Transition to Medical School:
A novel approach to new student orientation

K. Shaffer, S. Baumann, J. Colbert-Getz, T. Hurtado, School of Medicine, University of Utah

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Introduction

Beginning with the incoming class of 2020, the University of Utah School of Medicine implemented a Transition to Medical School course in place of traditional first year orientation. To identify goals and strategies, we used Kern’s six steps of curriculum development.
Kern’s Six Steps of Curriculum Development

1. Problem Identification
2. Targeted Needs Analysis
3. Goals and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation and Feedback

The process is cyclical, allowing for continuous improvement and adaptation.
Problem Identification

- Educators’ M and M conference
- Lack of explicit self-directed learning training
- Resources focused on remediating low performing students after the fact (reactive)
- Students “skimming the treetops” instead of mastering content
Targeted Needs Analysis

- Two surveys: one to students, one to faculty/administrators
- Identify areas of overlap
- Results published previously (see references)
Course Goals

- What we wanted to do:
  - Provide resources for academic success
  - Provide interpersonal and wellness resources
  - Provide opportunities for social connection
  - Ensure credentialing and compliance
Learning Objectives

- What we wanted the students to do:
  - Students will become active participants in the culture of medicine.
  - Students will be able to identify areas of strength and improvement in first year content areas.
  - Students will be able to develop a study plan that is appropriate for medical school and adaptable to new information and self-assessment.
  - Students will be able to develop weekly schedules to facilitate meeting deadlines and expectations.
Educational Strategies

- Hybrid, conference style model with optional breakout sessions offered in each of the four tracks
- Didactic information and required paperwork provided ahead of time on Canvas (LMS) or in resource fair
- Iterative content revisited at strategic points throughout the curriculum
Implementation

- Tight timeline for first iteration
- Planning committee identified needed topics, solicited presenters (both student and faculty)
- Existing orientation budget
- Existing facilities for previous orientations
- First year coordinator developed Canvas course
- Used online scheduling app
Evaluation and Feedback

- 87% of students said Large Group Plenary sessions enhanced their learning (N=128)
- 92% of students said Small Group Breakout sessions enhanced their learning (N=128)
- 93% of students rated the overall quality of the course as good or excellent (N=128)
- 72% of presenters said TTMS format was better than previous format (N=18)
Conclusion and Next Steps

- Too early to know if sustained academic gains, but high student satisfaction
- Will continue to provide learning-to-learn opportunities at crucial transition points, e.g. clerkships and internships
- With more time to plan, put out real CFP and allow more presenter and student input in planning process
- Determine which content is truly just-in-time
- Ensure that content is perceived by students as relevant to medical education
Key Message – Value

With existing resources, and no increase in cost, we were able to transform traditional first year orientation into a quality experience with high yield content that is germane to student learning and success.
References
