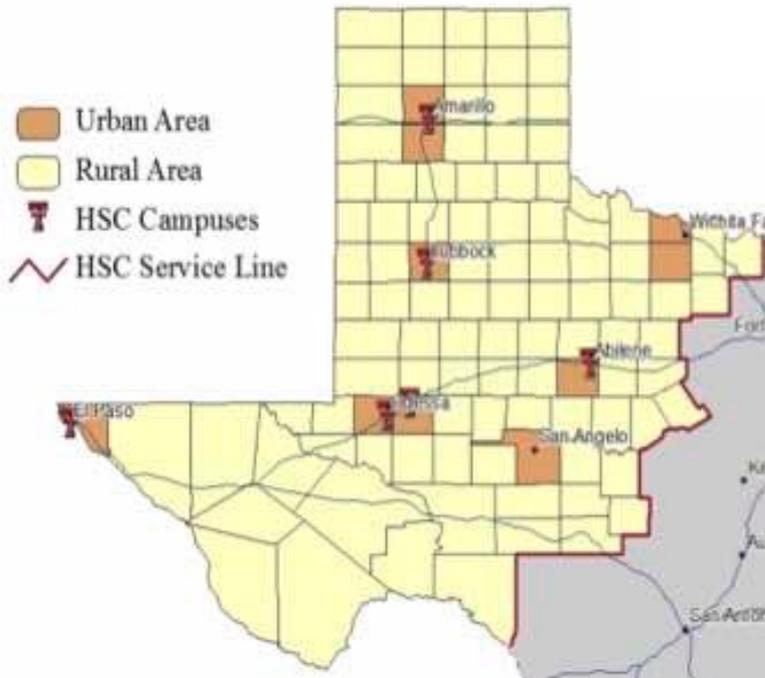


# The Faculty Huddle:



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*

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## **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					
<b>Year 1</b> (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																
<b>Year 2</b> (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)										
<b>Year 3</b> (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																
<b>Year 4</b> (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)
	Geriatrics (2 weeks)																

Students distributed among 4 campuses

PATIENTS & POPULATIONS P3

# P<sub>3</sub>/DOCS

## Patients, Physicians & Populations / Development of Clinical Skills

- 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 1<sup>st</sup> 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 2<sup>nd</sup> Wednesday**

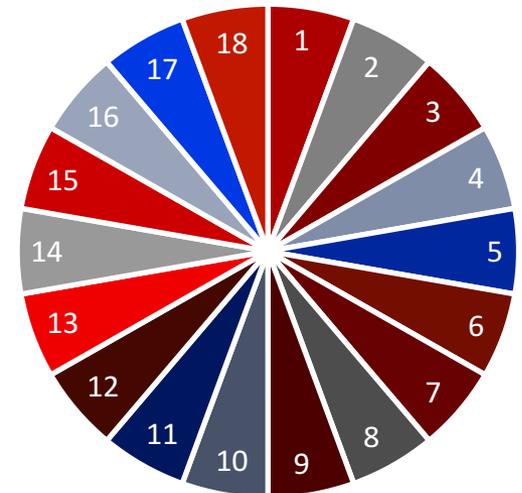


## Learning Communities

# 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 1<sup>st</sup> or 2<sup>nd</sup> 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  
*1 each from IM, Anesth, Ophtho, Ortho, Psych, Surg, Urol*

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



# P<sub>3</sub> 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

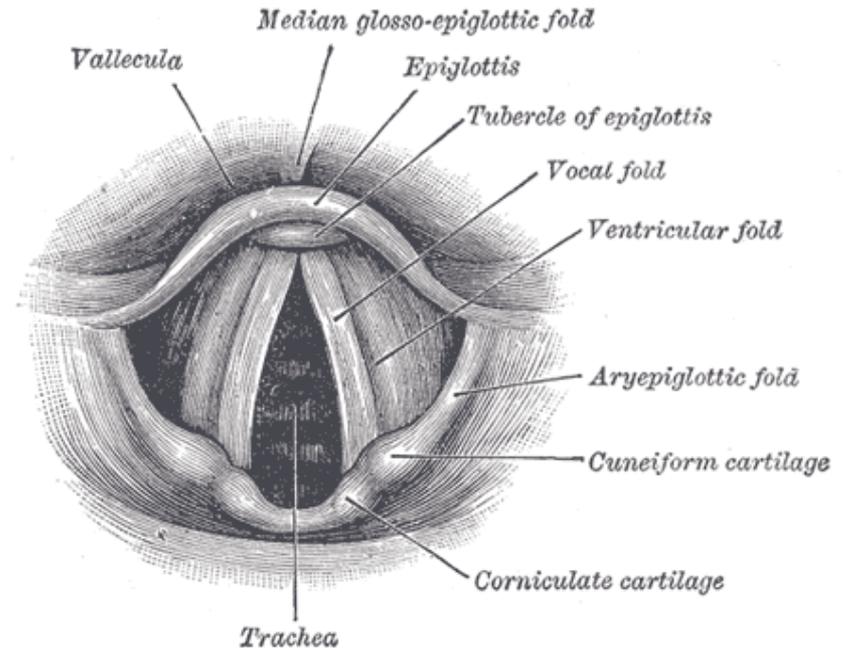
## During the Session

- 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 1<sup>st</sup> Wednesday

Calendar  
Update



Small  
Group  
Faculty  
Huddle

## September 6 Session

### *Facilitator Assignments*

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

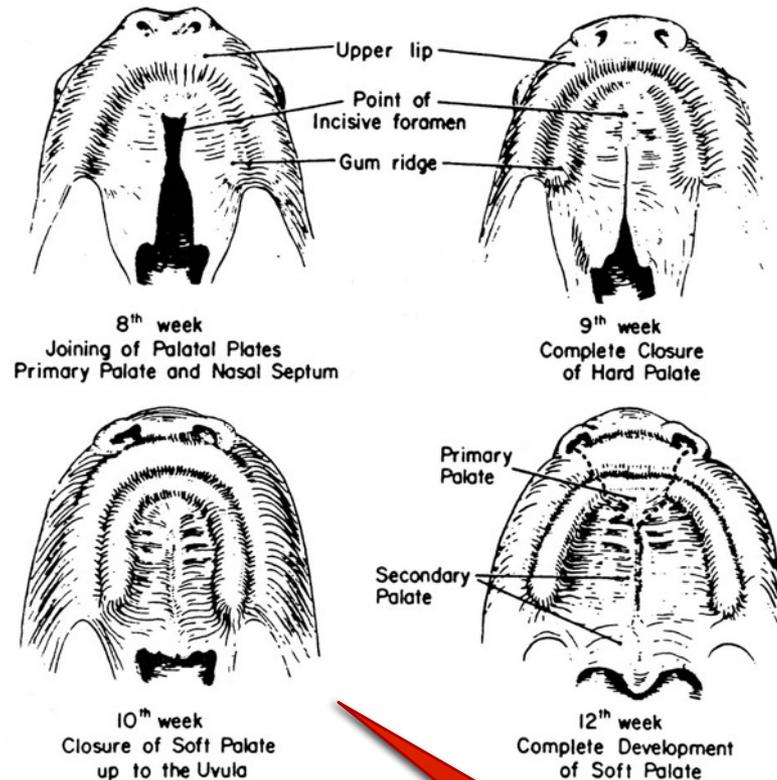
# Part 1: Cleft Palate & Cleft Lip

- 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

Background  
from Block  
Faculty

Small  
Group  
Faculty  
Orientation

September 6

## Part 2: Thyroplasty Article

- 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

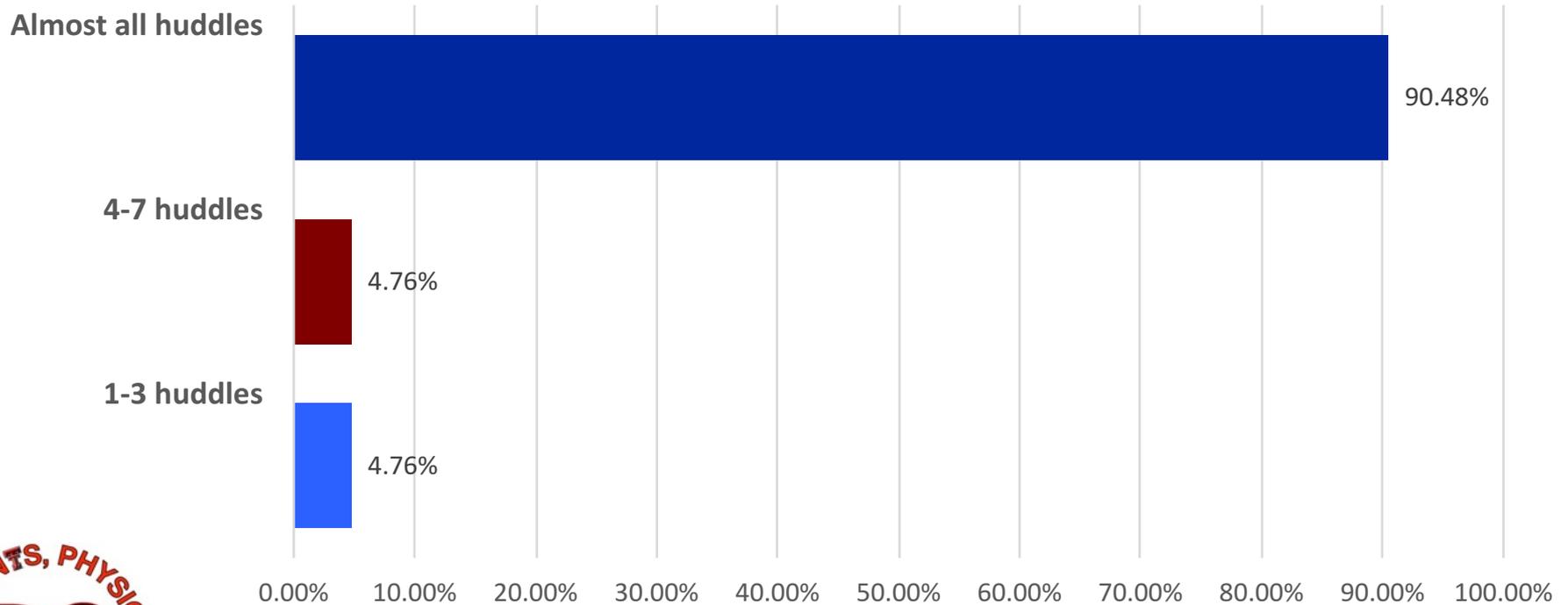
Contact Amanda Jeter  
Amanda.jeter@ttuhsc.edu  
806-392-4699

Betsy Jones  
[Betsy.jones@ttuhsc.edu](mailto:Betsy.jones@ttuhsc.edu)  
806-790-1551



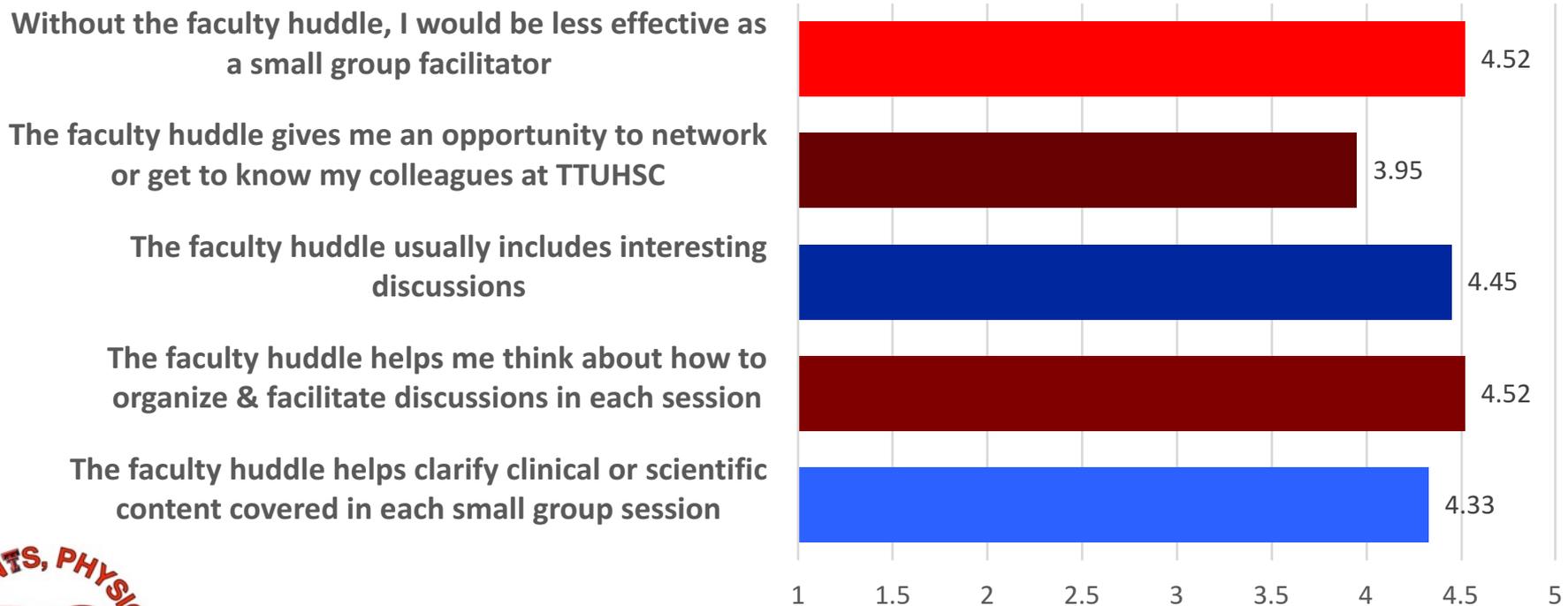
# The Huddle: Faculty Opinions

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?

