

Curriculum Renewal: Integration Meeting, April 14, 2009

Summary of Discussion from Groups – Paul Harris, George Vas, David Cohen, Mr. Rich Dunne, (MS4), Ms. Kate Waldeck, (MS3), Mr. Jake Rosenberg, (MS1), Shirley Eisner, Arthur Grant, Kathie Rones, Keith Williams; Mr. Alexandre Ancheta (MS2); Mr. Sean Levine (MS3)

Facilitators-Keith Williams, Pamela Sass

Characteristics of a Good Physician

Superb communication skills to patients

- Listening
- Critical Thinking
- Affability

Caring attitude – empathy – professionalism

- Ability
- Self Care

Enthusiasm for learning and teaching

- Strong knowledge base
- Motivation
- Conscientiousness
- Availability
- Being aware of other diagnosis

Experience

- Ability to work as part of a team (eg. w/nurses)
- Ego control

Ethics

- Remains current

Topics that came up for review and possible incorporation into the new curriculum

Integration and Collaboration

Clinical and Basic Science Content

Early in Medical Education

- Teach history/physical exam in the 1st year
- Use clinical examples and patients while teaching material traditionally labeled as basic science
- Anatomy via. Diagnostic Imaging vs. dissection
- More CBL and incorporate differential diagnosis into CBL
- More patient presentations in MS1 and MS 2
- Ambulatory clerkship in 1st & 2nd year
- Students could follow a family, or pregnant woman and child through 4 years
- Introduce longitudinal learning experiences, perhaps following the same patient/group of patients throughout the year; perhaps beginning in some format in MS1.

- ECM, or the material covered in ECM, however it is incorporated into the new curriculum, should be made more relevant to the other components of the curriculum.
- More experience with clinical in 1st & 2nd years. (make preceptors on social history more useful.) More time with Attendings. Physical exams in 1st year.
- Combine clinical and basic science in MS1 with use of appropriate technologies such as imaging / MRI where applicable.
- Move away from normal/abnormal (spend a lot of time recapping-do not remember a year earlier – not a good use of time)
 - Longitudinal design might help this
 - Counter argument: repetition is essential to remembering

Basic Science into Clinical Medicine

- Contextualize basic science in clinical context
- Have basic science material integrated into patient write ups or presentations

Relevance

Life long learning skills

- Emphasis on skills in Evidence Based Medicine
- Students should be thoroughly grounded in scientific principles
 - Make a required research project
 - Science is more than basic science, includes clinical and health systems

Learning about teamwork. (eg. What do social workers, nurses, physical therapists do?)

- Orientation to 3rd year and hospital– could have more integration around other roles (eg. Nurses).
- Idea: Classes with nurses

Learning about healthcare system and specialties

- Teach Health services delivery systems
- Teach about managing care over transitions such as from hospital to home or facility, home care services
- Create time for electives in MS1 and MS2 — e.g., one afternoon per week; facilitate exposure to sub-specialties and so on earlier in the curriculum
- Expand choices and flexibility of clerkships
- Keep cap on electives to assure students do not “specialize” too early-want to maintain general education

Clinical and communication skills

- Doctoring skills are critical just as important as scientific knowledge.

Issues/Questions

- How are our students performing on standardized exams?
- What about testing? Does it reflect new curricula?
- Will there be new exam Step 1.5 (2013)?
- Very important to have strong faculty development program to match new curriculum