



School of Medicine M.D. Curriculum Transformation

Core Clinical Experiences Work Group

Members:

Jim Boehnlein, Chair, Psychiatry
Jeff Kraakevic, Liaison, Neurology
Jared Austin, Pediatrics
Tom Cooney, Internal Medicine
Brian Frank, Family Medicine
Marc Gosselin, Radiology
Merrit Hoover, MS4
Laszlo Kiraly, Surgery
Ben Larson, MS4
Jennifer LeTourneau, Internal Medicine; Director of Medical Education, Portland VA
Selena Liao, Otolaryngology Resident
Michael Martinez, Emergency Medicine Resident
Catherine Meeker, MS4
Abigail Papé, MS4
Maria Peila, MS3
Meg O'Reilly, Obstetrics and Gynecology
Kayce Spear, MS2
Curt Stilp, PA program
Kim Taylor, Dept. of Psychiatry, Student Training Coordinator
Maureen Wright, Internal Medicine, Kaiser Permanente

Charge:

- Establish a set of principles for what should be included in the ideal clinical education for all students.
- Identify what we are doing well in the current clinical clerkship experience, and what we should improve.
- Evaluate different features of clinical training including:
 - location (“on the hill” and off)
 - setting (hospital, clinic, nursing home, etc)
 - care delivery experiences
 - duration of experiences
 - clinical disciplines and branches of medicine
- Evaluate the pros and cons of longitudinal, blended (ie women’s and children’s health) and stand-alone clinical experiences.



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- Develop recommendations for clinical rotations/experiences for all students, including content, location, format, duration, and assessment.

Initial Assumptions:

- All students should have a foundational clinical experience during medical school to develop skills, knowledge and attitudes appropriate for clinical care.
- Health care delivery is changing rapidly, taking place predominantly in outpatient settings, and often provided by interprofessional teams.
- Clinical experiences should build upon and reinforce foundational training in basic and clinical medicine (ie preclerkship work), and should allow progressive patient care responsibility as students' skills, knowledge, and competencies develop.

Note: Please refer to the [principles associated with future rural community-based curriculum](#) for additional information about the required rural clinical experience.

Work Product & Timeline:

This work group will be building a critical of the foundation for the curriculum transformation efforts. The group will gather OHSU SOM data as well as other information about best practices, share ideas and possibilities, and create a report with recommendations; resources needed to carry them out, and references. The group should think boldly and creatively, while keeping in mind that it may not be possible to implement all ideas or plans. The recommendations in the report should be prioritized, with indication given as to what is required, what would be an enhancement, and what would be ideal.

The anticipated timeline for the groups is two to four months; the group's Chair will be asked to give a brief presentation to the Curriculum Transformation Steering Committee.