

# End-User Innovation in CurrMIT

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**SCHOOL OF MEDICINE**

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INDIANA UNIVERSITY

# Objectives

## Part 1

- Provide an overview of the purpose and functions of CurrMIT
- Use CurrMIT to track faculty effort

## Part 2

- Link topics in CurrMIT to GQ data and MedEdPORTAL resources
- Educate faculty and administrators on the value of utilizing CurrMIT

# Overview of CurrMIT

- Quiz!
- Database of curricular information of US and Canadian medical schools
- Holds information on course directors, teaching faculty, type of curriculum, pedagogies used, curricular tracks, etc.
- Repository for schools to identify own curricular gaps/redundancies, meet accreditation reqs, study new innovations

# Tracking Faculty Effort

- IUSM embarked on a mission-based budgeting process in order to more fairly distribute state funds across depts in 2004.
- An education subcommittee was formed to determine what elements of education should be used in a funding model.
- One factor was core teaching – didactic, small group sessions (PBL, TBL), testing, etc. across 9 campuses – is this impossible?

## How to Collect Teaching Data?

- Proposal - collect core teaching data from a central source (i.e., Dean's Office).
- Best options would be electronic format and loaded into system that faculty can review along with other education components – education committee service, faculty advisor, etc.

## Faculty Effort & CurrMIT

- Each semester, syllabi from all 9 campuses are collected (~120).
- Session and section data are reviewed from previous year and current academic year CurrMIT data revised based on syllabi.
- Reports downloaded from CurrMIT and sent to Dean's Office IT team to load into Annual Summary Report system for faculty to review.
- Report also sent to Dean and EADs.

# Mission-Based Budgeting

- First year of implementing mission-based budgeting, faculty self-reported teaching data.
- Following year, used CurrMIT data reported from syllabi. More accurate and realistic.
- Factors are then applied to the teaching data for prep time for certain pedagogies (lecture vs PBL session, etc.).
- Allocation model for education is based on number of hours of teaching – for the first time IUSM has attempted to pay for teaching.

# Implementation

- First year of implementation directed group of medical student interns – paid summer stipend.
- Now use Dean's Office staff for review and corrections.
- Next steps are to enter in didactic clerkship teaching.

# Challenges

- Data is only as good as syllabi.
- Faculty appreciate data being pre-loaded into ASR but are concerned when a data point is incorrect (i.e., change in course was not changed on syllabi version sent to Dean's Office).
- Best way to handle didactic/small group teaching because they are always scheduled but difficult to track clinical teaching time – wards, clinic, OR, ER.