

The Millennium Conference: May 6-8, 2015  
Transforming the Post-Clerkship Curriculum  
The Carl J. Shapiro Institute for Education and Research at Harvard Medical School and  
Beth Israel Deaconess Medical Center, conference sponsors  
Executive Summary for the University of Illinois College of Medicine

## I. Background, Purpose, and Scope

This Executive Summary describes how UICOM's participation in the 2015 Millennium Conference will help inform the curriculum transformation process including deliberations at the Phase 2 Retreat in October, 2016. Further details can be found in the document "Shapiro team-Final report-082216".

**UI-COM Team Members:** Abbas Hyderi, Gerry Wickham, Amy Lin, and Farion Williams. Janet Jokela (post-conference team member).

The 2015 Millennium Conference was the eighth working conference sponsored by the Carl J. Shapiro Institute to address important topics in medical education. This year's focus was "Transforming the Post-Clerkship Curriculum" in undergraduate medical education to better prepare graduates for residency and clinical practice. Three major themes were explored:

1. **Curriculum structure and content** – balancing needs of students with determined specialties and those who remain pluripotent; ensuring successful transition to multivariate residencies; generic vs. specialized "bootcamps"; integration of basic and clinical sciences
2. **Lifelong learning** - post-clerkship clinical experiences as a means of helping students become comfortable with uncertainty; preparing students for assessing and filling their own learning needs and knowledge gaps to continue professional growth and maintenance of core competencies; balancing curriculum with rigors of career search process; encouraging and rewarding curiosity
3. **Assessment and remediation** – ensuring collection of appropriate assessment data to determine readiness for residency; best methods for making entrustment decisions; implementing enhanced rigor in the final phase of medical school

## II. Summary of Activities Addressing Initial Recommendations

We performed a **comparison of M4 Curriculum across the campuses of UI-COM** (see Appendix A for details). Team members worked with local faculty and staff to pilot and began evaluating curricular interventions that addressed some of the conference's themes.

**Recommendation 1:** Leverage technology for instruction, assessment, and program evaluation, to facilitate collaboration across campuses and sites, and provide necessary information to monitor the progress of our learners and programs. For example, create repositories for collaborative instruction and assessment.

- Our team used BOX and monthly teleconferences to communicate and share resources, which was highly effective
- Technology-enhanced medical education task force is exploring the available technology to make recommendations to fulfill this recommendation

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- We have educated ourselves about and started exploring options for electronic portfolios through discussions with the CCIA Assessment Task Force, Ben Williams in Urbana, and the EPA group, and learning from the team at Northwestern. The College-wide narrative assessment of professionalism attributes, as well as clinical performance assessments of students on rotations, can be submitted in Benware.

**Recommendation 2:** Leverage the Match process for student professional and personal development

- **Peoria:** Launched residency preparedness initiative where students participated in recommended and required extracurricular activities
- **Chicago:** Checklist to ensure match application recommendations met. Completing this and other requirements entitles students to loan forgiveness if they don't match.
- **Urbana:** M4 student panel for M3s and other interested students; Faculty discussion series with M2 students regarding preparing for clerkships and match process in anticipation of residency; Specialty interest group activities with faculty discussing match process with interested students.
- **Rockford:** M4 student panel for M3s and other interested students; Evening Career development seminars for M3s.
- The team did not address student personal development

**Recommendation 3:** Increase the frequency of student assessments to provide adequate feedback for student performance improvement. This will require development of new assessment tools (e.g., electronic portfolio, OSCE, etc.) and faculty development

- **Work of the CCIA Assessment Task Force:** The CCIA Assessment Task Force has developed recommendations for policies and best practices for assessment in general, assessment for learning, and the use of portfolios for assessment.
- **Efforts to provide additional assessments of students:** The narrative assessment professionalism form was launched college-wide. Peoria piloted a situational judgment test (Appendix D). Additionally, students in Peoria are assessed with a common sub-I OSCE. In Chicago, the intern clinical judgment exam (ICJE) was piloted during the Essentials of Clinical Practice and Professionalism 2 course.

**Recommendation 4:** Collaborate with leaders in GME to develop shared expectations of competencies for clinical experiences, including clerkships and electives

- **Chicago:** We have identified UME elective directors and GME faculty from OB, ENT, Anesthesia, and Emergency Medicine who are interested in building this bridge across the continuum. Our next step is to set up initial meetings to discuss further.
- **Urbana:** Faculty and staff from medicine, surgery, family medicine and obstetrics have demonstrated interest the UME to GME continuum. All are participating in the Core Entrustable Professional Activities (EPAs) for Entering Residency Urbana group, and are developing pertinent curricula and assessment tools for students.

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They are focusing on common language focused on milestones, competencies, and EPAs.

- **Rockford:** We have initiated discussion with UME elective directors and GME faculty from Family Medicine who are interested in building this bridge across the continuum. We have had one meeting and will be setting up additional meetings to move forward with the discussions.

**Recommendation 5:** Collaborate with CCIA task forces (Assessment, Curriculum Transformation, and Program Evaluation) and other stakeholders to develop, implement, and evaluate new structures and processes for the undergraduate medical education program. Examples of new structures / processes may include: learning communities; a longitudinal assessment (entrustment) committee; a learner handoff process, both within medical school and in the transition to residency; and reconfigured curricular timelines with reframing of the curriculum as phase 1, 2, and 3 (preclinical, core clerkships, and post-clerkships, respectively).

- **Longitudinal assessment (entrustment) committee:** The CCIA Assessment Task Force is exploring this idea through literature review and consultation with educators in GME experienced with the structure and function of Clinical Competency Committees (CCCs). The Assessment TF is working toward making a set of policy recommendations regarding best practices for structure and function of a longitudinal assessment (entrustment) committee.
- **Learner handoff:** See section II, above for details about M2-clerkship student handoff, and presentation about UME-GME handoff.
- **Reconfigured curricular timelines and change in terminology:** Proposed changes to curricular timeline with a shortened pre-clerkship curriculum has been approved by the College of Medicine Executive Committee. More detailed discussions about clerkship length, and the like, are ongoing. Terminology of Phase 1-2-3 to refer to pre-clerkship, core clerkships, and post-clerkships has been introduced and continues to be reinforced.

### III. Suggested Next Steps

1. Campuses share M4 OSCE cases
2. Identify and engage M4 elective/residency faculty champions to collaborate on M4 experiences with an eye toward UGME-GME continuum.
  - a. Chicago – OB, EM, anesthesia, ENT
  - b. Rockford – FM
  - c. Urbana – Medicine, Family Medicine, and possibly Psychiatry in the future because new residency program in the works

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3. Develop policies and procedures for learner handoffs, and provide faculty and student development
  - a. We recommend a position statement be written stating that a learner handoff across educational settings within UME is necessary for a longitudinal view of the learner's performance. Students should be provided with the information, but student consent should not be necessary because students who would benefit the most may not consent.
  - b. Faculty development required regarding implicit bias.
4. Review ideas from Shapiro Institute task force surveys and focus groups of PGY1 and 2, UME, and GME faculty on current priorities and desired priorities for M4 year to inform the work of the Professional development theme team in the transformed curriculum to launch Fall 2017.
5. Hand off to EPA tea, CCIA, and Assessment Task Force for instruction/assessment of EPAs in M4 year and consider piloting post-match handover of learners from UME to GME.