

**Faculty and Instructional Development Committee**  
**Curriculum Under Construction**

November 17, 2008, 12 – 1 pm  
Sanger 1-050 (MCV Campus) & Conference Room 1, Claude Moore Bldg (Inova  
Campus)

**Minutes**

**Attending:**

**MCV Campus** Bennett Lee; Curtis Sessler; Edward N Ishac; Indra Kancitis; Ike Wood; Jeffrey Kushinka; Jonathan Ben-Ezra; Judy S Gary; Kim Fisher; Roberta McKnight; Stephanie Call; Timothy E Vanmeter

**Inova Campus** Alicia Freedy; Chapy Venkatesan; Craig Cheifetz; Cynthia Gauss; Samantha Buery

**Absent:** Dr. Cohen, Ms. Hampton, Mr. Jones, Dr. Leberman, Mr. Rawkes, Dr. Wood, Dr. Whitehurst-Cook

The meeting was opened by Dr. Call, co-chair, with introductions of committee members. The Faculty and Instructional Development Committee is one of three committees established to lead and assist in curriculum renewal.

<http://www.medschool.vcu.edu/curriculum/index.html>

**Approval of October Minutes:** Dr. Call asked that a correction be put into the October minutes that Justin Jones, 2<sup>nd</sup> year student representative, was present at the last meeting. As there were no further corrections the committee approved the minutes.

**Overview of October Meeting:** Committee members were asked to brainstorm individually and come together with core competencies. Several individuals were tasked with specific areas of competencies: Evidence-based medicine, active learning, and technology. Dr. Call noted that there is other information that was just received at the MCV Campus site which would be forwarded to Dr. Cheifetz at Inova.

**Evidence-based Medicine:** Dr. Kushinka reviewed the handout emailed to the committee and noted that it is important to agree on what is important in evidenced-based medicine when we teach it: should it be part of medical education at all levels? Should there be some basic understanding of core concepts? He noted that EBM does not require advanced statistical knowledge or an MPH degree, just some preparation and understanding. However Dr. Kushinka proposed that in a clinical department that some faculty members should have a deeper understanding than the core concept and we need to decide how deep an understanding should be applied.

Dr. Kushinka went on to say that we need to recognize when evidence guides and does not guide our decision. EBM is used a lot and there are certainly clinical decisions where this are no guidelines. He went on to list a few ways that we might approach doing this:

- Faculty should be equipped with the expertise to teach undergraduate students EMB.
- Be interested in hearing how the basic science departments would be involved.
- Designate core leaders or teachers within a specialty.

There are some faculty with EBM expertise and some who have an interest in using it if they are given a few basic tools. Dr. Kushinka said there may be a need to provide some support to those chosen as core leaders and there are some ways we might formally train them with some workshops or in-house experts and training sessions. He suggested following the Stanford model and doing the same with EBM training.

Dr. Call asked for thoughts about EBM curriculum.

Dr. Freedy: She has developed an EBM curriculum that she uses with some identified competencies that are important in EBM. (These were sent this a.m. to Carol Hampton but were not available for this meeting.)

Dr. Venkatesan: Asked if the goal is to introduce EBM to the pre-clinical years as well and if so would there be any way to use these discipline landmark articles and match them up to a pre-clinical class. He gave examples of clinical support to connect the articles and make it longitudinal with long-range goals.

Dr. Call: Said this would be up to a sub-group to decide. She noted that the second piece is to get the integration piece tied right into the EBM throughout the entire curriculum.

Dr. Cheifetz: Noted that we have to think about how practical it is to deliver EBM to a multitude of individuals and if so, how well we can deliver it on the fly so the myriad of instructors don't have to take the time to become a master. How can you create a card or toolkit to keep it on their radar while giving as little training as possible? We must determine how extensive the detail, how to phase it in and the basics to start with for everyone.

**Technology:** Dr. Ishac reviewed the handout on technology competencies. He pointed out that we were not taught the technology yet we demand our students be competent learners and yet we don't demand that of our faculty. We need to stimulate a more environmentally rich learning environment for the students. He gave guidelines for competencies such that faculty should be aware of certain aspects of basic technology, e.g., how to make a PDF file.

Dr. Call: Should every faculty member know these competencies?

Dr. Ishac: It is a list of everything that should be known, basic data handling. We don't test these skills now, but we should develop something to test their skills and faculty should have reasonable knowledge of this competency list.

Mrs. Fisher: We could prepare a self-test online to see if they were up-to-date and if they knew what they should know technology-wise. It should be revised every other year as new technology is developed. Plus faculty should know how to use appropriate technology with proper security.

Dr. Cheifetz: Are you proposing every faculty member have these competencies? Or that each area has an expert in these tools?

Dr. Ishac: All faculty should be tested online to see what they lack in certain areas. They don't need to know everything but should know where they have deficiencies and bring their skills up-to-speed in those areas.

Dr. Call: What are the core set of skills?

Dr. Ishac: We need to have an overview of what is out there. Then have some short presentations to make faculty aware of what is out there and what they should know. We can't teach them everything.

Dr. Lee: Are core skills or advanced skills needed?

Mrs. Fisher: I think there will be a core competencies that everyone will have. There should be a core of things everyone should know how to do for themselves.

Dr. Cheifetz: Maybe it's both, that we look at the general core competencies, but then we design the technology to fit the core curriculum.

**Core Curriculum:** Dr. Call: We looked through emails and discussion with Craig Cheifetz and Carol Hampton and think it might be good to use the structure of the Stanford Course (a faculty development program to train faculty for effective teaching), which chunks learning into 7 core categories. These 7 categories overlap with all the discussion we're having and put it into reasonable labels for us. It is suggested we EBM, technology and integration as separate areas.

Dr. Cheifetz: The Stanford method provides a checklist on cards. The categories are able to be generalized enough that they can be very tangible for individuals in any teaching session, either clinical or basic sciences. Having a checklist the faculty can use on the side and keep in their pockets would be a good idea for regular users.

Dr. Call: There needs to be a list of basic skills and behaviors that are grounded in the literature. This framework can serve as a two-day workshop we will be putting on for medical science teachers at VCU in January.

Dr. Cheifetz: I suggest you keep evaluation and feedback separate.

Dr. Call: The learner should be allowed to set goals.

Dr. Cheifetz: All of this skills/behaviors are included in the Stanford program and you can design how you address them in your workshop and bring them together (or not). The tool has 26 key competencies that allow continuity of evaluation where you can look at which to apply to learning, control sessions, goals, etc. Dr. Cheifetz noted that he and Dr. Venkatesan are taking this format into any lecture so a student or faculty member can see how they are doing on it. EBM and IT would have to be added to what is already there, but the tool is available, no need to reinvent the wheel.

Dr. Call: This has been done at Indiana, Stanford and Wayne State. Indiana just went through an entire curriculum overhaul and there has been positive feedback. It is important to have an overlap with medical education, clinical and general sciences. That is what this framework does and why we're conducting the workshop, in January. We're

aiming it at basic science teachers who currently teach in the medical student curriculum.

Dr. Cheifetz: We don't want anyone to feel like we're pushing this faculty development model. I have actually, between all the meetings, not come across a model that has been as well received and is as applicable across the board. Almost everyone uses this as part of their models.

Dr. Call: Can we come to an agreement that this will be a framework for a first stab and add the EBM and IT piece?

Dr. Cheifetz: Labeling the category should be done carefully. I'm thinking "hidden curriculum". Do we want to tease out something along the lines of humanism and professionalism or even labeling "avoiding the hidden curriculum?"

Dr. Call: An interesting thought, especially for the basic sciences. We dealt with it in communication of goals in workshops I attended. Everyone's conversation came back to humanism and professionalism. So it would be interesting to explore.

Dr. Cheifetz: It would be interesting to take the EBM, IT and professionalism pieces and see if they could be divided across the 7 Stanford pieces and see if they divide out naturally into components.

Dr. Call: We should keep the competencies separate.

Dr. McKnight: Are we holding the students to the same standards?

Dr. Kancitis: It is important to consider professionalism.

Dr. Call: We have 11 standards - 7 from Stanford model (see handout) , EBM, IT, integration and professionalism), and that's a lot.

**Summary and Next Steps:** Dr. Call gave a summation on the meeting: the committee agreed to the Stanford format as a basic framework with its 7 categories plus the EBM, IT, professionalism, and integration. Some of these added four may be included among 7 Stanford components. Initial work on the EBM piece will start and Dr. Kushinka will coordinate, working with Dr. Feedy at Inova, to begin to identify core skills for faculty and skills for faculty who teach EBM in departments. Regarding the technology competencies, help will be needed in getting the basics to everyone. We'll then reword the competencies piece and I'll update where we are on the workshop in January.

The meeting was adjourned at 12:50pm.

Prepared by Marge Tischer, VCU School of Medicine Inova Campus