

Flipping the Classroom
OSR Listserve Questionnaire Results
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	Brody School of Medicine at East Carolina University	MUSC	Oklahoma College of Medicine	Baylor	University of Mississippi	Medical College of Georgia	Medical College of Georgia
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Q1: Is your school currently "Flipping the Classroom"? If not, is it being considered?	Yes	No	We had one flipped lecture in the preclinical curriculum and it was horrendous. It was over acid/base. Several hours of voiced over PowerPoints of mediocre quality.	Baylor and all other Texas schools to my decent knowledge have no such program or intent.	No. The subject was broached, but it will take time before the administration or students can generate buy-in. We do have a lot of small groups that are based on previous knowledge.	The Medical College of Georgia does do various activities that follow the "Flipping the Classroom" description.	Yes
Q2: If so, how are you accomplishing this "flip"? (i.e. instructors pre-record lectures, supplements with professional online lecture series (Pathoma), etc).	In Pathology, one professor pre-recorded lectures for one block of material and then we had mandatory sessions to test and further conceptualize our knowledge. In another course, PBL, we are given a case to work through one week, then we come back the next and wrap it up.	N/A	N/A	N/A	N/A	Our professors provide supplemental handouts and power points that go along with whatever topic is being covered. The topics are also based off the previous day's lecture.	The Medical College of Georgia has made a concerted effort to incorporate TBL's, PBL's and small group and case-based learning into the curriculum. Interestingly, it's not always a favorite of the students, in particular those who are trying to do as much of med school from home as possible.
Q3: Which classes?	Pathology and "PBL"	N/A	N/A	N/A	Preclinical classes with small groups: Biochemistry, Physiology, Gross Anatomy, Neurobiology, Microbiology, Pathology, Pharmacology, and Introduction to Clinical Medicine.	Our curriculum is set up as a module/systems based approach, so these are integrated throughout the lectures.	Pathology case presentations take place about every other Wednesday in groups of 40. Each student will give two 20-minute presentations a year that always involve the topics being studied in class at that time in the curriculum.
Q4: What does the in-class application of the material look like? (small group, additional lecture, etc.)	In Pathology, we would cover board style questions and the professor would quiz the class. In PBL, we are in small groups that work as a team to determine the clinical presentation, diagnosis, and treatment. We also identify "learning issues" that we research and report on in the second session.	N/A	In class we "worked in groups" to answer questions. Acid/base is hard, and very few students had Any Idea what was going on in the flipped lecture. The overall feeling from our class was not one of support.	N/A	Biochemistry: Sets of questions that students work to answer a week before the small group. The group sessions are led by on basic science faculty and one clinical faculty. Afterwards, there is a class discussion with all the clinical faculty. We cover mitochondrial and oncologic disease process. Phys: There are cardiovascular lab sessions built around computer simulations that students must do in their group beforehand. The simulations use QCP, a free software (http://hummod.org). Labs. Small groups then meet with the head instructor for the section to review the labs and discuss mechanisms. There are also small groups with rotating clinical faculty to cover renal physiology and treatment. Some involve students making presentations to clinical faculty. The final group activity is the pig lab, where in groups of four, we place two femoral catheters and cut down the carotid on a pig. We then observe various pharmacological intervention and manipulation on the cardiovascular system. Ultimately, we trigger vFib, where we then manually feel the heart to understand it better. Afterwards, we defibrillate and return to normal rhythm. Gross: We have small groups in a large group.	We use TBL's, PBL's and small group discussions to accomplish this. It seems to get the class thinking in a different way and gets us collaborating with different classmates than what we are used to.	There is at least one TBL activity per Module (we have 6 Systems based modules per year), and usually there are more. There were slightly fewer PBL activities, but small groups dealing with case-based learning meet every week but the last 3 of the school year in both year one and year two. TBL's have been prefaced with reading assignments the majority of the time, as well as a few pre-recorded Podcasts. TBL was heavily included in our Biostats instruction. The PBL's featured advanced reading assignments and cases. They focused on some of the more difficult areas of study. For instance, we had one on Anti-psychotics that was quite engaging, and another on Diuretics and Renal Physiology that I thought was the most productive learning activity of my medical education thus far.

<p>Q5: Is your school using professional lecture/professional board prep series as part of the official curriculum? If so, elaborate....</p>	<p>No, but I would be interested in hearing the results of this survey. A large proportion of second years used Pathoma, but largely as a backbone to Goljan or course materials since it wasn't quite detail oriented enough for our course.</p>	<p>N/A</p>	<p>No professional anything as an official part of the curriculum.</p>	<p>N/A</p>	<p>We have a peer-led Step 1 review course that is voluntary for M2's to participate. If you want more about the specifics, please contact Jonah Gunalda, OSR, at jgunalda@umc.edu.</p>	<p>N/A</p>	
<p>Other comments</p>	<p>As a whole, Brody has been going through pretty serious curriculum changes, which are continuing into the future. The majority of second years loved PBL, but thought that the Pathology changes were worthless. I've heard that in the first year PBL course was a little overwhelming due to their lack of clinical knowledge.</p>	<p>We are thinking a lot about this at MUSC, at least in the second year. We use Tegrity, so we have many lectures already recorded. The logistics seem to be difficult. this is an important topic and I would like to stay in touch.</p>			<p>On another note, my undergrad only employed a "flipped" curriculum. It was great. Each semester, you went to the bookstore before school started and picked up the syllabus for your class. Each class had exactly 40 lectures. The syllabus detailed all class assignments including reading and homework. It also had exams listed. Students were expected to teach themselves material before lecture and be prepared with questions or for discussion. They called it the Thayer Method. Some students didn't enjoy teaching themselves material; others, like me, enjoyed it very much. It could be very frustrating trying to learn a concept without instruction, but overall it helped me accept responsibility for my own education. Also, learning the basics for science is generally a solo procedure. The hard part is application. I think a failure in medical education is that we hold-hands through the basics to only abandon students during application (obviously we don't abandon students during the clinical application because that would be ridiculous).</p>		<p>I, personally, think that approach is a poor choice and one that will ultimately be quite detrimental to a physician-in-training's educational experience, but I digress</p>