



What Innovations Would You Like To See In The New Curriculum?

A rapid-fire, interactive session of the Oct. 9, 2012 retreat

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FUTURE INNOVATIONS

1. **More home visits**
2. **A collaborative procession of anatomy across the curriculum**
3. **More opportunities for basic, clinical faculty and students to interact with each other**
4. **Consider a shift towards fewer traditional lectures and more interactive learning sessions among students (possibly include social networking)**
5. **More active and team-based learning**
6. **Improved understanding of patient care and what continuity means (what is patient experience?)**
7. **No traditional classroom lectures**
8. **Lots of learning resources so that all students may start with a chance for success**
9. **Emphasis on prevention of disease vs. treatment of illness**
10. **More social sciences**
11. **Exposure to quality improvement**
12. **Personalized medicine**



FUTURE INNOVATIONS

13. **More problem-based learning**
14. **No summer vacation after first year**
15. **More student wellness and career resiliency integrated in to curriculum**
16. **Clinical science and basic science faculty members in the same learning session**
17. **Opportunity for specialization in particular areas of interest**
18. **Opportunities for students to self-test (without it counting against them)**
19. **Teach how to use point-of-care tools to solve clinical problems**
20. **Have small group sessions that are actually small groups (~6 people who can have a conversation)**
21. **More interdisciplinary involvement between colleges/integration across campus**
22. **Competency in data and information management**
23. **Pass/Fail in pre-clinical year**
24. **Add a blog to the OHSU site where the curriculum revision is so that process can continue in public**
25. **Greater faculty support for curriculum development and implementation**



FUTURE INNOVATIONS

26. More student involvement in curriculum development and work groups
27. More medical technology/tools that students are taught to use
28. Use assessment methods that coincide with assessment methods used after med school (GME, etc)
29. Use clinical trials and other primary sources
30. More early pre-clinical experience in first and second year
31. Computer-based basic science testing with student access to data on performance
32. Earlier technical skills training (suturing, etc) in first year
33. Use of evidence based education
34. Help to create the evidence base in education
35. Use of self-assessment and peer assessment
36. Better understanding of patient costs and health policy generally
37. OHSU should be more of a solution to the health care issues of Oregon
38. Better understanding of the social context of medicine
39. Competency in reading the primary literature



FUTURE INNOVATIONS

40. Safe efficient use of communication technology to deliver primary care (telemedicine)
41. Align the admissions process with curriculum reform
42. Clinicians and graduates have confidence in their info-seeking strategies
43. Engage more patients and community physicians around the state in curriculum transformation at OHSU
44. Separate coaching and assessment (at least partially)
45. Engagement in healthcare system delivery reform (CCOs, ACOs, etc)
46. Complimentary and alternative medicine
47. Care transitions
48. Provide an introduction to research principals
49. Conflict resolution management, difficult conversations – communication
50. Enhanced endowment and philanthropic recruitment for supporting medical education
51. Understanding the applications of informatics and technology in clinical care



FUTURE INNOVATIONS

52. Certificates of distinction upon graduation
53. Adequate faculty compensation for teaching effort
54. Deliberate teaching of diagnostic and clinical reasoning (early)
55. Teaching how to work on and redesign healthcare delivery teams
56. Create a highly competent and qualified, well-trained community of faculty who are rewarded for their efforts
57. Integration of cultural competency
58. Greater appreciation of physician/scientist as a potential career track
59. How to deal with low-resources situations
60. Incorporation of service learning
61. Greater participation of students and faculty in global health initiatives
62. Create models for students to learn together and provide clinical care together (as teams)
63. Exposure to cutting edge technology that is not yet in the clinic
64. Enabling student involvement in the medical record as part of their clinical rotation



FUTURE INNOVATIONS

65. Integrate students in to patient safety initiatives at the institution
66. Medical economics coding/billing
67. Prepare students for the year of genomic medicine
68. Creation of a high stakes high demand experience in the fourth year
69. Appreciation for healthcare disparities
70. Exposure to PT, OT, Social Work, case management, complimentary services
71. Give students the opportunity to learn Spanish or learn about business or communication
72. Opportunities for quality international experiences for students
73. Fostering development of a sense of community among and between educators
74. Move selected traditional pre-clinical courses in to a req. course before medical school (frontload some of the tiers as a req to admission)
75. Eliminating holidays and weekends
76. Accept applicants who have real life experience aside from being a student
77. 6 Year Medical School after high school