

MD CURRICULUM

Principles and Highlights of the Curriculum

The goal of the School of Medicine curriculum is to present a four-year continuum that balances emphasis on the scientific basis of medicine with early clinical experience; offers progressive patient care responsibilities for students; and permits students to individualize their educational programs as well as to enhance their independent learning and problem-solving skills. The sciences basic to medicine are presented in an interdisciplinary format focusing initially on the scientific principles of medicine and ultimately progressing to disease processes and the clinical management and care of patients. Highlights include:

- Centralized responsibility for curriculum in Dean's Office
- Independent learning fostered
- Integrated and multi-disciplinary basic science courses with enhanced clinical relevance organized as a continuum
- Lecture and non-lecture learning in half-day sessions
- Courses in a sequence to avoid competing with other courses
- Instructional objective-based education
- Early and longitudinal clinical preceptorship
- Core clerkships completed during third year
- Ambulatory and primary care strongly emphasized
- Required clinical experience in a rural or medically underserved community setting
- Continuity Curriculum in the third year
- Advanced clerkships in fourth year
- Transition courses bridge curriculum at strategic junctures
- Performance-based assessment of students utilizing standardized patients
- Internet-based course and curriculum evaluation

The Guiding Principles and Policies of the MD Curriculum

Philosophy

- The purpose of the M.D. curriculum is the general education of the physician. Medical education should not only represent the transfer of information and skills but must provide for the transformation of the learner into a physician
- The educational process must foster independent and lifelong learning skills by promoting synthesis of material, critical thinking, problem solving skills, and self reflection.
- A longitudinal clinical experience must occur early in the first year and continue through the second year of the M.D. curriculum.
- Societal and behavioral issues in health care must be addressed early and throughout the M.D. education program.
- Revisions to the curriculum will involve all students rather than separate curricular tracks.

MEDICAL STUDENT HANDBOOK

- Criteria for the academic advancement (promotion and tenure) of Faculty must assure equity and balance of teaching activities with scholarship, patient care and service.

Administrative Responsibility

- The Associate Dean for Medical Education, under the supervision of the Dean, is responsible for all aspects of the medical education program, including the undergraduate M.D. program curriculum, admissions, student affairs, and student support programs.

Faculty Expectations

- The Faculty are responsible for defining the specific content of each course and clerkship.
- All Faculty are expected to participate in the educational programs.

Student Expectations

- Students are expected to participate fully in all aspects of the medical education program.

Structure

- The basic science curriculum is to be organized into integrated, multidisciplinary units, relating structure to function, and progressing from normal and abnormal cells and behavior to the pathophysiology of disease and psychopathology as a continuum.
- The core clinical clerkship curriculum must be delineated and completed in the third year.
- Electives and/or selectives must be provided to enhance the educational value of the fourth year and to permit individualization of the educational experience throughout the curriculum.
- Transition courses must be provided at three strategic points, to facilitate the progression from undergraduate to professional school, from the first and second year curriculum to the core clerkship experiences, and from medical student to resident physician.

Evaluation of Performance

- The evaluation of student performance must include the following core competencies: medical knowledge, clinical skills, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.
- The evaluation of student performance must include traditional approaches and, in addition, performance-based assessment of the acquisition of clinical skills, knowledge and attitudes when deemed appropriate.
- Evaluation of student performance must be timely, include formative and summative feedback, and be provided by faculty who are familiar with the performance of the student.

Evaluation of Curriculum

- The content of the basic and clinical sciences curriculum must be continuously scrutinized for appropriate depth, breadth, and integration.
- The Curriculum Committee is responsible for implementation, coordination, and evaluation of the curriculum to assure appropriate curricular evolution.

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