Core Clinical Curriculum Working Group

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Membership

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Charges:

1. Review and revise the competency-based curricular objectives for core clerkships

2. Develop student learning experiences across the longitudinal continuum of care (i.e., move away from undue emphasis on inpatient experience) and consider novel clinical rotations outside of the traditional clerkship disciplines

3. Develop a mechanism for increasing emphasis on issues such as patient centered care, error prevention, chronic disease management

4. Consider whether the SOM should develop a formal 1-2 week Clinical Transitions curriculum at the start of the clinical years to cover basic clinical issues (eg, note writing, procedures, radiology, nutrition)

5. Recommend if/how current time allocations to core clerkships should be revised

6. Make a recommendation regarding elective clinical time during the MS3 year
The Core Clinical Working Group met several times. Sub groups were formed to examine areas of the curriculum, develop recommendations, and report back to the larger group. Areas of focus:

- **Internal Medicine, Family Medicine & Pediatrics**
- **Surgery & Reproductive Medicine**
- **Neurology & Psychiatry**
- **Clinical Transitions Curriculum**

The larger working group reviewed the work of its sub groups and developed recommendations in response to the six charges.
1. Review and revise the competency-based curricular objectives for core clerkships

*Recommendations:*

- Learning objectives for all core clinical clerkships should be modeled similar to the Accreditation Council for Graduate Medical Education (ACGME) core competencies. Curricular objectives should be stated in terms of the numbers and types of clinical cases.

- Coordination across all clerkships to ensure adequate coverage of clinical cases in the curriculum. Strong management of the core clinical curriculum should be tasked to a committee with substantial authority.
1. Review and revise the competency-based curricular objectives for core clerkships *(continued)*

**Recommendations:**

- Strong, effective oversight needed to implement the competency-based curricular model. Clerkship faculty and housestaff members should provide timely, case-specific feedback to students. Teaching by faculty and residents should be developed and rewarded.

- Content of the clinical curriculum should be defined in terms of the numbers and types of clinical cases. Clerkships should monitor cases students encounter. If certain cases are not available, alternative learning approaches should be used.

- Presentation of the clerkship curriculum (learning objectives, teaching methods and requirements) should be in a standardized web-based format.
2. Develop student learning experiences across the longitudinal continuum of care (i.e., move away from undue emphasis on inpatient experience) and consider novel clinical rotations outside of the traditional clerkship disciplines

Recommendations:

• Expand the longitudinal continuity care clinic experience.

Proposed schedule:

– Once a week throughout years 1-2
– One day or more per month (when possible) during 3rd year; students could opt to continue in 4th year
– Integrate with learning communities
– Allow flexibility in scheduling and changing preceptor if there is no adequate match
2. Develop student learning experiences across the longitudinal continuum of care (i.e., move away from undue emphasis on inpatient experience) and consider novel clinical rotations outside of the traditional clerkship disciplines (continued)

Recommendations:

- Increase outpatient experiences in the Psychiatry and Neurology clerkships. Focus on most common disorders (such as management of depression, anxiety, personality disorders, behavioral problems, delirium and dementia) making sure the exposure is well balanced and diverse.

- Increase student exposure to consultation services in Neurology and Psychiatry. Provide exposure to the most common cases and questions.
2. Develop student learning experiences across the longitudinal continuum of care (i.e., move away from undue emphasis on inpatient experience) and consider novel clinical rotations outside of the traditional clerkship disciplines *(continued)*

*Recommendations:*

- Clerkships should foster longitudinal exposure to teachers. Schedules should be structured so that students work continuously (as feasible) on a block or rotation with the same attending physicians and housestaff.

- Increase faculty funding of outpatient teaching to avoid conflicts between teaching medical students and generating RVUs.
3. Develop a mechanism for increasing emphasis on issues such as patient centered care, error prevention, chronic disease management

Recommendations:

- Offer a longer longitudinal clinical experience with increased focus on outpatient care. Provide the students with the opportunity to learn management of chronic diseases. Schedules should be planned to optimize educational experiences.

- Error prevention topics should be included during the Clinical Transitions Curriculum and in the System-Based Practice Competency Goals and Objectives.
4. Consider whether the SOM should develop a formal 1-2 week Clinical Transitions curriculum at the start of the clinical years to cover basic clinical issues (eg, note writing, procedures, radiology, nutrition)

Recommendation:

Offer a 1 week Clinical Transitions Curriculum, to include:

- Small groups led by faculty mentors to cover topics such as note-writing, shadowing MS4 or intern in pre-rounds and work rounds, OR skills. MS4s would advise MS3s.

- Larger didactic sessions to cover infection control, risk management, documentation standards, health info. management, OR etiquette.

- Procedure training on blood-drawing, suturing, etc.

- Training on electronic health record systems.
5. Recommend if/how current time allocations to core clerkships should be revised

CURRENT  3\textsuperscript{rd} year

(48 weeks)

- 12 weeks Medicine
- 12 weeks Surgery
- 8 weeks Pediatrics
- 4 weeks Neurology
- 6 weeks Reproductive Medicine
- 6 weeks Psychiatry
- Primary Care Clerkship (offered one afternoon per week (on Tuesday or Friday, depending on the student’s assignment) throughout the third year.
5. Recommend if/how current time allocations to core clerkships should be revised *(continued)*

*Recommendations:*

- Add a one week long Clinical Transitions Curriculum
- Offer Neurology as 4 week block that can be taken in either the 3rd or 4th year.
- Reduce Psychiatry from 6 to 4 weeks
5. Recommend if/how current time allocations to core clerkships should be revised *(continued)*

- Consider a combined 16-week Surgery, OB/GYN (SG&O) rotation as long as such change does not create problems for graduating students. It would include:
  
  - 10 weeks of required rotations, to include 4 weeks of general surgery, 3 weeks of general GYN, and 3 weeks of OB.
  
  - 6 weeks of electives. Each elective each lasting 1-2 weeks. Electives in traditional surgical specialties and GYN specialties and other elective surgical fields.
5. Recommend if/how current time allocations to core clerkships should be revised *(continued)*

**Recommendations for a new Clinical Curriculum:**

- 1 week Clinical Transitions Curriculum
- 12 weeks Medicine
- 16 weeks Surgery & OB/GYN (SG&0) Rotation
- 8 weeks Pediatrics
- 4 weeks Neurology *(taken in 3rd OR 4th year)*
- 4 weeks Psychiatry
- Longitudinal Clinical Clerkship *(Once a week in years 1-2, and 1 day or more per month (when possible) during 3rd year; students could continue the experience in 4th year.)*
- Electives in 3rd year
6. Make a recommendation regarding elective clinical time during the MS3 year.

- The Group strongly endorses the allocation of time for electives in the 3rd year. Length of the elective rotation could be reduced from the current 4-week block to 2-week blocks.

- Changes to 3rd year schedule would allow students to take 3-7 weeks of elective time (depending on whether Neurology is taken year 3 or 4).

- SG &O rotation would allow for electives within that clerkship that were not previously available in 3rd year, such as anesthesiology, ophthalmology, and others.