

## **ED-33**

**Finding: Both years one and two of the curriculum have been reorganized into systems-based blocks, where the subjects are coordinated temporally but have varying degrees of horizontal content integration. As yet, there has been little attention to achieving vertical integration of content across the curriculum, except in specific subject areas.**

In response to the LCME citation, the Curriculum Committee (CC) is now a reporting, rather than recommending entity with full authority to direct all aspects of the curriculum. This change was made through issuance of an official charge by the Dean and is pending approval of a change in the JCESOM bylaws at a meeting of the faculty scheduled for April 4, 2012.

The CC will provide direction to increase integration of the first and second year curriculum by eliminating individual discipline based courses and forming system based blocks. The current MS-I and MS-II Subcommittees of the CC have already begun efforts to align proposed course blocks in the first and second year curriculum to facilitate vertical integration through joint meetings. This group will then recommend a system block design to the CC for approval. System Leaders will replace discipline-based Course Directors as members of the MS-I and MS-II Subcommittees. The System Leaders will work with their respective teaching teams, comprised of multidisciplinary basic science and clinical teaching faculty members, to form system objectives and specific strategies to meet desired end points including the percentage of the curriculum that will be presented through active learning pedagogies to promote lifelong learning skills. Further, each System Leader will be required to provide written reports annually to the curriculum committee that outline the breakdown of the block pedagogies and the outcome measures for the block.

The MS-I and MS-II Subcommittees, consisting of System Leaders, and MS-III and MS-IV Subcommittees, consisting of Clerkship Directors, will meet individually at least twice a year to review and assess curriculum content within each year and assess vertical and horizontal integration. These meetings will serve to identify strengths and weaknesses of the system blocks and ensure that appropriate integration occurs. System Leaders and Clerkship Directors representing all four years will meet together at least twice a year to review and assess curriculum content integration across all four years. The Subcommittees will provide to the CC at a mandatory annual retreat in June a complete appraisal of the curriculum including course objectives, content overview, total direct contact hours, pedagogy, and assessment. Dr. Dzwonek will serve a vital role in facilitation of these curricular integration efforts through serving as a liaison between clinical and basic science faculty across all four years of the curriculum. The first CC retreat will be held in June 2012.

Desired outcomes to demonstrate success of these changes include improvements in the NBME shelf-exams given at the conclusion of year one and two as well as improved scores on USMLE Step 1.

organizational chart for management of the curriculum (from this item- ED-33), provided by the school.

[Back to index](#)

**ACTION GRID**

STANDARD: ED-33

TASKS (Steps to be taken that will lead to the desired outcome)	INDIVIDUALS/ GROUPS RESPONSIBLE	INDICATORS THAT THE TASK HAS BEEN ACCOMPLISHED	EXPECTED DATE OF ACCOMPLISHMENT OF THE TASK	DESIRED OUTCOME THAT ILLUSTRATES COMPLIANCE WITH THE STANDARD
Change the faculty bylaws regarding the charge and scope of power of the Curriculum Committee	Carl Gruetter, PhD Paul Ferguson, MD Amy Smith, BSN Will McCumbee, PhD Susan Jackman, PhD Richard Egelton, PhD Maria Serrat, PhD	A vote approved by 60% of the faculty present at the scheduled JCESOM faculty meeting is achieved allowing for change of the bylaws.	April 2012	Curriculum Committee is granted the authority to be a reporting rather than recommending entity to the Dean of the School of Medicine. This change would allow the curriculum committee the ability to govern all aspects of the curricular content and means of student assessment
Associate Dean of Medical Education position created to guide faculty and staff through the change process of content integration, while facilitating structured communication between basic scientists and clinicians teaching within a course	Dean  Senior Associate Dean of Medical Education	Job description created and approved  Interviewing completed Hiring process completed	February 2012	Improved vertical integration across all four years in multiple subject areas  Improved communication of the core basic science and clinical teaching faculty  Reduction in redundancy of content

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<p>Establish organization of MS-I and MS-II curricula into a systems- based formats eliminating individual disciplines.</p> <p>Establish Block Leaders for each MS-I and MS-II system</p>	<p>Curriculum Committee Teaching Faculty Academic Affair IT</p>	<p>Grading and organization exists</p>	<p>July 2102</p>	<p>Decrease the amount of redundant teaching content within the first two years of the curriculum with improved vertical integration</p>
<p>Create systems- based teaching teams comprised of core faculty who teach in these areas.</p>	<p>MS-I and MS-II Subcommittees  Block Leaders  Associate Dean of Medical Education</p>	<p>Improve communications across disciplines to improve the content delivery and reduce redundancy in the curriculum</p> <p>Improve the quality of our means for student assessment through systems- based testing by writing improved cross discipline questions more akin to those seen on the USMLE Step 1</p>	<p>July 2012</p>	<p>Reduce redundant content (see above contact hours goals)</p> <p>Improved student evaluations of the curricular content and faculty performance.</p> <p>Improve USMLE Step 1 average scores toward the national mean at the end of year 3</p>

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Complete a thorough evaluation of the curriculum of all required clerkship/block	Curriculum Committee Block/System/Rotation Representatives	A template will be completed by the representative responsible containing the objectives, content overview, contact hours, teaching activities and assessment tools. This information will be presented at a scheduled full day mandatory curriculum retreat to all committee members.	August 2012	The curriculum committee will be educated by August 2012 regarding the outlined aspects of each required course/block/system. This review will allow the curriculum committee to make more informed decisions regarding the global curricular outline.
Create system based committees with representatives from years 1-4, that meets regularly. These committees will be a forum for discussing strengths and weaknesses of the system based curriculum as students' progress through the years, and providing cross year feedback.	MS-I& MS-II System Leaders  Clerkship Directors	Minutes of meetings Reports of meetings to CC. Evidence of curricular changes that improve students' knowledge of concepts.	December 2012	An improvement in vertical integration.  Improved scores in MS3 and MS4 clerkship exams.  Feedback from MS-III and IV faculty to MS-I and II.  Improved responses on graduate questionnaire.

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Create core learning objectives with outcome measures for each year and for each system to better illustrate the degree of curricular integration	Curriculum committee Office of Medical Education Course directors System Leaders	Creation of core objectives	2012-2013	Students will successfully complete all core learning objectives for each year and have improved preparedness for third year based on course director feedback

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<p>Appraise and subsequently adjust the number of contact hours to the national average in MS-I and MS-II curriculum and decrease the percentage of didactic lecture to 50% and increase percentage of active learning to 50% within the next three years.</p>	<p>Curriculum Committee</p>	<p>The curriculum committee will be provided an appraisal of contact hours and methods of pedagogy by course/system in MS-I and MS-II curricula during a mandatory annual retreat. The committee will then mandate a set adjustment of contact hours and percentages of didactic lectures and active learning per year for MS-I and MS-II. Each of the next two subsequent years the curriculum committee will reappraise and assess the contact hours by course at its mandatory annual retreat and provide directive for further adjustments per year to achieve the ultimate goal of meeting the national average of direct contact hours and 50% active learning pedagogy within three years.</p>	<p>April 2015</p>	<p>Curriculum committee will provide directive regarding total contact hours per year in MS-I and MS-II and further delineate how these contact hours will be divided between didactic lecture and active learning.</p> <p>MS-I and MS-II Subcommittees will show proof of compliance within each respective year of mandated adjustment of direct student contact hours and proportion of didactic lecture versus active learning.</p> <p>Reduction of MS-I and MS-II contact hours to the national average and achievement of a 50:50 proportion of didactic lecture: active learning within three years.</p>