

Role of Foundational Sciences in Clinical Years



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SCHOOL OF MEDICINE
VANDERBILT UNIVERSITY

Disclosures

- Kim Dahlman receives salary support from VUSoM



Learning Objectives

- Describe the rationale for including foundational science content in clinical training
- Recognize educational strategies to achieve foundational science integration
- Identify challenges and solutions when integrating foundational sciences into clinical training



Agenda

- 1) Rationale for foundational science integration
- 2) Vanderbilt Medical curriculum (C2.0)
- 3) Integrated Science Courses (ISCs)
- 4) Challenges and solutions



Familiar Scenario?

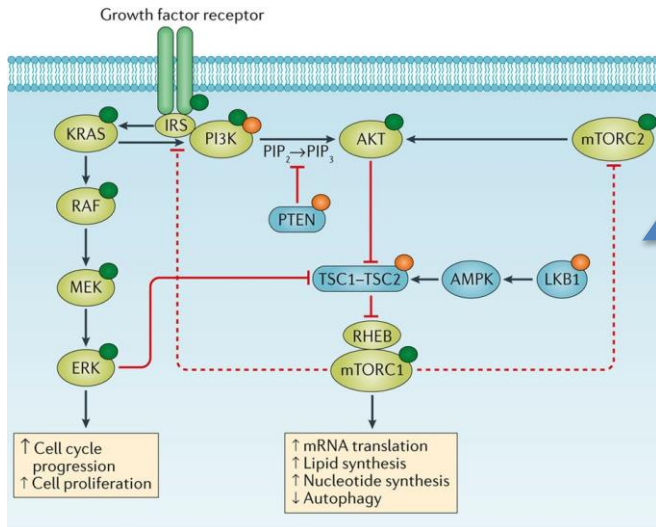
TUMOR TYPE: BREAST INFLAMMATORY CARCINOMA

Genomic Alterations Identified†

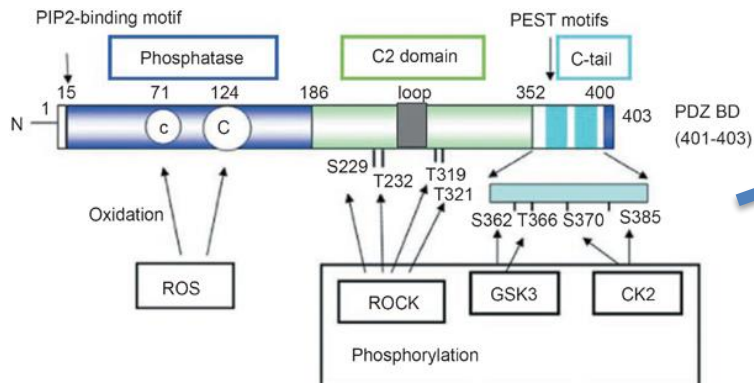
EGFR V843I
PTEN loss exon 1

Additional Disease-relevant Genes with No Reportable Alterations Identified†

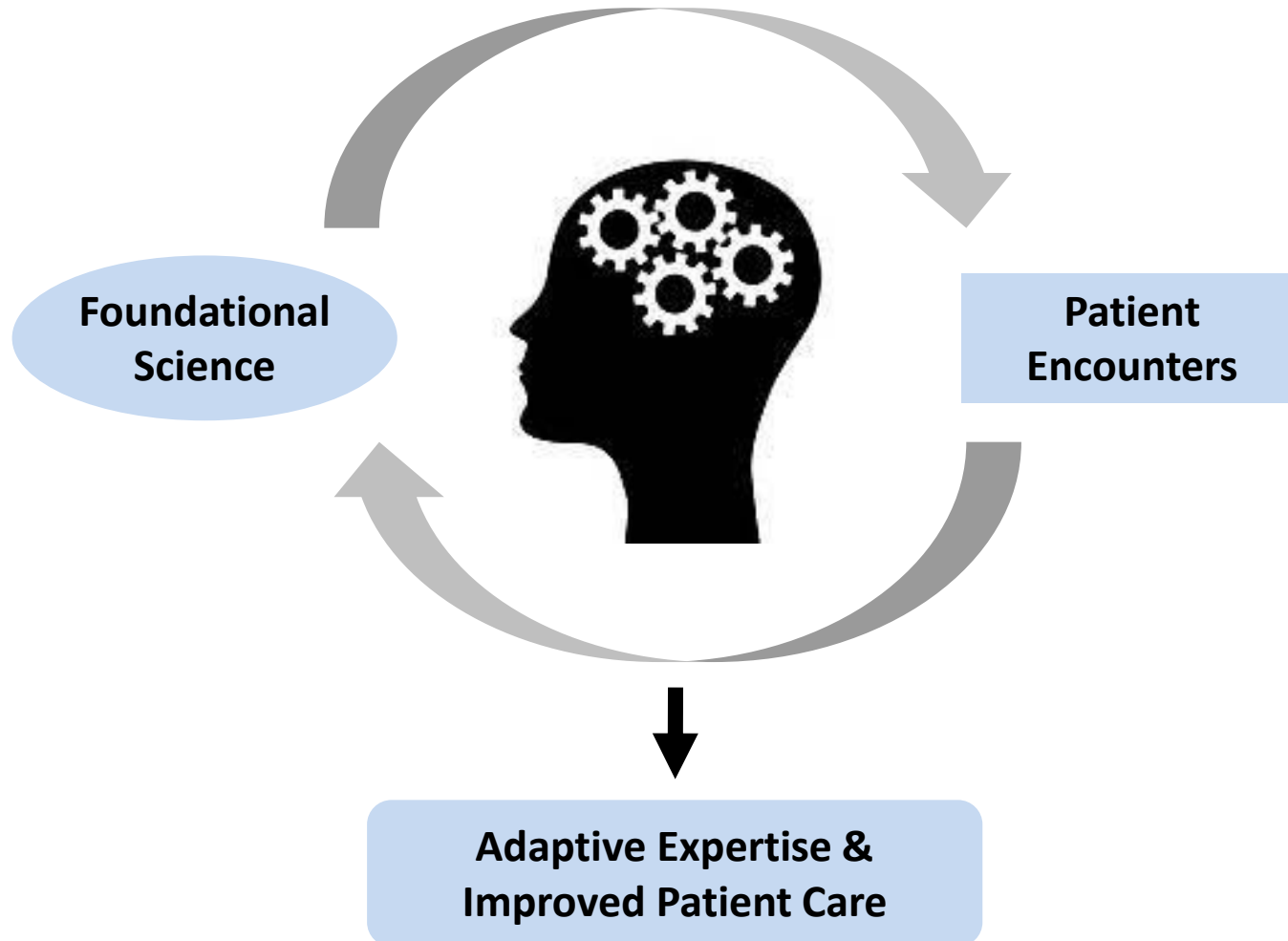
ERBB2



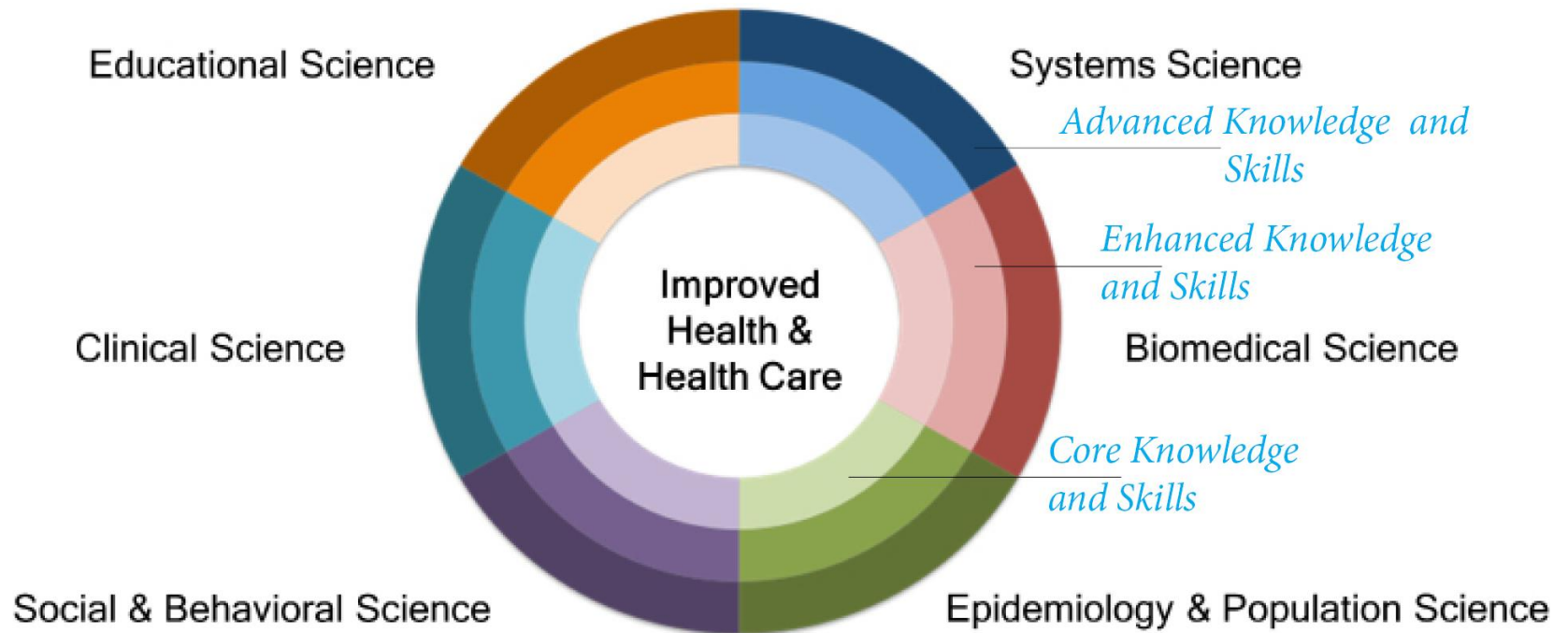
Nature Reviews | Clinical Oncology



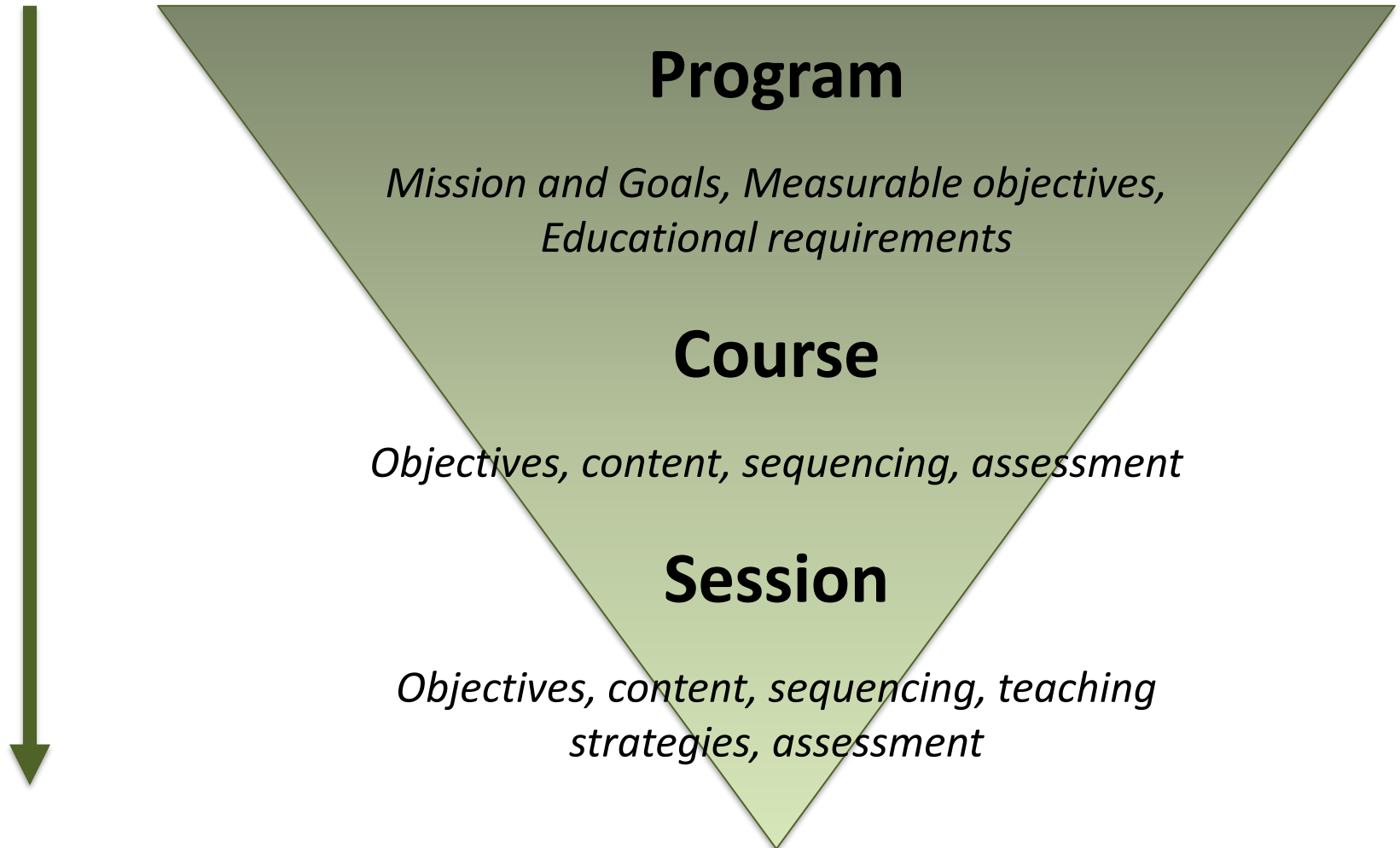
Why Integrate Foundational Science?



What is Foundational Science?



Framework for Curricular Integration

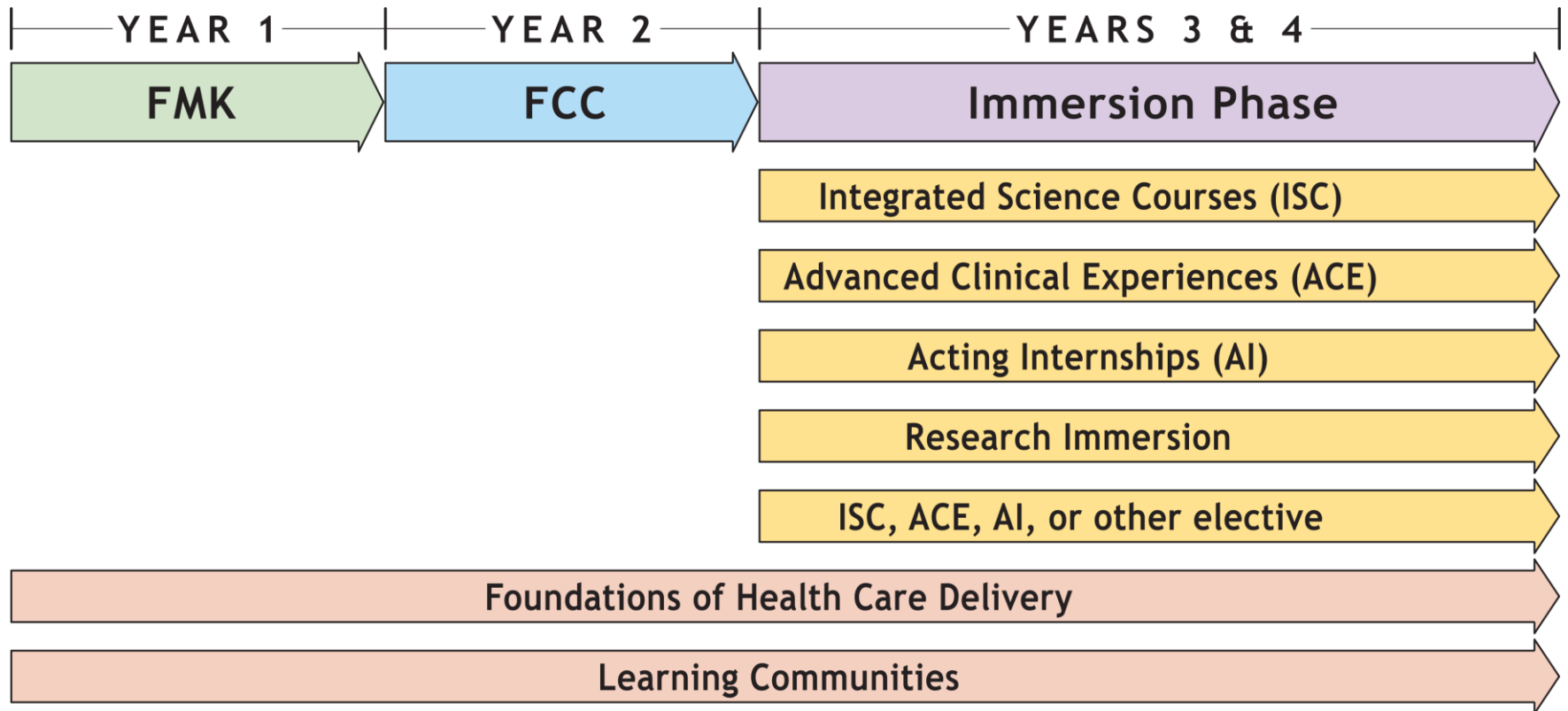


Agenda

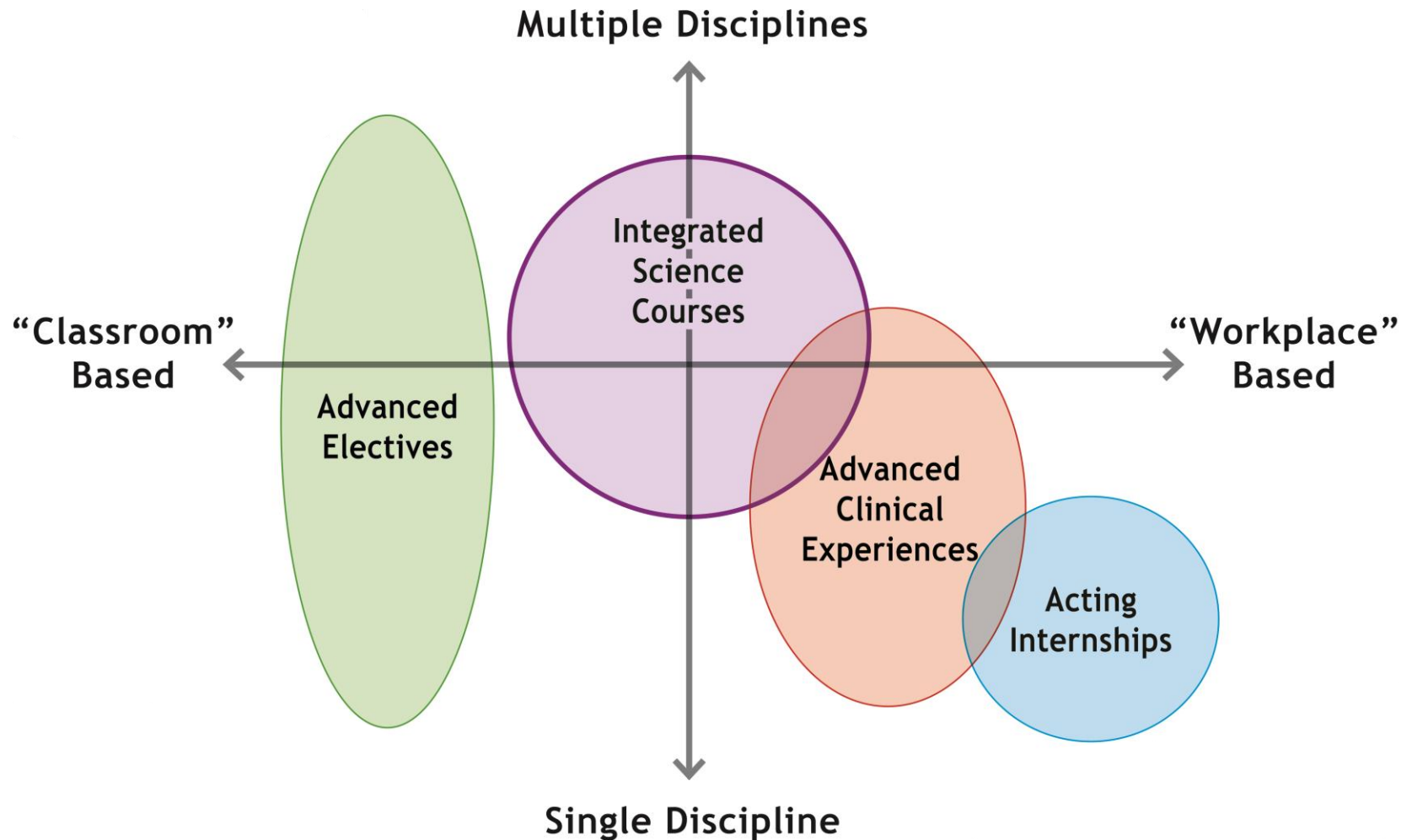
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Vanderbilt Curriculum 2.0



Immersion Phase Conceptual Framework



Immersion Phase goals

Advanced Clinical Experiences
rigorous clinical rotations

Integrated Science Courses
mixed didactic and clinical experiences

Acting Internships
supervised intern-level responsibilities

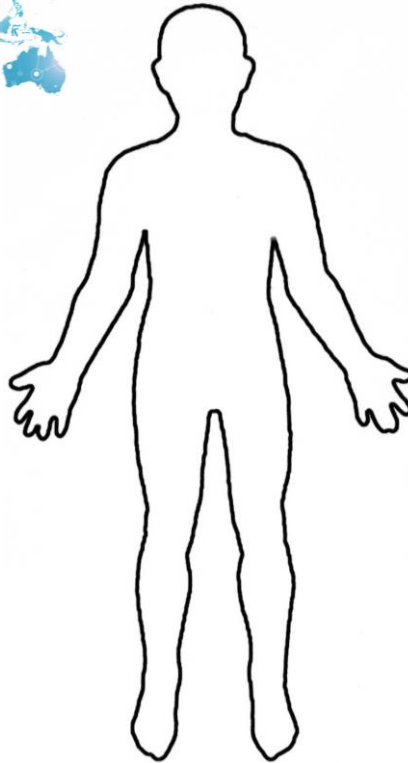
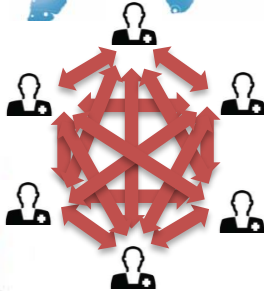
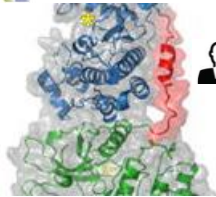
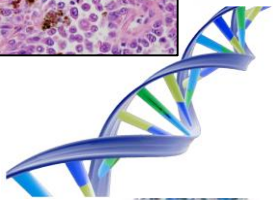
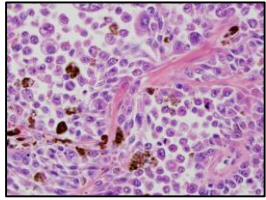
Research
mentored research project



IMMERSION PHASE GOALS

- Deepen **FOUNDATIONAL SCIENCE KNOWLEDGE** during meaningful clinical engagement
- Solidify **CLINICAL SKILLS**
- Enhance **PRACTICE-BASED LEARNING SKILLS**
- Ensure readiness for **INTERN ROLE/RESIDENCY**
- Expand knowledge and skills regarding **SCHOLARSHIP**
- Further grow knowledge and skills regarding **LEADERSHIP**
- Encourage **PROFESSIONAL DEVELOPMENT**

Common Features of Integrated Science Courses (ISCs)



ISC Menu

- 1) Cardiovascular Diseases
- 2) Community Healthcare
- 3) Critical Illness
- 4) Diabetes Mellitus
- 5) Emergency Care: Cell to System Science
- 6) Global Health
- 7) Getting Hooked: Immersion in Addiction
- 8) Healthy Aging and Quality Dying
- 9) Immunity and Infections in the Immune-Compromised Host
- 10) Infectious Diseases
- 11) Injury, Repair, and Rehabilitation
- 12) Medical Imaging and Anatomy
- 13) Precision Cancer Medicine
- 14) The Skinny on Obesity
- 15) Sexual Medicine and Reproductive Health
- 16) Working-Learning Health System



Community Healthcare: Patients, Populations, and Systems

Goals:

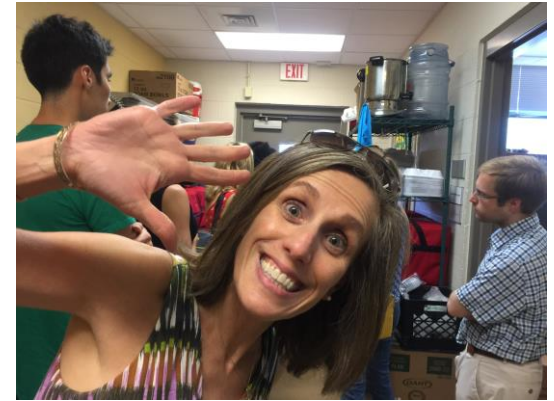
- Equip students to address predictors of poor health on an individual level, particularly for vulnerable populations
- Engage healthcare systems to promote meaningful change-beyond identifying social determinants of health



Community Healthcare: Patients, Populations, and Systems

Course directors:

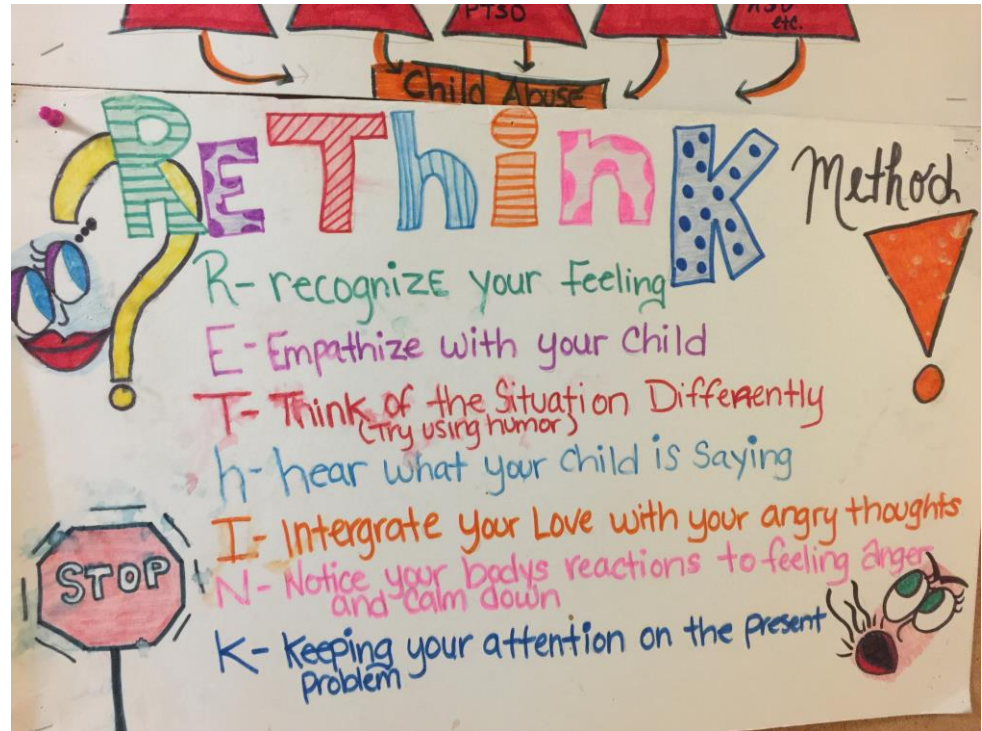
- MD: who partners with Federally Qualified Health Center to provide primary care to underserved population
- Social worker: 20 years of community advocacy work and manages a Community Engagement Studio for research

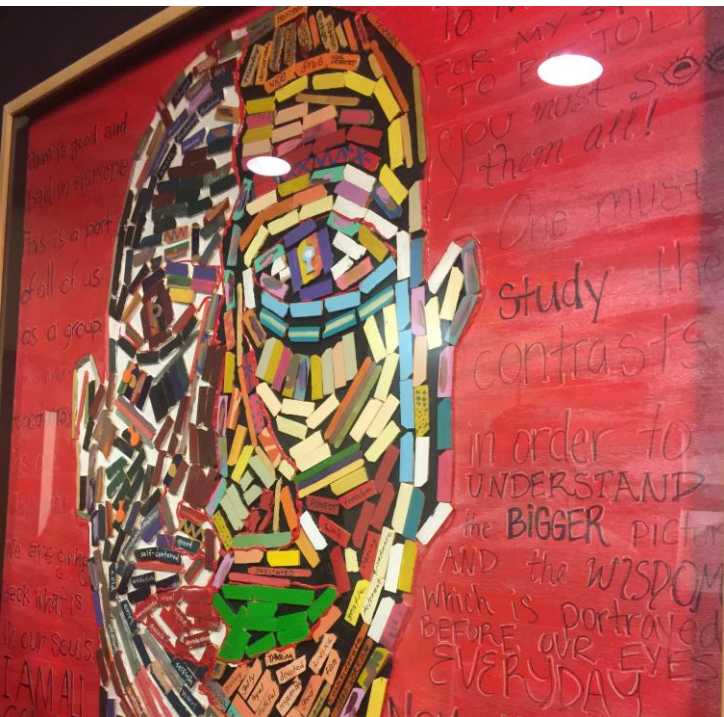


Community Healthcare: Patients, Populations, and Systems

Foundational sciences

- Population health
- Health ethics
- Behavioral science
- Communication science
- Stress biology
- Vaccine immunology





Community Healthcare: Patients, Populations, and Systems

- Lectures
- Community resource visits





Community Healthcare: Patients, Populations, and Systems

- **Experiential learning**
 - Reflections
 - “Photo voice” assignment-community based needs assessment of an assigned neighborhood, windshield survey, assets/challenges of neighborhood
 - Vaccine molecule to society model
 - Journal club
- **Community partner site**
 - Students participate in clinical care at a safety net primary care setting



Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM: Intro, Tours of missions, clinic visits and orientations PM: Longitudinal courses	AM: Lectures PM: Longitudinal courses	AM: clinic PM: clinic	AM: clinic PM: clinic	AM: Lectures PM: Reading/work block
Week 2	AM: Visitation day for community resources PM: Longitudinal courses	AM: Journal club Visiting speakers PM: Longitudinal courses	AM: clinic PM: clinic	AM: clinic PM: clinic	AM: Health policy speakers PM: Photo voice presentations



ISC Menu

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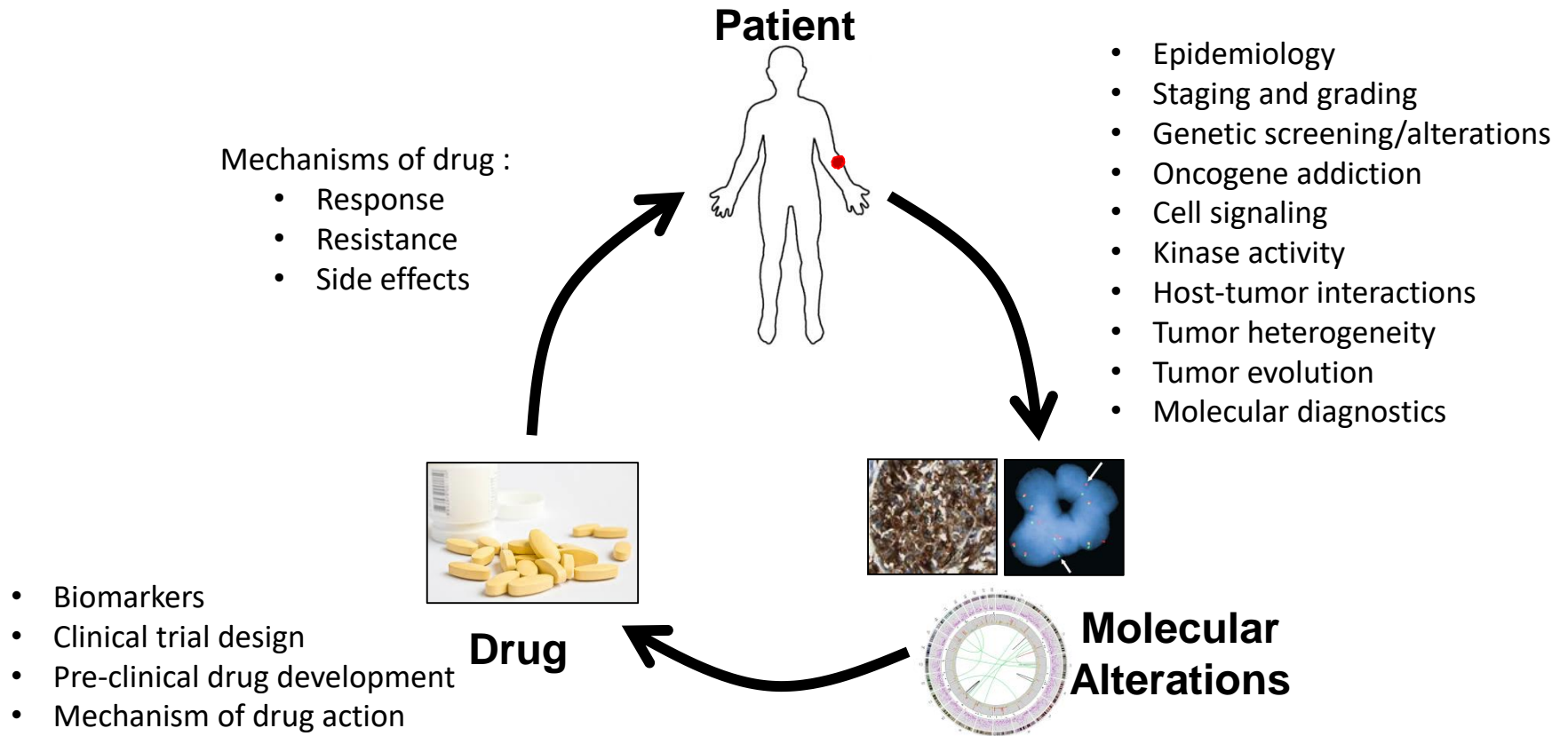


Precision Cancer Medicine ISC Goals

- Describe underlying foundational science driving tumorigenesis
- Explore how foundational science knowledge is leveraged in the clinic to treat cancer patients
- Examine how multidisciplinary teams work together in the care of cancer patients
- Pursue own interests in oncology and achieve personal learning goals



Foundational Science



Active Learning Activities Emphasized

- **Classroom**

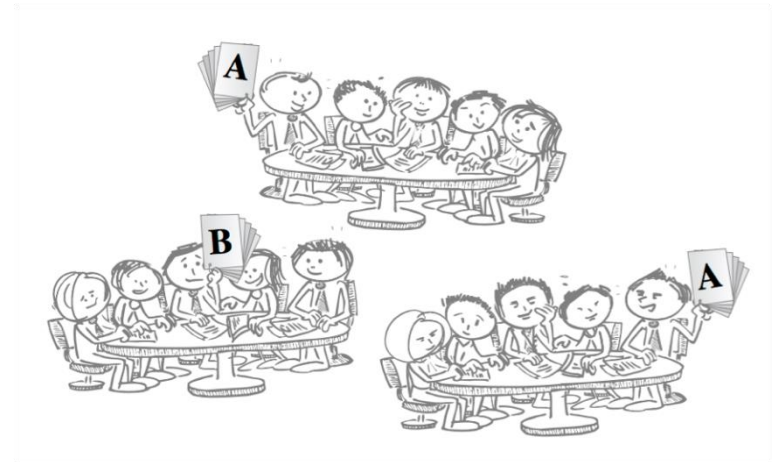
- “Meet the Expert” seminars
- Online Modules
- Case-based learning
- Team-based learning



Illustration by Chris Gash

- **Self-Directed**

- Personal learning goals
- “Burning Question” presentation
- “MythBusters” presentation
- Primary literature reading



Clinical Experiences

- **Patient Interactions**

- 16 half days in medical, pediatric, radiation, or surgical oncology (longitudinal)
- 2 half days in hereditary cancer, pathology, interventional radiology, interventional pulmonology, or cardio-oncology

- **Tumor Board Meetings**

- **Clinical experience essays**



Week 1 Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM-12 PM	Course Introduction	Medical Oncology Clinic	Melanoma Tumor Board	Medical Oncology Clinic	Self-Directed Learning
	"Meet the Expert" Seminar: <i>Cancer Epidemiology</i>		Case-Based Learning Activity 1		
	Self-Directed Learning		Online Module 1-3 Review		
1 PM-5 PM			Interventional Radiology Clinic	Medical Oncology Clinic	Team Based Learning Activity 1: Oncogene Addiction "Meet the Expert" Seminar: <i>Inherited Cancer Susceptibility</i>



ISC Evaluation Outcomes (AY 15-17)

Foundational science learning was embedded in the clinical experiences

Foundational science learning informed and enriched the clinical experiences

Clinical relevance was provided during non-clinical foundational science learning activities

Clinical experiences informed and enriched the foundational science learning

# of student responses					Mean (95% CI)
Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	
0	3	11	92	115	4.44 (4.35-4.53)
0	6	14	79	122	4.43 (4.33-4.53)
0	1	13	79	128	4.51 (4.43-4.59)
0	2	10	83	126	4.51 (4.43-4.59)

- “Fantastic integration of basic science with clinical medicine”
- “Great balance of clinical and didactic learning”
- “Good use of tying primary literature to clinical use”
- “This was hands down the best class I've taken in my life...Everything we did was relevant”



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Challenges and Solutions

- **Student buy-in**
- **Maintaining scientific rigor**
- **Course diversity**
- **Long-term sustainability**



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Acknowledgements



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*Program Coordinator,
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- ISC Faculty and students

References

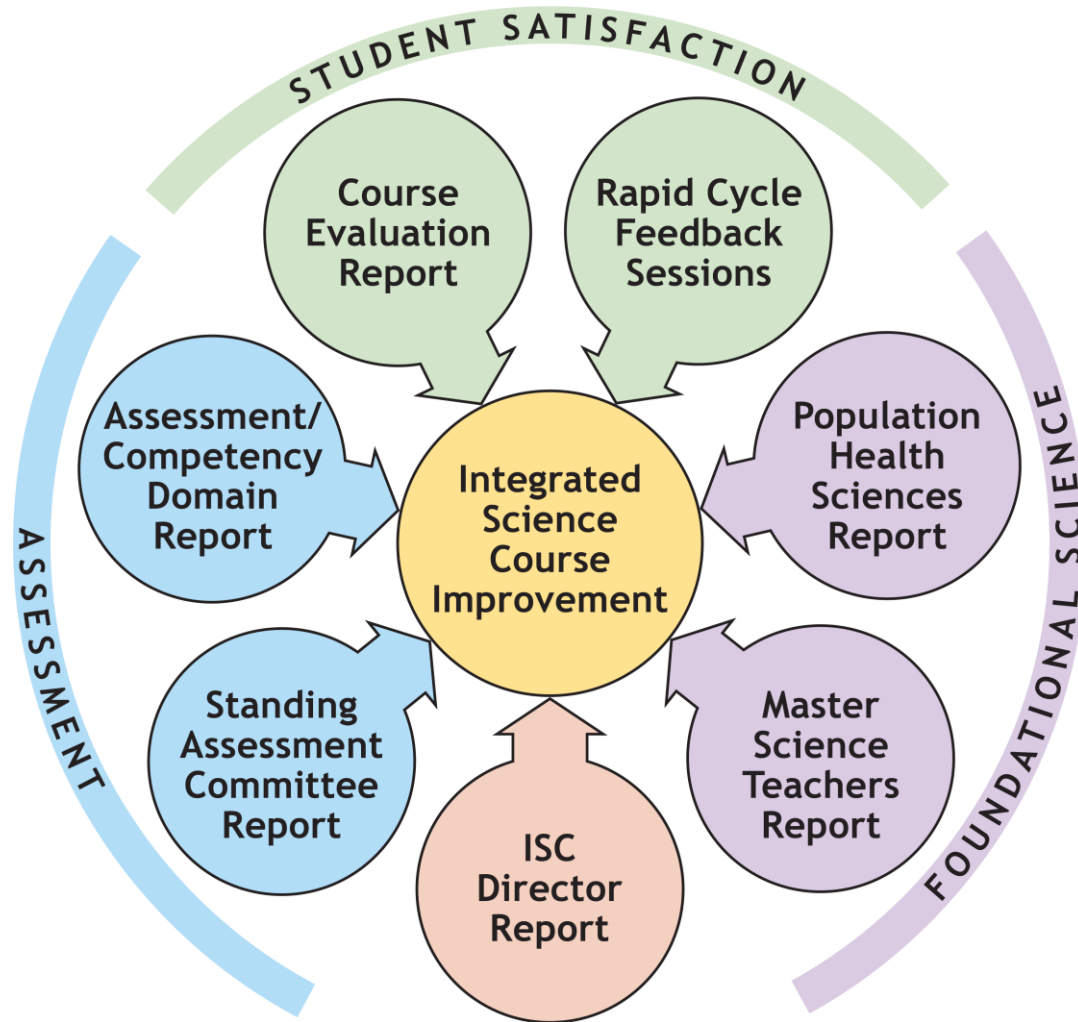
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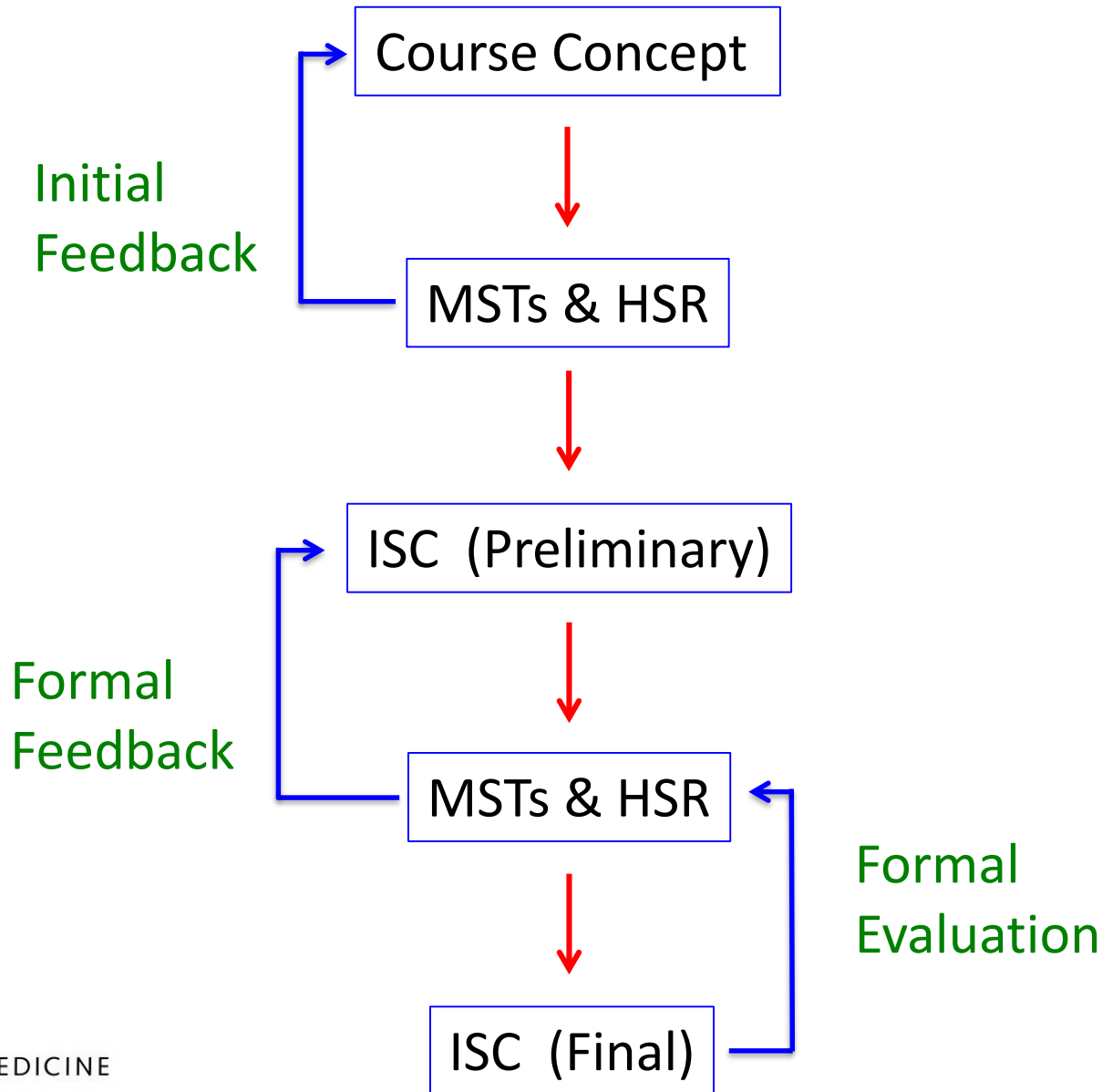


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Quality Improvement Process



Using MSTs/HSR to Promote Scientific Rigor



ISC Final Grade Rubric

Final Grade	Quantitative Score	Summative Competency Ratings (Qualitative Score)*
<i>Risk of Failure (course director discretion)</i>	<70%	Any Sub-Threshold OR >2 Thresholds
<i>Pass</i>	At least 70%	No more than 2 Thresholds All others at Target or above
<i>High Pass</i>	At least 80%	At least 3 Reaches All others at Target
<i>Honors</i>	At least 90%	Nothing below Target 5 Reaches

*For a description of "Threshold", "Target", and "Reach" for each competency/milestone, please visit <https://medschool.vanderbilt.edu/ume/isc-milestones-students>



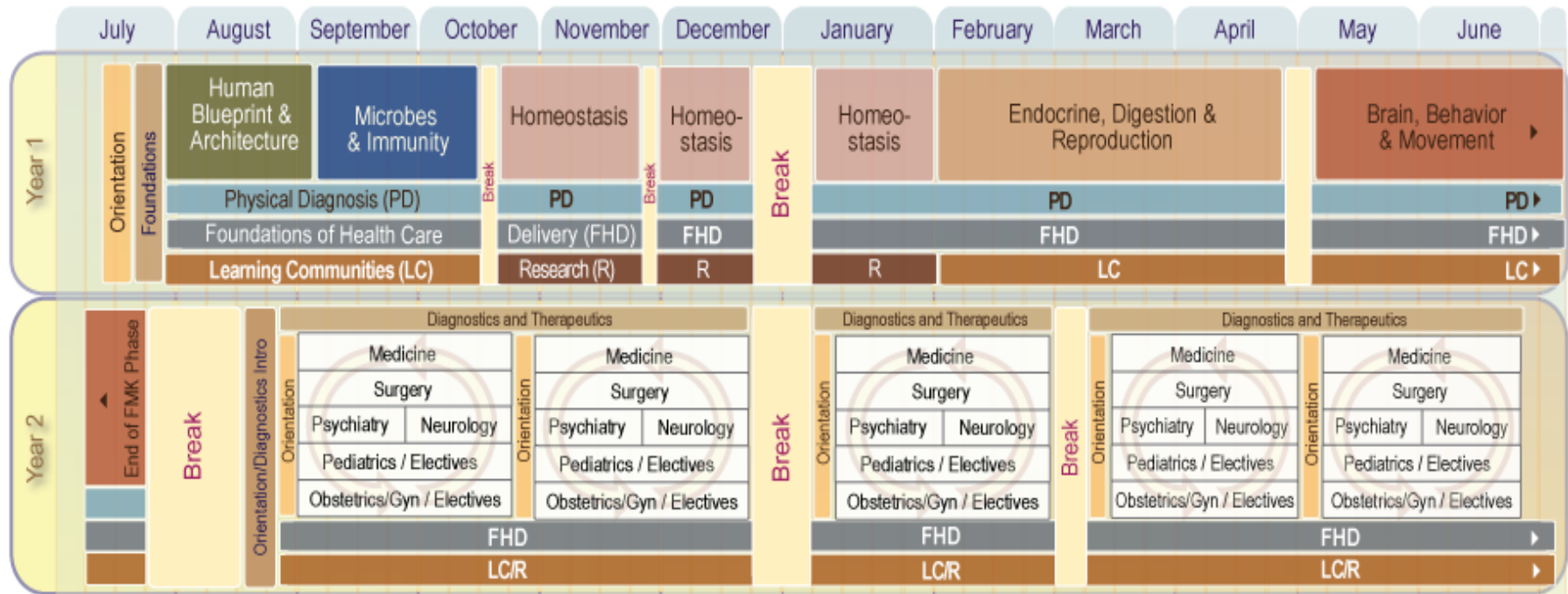
ISC Assessment Best Practices

- **Valid and Defendable**
 - The grade accurately reflects student's performance
 - There are enough data to justify the grade
- **Transparent**
 - Students know how they're being assessed for each activity
 - Course directors are clear about how weighing assessments to determine final grade
 - Students can access their assessment data during and after the course
- **Documented and Auditable**
 - Quantitative assessments and changes (i.e., grade "curving") are captured
 - Changes to qualitative assessments (i.e., weighting peer vs. faculty) are documented
 - Documentation supports the final grade
- **Consistent across courses**
 - Students receive similar treatment across courses

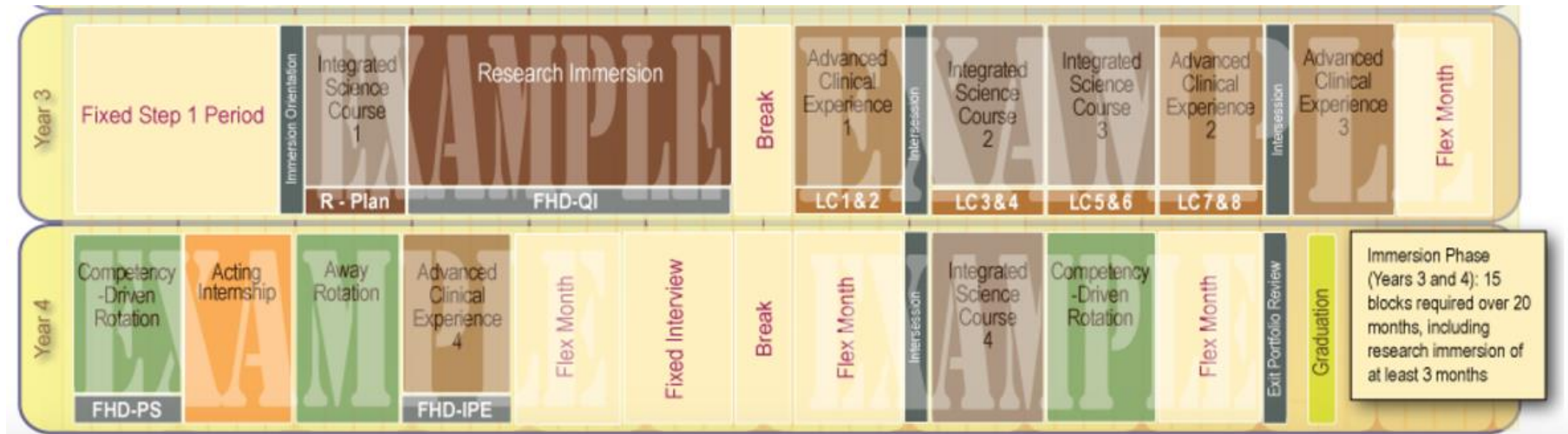


Student Example Schedule: Years 1&2

Vanderbilt University School of Medicine Curriculum 2.0 Schematic



Student Example Schedule: Years 3&4



- 1-month long rotations
- Total of 20 months: 15 months required (+2 for STEP1)
- Minimum of 4 ISCs
- 3-6 month mentored research experience
- Longitudinal curricular elements (Foundations of Healthcare Delivery and Learning Communities) remain integral



Foundational science clinical applications

Clinical Management and/or Skills	Foundational Science
Performing focused H&P for hand injury	Anatomy & histology of hand muscles
Insertion and management of central line	Epidemiology of CLABSI & science of hand washing
Management of acute chest pain	Cellular mechanisms of cardiac ischemia
Treatment regimens for breast cancer	Pharmacogenomics of treatments
Managing side effects of acute opioid pain treatment	Neural mechanisms of opioid tolerance and dependence
Obtaining consent for surgery in child of Jehovah's Witness parent	Fundamentals of ethics, negotiation & conflict resolution
Helping homeless diabetic patient deal with psychosocial issues	Evidence for policies promoting homelessness and health disparities

