mistakes and that no one is perfect. Be accepting + forgiving. Be you never know if you might make the same mistake, so it's better to employ empathy.
 Being dedicated + responsible of their actions
 Be an effective team leader and member
 BE TOLERANT Please
 Also, cat memes.
 With a full night's sleep.
 I'll get back to you... Skill trying to figure out how to pass Neuro.
 Better scheduling & EAC sessions
 More EAM in the hands so interesting to have readily as the color of your brain is I hope

Compassion
 - clarity
 - Delegation
 - with humility
 - with passion
 - empowered + empowering
 - open-minded
 - Adaptability
 - big-picture thinking (how can the whole system improve)
 - Listening to the community
 - Service
 - With appreciation of diversity
 - teamwork
 - Having adequate plus more education/training
 - Self-care + opportunity to expand them
 - with clear communication
 - without ego
 - with a conscience, with conviction
 - with a sense of responsibility for others + themselves, for the profession



Cell, Vol. 86, 973-983, September 20, 1996



Vision for the CUSOM Curriculum

Vision:

Our graduates will be physician leaders capable of transforming the health of diverse communities.

Mission:

Through a longitudinally integrated curriculum, we aim to educate physician leaders who are curious, life-long learners with a commitment to serve the profession, our patients and society.

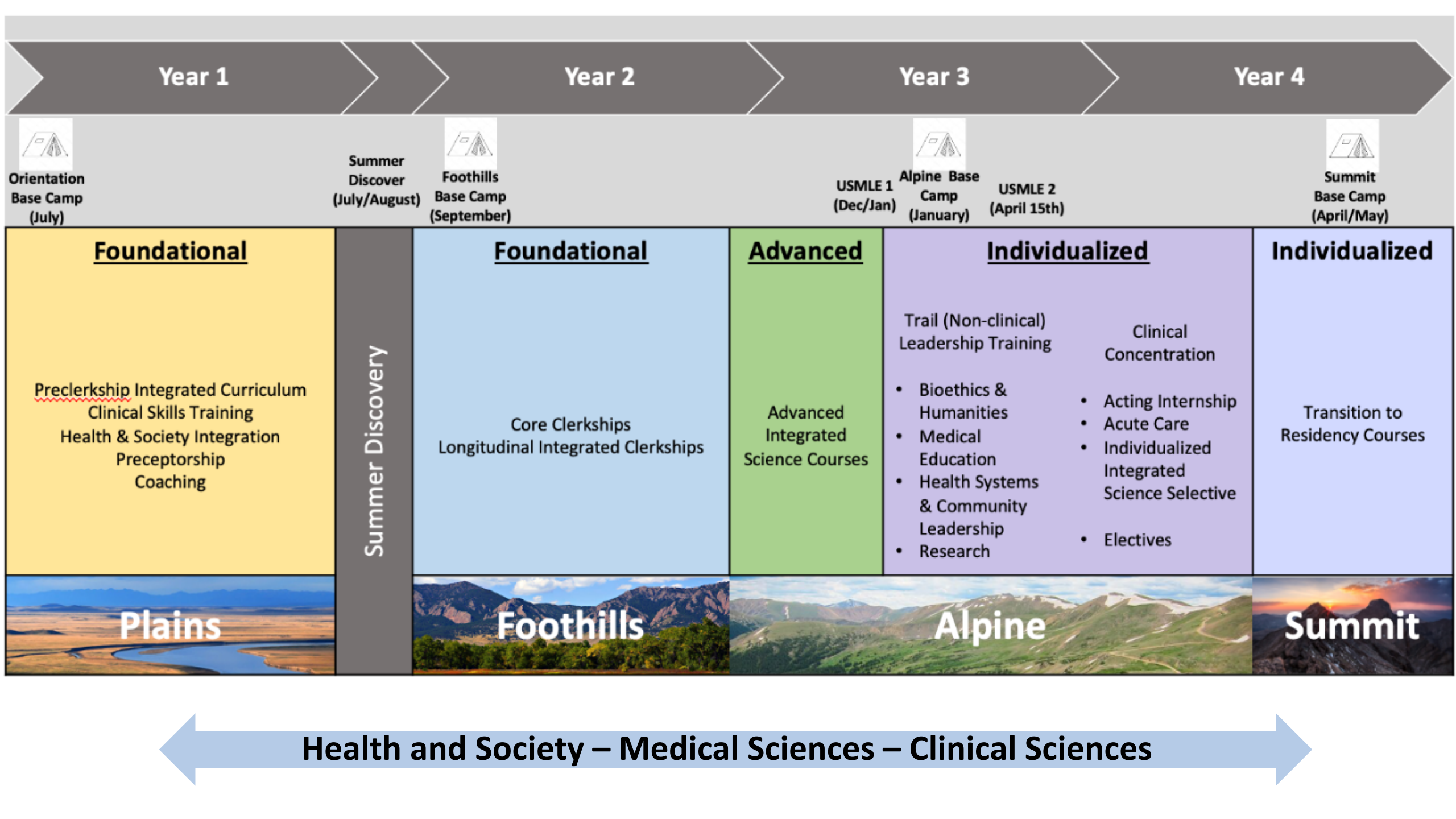
Values/Pillars:

Leadership, Curiosity, Commitment

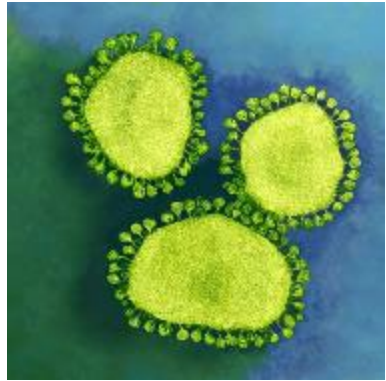


Case for Continuous Evolution

- Changing clinical environment (LIC model)
- Rapid translation of science to bedside (requires integration)
- Technology and data explosion transforms delivery of care (flexibility and innovation)
- Required skills of leadership, teamwork increasing importance (interdisciplinary)
- Health systems science (new pillar of medical education)
- Learner strengths (assessment processes)
 - Inquiry, social justice, technology savvy

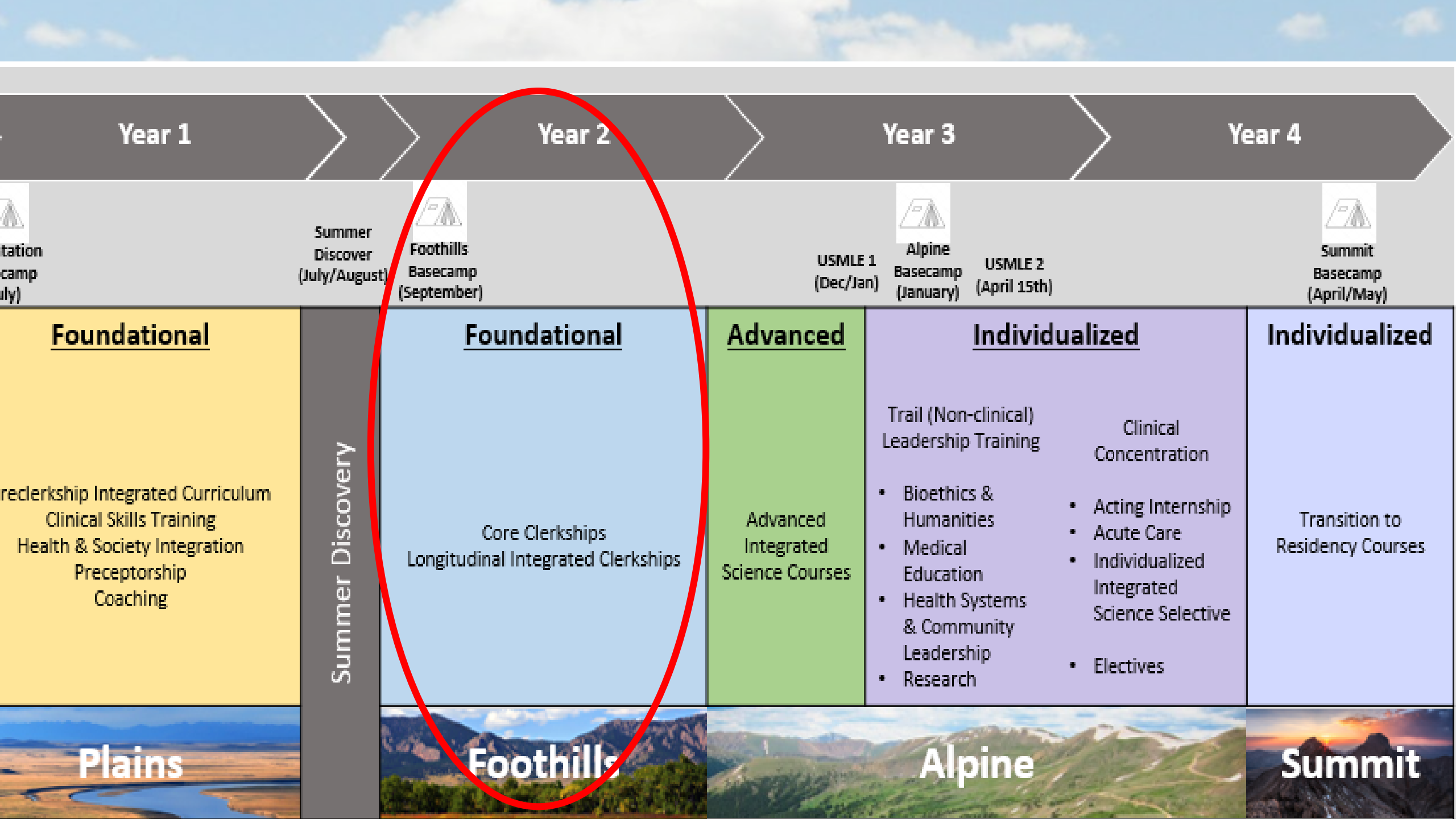


Pause for another thank you



“You think you have a great team but you don’t really know until you face a crisis”

In 2020-21, the Office of Student Life and Curricular Teams faced and handled dozens of crises each week.



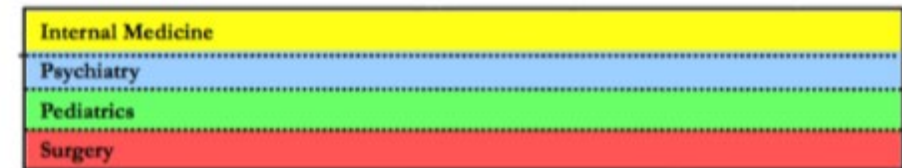
- LICs allow for continuity of relationships with patients, continuity of relationships with preceptors and continuity with the health care system.
- Through experiences in the LIC, students meet core clinical competencies across multiple disciplines simultaneously.

What is an LIC?

Sequential
discipline-specific
blocks



Longitudinal Integrated
(spaced + interleaved)



LIC Continuity



Longitudinal Preceptors and Mentors

Patient Panel

LIC Administration

Peer group

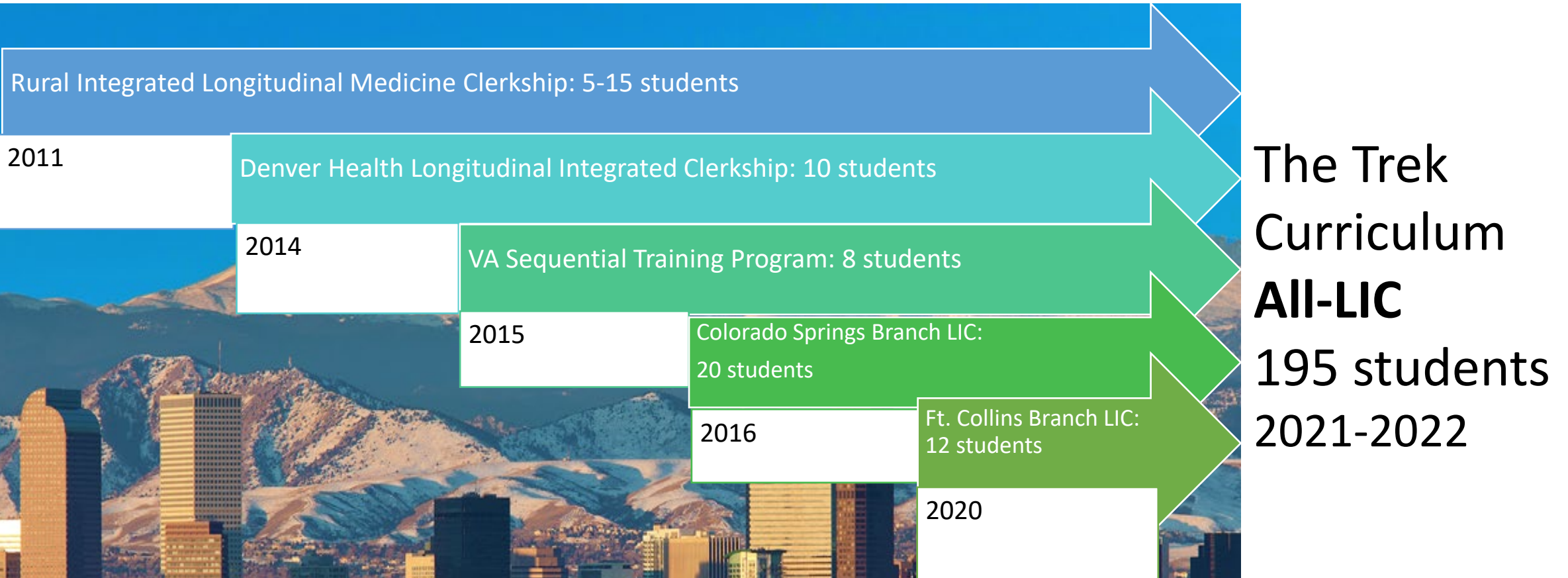
Health Care System

Developmental Curriculum

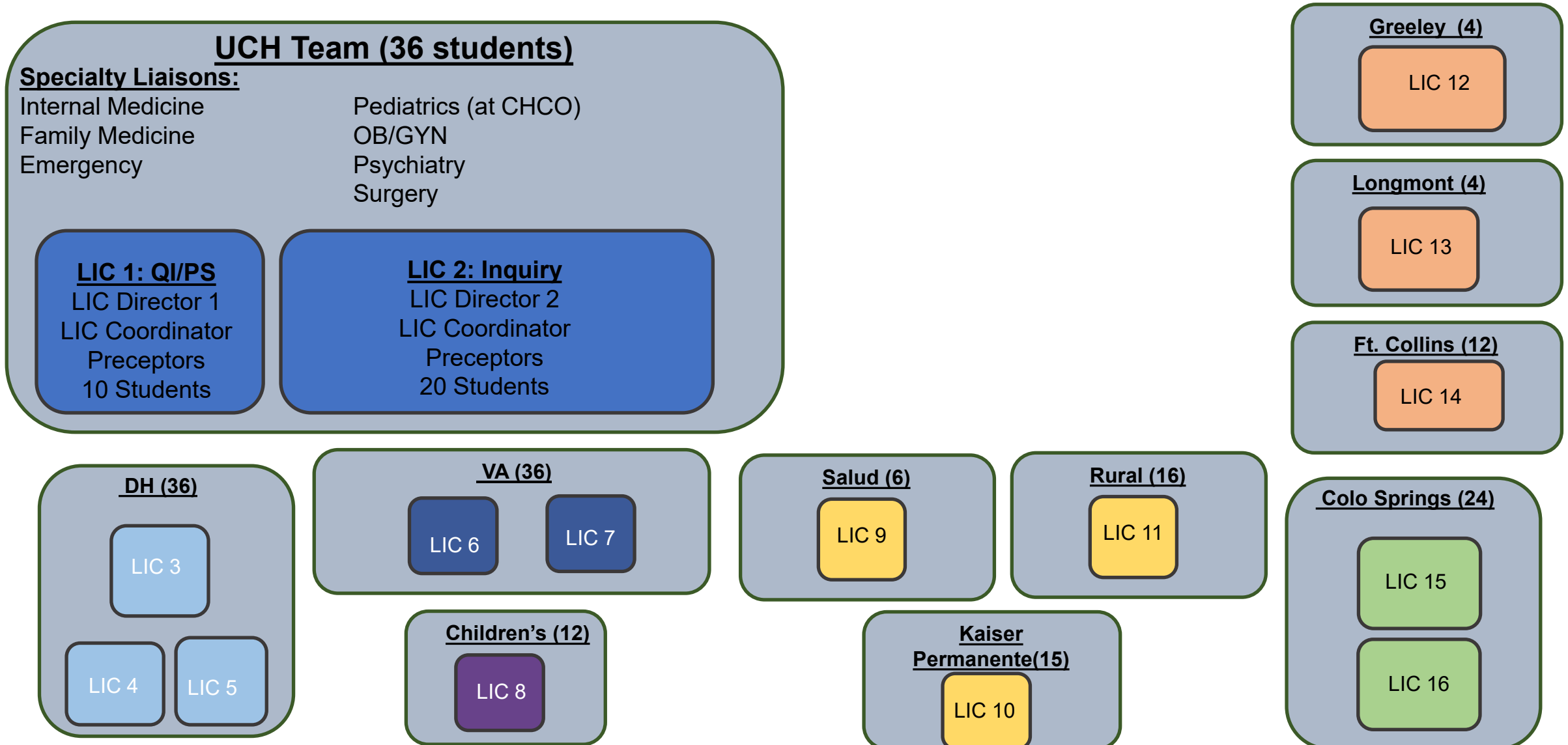
Why LICs?

- Eliminate fragmentation in clinical experiences
- Increase exposure to undiagnosed patients & transitions in care
- Provide feedback/teaching from experienced clinicians
- Longitudinal relationships with faculty, peers, patients
- Health Systems Integration
- Increased faculty engagement and satisfaction
- Improved empathy & patient-centeredness; prevent erosion of idealism, humanism and professionalism
- Equivalent to improved academic performance
- We have experience and success with LIC model

University of Colorado: a transition to all-LIC



The LICs: 16 learning communities across systems



LIC Concentrations

Inquiry
UCH, KP

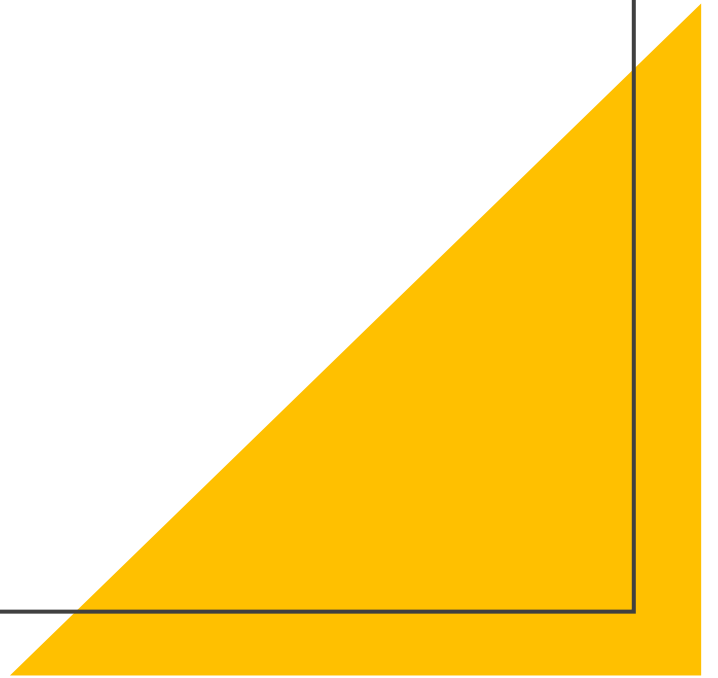
Equity
DH, CS, VA, rural

Public & Pop Health
DH, FC, Boulder,
Greeley

Advocacy
DH, VA, CHCO, Salud

QI/PS
UCH, VA, CS

CU School of Medicine Office of Student Life



Student Affairs Leadership

Assistant Dean, Student Affairs
Jeff Druck, MD



Assistant Dean, Student Affairs
Amira del Pino-Jones, MD



Assistant Dean, Student Success
Deb Seymour, PsyD



Student Affairs Team



Lalery Mayo M.ED
OSL Business Professional



Jordan Coulter, MA
OSL Senior Professional



Deborah Jackson, Ph.D.
Student Data Records Manager



Christopher Read
Data Manager



Regina Kireva
Academic Services Professional

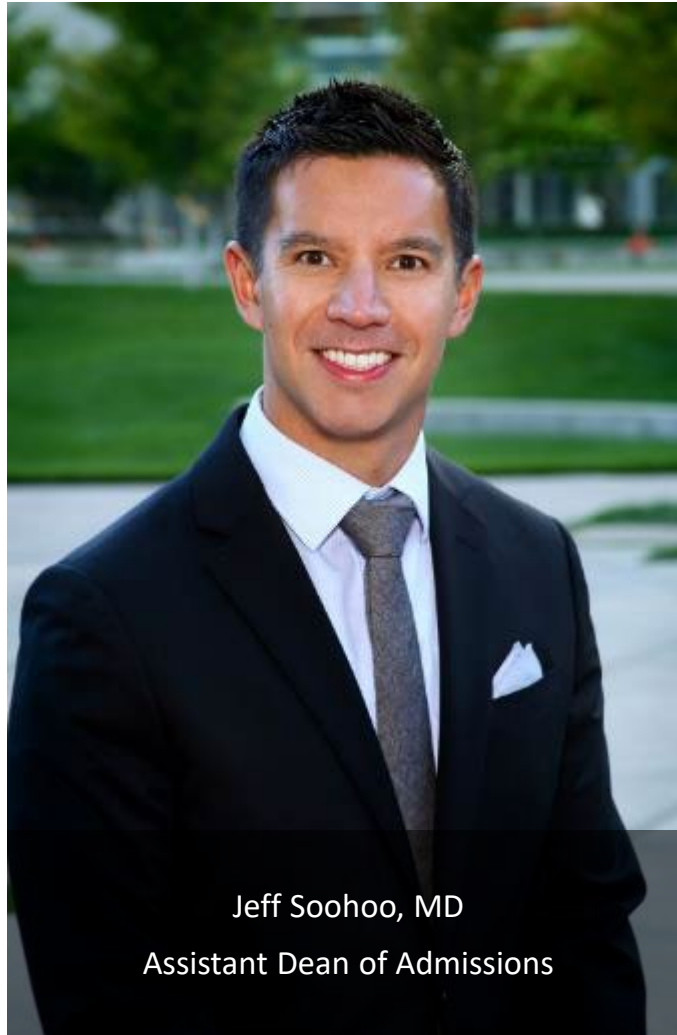


Mary Ball
COMPASS Program Coordinator



Deedee Colussy
Financial Aid Program Manager

Admissions Leadership



Jeff Soohoo, MD
Assistant Dean of Admissions



Karina Goodwin
Admissions Manager

Admissions Team



Lamar Cherry
Senior Admissions Specialist



Isabella Jaramillo
Admissions Professional

Academic Support Expertise

Deb Seymour, PsyD
Assistant Dean Student Success
Director, Academic Support Services



Nida Awadallah, MD
Director, Clinical Remediation



Team Overview

Haylee Shacklock

Associate Director, Undergraduate Medical Education



Student Affairs Resources

- Career
 - Individual counseling
 - AAMC resources- Residency Explorer, Careers in Medicine
 - Texas STAR
 - Referral to specialty advisors

Student Affairs Resources

- Personal
 - Tracking of struggling students
 - Referrals to Student Mental Health
 - CARE Team
 - Pause vs. Leave of Absence
 - Financial
 - Coordination with COMPASS Guides
 - Confidentiality/FERPA

Student Affairs Resources

Deb Seymour, PsyD
Assistant Dean Student Success
Director, Academic Support Services



Nida Awadallah, MD
Director, Clinical Remediation



- Academic
 - Remediation specialists
 - Individual meetings
 - Consulting with sites
 - ODAI referral
 - Mental health referral
 - Success Team

Student Affairs Resources

- Other
 - MSPE
 - VSLO
 - Documents request (e.g., letter of good standing)
https://ucdenverdata.formstack.com/forms/som_document_request
 - Vaccination documentation

Accommodations

Under Title I of the Americans with Disabilities Act (ADA), a reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process. These modifications enable an individual with a disability to have an equal opportunity not only to get a job, but successfully perform their job tasks to the same extent as people without disabilities

Accommodations

- Accommodations can only be granted by ODAI
- The SOM can determine if an accommodation is feasible
- Must be related to a personal disability rather than care for others
- Care for others- Refer to Office of Equity
- Testing accommodations
- Clinical accommodations



COMPASS Program Overview

Lawrence Haber, MD
Associate Professor
Office of Student Life

Roadmap

- Components of the COMPASS Program
- What distinguishes a coach from other educator roles.
- COMPASS Guide and student interactions this year.
- How the Program aligns with the web of support model.

Program Mission

- To guide medical students through their transformation into physicians and deepen their understanding of physician's interactions with the world around them.

How do we guide students along this path?

- **Coaching**
- **Mindful reflection**
- **Professional identity formation**
- **Assessment**
- **Self-care**
- **Self-directed learning**

Who's involved

- Faculty Coaches (Guides)
- Student Navigators
- Office of Student Life



What is a COMPASS Guide?

- Coach
- Teacher
- Advisor
- Mentor
- Sponsor
- Connector
- Advocate



The COMPASS Guides

1 st Faculty Cohort	Department
Tim Bernard	Child Neurology
Adria Boucharel	Pediatric Anesthesiology
Anjali Dhurandhar	Internal Medicine
John Frerichs	General Surgery
Kelly Ground	Palliative Care
Janna Hardland	Geriatrics
Chris King	Hospital Medicine
Leana May Moser	Pediatrics
Katie Morrison	Palliative Medicine
Josina O'Connell	Family Medicine
Mike Overbeck	Emergency Medicine
Cleveland Piggott	Family Medicine
Anuja Riles (FCB)	Pediatrics
Haley Ringwood	Family Medicine
Maurice Scott	Palliative Care
Hilary Stempel	Pediatrics
Brad Stern (FCB)	Obstetric Gynecology
Chelsea Wolf	Psychiatry
Brian Wolfe	Hospital Medicine

2 nd Faculty Cohort	Department
Alexander Abramowicz	Hospital Medicine
Amy Grover	Pediatrics
Eileen Wang	Allergy Immunology
Elijah Grillo	Internal Medicine
Jennifer Barker	Pediatric Endocrinology
Jennifer Michener	Internal Medicine
Jessica Jack	Pediatrics
Juan Lessing	Hospital Medicine
Julie Knoeckel	Hospital Medicine
Katarzyna Mastalerz	Hospital Medicine
Kelly Ferraro	Palliative Care
Melanie Donnelly	Anesthesiology
Molly Eaton	Infectious Diseases
Rachel Swigris	Internal Medicine
Scott De La Cruz	Palliative Care
Scott Saunders	Addiction Medicine
Susana Peralta	Family Medicine

What Does the Program Entail?

- Longitudinal student experience.
- Assigned faculty Guide on entry.
- Facilitated small group discussions.
- 1:1 student-faculty meetings.
- Career navigation.
- Near peer mentorship.
- Coaching in the moment *and* coaching over time.

What Students Experienced this AY

- Weekly small group discussions on Health and Society curriculum content.
- Five professional identity formation small groups during COMPASS Weeks.
- 1:1 coaching meetings during COMPASS Weeks.
- Related Friday Vista large groups.

What Students Will Experience next AY

- 1:1 coaching meetings.
- Compass Conversations focusing on Hidden Curriculum content.
- As needed student support

COMPASS Guides and Assessment

- Never responsible for high-stakes grading.
- Do provide students with growth promoting feedback, a form of assessment.
- Have access to their assigned students' assessment data to best support students.
- May contact students to offer support if student noted to be struggling on a part of the curriculum.
- For concerns related to student assessment, please begin by discussing with the LIC Director.

Why offer the COMPASS Program?

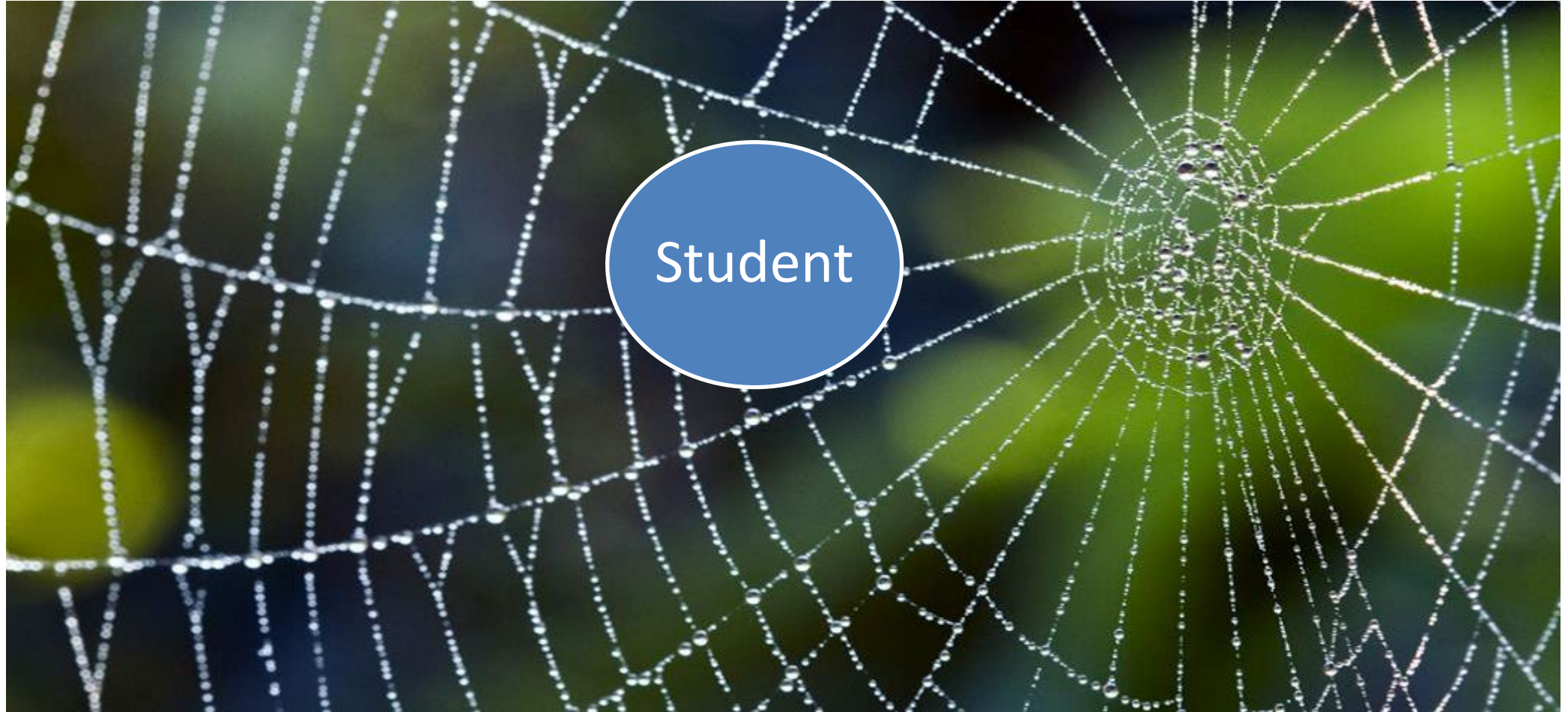
- To Succeed in Medical School, all students need support.
 - Some students more than others.
 - At some times more than others.
 - In some ways more than others.



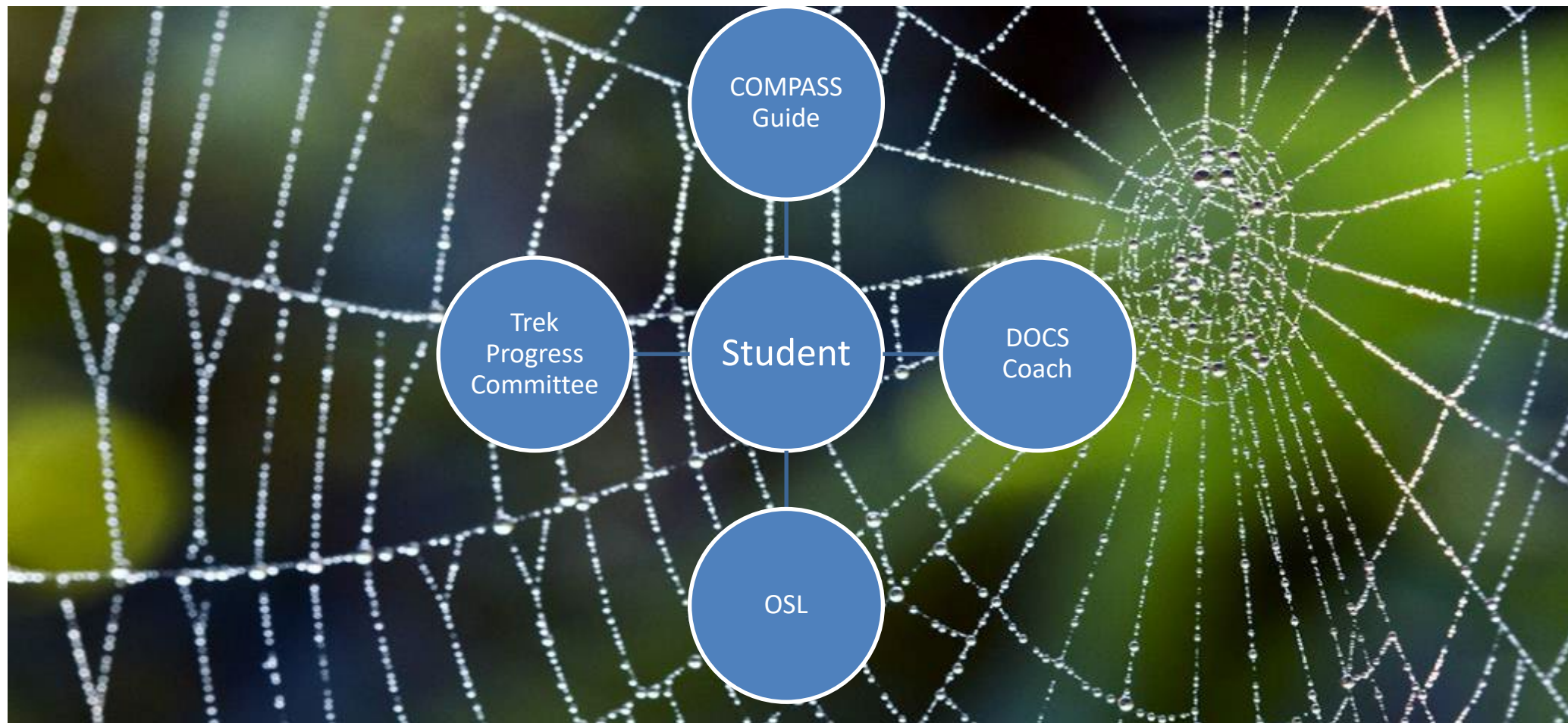
CU SOM Web of Support



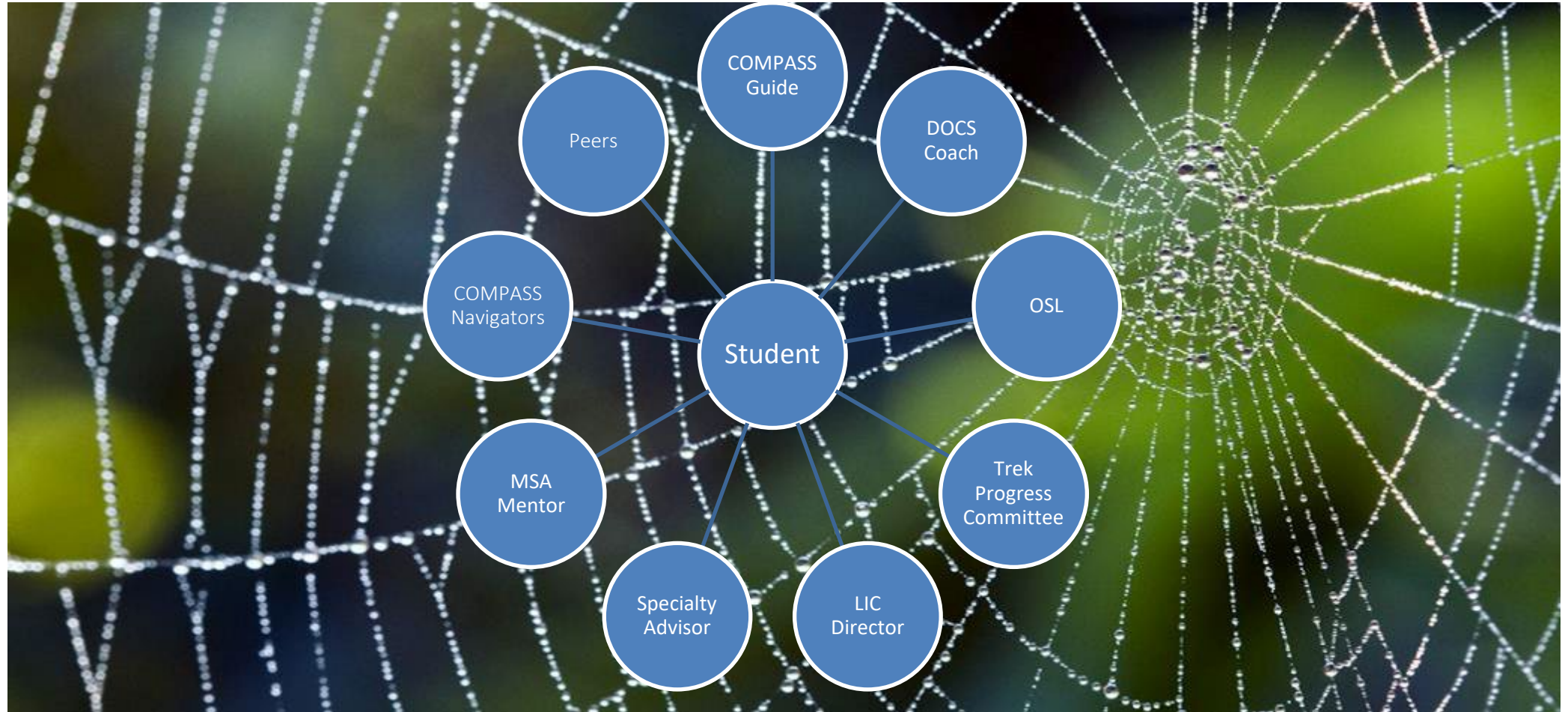
Outside the Web



Web of Support on Entry



Web of Support on Graduation



COMPASS Program Questions



Larry Haber, MD- Program
Director

Lawrence.Haber@dhha.org

Mary Ball- Program
Administrator

Mary.Ball@cuanschultz.edu



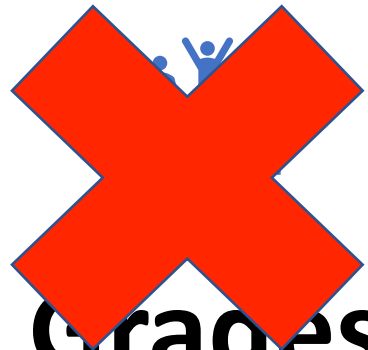
Assessment in the Trek Curriculum

- Tai Lockspeiser, MD, MHPE
- Assistant Dean of Assessment, Evaluation, and Outcomes

Emphasis of Assessment



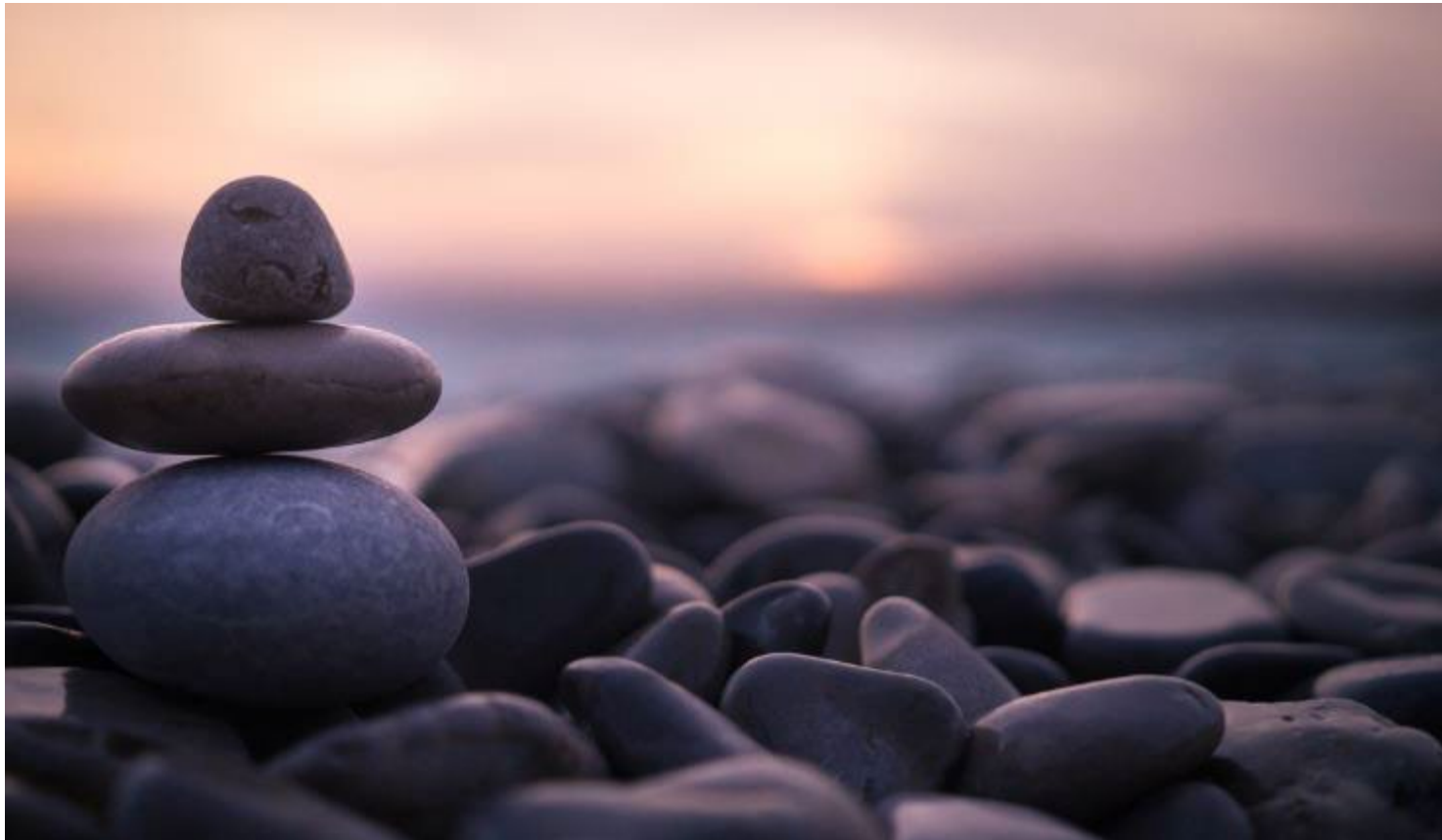
Growth



Grades



Trek Outcomes and Milestones



- Composed of Entrustable Professional Activities (EPAs) and competencies organized into the ACGME core competency domains
 - Wanted to simplify to one outcome framework and call out key skills we want our students to gain even if they aren't in the EPA framework.
- Two key transitions with milestones
 - Transition to the core clinical year (Foothills)
 - Transition to the advanced course work including acting internships (Alpine).

26 Outcomes organized in 6 domains



Medical Knowledge



Patient Care



Interpersonal and communication skills



Commitment (Professionalism)



Leadership (Systems based practice)



Curiosity (Practice Based Learning and Improvement)

Outcome Patient Care #6

Gather a
comprehensive patient
centered history
(EPA1)

Red Flags

- Does not report historical data accurately
- Relies exclusively on secondary sources or documentation of others
- Does not treat patients with courtesy and respect.

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

Using a template, complete a comprehensive patient-centered history from a medically stable patient with a common chief concern.

- Appropriately employs patient centered communication skills
- Able to form a connection with most patients
- Utilizes a template to gather information
- Collects and reports accurate information
- May gather excessive or incompletely nuanced data
- Identifies essential elements of a patient centered history (HPI, PMH, PSH, FH, SH, Meds)

- OSCE
- Preceptor assessment
- Small group assessment

Prior to Acting Internships

Complete a comprehensive patient-centered history from a patient with a common chief concern from the core specialties.

- Uses patient centered communication skills for challenging encounters
- Able to form a therapeutic relationship with patients
- Uses logical progression of questioning
- Incorporates information obtained during history to tailor questioning (illness scripts)

- OSCE
- Preceptor assessment
- Trained observer
- 360 evaluation

Goal Behavior

Complete a patient-centered history integrating hypothesis-driven questioning, secondary sources of data, and patient's context to make history taking comprehensive, accurate and efficient.

- Obtains a complete & accurate history in an organized and empathetic fashion
- Adapts communication skills to different care settings and patients
- Adapts communication skills to the individual patient's needs and level of health literacy
- Responds effectively to patient's verbal and nonverbal cues and emotions
- Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning
- Incorporates secondary data into targeted questioning

- OSCE
- Supervisor assessment
- Trained observer
- 360 evaluation

Dashfolio

- Work in Progress
- Tracks all student performance data in one place to allow for easily seeing growth over time

 **Student Dashfolio: Demo, Student**

Select Student Name
Demo, Student

Last Updated: 5/6/2022 - Click for Details

Student Resources

Web of Support

Your COMPASS guide/s, DOCS coach/es, and preceptor/s

Dashfolio Guides

How to use the Trek Student Dashfolio

Plains Courses

MCQ Performance

View your item-level performance on EOW and EOC assessments by discipline and across courses

Written Exams

View your scores on Plains EOW and EOC assessments by course

Practical Exams

View your performance on Anatomy Lab Practical and DOCS OSCE assessments

Commitment/Professionalism

6P Ratings

View 6P ratings and comments completed by small group facilitators


Professionalism

View any professionalism lapses and associated comments

NBME Exams

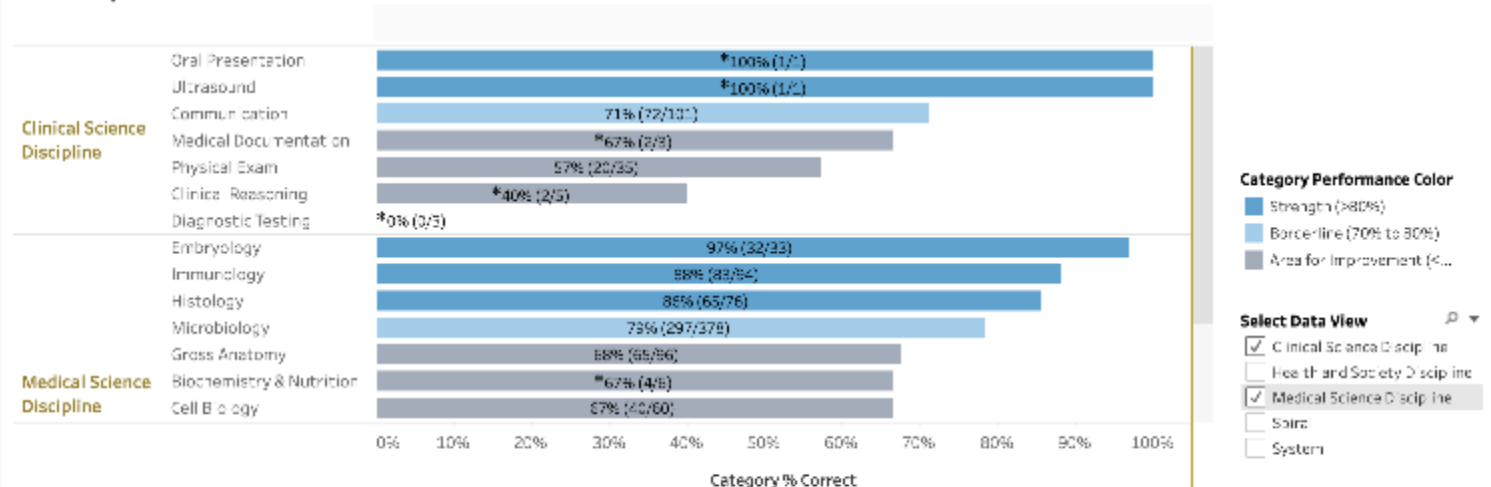
Basic/Clinical Science

View your results on CBSE, CBSSA, Step 1, CCSSA, CCSE, and Step 2 CK exams

 **MCQ Performance: Demo, Student**

Back to Landing Page

Trek Topic Performance



Click white space above to reset chart.

Hover over a topic bar for more details. Click on a topic bar to view performance details by topic.

Category Performance Color

- Strength (>80%)
- Borderline (70% to 80%)
- Area for Improvement (<70%)

Select Data View

- ☒ Clinical Science Discipline
- ☐ Health and Society Discipline
- ☒ Medical Science Discipline
- ☐ Skills
- ☐ Systems

Select Exam View

- ☒ All
- ☐ End of Course
- ☐ End of Week

Assessment in the Plains

- All courses are pass/fail
- Each course has a list of components that must be passed to pass the course:
 - Weekly knowledge checks
 - End of course assessment
 - Clinical skills sessions/assignments
 - Health and Society assignments
 - Professionalism/participation
- All assignments/exams have a minimum passing score that is set as the minimum level expected to move on – not aiming for 100%!!
- Goal is to have the frequent assessment support learning not just measure whether you have learned something
- Distinctions provided at end of the year for top performing students

Assessment in the Foothills

- 6 core clerkships that are graded honors/high pass/pass/fail
 - Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, Surgery
- Grades based on
 - Clinical performance
 - Professionalism
 - Assignments/Exams

Assessment in the Alpine

- Advanced Science Courses (ASC) are pass/fail but distinctions in each of our pillars are provided at the end of the ASCs
 - Weekly knowledge assessments
 - Clinical assessments
 - Capstone project
- Acting Internships and clinical electives are graded honors/high-pass/pass/fail
- Other electives are pass/fail

Trek Progress Committee

1. Provide feedback to all students about their progress and opportunities for growth
2. Identify students who are not meeting milestones and need extra support
3. Create and oversee implementation of a plan for students who need higher levels of support to succeed

Reviews all students twice a year to determine readiness to move on and follows struggling students more closely

Each assessment is another pixel to provide more detail



Thank you!

Jennifer Adams, MD
Assistant Dean, Clinical Clerkships
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