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

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

George C. Mejicano, MD, MS
Senior Associate Dean for Education
School of Medicine
Oregon Health & Science University
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 into 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
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
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
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