

CURRICULUM TIMELINE COMMITTEE

FINAL REPORT

FEBRUARY, 2010

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TIMELINE COMMITTEE CHARGE

The "Timeline Subcommittee" will do the following:

- Review the curriculum proposal in Document 1, and timeline factors from the Steering Committee.
- With the curriculum proposal and timeline factors in mind, document the pros and cons of two timeline proposals. Selection of 2 start dates of clinical curriculum will be determined by Subcommittee.
- Use timelines and information from other schools to deepen understanding of pros and cons.
- Submit to the Steering Committee the 2 timeline designs, with summaries of the pros and cons as well as the implications for medical school resources and timing.

By Mid-January 2010, the committee will submit a presentation using the following format:

Title Page with committee members and chair

1. Table of Contents
2. Current 4 Year Timeline Overview
3. Report of each Timeline Proposed
 - a. Graphic Representation of the 4 Years
 - b. Brief commentary that summarizes the pros and cons of each timeline.
 - c. Summary of any implications for medical school resources and timing, including "transition" periods or overlap between old and new curriculum years.

EXECUTIVE SUMMARY

- Nationally, more and more medical schools are engaging in curriculum reform, emphasizing extensive integration of basic and clinical science.
- Looking at curricula of other schools who have gone through curriculum renewal and made integration a priority, we found that several had gone to an earlier clinical clerkship start, as well as teaching clinical skills very early in Year 1.
- The Timeline Committee wanted to find a way to get an earlier start to clinical clerkships, allowing more flexibility for electives and career exposure earlier than in the present curriculum. We also wanted to do so without over-compressing the time allotted for basic science focus.
- The two timeline proposals the committee is presenting are an April of Year 2 clerkship start and a Mid-May of Year 2 clerkship start.
- Both proposals include adding 4 additional weeks to the curriculum by starting MS1 two weeks earlier and reducing the summer between first and second year by two weeks.
- A major benefit of starting the clinical clerkships earlier relates to the current fourth year of our program. With an earlier clerkship start, students will have more time for career decisions based upon clerkships experience, separate tracks including research, appropriate remediation without career compromise and adequate elective experience that will enhance student capability during their residency training.
- It should be emphasized that the integration of basic science into the clinical curriculum is essential and needs to be well thought out, developed and implemented efficiently.
- The Committee would like to express that the task was a considerable challenge without certain key content information.

CURRENT 4 YEAR TIMELINE OVERVIEW

Overview

In the current curriculum at Downstate, the four years are essentially divided into two parts – first two years basic science plus some clinical exposure (Essentials of Clinical Medicine; ECM) followed by two years of clinical clerkships and electives. The first two years occupy a total of 21 months, including vacations and the summer between first and second year. All formal basic science coursework is concluded by the first week of May in second year, followed by a 7 week study period and the USMLE Step 1 exam. The third year clerkships currently begin in July, approximately two months after the end of basic science coursework.

Begins and ends

First year begins in mid-August with Orientation, the basic science first and second year classes begin the third week of August, the clinical third and fourth years begin approximately July 1. The summer between first and second year is approximately 10 weeks long. There is a scheduled vacation in years 1, 2 and 3 around the December holidays. Years 1 and 2 have a spring break, usually around the spring holidays. Graduation is usually the last week of May. There is “flex” time scheduled in the senior year for interviewing, USMLE Step 2 studying, remediation of clerkships (if necessary) and vacation.

Length of Individual Blocks

The length of Basic Science blocks varies from 3 weeks to as much as 9 weeks long, with the ECM course typically occupying two half days per week throughout the year. The clerkship lengths also vary from 2 weeks to 10 weeks which makes scheduling quite difficult. There are currently some required core clerkships that are taken in the senior year due to the awkward scheduling, but also by students’ request to do some electives in the third year for career exploration.

Senior Year

The senior year consists of a required one month Subinternship in Medicine or Pediatrics, Primary Care II (Geriatrics) 4 weeks and 20 required weeks of elective time. Students may have 1 to 2 required clerkships, not completed in the third year, they also need to complete in the senior year. There is no protected time for the USMLE Step 2 examination. Students usually study while they are registered for an elective or Primary Care II or arrange their schedule to be able to take off 2 to 4 weeks to study.

Assessment

Student assessments, both in the basic science and clinical years, are at the end of each block, and usually 1-2 days in length. In the basic science years, there is usually a study “free” day the day before an exam. Passing of USMLE Step 1 is required for official promotion into the third year. Step 1 is usually taken in June at the end of second year. Students have a total of 7 weeks between the last day of class the start of the third year to take study for Step 1 and ideally take a one week vacation, although some students unfortunately use all 7 weeks for studying and do not take the much needed one week vacation. We give extra Step 1 study time for those students who have to take remedial examinations. There is no protected study time for Step 2. Passage of USMLE Step 2 is not required for graduation.

Remediation

Remediation for first year students who need to re-take examinations is scheduled during the first 6 or 7 weeks of the summer after courses end. Second year students who need to remediate coursework are scheduled at the end of May/beginning of June and are given extra time to study for USMLE Step 1. Third year students remediating clerkship examinations usually do so in the summer before they start senior electives and Subinternship.

BACKGROUND INFORMATION GUIDANCE FROM DOCUMENT 1

The Timeline Committee was charged with reviewing the curriculum proposal in Document 1, including the timeline factors that were outlined based on the Steering Committee looking at curricula at other schools. Desirable items and objectives that were referenced and extracted from Doc 1 were as follows:

- Diagram of Curriculum Outline
- Longer and more uniform lengths of basic science focused blocks: 3 Fundamental and 3 Body System blocks
- Integrated Exercises and Summative Assessments
- Scholarly Project/Tracks begin in Year 1
- Development of Clinical Skills begin Year 1
- Orientation and Early Immersion Week
- Integrated Block and Summative Assessment
- 12 week related clerkship blocks with Basic Science/Core Content introductions
- Earlier Start of the Clerkship Blocks
- All required clerkships complete by the end of third year

Diagram of Curriculum Outline

The diagram of the curriculum outline in Doc 1 was used as the foundation for the Curriculum Timeline charts that we constructed. Our committee went on the premise that the framework for the design of the new curriculum had been set (e.g. Fundamentals, Body Systems, Related Clerkship blocks etc.) and we used that framework to create the two proposed timelines.

Fundamental and Body System Blocks

The committee did not feel we had enough information about the content of the fundamental and body system blocks to be able to give specific lengths to each. We made the six* blocks approximately the same size in our diagrams following the premise made in Doc 1 regarding longer and more uniform lengths of basic science focused blocks.

*We created an extra body system block in the Mid-May clerkship start chart as it seemed that having only two Body System blocks in the second year would make each of those blocks too long.

Integrated Exercises and Summative Assessments *(Following each Fundamental and Body Systems block)*

Although we do not state the length of these exercises and assessments outright, tentatively on the diagram they are one week long. Our committee did have lengthy discussions about these exercises and assessments and whether they would in fact be cumulative. We discussed that as the year progressed that the time devoted to these could increase, if they are indeed cumulative, with the last one perhaps being as long as 2 weeks. This was a factor in our discussion of the merit of having a separate Integrated Block.

Scholarly Project/Tracks begin in Year 1

The diagrams our committee created followed the Curriculum Outline in Doc 1 and set the Scholarly Project/Track to begin from Year 1. There was little specific discussion about this. Without knowing more about the nature of the scholarly project and whether it was going to be required or optional, continuous or intermittent, it was difficult for our committee to make specific recommendations. There was some discussion about periods of time during a student's four years that might be difficult to work on a scholarly project such as first semester, first year, while they are studying for USMLE Step 1 and during the related clerkship blocks.

Development of Clinical Skills and Early Patient Contact beginning in the early part of Year 1

The committee unanimously thought this was a good concept and included this in the diagrams.

Orientation and Early Immersion Week

We assigned a one week period for the Orientation week. This is the length of our current Orientation program, which has the White Coat Ceremony, orientation to the curriculum and Case Based Learning, in addition to administrative and social activities. Unless we develop a very different orientation, one week should be sufficient.

The Early Immersion week is a very interesting concept. The committee was particularly impressed with the Immersion week(s) developed at the University of Pittsburgh. The week is dedicated to an introduction to being a physician. They cover one disease/illness per day such as breast cancer, cystic fibrosis, HIV etc. and all the issues that surround the doctor patient relationship related to those conditions. The students also participate in community visits to understand and assess the health care issues and make recommendations on preventative as well as medical care. Our committee assigned one week for the Early Immersion experience.

Integrated Block and Summative Assessment *(2 week block preceding the USMLE Step 1 exam time)*

The committee spent a great deal of time discussing the Integrated Block and Summative Assessment which, in Doc 1, is planned as a culmination of the basic science focused blocks. It is scheduled currently on both Timeline Proposals for two weeks. The Committee was divided on the merits, the length and the possible concerns of the integrated block. Some committee members questioned what the purpose was of the Integrated block if there were integrative exercises and assessments throughout. What was the added value?

The Integrated Block could potentially provide a more comprehensive transition to the clinical years by enhancing clinical thinking that is system, disease and patient based (rather than discipline or organ system-based) to prepare students for clerkships. It could also be a relevant and appropriate review for USMLE Step 1. One potential concern, if the Integrated Block was timed before the USMLE Step 1 examination, would be the (primarily) student perception that it would cut into study time for USMLE Step 1. The Fundamental and Body System block faculty could also view it as two more weeks they could use to teach their blocks.

Some committee members proposed that the last Integrated Exercise and Summative Assessment, following the last Body System block, could essentially serve the purpose of the Integrated block without specifically listing it separately. Or perhaps the "Integrated Block" could be renamed to give it more significance and importance. If scheduled AFTER USMLE Step 1 - as part of the Orientation to the Clerkships – it might serve its purpose better. Dr. Mahoney from the University of Pittsburgh shared with the Timeline Committee that the Integrated Block in their curriculum was not effective and may be eliminated in the near future. That further confirmed the sentiments of most committee members.

Related Clerkship Blocks with Basic Science/Core Content Introductions

Length of Related Clerkship Blocks

The language from Doc 1 said *“The clerkship blocks do not yet have durations, but we would envision these to be 12-week blocks, with individual clerkships of, for example, 4, 6, or 8 weeks, and elective time of 1 to 2 weeks within each block. One advantage of a blocked structure for clerkships with this type of timeline will likely be simplified (compared to the current curriculum) scheduling and development of clerkship tracks since clerkships are repeated several times throughout the year.”* Our committee used this guideline and assigned specific lengths to Related Clerkship Blocks of 12 weeks. Using our current clerkship lengths as a guide, we thought having four 12-week Related Clerkship blocks could accomplish the goal.

Ambulatory 5th Related Clerkship Block

Although Doc 1 had proposed a 5th clerkship related block, if the length of the blocks are 12 weeks, having a 5th block would be problematic due to the overlap of blocks and cause scheduling distress. Therefore our committee included only 4 Related Clerkship Blocks on our diagrams. As our diagrams suggest, the ambulatory course could be a longitudinal experience across the third and/or fourth year. It could also be broken down into smaller blocks and be scheduled during the senior year. We also recognize that a true longitudinal ambulatory experience would be a major undertaking at DMC given our general lack of primary care and private practice on campus as well as a limited number of off campus sites available to students. There are significant logistical, educational and financial issues related to longitudinal ambulatory program.

Basic Science/Core Content

As stated in Doc 1, the overall goal of the Core Content Blocks is to teach knowledge or core clinical skills that are not included in the following clerkships, and to re-introduce and reinforce relevant basic science. At the beginning of each Related Clerkship Block, students would receive a set of relevant educational experiences such as didactic sessions, assigned readings with assignments, and online modules that prepare the student for the ensuing clinical work. Aside from this introductory material, within each block students would still have the educational experiences designed by each of the hosting departments.

As such the Timeline Committee designed the Related Clerkship Blocks as follows: 2 weeks for Basic Science / Core Concept blocks and 10 weeks clinical time. There was also a suggestion that if 1 week was sufficient for the Core Content portion of the block, then a 1 week Integrated Exercise and Assessment period could be given at the end of each of the Related Clerkship block.

Early Start of Clerkship Blocks

When the Steering Committee and the Other Schools subcommittee looked at curricula at other schools, they found that some schools with an integrated curriculum have shortened the overall duration of Years 1 and 2 such that formal coursework (including vacations and the summer between Years 1 and 2) occupied 18 to 19 months. Of the three “Other Schools” the Steering Committee showcased during a Town Hall meeting, two of them started the clerkship blocks early.

The Timeline Committee followed suit and is putting forth two proposed timelines with early start of the clerkship blocks. The current clerkship start is July. The committee is proposing an April clerkship start and a mid-May clerkship start. These dates (April and mid-May) represent the two ends of a spectrum that could be accommodated in the new curriculum to encompass and achieve the objectives of the curriculum; a clerkship start time between these two dates is also possible, and could be considered as planning for the curriculum begins to consolidate.

The committee began with a proposal that placed the start of the related clerkship blocks in April of Year 2 for the following reasons:

- the first 12 week Related Clerkship Block would be scheduled in April, May and June, the traditional end to the academic year
- students' vacation in third year could be scheduled over the December/January holiday timeframe, between two clerkship blocks.
- it allows students to complete clerkships well before final decisions have to be made about specialty choice
- it was a model other schools had used

The committee proposed the Mid-May clerkship start as an alternative early clerkship start, in the event that the content intended to be taught prior to the USMLE Step 1 examination needed the extra time.

The committee considered proposing the current clerkship start of July (the "As-Is") as the second timeline proposal but opted not to because:

- Document 1 presented a curriculum framework that had an inclination toward an early clerkship start
- the goal to try to make the senior year comprehensive, yet flexible, and have more career exploration time would be almost impossible to achieve with the current July start date of clerkships.
- having 12-week blocks of Clerkship curriculum and starting them in July would create a very difficult scheduling problem for dual degree students, transfer students, students who need to delay taking USMLE Step 1 or students who need a short leave to address a personal issue — which, together, could add up to as much as a total of a quarter of the class.
 - For example – if clerkships normally began in July and a student had a delayed matriculation– he would start clerkships 12 weeks later. That would result in his having to complete required clerkships the following July through September, at the height of the residency application season, with no opportunity to take electives in specialty fields he was considering prior to applying for residency.
- gaining 4 weeks by starting the first year earlier and decreasing the summer between MS1 and MS2 by 2 weeks resulted in a Year 1 and 2 curriculum with the mid-May clerkship start just 2 weeks shy (in overall curriculum time) of the current timeframe.

All Required Clerkships Complete by the End of Third Year

Another goal stated in Doc 1 was having all required clerkships completed by the end of year 3 by most, if not all, students. This has been a long-standing aspiration of some of our clerkship directors as well. An early clerkship start would ensure that all students are given the opportunity to complete all clerkships by the end of the third academic year and have a few months to take electives as career exploration and in support of their residency application in a timely fashion.

The committee could not see a way to fit in a 5th Ambulatory clerkship block without significantly shortening the other 4 Related Clerkship block. (See previous section on Ambulatory block)

INSIGHTS FROM OUR STUDENT FOCUS GROUP

Our student representative, Daniel Horn MS4, conducted a student focus group comprised mostly of senior students. He summarized the feedback as follows (full report in Appendix):

- Asked students to consider where we could add time to the overall curriculum to be able to start clerkships earlier.
 - Starting the first year earlier in the first week of August would be fine.
 - Summer between MS 1 and MS 2 could be 8 weeks instead of 10 weeks.
- Combining the normal and abnormal teaching of organ system blocks was a good idea, would reduce redundancy and they felt would not be detrimental to their education.
- Protected or additional time in the senior year to take electives and/or Subinternships in the fields they are considering.
- Opportunity to have elective time in the third year to have exposure to more specialties.
- Extended senior year would provide more time for research
- Integration Block at the end of the basic science focus “would only be good if it was really good.”

Similar opinions regarding time for career exploration and exposure to more specialties were expressed in the student survey conducted last year by the Curriculum Renewal Student leadership. Another topic that surfaced was the restructuring some of the teaching methods in MS 1 and 2, including Case Based Learning, which would in turn save overall curriculum time.

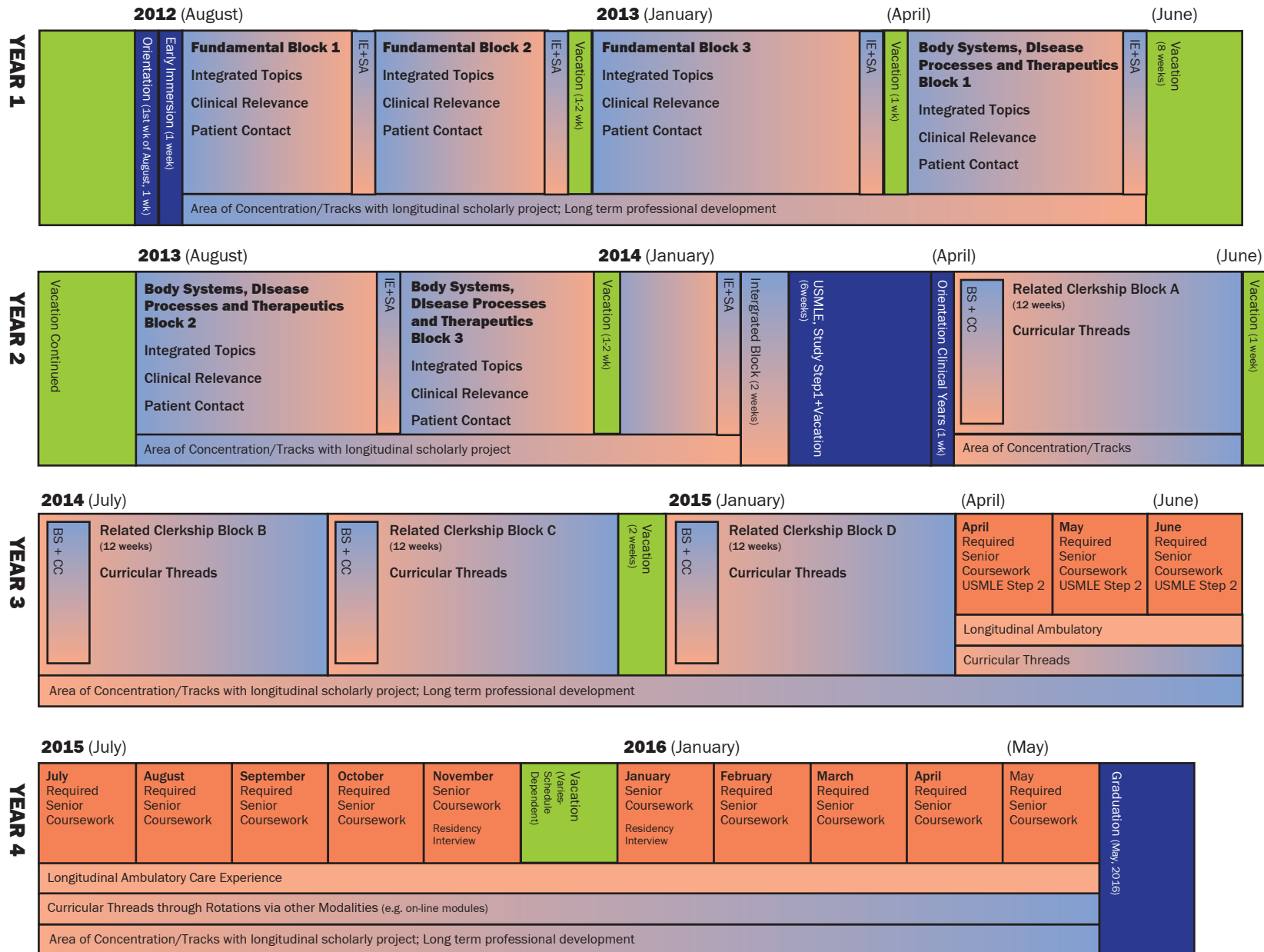
LESSONS LEARNED FROM OTHER SCHOOLS

- Other Schools Committee chose three 3 schools to study in detail:
 - University of Rochester, University of Pittsburgh and University of Vermont
- University of Pittsburgh and Vermont both begin clerkships in the second half of Year 2 – it can be done.
- Integration of basic science and clinical science across all 4 years is time-intensive but effective for student learning
- Schools are teaching physical diagnosis from the very beginning of year 1.
- University of Pittsburgh has longer school days beginning classes at 8 am and ending at 5 pm approximately three days per week.
- At University of Pittsburgh, scholarship project begins from the second semester of first year.
- More and more schools are doing the combined related clerkship blocks

GUIDANCE FROM CURRICULUM STEERING COMMITTEE

The Steering Committee gave the Timeline Committee a list of factors they wanted to ensure were considered in our deliberations regarding the new curriculum timeline. They included most of the issues described in this report, such as: potential of starting Year 1 earlier, shortening of summer between MS 1 and 2, study time for USMLE examinations, assessment time, clinical education issues, career exploration issues and more. A list of these factors for consideration is in Appendix D. Our committee used this document as a starting point for discussions of advantages and potential issues of concern of the various timeline options. In addition, one of our committee members was one of the co-authors of Doc 1 and gave our committee a complete overview of Doc 1 and the reasoning behind the recommendations.

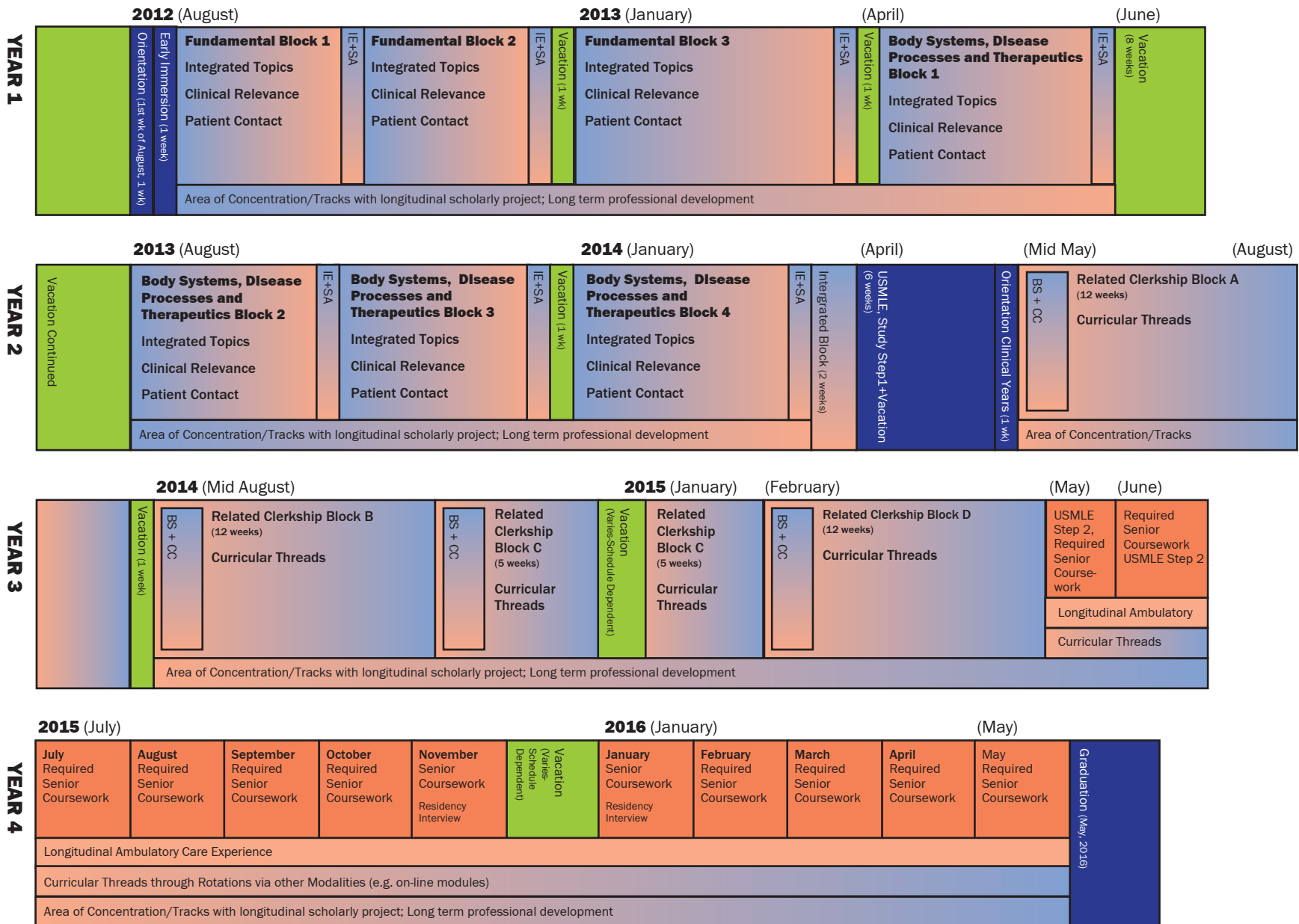
Curriculum Timeline Proposal – Clerkship Start April Year 2



KEY:

- Integrated Basic Science/Clinical
- Integrated Clinical/Basic Science
- Clinical Focus
- Other Curricular Elements
- Vacation
- IE+SA= Intergrated Exercises and Skills Assessment
BS+CC= Basic Science/Core Content

Curriculum Timeline Proposal – Clerkship Start Mid May Year 2



KEY:

- Integrated Basic Science/Clinical
- Integrated Clinical/Basic Science
- Clinical Focus
- Other Curricular Elements
- Vacation
- IE+SA= Integrated Exercises and Skills Assessment
BS+CC= Basic Science/Core Content

PROPOSALS FOR EARLIER CLINICAL CLERKSHIP START

SUMMARY OF ADVANTAGES / ISSUES OF CONCERN

Proposal: **Earlier Start of Clinical Clerkships**

Advantages:

1. More time in the clinical curriculum to re-integrate basic science content.
2. Earlier career exploration and/or research for students.
3. Additional dedicated time in Ambulatory Care, Critical Care, Imaging, Subspecialties, advanced clinical skills training
4. Students who require remediation or have a delayed start to clerkship curriculum will have more time for USMLE Step 2 and electives for residency
5. Should passage of USMLE Step 2 become required for graduation, or the National Board collapses Step 1 and Step 2 into one exam, the earlier clinical start gives greater flexibility for scheduling protected time for these USMLE examinations.
6. Earlier Clinical Skills Assessment examination can detect students early who need assistance and provide a meaningful remediation without negatively impacting career choices and the application process.
7. Greater opportunity for scholarly work to promote life long learning. There could be required or optional "Tracks" students can choose such as: Research, Teaching, Neuroscience, Primary Care or specialty driven tracks.
8. Well-developed scholarly projects provide flexibility in scheduling during the residency interview season.
9. Opportunities to participate in visiting electives during off-peak months providing more availability of electives and a better teacher-student ratio.
10. Increased experience of house staff for the first rotation with an April or Mid-May start, as opposed to July.
11. More clinical students available for peer-to-peer orientation and teaching during Clerkship Orientation.
12. Perceived defects in the current fourth year can be corrected.

Issues of Potential Concern:

1. 2-8 weeks less time dedicated to basic science focused curriculum.
2. Basic science focused curriculum days may be extended, as determined by the content and methods committees, to ensure comprehensive coverage of the material needed prior to taking USMLE Step 1 and beginning the clinical clerkships.
3. Entering Sophie Davis start dates – would have to revise curriculum or they would lag behind and have less elective time.
4. Careful coordination with the dual degree programs (MD/PhD and MD/MPH) will be required.

Proposal: Start Date of First Year begins two weeks earlier

Advantages:

1. Gain two weeks in overall curriculum time
2. Earlier start date gives time for Introductory, “Early Immersion” block.
3. From an Admissions standpoint, earlier matriculation date may lead to better retention of accepted students. The date should be no earlier than August 1.

Issues of Potential Concern:

1. Need to coordinate with MD/MPH and MD/PhD programs
 2. Resources – reduced summer for faculty and staff
-

Proposal: Reduce Summer Between First and Second Year from 10 weeks to 8 weeks

Advantages:

1. Gain two weeks in overall curriculum time
2. Student focus group did not see this as a problem.

Issues of Potential Concern:

1. Research or clinical opportunities could be limited with a decrease of weeks. There are some limitations for external funding sources that may require a longer time commitment.
 2. Will require careful coordination with the School of Public Health in that it could result in limited or no vacation for MD/MPH students.
-

Proposal: Study Time for USMLE Step 1 examination to be 6 weeks

Advantages:

1. Students should have protected time to study for the USMLE Step 1 examination. Currently approximately 90% of students take 6 weeks to study USMLE Step 1.
2. The present proposal of a cumulative, integrated, summative exercise and assessment immediately preceding the protected study time for USMLE Step 1 is part of studying for Step 1 and could be very beneficial.

Issues of Potential Concern:

1. Could be perceived by students as less time to study for USMLE Step 1 since students currently have 7 weeks between the last day of second year and the deadline to take Step 1. These 7 weeks are supposed to include a 1 week vacation, although some students who feel they need the time take all 7 weeks to study.

DIFFERENCES BETWEEN THE APRIL START AND MID-MAY START

APRIL START

- allows seniors to begin career exploration and senior coursework earlier
- more dedicated time for scholarly project
- more time for protected Step 2 study time or remediation time
- more senior year time to be devoted to selectives – either specialty driven, track driven or a choice of core of selectives that students choose from.
- vacation in the third year falls on the December/January break

MID-MAY START

- more time to basic science focused material in MS2
- more time for the integrated block, if implemented
- potential for more time for Step 1 studying
- vacation in the third year for Related Clerkship Block C may be variable, as there would be no natural break at the traditional December/January vacation period, Attention needs to be paid to this.
- allows less time for career exploration than April start
- in the first Transition year – 4-6 weeks of overlap (as opposed to 10) – less stress on the clerkship hospital sites



SUMMARY OF ANY IMPLICATIONS FOR MEDICAL SCHOOL RESOURCES AND TIMING

Faculty Issues

It was difficult to have a discussion about any aspect of the timeline without including the increase of responsibility on both basic science and clinical science faculty.

- An early August start would mean a shorter window of time in the summer available for vacation for faculty.
- Potentially longer teaching days could put a strain on the administration of the curriculum
- Clinicians needed in the earlier integration of clinical skills education – identifying preceptors – clear increase in demand on clinician's already full plates.
- Basic Scientists needed for teaching in Core Content sections of clerkships
- Faculty needed to supervise scholarly projects or oversee student Tracks
- Changes in the expectation of the role of our educators
- Identifying and training faculty and residents
- Necessity for incentives and additional pay for time served; a tenured eligible teacher track for promotion

Other Resource Issues

- Timing issues with Joint degree programs (MD/PhD and MD/MPH) and Sophie Davis Program
- Clerkship blocks all ending at the same time could have IT implications with NBME exams all being given at the same time.
- ancillary and support staff
- Early Immersion block requires time and people power to organize
- There are significant logistical, educational and financial issues related to longitudinal ambulatory program

First Year of New Curriculum (2012-2013)

- New first year will run simultaneously with old second year – same faculty needed to teach
- Earlier start of clerkships will overlap with students finishing clerkships – double the amount of students for 6 – 12 weeks.
- Overwhelm the sites
- Student morale – both in last year of old and first year of new
- Faculty overload and possible confusion
- Confusion in the system as a whole

COMMITTEE OBSERVATIONS / SUGGESTIONS

- Central Administration of curriculum is essential.
- Integration Exercises – should be coordinated across the curriculum – a separate committee should be working on these.
- Assessments should be cumulative throughout the curriculum starting with Year 1.
- Careful consideration should be given to the Integrated Block and whether it should be implemented.
- Tracks could include specialty driven tracks that begin from first year and include a research component and basic science lectures in the senior year.
- A career/specialty driven senior year track, beginning at the end of the Related Clerkship blocks, could also be an option. Each clinical department would define the senior curriculum for students going into their specialty – identifying courses that would best prepare students for residency in that field. We believe this is an innovative concept that we have not heard other schools have. Could make our curriculum very attractive to residency program directors.
- The senior year should have rigor to best prepare our students for residency. Such an expansion should include required clinical work in critical care, imaging, 2-4 week selectives students can choose from. The expectation is that the content and assessment committees will ensure that the senior year is optimized and productive.
- Mentoring groups could follow same tracks.
- Ambulatory Care and other components previously captured in “Clerkship Related Block E” can be done in a rotation or as a longitudinal experience.