

Holistic
Student
Support



innovations

*Case Study:
University of Southern Alabama
Integrated Pre-Module Meetings
February 2024*

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School Overview

Name of the Institution:	Frederick P. Whiddon College of Medicine University of South Alabama
Location:	Mobile, AL
School Size	Class size of 80
Mission Statement	<i>Mission:</i> As a diverse community focused on the science and practice of medicine for Alabama, the Central Gulf Coast, and beyond: We educate; We discover; We serve <i>Vision:</i> To excel as a College of Medicine recognized for its education, diversity, outreach, discovery, compassion and service.
Interviewees and Contact Information:	T.J. Hundley, M.D. Associate Dean for Medical Education tjhundley@southalabama.edu David S. Williams, Ph.D., MPA Assistant Dean for Institutional and Academic Success dwilliams@southalabama.edu

Introduction

Overview of Innovation: In the 2023-2024 academic year, Whiddon COM piloted a “Pre-Module Meeting” that brought together stakeholders in a single course to discuss what instructors need to optimize their approach, AND what support students need to optimize their learning. The intent of the meeting was to create an integrated, unified discussion that focuses on learning improvement. Following this successful pilot, the approach will be expanded to additional courses in the coming years, with the ultimate goal of holding these meetings for all courses.

Alignment with Holistic Student Support: This innovation supports 2 Medical School Critical Junctures: *Matriculation and Orientation* and *Academic Performance and Progression*. It also supports two core principles of Holistic Student Support: normalizing the need for support for all students, and creating student-centered learning environments.

Case Study Summary: Whiddon’s curriculum is organ-system-based, with a fourth year focused on professional development and designed to allow students flexibility to pursue individual interests. The pre-module meeting was piloted on the Year 1 Cardiovascular System course. The Associate Dean for Medical Education and the Assistant Dean for Institutional and Academic Success collaborated on developing the meeting plan, inspired by discussions with assistant deans for medical education on ways to improve course delivery, and further informed by recent experiences identifying support across the spectrum of student

“All of our technical ‘boots on the ground’ that operationalize all these plans were part of this ... in an effort to eliminate 10,000 different meetings and emails [and] have a collaborative, unified experience...focused on the learning and the students.” -TJH

needs. They developed a checklist starting with curricular items, and then adding items related to meeting student needs. This initial meeting included: the Module and Clinical Skills Course Leadership, Associate Dean for Medical Education, Assistant Dean for Medical Education who oversees the pre-clerkship phase, Assistant Dean for Institutional and Academic Success (who brought a Learning Specialist perspective), and the team of Medical Education Coordinators (who brought Learning Management System (LMS), assessment, and evaluation perspectives).

Best Practices

- Identifying the right stakeholders to participate in the meeting is essential. The list of participants may be different for different institutions, and for larger schools there may be more stakeholders to consider. In this case, instructional design expertise and professional development expertise were important to the success of the meeting.

"[This approach] helps faculty tell the magic of what they do in the classroom...[It] takes us out of collecting data on XYZ objective and 'students performed well'...[W]e want to see that but...behind that is: what learning is happening for our future physicians?"

-DW

- Planning for this meeting and intentionally mirrored health systems improvement approaches, reflecting a similar paradigm shift to a culture in which seeking improvement is not seen as blaming. In particular, the Plan-Do-Study-Act model for health systems quality improvement was applied to bring a quality improvement lens to the discussion of instructional approaches and student support. The approach also drew on the Learning Improvement Paradigm/Learning Improvement Community Theory¹, encouraging a discussion of how the stakeholders can work together to support the best learning of this module.
- An important outcome of using a systems and quality improvement lens was how it changed the dynamic between course directors/ instructors and learning and curriculum leaders. There was an intentional movement

"The tenor of this meeting was not a checklist of things you must do, and it must be done by this day...The tenor was 'How can we help you do what you want to do, that you haven't had the time, resources, experience, desire, etc. to do.'...people generally will respond to 'let me come alongside you and sit down with you' as opposed to deliver this back to me by..."

-DW

- Timing the meeting appropriately is also important. If it is scheduled too far in advance of the start of the course there will not be enough details in place, such as the course schedule,

¹ See [Fulcher, K. H., Good, M. R., Coleman, C. M., & Smith, K. L. \(2014, December\). A simple model for learning improvement: Weigh pig, feed pig, weigh pig. \(Occasional Paper No. 23\). Urbana, IL: University of Illinois and Indiana University, National Institute for Learning Outcomes Assessment \(NILOA\)](#) for more on this model.

teaching assignments and instructional delivery modalities, for a meaningful discussion of teaching and learning needs. If it is scheduled too late there won't be time to make the adjustments and improvements identified by meeting participants. In this case, the meeting was held 3-4 weeks before the start of the course, and the plan is to stick with this timeline for additional modules. (Looking ahead to third year clerkships the team anticipates more lead time may be needed.)

Collaborations and Partnerships

- This innovation benefitted from a close collaboration between the Associate Dean of Medical Education and the Assistant Dean for Institutional and Academic Success. Early support and buy-in from these leaders were essential to the success of the pilot.
- Identifying champions and early adopters was also important to a successful pilot. The Assistant Dean for Pre-Clerkship understood both the basic science perspective and the learning paradigm approach, while the choice of the module to pilot on was based in part on identifying course directors who were open to the approach.

Resources, Support, and Knowledge Needed

- The main resources needed are the time of the stakeholders to participate, and a room to bring them together.
- It is necessary to gather data such as the previous year's course reviews, curricular maps, and awareness of students and their accommodations, to inform the discussion.
- While the systems and quality improvement lens is critical to this process, it's important to consider whether these approaches are new to any key stakeholders. Sharing these models and linking them to trends in health systems improvement can help identify and address possible resistance and prepare participants for the discussion.
- From the accreditation and planning lens, it's given us a reason to look at new software to streamline data collection and reporting. Project mgmt./assmt/reporting software.

Challenges and Lessons Learned

The biggest challenge was simply doing something completely new, and uncertainty around whether the time allocated would be enough and how best to facilitate the meeting.

Results and Impact

Meeting participants agreed that sitting together, in person, allowed them to focus on their questions, needs, and solutions, with minimal distractions. This allowed robust discussions to start, which have continued beyond the meeting. Two anecdotes illustrate how having the right people at the table discussing issues together led to timely solutions:

"[This process] has given us...more lead time [to consider] how much of this can we proactively address or plan around"

-TJH

- During the pilot meeting the LMS expert mentioned some features of the lecture capture tool that led the module director to go beyond the minimum standard of providing the transcripts, to reviewing and improving them. This director then shared this information with all the module faculty, leading to improved accessibility of the instructional media in the course.
- A discussion of accommodations needed for a clinical skills assessment led to identifying a possible accessibility issue with the software used – something that in previous years may not have been discovered until the assessment itself. This discussion also led the module directors to identify additional software accessibility needs used in learning activities the course.

Moving Forward

- Pre-module meetings will gradually be rolled out to additional courses in the coming years, with the ultimate goal of holding them for all courses.
- The discussions in this pilot meeting identified the potential for using software to streamline data collection and reporting among the departments working together on these issues.
- The team is exploring ways to improve data collection on different learning approaches such as small group learning, active learning, etc., that take a broad view of “accessibility” that goes beyond accommodation to a Universal Design for Learning approach.