



MICHIGAN STATE  
UNIVERSITY  
College of Human Medicine

# CHM Learning Academy: Medical Education Through Shared Discovery

February 2016

## Shared Discovery Curriculum or Bust!



Seven months and counting until we meet the class of 2020!

The Shared Discovery Curriculum is coming together, but obviously a curricular change of this magnitude means that there are a lot of moving parts. The accomplishments are many and far reaching, and as with any complex system, there are times where progress in one area depends on the goals in other areas. The Learning Academy is one part of this complex system. We have been pilot testing content and delivery for the small group sessions in order to develop an optimized version of resources for students and faculty. There are also other resources under development including the Student Handbook and the Student Assessment and Promotion Guide. These resources will be useful to learning academy fellows in their work with students and for guiding the competency committee.

Coming soon: we will be holding a forum for learning society fellows. This will be our first time to get together to talk about the specific concerns and questions you might have at this time. We hope to have the invitations out next week for a session in Grand Rapids and a session in East Lansing.

For more updates about the Shared Discovery Curriculum, watch for the Shared Discovery Curriculum Updates, which are published every four to six weeks. You can view the January 27<sup>th</sup> update [here](#).

### The Shared Discovery Curriculum Team

- Robin DeMuth, MD, Assistant Dean for Clinical Experiences
- Matt Emery, MD, Medical Director of Simulation
- Gary Ferenchick, MD, Director of Just-In-Time/Chief of Complaints and Concerns
- Heather Laird-Fick, MD, Director of Assessment
- Brian Mavis, PhD, Director of the Academy
- Patricia Brewer, PhD, Learning Society Chief
- Jonathan Gold, MD, Learning Society Chief
- Sath Sudhanthar, MD, Learning Society Chief
- Angela Thompson-Busch, MD, PhD, Learning Society Chief
- William Wonderlin, PhD, Director of the Early Clinical Experience
- Cindy Arvidson, PhD, Director of the Middle Clinical Experience
- Louis Marks, MD, Associate Director of the Middle Clinical Experience
- Churlsun Han, MD, Director of the Late Clinical Experience
- Helga Toriello, PhD, Director of Intersessions
- Paul Kowalski, MD, Associate Director of Intersessions
- Anthony Paganini, PhD, Director of Integration and Innovation
- Carol Parker, MA, Executive Director for Academic Affairs

Some of you receiving this newsletter have already made your commitment to the CHM Learning Academy. Others of you are in the process of balancing the feasibility of this role with other commitments and opportunities. I hope you find the information useful. If you follow the links to additional resources, I expect you will soon realize how truly innovative the approach we are taking will be. I hope it helps you better visualize the part you will play in this amazing process. Of course, it will raise questions and as always I will do my best to provide answers in subsequent newsletters as more information becomes available. In the meantime, please feel free to contact me ([Brian Mavis](#)).

## Where Can I Learn More about Medical School Learning Communities?

The Learning Communities Institute (LCI) is the national organization of medical schools that have adopted learning societies. Their [webpage](#) provides resources as well as presentations from their annual meetings and provides useful perspectives of other schools' experiences. MSU-CHM is now a member of the LCI.

At CHM we have decided to call our student groups learning societies instead of learning communities because it became apparent early on in the SDC planning process that as a community-based medical school, the word *community* has a very specific meaning for us. So we will use *society* to designate our small group learning experiences and *community* to specify the various cities where our educational experiences will take place.

In planning for adopting the learning society model to CHM and the Shared Discovery Curriculum, a document summarizing the structure of learning societies at other medical schools was developed. This document can be accessed through this [link](#).

## Want to Learn More about the Shared Discovery Curriculum?

The SDC Folio provides a comprehensive overview of the Shared Discovery Curriculum and an overall map of the curriculum across four years of medical school ([Shared Discovery Curriculum Folio](#)). The [Shared Discovery Curriculum](#) website has information tracking the development of the new curriculum. This website also has [links to recordings](#) of all of the prior town hall meetings related to the new curriculum. The website is currently under redesign and the new and improved website will be available before the end of the month.

## Where Can I See the Chief Complaints and Concerns (C3) Documents?

The new curriculum is organized around the patient experience, focusing on the chief complaints and concerns that might be the motivation for a patient to access the health care system. This represents a move away from the more familiar discipline-based and organ-system models of many medical schools including our own legacy curriculum. The new curriculum is integrative across disciplines and the content is organized around documents describing patients' chief complaints and concerns (C3 documents).

The following C3 documents are the basis for the Early Clinical Experience (ECE) curriculum for first year medical students. Click on the topics below to open the document. For a complete listing of the C3 documents, [click here](#).

- [Abdominal Pain](#)
- [Anxiety](#)
- [Blood Glucose Regulation](#)
- [Blood Pressure Concerns](#)
- [Depression](#)
- [Dizziness](#)
- [Dyspnea](#)
- [Dysuria](#)
- [Health Maintenance](#)
- [Immunizations](#)
- [Joint Pain](#)
- [Palpitations](#)
- [Temperature Regulation](#)

## What is the Pilot Testing All About?

The Shared Discovery Curriculum, scheduled to start in approximately seven months, promises dramatic changes in the way medical students are educated here at the College of Human Medicine. In preparation for these changes, students and faculty have been participating in pilot tests of various aspects of the curriculum, continuing a tradition that began in 2013.

A pilot test or pilot program is a small-scale, short-term effort designed to provide data about the feasibility

of the program before it is implemented on a large scale—in a sense, an educational simulation. Pilot tests of this kind are surprisingly uncommon in medical school curricula. The College of Human Medicine did its first pilot test of the Shared Discovery Curriculum in the summer of 2013, putting 21 intrepid students (volunteers!) through a variety of teaching methods, assessments and educational experiences over seven weeks ([click here](#)). The data obtained from this pilot test was crucial in informing the development of the curriculum as it is now conceived.

As we prepare for the fall launch of the [Shared Discovery Curriculum](#) with a full cohort of 190 students, we have already organized three pilot tests this month. Once again we have a group of volunteer students who are actively participating and providing data to refine our planning. The first two of these two-hour sessions focused on the modified problem-based learning format that will be used in the learning society sessions. The first pilot test was organized around joint pain; the second around abdominal pain. The content for both sessions were outlined in the Chief Complaints and Concerns (C3) documents ([click here](#)), which are the core curriculum documents for the Shared Discovery Curriculum. The most recent pilot test explored early clinical skills instruction.

The pilot tests give faculty a chance to consider how to best achieve the learning objectives, the pre-session learning resources needed by students and how to structure the session to engage first year students—who have a limited background in necessary science—in inquiry-based educational approaches. The pilot test also provides us with time to reflect on the faculty needs related to preparation time for these sessions and resources for faculty preparation as well as the group process skills needed by faculty to achieve the learning goals.

We continue to plan additional pilot tests of various components of the curriculum including small group teaching and flipped classroom methods, simulations, coaching, debriefing of early clinical experiences and assessments. Not only are these pilot experiences helping to ensure the success of the curriculum going forward, they are providing opportunities for faculty development in an ongoing fashion as faculty are able to practice teaching methods that are new for many in the College.

## How Can We Think About Creating a Safe Environment in the Learning Societies?

The Shared Discovery Curriculum is based on small group interaction and teamwork. Relationships and connection in these small groups will be essential in the SDC. Forming healthy relationships relies on empathy, transparency, honesty and vulnerability. Both students and faculty should feel safe to share information, have a willingness to be imperfect, and be free from judgment and shame. The following videos by Dr. Brene Brown discuss those issues and describe how we will all need to lean into and embrace the discomfort of the SDC.

- Dr. Brown on vulnerability: [click here](#) (20 minutes)
- Dr. Brown on shame: [click here](#) (20 minutes)
- Dr. Brown on empathy: [click here](#) (3 minutes)

## Meet DR MERL: Dependable Reviews of Medical Education Research Literature

As the name implies, [DR MERL](#) is a collection of reviews of the latest research in medical education. *Academic Medicine*, *Medical Education* and *Teaching and Learning In Medical Education* are a few of the medical education journals regularly scanned by our reviewers to find interesting and relevant research articles. Physicians and medical school educators (from [Rutgers Robert Wood Johnson Medical School](#) and other medical schools) then write short 150-200 word reviews. The goal of **DR MERL** is to disseminate succinct reviews of medical education research to our teaching faculty to keep them up-to-date on the most important medical education research. The January issue of DR MERL can be viewed [here](#).