Dear Educator,

We are pleased to provide you with this 2019-20 Educator Guide to support your important work with University of Michigan medical students. Medical education is undergoing significant changes, and Michigan Medicine is leading the way in this transformation. Medical students come to Michigan with diverse experiences and varied expectations. It is our responsibility to prepare them to become leaders and change agents in this new era of health care.

This guide includes information on our curricular transformation and many of our educational policies and procedures (e.g., the learning environment, mistreatment). If you are new to teaching, or are just learning about our curriculum, we strongly encourage you to review this important information and we ask that you review all of our policies in the UMMS Bulletin.

As we provide outstanding care for others, it is critical that we care for ourselves and our teams. In your role as an educator, we appreciate your efforts in ensuring that all are treated with dignity and respect. Thank you for joining us as we cultivate a learning community that engages all for the advancement of science, health and healthcare delivery.

Sincerely,

Marschall S. Runge, MD, PhD
Executive Vice President for Medical Affairs
Dean, Medical School

Carol Bradford, MD
Executive Vice Dean for Academic Affairs

Joseph C. Kolars, MD
Senior Associate Dean for Education and Global Initiatives

Rajesh S. Mangrulkar, MD
Associate Dean for Medical Student Education

Steven E. Gay, MD
Assistant Dean of Admissions

Michelle M. Daniel, MD, MHPE
Assistant Dean for Curriculum

Tamara L. Gay, MD
Assistant Dean for Student Services

Seetha U. Monrad, MD
Assistant Dean of Evaluation, Assessment and Quality Improvement
Table of Contents

The University of Michigan (UMMS) Curriculum ........................................................................................................... 4
Scientific Trunk .................................................................................................................................................................. 5
Clinical Trunk ................................................................................................................................................................... 5
Branches .......................................................................................................................................................................... 6
Institutional Competencies and Objectives .................................................................................................................. 7
Additional Curriculum Resources .................................................................................................................................. 8
Academic Calendar .......................................................................................................................................................... 8
Medical Student Gateway ................................................................................................................................................ 8
Competency Assessments / Grading for Medical Students .......................................................................................... 8
Conflict of Interest in Assessment .................................................................................................................................. 8
Teaching Evaluations ....................................................................................................................................................... 8
Your Role in the Learning Environment ....................................................................................................................... 9
Our Learning Environment Statement .......................................................................................................................... 9
Mistreatment ...................................................................................................................................................................... 10
Clinical Educators ............................................................................................................................................................ 11
Supervision of Medical Students in the Clinical Setting ............................................................................................... 11
Clerkship Contact and Clerkship Directors .................................................................................................................. 11
Required Clinical Experiences “RCE” ............................................................................................................................. 12
Direct Observation ............................................................................................................................................................ 12
Mid-clerkship feedback ...................................................................................................................................................... 12
Student Absences for Health Care ................................................................................................................................ 12
Study/Lounge/Storage Space/Call Room .......................................................................................................................... 12
Work Hours in Clinical Rotations .................................................................................................................................. 12
Career Advising for Students .......................................................................................................................................... 13
Well-Being .......................................................................................................................................................................... 13
Key Drivers of Burnout and Engagement .......................................................................................................................... 13
Counseling for Students / Student Support ................................................................................................................... 14
House Counselors ............................................................................................................................................................ 14
Learning & Disability Specialist Office of Medical Student Education ........................................................................ 14
Professional Development as an Educator .......................................................................................................................... 15
Faculty Career Development ............................................................................................................................................. 15
MENTOR Series ................................................................................................................................................................. 15
Academy of Medical Educators ......................................................................................................................................... 15
RISE .................................................................................................................................................................................... 15
Appendix 1 - Developing Course Learning Objectives at the Medical School ................................................................. 16
Appendix 2 ........................................................................................................................................................................... 19
Professional Standards for Faculty .................................................................................................................................. 19
Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners .... 19
The University of Michigan (UMMS) Curriculum

In 2015, we began transitioning from a 17 (M1-M2) + 12 (M3) + 12 (M4)-month curriculum to three phase, 12 (M1-Scientific Trunk) + 12 (M2-Clinical Trunk) + 17-month (M3-M4 Branches) curriculum. We fundamentally altered both the structure and our expected outcomes (competencies) to better meet the changing needs of healthcare in the 21st century.

The curriculum has three learning phases: Scientific Trunk, Clinical Trunk and Branches. The Scientific and Clinical Trunk Phases are designed to form a firm foundation for basic, clinical and health systems science learning. Organ-based blocks sit at the core of the Scientific Trunk, and clinical clerkships are the backbone of the Clinical Trunk, with additional longitudinal curricular elements (e.g., Doctoring, Leadership and Health Systems, Interprofessional Education) threaded throughout. The Branches are aimed at mentored, individualized professional development, with expanded opportunities to have an impact on health and healthcare. Here is a video link explaining the new curriculum.

**First Year / Scientific Trunk students** complete 6 foundational and organ-system based blocks, where normal and abnormal (physiology and pathophysiology) are presented side by side. Students also complete longitudinal courses designed to foster their clinical skills, clinical reasoning, IPE, leadership and health systems science.

**Second Year / Clinical Trunk students** take a transition to clerkship course to ramp up their clinical skills and cultivate scientific thinking connected to clinical care. They then begin departmentally based core clerkships (Family Medicine, Psychiatry, Neurology, Internal Medicine, Pediatrics, OB/GYN, and Surgery and Applied Science).

**Third Year / Early Branch students** have completed all of their core rotations in the Clinical Trunk and Step 1. They choose 1 of 4 branches (Patients and Populations; Diagnostic and Therapeutic Technologies; Procedure Based Care, or Systems and Hospital Based Care) and begin their journey to refine their professional goals and identity.

**Fourth Year / Late Branches students** apply science in clinical settings and hone their clinical skills through advanced electives to prepare them for their specialty of choice. They interview for residency programs, complete a residency prep course, and finish their Capstone for Impact, with an aim of positively impacting health or health systems.

Here is a video link explaining the new curriculum.
### Scientific Trunk

<table>
<thead>
<tr>
<th>AUGUST THROUGH JULY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAUNCH</td>
</tr>
<tr>
<td>FOUNDATIONS OF MEDICINE I: MOLECULAR/BIOLOGICAL SCIENCES AND EVIDENCE-BASED CARE</td>
</tr>
<tr>
<td>FOUNDATIONS OF MEDICINE II: HOST DEFENSE, PHYSICAL DIAGNOSTICS, AND THERAPEUTICS</td>
</tr>
<tr>
<td>VITAL FUNCTIONS I: CIRCULATION, RESPIRATION AND FILTRATION</td>
</tr>
<tr>
<td>VITAL FUNCTIONS II: NUTRITION, ABSORPTION, REGULATION, AND REPRODUCTION</td>
</tr>
<tr>
<td>VITAL FUNCTIONS III: COGNITION, MOVEMENT, SENSATION AND BEHAVIOR</td>
</tr>
<tr>
<td>FOUNDATIONS OF MEDICINE III: INFECTION, HEMATOLOGY, AND IMMUNOPATHOLOGY</td>
</tr>
</tbody>
</table>

### Clinical Trunk

<table>
<thead>
<tr>
<th>OCTOBER THROUGH SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPT</td>
</tr>
<tr>
<td>TRANSITION TO CLERKSHIPS: Baseline Clinical Context</td>
</tr>
</tbody>
</table>

**Department-Based Clinical Clerkships**

(E.G. FAMILY MEDICINE, INTERNAL MEDICINE, NEUROLOGY, OB-GYN, PEDIATRICS, PSYCHIATRY, SURGERY)

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Neurology</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>6</td>
</tr>
<tr>
<td>Surgery and Applied Science</td>
<td>12</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>12</td>
</tr>
</tbody>
</table>

**Science and Practice of Medicine**

**Doctoring**

**Interprofessional Education**

**Health Systems Sciences**

### Impact Opportunities

(PATHS OF EXCELLENCE, LEADERSHIP, RESEARCH, SCHOLARSHIP)

<table>
<thead>
<tr>
<th>M-HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLIDAY BREAK (2 WEEKS)</td>
</tr>
<tr>
<td>INTENSIVE (1 WEEK)</td>
</tr>
<tr>
<td>SPRING BREAK (1 WEEK)</td>
</tr>
</tbody>
</table>
The Four Branches

**Diagnostics and Therapeutics**: Focuses on advanced technologies utilized to diagnose and treat disease; Unique disease-based electives.

**Patients and Populations**: Focuses on primary care, population health, and the patient-centered medical home; Unique longitudinal clinic experience.

**Procedure-Based Care**: Focuses on care of patients with disease states which may require procedures for diagnostic and/or therapeutic purposes; Emphasis on technical skills.

**Systems and Hospital-Based Care**: Focuses on hospitalized patients and hospital systems; Emphasis on cost effective care, QI and PS.
Institutional Competencies and Objectives

Progress through the curriculum is guided by eight domains of competency known as THE BIG EIGHT (patient care; medical knowledge; communication; professionalism; leadership, teamwork and interprofessionalism; systems-based practice; practice-based learning and improvement; and critical thinking and discovery. Each ‘big’ competency includes sub-competencies (THE LITTLE 31). Overall learning objectives for each course and clerkship are informed by our institutional competencies, with every learning activity and assessment designed to help the learner progress toward competence in each ‘big’ domain. Course and clerkship learning objectives provide explicit descriptions of what students will be able to do as a result of instruction.

The Big 8 appear below. Please click this link to review the sub-competencies.

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>Students will provide patient-centered care that is compassionate, culturally competent, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>Students will demonstrate a strong foundation in the biomedical sciences, socio-behavioral sciences, and clinical medicine, and will apply this knowledge to individuals, community, and society.</td>
</tr>
<tr>
<td>Communication</td>
<td>Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Students will demonstrate and maintain the professional attributes of compassion, altruism, respect, integrity, and commitment to addressing the needs of a diverse and changing society. Students and graduates will seek excellence in professional endeavors.</td>
</tr>
<tr>
<td>Leadership, Teamwork and Interprofessionalism</td>
<td>Students will demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care, while learning leadership skills to positively influence the world of medicine.</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>Students will demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.</td>
</tr>
<tr>
<td>Practice Based Learning and Improvement</td>
<td>Students will demonstrate the ability to investigate and evaluate one’s performance including the ability to appraise and assimilate scientific evidence and to continuously improve in areas including patient care based on constant self-evaluation and lifelong learning.</td>
</tr>
<tr>
<td>Critical Thinking and Discovery</td>
<td>Students will demonstrate curiosity, awareness of gaps in current knowledge, and participate actively in problem solving and the discovery of knowledge.</td>
</tr>
</tbody>
</table>

For a primer on how to write learning objectives when developing a course or educational session, please refer to Appendix 1.
Additional Curriculum Resources:

Academic Calendar  [https://medstudents.medicine.umich.edu/student-business/calendars](https://medstudents.medicine.umich.edu/student-business/calendars)

Medical Student Gateway
A public site with all the resources for medical students:  [https://medstudents.medicine.umich.edu/](https://medstudents.medicine.umich.edu/)

Competency Assessments / Grading for Medical Students

When you work with a student, you may be asked to complete an assessment. The Medical School uses the Amadeus Clinical Assessment System to provide students feedback on their performance. This [video](https://medstudents.medicine.umich.edu/) link helps you understand the clinical assessment form and the relationship between competency assessment and grading. When you are assigned an assessment in Amadeus, you must complete the assessment *within 7 days* from receiving the notification, or as outlined by your department. Compliance is critical in order for course and clerkship directors to compile final grades on time, which are due 4 weeks from completion of the clerkship.

Conflict of Interest in Assessment

Conflicts of interest (COI) can arise in the classroom or clinical setting during the assessment of students. Examples of COI include when a faculty member has a personal relationship with or is a healthcare provider for a student. Please do not complete an assessment if you have a conflict of interest. Faculty are responsible to self-identify any potential COI. Please contact the course or clerkship director if you identify a COI. Any exceptional circumstances should be managed through the course or clerkship director.

Teaching Evaluations

Students evaluate those faculty/preceptors with whom they have had significant educational interactions. Faculty/preceptors can receive copies of their evaluations from their clerkship director, course director, or can directly access Medical School teaching evaluations by logging into BLUE, the curriculum evaluation system at ([https://umich.bluera.com/umich/](https://umich.bluera.com/umich/)) using their Level 1 credentials. Historical evaluations that are not in BLUE can be requested by emailing the Evaluation & Assessment office ([medexams@umich.edu](mailto:medexams@umich.edu)). Questions about clinical teaching evaluations can be sent to [muscurreval@umich.edu](mailto:muscurreval@umich.edu).
Your Role in the Learning Environment

We want to ensure we foster a workplace where everyone can thrive! Educators as well as learners have a role in creating a positive learning environment.

Our Learning Environment Statement

A career in medicine demands not only the acquisition of a large fund of knowledge and a host of specific skills, but also the development of professional attributes needed to provide the highest quality patient care. The University of Michigan Medical School (UMMS) expects a shared commitment among all members of our community to respect each other’s worth and dignity. In order to ensure a positive learning environment where all learners’ professional growth and development can best take place, the faculty, house officers, and other educators of Michigan Medicine will strive to:

1. Work diligently to provide a high quality educational program for all students.
2. Serve as mentors and role models and exemplify the professional values of altruism, accountability, compassion, duty, excellence, honor, and integrity by demonstrating high professional standards in interactions with patients, colleagues, staff, and students.
3. Reaffirm our commitment to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender identity, race, age, disability, national origin, religion, sex, sexual orientation, or other status protected by the University’s Non-Discrimination policy in SPG 201.35. http://spg.umich.edu/policy/201.35
4. Provide support to students, especially those who experience difficulties in the learning environment, by being receptive to and responding appropriately to any perceived mistreatment or unprofessional behavior.
5. Fairly evaluate and provide timely feedback, including constructive criticism, to help all students achieve academic and clinical excellence, and excellence in professional conduct.
6. Demonstrate leadership, interprofessional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

Medical students will in turn strive to:

1. Work diligently to acquire the knowledge, skills, and attitudes required to fulfill the educational objectives established by the faculty.
2. Exemplify the professional virtues of altruism, accountability, compassion, duty, excellence, honor, and integrity. Conduct themselves accordingly at all times, but especially in their dealings with patients.
3. Commit to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender, race, age, disability, national origin, religion, sexual orientation, or other status protected by SPG 201.35. http://spg.umich.edu/policy/201.35
4. Report any perceived unprofessionalism or mistreatment to appropriate faculty and staff.
5. Seek out and carefully evaluate constructive feedback and use this information to improve performance.
6. Demonstrate leadership, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.
Mistreatment

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution’s values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity. Unprofessional behavior and mistreatment of medical students is unacceptable and will not be tolerated.

The University of Michigan Medical School defines mistreatment as behavior that is inconsistent with the values in the University’s Nondiscrimination Policy Statement and which unreasonably interferes with the learning process. When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Examples of discriminatory, disrespectful, unprofessional, or unethical treatment include, but are not limited to:

- Verbally abusing or belittling a student.
- Intentionally humiliating a student.
- Unwarranted exclusion from reasonable learning opportunities.
- Assignment of duties with minimal education value (e.g. personal errands) or for punishment.
- Directing students to perform an unreasonable number of “routine hospital procedures,” i.e. “scut” on patients not assigned to them or where performing them interferes with a student’s attendance at educational activities, e.g. rounds, classes.
- Pressuring students to exceed established restrictions on work hours.
- Pressuring a student into a role that compromises the care of patients, e.g. performing medical procedures for which the student is insufficiently trained.
- Threatening a lower or failing grade/evaluation to a student for inappropriate reasons.
- Committing an act of physical abuse or violence of any kind, e.g. throwing objects, aggressive violation of personal space.
- Making unwelcome comments, jokes, or taunting remarks about a person’s protected status (SPG 201.35) as defined in the University’s Nondiscrimination Policy Statement. (Referenced in III.C.)
- Engaging in a romantic or sexual relationship with any undergraduate, graduate or professional student in the same discipline or academic program as the faculty member, or over whom the faculty had, has, or might reasonably be expected to have “academic or supervisory authority” through instruction, supervision, evaluation or grading (SPG 601.22) as defined in the University’s Faculty-Student Relationship Policy.
- Engaging in sexual harassment behavior as defined in SPG 201.89

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context (e.g., clerkship director, dean, departmental leadership) and address necessary action. Students are also encouraged to report discriminatory, disrespectful, unprofessional, or unethical treatment. A link to the online reporting system appears here. In addition to reporting possible mistreatment, learners can also report excellence in the learning environment. Every effort is made to respond to concerns of unprofessionalism in a responsible and respectful manner to minimize the risk of retaliation.

For two additional policies that pertain to Faculty, please see Appendix 2
Clinical Educators

Supervision of Medical Students in the Clinical Setting

Students should participate meaningfully in the clinical care of patients under the supervision of a licensed provider acting within their scope of clinical practice. These principles are as follows:

1. There must be a licensed physician (faculty or house officer) at all sites where medical students are present.
2. Student must have immediate access to their on-site supervising provider at all times (5 minutes or less).
3. All student orders must be reviewed and signed by a licensed provider as is legally required.
4. Students will participate in patient care according to the clinical judgement of the supervising licensed provider.
5. The care of the patient remains the responsibility of a supervising licensed care provider.

Clerkship Contact and Clerkship Directors

Clerkship Directors and Clerkship Coordinators work in partnership with the Associate/Assistant Deans of Medical Education, the Clinical Trunk and Branch Directors and departmental leadership, to coordinate all undergraduate medical education programs. See links below for contact information and clerkship details:

Anesthesiology: https://medicine.umich.edu/dept/anesthesiology/education-training-programs
Cardiac Surgery: https://medicine.umich.edu/dept/cardiac-surgery/education-training
Dermatology: https://medicine.umich.edu/dept/dermatology/education
Emergency Medicine: https://medicine.umich.edu/dept/emergency-medicine/education
Family Medicine: https://medicine.umich.edu/dept/family-medicine/education
Internal Medicine: https://medicine.umich.edu/dept/intmed/education-training
Learning Health Sciences: https://medicine.umich.edu/dept/lhs/education
Neurology: https://medicine.umich.edu/dept/neurology/education
Neurosurgery: https://medicine.umich.edu/dept/neurosurgery/education
OBGYN: https://medicine.umich.edu/dept/obgyn/education/medical-student-education
Ophthalmology: https://medicine.umich.edu/dept/ophthalmology/education-training-kellogg-eye-center
Orthopedic Surgery: https://medicine.umich.edu/dept/orthopaedic-surgery/education/medical-student
Otolaryngology: https://medicine.umich.edu/dept/otolaryngology/education/medical-students
Pathology: https://www.pathology.med.umich.edu/education-division
Pediatrics: https://medicine.umich.edu/dept/pediatrics/education/medical-student-clerkship
Pharmacology: https://medicine.umich.edu/dept/pharmacology/current-trainees
Physical Medicine & Rehab: https://medicine.umich.edu/dept/pmr/education-training
Plastic Surgery: https://medicine.umich.edu/dept/surgery/training-education
Psychiatry: https://medicine.umich.edu/dept/psychiatry/education
Radiation Oncology: https://medicine.umich.edu/dept/radonc/education-training
Radiology: https://medicine.umich.edu/dept/radiology/education
Surgery: https://medicine.umich.edu/dept/surgery/training-education
Urology: https://medicine.umich.edu/dept/urology/education
Required Clinical Experiences “RCE”

The faculty and curriculum committees have defined the types of patients and clinical conditions that students are required to encounter, the skills to be performed by students, the appropriate clinical settings for these experiences, and the expected levels of student responsibility for each core clerkship. These will be emailed to you - at least - annually if you teach in a core clerkship. If you are not aware of your clerkship’s RCEs, please contact the clerkship director.

Direct Observation

Clerkships take responsibility for direct observation and feedback on components of history-taking and physical exam skills relevant to that clerkship. To ensure that all students are assessed on these components, students cannot receive their grades until they submit proof of their direct observation via clerkship-specific forms or assessments. If a student asks you to complete a direct observation, please make every effort to do so.

Mid-clerkship feedback

Each medical student is assessed and provided with formal formative feedback midway during each required course or clerkship. This allows sufficient time for development.

Student Absences for Health Care

Student well-being is a necessary feature of performing well. It is important that students understand this. Please contact the course coordinator or clerkship director for any student health care absences for students you are instructing in order to best meet the needs of the students.

Study/Lounge/Storage Space/Call Room

When Medical Students are in your clinical setting, they are to have access to call rooms, study rooms, showers and lockers for their use. In addition, some departments have locker space and showers available to medical students who rotate in that clerkship. Please orient the students with whom you are working to the resources on your unit. Contact the clerkship director with any questions.

Work Hours in Clinical Rotations

Medical student working hours are limited to 80 hours per week, averaged over the length of the rotation, inclusive of all in-house clinical and educational activities. Students are required to have one 24-hour period off in 7, also averaged over the length of the rotation. Clinical Trunk clerkships rarely have formal overnight call responsibilities. Many clerkships have individual overnight shifts or evening call. In Branches experiences, students will take call with the team, and the on-call time will count toward the total work hours. Compliance with the work hour policy is monitored via clerkship and elective directors via direct reports of violations, questions on end-of-clerkship evaluations and the Clinical Trunk and Branches Operations Committees. Retaliatory action against students who report infractions of the policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions will be subject to disciplinary action.
Career Advising for Students

Career development and advising consists of a system involving a variety of resources at various stages of education and career growth. Career development is a four-year process of self-assessment, career exploration, career-decision making, and implementation. To assist students in this process, we have an excellent system including counselors, career seminars, faculty advisors, student interest groups, and helpful support staff. If you have questions about a student you are advising or are interested in advising students in their career pathways, please contact, Dr. Tamara Gay, Assistant Dean for Student Services, tlgay@med.umich.edu. Meanwhile, here are some helpful links that we provide students:

- Career Development Timeline
- Medical Specialty Information
- Faculty Career Advisors
- Preparing for Residency Timeline for students
- UMMS Residency Career Information

Well-Being

The University of Michigan is striving to build a culture of well-being, where students can embrace the concept that success in life goes beyond the classroom and careers. The medical school offers resources, campus events and stress-relieving videos that can help students take a break and decompress. Resources can be found on the website.

- Mental Health Resources
- Wellbeing Canvas site
- AAMC Medical Student Wellbeing resources
- Wellness Coaching: Optimizing Wellness for Student Success

Key Drivers of Burnout and Engagement

As an educator, it is critical that you attend to your own well-being, so that you can foster well-being in your learners. Key drivers of burnout and engagement appear below. Notably, finding meaning and purpose is at the heart of well-being. This can be found at work and school in a variety of ways, unique to each individual, but is often enhanced through feeling connected to others (e.g., peers, faculty, patients), personally rewarding activities (e.g., engagement in passion projects, impactful research and scholarship), and belonging (e.g., feeling part of the team and the profession of medicine).

From: Shanafelt T, Noseworthy J. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout.
Counseling for Students / Student Support

Medical school House Counselors are here to help students with their personal needs as well as their career development. House Counselors serve as the student's first contact for any questions to the Office of Medical Student Education. Do not hesitate to call or email one of the House Counselors below if you have any questions or concerns about a student situation. Note: While House Counselors are not therapeutic resources, they can help to triage and refer students for short or long-term care.

House Counselors

TU'RONE ELLIOTT, MS, LPC
HAMILTON HOUSE
5100 THSL SPC 5726
734-936-1513
Email: tmelliot@med.umich.edu

ERIC B. MIDDLETON, PHD
SALK HOUSE
5100 THSL SPC 5726
734-936-1513
Email: emiddle@med.umich.edu

CHRISTINE NEEGER, PHD
FITZBUTLER HOUSE
5100 THSL SPC 5726
734-936-1513
Email: cneejer@med.umich.edu

AMY TSCHIRHART, MA, LPC
SANFORD HOUSE
5100 THSL SPC 5726
734-936-1513
Email: awtsch@med.umich.edu

Learning & Disability Specialist Office of Medical Student Education.

CHARLOTTE O’CONNOR, MED
6314 THSL
1135 Catherine Street
734-936-1512
Email: choconno@umich.edu
Professional Development as an Educator

As an educator at Michigan Medicine, we want to support your efforts to educate others. This section provides resources as you continuously strive to improve your teaching skills.

Faculty Career Development

Michigan Medicine offers multiple faculty development programs, in addition to internal departmental offerings. A complete listing is available at: https://faculty.medicine.umich.edu/all-workshops

MENTOR Series

The Medical Educators Novel Teaching On-demand Resource (MENTOR) Series is a central repository of best teaching practices in the form of concise video modules and infographics. Content is currently under development. Several modules will become available over 2019-20, with an official roll-out of the full series anticipated during the 2020-21 academic year:

<table>
<thead>
<tr>
<th>Foundational Topics of the MENTOR Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Feedback</td>
</tr>
<tr>
<td>Clinical Preceptorship</td>
</tr>
<tr>
<td>Assessment</td>
</tr>
<tr>
<td>Chalk Talks &amp; Small Groups</td>
</tr>
<tr>
<td>Presentation Best Practices &amp; Graphic Design</td>
</tr>
<tr>
<td>Motivating Learners &amp; Leading Teams</td>
</tr>
<tr>
<td>Procedural &amp; Surgical Teaching</td>
</tr>
<tr>
<td>Presenting the Sciences</td>
</tr>
<tr>
<td>Learning Theories</td>
</tr>
<tr>
<td>Coaching</td>
</tr>
<tr>
<td>Mentorship</td>
</tr>
<tr>
<td>Simulation Best Practices</td>
</tr>
</tbody>
</table>

We invite passionate educators to become more involved in the medical school curriculum. Dr. Michelle Daniel created this video that explains some of the current opportunities.

Academy of Medical Educators

The Academy for Educational Excellence and Scholarship (i.e. Academy) at the University of Michigan Medical School is intended to recognize and augment the educational rigor and innovation of its faculty, to promote faculty development in education & mentoring, foster the visibility of UMMS educational leadership nationally and internationally, and to mobilize these talents to improve educational outcomes. For more information, click here.

RISE

The focus of the Research. Innovation. Scholarship. Education. (RISE) unit is to build the foundation for an innovation Community of Practice that engages in bold new translational educational practices for both physicians and scientists to improve learning and teaching for better health. Our work aligns with the Education Pillar of the Michigan Medicine Strategic Plan, to cultivate a learning community that engages all in bold and innovative education for the advancement of science, health and health care delivery. https://rise.med.umich.edu/
Appendix 1 - Developing Course Learning Objectives at the Medical School

Clear, well written objectives (the learning goals) are important so that teachers and learners alike understand the purpose of what will take place in the classroom and in the overall course. Different levels of learning (to know vs. understand vs. apply vs. analyze vs. evaluate vs. create) are reflected in both course and session learning objectives.

Bloom’s Taxonomy’s verbs are powerful instructional planning tools. Below is a list of learning verbs that reflect the level of learning that can take place. The individual sessions within a course may focus more on the foundational learning verbs (see Level 1) whereas the course’s overall learning objectives may focus more on the higher levels of learning (see Levels 2-3).

Bloom’s Taxonomy Learning Levels and Verbs to Use*

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Understanding</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cite</td>
<td>Arrange</td>
<td>Adapt</td>
<td>Analyze</td>
<td>Arrange</td>
<td>Appraise</td>
</tr>
<tr>
<td>Choose</td>
<td>Associate</td>
<td>Apply</td>
<td>Appraise</td>
<td>Assemble</td>
<td>Assess</td>
</tr>
<tr>
<td>Define</td>
<td>Clarify</td>
<td>Catalogue</td>
<td>Articulate</td>
<td>Build</td>
<td>Choose</td>
</tr>
<tr>
<td>Label</td>
<td>Classify</td>
<td>Chart</td>
<td>Break down</td>
<td>Collaborate</td>
<td>Conclude</td>
</tr>
<tr>
<td>List</td>
<td>Convert</td>
<td>Compute</td>
<td>Calculate</td>
<td>Combine</td>
<td>Confirm</td>
</tr>
<tr>
<td>Locate</td>
<td>Describe</td>
<td>Consolidate</td>
<td>Categorize</td>
<td>Compile</td>
<td>Criticize</td>
</tr>
<tr>
<td>Match</td>
<td>Diagram</td>
<td>Demonstrate</td>
<td>Certify</td>
<td>Compose</td>
<td>Critique</td>
</tr>
<tr>
<td>Name</td>
<td>Draw</td>
<td>Develop</td>
<td>Compare /</td>
<td>Construct</td>
<td>Diagnose</td>
</tr>
<tr>
<td>Recall</td>
<td>Discuss</td>
<td>Employ</td>
<td>Contrast</td>
<td>Create</td>
<td>Evaluate</td>
</tr>
<tr>
<td>Recognize</td>
<td>Estimate</td>
<td>Extend</td>
<td>Correlate</td>
<td>Design</td>
<td>Justify</td>
</tr>
<tr>
<td>Record</td>
<td>Explain</td>
<td>Extrapolate</td>
<td>Criticize</td>
<td>Devise</td>
<td>Prioritize</td>
</tr>
<tr>
<td>Repeat</td>
<td>Express</td>
<td>Generalize</td>
<td>Deduce</td>
<td>Discover</td>
<td>Prove</td>
</tr>
<tr>
<td>Select</td>
<td>Identify</td>
<td>Illustrate</td>
<td>Defend</td>
<td>Draft</td>
<td>Rank</td>
</tr>
<tr>
<td>State</td>
<td>Outline</td>
<td>Interpret</td>
<td>Detect</td>
<td>Formulate</td>
<td>Rate</td>
</tr>
<tr>
<td>Write</td>
<td>Paraphrase</td>
<td>Manipulate</td>
<td>Diagram</td>
<td>Generate</td>
<td>Recommend</td>
</tr>
<tr>
<td></td>
<td>Report</td>
<td>Modify</td>
<td>Differentiate</td>
<td>Integrate</td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td>Restate</td>
<td>Order</td>
<td>Discriminate</td>
<td>Make</td>
<td>Resolve</td>
</tr>
<tr>
<td></td>
<td>Review</td>
<td>Predict</td>
<td>Distill</td>
<td>Manage</td>
<td>Revise</td>
</tr>
<tr>
<td></td>
<td>Sort</td>
<td>Prepare</td>
<td>Distinguish</td>
<td>Organize</td>
<td>Rule on</td>
</tr>
<tr>
<td></td>
<td>Summarize</td>
<td>Produce</td>
<td>Examine</td>
<td>Plan</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td>Transfer</td>
<td>Relate</td>
<td>Infer</td>
<td>Predict</td>
<td>Validate</td>
</tr>
<tr>
<td></td>
<td>Translate</td>
<td>Sketch</td>
<td>Inspect</td>
<td>Prepare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit</td>
<td>Investigate</td>
<td>Propose</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tabulate</td>
<td>Question</td>
<td>Reorganize</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transcribe</td>
<td>Reason</td>
<td>Set up</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use</td>
<td>Separate</td>
<td>Synthesize</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utilize</td>
<td>Solve</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Level 1: recall Level 2: Interpretation Level 3: Problem-solving
Verbs Not to Use When Writing Objectives*

<table>
<thead>
<tr>
<th>These verbs cannot be measured or are redundant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to</td>
</tr>
<tr>
<td>Appreciation for</td>
</tr>
<tr>
<td>Awareness of</td>
</tr>
<tr>
<td>Capable of</td>
</tr>
<tr>
<td>Comprehend</td>
</tr>
<tr>
<td>Conscious of</td>
</tr>
<tr>
<td>Familiar with</td>
</tr>
</tbody>
</table>


Overall Course Objectives

If Directing or Co Directing a course, you have been tasked with creating the overall learning objectives (outcomes) for that course. These broader objectives are often somewhere between 3-8 in number and outline the behavior(s), skill(s), or action(s) a student will be able to do **by the end of the course**. Each one gets ‘mapped’ to the appropriate UMMS Competencies. It is ok if one overall learning objective maps (matches up) with more than one competency. See examples below:

<table>
<thead>
<tr>
<th>By the end of the course, students will be able to:</th>
<th>UMMS Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uncover critical vital signs and laboratory abnormalities to describe the underlying pathophysiology</td>
<td>MK-bs</td>
</tr>
<tr>
<td>2. Build a framework for evaluating common clinical problems and describe the underlying pathophysiologic causes</td>
<td>MK-dm, PC-cr</td>
</tr>
<tr>
<td>3. Compare and contrast the pharmacology of different antibiotics</td>
<td>MK-sm</td>
</tr>
</tbody>
</table>

Individual Session Course Objectives

Every course (such as Science Block 1 or Doctoring or Transition to Clerkships) will have different sessions that make up the whole of the course. And each session will have learning objectives that outline the behavior(s), skill(s), or action(s) a student will be able to do **by the end of that session**. Session learning objectives get mapped to one of the 3-8 overall course learning objectives.
For example: By the end of the session, students will be able to:

- Explain the work-up for a febrile neonate (maps to the overall course objectives # 1-2).
- Review the antibiotic pharmacokinetics (absorption, distribution, metabolism, excretion) with the febrile neonate” (maps to the overall course objective # 3).

**Course Development-Things to consider**

Creating clear, well written learning outcomes is one important part of being a great educator. The other part is thinking of ways to continuously improve. Here are some good questions to ask yourself every year:

- What do I want the students to learn? Have clear outcomes (finished product) in mind.
- What are the students getting before and after my course? Talk with your medical school educator colleagues; find out what content other courses are focused on. Find places to ‘fill in the gaps’ or build the next layer of content.
- Are my sessions helping students remember, apply, or connect what they’ve learned?
  - Lecture in 10 minute segments then ask pre-planned rhetorical questions; learners record their answers in their notes and compare with person next to them.
  - Present complex material or directions and then stop so learners have time to think or carry out directions. Thumbs up or down? Visually check to see whether the class appears to understand.
  - Give a short ‘1-2pt’ paper or online quiz in the last few minutes of the session. Use it to check for understanding and to take attendance.
- Is my data and information up to date and relevant? Ask for feedback from an educator peer 1x/year.
- How can I bring in some online or outside resources that my students are already using (Sketchy, Osmosis, Anki Flashcards)? Be curious. Check them out. Talk with the students on how they use them.
- New or modified course? See link to a the course form.
Appendix 2

Professional Standards for Faculty

The University of Michigan strives to create and maintain a community that enables all of its members to reach their full potential. To do so requires an environment of trust, openness, civility and respect. The University is firmly committed to a policy of prohibiting behaviors which adversely impact a person’s ability to participate in the scholarly, research, educational, patient care, and service missions of the University.

The University has a compelling interest in ensuring an environment in which productive work and learning may thrive. At the same time, the University has an interest in respecting freedom of speech and protecting academic freedom and in preserving the widest possible dialogue within its instructional and research settings. As such, the University recognizes and expects there to be open discourse and exchanges that may cause some of its members to feel uncomfortable. It is through such exchanges that the flow of ideas and countervailing thoughts and experiences are expressed which can facilitate deeper understanding and learning.

However, the University also expects its members to engage each other in a professional manner, with civility and respect. This is particularly true of its faculty, as the faculty has not only the obligations of all citizens in the community at large but also the obligations that derive from common membership in the community of scholars. The faculty has a particular responsibility in this regard, since one of its obligations is to model informed, rational discourse not only to students, but also to the university community and the general public. The faculty operates under an ethical imperative not to bring the University into disrepute and to conduct themselves consistent with these obligations and responsibilities. Full Details of the policy 201.96 appear here.

Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners

The University is committed to putting students’ interests first in addressing the challenges and competing interests that arise when defining limitations on certain types of teacher-student relationships. A Covered Teacher is prohibited from having a Covered Relationship with any Learner in a class, lab, field, or other setting in which the Covered Teacher has Academic or Supervisory Authority over the Learner. If a Covered Teacher has such authority, and has in the past had a Covered Relationship with any Learner who subsequently is in the Covered Teacher’s class, lab, field, or other such setting, the Covered Teacher must disclose the prior relationship immediately to the Dean or designee in the Dean’s Office, so that the situation may be promptly and properly managed (e.g., re-assigning grading responsibilities). Full details of policy 601.22 appear here. Anonymous reporting can be made through the University’s Compliance Hotline (1-866-990-0111) and/or the Office for Institutional Equity.

---

a. Covered Teacher: “Covered Teacher” means any Faculty Member, Graduate Student Instructor, and Undergraduate Student Responsible for the Delivery of Course Content.

b. Covered Relationship: “Covered Relationship” includes any relationship which may reasonably be described as sexual, romantic, amorous, and/or dating. Physical contact is not a required element of such relationships. A Covered Relationship may exist on the basis of a single interaction.

c. Learner: “Learner” means all undergraduate, graduate, professional, non-degree, and visiting students, as well as Postdoctoral Research Fellows.

d. Academic or Supervisory Authority: “Academic or Supervisory Authority” includes, but is not limited to, teaching, research, academic advising, coaching, service on evaluation or thesis committees, grading, evaluation, and/or recommending in an institutional capacity for employment, fellowships, and awards.