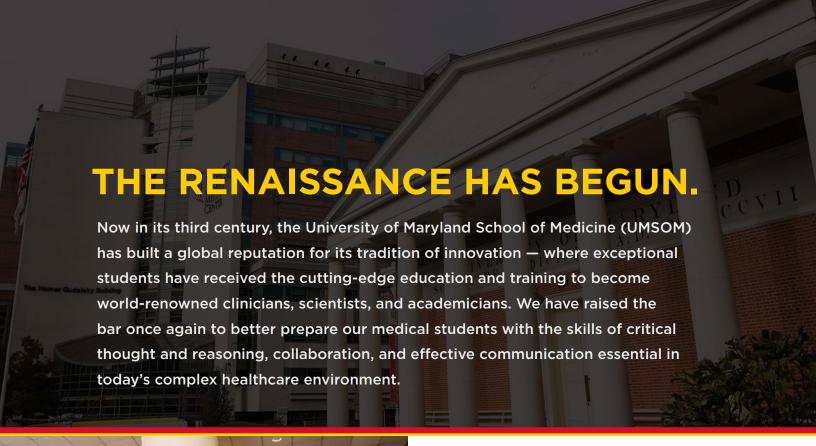


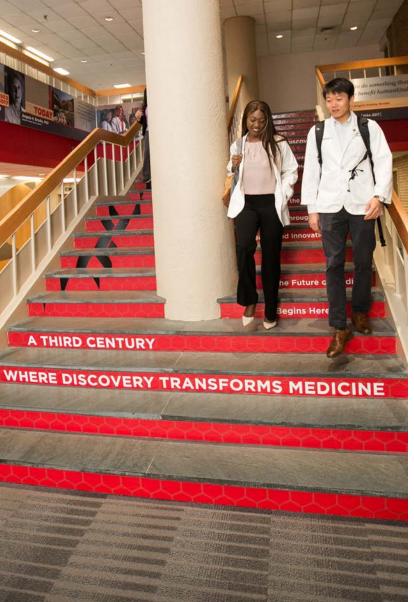
# A Case to Support the CURRICULUM

Creating humanistic critical thinkers.









# The way students learn has changed.

With the advancement of technology, the way students access and process information has changed dramatically. While lectures remain the cornerstone of delivering information, today's students prefer multimodal access to information using multiple strategies to optimize their learning. Thus, novel curricular models combine a stronger clinical foundation with evidence-based teaching approaches, such as team-based/active learning, to enhance critical and clinical thinking and reasoning.

## Be a part of the renaissance.

Your philanthropic partnership is needed now to realize this renaissance. Your gift will be used to engage the most brilliant instructors, to invigorate the culture of education through educator development, to provide spaces with advanced technology that support team-based learning, and to broaden student wellness and mentorship initiatives.



# We must evolve in the way we teach.

To persist as a leader and innovator in medical education, we have renewed our curriculum — a renaissance. The ability of UMSOM to improve human health demands that we educate and train lifelong learners who are clinically excellent and who possess a clear sense of humanism, professionalism, scholarship, leadership, critical thinking skills, and attention to social justice and diversity.

Therefore, in August 2020, we launched our **Renaissance Curriculum,** which integrates both traditional and non-traditional teaching methods, shifting to a systems-based approach to medical education.

By renewing our curriculum, we are responding to these changing learning needs — focusing less on standard modalities like lectures, and more on methods that promote clinical thinking and reasoning in a rapidly changing environment, allowing students to develop superior habits for lifelong learning.

This new curriculum fosters a dynamic, collaborative learning environment with inherent continuous quality improvement.

We have developed a curriculum that engages and inspires a new generation of learners and creates an environment more conducive to their well-being while fully maintaining the level of excellence in medical education for which our school is known."

#### Donna L. Parker, MD '86

Associate Professor of Medicine, Senior Associate Dean for Undergraduate Medical Education, and Associate Dean for Student Affairs Our new endowment will empower faculty instructors to reach their training aspirations as they embark in this new curriculum. We found this to be an incredible opportunity for us to help propel an innovative continuum of learning now and into the future."

Carolyn J. Pass, MD '66 & Richard M. Susel, MD '66

Established The Carolyn J. Pass, MD '66 and Richard M. Susel, MD '66 Leadership Training and Innovation Fund, and The Pass and Susel Academy of Educational Excellence

## MEDICAL EDUCATION LEADERSHIP ACADEMY

Academies for medical and health sciences education are experiencing an unprecedented growth on academic and non-academic medical campuses. Their common goal is to enhance and improve education within their respective institutions, and to bring innovative educational strategies to teaching faculty. Academies provide a central home for educational function: They enhance and build learning communities, invigorate the culture for education at their institutions, provide faculty development in teaching and learning, foster innovation and education scholarship, and help promote the careers of clinician educators.

Deep meaning underlies our newly established **Medical Education Leadership Academy (MELA).** Mela is apple in Italian. An apple symbolizes education, and MELA represents our committment to excellence in education. The mission of MELA is to provide leadership and support for the people who work to advance the education mission of the UMSOM.

MELA's core values have become its Seeds of Excellence and gold standard: Leadership, Diversity, Social Responsibility, Collaboration, Respect, Accountability, Knowledge, and Professionalism. MELA will work to create an environment that fosters career development and a diverse community of nationally recognized medical educators.

The **Renaissance Curriculum** requires a dramatic increase in both the quantity and quality of educator development, which is the essential purpose of MELA.

### **EXPAND TEACHING FACULTY**

The **Renaissance Curriculum** changes the way we teach. It takes a systems-based approach to medical education, combining instruction in both the health and disease processes of the body related to major organ systems such as heart, lung, and kidneys.

Students learn about healthy states of function, along with various diseases when malfunctions occur, while interacting with patients who have these conditions. Students also enter the clinical portion of medical school earlier — in March of their second year instead of early summer — which is critical in maintaining competitiveness for residency applications and will ultimately result in our graduates continuing to match into top-tier residencies.

The new curriculum requires a team of highly qualified instructors to teach these systems-based courses. By establishing a group of core educators we ensure continuity, equivalent experiences for all students, and effective dissemination of information. With increasing demands on faculty for clinical revenue and research funding, resources are needed for compensation to allow faculty to devote more of their time to developing the curriculum and educating medical students.

Additionally, funds are needed to support the expansion of the Office of Medical Education to provide more support for students and teaching faculty, effective assessment of the new curriculum and educational standards, and continuous quality improvement.





#### INNOVATIVE SPACES AND TECHNOLOGY

Implementing the new learning methods of the **Renaissance Curriculum** requires renovations to teaching spaces. Team-based learning and novel technologies are being incorporated as educational modalities to complement lectures and traditional small groups, depending on the nature of the material.

Changes in educational methods require reconfiguration of some of our teaching spaces, increased IT needs, standardized exam products, and the incorporation of new instructional technology like point of care ultrasound machines. For example, classrooms must have flexible technology and furniture — wireless screen sharing, removable benches and tables, movable walls to combine smaller rooms into large ones — to encourage student collaboration and team building in classes of all sizes and to support virtual and hybrid learning.

The Anatomy Lab is also being redesigned to create team stations that resemble operating rooms with height-adjustable tables and surgical drop lights. The addition of interactive smart boards will enable students to share and save digital notes and anatomical drawings.

I am impressed by what the School of Medicine is trying to accomplish, not only integrating the traditional pathology with the clinical medicine, but also expanding the teaching and classrooms to give students a more relaxed setting to study and learn. It is just so very innovative — I wish we could have had that opportunity when I was a student!"

#### Maurice Reid, MD '99

CEO and Medical Director, ExpressCare
Established The Maurice Reid, M.D. Classroom Fund



## MEDICAL STUDENT LIFE AND MENTORSHIP ACTIVITIES

Mentoring and networking activities are designed to enhance the student life experience and promote advising and mentoring for medical students across all four years of medical school. These activities allow students to develop nurturing professional relationships with faculty members and encourage students to serve as peer advisors and role models. The goals are to assist students with career development through advising, mentoring, peer relationships, and professional connections, and to encourage professionalism, humanism, and personal wellness.

#### Philanthropy may help to support mentorship initiatives such as:

- House Advisory System Students are assigned to one of four houses named for prominent UMSOM alumni. One senior faculty educator serves as Head, along with eight other Core Educators per house. This structure promotes class cohesiveness and vertical mentoring from students in other classes, as well as closer associations with faculty.
- Mentorship Activities Various events and/or social activities are organized each year to promote mentorship and bonding including initiatives focusing on underrepresented students and first generation medical students (first in their family to graduate from college) and their specific needs.

## MEDICAL STUDENT WELLNESS AND RESILIENCE INITIATIVES

UMSOM is aware of the dangers of student burnout and has been making changes to improve student well-being. As part of the **Renaissance Curriculum,** UMSOM is expanding these programs and resources, as well as broadening the school's wellness curriculum, which includes a new required course in culinary arts and nutrition.

#### Philanthropy may help to support wellness initiatives such as:

- A Wellness Tracker Journal Program to improve mind, body, and spirit
- A Wellness Speaker Series on topics related to wellness for medical students
- Participation at the National Conference on Medical Student Mental Health and Well-Being
- An "Early Alert" wellness tool that provides weekly confidential check-ins via SMS that provides early identification of distressed students
- Meal planning services to provide healthy meal plans and prep guidance for busy schedules
- Weekly student-led yoga sessions
- Pre-exam breakfast snacks and coffee
- An incentive program for participation in wellness initiatives





We believe investment in educator development is crucial to fostering innovation as the curriculum progresses. Our endowment will pave the way for School of Medicine faculty to attend courses and institutes on instructional design, teaching skills, and methods of translating this knowledge into dynamic new learning initiatives."

#### Laura A. Tang, MD '85 and Lee A. Kleiman, MD '86

Established the Herbert J. and Ronnie G. Kleiman, Laura A. Tang, M.D. '85 and Lee A. Kleiman, M.D. '86 Renaissance Curriculum: Educator Development Fund Endowment

## JOIN US.

No renaissance can succeed without support. You can play a pivotal role in ensuring that UMSOM's history of innovation in medical education not only continues but advances to meet the complex medical challenges of a new age.

Your gift commitment will strengthen UMSOM's ability to realize the "Renaissance Physician" by changing the way we teach. By employing progressive curriculum methods, implementing mechanisms for continual instructor training and learning assessment, with an underpinning of support and mentorship programs, the Renaissance Curriculum is effectively preparing our medical students to become self-directed lifelong learners and critical thinkers who are leaders in their fields.

Be a part of the renaissance.

