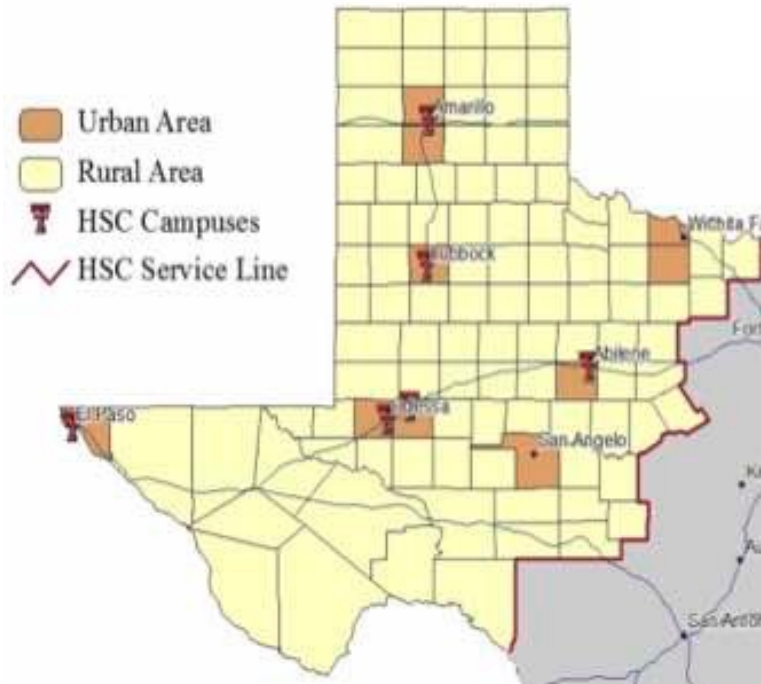


The Faculty Huddle:



Preparing faculty to facilitate monthly learning community sessions within foundational sciences curriculum blocks



Betsy Goebel Jones, EdD

Professor & Chair

Department of Medical Education

Block Director, *Patient, Physicians & Populations (P3)*

Co-Director, *Family Medicine Accelerated Track*

Ron Cook, DO

Felix Morales, MD

David Trotter, PhD

Department of Family Medicine



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine



School of Medicine Curriculum

STANDARD MEDICAL EDUCATION CURRICULUM

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Year 1 (41 weeks) Focus: Normal Physiology	P3 Clinically Oriented Anatomy (10 weeks)		P3 Biology of Cells & Tissues (8 weeks)		Structure & Function of Major Organ Systems (9 weeks)			P3 Host Defense (12 weeks)				
Development of Clinical Skills 1												
Year 2 (37 weeks) Focus: Abnormal Physiology	Multisystem Disorders and Cancer (8 weeks)		P3 Integrated Neurosciences (11 weeks)		P3 System Disorders I (8 weeks)			P3 System Disorders II and Lifespan Issues (7 weeks)		Step 1 Study Time		
Development of Clinical Skills 2												
Basic Medical Spanish												
P3: Patients, Physicians, and Populations (1 week each)												
Year 3 (48 weeks) Focus: Patient Assessment	Pediatrics (8 weeks)		Internal Medicine (8 weeks)		Family Medicine (8 weeks)		Surgery (8 weeks)		Psychiatry (8 weeks)		OB/GYN (8 weeks)	
Integration Seminar												
Year 4 (32 weeks) Focus: ACGME Competencies	Ambulatory (2 weeks)	Sub Internship (4 weeks)	Critical Care-ER-ICU (4 weeks)	Elective (4 weeks)	Elective (4 weeks)	Elective (4 weeks)	Elective (2 weeks)	Elective (2 weeks)	Available Time (12 weeks)			
Students												

Students distributed among 4 campuses

Focus: ACGME Competencies

- Preparing to learn at the bedside
- Applying life-long & self-directed learning
- Interacting with people- patients, families, communities, other professionals
- Ethics, communications, jurisprudence, economics
- History-taking & physical exam skills
- Note writing & documentation
- Applying understanding of the basic sciences to clinical settings and scenarios



P3/DOCS Course Overview



P3 Week Schedule, 2017-2018

P3-1 (MS1)

A: August 7-11

B: October 23-27

Social Determinants of Health/
Intersects with Women's Health
& Gender-Specific Medicine
Conference

C: March 19-23

P3/C Selectives/ Intersects with
Student Research Week

P3-2 (MS2)

A: October 2-6

Quality & Safety

B: January 8-12

Step 1 Behavioral Science
Topics

C: March 19-23

P3/C Selectives/ Intersects
with Student Research Week



P3-1 Small Group Schedule

1:00 Faculty Huddle | 1:30-3 Small Group

Date	Activity	Course
Wed, 8-9-2017*	P3-1A Small Group	P3
Wed, 9-6-2017	Block Small Group	COA
Wed, 10-25-2017*	P3-1B Small Group	P3
Wed, 12-6-2017	Block Small Group	BCT
Wed, 1-17-2018*	Block Small Group	MOS
Wed, 2-7-2018	Block Small Group	MOS
Wed, 3-21-2018*	P3-1C Small Group	P3
Wed, 4-4-2018	Block Small Group	HD
Wed, 5-2-2018	Block Small Group/ P3 Wrap-Up	HD/P3

***Not 1st Wednesday**



P3-2 Small Group Schedule

9:30 Faculty Huddle | 10:00-12 Small Group

Date	Activity	Course
Wed, 8-16-2017*	P3-1A Small Group	GPMSDC
Wed, 9-13-2017	Block Small Group	GPMSDC
Wed, 10-4-2017*	P3-1B Small Group	P3
Wed, 11-8-2017	Block Small Group	Neuro
Wed, 12-13-2017	Block Small Group	Neuro
Wed, 1-10-2018*	Block Small Group	P3
Wed, 2-14-2018	P3-1C Small Group	SD1
Wed, 3-21-2018*	Block Small Group	P3
Wed, 4-11-2018	Block Small Group/ P3 Wrap-Up	SD2/P3

***Not 2nd Wednesday**

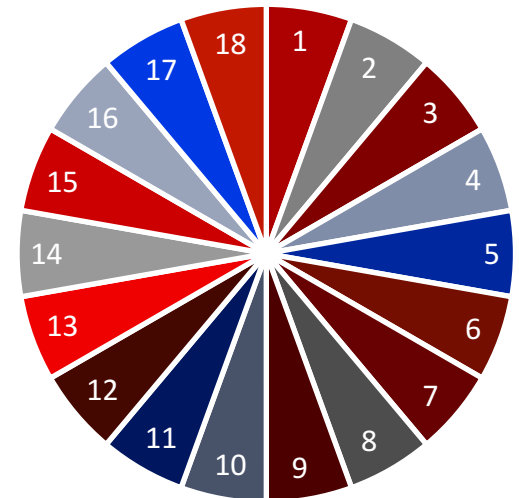


Learning Communities

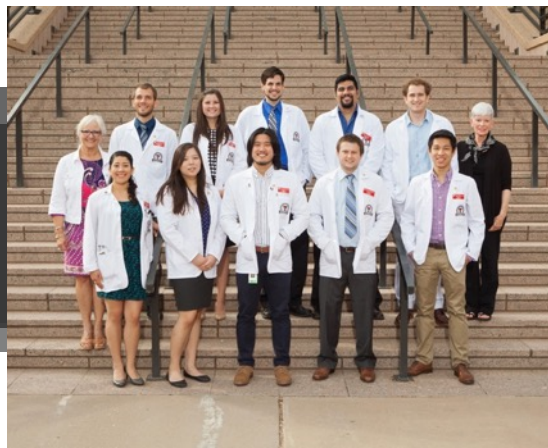
Our Learning Communities

- 18 learning communities of 10 students in both MS1 & MS2 classes.
- LC's stay together over the first two years of the curriculum, generally with the same one or two faculty facilitators over both years.
- Faculty facilitators are drawn from clinical and basic sciences fields across the School of Medicine.
- LC groups are also used for Anatomy tanks, DOCS course sections & many other needs to subdivide the classes

MS1/MS2 Classes



Learning Communities



P3 Small groups

- 9 sessions, Wednesday afternoons (usually 1st or 2nd Wednesday), 1.5-2 hours long
- **Overall Goal:** To provide an opportunity for group discussion, case-based learning, personal reflection and feedback, building relationships with other students and faculty
- *During P3 weeks:* P3 content
During other months: Content linked to basic sciences blocks
- 1 or 2 Faculty facilitators
- 3 Portfolio writing assignments for P3
- Reading assignments, in-class assignments and preparation for class discussions; available on Sakai the prior Friday

Faculty Facilitators

Total Participating **55 faculty**

➤	Pediatrics	16 faculty
➤	Medical Education	14 faculty
➤	Family Medicine	9 faculty
➤	Community Docs	3 faculty
➤	President & Dean	2 faculty
➤	Other Basic Sci	4 faculty
➤	Other Clinical	7 faculty
	<i>1 each from IM, Anesth, Ophtho, Ortho, Psych, Surg, Urol</i>	

MD/DO faculty:	37
PhD/EdD faculty:	18
Faculty with both	
MS1 & MS2 groups:	14
Chairs/Deans/Admins	13



P3 Small Group Faculty Development Challenges & Opportunities

➤ Challenges

- Faculty Facilitators who are busy & not experts about the session content
- Ensuring faculty engagement with the curriculum
- Student concerns over inconsistency among groups

➤ Opportunities

- Ongoing faculty engagement
- Faculty interaction and networking





Our Faculty Huddles

Before the Session

- Friday before each learning community activity, faculty members are e-mailed a session packet:
 - Overview of the session with learning objectives, curricular background, discussion tips
 - Supplemental readings

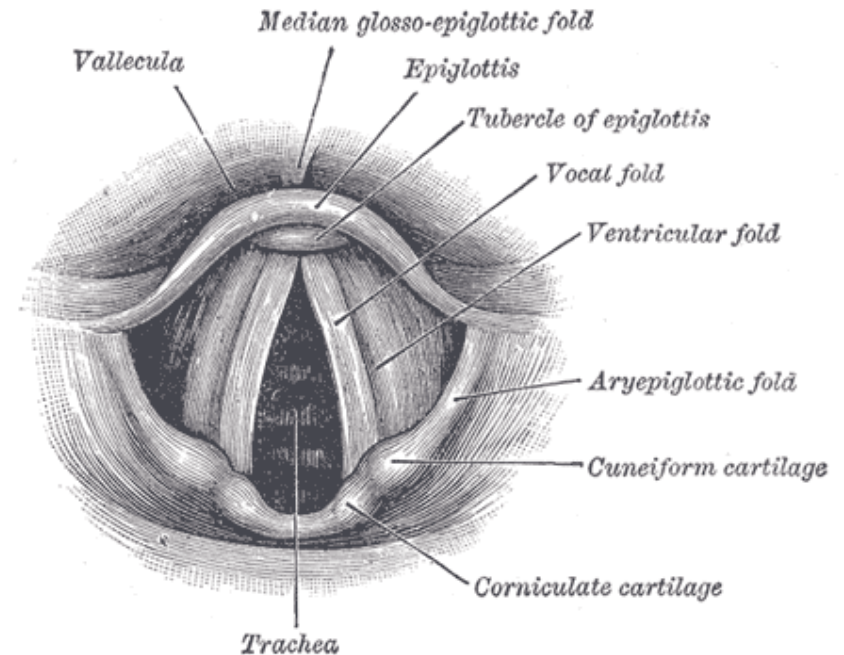
During the Session

- Faculty gather 30 minutes prior to each monthly session, led by the P3 block director:
- Ask questions
- Reflect on strategies to engage students
- Share expertise and ideas
- Receive any extra materials
- Snack



September Small Group P3/COA/IPE

Anomalies of the Head & Neck



P3-1 Schedule 1:00 Faculty Huddle | 1:30-3 Small Group

Faculty
Huddle
in ACB
240

Date	Activity	Course
Wed, 8-9-2017	P3-1A Small Group	P3 Week
Wed, 9-6-2017	Block Small Group	COA
Wed, 10-25-2017*	P3-1B Small Group	P3 Week
Wed, 12-6-2017	Block Small Group	BCT
Wed, 1-17-2018*	Block Small Group	MOS
Wed, 2-7-2018	Block Small Group	MOS
Wed, 3-21-2018*	P3-1C Small Group	P3 Week
Wed, 4-4-2018	Block Small Group	HD
Wed, 5-2-2018	P3 Wrap-Up	P3

***Not 1st Wednesday**

Calendar
Update



Small Group Faculty Huddle

September 6 Session

Facilitator Assignments

- | | | | | | |
|---|---|---------------------|---|----|-------------------------|
| ➤ | 1 | Bennett & Allen | ➤ | 10 | Brower & Nunez |
| ➤ | 2 | Cook & Byrd | ➤ | 11 | Betsy Jones |
| ➤ | 3 | Freedman | ➤ | 12 | Lisa Popp & Josh Thomas |
| ➤ | 4 | Erwin & Ngozi | ➤ | 13 | Clinton |
| ➤ | 5 | Patterson | ➤ | 14 | Webster & Masters |
| ➤ | 6 | Sobel | ➤ | 15 | Williams |
| ➤ | 7 | Berk | ➤ | 16 | Lee |
| ➤ | 8 | McGovern & Hardy | ➤ | 17 | Wasnick & Pelley |
| ➤ | 9 | Zumwalt & Schneider | ➤ | 18 | Levent |
| | | | ➤ | | GMS Kaur |

Session
Update

Small
Group
Faculty
Huddle

September 6 Session Objectives

Participating Students Should...

- Describe embryological anomalies to the head and neck, including cleft palate and cleft lip
- Identify key issues related to the diagnosis, treatment and long-term follow up for cleft palate and cleft lip
- Analyze a recent case involving vocal cord surgery and discuss its clinical and ethical challenges
- Identify interprofessional roles and responsibilities in dealing with patients and families affected by speech disorders

Reminder
about
Objectives

Small Group Faculty Orientation

Suggestions for September 6 Session

- Check in
- Student introductions (~10 minutes)
 - Each group has 3 or 4 Undergraduate Speech-Language students from the Anatomy & Physiology course
- Part 1: Cleft Palate & Lip (~50 minutes)
- Part 2: Thyroplasty article (~30 minutes)

Suggestion
for Session
Organization

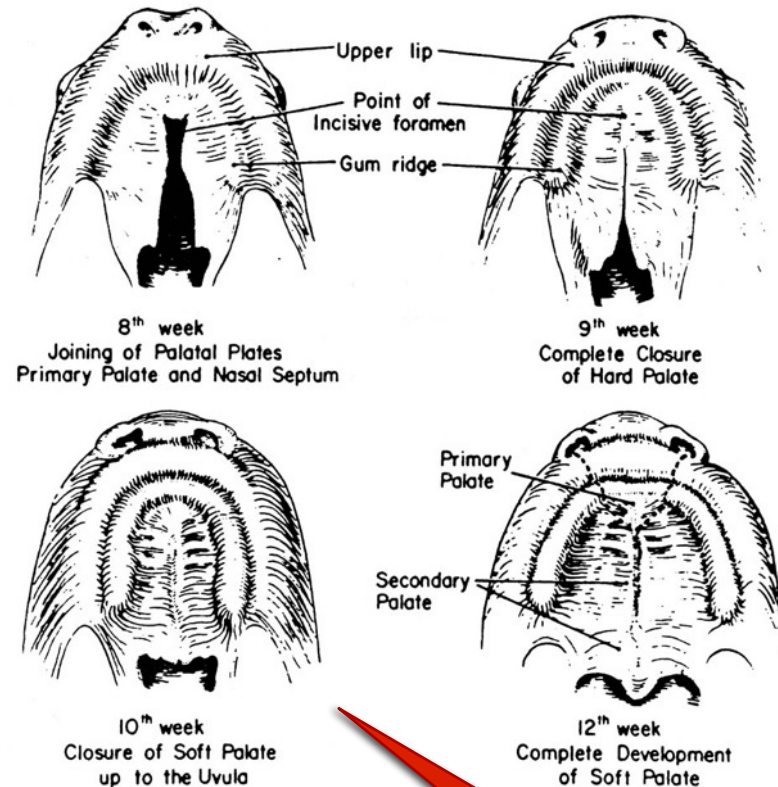
Part 1: Cleft Palate & Cleft Lip

- 2 med students play the parents– Instructions for the parents are posted to Sakai (copies here)
- Remaining students in 2 groups to play members of the Cleft Team, with 2 encounters
 - At the baby's birth
 - After the baby's surgical repair
- Major points:
 - Understanding & explaining anatomy
 - Communication & Interacting with parents
 - Working with members of a healthcare team

Suggestion
for Session
Organization

Embryological Development

- Lips develop at ~ 7 weeks
- Hard palate develops at ~ 9 weeks
- Soft palate develops at ~12 weeks
- Cleft occurs when maxillary processes, premaxilla, and nasal septum fail to fuse



Background
from Block
Faculty

Parents' Priorities

Cleft Palate-Craniofacial Journal, Jan. 2001

- 97% of parents felt it was critical to discuss feeding; 95% wanted demonstration of breast and bottle-feeding, including use of special nipples and feeders
- 95% of parents wanted their baby's normal findings demonstrated
- 84% of parents preferred the use of proper terminology (i.e., "cleft lip and palate" rather than "abnormality" or "birth defect")
- 79% of parents wanted information about preventing airway obstruction and recognizing illness in the child

Background
from Block
Faculty

Speech Associated w/Cleft

- Weak plosives and fricatives
- Atypical backed articulation
- Alae pinching, facial grimacing
- Nonspeech sounds (e.g., nasal snorts)
- Vowels distorted due to hypernasality
- Glottal stops
- Soft, aspirate voice
- Nasal emission affecting consonants
- Compensatory errors--usually substitutions developed as adaptation to structural problem (e.g., glottal stop for bilabial stop)
- Obligatory errors--result directly from anatomic defect (e.g., reduced intraoral air pressure causing slighting of consonants)
- Obligatory errors are not remediable with speech therapy alone

- Discuss Ahmed article (Case Report about Type IIB Thyroplasty for Autistic Teenager) + Newspaper article & comments
- Major points:
 - Understanding & explaining anatomy
 - Ethical & clinical challenges
 - Interacting with parents

Suggestion
for Session
Organization



Problems with Schedules?

Check Sakai Often

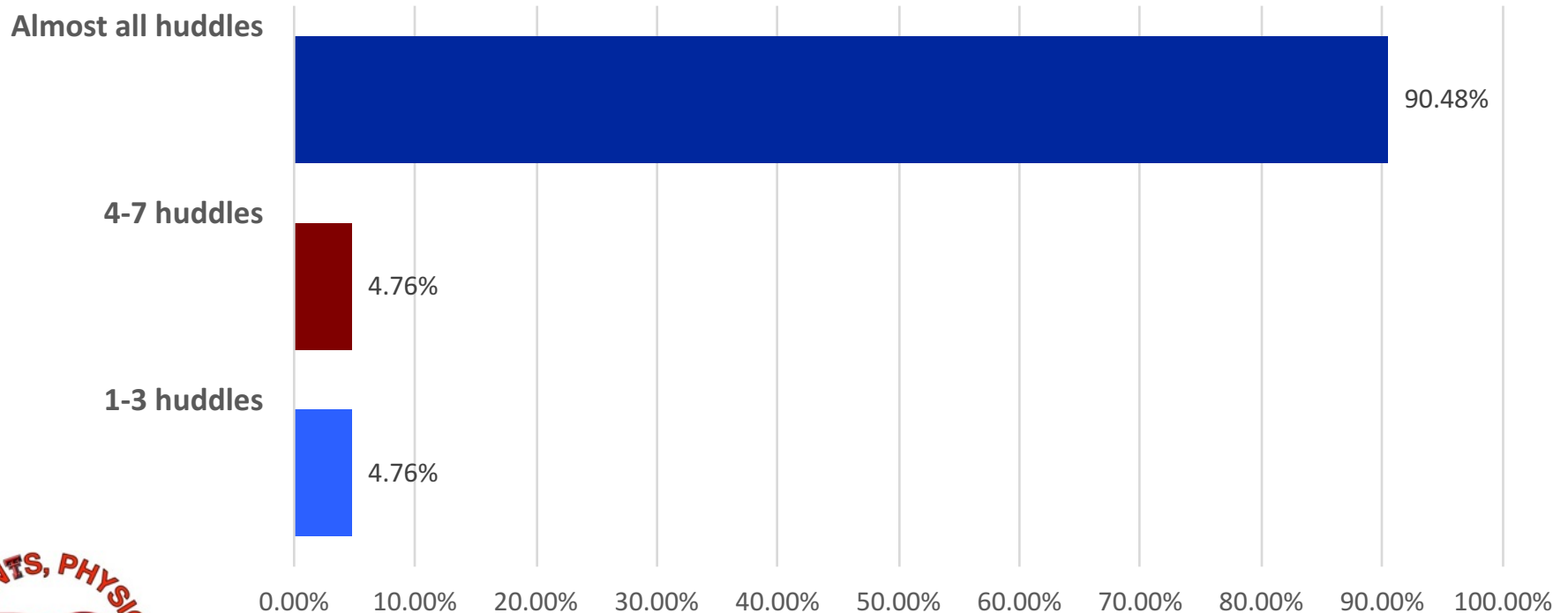
Contact Amanda Jeter
Amanda.jeter@ttuhsc.edu
806-392-4699

Betsy Jones
Betsy.jones@ttuhsc.edu
806-790-1551



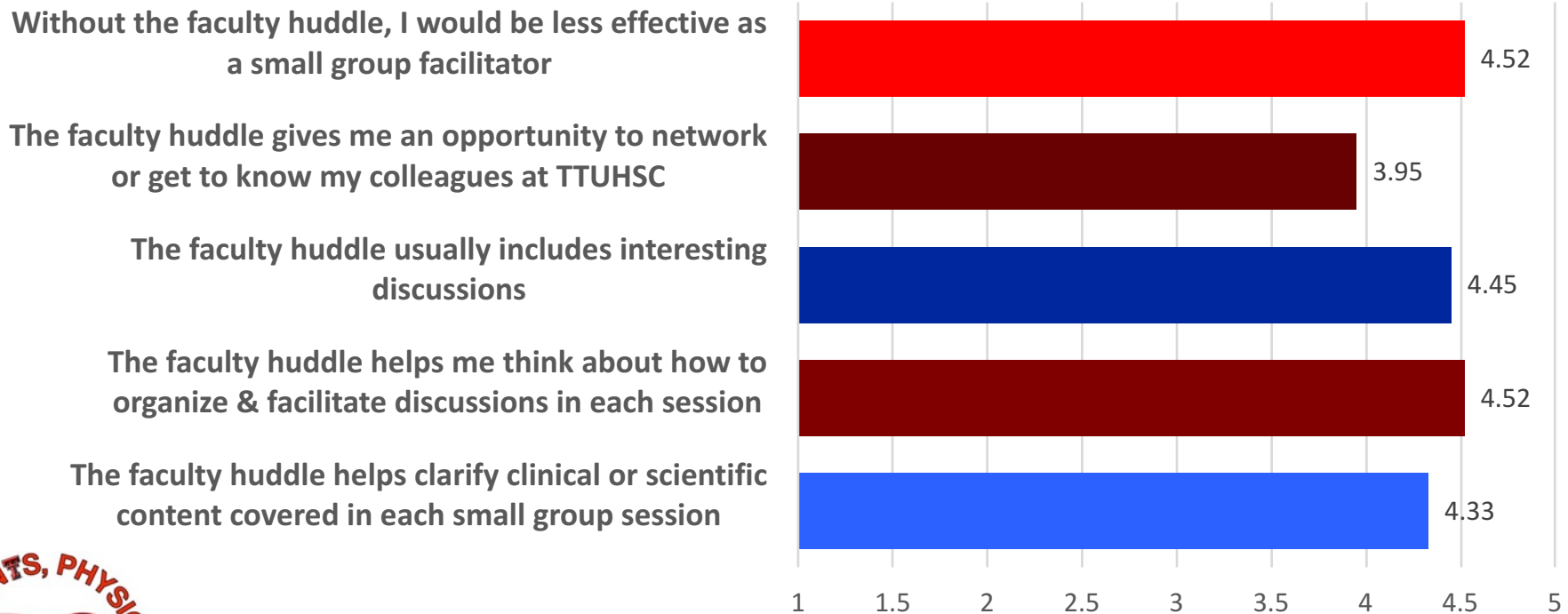
The Huddle: Faculty Opinions

What percentage of huddles do you typically attend per year?



The Huddle: Faculty Opinions

Level of Agreement



Our Experience

- Attendance at each faculty huddle is high—generally about 60-80% of faculty attend.
- Discussions tend to be vigorous and inclusive.
- Huddles encourage rich discussions of educational theory and philosophical approaches to such issues as bioethics, doctor-patient communication, health care policy, and current events in medicine.
- Faculty Huddles help ensure consistency across the 18 groups.



What's Next?

- Can we group our LCs into “houses” for better advising or curricular structure?
- How do we support & reward faculty for participating?
- What are the great ideas that we can implement?

