

## UCCOM Updates on Curriculum Modifications due to COVID-19

**To: M3 Students**

**From: Phil Diller, MD-PhD  
Senior Associate Dean for Educational Affairs**

**Re: Update on this Week's Curriculum Work and Preparing Our Minds for the Days Ahead**

These are times of uncertainty and all of us question what lies ahead. In order to keep you informed, first an update on:

### What is Being Done about Your Curriculum and Looking into Next Year

*Know that the M3 Curriculum Work Group, led by Dr. Neel, Dr. Baker and Dr. Baxter, created this week, is actively addressing how to sequence and modify your remaining educational program (~ 40-42 weeks) so that you graduate on time next year. The M3 clerkship directors are working hard creating alternative clinical experiences for you and are exploring online work and modules. While we all realize there is no equal substitution for physically examining a patient Dr. Sostok, Dr. Sall and Dr. Kelleher are exploring simulation and VR cases. We are learning from other schools and exploring those shared resources that can be used to meet your educational needs. We need to be deliberate and not too hasty in cobbling something together. We will continue to need your ongoing engagement and input. We will share plans with you as they are developed with regular updates. Course directors will also be sharing directly with you.*

*In addition, the EPC will review all these adaptations and will also be considering how to adjust our educational program requirements where we can. The LCME is conveying an understanding of the need for flexibility. Your medical education leaders on the curriculum committees and the course/clerkship directors have the knowledge and tools to adapt and ensure a high-quality medical education.*

With this update, I would also like to help us prepare our minds for the days ahead. In an attempt to help focus on the work at hand I offer you the following thoughts. My hope is that it may help some of you in the coming days and weeks.

Out of safety concerns for you we made the decision to suspend your clinical rotations this week as you were in the midst of your last block of M3 clinical clerkships. The obvious question you are asking is, "How will this impact my progress toward becoming a physician?", and also, "How will I continue to add clinical knowledge, grow clinical skills, and develop my identity as a physician when I cannot complete the clinical clerkships as scheduled?" I have a common admonition and a word to share with you that may be of help. An aphorism and a word, easy to say, hard to put into practice. These are: **Carpe Diem** and **Aequanimitas**.

**Carpe Diem.** The phrase from the Roman poet Horace popularized by the Robin Williams movie captures the notion that each one of us must live for the day, to take hold of the reins of our life, to step up and seize the responsibility for the work at hand, knowing that managing the day

well is the only preparation for the future. Each one of us can choose to focus on the day. We can actively engage rather than be victims. So what is the work at hand and what can you do away from the patient wards while we figure out how to get you back into the clinical arena working face-to-face with patients?

*But what can you do now?* Let me frame this by asking, “What is M3 year to accomplish, (i.e., the work at hand)?” There are five overarching goals: 1) You are to grow in the clinical knowledge of the core specialties, 2) You are to practice the skills fundamental to doctoring, 3) You are to add to your identity as a physician learning the various roles of the clinical team, 4) You are to clarify your specialty choice, and 5) Finally, you are to grow in self-knowledge—your strengths, gaps and opportunities for improvement. All the while you are preparing for USMLE Step II and planning the M4 year.

What can you do now to continue on these steps in the journey? If this is the work at hand, what can you do to seize the day in advancing all this forward away from the patient’s bedside? Many of you know what I am about to say and are actively doing much of this.

How to continue to **grow in clinical knowledge of each specialty**? Daniel Drake, the founder of our College was self-taught. He read the works of the masters of his time. He worked through the textbooks seeing both the forest and the trees of each discipline. He had a single teacher and no teams or hospitals at the start, and then four months of lectures at University of Pennsylvania. His approach of self-education still works.

Each medical specialty has core clinical material now even more available than in Drake’s day with succinct descriptions of how diseases present and how to manage them. Case descriptions and summary points. Visuals and videos. Outlines and test questions. USMLE Step II prep materials. What are the common conditions for each discipline? Can you work through a differential diagnosis of the symptoms and signs? Take your personal notebooks of patients in the last year and reflect, go back and review those for what went well, what could have been better, and what the key learning points were. Develop an active plan to learn the clinical knowledge for the clerkships you still need to complete. Ask for advice. Assemble your materials. Seize the day!

How to **practice the skills fundamental to doctoring**? I cannot emphasize these skills enough. Do a self-inventory: Go back to review the list of the 14 EPAs or consider the ten fundamentals of doctoring that you first learned in LPCC. Reflect on how well you perform them now. With any of the following, identify where you think you are strong and where you need to improve. Do patients feel safe and comfortable with you? How well do you communicate with patients or other team members? Are you able to gather accurate patient data through your histories, physicals and ordering of needed lab or imaging studies? How effectively are you able to analyze and interpret the data? How well can you work through a differential diagnosis? How comprehensive are your patient problem lists, and are you able to prioritize those problems? Once the diagnosis is known how comfortable are you with creating a treatment plan and knowing how to monitor the patient’s response to treatment? How well do you record notes of your patient’s case and present orally to other members of the team? How well do you function

as a team member? How well do you organize and manage the flow of work through a busy day? Use your imagination to work through some of these fundamentals and do active cases. Consider practicing your communication skills or go through physical exam sequence with those at home. It is true you do not have a series of real patients to work with, but many of the fundamentals are cognitive applications and can be done in the absence of a patient. Seize the day!

How to **add to your identity as a physician learning the various roles of the clinical team**. This is hard to do in the absence of real interactions with other team members and not having the daily flow of clinical work of pre-rounding, attending rounds, ordering tests, writing notes, and discussing cases with the residents and fellows. But you can read about what makes a team effective and functional vs those that are not. Reflect on teams you have already been on. Which ones worked well? Why? What were the behaviors of the team members? What could be done differently? How would you have done things differently if you were in a specific role? Tap into the current fourth years and ask what was needed in the fourth year to do well as a team member on the various clinical rotations. Seize the day!

How can you further **clarify your specialty choice**? By now that is done, but if not, email potential mentors with questions. They may not respond right away, but in time they will. Reflect on why you want to do the specialty and what you hope to accomplish as a physician in the specialty. How would you measure your success? Even now, what would you like your legacy to be?

This is also a time where you can do a deep dive into your specialty. What are the foundational sciences that you can begin to study more deeply? Who were the masters that created the specialty and who are the leaders of the specialty in this generation? Review previous issues of the specialty journals and get a picture of what issues and concerns are currently active. Where is the science of this discipline trending? Seize the day!

Doing all this you will also **become more self-aware** and identify your strengths, gaps and grow your learning edges. Looking back, how have you grown this last year? What do you want next year to look like? Have you discovered new interests to pursue in your career?

**Add to all this Aequanimitas**. This word was the watchword of William Osler which he shared in one of his graduation addresses. It means staying calm in the midst of turbulent times. We would be foolish to think it is simple to do. We are faced with real threats and risks, and we may be asked in the coming weeks to shelter in and only go out for essentials, or even called back to the wards.

We may not be prone to staying calm, but instead our minds tend to the negative and worry, and much of our worry is about the uncertain future. This is why Carpe Diem is necessary—focus our minds on the day and the work we can do today. Equanimity can be achieved by taking time to care for ourselves. Quiet time of journaling, reading inspirational works, practicing gratitude, volunteering with little acts of kindness with those in our circle, exercising, listening to music, watching movies, playing favorite games, working on hobbies or

projects, or being creative. All these can be actively pursued and done regularly. Practicing and acquiring such habits now will help you with the present and the future.

So while the M3 Curriculum Work Group is preparing a series of responses to modify the curriculum and develop a plan that will continue your training to become competent physicians and graduate on time: **Carpe Diem and Aequanimitas.**

We are committed to your success and are here to support you.

Philip Diller, MD-PHD

*Sr. Associate Dean for Educational Affairs*

*VP Education for UCHHealth*

*Interim Chair Dept of Medical Education*

*Advisory Board Chair, Winkler Center for History of Health Professions*

*Professor of Family & Community Medicine*

University of Cincinnati College of Medicine

Phone 558-7342

Fax 558-3512

email: [dillerpm@uc.edu](mailto:dillerpm@uc.edu)