Hackensack Meridian School of Medicine

CQI CHRONICLE

Issue #20 | June 2024

Curriculum Retreat Launches Collaborative Efforts for Integration

Ofelia Martinez, MD, MPH, Assistant Dean of Medical Education & Elizabeth Koltz, EDM, Senior Director of Instructional and Curricular Design

The curriculum integration retreat held earlier this year brought together faculty and course and clerkship leadership across all phases of the school. Focusing on three main goals: (1) to strengthen integration of content across phases in the pathophysiology of common symptoms and conditions; (2) to foster camaraderie and partnership among faculty; and (3) to link professionalism and wellness across phases. This retreat had everyone working together collaboratively.

Working groups were established with individuals representing basic science and clinical faculty who were assigned one of the common symptoms and conditions of the top diagnoses. At the end of the meeting, the groups left with assignments to continue to follow-up on a plan for identifying gaps of content as well as redundancies. Each group was given a date to present their work in Phase 1 and 2 subcommittee meetings.

In May, the groups began to report out the progress on their integration work during the Curriculum Subcommittees and the work has been comprehensive and impressive.

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OME Team Meeting: Aligning Mission, Building Camaraderie, and Having Fun

Sabrina Kovler, MHA, MPhil, Executive Director, Education & Operations Improvement

The OME team recently gathered for a productive and engaging meeting on June 10, 2024 that focused on reviewing our mission and goals, fostering team engagement, and having some lighthearted fun. The day was filled with insightful discussions, collaborative activities, and a touch of friendly competition. This meeting marked the beginning of our OME Organizational Kick-Off.

<u>Reviewing Our Mission and Goals:</u>

The meeting began with a thorough review of our team's mission and goals. We discussed our core values, identified key objectives for the upcoming quarter, and brainstormed strategies for achieving them. This open dialogue allowed everyone to contribute their ideas and perspectives, ensuring that we are all aligned and working towards the same objectives.

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Curriculum Retreat Launches Collaborative Efforts for Integration (continued)

This issue of the CQI Chronicle presents two examples of excellent integration projects. So far the following pairs have been presented in at least the P1CS. We will be distributing links to all of the presentations after they have been presented to both committees.

Diagnosis	Co-Leads
Chest Pain/MI	Michelle Titunik & Mukundha Maneyapanda
Shortness of Breath	Bhupal Bhetwal & Anne Marie Van Hoven
Jaundice and Biliary Atresia	Jasmine Ghadavi & Michael Giuliano
Substance and Alcohol Abuse	Fortunato Battaglia & AnnGene Anthony
Septic Shock and Urosepsis	Tanchun Wang & Jesper Aurup
Hypoxia and COPD	Linda Siracusa & Joshua Josephs
Stroke and Thromboembolism	Felicia Gliksman & Deepti Reddy

Upcoming Meetings will have the following presentations:

Diagnosis	Co-Leads
Professionalism	Caryn Loffman & Bryan Pilkington
Abnormal Uterine Bleeding/PCSO	Jennifer Zepf, Melissa Figueroa, & Ryan Moore
Hyperglycemia and DKA	Stephen Percy & Stephen Ghanny
Abdominal Pain/APPY	Ryan Moore & Anthony Pagano

Each group will present the same content to Phase 1 and Phase 2. The identification of areas where pathophysiology can be added into content areas around the top conditions, as well as those areas where content might be moved (later, earlier or removed altogether) is a great start. In upcoming meetings, we look forward to hearing from the groups on how they are implementing a few of these key areas!

OME Team Meeting: Aligning Mission, Building Camaraderie, and Having Fun (continued)

Team Engagement Activities:

To foster a sense of camaraderie and collaboration, we participated in several team engagement activities. These included icebreakers and the open brainstorming of our mission and goals. These activities not only helped us get to know each other better but also allowed us to tap into our collective creativity and problem-solving skills.

Scavenger Hunt:

To add a touch of fun and friendly competition to the day, we concluded the meeting with a scavenger hunt. Teams were tasked with completing a series of challenges around the office, requiring them to work together, think creatively, and have a good laugh. The scavenger hunt was a great way to unwind after a productive day and celebrate our team spirit.

Overall, the OME team meeting was a resounding success. We achieved our goals of reviewing our mission and goals, fostering team engagement, and having fun. The day left us feeling energized, motivated, and ready to tackle the challenges ahead. I look forward to continuing our work in OME and continuing to build on our Organizational Effectiveness.

The Medical Education Team is here for you!

Please contact Marycarmen Kunicki at marycarmen.kunicki@hmsom.edu for additional information on topics included in this newsletter and if you would like to share the findings of any quality improvement projects with us for future publications.

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Evaluating the current and planned integration of Septic Shock Identification and Management within the existing curriculum

Jesper Aurup, M.D., Assistant Director of Clinical Skills

As a part of the curricular integration project discussed during the annual curriculum retreat, a team was created and tasked with assessing the integration of septic shock within our existing phase 1 and phase 2 curriculum. Our initial objective was to evaluate the current curriculum to map, identifying where septic shock is currently taught to our students during their phase 1 and phase 2 training. We utilized a search through LEO and our existing team's background knowledge on the matter to identify where in the curriculum the concepts required for septic shock understanding and management are currently taught. We then laid out the details on a frame provided by the phase 1 committee meeting coordinator.

Our team review then carefully analyzed where there was room for improvement in the existing curriculum with regard to integration of the topic over the spectrum of phase 1 and phase 2. We identified specific areas during phase 1 where we could further integrate septic shock education and foundational elements core to the understanding of septic shock. These suggestions were provided to the phase 1 committee.

After the phase 1 committee meeting, we were able to recruit medical educators from phase 2 to discuss the current curriculum for septic shock education during the phase 2 component of medical education. This meeting with current medical educators underscored the multidisciplinary nature of septic shock management and the already present multi-clerkship education on septic shock. We inquired about the phase 2 educators' assessment of current student understanding and preparedness for management of septic shock. We were informed that the phase 2 educators were satisfied with the current knowledge and preparedness of our students in managing septic shock.

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Looking at Curriculum Development with a "Jaundiced" Eye

Michael Giuliano, MD, Med, MHPE, MA, Associate Dean, Faculty, Resident & Student Development

The million-dollar question has always been how we should organize the overall structure of a medical school curriculum. For many years, the answer was by subjects, beginning with basic sciences like biochemistry, genetics, anatomy, histology and then moving on to physiology and pathophysiology. However, the organ-based design has now taken ascendance with all of the "subjects" integrated into organ systems, with basic concept courses leading the way. Most medical schools have adopted this pattern, although the clinical problem-based approach has also been experimented with at a few schools.

Must we choose one approach or can we "weave" a curriculum that incorporates the best parts of each model? At HMSOM, we have indeed extracted elements of each of these models to create a tapestry curriculum, and the process is still ongoing, especially for subject integration. Clearly, the broad architecture of the curriculum is organ-based, but the Patient Presentation Problem Based Curriculum (PPPC) and elements of clinical skills weave into each week a clinical case that puts the current learning into the content of a clinical problem. Many subject threads also run throughout the curriculum, including Professional Identity Formation and complex learning, to name a few. However, is there room for further subject integration across the entire curriculum to improve coordination of teaching these subjects and ensure nothing is missed? Of course, the answer is yes. But which subjects should receive this added layer of attention?? Let's turn a jaundiced eye to this question.

During our recent curriculum retreat, where these questions were addressed, the topic of jaundice was raised for consideration as a subject for further integration. After some investigation, it turned out that jaundice was indeed a subject that popped up in almost every organ-based course and throughout the clinical rotations, and there were many opportunities to improve the integration of teaching.

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Evaluating the current and planned integration of Septic Shock Identification and Management within the existing curriculum (continued)

In conclusion, our team proposes that the next step of this project would be to assess student understanding and comfort with the curriculum. We would consider an assessment of the students towards the end of phase 1 and later phase 2 to see the strengths and weaknesses of the current curriculum, as well as, assess the students' comfort with the material. This assessment will help us identify areas for improvement and enhance the effectiveness of our curriculum. By fostering a more unified and comprehensive approach, HSOM will equip students with the necessary skills to effectively recognize, evaluate, and treat shock, ultimately improving patient care outcomes.

A New Assessment Information Systems Specialist - Sarah Kokkinakis

I have a Bachelor of Science in Astronomy & Astrophysics from Embry-Riddle Aeronautical University as well as a Master of Arts in Teaching from William Paterson University. There I developed data analytic and programming skills, as well as a proficiency in various operating systems.

In my previous position at HMSOM as the Curriculum Data Coordinator, I utilized my skills generating educational outcome and evaluation reports as well as managing student final grades. As an Assessment Information Systems Specialist, I am now responsible for the overall management of Leo, which is our learning management system (LMS) and collaborating with the Phase 2 team on student assessments and grades. In my free time, I enjoy walking my poodle mix, Rhea, and playing on my Nintendo Switch.

Looking at Curriculum Development with a "Jaundiced" Eye (continued)

Several key suggestions immediately jumped out during this review that would help facilitate the integration of teaching and fill in some of the gaps. Primary among the suggestions was to include a master diagram outlining bilirubin metabolism across all the organ systems involved during MCP. This master diagram could then be used repeatedly whenever the issue of jaundice was brought up. For example, when addressing hemoglobin synthesis in TDH, the master diagram could be used to overlay why jaundice can be an issue.

In I2C, it was noted that infectious hepatitis and congenital hepatitis have been omitted in deference to placing this in NMD. Adding hepatitis into both courses would add more layering for the subject. Also, in NMD, expanding the section on neonatal jaundice to include the causes of direct hyperbilirubinemia was noted as a gap. Including neurotoxic effects of high levels of jaundice in the NB course will add another dimension to the subject not well covered to date.

In the clinical rotations, it was noted that jaundice was not included in the symptoms to cover in the Medicine rotation, but was included in Pediatrics, FM and Surgery. It was suggested this be added and that the clinical faculty be made aware of the master slide on bilirubin metabolism. This master slide could be utilized when discussing the pathophysiology of jaundice in various settings.

With relatively few additions and greater coordination, the subject of jaundice could be better addressed throughout our curriculum. Following the outcomes of jaundice-related questions on the USMLE would be a simple outcome measure to determine if these changes had an effect.

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