

MTN Ep 6 Transcript

MTN Ep 6 Dr. Patel

[00:00:00.09] ERIN HAGAR: Welcome to Moving the Needle-- casual conversations about ways, big and small, to impact student learning, brought to you by the Faculty Center for Teaching and Learning at the University of Maryland, Baltimore. I'm Erin Hagar. Let's move the needle.

[00:00:18.85] Today's episode of Moving the Needle features Dr. Devang Patel, director of the pre-clerkship curriculum in the Office of Medical Education here at UMB. Over the last two years, Dr. Patel and his colleagues have completely revamped the first two years of medical school into what's now called the Renaissance curriculum. You can imagine this was a massive undertaking, an opportunity to rethink the sequence of the content and the methods to deliver it. This new curriculum launched in August of 2020, right smack in the middle of the pandemic. Dr. Patel will share with us the reasons for this curriculum redesign, and some lessons he's learned during its implementation. Dr. Patel, welcome to Moving the Needle.

[00:01:00.43] DEVANG PATEL: Thank you. Thanks for having me on.

[00:01:02.48] ERIN HAGAR: We are so excited to speak with you today because this topic of a curricular redesign, it is a biggie, it's a big effort, and we are so excited about what we can learn from you on this. So let's just begin by having you tell us a little bit about what drove the School of Medicine's curricular redesign. What needs were you trying to address, and what were you hoping to accomplish?

[00:01:27.19] DEVANG PATEL: Sure. I think this is something that has been in the works for many, many years at our institution. What has happened sort of nationally with medical schools is curriculums have been redesigned to shorten that pre-clerkship curriculum, so trying to get the students into the clinical space a little bit earlier. So traditional, the way it's been done for decades, if not centuries-- I don't know how long it goes back, but medical school education has been two years of basic science training, followed by two years of clinical training, which we call the clerkship years, the first-- when they start their clerkships in the third and fourth year.

[00:02:10.69] And many folks have said, you know, why are we spending so much time in the classroom when students really need to be doing the work in the hospital setting, in the clinic setting, where the patients are? So there's been this movement across the country, and many schools-- most schools, actually, I should say-- have done this already, even going back 15 years ago, to move to what we call a systems-based approach that's a shorter pre-clerkship curriculum. And what that means is our traditional exposure and the way that many of our attending physicians were trained was that you got anatomy and then you got physiology and then you got biochemistry, and then maybe second year you got the pathophysiology. So the students had to go back and remember everything about physiology from first year to try to understand the

pathophysiology they learned in second year. It is not the most efficient way to probably teach that content.

[00:03:08.32] So the systems-based approach is that we go through each system holistically. So when we start the cardiovascular system, for example, we would learn about the anatomy of the heart, the physiology of the heart, and the pathophysiology, pharmacology of the heart all at the same time. We would learn about the cancers at the same time. Anything related to the heart would come together, and it wouldn't be temporally separated.

[00:03:35.32] So that was one of the big things, was trying to get this systems-based approach, which is a more modern approach to teaching medical students, into place. And the other part, as I said, is trying to get the students in earlier clinical exposure. So one of the big things that we're trying to do is, in this pre-clerkship time, before they're on the wards, before they're in the clinics, still having the students get that exposure to clinical medicine. So when they learn about the cardiovascular system, they get to go practice the cardiovascular exam at the same time. So you know, they're tying those things together, and it's not, again, temporally separated so that it's happening a year or two later.

[00:04:15.34] And then the last part of this, I think, is, as I said, trying to shorten that pre-clerkship curriculum, trying to get the students into the clinical setting earlier. And what we've found over the years is that there's a lot of redundancy in the pre-clerkship curriculum. There's a lot of content that's covered twice, right, because you're covering it in the first year, and then the second year, you're recovering it so that you can explain it to them better so that they can understand the pathophysiology. And that's, again, not very efficient. So trying to remove some of that.

[00:04:47.23] And also, one of the things that happens, I think probably in any curriculum, but when you have people that really love what they're doing, that's what they want to teach. And so we have folks that really want to go in depth, into the weeds on content that's really not quite relevant for a medical school education, right? It may be great for graduate school education, may be great if you want-- I'm an HIV doctor, and I could talk about HIV for six months, you know? But that's not what the medical students need. They need a very concise amount of information that's very relevant to them, understanding that, out of 160 students, only one student may actually go into infectious diseases or think about a career in infectious diseases.

[00:05:33.23] So I've got to make sure that what they're learning is relevant to all of them. So again, trying to cut out some of that redundancy, trying to cut out content that really wasn't relevant for the medical students, and again, shortening all of that so that the students-- the way we've got it now, they will enter the clerkship years two months earlier than previously. And that gives them a little bit more flexibility in terms of electives that they can do, exploring medical subspecialties that they may otherwise not have had the opportunity to explore. And if they can't explore it, how do they know that's what they want to do with their life? So those are things that are now possible that maybe weren't as easy to obtain for students previously.

[00:06:19.51] ERIN HAGAR: Yeah, this sounds like a very student needs-driven approach to the curriculum, thinking about the sequencing so that it's easier for them to retain the information, giving them more flexibility to explore new things when they are in the clerkship years. It sounds really like you put the students front and center in all these decisions that you made.

[00:06:42.61] DEVANG PATEL: Yeah, I appreciate you saying that because I think it is important. When we launched our what we're calling the Renaissance curriculum process, we had students as part of the groups that helped design the curriculum. So we had different focus groups, we had different committees, and one of them was a student committee. And so the students were giving us a lot of input on what they thought worked and what they didn't think worked.

[00:07:09.00] One of the big sort of banes of my existence is something called Step I. And Step I is an exam that all medical students have to take. It's the first step of the USMLE licensing process. So it's called USMLE Step I. And the students have to pass that exam in order to take Step II, which they'll take later into medical school, and then Step III, which they typically take in their residency. And then, they can be a fully licensed physician.

[00:07:39.93] Well, Step I over the years has become this exam that schools-- sorry, residency programs use as an almost screening method to decide who's a good medical student and who's not a good medical student, do we want to interview that medical student. Not at all what this exam was designed to do. The exam was designed to measure minimal competency, right, so you can move to the next step. But because there's so much variation between school to school in terms of the education, this became a de facto how well you do on this test determines whether or not I'm going to interview, you like you see with an MCAT or an LSAT or SATs, you know, that-- but it wasn't designed for that.

[00:08:25.48] But anyway, the reason I bring that up is that our students are so fixated on that Step I score because they take that at the end of second year, before they start their clerkship years. So we needed to make sure that we addressed that, that we paid attention to the students' anxiety about Step I, and making sure that our curriculum not only fulfilled our objective-- our objective, the way I see it, and I think most of my colleagues see it, is we are preparing the students for their clerkship years, right? The idea of the first two years of medical school is to make sure that, when you're done with that, when you get to your third-year clerkships, you hit the ground running, that you are prepared to be in that setting, which we think is the most important in terms of your clinical success, right, is being able to do well in your clerkship.

[00:09:08.92] Married to that is your ability to do well on Step I. Right? And I think a lot of times, our students see that our objective of preparing them for year three is not the same as preparing for Step I. They see those as two different goals, but they're not. They're together. If I do a good job preparing you for year three, you should be prepared for Step I, as well.

[00:09:31.10] And you know, so making sure the students bought into that, that they were on board with that concept, you know, that was important. Making sure that we looked at student wellness, understanding from the students that a five-week block before an exam is not good. You know, it's not going to be good for their studying, it's not going to be good for their retention, and it's not going to be good for their wellness. So taking into consideration all these things. And we had a great group of students that helped us, you know, give us feedback as we were developing our curriculum.

[00:10:04.75] ERIN HAGAR: That's great. I think that points to the challenges in health professions, where you have these externally-created, very high-stakes assessments that are designed to create this equity among institutions to make sure that everyone has these basic competencies, but it can butt up against a curriculum. And so always having to keep these-- I'm kind of seeing this balancing scale in trying to meet the students' needs and the accrediting body's needs, and the vision behind the curriculum, as well.

[00:10:43.42] DEVANG PATEL: Yeah, absolutely. And actually, I should point out here that one of the biggest wins for us has been the fact that USMLE, because of all the pressure from the medical student undergraduate-- what we call the undergraduate medical education side, to the chagrin of the graduate medical education side, the residency programs, USMLE Step I is now a pass/fail. So the first class that will be pass/fail is the first class of our Renaissance curriculum. So our current first-year students thankfully will be taking Step I without a score, they will know that they passed, and that'll be the end of it. And so I love that because it takes a little bit of that anxiety off of us in the first two years. You know, students will learn because they want to learn, not because they have to be fixated on an exam that happens, this assessment that happens at the end of their second year.

[00:11:39.48] ERIN HAGAR: Yeah. And it sounds like now the onus is on the graduate medical education to rethink its entry processes and its matching processes and things like that, to make sure that now we know that this is truly minimum competency, now what do we do. Is that kind of where the ball landed on that?

[00:12:00.09] DEVANG PATEL: Yes, yes. And I don't believe my colleagues on the GME side are too happy about it, on a national level. But as a person who spends more of my time now on the undergraduate medical education side, you know, this was long overdue. We would have top students that we thought were just fantastic that couldn't get an interview in the most competitive specialties because of a score on this exam. And what's very clear about all of that is that those exam scores don't correlate with the quality of that applicant or the ability of that applicant to perform in that specialty. It was just a way to sift through the 1,000 or 5,000 applications, or 10,000 applications. And I get that, right? It's really hard to do that. But it was to the detriment of many very talented and qualified people that were told they couldn't do something they really had a passion for.

[00:13:00.12] ERIN HAGAR: Yeah. Well, that sounds like a fortuitous sequence of events, at least on the undergraduate side. That's great. Could you talk to us a little bit more about how you structured this process of the curriculum redesign? Who-- you've

already mentioned that the students were involved, which is fantastic. Who else was involved? How did you structure it? What kind of work did it entail?

[00:13:23.16] DEVANG PATEL: Yeah, so we had a curriculum council of a bunch of our education leaders here at the medical school, including [? Christina ?] [? Sistone, ?] who joined our group. And she's been just an invaluable resource. We were looking for folks that had successfully taught for many years in our curriculum. We were looking for people who had innovative new ideas of how we should be teaching, and quite frankly, just people that were really invested in improving the quality of the medical education.

[00:14:02.37] And it's a diverse group. It's a great group of faculty. And then as I said, we had the student groups. And we also actually put out an opportunity for any faculty that was interested in medical education to voice their opinion. So there were so many different work groups, with faculty from all over campus, different departments, from the basic science side, from the clinical side, you know, wherever, who could chime in and say, these are some thoughts that we have. And then we had a core group of educators that were really working on designing it.

[00:14:41.85] What we did as we tried to-- we have these courses that we've had for, I don't know-- it goes back a long ways. I feel embarrassed right now that I can't tell you when the last curriculum redesign was. I believe it was when Dr. Martinez, who is the current Associate Dean for Medical Education, was a medical student. So it's been a while. And so we've had these courses that have been the same courses for, what, 15, 20 years or whatever, and now we're saying, well, we're going to get rid of those courses, we're going to have brand-new courses, brand-new course leadership. And how do we organize this? Where do we decide the content goes?

[00:15:20.94] So what we did is we looked at medical school curriculums from all around the country. And I don't even know how many we ended up looking at the end of it all, but it was many. And we just sort of looked at them and said, oh, that looks like a great idea. We should look at doing something like that. I like the way this course was organized. I like the way that this medical school structured the chronology of their courses. You know, they did this system first, and then this system. And so we took a look at all of those things and tried to put together what we thought was the best amalgamation of those different medical school curriculums.

[00:16:03.88] ERIN HAGAR: Yeah. When you were looking at all of those curriculums from other medical schools, had you already decided on the systems-based approach, or was looking at their curriculum something that pulled you in that direction?

[00:16:17.10] DEVANG PATEL: No, no, we had already decided that we wanted to go systems-based. That is something that had, as I said earlier, I mean, it was something most schools had already moved in that direction. And in a way, we were a little bit behind the curve on that. So we wanted to make sure that that was the way we did it. Just a matter of how do you do it, right? How do you structure it so it makes sense.

[00:16:38.31] And I think there's going to be some growing pains. You know, we might find, well, we taught this a little too early because the students didn't have enough

knowledge to really appreciate what they were learning. And maybe that's something, a piece of content that could be moved to a different course later in the curriculum. Our approach to this is that this is a very dynamic process, that this is a process that is not set in stone. We will need to continue to change things every year until we get the best possible curriculum product out there.

[00:17:14.55] ERIN HAGAR: Yeah. Well, how are you going to collect the data or the input or get the feedback in order to decide how things are working?

[00:17:22.50] DEVANG PATEL: So we have several different ways of doing this. One of the things is obviously the student feedback. We get student feedback on lectures, we get student feedback on the courses, we have focus groups with the students in each course. We meet with the students curriculum reps so that we can get that sense, as well. Of course, we can look at how they do on our internal assessments, as well as things like Step I, which, at the end of the day, has been the thing that everybody judges the success of a medical school on, fairly or unfairly. I would say unfairly. But those are things that we can all look at to see how it's going.

[00:18:04.44] We have a quality improvement group-- we call it the MEQI committee, Medical Education Quality Improvement-- that is looking at how do we improve the course from year to year. My specific job is the director of the pre-clerkship curriculum within our structure in the Medical Education Office. And so looking at how the courses that have completed have fared so far in the terms of the student evaluations, and then comparing.

[00:18:33.66] Well, look, this course did a really good job with this, maybe that's something we can incorporate in future courses. Those of our faculty that are leadership for the second-year courses are keenly paying attention to what's happening with the first-year courses, right, because they have time, although that time is getting shorter and shorter, they have some time to try to make improvements to what they thought their vision would be for these courses.

[00:19:00.75] ERIN HAGAR: Sure. So your brave pioneers are implementing away, and those kind of on deck are anxiously awaiting to see how that goes.

[00:19:10.20] DEVANG PATEL: Yes, absolutely. And you know, everybody-- it's a big team, right? Everybody's collegial. We're all friends. And so it's nice, right? You say, I saw that you did this, can you show me how you did that, we would like to do this in our course. And it's great. I mean, it's so fun to see people doing that. And you know, my job sometimes is just to, like, make sure that everybody hears each other and can learn from each other. But everybody's already reaching out. There's very little for me to do in terms of that sometimes.

[00:19:44.31] ERIN HAGAR: That's so great. It's exciting sometimes, I mean, this is a big initiative, it's a big change, there's probably some organizational culture and resistance to change that comes, that's just a natural part of any big initiative like this, but what I'm hearing from you is that even more important is this renewed creativity, this

renewed sense of collaboration, this energy that's coming about. Well, we're all changing everything, right?

[00:20:13.32] It's not just me putting myself out there as a solo instructor, trying this crazy new idea. The whole curriculum is changing. And so do you feel that collegiality and that back-and-forth has really inspired some changes that might not have otherwise happened if the curriculum were staying the same, but individual faculty members were thinking about changes?

[00:20:36.81] DEVANG PATEL: Yeah, I think so. I think there would have been a-- we would have some incremental changes along the way, but they may have been limited to an individual course. If I really liked-- if I wanted to do something with my course, well, I did it, but then there was less crosstalk with other courses. And we have a whole new structure in the Office of Medical Education. We have multiple layers of leadership now that allow us to engage people in that way, under the leadership of Joe Martinez, as I talked about earlier, [? Nirav ?] [? Shah, ?] who is our Assistant Dean for Curriculum, myself, Norm [? Rettner, ?] who sees our longitudinal curriculum.

[00:21:18.48] He's the Director of Longitudinal Curriculum, which is looking at how the students go from year one all the way through year four, in terms of learning, physical exam skills, professionalism, humanism. We talk about diversity and equity and talking about health care disparities, right? That that's all under Norm [? Rettner. ?] And then Phil [? Ditmar, ?] who's my sort of counterpart on the other side, he's the Director of the Clerkship Curriculum. So he's overseeing how the third and fourth years of the curriculum look.

[00:21:49.20] And then we have Connie [? LeCap, ?] who is our Assistant Dean for Assessment. We didn't have that position before, right? So now, we have somebody who's dedicated to making sure that we do a really good job with our assessments, as well. And not just exams, but assessing our faculty and evaluating our faculty and assessing how our curriculum is working. So it's really a great team of folks. And then, as you said, looking at people who are excited about curriculum change, you know, we brought in-- I kind of think of myself as young, but I'm realizing that I'm not so young, so we bring in younger faculty who have great ideas about how to do small group teaching, team-based learning, trying to get the most out of these interactions with the students.

[00:22:39.51] And yes, you're right, there were definitely people that had been teaching for many years in our curriculum that had leadership positions that said, you know, this is not for me. And that's OK. Right? I mean, we thank them for the years of service that they gave to the medical school, but this is just not their thing, and that's OK. There's no hard feelings there. We have folks that are interested in trying new things, and let's give them a shot at it.

[00:23:06.90] ERIN HAGAR: Yeah. Has there been a new thing that you've seen that you find particularly exciting that you would like to share with our listeners, a strategy or an approach?

[00:23:17.06] DEVANG PATEL: Well, you're putting me on the spot a little bit. Yeah, we have to remember that we launched this whole thing in the middle of COVID. So it's impacted our ability to do-- well, one of the things that we really wanted to do was focus on team-based learning. And so with that in mind, with some generous donations from one of our alumni, we have the read rooms, which were formerly these small pods where we had students working with a preceptor with 16 students, 20 students in a small-- what we called a small group, right? 16, 20 students with one preceptor is not necessarily a small group.

[00:24:03.60] And that's what we had done for such a long time. We got those rooms renovated, read rooms, so that we had eight rooms that are now two big rooms. So we can have 80 students-- actually, 90 students-- in each room, with tables of-- we have small round tables, with five students per table. And the idea is that we would do team-based learning in that setting. And that was our objective. That was our goal.

[00:24:34.67] Again, I shout out to [? Christina ?] [? Sistone, ?] who was such a champion for this for us, as well. She even helped us get some of the scratch-off cards that we would use for team-based learning and all this, which I still owe you for, [? Christina. ?] We'll make it happen, if she's listening. But we did all that, and then COVID. So now, we had to figure out what we were going to do with all of that teaching innovation that we were going to do in class, now we're going to have to do online.

[00:25:04.31] We've adjusted. We've done it. We've been able to-- I think the most well-received online small group teaching that we do is actually our modified versions of TBL that we do on Zoom. So the students-- You've got to remember, the first year students came to campus in the middle of a pandemic, never having met another classmate perhaps, right, unless they went to the same undergraduate or something like that, were told to stay in their houses, you know, couldn't go out and hang out. We didn't have any social activities for them that were in person. We tried to do things virtually.

[00:25:43.21] And then we expect them to work together, and they did. And I think we put them in Zoom groups of five. And it started with Adam [? Puche, ?] who's an outstanding anatomy educator who's been doing this for years. And Adam completely just went with it. I mean, he put the students into these groups, and they would work in their groups. And then they would come back to the main room, and he would talk to them, and the groups could talk to each other.

[00:26:12.83] But it got to the point that the students were so attached to the four people in their group, that they didn't want me to change their groups midway through the year. And I was like, no, no, it's good for you. You guys don't know anybody. You've been in Baltimore for six months, and you don't know anybody except for the four students that are in your group. So you need to see other groups.

[00:26:31.19] And when we were able to get some of these in-person sessions, and we petitioned the university to allow us to bring a quarter of the class in at a time social distanced, masking, the whole business, they were so excited to see one another and work in person with one another. And that's what we want, right. We want the students to really have that experience where they're learning from each other.

[00:26:57.74] And what I've seen in terms of the feedback from the students, and what we've learned from them is, that they really enjoy these small group settings, where it's not a preceptor droning on in front of the classroom, but it's really them teaching each other. And then having this expert in the room to sort of clarify issues if there are any. And I think it's such a better way to learn. And it seems to be the way that the students prefer to learn.

[00:27:21.29] ERIN HAGAR: That's great. Well, a testament to resilience on all fronts, the faculty, the students, really layer upon layer of change and adaptation. It would have been a big change had COVID not thrown a monkey wrench into all of this, and then add that.

[00:27:38.60] But what I really love about what you're saying in this team based learning approach, and for our listeners, we have a lot of information on our website about TBL. It's a great strategy. There's a lot of information about how that works.

[00:27:52.89] But what I just wanted to call out was when I hear you speak about that, how much that approach really models what the future of practicing medicine could look like to this idea of, there are people who know more than me about this. I can contribute this, this team based approach, really changing the power dynamic of what you might have seen in a traditional medical classroom years ago, really reflects the way care is being practiced in an ideal world right now.

[00:28:26.66] DEVANG PATEL: Yeah, absolutely. You know, obviously, the hierarchy is a big part of medicine in the clinical realm. There's students, then there's residents, then there's fellows, and there's attendings. But the other big part of medicine in the clinical realm is teams, right, working in a team. And if you are a good senior person on your team, attending, or the fellow, you should be listening to everybody on the team, including the third year medical student.

[00:28:55.19] You know, I'll give you a great example. I was just on service last week, and I had my whole team there, and I had a first year medical student who has very little clinical exposure, right. And they are now allowed to do a little bit of shadowing. So he had asked, can I come shadow and see some of the stuff we learned in class. I said, sure, come.

[00:29:13.74] And I remember that we were on rounds, and we were discussing a patient, and all of a sudden he raised-- he didn't raise his hand, but it was almost like a little timid. And I was like, no, no, go ahead. What do you want to say? And he brought up a point that nobody else on the team had thought of.

[00:29:32.03] It was a first year medical student. Like, there were senior residents. There were interns there. And I was like, you're absolutely correct. We had a pharmacist, you know. And he was the one who brought up this very important point. And I think we value that. And I think it is important for students to learn how to work in a team. Because when they get to their clerkship years, everything is in a team. Everything is in a team.

[00:29:57.57] Regardless of the hierarchy, it's still a team, right. There's still a team of people working together. And I think one of the things that students may struggle with is in the first two years of medical school, it's traditionally been very individualistic, right. I need to do well on this exam. I need to do this on this. I got to get this score on my test. I want to do this on step one.

[00:30:20.33] But you're not working with other people to do that, right. You're just trying to get this individual score for yourself. I want to get honors. I want to get A. I want to get whatever. And then you get to the third year, and all of a sudden, it's not about that, right. It's about taking care of the patient. And it's about being a part of this machine, being a cog in this machine that functions well. And if it does function well, takes care of a lot of sick people efficiently, and at a high level.

[00:30:51.36] But if you're not used to that, you could mess that up, right, or you may not feel comfortable. And we see students that sometimes struggle. All of this to say, I think TBL helps again with that team approach to learning.

[00:31:04.97] ERIN HAGAR: Yeah, yeah, and creating an atmosphere where it's OK to ask questions of your teammates, and it's OK to speak up and to question something. I mean, that the student raised that point with you and with all those senior level medical providers, is a testament to the culture that you helped create, that they feel comfortable to say it.

[00:31:25.43] DEVANG PATEL: He had no hesitancy.

[00:31:26.69] ERIN HAGAR: Yeah.

[00:31:26.87] DEVANG PATEL: None. I mean, you know, it was so refreshing. Because I mean, when I was a first year student, I would have been scared senseless to say anything in that setting. I would've just been there observing. But he knew something, and he wanted to share it. And it was the absolute right thing to tell us, and it was fantastic.

[00:31:48.53] And I think you're right. I mean, it's creating that culture. I think that's the other part of being in the first years of med school is these are type A personalities, right, us in medicine. And so you come to med school because you were the detail oriented person, and everything had to be correct, and everything had to be right.

[00:32:09.08] And guess what? You're not always right. And when you get to medical school, there's such a pressure to be always to be correct. And it's seen as a failure to not know something. Or you feel like, oh my gosh, I can't believe I don't know as much as that person, or whatever it may be.

[00:32:27.29] I think the team based learning really changes that dynamic, right. You're like, oh, well, they don't know either. OK. That's OK. It's safer, right. And I think that is what the students will convey to us, is that it feels safer than having again, a faculty member standing in front of the room ask you a question, and you feel put on the spot, and, you don't know how to answer. And everybody's judging you. And everybody thinks you're dumb. We don't want any of that. That's not a helpful way to learn.

[00:32:58.70] ERIN HAGAR: I also think the advantage of TBL, particularly in this context, is that it emphasizes information seeking, asking the right questions, and then gathering the information. I think the volume of medical information that's available, you couldn't possibly teach it all, right. You couldn't possibly teach everything there is to know.

[00:33:20.57] And so creating those systems where students are comfortable asking those questions, evaluating the literature, making decisions based on what they're reading, you know, that's going to be so important for them as they move forward in their careers as well.

[00:33:38.63] DEVANG PATEL: Absolutely. I mean, you hit the nail right on the head. We worry so much about critical thinking skills. I've had physicians that trained me that say, you know when I learned this, the book was this thick, and now, it's six volumes. You know, there's no way you can know that all. And learning that you can look stuff up, where to go look it up, you know.

[00:34:01.52] And it's one of the things I try to teach residents and students when I'm working with them on the wards all the time is that, I don't know all the stuff. You'll see me on the computer looking things up. And you know, I think you've got to model that behavior, so that people feel like you don't always have to know anything. In fact, if you think everything, then we're in a bad place. You're not going to be a very good physician.

[00:34:26.18] So knowing how to go look for stuff, and doing it regularly. Not assuming, oh yeah, I remember this, but let's just double check and make sure we're OK.

[00:34:38.09] ERIN HAGAR: Right, right. And normalizing it to the point where you don't have to shut your door and pretend like you're hiding while you look this up. This is just what we do, right. Yeah, that's great.

[00:34:49.22] So speaking of working with students on the floor, you know, again, we talked about COVID hitting during this curriculum change, but you also work in infectious diseases during one of the worst infectious diseases that any of us could probably ever remember. So how did your life as a medical practitioner, as a medical educator, as you know just a human going through this, how did all of those intersect and inform each other? And how did you get through this year, I guess is what I want to know.

[00:35:23.90] DEVANG PATEL: How did we all get through this year? So my wife is also an infectious diseases physician. So you know, just going on a personal level, you see this pandemic. And we had all the same fears as everybody else, except that we were both people that would very likely be taking care of people with COVID when we knew very little.

[00:35:49.04] And my wife is not in academic. She's in private practice. But she was seeing COVID patients every day. And you know, because my time is split between clinical work and with the medical school, and stuff, it wasn't the same for me. But you know, that was a big thing. I mean, you know, does she come home and hug the kids?

Does she go and take a shower first? You know, all this stuff that at the beginning was so scary and you didn't know. And all you worried about was your family and children.

[00:36:17.93] And then for us, there were two of us. And how is that going to play out? Well, are you going to be on? Are you going to be clinically doing this? It was a little bit stressful in the beginning when we just didn't know very much, and trying to figure out child care. And everybody's been dealing with all of the same stuff, right.

[00:36:38.12] And then of course, the colleagues that I work with are all doing the same thing. They're all physicians that are working. Dr. Retner, who I just spoke to you about, he works in the intermediate medical care unit. So that's our step down from the ICU. So he's taking care of patients there with COVID.

[00:36:56.90] Dr. Shaw is an intensivist, so he's taking care of patients in the ICU with COVID. Dr. Martinez is an emergency medicine doc, taking care of patients and-- you know, Dr. [? Lacap ?] is a psychiatrist. Patients still come in, and she's seeing them in clinic. I mean, I think her situation is probably the scariest. Because you didn't know who had COVID, and who didn't, right. And Dr. Ditmar is a hospitalist.

[00:37:18.14] So we were all seeing these patients to some varying degree, and we had to keep doing all of that while trying to-- let's not leave our legacy curriculum out of this, our now third year students were in their second year. And you know, we're planning our new curriculum. The first and second years are in their legacy curricula, what we call the legacy curriculum. s

[00:37:44.90] We had to pivot and make sure that they got all their education completed via Zoom for the second year and for the first year, to get them through to summer. Our curriculum service support staff, the IT folks here are just amazing, and really helped us to navigate Zoom. Zoom has become our best friend. I don't know if that's good or bad. It's bad.

[00:38:12.50] And so they helped us with all of that, so we were doing that. And then trying to take care of really sick people in the hospital, and trying to stay on top of the literature. But I think what good got us all through that was our colleagues, our collegiality. We're all in the same boat. We're all working together.

[00:38:31.31] And whether it was on the clinical side, or the medical school side, that was what we did. And we sort of pulled together and knew that we had to help each other. And you know, it's nice because there are people that understand your language, right. They understand what you're going through. It's not something that maybe you can explain to family members, or neighbors, or friends. But these are all folks that are going through the same thing.

[00:38:57.83] ERIN HAGAR: Yeah, yeah.

[00:38:59.51] DEVANG PATEL: And we have an awesome team, so that helps.

[00:39:02.25] ERIN HAGAR: That comes through loud and clear. And just on behalf of all of us here at the university, I mean, we just cannot thank you enough for the level of

service that people contributed this year, and always, but especially this year. It does not go unnoticed. And we just want you to know how grateful we are.

[00:39:21.35] Looking to brighter horizons, I guess, as we're hopefully on the waning side of the outbreak, crossing fingers here. We're recording this at the end of April. And looking at now that you're getting ready to launch year two of this curriculum, what are some things on the horizon that you find that you're particularly excited about, or that you think might really continue to, as we say on this, move the needle in medical education.

[00:39:53.06] DEVANG PATEL: Well, first and foremost, we are excited to have students back in person. The worst part of all of this for us has been not having that interaction with students, and seeing them in the hallway, and having them come up to you randomly to just discuss something. And we started doing-- we call them wellness meetings, all of the faculty over here in Office of Education, and Office of Student Affairs.

[00:40:23.99] We set up Teams, Microsoft Teams meetings. What is it called? Bookings, they have bookings, where you can make yourself available, and people can just click on and say, I want to meet you on Friday 12:15 for 15 minutes. And so we started doing that, because we saw that a lot of the students were struggling with COVID, and the isolation, and all of this.

[00:40:48.99] And it's the one constant. I just wanted to say hi. I hadn't talked to any faculty, and I wanted to say hello, and I just wanted you to make sure you remember who I am, or that I'm a student. And I was like, yes, we remember. But I think that was a part that we didn't probably appreciate up front would be so difficult for everybody. Not just the students, but for the faculty as well, because we get energy from the students, right.

[00:41:19.97] The learner provides us that enthusiasm and joy that allows us to do these things. So when you're not in-- yeah, you can do it over Zoom, but it's not quite the same. It's so funny. I've done so many lectures this year for the first year medical students. And we had them coming in person a little bit in the fall. And then when the numbers went up, we didn't. And then after spring break, we had them coming back.

[00:41:48.14] And when I wander upstairs to see how things are going up in the read rooms, where they're coming in for small groups, they're like, that's Doctor Patel. That's that guy. That's that guy from the Zoom. And I'm like, yeah, I'm real.

[00:42:05.25] ERIN HAGAR: Now you know how celebrities feel.

[00:42:08.03] DEVANG PATEL: It's a little-- I didn't want to say it. But it's a little weird. It's like that. It's like, you know, I'm just an old guy that teaches. But because they've only seen you on Zoom, it's like, oh my gosh, there's a person that we've been learning from. And they're here. And we can have a conversation with them, and all this stuff.

[00:42:29.84] So I think that's not moving the needle. That's moving back to where we should have been to begin with, right. I know your question was what's moving the needle. But I think that alone is a big win for us.

[00:42:44.21] But in terms of moving the needle going forward, I think it's more about trying to implement keeping TBL going, but trying to implement other ways to improve active learning. We are trying to shorten all our lectures, so that we're making sense of what we know about adult learning. People don't want to sit for 50 minutes straight in a chair. It's just not a good way to learn.

[00:43:13.20] So trying to shorten the duration of lectures, giving more lectures. And you know, like, instead of doing two 50 minute lectures, do three 35 minute lectures, or something like that. We use Turning Point, or audience response systems, trying to find other ways to engage students, so that this material isn't just memorization, but it actually sticks.

[00:43:36.95] And as I said, critical thinking for us is such a big part of what we do, and making sure that the students can apply the knowledge. And that's where I think I'm still really going to be leaning on some of our faculty, especially the younger faculty who are so enthusiastic about teaching, to come up with some newer innovations of how we can do this better.

[00:44:00.68] ERIN HAGAR: Yeah, that's so great well. I hear two things loud and clear, which are engagement and connection. And I think that we can look at all these innovative approaches, and new technologies coming down the pike, and that's so exciting. But I think it's important to remember as you've described so well, that the essence of teaching really comes down to those two things, making those connections, which you which you felt the lack of during this distance. And then seeing this engagement as you've changed the curriculum to really get the students more involved.

[00:44:35.87] I think our medical students are so lucky. It makes me so excited for education and the future of health care, just to know that these students are going to be out in the world having had this foundation. And it's really great. Thank you for the work that you do. And thank you for sharing it with us today.

[00:44:52.35] DEVANG PATEL: Absolutely.

[00:44:54.68] ERIN HAGAR: Thank you for joining us today on Moving the Needle. Visit us at umaryland.edu/fctl to hear additional episodes, leave us feedback, or suggest future topics. We'd love to hear from you.

[00:45:09.56] [MUSIC PLAYING]