

Understanding the Impact of ACE: A Qualitative Study of Faculty Perspectives



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Background

- Evaluating the impact of curriculum change in the medical school environment is an important but challenging task.
- Understandably, evaluation often focuses on student outcomes, but the perspectives of frontline faculty can provide valuable, often overlooked data on the process of curriculum change and its impact.

Research Objective

- To explore faculty experiences and perceptions of the first year of ACE (Active, Competency-Based, Excellence-Driven) Curriculum.
- To understand, in particular, faculty members' changed roles from the Legacy to ACE Curriculum and the impact of ACE for students.

Study Design

- Semi-structured qualitative interviews were conducted using an interview guide developed by the PI.
- Using purposive sampling, recruitment included both physician and scientist faculty members on all three campuses (Kansas City, Wichita, and Salina) with extensive involvement with MIs in the first year of ACE and at least one year prior to ACE.
- Supplementary, quantitative data was utilized from the Office of Medical Education's "Curriculum and Environment Survey" of students and the "Faculty Impressions Survey" of faculty.
- 21 interviews were conducted from June 2018 to January 2019, digitally recorded, then professionally transcribed. The mean interview length was 58 minutes.
- Data were analyzed using grounded theory and managed with NVivo Software.

Findings

Implementation of ACE: Mechanics

Overall, faculty perceived the implementation of ACE positively and were clear about its purpose, but they also said it is resource-intensive and could be improved.

“ We have made great strides, but we still have work to do. The CBCL stuff that we've got in place, the increased PBL material that we've put into place, as well as the coaching system that's going on within the academic society structure, all of those have been tremendous, I think, in terms of helping students develop as future physicians.”

“ The purpose of ACE, I think, is to explicitly prepare students to deal with the overwhelming volume of information that makes up medical practice and medical science these days. We are well past the era where you can memorize and carry around in your head everything you need to know to take care of patients.”

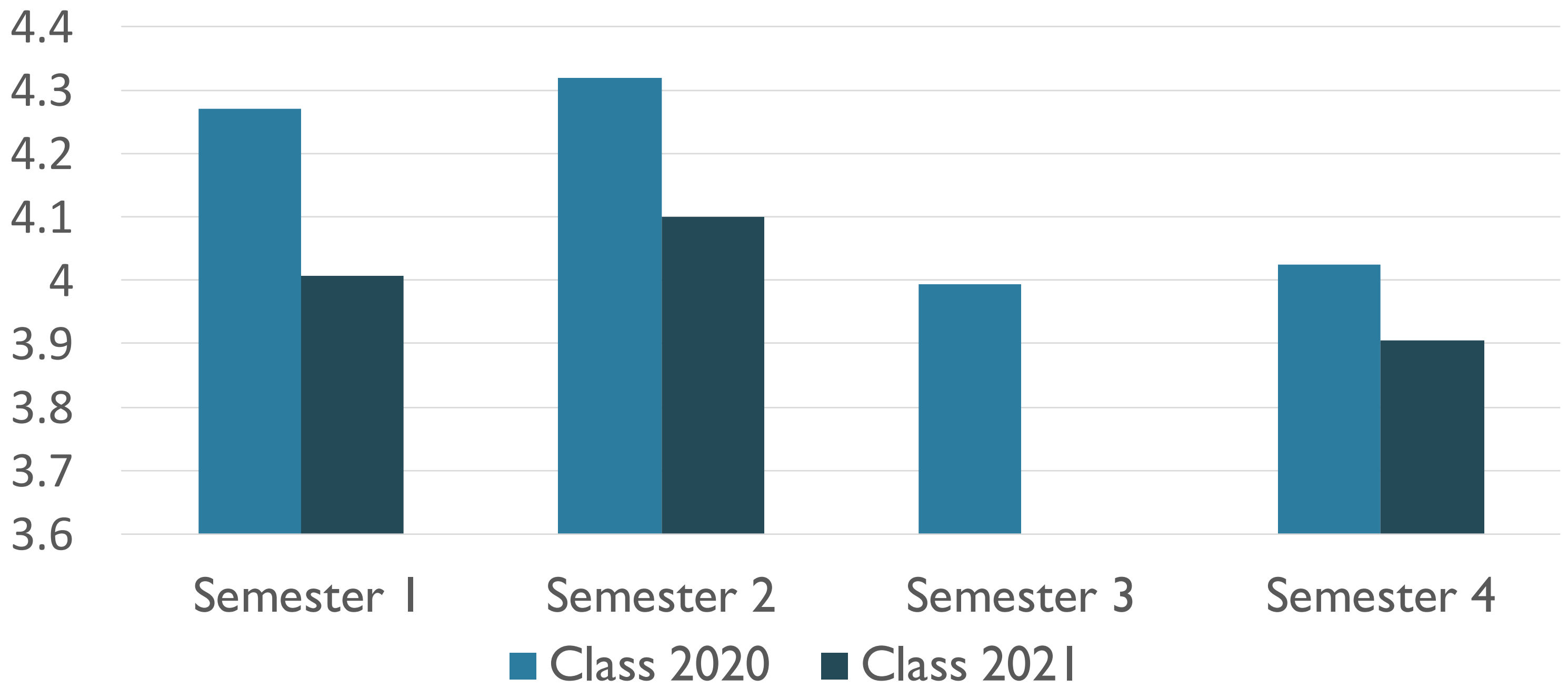
The Three-Campus Dynamic

Implementing a wholesale curricular change across three campuses, each one different from the other two, presented expected and unexpected challenges.

“ There are a lot of schools around the country now that have multiple campuses, and we are way out in front of teaching “Here's how you do this if you've got several different campuses. [...] And so we're doing things on a level that really pushes the envelope nationally in terms of being able to find a way to deliver curriculum at three very disparate kinds of campuses.”

“ I think it's been implemented equally on each campus. I mean, each campus has its own unique characteristics. We're not identical. We're equivalent. What we do is going to be a little bit different.”

Student Responses to: "My Morale Is Good"



Faculty Impact: Educational Identity

ACE has the potential to increase enjoyment around teaching. However, it has also required the development of new content and teaching behaviors and challenged traditional educator identities.

“ I'm a product of passive education. Up until probably ACE I tended to be a lecturer [...] I guess how it's affected me is I'm trying to be not as didactic, not as “this is what you need to know.” But it's asking them questions—have you considered this? What would happen if this occurred? [...] it's difficult. I find myself going back and lecturing probably too much. Because as a product of that system and as someone that's done that for many, many years, it's tough to change ways...”

“ I had years of content that I was sitting on, my absolutely phenomenally good lectures that I had to rip apart and throw in the trash and reconstruct. It was painful. I mean, I was... It was very, very painful. So yeah, it's not a straightforward thing.”

“ “I think I've finally given up the “I know so much that it's terribly important for me to vomit that all over my students.” And I've found that they learn just as much, and I learn quite a bit. I'm happy with the paradigm. [...] it makes me focus on what's important. [...] The actual event is the critical knowledge and learning objectives. And I think that probably wasn't appreciated by a lot of people.”

Student Outcomes

While surveys indicated lower morale among first-year ACE students compared to the previous year (Legacy students), students are also displaying more advanced abilities earlier.

“ As these [ACE] students are going out and doing SER weeks in clinical areas, people are somewhat impressed with the fact that they're much more comfortable around patients in that clinical setting, [...] being able to participate in a patient interaction better than what you would expect an MI.”

“ [ACE students] are so much more cohesive as a group and able to lead in their own group so much more effectively, and take ownership of their own learning in ways that I never saw with my PBL group before.”

“ Through SER week activities, we know their socialization, we know their communication, we know their clinical proficiency to discuss medicine is enhanced, [...] but we don't have hard data yet.”

“ [ACE students] are so much more cohesive as a group and able to lead in their own group so much more effectively, and take ownership of their own learning in ways that I never saw with my PBL group before.”

Key Findings

Implementation

- Faculty felt ACE implementation overall had gone well, but improvements could include more standardized content development, approval, and distribution processes.

The Three-Campus Dynamic

- Implementing small group and enrichment activities can be more challenging across different campuses.

Faculty Impact

- Many faculty have enjoyed participating in small group and individual student interactions more often.
- Faculty have had traditional educator identities challenged, transitioning into facilitator roles instead of being “the expert.”

Student Outcomes

- Student surveys indicate lower morale, but this could be due to anxiety around the uncertainty of a new curriculum and performance on more frequent tests.

Conclusions

- During ACE curriculum implementation, faculty reported undergoing a process in which their identity as educators, in addition to their teaching material, was challenged and ultimately changed.
- ACE students show early improvements to prior cohorts in critical thinking, clinical awareness, and group behavior. However, students and faculty remain anxious about the impact of ACE on Step 1 scores.

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- We are grateful to all of the faculty respondents who graciously shared their time, expertise, and perspectives.