# "STEP-1 going Pass-Fail: Seizing a Curricular Opportunity"

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Background: The over-emphasis of STEP-1 score in residency selection had a detrimental impact on medical student well-being and learning behaviors. Use of external 'high-yield' resources left classrooms empty and students likely engaging in grade-focused, extrinsic learning. Despite this, students were effective independent learners and successful on STEP-1. The recent change in STEP-1 grading to pass-fail allows learners to adopt deeper-learning strategies, but also the need to distinguish themselves from other candidates in other ways. We have designed and implemented a new second year curriculum to support the transition of novice learners to expert thinkers, with the aim to make them more successful in clerkships, score better in STEP-2 and remain competitive residency candidates.

### Example week: Second-year curriculum

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	Monday	Tuesday	Wednesday	Thursday	Friday
	Preparation	reparation Illness time Script	Preparation time	Concept Map	PBL Cases
	anne				Pulmonary hypertensio
	PBL Cases	Preparatio n time	PBL Cases	Preparation time	"
					Keith's Wrap-up

## **Process of Curriculum Development** Grade-orientated learning, a diminished role of faculty in exam-preparation and undervalued classroom activities. Problem Identification The needs of a new curricular model were identified as 1) promoting deep learning and critical thinking, 2) harness the impact of social learning and promote positive team **Needs Assessment** of Targeted dynamics, 3) maintaining time for autonomous learning, Learners and 4) provide new opportunities for authentic assessment. Goals and Specifi The collective outcome was to further dist **VTCS** Objectives students Illness script Educational Strategies To support in class assessed actives across Individualized Implementation Preparation the week Growth Evaluation and assessment Feedback

# An Illness script is used to organize case information including: Epidemiology Prevalence Mortality Risk factors Pathophysiology Underlying dist Diagnostics and Treatment Laboratory values Imaging Pharmacological Non-pharmacological Non-pharmacological Social Behavioral

What is an illness script?

### What is an concept map?

A concept map is a visual representation of connections between a clinical presentation and the learners understanding of the etiology.

**Mapping Elements** 

### Concept mapping prompt

- The prompt directs construction of the.
- The concept map prompt is similar to an objective and provides a task in which the concepts should address.
- The prompt can be adjusted to change the focus of the map.

### Domains of knowledge

- Domains will include relevant concepts chosen by the faculty.
- Concepts provided are basic information needed to begin to answer the mapping
- For this exercise the domains of knowledge are <u>basic</u>
   science and clinical practice.
- As with the prompt, modification to concepts can drastically change the focus of the activity.

### Cross-links

- These are arrows between concepts that contain a verb or phrase to address a connection between
- Crosslinking is very instructive to illustrate a student's understanding of material.
- The direction of arrows as well as the verbs chosen will help illustrate causation.

  These are organically developed by the students during the mapping process.

### Specifications based grading rubric

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ļ			Pass	Fail
	Product	Content	All relevant concepts are included	Few relevant facts or concepts are included or correct
		Logic and understanding	Understanding of facts and concepts is clearly demonstrated by correct concept-links	Poor understanding of facts an concepts with significant errors in links
		Integration	The relationship between clinical and basic science concepts is clearly shown by valid cross-links between these domains	rew relationships between clinical and basic science concepts are shown or are correct
		Illness script	Illness script is neat, clear legible, has easy-to- follow and has no spelling errors	Illness script is untidy and information is difficult to follow and spelling errors
	Process	Participation	All members participate effectively.	Members do not participate.
		Collaboration	Individuals working in a team contribute equally; Members encourage input from each other equally; Individuals working in a team	Certain members appear to dominate or refrain from contributing; no established collaborative relationships; unable to reach agreement.
		·	Members are able to reflect on team process and react to dynamics to achieve efficient team functioning; individual contributions are blended to generate a cohesive product	There is no efficiency to team functioning; no distinct roles; unable to reach agreement or produce a cohesive product.
		Communication	Group demonstrates the ability to communicate and work effectively and treats all members with respect and sensitivity.	Group is unable to communicate and work effectively. Discord is evident in the team.
İ	Coi	nclusion/Di	scussion: The	change in STEP-1

conclusion/Discussion: The change in STEP-1 scoring represented a monumental shift in medical education in the United States. Embracing this change afforded the opportunity to develop a novel, contemporary medical curriculum that supports our learners in the transition to expert, team-physicians.

Acknowledgements: This project is currently funded by the VT Center for Teaching and Learning. We would like to thank the faculty of DBSE for their contributions to the project design and