15 minute discussion for each article

- **Goal**: To facilitate faculty member’s knowledge about current trends in medical education and literature analysis through group discussions with peers.

- **Learning Objectives**
  
  As a result of participation in the OME Journal Club discussions, the faculty will be able to:

  - Increase exposure to evolving concepts in teaching
  - Identify, develop, and teach critical appraisal skills
  - Promote medical education research
  - Consider applying new concepts in teaching to course delivery
Health Systems Science Curricula in Undergraduate Medical Education: Identifying and Defining a Potential Curricular Framework


**Key Points:**

- **Research Question:** What are the domains and subcategories for a comprehensive health systems science (HSS) curricula in undergraduate medical education?

- **Method:** 2 phases—(1) content analysis of 30 Accelerating Change in Medical Education full grant submissions and 11 grant recipients curricula to recognize domains and (2) application of domains to identify subcategories

- **Results:** 12 domains and 3 subcategories
  - 6 Core Domains
  - 5 Cross-cutting Domains
  - 1 Linked Domain

- **Discussion:** There is a need to align existing undergraduate medical education with the health systems students will practice.
What is a Health Systems Science (HSS) Curriculum?

- The study of methods and principles for improving quality, outcomes and costs of health care delivery for patients and populations within medical care systems.

- Health systems science is often called the third science that complements the traditional pillars of basic and clinical science, and has as its primary goal the education of systems-ready physicians.

- "Basic and clinical sciences are important, but they're not enough," said Gonzalo. “

Leadership and change agency

Core domains

Scholarship
Health care structures and processes
Health care policy, economics, and management
Clinical informatics and health information technology
Population and public health
Value-based care
Health system improvement

Teamwork and interprofessional education

Professionalism and ethics

Evidence-based medicine and practice

Cross-cutting domains
<table>
<thead>
<tr>
<th>HSS Domain</th>
<th>Curriculum Content</th>
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<tbody>
<tr>
<td>Healthcare structures &amp; processes</td>
<td>Clinical microsystems of out/inpatient settings</td>
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<td></td>
<td>Insufficiencies encountered by patients</td>
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<td></td>
<td>Importance of clinical teams and communities</td>
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<tr>
<td>Healthcare policy, economics &amp; management</td>
<td>Core principles of healthcare policies</td>
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<td>Basic healthcare finances and impact on insurance</td>
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<td>US payment model incentives for providers and hospitals</td>
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<tr>
<td>Clinical informatics &amp; health info</td>
<td>Core principles of informatics</td>
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<td></td>
<td>Real-time data viewing and analysis of clinical reports</td>
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<td>Current health information exchange</td>
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<tr>
<td>Population &amp; public health</td>
<td>Local resources for a community map</td>
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<td>Patient risk behaviors of uninsured population</td>
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<td>Cultural skills to work with diverse cultural backgrounds</td>
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<tr>
<td>Value-based care</td>
<td>Principles of value-based care</td>
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<td></td>
<td>Relate quality and safety with patient outcomes</td>
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<td></td>
<td>Identifying and reporting safety events</td>
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<td>Health system improvement</td>
<td>Improvement plan with quality indicator</td>
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<td>A plan–do–study–act worksheet for a change test</td>
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<tr>
<td></td>
<td>Improvement challenges with different evidence-based methods</td>
</tr>
</tbody>
</table>
Topics to discuss

- Do you agree with the authors’ selection of domains and subcategories for the third science?
- Do you feel BUSM students are NOT prepared to practice in health care systems?
- What did you take away from reading this article?
Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education


Key Points:

■ Review Question: Can the concept of a Master Adapter Learner provide strategies for learning and managing in an ever changing healthcare environment?

■ Method: Reviewed literature to develop an adaptive learner conceptual model

■ Results: Generated a model with 4 phases (planning, learning, assessing, & adapting)

■ Discussion: The shared conceptual model will facilitate instructors & learners to analyze and discuss learning to improve the delivery of quality health care.
Routine vs Adaptive Expertise

- **Routine expertise** = highly efficient and accurate performance, drawing on the specific knowledge and skills that an expert has learned over time.

- **Adaptive expertise** = balance of the efficiency of routine expertise with more effortful learning and innovative problem solving.

Adaptive expertise is based on the ideal that individuals will learn and innovate in response to practice challenges.

Preparation for Future Learning (PFL) enables clinicians to access encapsulated knowledge that contains basic science and clinical principles that help them develop innovative solutions to challenging novel problems.
Adaptive Learner Conceptual Model

Phases

1. Planning
   a) Identify a gap
   b) Select learning
   c) Search resources

2. Learning
   a) Internalize KSA
   b) Manage resources
   c) Analyze evidence

3. Assessing
   a) Use new KSA
   b) Accept/reject KSA
   c) Get external feedback

4. Adjusting
   a) Apply new learning
   b) Determine change
   c) Share with others
Topics to discuss

- Do you think adaptive learner conceptual model is innovative or routine?
- Would you include this model in your teaching?
- Were the authors convincing in their writing about the adaptive learner model?
The clinical teacher’s toolkit: Clinical teaching with emotional intelligence


**Key Points:**

- **Review question:** What is emotional intelligence (EI) and what factors will bring about more positive emotional environments and social interactions for learners?

- **Method:** Authors identified EI competences and reviewed the literature to recognize EI strategies.

- **Results:** 12 EI strategies were extracted that a clinical teacher should use EI in his/her teaching.

- **Discussion:** A more positive emotional environment will increase student learning and improve patient care.
Emotional Intelligence Defined

A collection of social, personal, and emotional interrelated abilities that determine individuals’ general ability to efficiently cope with everyday life needs and stresses.

Four domains of self-awareness, self-management, social awareness, and relationship management that cover abilities such as self-confidence, empathy, influence, emotional self-control, transparency, and the ability of team work.

12 EI Strategies for Clinical Teachers

**Before Rounds**
1. Emotional self-awareness
2. Select a proper physical environment
3. Know your students’ emotions and motivational factors

**During Rounds**
4. Increase rapport
5. Be transparent
6. Teach creatively (e.g., puzzles, roleplay, draw a concept map)
7. Model socioemotional abilities
8. Recognize inter-professional teamwork
9. Design a supportive learning environment

**After Rounds**
10. Give interactive feedback
11. Evaluate your teaching
12. Be available
Topics to Discuss

- Do you agree with 12 EI strategies proposed by the authors? Can you add to them?

- Are these 12 EI strategies applicable to your teaching?

- What one comment would you like to give the authors about their article?
Thank you for participating!

- Save the date: OME Journal Club next meeting is in **November 29 in room L-209**

- Next time—Select an article and send it to me **gmarch@bu.edu** for you to present at upcoming journal club meetings. I will send you the template to complete for your review.