

ATSU-SOMA Curriculum Discussion with the Class of 2025
(2021-2022)

- I. History of SOMA Curriculum
 - a. Clinical case-based model
 - i. Proven method of learning
 - 1. Mastered adaptive learning
 - 2. Helps with retention
 - 3. Promotes lifelong learning
 - 4. Increases board scores for those who struggle
 - b. Lectures
 - i. Dr. Coty recognized since working here (after his years at LECOM) that we had hours and hours of lectures “and that’s not the best way to learn at all” and is not how things were when the school started. These reasons are why we’re making changes to go back to how the model of the original school curriculum was.
- II. Curriculum Changes for the 2021-2022 academic year
 - a. Overall Curriculum Proposal
 - i. “In the model that I am proposing, you will have cases that you’ll sit in 3 days a week for two hours and apply what you’re learning to those cases with a massive amount of time outside to learn. About 24 hours to learn without having to be in lecture.” -Dr. Coty
 - ii. Where can you learn?
 - 1. “You can learn wherever you want to...you can find lectures everywhere if you want lectures, there’s textbooks if you need those, there’s all kinds of information out there.” -Dr. Coty
 - iii. Rumor that this is PBL
 - 1. This is not 100% PBL. There are lots of acronyms used in this adaptive learning (e.g. PBL). We are taking the good parts of each of these types of learning and bringing it to SOMA. You’ll get a better education.
 - iv. Grading will remain pass/fail/honors.
 - b. Anatomy
 - i. There will be anatomy in every small groups case.
 - ii. Students in the Class of 2024 used the 3D Anatomy Lab due to inaccessibility of the cadaver lab during the pandemic. We will stick with that and reassess it as building accessibility changes.
 - iii. Bombarding students with anatomy at LECOM was ineffective. 20 weeks later, students would average 40% on an anatomy exam. Here, we will reduce the concentrated anatomy upfront to avoid that reduced retention.
 - c. Examinations
 - i. Examinations will “not be written by you. It’s not your responsibility to take care of examinations. You tell us what you learned. You say this is what I’ve had to learn and apply to the case and we will make you a personalized examination per group. Not every group gets the same exam because the exam is based on what you learned already and applied to the case. So, cramming for an exam is a thing of the past.” -Dr. Coty

- ii. Examination questions will come from a textbook, like all COMLEX board questions do.
 - iii. Examinations will be formatted with board style questions. Each exam will be like taking mini-boards throughout the year.
- d. Faculty
 - i. Do you have professors here that you can go to that can give lectures?
 - 1. "We have professors here that you can go to. Absolutely. And we have scientists in every topic that you can think of." -Dr. Coty
 - 2. "As you're learning, if you come across a difficulty, go to one of those people to talk to." -Dr. Coty
- e. Lectures
 - i. There's a rumor that lectures are gone.
 - 1. "That's not true at all. What we're going to do is have you learn however you want to learn and apply it to the clinical case as you go through." -Dr. Coty
 - ii. "You are going to have lectures, but the lectures are going to be screened" so that they're putting things into a clinical context. -Dr. Coty
 - iii. "It may be an outside speaker coming to talk about a pathology that you're dealing with at the time." -Dr. Coty
 - iv. You won't have hours and hours of lectures. "You'll have lectures, but they will be lectures that can highlight and accentuate the things that you're learning." -Dr. Coty
 - v. "We're not going to do the lectures because if we give you the lectures, that's all you're going to concentrate on and it's not enough." Dr. Coty

Q&A with the Class of 2025 Students

1) Will the cases be like what we experienced during the interview?

- a. Dr. Heath: Yes. "You have a scenario...that illustrates a guided principle, so we know what those cases are. We have case writers for those particular weeks because we know how they unfold. And so then you would have knowledge that we start with fundamentals and then you build on that. But it's a facilitator that says ok now what do you think about it? And [a student] says this is what I got out of it. You have a group discussion on what aspects you learned and what elements you need to know more about and then you go deeper into both the foundational sciences and the clinical sciences. But it's all based on that clinical scenario to help you be able to put it into context."

2) Facilitator Involvement in Small Groups

- a. Dr. Coty: The facilitator is there to guide you so that you can actively learn. The facilitators have a guide that they follow and go through trainings. "It's not that we're telling them hands off, don't teach. We're telling them to facilitate."

3) How does anatomy fit in with this curriculum?

- a. See above

4) What resources will be provided inside and outside of the case? Will we learn everything that we need to know to do well on the boards?

- a. Dr. Coty: All questions on the boards are required to have references. The references come from textbooks. We will give you a list of textbooks that are commonly used at medical schools. The most successful students at LECOM read the textbook first and then used a resource like Boards & Beyond to help them focus on what was important. "We're not going to do the lectures because if we give you the lectures, that's all you're going to concentrate on and it's not enough...lectures are a reduction of what's in a textbook."
- b. Dr. Coty's Recommendation: scan the textbook, and then look for a lecture outside. I don't know where to point you, but you can find them and look at them to reiterate what is in the textbook." Exam questions will come from the textbook.

5) Will the school be providing paid subscriptions to these resources (e.g. Boards & Beyond, Pathoma, Sketchy, etc.) or is that something we will be responsible to pay for?

- a. Dr. Coty: "It's the latter." We can't decide which one resource to provide you because it's up to you to decide what you need to enhance what you've learned from the textbook.
- b. Student: It can be helpful to talk to students who took the boards and what they found most helpful.
- c. Dr. Coty: Yes. "I'm talking to students who are taking [the boards] right now in the next month, and they're telling what resources they're using. And I'm telling you right now, it's not the lectures they got in school."
- d. Dr. Heath: Supplemental Resources
 - i. Incoming students will be receiving emails with tools on how to become better learners based on the latest evidence-based practices.
 - ii. You will also receive the Harvard HMX modules to teach you immunology, physiology, and genetics. It is supplemental to what you may not have had as an undergrad.

- iii. You will receive biochemistry and microbiology fundamentals from faculty prior to arriving here. We used to do that later in the year, but we'll be doing this in May.

6) Will there be assigned readings?

- a. Dr. Coty: No, you will decide what to read based on what you want to learn from the case. Your objectives come from the topics that your group want to learn about and then find in a textbook. After the case you will go study more about it and come back to your group, discuss, and now you have a study partner.
- b. Student: Each group will make an objective from their discussion on that subject and applying it and the exams are based on what the group decides to list as their objective?
- c. Dr. Coty: Yes. COMLEX Level 1 is going pass/fail. Now residencies will be looking at how you work on a team. You will have been working in groups for two years and will shine above other students.

7) How will dedicated board study time fit in with the new curriculum schedule?

- a. Dr. Coty: The new curriculum case model will ensure that you're reviewing the fundamentals as an Integrative throughout the two years. You will have about one month of dedicated, but you don't want to save your studying and cram during this time. You will learn the material throughout the two years and will use spaced repetition. You won't need 2-3 months of dedicated like what some schools offer.
- b. Dr. Heath: Boards have gone now to all clinical and critical reasoning. There will also be population health and health systems science.

8) Dr. Hollick speaks on his experience at ATSU-SOMA

- a. It's important to take ownership in managing your patients and knowing how to use resources if you don't know the answer. This curriculum starts the process. You will also be more prepared when you're put on the spot and asked a question (e.g. physiology) because you'll be practicing that.
- b. "We have topnotch faculty that are really excited to teach...we will go above and beyond to help you get this material and understand...we will be with you every step of the way."
- c. Using the 3D anatomy has been game-changing in my clinical learning. When you come into OPP you're applying anatomy. DOs are best at applied anatomy.
- d. SOMA did not falter at the onset of the pandemic when things changed.

9) The website says that in year 2 we will be using Distance Education Technology. What is this if we're not having lectures or PowerPoints? What can we expect?

- a. Dr. Coty: "We will work with the RDMEs to take what you had in first year and not continue it exactly, but convert it to a real-life patient model in second year."
- b. Dr. Heath: You will have two physician RDMEs teaching ten students cases, which is hands-on. You will also be doing a research project that affect real people in population health and health systems science.

10) You've said we won't have lectures, but you've also said we will have guest lecturers come in. Can you explain the reason for the high tuition cost? When you research other schools that use this case-based curriculum, you see that the tuition is less for the reason of not having as many faculty, anatomy labs, etc. Why is tuition unchanged considering this self-led curriculum?

- a. Dr. Coty: No faculty are being reduced.

11) SOMA is big on communication and honesty and we would like to know why this information was not shared with us until two weeks ago. I interviewed in October and this wasn't brought up. Some students avoid schools that have this curriculum. Even if it was just an idea of implementing it, why was it not transparent to us when you are very big on communication and transparency?

- a. Dr. Coty: "It's going back to what SOMA originally was. We didn't see it as a huge change...it's back to an application model. If you look at schools across the country [that use an application model], there's the letters "PBL" in almost all of them and there's so many kinds from lectures from lectures-based to no lectures and we're somewhere in the middle. And almost every PBL program is a hybrid. We're not PBL. We're going to call this...Inquiry Groups."
- b. Dr. Heath: ATSU-SOMA is part of the AMA Consortium, which is a community that assesses what is delivered in medical education. In October, we were still working through the pandemic and what our needs were then. Now we are reassessing to see what we can do better. This has been an unprecedented year. "What was disseminated to you was absolutely false. It is not 100% PBL." SOMA has always used scheme presentations, interactive small groups, etc. We're focusing on what to improve when it comes to boards.

12) Will small groups be in-person given the nature of the pandemic?

- a. Dr. Heath: OPP and Medskills have been on-campus in small groups. We will follow the rules that the president sets regarding being on-campus for small groups. We're hoping to be in-person.

13) Will professors provide practice questions? If we're going with independent preparation, how will we know if we're studying effectively to pass the boards? I may be learning about something I'm interested in, but it may not be board or clinically relevant.

- a. Dr. Coty: We'll give you a sample exam and it will be a lower weight. You'll know what's important if it can be applied to the case. If you think of the case, you will remove minutiae. And we will decide the cases based on when we think you should learn something and then you will see it presented repeatedly and develop mastery.

14) How can we ensure that with the customized small group sessions and exams that we are all on the same level with pass/fail/honors?

- a. Dr. Coty: Each group will pull out some healthcare science stuff, ethical issues, etc. The facilitator will give them a nudge if they don't. When you choose what to be examined on, we can tell if there are vast differences or not between the groups.

15) Other than exam scores, how will you assess if this is working for students?

- a. Dr. Coty: We use diagnostic tests. After the first semester, students take a diagnostic test that is not for a grade and is feedback to administration about how you're doing. You will take four of these throughout your four years. "Those will tell us, as we compare them to previous schools, and previous students, and pretty soon your own school, then we'll know if you're on track or not and you'll know if you're on track or not. You will see your percentile score and your performance in each of the subjects (anatomy, physiology, pathology, etc.) so you know where your weaknesses are. These exams have a strong correlation with board outcomes. We'll make changes to the program, as needed.

16) How will OMS-II and OMS-III students be able to peer tutor us if they went through a different curriculum? What support structures will be there other than faculty?

- a. Dr. Coty: We have PAL tutors who can help with adjustment to medical school, resources, how clinic is, etc. “Never has a PAL tutor been the kind of person that’s going to help you with didactics. You’ve always had to do that on your own.”

17) What portion of the course concepts will be taught by faculty and how much will be up to us to figure out?

- a. Dr. Coty: We can’t give an exact percentage. Once you’ve learned the fundamentals, you will receive lectures that will apply those concepts. “We’re not going to reproduce what you can learn from a book or another source.”

18) Will the facilitator be knowledgeable about all of the systems that we will be learning about?

- a. Dr. Coty: The facilitator does not teach, but every faculty is an expert in something and you can schedule time with them to talk, especially when you’re struggling with something.

19) How will small groups be assigned?

- a. Dr. Coty: They will be mostly randomly assigned, but we also balance gender, past academics, past medical experience, etc. The groups will change about 4 times. The last group will be your CHC group.