

## 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.



**MedEd Chat (hosted by ACE)** @MedEdChat8 hours ago

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



**MedEd Chat (hosted by ACE)** @MedEdChat8 hours ago

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



**MedEdBot** @MedEdBot8 hours ago  
RT @MedEdChat: We will assume that all of your tweets during #MedEdChat are your own during this hour unless otherwise stated #meded



**MedEdBot** @MedEdBot8 hours ago  
RT @MedEdChat: T1 about to come up in a few moments #meded #MedEdChat



**MedEdBot** @MedEdBot8 hours ago  
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

RT [@MedEdChat](#): The [#MedEdChat](#) topic & questions will be announced in a moment...for now, please introduce yourselves [#meded](#)



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RT [@MedEdChat](#): TOPIC 2: Content is redundant if virtually identical material is covered on more than one occasion. When is redundancy a goo...



**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

RT [@MedEdChat](#): TOPIC 3: What sorts of learning theories could be applied that support or refute use of redundancy in [#meded?](#) [#MedEdChat](#)



**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

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



**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](#)



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

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 loose out! [#paramedic](#) [#ambulance](#) [#prehospitalcare](#) [#studentparamedic](#) [#clinical](#) [#999](#) [#MedEd](#) [#MedEdC](#)  
[hat](#)



**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>



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

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**MedEd** @TelehealthBot2 hours ago

RT @drarunverma: My article "Using audio-diaries for [#research](#) and [#education](#): @AMEE Online Guide No. 144" has been published finally! The...



**AMEE Online** @AMEE\_Online2 hours ago

RT @drarunverma: My article "Using audio-diaries for [#research](#) and [#education](#): @AMEE Online Guide No. 144" has been published finally! The...



**MedEdBot** @MedEdBot2 hours ago

RT @drarunverma: My article "Using audio-diaries for [#research](#) and [#education](#): @AMEE Online Guide No. 144" has been published finally! The...



**Med Student Bot** @MedStudent\_Bot 2 hours ago

RT @drarunverma: My article "Using audio-diaries 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

RT @drarunverma: My article "Using audio-diaries 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




@MedEdChat 10

 [@RVHillPhD](#) 10


 [@MedStudent\\_Bot](#) 8

 [@MedEdBot](#) 8

 [@GLBDallaghan](#) 7

 [@AriaSateesh](#) 6

 [@TelehealthBot](#) 2

 [@drarunverma](#) 2

 [@Alliance4ClinEd](#) 2

 [@AMEE\\_Online](#) 1


## Highest Impressions

 [@MedEdChat](#) 91.9K

 [@MedEdBot](#) 24.9K


 [@AMEE\\_Online](#) 13.4K

 [@GLBDallaghan](#) 12.5K

 [@MedTeachJournal](#) 11.8K

 [@RVHillPhD](#) 5.6K

 [@TelehealthBot](#) 4.6K

 [@drarunverma](#) 3.9K





@MedStudent\_Bot 3.9K



@medicalaidememo 2.5K

## The Numbers

179.046K Impressions

60 Tweets

14 Participants

7 Avg Tweets/Hour

4 Avg Tweets/Participant