## ROLE: Educational Leadership

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Department: Pediatrics

### 1. Name your educational leadership role(s):  
Life Cycle/Prepilogue course director

### 2. Your role(s): Describe your role(s) and specifically what you contribute.

- Life Cycle/Prepilogue is the last block of the Essential Core. It covers an eclectic group of topics from embryology to geriatrics, and faces the challenge of engaging students who are concerned about preparing for USMLE Step 1 as well as the forthcoming beginning of clinical clerkships.
- I oversee all aspects of the Life Cycle course (159 hrs), mentor MS4 interns, and advise students. I have been involved in structure and integration of Prepilogue, which prepares students for USMLE Step 1.
- I teach the Pediatrics topics for Life Cycle, which includes giving 3 lectures and an exam review, organizing patient interviews, and teaching and coordinating the 5 Pediatrics small groups.

### 3. Groups served and amount of contact: Describe types, levels and numbers of stakeholders (faculty, students, residents); amount of contact you have with them.

- Stakeholders: Approximately 150 MS2 students per year, in their last block of Essential Core (Jan/Feb/March); 2-3 MS4 course interns + additional MS4’s who help teach small groups; Lecturers from multiple disciplines and 6 discipline leaders
- Contact: I see students daily in lecture, communicate with them regularly via the course forum, teach directly via 3 lectures, 5 small groups and one exam review, administer and grade all exams, and meet individually with students who are struggling. I work closely with MS4 course interns. I communicate regularly with all discipline leaders and most lecturers

### 4. Builds on best practice/evidence: Describe your preparation, including the use of best practice and evidence where available, and your professional development.

- I received a Masters in Medical Education from USC in 2004
- I spent 9 years as Peds discipline leader, working closely with Dr. Masters, and I have continued to receive mentorship and advice from Dr. Masters in the last 3 years
- I have worked to learn more about helping learners in difficulty, including working with the screening committee, and creating a faculty development workshop on professionalism in learners.
- Dr. Stotland and I held a focus group of students to get their perspective on Boards. I have learned how other schools manage Boards prep, including sharing ideas with a course director in Arizona.
- Dr. Stotland and I have been active members of the ECCC, and have both shared and gained ideas from other course directors. For example, this year we revised our small group leader feedback process, and we have met with Educational Technology to convert some of our lectures to video modules

### 5. Vision and goals: Describe vision, goals and/or congruence with national, institutional, curriculum, and/or program goals. If these are extensive, provide just a few illustrative examples.

- **Boards Prep:** Perhaps the biggest challenge of leading the Life Cycle course is its proximity to USMLE Part I. We have already made great improvements in this area by collaborating with students and faculty leaders involved with the USMLE Prep curriculum. Based on this year’s experience, I would like to continue the structured review calendar, expand on the use of Boards-style questions in lectures and in practice tests, involve other course directors in identifying material relevant to Boards prep and continue to find more ways to provide students with support and understanding during this challenging time.

- **Curricular innovation:** The Life Cycle course is one of the most clinically based blocks, and therefore lends itself to realistic clinical and patient–based learning experiences. Our vision is to capitalize on this by developing more simulation and interprofessional learning experiences for students. As we look forward to Bridges, I hope and plan to remain intimately involved in the teaching of the Life Cycle subjects within the new curriculum’s structure. I have been especially excited by the prospect of more integration across the EC blocks. For example, learning about a pediatric patient with RSV while students learn about microbiology, or working through a case of an a Urea Cycle Defect as students learn about metabolism. Introducing pediatrics in the foundational sciences curriculum, rather than at the end, has the potential to not only raise the interest level and awareness of pediatric issues, but also help students truly grasp physiologic concepts as they apply them to special populations such as newborns and children.
### 6. Methods: Describe the methods used to achieve goals, and how these align with institutional priorities and resources, and innovative solutions.

**Boards Prep:** Over the last 2 years, we have collaborated with the leadership for the USMLE prep curriculum, along with other EC block directors, to rebrand and restructure Preplilogue. In 2013-2014, based on student feedback, we piloted a new “protected Fridays” calendar. We also worked closely with member of the USMLE Prep Working Group and Preplilogue leadership to further integrate Boards prep topics into Life Cycle lectures and small groups.

**Curricular Innovation:** Each year since 2003 I have made changes to the Pediatric topics in the course, moving steadily towards more interactive, patient-based and simulation-based activities. For example, I have worked nearly every year with a senior medical student on a project related to the pediatrics curriculum and helped them to evaluate their impact on student learning. Projects have included creation of online modules (Development, Embryology) and novel learning experiences (a Neonatal Resuscitation simulation, an obesity clinic exercise).

### 7. Results and impact: Describe evidence of stakeholder satisfaction, learning or other outcomes, impact on educational programs, and recognition/honors for leadership at UCSF.

This year the course’s “overall quality” rating was 4.28, higher than for the last 3 years. Students frequently name Life Cycle as one of their favorite blocks in the EC. In this year’s evaluation, 42% of students who commented mentioned that the course’s structure allowed them to balance Life Cycle with Boards prep. In addition, when we asked students whether they agreed that the Protected Fridays allowed them to focus on both Life Cycle and Boards, the average was 4.66 on a scale from 1 (strongly disagree) to 5 (strongly agree). When asked if USMLE-style questions in lecture enhanced their learning, average agreement was 4.13. Finally, student comments indicated that they felt supported by course faculty and administration: 30% of named “course directors” as one of the strengths of the block.

While the course evaluations do not separate out pediatrics, the pediatrics SG leaders are consistently in the top 2 among all disciplines, and students frequently cite pediatrics as a highlight of the course.

### 8. Dissemination: Describe how your activities have been recognized by others externally through peer review, dissemination, use by others, or leadership awards nationally.

Each year we give a course report to the Essential Core Course Committee regarding the course’s best practices and plans for improvement.

### 9. Reflective critique: Describe your reflections, what went well and plans for improvement.

I am proud of the significant change in how students viewed the integration of the Life Cycle and Boards prep curricula. I am also proud of the collaboration between students and faculty that led to this important step forward. It was challenging to move away from the Epilogue model, and to balance the important new subjects taught in Life Cycle with the students’ very real needs to prepare for Boards. I appreciated the ECCC’s support and confidence in allowing us to make some very significant changes.

As I look forward to this year’s course, Dr. Stotland and I are able to move forward with confidence in keeping our overall course calendar the same, with Fridays protected for Boards prep. We can now shift our focus to refining some of our new experiments for this year. For example, we would like to expand on the Boards-style questions and their integration into lecture and practice exams. We are re-envisioning an interprofessional project with the School of Midwifery and planning a collaboration with the School of Pharmacy We would like to further explore creative ways of teaching embryology, which has been a challenging topic for many years. And we have met with Educational Technology to begin learning about the option of making video modules for some of our core lectures, freeing up time for more interactive, case-based in person learning sessions.

Ultimately, I will remain actively involved in how the Life Cycle material is taught in Bridges, and would love to continue to support students in their preparation for Boards, as well as their transition from student-centered classroom learning to patient-centered clinical learning.