

2021-09-09: Curricular Redundancy - When to Keep and When to Cut

The following links were shared during the chat:

- [A searchable database of medical education objectives - creating a comparable gold standard - PubMed \(nih.gov\)](#)
- [Cognitive load theory in health professional education: design principles and strategies - PubMed \(nih.gov\)](#)
- [A Student-Led Methodology for Evaluating Curricular Redundancy | Journal of MultiDisciplinary Evaluation \(sfu.ca\)](#)
- [The role of strategy and redundancy in diagnostic reasoning - PubMed \(nih.gov\)](#)



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago

TOPIC 1: Repeating material in the curriculum is sometimes desirable...and sometimes overkill. How do you catalog and map curricula (either in your course or more broadly)? #MedEdChat #meded



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago

@MedEdChat #mededchat Sateesh Arja from Avalon University School of Medicine, Curacao #meded



Gary Beck Dallaghan @GLBDallaghan8 hours ago

T1 While I was at my prior institution, we used a software program to catalog courses and objectives to get a handle on this #MedEdChat



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T1 This is an interesting concept....building a database based on multiple organizational curricular recommendations <https://t.co/kPAOh853lk> #MedEdChat



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago

@MedEdChat #mededchat T1 we took the broad institutional learning objectives and mapped them in different courses where they are covered. The same thing can be done with EPAs if institutions and curriculum committees want that way #meded



Robert V. Hill @RVHillPhD8 hours ago

@MedEdChat A master map lives in our administrative offices—every session mapped to course goals; every goal mapped to EPOs. #mededchat More locally, we also use ExamSoft categories to map assessments by week, system, etc.



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RT @RVHillPhD: @MedEdChat A master map lives in our administrative offices—every session mapped to course goals; every goal mapped to EPOs....



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T1 Where sessions are mapped, how do you approach reviewing this data? Does the software you use allow for easy reporting? #MedEdChat



Robert V. Hill @RVHillPhD8 hours ago
[@GLBDallaghan](#) Gary, can you share which program it was? #mededchat



MedEdBot @MedEdBot8 hours ago
RT @MedEdChat: Welcome to the #MedEdChat (US) I am your moderator for the next hour @alliance4clined #meded



MedEdBot @MedEdBot8 hours ago
RT @MedEdChat: The #MedEdChat topic & questions will be announced in a moment...for now, please introduce yourselves #meded



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RT @MedEdChat: We will assume that all of your tweets during #MedEdChat are your own during this hour unless otherwise stated #meded



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RT @MedEdChat: T1 about to come up in a few moments #meded #MedEdChat



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RT @MedEdChat: TOPIC 1: Repeating material in the curriculum is sometimes desirable...and sometimes overkill. How do you catalog and map c...



Gary Beck Dallaghan @GLBDallaghan8 hours ago
[@RVHillPhD](#) T1 We used OASIS. Good program for cataloging....not so much on reporting. Required a lot of exporting and manipulating in Excel and other programs...but I liked it #MedEdChat



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago
TOPIC 2: Content is redundant if virtually identical material is covered on more than one occasion. When is redundancy a good thing? How do you deliberately integrate redundancy? #MedEdChat #meded



Robert V. Hill @RVHillPhD8 hours ago
[@MedEdChat](#) T1 this is a little above my clearance but our assessment and curriculum support offices do a great job generating such reports. How easy is it? My sense is...not very. But they make it look easy. We are always on the lookout for efficiencies. #mededchat



Alliance4ClinEd @Alliance4ClinEd8 hours ago
T2 This article describes using redundancy for clinical reasoning skills. Interesting ideas presented. <https://t.co/1LYttvRnr3> #MedEdChat



Med Student Bot [@MedStudent](#) Bot8 hours ago

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Robert V. Hill [@RVHillPhD8](#) hours ago

[@GLBDallaghan](#) This!! It seems we are always at the mercy of Microsoft office suite. I know it's naive but in 2021 I wish for a single-platform solution. T1 [#mededchat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh8](#) hours ago

[@MedEdChat](#) [#mededchat](#) T2 sometimes redundancy is good especially with spiral curriculum and reinforcement of learning [#meded](#)



Robert V. Hill [@RVHillPhD8](#) hours ago

[@MedEdChat](#) T2 Context, context, context. We run a spiral curriculum that deliberately returns to topics several times over four years. Each time is in a different context, with greater depth of detail [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8](#) hours ago

[@ArjaSateesh](#) [@MedEdChat](#) T2 I was thinking the same thing. I also can't help but think that applying cognitive load theory to curriculum development is a good thing. <https://t.co/V8zILUuXNu> [#MedEdChat](#)



Robert V. Hill [@RVHillPhD8](#) hours ago

[@GLBDallaghan](#) [@ArjaSateesh](#) [@MedEdChat](#) T2 good point, as the spiral itself can become burdensome [#mededchat](#)



Robert V. Hill @RVHillPhD8 hours ago

@MedEdChat T2 for example, “when do you teach the liver” has at least four answers in our first two years alone. Basic morphology first, and in later courses metastatic spread to liver, portal venous drainage, histopathology, etc. #mededchat



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago

TOPIC 3: What sorts of learning theories could be applied that support or refute use of redundancy in #meded? #MedEdChat



Med Student Bot @MedStudent_Bot8 hours ago

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Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago

@MedEdChat #mededchat T3 cognitive theory might support and even behavioral and Kolbs experiential learning might support redundancy. But constructivism and critical theories may refute the redundancy #meded



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@ArjaSateesh @MedEdChat T3 Do you really think Vygotsky's constructivist approach refutes redundancy? Seems to me that his notion of scaffolding allows and almost encourages some redundancy as you expand your zone of proximal development #MedEdChat



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago

@GLBDallaghan @MedEdChat #mededchat T3 it is true but it allows the building of new knowledge based on the foundation of the old knowledge. accommodation and assimilation being critical components #meded



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago

TOPIC 4: If material is deemed to be too redundant (or too detailed for the level of learner), how have you trimmed the fat? #MedEdChat #meded



Gary Beck Dallaghan @GLBDallaghan8 hours ago

T4 This was an article published by my colleagues @unc_som when working on the new curriculum several years ago. Great approach. <https://t.co/U5FW6OOCKtT> #MedEdChat @kogillil



Gary Beck Dallaghan @GLBDallaghan7 hours ago

T4 I know when we were working on the new curriculum at my prior job this discussion occurred at each meeting. Too many parochial interests interfered with making meaningful changes #MedEdChat



Robert V. Hill [@RVHillPhD](#) 7 hours ago

[@MedEdChat](#) T4 [#mededchat](#) having a spiral with multiple coils helps here. I feel a lot better jettisoning content when I know it still lives in a few more places in the curriculum.



MedEd Chat (hosted by ACE) [@MedEdChat](#) 7 hours ago

RT [@RVHillPhD](#): [@MedEdChat](#) T4 [#mededchat](#) having a spiral with multiple coils helps here. I feel a lot better jettisoning content when I know...



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 7 hours ago

[@MedEdChat](#) [#mededchat](#) T4 if the material is too redundant then we should cut down to such a level it is absolutely too necessary to learn the new knowledge and it is required as a foundation to build the new knowledge [#meded](#)



Robert V. Hill [@RVHillPhD](#) 7 hours ago

[@MedEdChat](#) T4 [#mededchat](#) Coordinating across the continuum is also useful. If our residency and clerkship directors say it's not super relevant, we're more likely to remove or pare it down.



MedEd Chat (hosted by ACE) [@MedEdChat](#) 7 hours ago

We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan](#) 7 hours ago

[@RVHillPhD](#) [@MedEdChat](#) T4 Which needs to happen a lot more. The beneficiaries of the [#meded](#) program (ie Program Directors) need to be at the table for these discussions always! [#MedEdChat](#)



MedEd [@TelehealthBot](#) 7 hours ago

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Robert V. Hill [@RVHillPhD](#) 7 hours ago

[@MedEdChat](#) Thanks for a stimulating discussion. [#mededchat](#) Looks like I have some reading to do



MedEd Chat (hosted by ACE) [@MedEdChat](#) 7 hours ago

Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#MedEdChat](#)



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That's a wrap...I will post the [#MedEdChat](#) transcript tomorrow morning on <https://t.co/mJivoK9NyX>. Thanks everyone for participating! [#meded](#)



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Jake Prunuske, MD, MSPH @jprunuske5 hours ago

RT @GLBDallaghan: T4 I know when we were working on the new curriculum at my prior job this discussion occurred at each meeting. Too many...



Medicalaidememoire @medicalaidememo3 hours ago

We do like a [#competition](#) and this is a great opportunity to [#win](#) a set of our awesome [#airway](#) [#kitdumpsheet](#)! So don't lose out! [#paramedic](#) [#ambulance](#) [#prehospitalcare](#) [#studentparamedic](#) [#clinical](#) [#999](#) [#MedEd](#) [#MedEdChat](#)



Dr Arun Verma (he/him) @drarunverma2 hours ago

My article "Using audio-diaries for [#research](#) and [#education](#): AMEE Guide No. 144" has officially been published finally! The 'how to' article for using audio diaries for longitudinal research in exploring, identities, spaces and places. [#meded](#) [#MedEdChat](#) <https://t.co/fs5HvPq496>



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AMEE Online @AMEE Online2 hours ago

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for #research and #education: @AMEE_Online Guide No. 144" has been published finally! The...



Dr Mandy Moffat @developmeded2 2 hours ago

RT @drarunverma: My article "Using audio-diaries

for #research and #education: @AMEE_Online Guide No. 144" has been published finally! The...



Medical Teacher @MedTeachJournal2 2 hours ago

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for #research and #education: @AMEE_Online Guide No. 144" has been published finally! The...

The #MedEdChat Influencers

Top 10 Influential



@MedEdChat 100



@GLBDallaghan 79



@AriaSateesh 75



@RVHillPhD 56



@UNC_SOM 31



@kogillil 31



@AMEE_Online 20



@drarunverma 20



@MedStudent_Bot 6



@jprunuske 3

Prolific Tweeters



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 [@GLBDallaghan](#) 12.5K

 [@MedTeachJournal](#) 11.8K

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@MedStudent_Bot 3.9K



@medicalaidememo 2.5K

The Numbers

