

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

SUPPORTING DOCUMENTATION

1. Provide a schematic or diagram that illustrates the structure of the curriculum for the year of the self-study. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum. If the structure of the curriculum has changed significantly since the DCI and self-study were completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced.

See Appendix 6.0-1 *Curriculum-at-a-Glance.pdf*

2. A schematic of any parallel curricula (tracks).

Not Applicable

SUPPORTING DATA

Table 6.0-1 Year/Academic Period 1 Instructional Formats						
Using the most recently completed academic year, list each course from <i>year/academic period one</i> of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed.						
Course	Number of Formal Instructional Hours Per Course					Total
	Lecture	Lab	Small Group	Patient Contact*	Other	
MDC 710 – Elements of Medicine	77	2	15	0	59	153
MDC 711 – Structure and Function I	47	36	4	0	22	109
MDC 712 – Structure and Function II	86	16	9	0	53	164
MDC 713 – Structure and Function III	61	22	20	0	27	130
MDC 714 – Structure and Function IV	52	40	32	0	21	145
IDM 715 – Introduction to Clinical Skills	17	2	28	54	47	148
Total						849
Other includes: large group discussion, independent learning, case-based instruction, and peer teaching.						

* Includes interactions with simulated patients

Table 6.0-2 | Year/Academic Period 2 Instructional Formats

Using the most recently-completed academic year, list each course from year/academic period two of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Provide a definition of “other” if selected. Add rows as needed.

Course	Number of Formal Instructional Hours Per Course					Total
	Lecture	Lab	Small Group	Patient Contact*	Other	
MDC 750 – Principles of Disease	82	1	10	0	38	131
MDC 751 – Diseases & Therapeutics I	39	4	5	3	36	87
MDC 752 – Diseases & Therapeutics II	67	5	6	0	45	123
MDC 753 – Diseases & Therapeutics III	75	0	30	0	48	153
MDC 754 – Diseases & Therapeutics IV	66	0	14	0	35	115
MED 755 – Advanced Clinical Skills	11	0	4	55	49	119
Total						728

Other includes: practice-based learning, large group discussion, independent learning, case-based instruction, peer teaching, workshops, games, homework, videos, guided self-learning, and self-directed learning.

* Includes interactions with simulated patients

Table 6.0-3 | Year/Academic Period 3-4 Weeks/Clerkship Length and Formal Instructional Hours per Clerkship

Provide data from the most recently-completed academic year on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship in years three-four of the curriculum. Provide a range of instructional hours if there is significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included.

Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction
Family Medicine	8	8 hours
Internal Medicine	8	8 hours
Obstetrics & Gynecology	8	8 hours
Neurology	4	4 hours
Pediatrics	8	8.5 hours
Psychiatry	4	8 hours
Surgery	8	4-10 hours
Emergency Medicine	2	0 hours
Choose one Sub internship		
Family Medicine	4	1.5 hours
Internal Medicine	4	10 hours
Obstetrics	4	10 hours
Orthopedics	4	5 hours
Pediatrics	4	5.5 hours
Psychiatry	4	9 hours
Surgery	4	4-10 hours
Choose one ICU rotation		
Medicine ICU	2	27 hours
Pediatric Critical Care	2	4.5 hours
Clinical Neonatology	2	4.5 hours
Surgical ICU	2	6-8 hours

NARRATIVE RESPONSE

- a. Describe the general structure of the curriculum by year.

Our pre-clerkship curriculum is organ-system based, intentionally designed for double-pass over. In the first year, students complete a study of normal structure and functions of the human body with emphasis on anatomical sciences and the accompanying biochemical and physiological processes. A special emphasis is also placed on introduction to genetic basis of disease, biostatistics and approach to a patient (in the clinical skills course). In the second year curriculum, students focus on the pathophysiology of the disease process and appropriate therapeutics for common disorders of the organ-systems. Students also learn the organ-system physical exams, steps in differential and a comprehensive whole-body exam in the longitudinal Clinical Skills course.

Year 1—Year 1 consists of 1 block of Elements of Medicine (9 weeks), 4 blocks of Structure and Function (SF I – 5 weeks, SF II – 8 weeks, SF III – 6 weeks, SF IV – 6 weeks), and 4 credit hours of Introduction to Clinical Skills across the academic year. Summer electives are available between Years 1 and 2.

Year 2 – Year 2 consists of 1 block of Principles of Disease (11 weeks), 4 blocks of Disease and Therapeutics (D&T I – 6 weeks, D&T II – 7 weeks, D&T III – 8 weeks, D&T IV – 9 weeks), and 6 credit hours of Advanced Clinical Skills across the academic year.

Year 3 – Year 3 consists of five 8-week clerkships in Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Surgery, and two 4-week clinical rotations in Psychiatry and Neurology.

Year 4 – Year 4 consists of a required 2-week Emergency Medicine rotation, 4 weeks of a Sub-internship in Family Medicine, Internal Medicine, Obstetrics, Orthopedics, Pediatrics, Psychiatry, or Surgery, one 2 week rotation of a selective ICU rotation in the Medical, Neonatal, Pediatric, or Surgical ICU, and 28 weeks of clinical rotation electives.

- b. Provide a separate, brief description of each parallel curriculum (“track”). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:
1. The location of the parallel curriculum (main campus or regional campus)
 2. The year the parallel curriculum was first offered
 3. The focus of the parallel curriculum, including the additional objectives that students must master
 4. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
 5. The number of students participating in each year of the parallel curriculum

Not Applicable

6.1 PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

SUPPORTING DATA

Table 6.1-1 Competencies, Program Objectives, and Outcome Measures		
List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) <u>specifically</u> used to assess students' attainment of <u>each</u> related education program objective. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective
Interpersonal and Communication Skills	Communicate effectively with patients, patients' families, colleagues, and other health care professionals.	MS1: Clinical Competency Exam (CCE) MS2: CCE, Peer to peer evaluations, MS3: CCE, Faculty/resident evaluation in clerkships MS4: Faculty/resident evaluation in clerkships
	Demonstrate collaborative teamwork skills and the ability to work effectively with other members of the healthcare team.	MS1: Interprofessional Education exercises (IPE) MS2: IPE exercises, MS3: CCE, Faculty/resident evaluation in clerkships MS4: Faculty/resident evaluation in clerkships
Medical Knowledge	Describe the normal structure and function of the human body and each of its major organ systems, across the lifespan.	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK
	Explain various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, behavioral, and traumatic) of major diseases and the ways in which they operate on the body (pathogenesis).	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK
	Describe how the altered structure and function (pathology and pathophysiology) of the body and its major organ systems are manifest through major diseases and conditions.	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK
	Describe the scientific principles underlying laboratory and radiologic diagnostic methodologies.	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK
	Identify the proximate and ultimate factors that contribute to the development of disease and illness, and, that contribute to health status within and across populations	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK

	regionally, nationally, and globally.	
	Demonstrate knowledge of the basic principles of human behavior throughout the life cycle, including development during infancy, childhood, adolescence, adulthood, and end of life.	Multiple choice questions in formative quizzes and in-house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK Faculty/resident evaluations in the clinical years.
	Recognize the medical consequences of common societal problems.	Multiple choice questions in formative quizzes and in-house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK Faculty/resident evaluations in the clinical years.
	Apply the principles of pharmacology, therapeutics, and therapeutic decision-making to the care of an individual patient.	Multiple choice questions in formative quizzes and in house summative exams Multiple choice questions on subject and customized examinations for the NBME® Successful passage of USMLE® Step 1 and Step 2 CK Faculty/resident evaluations in the clinical years.
Patient Care / Clinical Skills	Obtain an accurate, age-appropriate medical history.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Demonstrate proper technique in performing both a complete and symptom-focused examination, addressing issues of patient modesty and comfort.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Perform routine technical procedures and tests under supervision and with minimal discomfort to the patient.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Justify each diagnostic test ordered and management strategy proposed with regard to cost, effectiveness, risks, and complications, and the patient's overall goals and values.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Apply clinical reasoning and critical thinking skills in developing a differential diagnosis and management plan.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Apply the principles of pharmacology, therapeutics, and therapeutic decision-making to the care of an individual patient.	MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Identify and incorporate into the care of patient's appropriate prevention strategies for common conditions.	MS1: Note assessment in Introduction to Clinical Skills MS2: Note assessment in Advanced Clinical Skills MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
	Identify when patients have life-threatening conditions and institute appropriate initial therapy.	MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years, Advanced Cardiac Life Support certification
	Sensitively address end-of-life issues with patients and their families, including do-not-	MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years

	resuscitate orders and pain management.	
Practice-Based Learning and Improvement	Demonstrate skills in retrieving, critically assessing, and integrating biomedical information into clinical decision-making.	MS1/MS2: CCE's MS3: Faculty/resident evaluation of students in clerkships MS4: Faculty/resident evaluation of student Successful passage of USMLE® Step 2 CS
	Discuss the basic principles of basic, clinical, and translational research and how this research is applied to patient care.	Research theme in the preclinical years
	Apply principles of patient safety and quality improvement to enhance patient care.	MS3/MS4: CCEs, Faculty/resident evaluation in the clinical years
Professionalism	Demonstrate honesty and integrity in all interactions with patients, their families, and colleagues.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation
	Identify and apply theories and principles that govern ethical decision-making to the practice of medicine.	MS1/MS2: Ethics exams MS3/MS4: Faculty/resident evaluation in the clinical years
	Recognize and discuss the implications of conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine and in medical education and research.	MS1/MS2: Ethics exams MS3/MS4: Faculty/resident evaluation in the clinical years
	Protect patient privacy and confidentiality.	MS1/MS2: Ethics exams MS3/MS4: Faculty/resident evaluation in the clinical years
	Demonstrate personal accountability and admit professional mistakes openly and honestly with one's colleagues and instructors and critically evaluate these mistakes to promote professional development.	MS1/MS2: Ethics exams MS3/MS4: Faculty/resident evaluation in the clinical years
	Recognize unprofessional behaviors in one's self as well as in peers and their health professionals with whom one interacts and address these in a constructive manner.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation
	Maintain personal health and well-being and achieve a balance between priorities of patient care and personal and professional development.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation
	Provide culturally sensitive care to patients of diverse cultures and belief systems.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation
	Develop empathetic, caring relationships with patients.	Standardized patient evaluations, demonstrates in clinical rotations
	Identify gaps in medical knowledge, clinical skills (including communication skills), and professionalism, and develop a strategy for self-improvement.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation

	Actively seek and respond to feedback about professional performance.	Professionalism domains evaluated biannually in the preclinical curriculum, same domains evaluated on each clinical rotation
Systems-Based Practice	Use electronic and other information tools (e.g., including electronic health records and computer order entry) for systems-based patient care.	MS1/MS2: CCEs MS3/MS4: Faculty/resident evaluation in the clinical years
	Identify necessary elements for coordinated care of patients with complex and chronic diseases.	MS1/MS2: CCEs MS3/MS4: Faculty/resident evaluation in the clinical years
	Advocate for enhanced access to health care for members of underserved populations.	MS3/MS4: Faculty/resident evaluation in the clinical years
	Describe the principles underlying the delivery of high quality patient care and effective patient systems.	MS1/MS2: CCEs MS3/MS4: Faculty/resident evaluation in the clinical years
	Outline the roles of the various members of the healthcare team and describe how these roles can be integrated for optimal patient care.	MS1/MS2: IPE exercises MS3/MS4: Faculty/resident evaluation in the clinical years

NARRATIVE RESPONSE

- a. Provide the year in which the current medical education program objectives were last reviewed and approved.

Program objectives were reviewed and approved in 2017.

- b. Describe the process used to develop the most recent version of the medical education program objectives and link them to relevant competencies. Identify the groups that were responsible for development, review and approval of the most recent version of the medical education program objectives.

The current version of the program objectives were initially developed in 2012. The curriculum committee formed an ad hoc committee that included clerkship directors, preclinical block leaders, residency program directors and medical students. This committee used the six core competencies of the Accreditation Council on Graduate Medical Education as the framework upon which to build the program objectives. Upon completion of the ad hoc committee's work, program objectives were sent out to faculty and students for review and comment. Ultimately the program objectives were approved by the curriculum committee.

For the program objectives review in 2017, the curriculum committee used a large amount of student outcome data including national exam performance, program directors' feedback, feedback from recent graduates, current medical student input. All of these data were shared with faculty and students for their review. Very few areas were found to need improvement. The curriculum committee ultimately approved the medical education program objectives in their current form.

- c. Describe how the medical school has identified specific outcome measures and linked them to each medical education program objective. How does the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that each of the medical education program objectives has been met?

A significant proportion of the curriculum and of the assessment methods in Years 1 and 2 are designed to assess the medical knowledge of students. Student performance is monitored closely to identify students who may need additional assistance in achieving success at this time in the curriculum. Assessment methods include both

formative and summative methodologies and the use of faculty-written and National Board of Medical Examiners subject and customized examinations, which permit the assessment of both student acquisition of knowledge and application of knowledge in complex experimental or clinical scenarios. Each block also explicitly assesses student professional behavior in small group settings such as case-based discussions or simulation activities. Expectations for student behavior are specifically stated in course syllabi and course guides and students who fail to meet these expectations may face disciplinary action, particularly if the inappropriate behavior is repetitive. Small group sessions also provide an opportunity for assessing students interpersonal and communication skills. Interprofessional groups and formative narrative assessments provide students with actionable suggestions for implementing behavioral change. The ultimate goal of these assessment methods is to ensure all students are aware of the behavioral expectations of the profession and to prepare them for experiences in the clinical setting. The Introduction to Clinical Skills course in Year 1 and Advanced Clinical Skills in Year 2 are designed to provide students with opportunities to learn and practice specific clinical skills, such as history-taking, physical examination, writing a clinical note, and interacting with patients (including both standardized patients and patients in outpatient and inpatient settings). Each student completes 18 formal Standardized Patient Encounters within the first two years and receives feedback on specific aspects of the encounter to again prepare them for these activities in clinical rotations.

Methods for student assessment in the clinical years are designed to ensure students attain all of the objectives included with each of the competencies. Medical knowledge is assessed both through direct observation within clerkships and by requirements for exceeding a minimum passing percentile on subject exams from the National Board of Medical Examiners (NBME®). Clinical skills are assessed through direct observation and on formal Standardized Patient Encounters at the end of each clerkship. Student behavior and attitudes, including professional behavior, are assessed on an ongoing basis throughout each year and in specific educational activities such as interprofessional events with the School of Pharmacy in which each student participates in Year 3. Interpersonal and communications skills are continuously assessed throughout Years 3 and 4, and student use of educational and system resources is assessed in formal and informal clinical settings. The Academic and Professionalism Standards Committee has set minimum expectations for student performance in each of the clerkships and develops individual plans for the remediation of any component of the assessment system should that be necessary. For example, students who underperform on either Standardized Patient Encounters or NBME® examinations are required to repeat these activities to demonstrate attainment of goals, and more severe outcomes, including repetition of clerkships, or an academic year, or dismissal, which may be implemented if circumstances require. National standards, such as those available for subject examinations from the NBME®, are used where available to establish guidelines for completion of expectations. These standards are regularly revisited to ensure students are maintaining a level of performance expected of medical school graduates.

- d. Describe how medical education program objectives are disseminated to each of the following groups:
1. Medical students
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students
 3. Residents with responsibility for teaching, supervising, and/or assessing medical students

1. Medical students

Educational program objectives are available on the Office of Medical Education webpage. They are incorporated into the syllabus for every course or clerkship. Course directors and clerkship directors review educational program objectives with the students at the beginning of each course or clerkship.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students

Faculty have access to the program objectives on the Office of Medical Education webpage and in copies of the syllabus of courses in which they participate. Additionally, medical education program objectives are discussed frequently at general faculty meetings, department faculty meetings, Curriculum Committee meetings, and meetings of the subcommittees of the Curriculum Committee.

3. Residents with responsibility for teaching, supervising, and/or assessing medical students

Medical education program objectives are reviewed with all residents during their orientation. Program objectives are available to all residents on the Office of Medical Education webpage. They are also reviewed with the residents by the clerkship director annually.

- e. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:
1. Medical students
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship
 3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

Also see the response to element 9.1

1. Medical students

Course and clerkships learning objectives are included in the syllabus of each course or clerkship. Syllabi are available online through the medical school's academic portal. All courses and clerkships review the specific learning objectives and the beginning of the course.

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

Course and clerkship objectives are reviewed with faculty annually at a department meeting and reviewed on an as needed basis throughout the remainder of the year. The course or clerkship syllabus is available to faculty online through the academic portal. The link to course or clerkship specific objectives is included in the evaluation form in the electronic New Innovations evaluation system.

3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

Course and clerkship directors review course specific objectives with the residents on an annual basis. Course and clerkship syllabi are available to residents through the academic portal. The link to course or clerkship specific objectives is included in the evaluation form in the electronic New Innovations evaluation system.

6.2 REQUIRED CLINICAL EXPERIENCES

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

SUPPORTING DATA

Table 6.2-1 Required Clinical Experiences				
For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition and required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.				
Clerkship/Clinical discipline	Patient type/ Clinical condition	Procedures/Skills	Clinical setting	Level of student responsibility*
Family Medicine	Chronic Pain Management Common Skin Rashes Diabetes Mellitus Fatigue Gastroesophageal Reflux Disease - GERD Headache Hip Fracture / Falls Hypertension Hyperthyroidism Hypothyroidism Obesity Osteoarthritis Osteoporosis Sexually Transmitted Disease Sinusitis Sleep Disorders Tobacco Abuse / Smoking Cessation Urinary Disorders Urinary Tract Infection Well Adult Visit	Breast exam Electrosurgery/Cryo of skin lesion Intradermal injection Subcutaneous injection Intramuscular injection Joint aspiration KOH prep Skin biopsy	Hospital/ Clinic	Knows How: Joint Aspiration Skin Biopsy Shows How: Breast Exam Electrosurgery/Cryo of Skin Lesion Intradermal Injection Subcutaneous Injection Intramuscular Injection KOH Prep
Internal Medicine	Abdominal Pain Acute Renal Failure Altered Mental Status Anemia - Adult Back Pain Cerebrovascular Accident - CVA Chest Pain Chronic Obstructive Pulmonary Disease - COPD Common Cancers Congestive Heart Failure Cough Dyslipidemia Dysrhythmia Dysuria End of Life Health Promotion HIV Infection Hyperkalemia Hypernatremia	Blood Culture and Sensitivity Interpretation Coagulation Studies (PT, PTT, INR) Complete Chemistry Profile Urinalysis, Dipstick, Urine Culture and Sensitivity Peripheral Blood Smear Complete Blood Count and Differential EKG lead placement, performance, and interpretation Abdominal Paracentesis Echocardiography Exercise stress test Flexible Bronchoscopy Thoracentesis	Hospital/ Clinic	Knows how: Abdominal Paracentesis Echocardiography Exercise stress test Flexible Bronchoscopy Thoracentesis Spirometry Ventilator Management Shows how: Blood Culture and Sensitivity Interpretation Coagulation Studies (PT, PTT, INR) Complete Chemistry Profile Urinalysis, Dipstick, Urine Culture and Sensitivity Peripheral Blood Smear Complete Blood Count

	<p>Hypokalemia Hyponatremia Joint Pain Myocardial Infarction Pneumonia Seizures - Adult Shock - Adult Thromboembolic Disease</p>	<p>Spirometry Ventilator management</p>		<p>and Differential</p>
<p>Obstetrics & Gynecology</p>	<p>Abnormal Uterine Bleeding Annual Exam – No Disease Antepartum Bleeding (not First Trimester) Placenta Previa & Placental Abruption Cervical Dysplasia and/or Neoplasia Chronic Pelvic Pain: Endometriosis & Dysmenorrhea PID (STDs) Contraception & Sterilization First Trimester Bleeding – Spontaneous Abortion & Ectopic Pregnancy Gynecological Exam (new patient) Hypertensive Disorders in Pregnancy Intrapartum with Delivery Menopause Normal Antepartum OB Exam (new patient) Vulvovaginitis</p>	<p>Breast exam Antepartum & Intrapartum Fetal Assessment Cesarean Section Hysterectomy Hysteroscopy w/ Dilation & Curettage Laparoscopy Newborn Circumcision Pelvic Exam with Pap Smear Pelvic Exam with Wet Pap Pelvic Exam with Cervical Culture Pelvic Exam, Obstetrical Perineal Laceration Repair Tubal Sterilization Ultrasound, Obstetrical Vaginal Delivery, Normal Spontaneous</p>	<p>Hospital/ Clinic OR</p>	<p>Knows how: Cesarean Section Hysterectomy Hysteroscopy w/ Dilation & Curettage Laparoscopy Newborn Circumcision Perineal Laceration Repair Tubal Sterilization Ultrasound, Obstetrical Vaginal Delivery, Normal Spontaneous</p> <p>Shows how: Breast Exam Antepartum & Intrapartum Fetal Assessment Pelvic Exam with Pap Smear Pelvic Exam with Wet Prep Pelvic Exam with Cervical Culture Pelvic Exam, Obstetrical</p>
<p>Pediatrics</p>	<p>Developmental and Behavioral: Failure-to-Thrive Normal and Abnormal Puberty School problems (ADD/LD) Enuresis, Encopresis Sleep disturbances Chronic illness Family dysfunction Genetics/Environment: Chromosomal (Down, Turner) Congenital Heart Disease Lead, TB Cystic Fibrosis Immune deficiencies Social Morbidities: Accidents (MVA, head injuries) Child, sexual abuse Substance abuse Eating disorders Suicide/depression Sexually transmitted diseases</p>	<p>Newborn examination Newborn hip examination Throat swab</p>	<p>Hospital/ Clinic</p>	<p>Shows how: for all required procedures/skills</p>

	<p>AIDS Homelessness Emergencies: Distress The airway (foreign body, Epiglottis, Croup, Bronchiolitis, and Asthma) Dehydration Seizures Neonatology: Prenatal factors (fetal alcohol, prenatal drug exposure) Genetic disorders (Down, Turner) PKU, Galactosemia, Hypothyroidism Infections (Sepsis and Meningitis)</p>			
Psychiatry	<p>Attention-Deficit Hyper Active Disorder Intellectual Disability Autism Spectrum Disorder Bipolar Disorder Anxiety Disorders: Generalized Anxiety Disorder Panic Disorder Social Anxiety Disorder Obsessive-Compulsive Disorder: Obsessive-Compulsive Disorder Hoarding Disorder (OCD) Disruptive, Impulse-Control, and Conduct Disorders: Conduct Disorder Oppositional Defiant Disorder Antisocial Personality Disorder Somatic Symptom and Related Disorders: Somatic Symptom Disorder Illness Anxiety Disorder Conversion Disorder Delirium Personality Disorders (any subtype) Neurocognitive Disorders (any subtype) Schizophrenia Spectrum Disorders: Schizophrenia Schizoaffective Disorder Maltreatment and Neglect: Child abuse or neglect Elder abuse or neglect Spouse or Partner abuse or neglect Opioid Use Disorder Trauma and Stressor Related Disorders: Post-Traumatic Stress Disorder Acute Stress Disorder Alcohol Use Disorder Depressive Disorders: Major Depressive Disorder Persistent Depressive Disorder Premenstrual Depressive Disorder Disruptive Mood Dysregulation Disorder Tic Disorders: Persistent Motor or Vocal Tic Disorder</p>	<p>Addiction Group Observation Psychotherapy Observation Mental Status Examination Performance Psychological Testing Observation Suicide Assessment Radiology Exposure</p>	Hospital/ clinic	<p>Shows how: Addiction Group Psychotherapy Psychological Testing Knows how: Mental Status Examination Suicide Assessment</p>

	Tourette's Disorder			
Neurology	Cerebrovascular Disease, Cerebral Infarction Nutritional deficiencies Toxic injuries Occupational disorders Infection involving the nervous system, eyes, and ears Degenerative and demyelinating disorders	Comprehensive Neurological Exam Neurologic Examination with Altered Level of Consciousness	Clinic/Hospital	Shows how: Comprehensive Neurological Exam Neurologic Examination with Altered Level of Consciousness
Surgery	Hernia Bowel Obstruction Biliary Tract Disease Pancreatitis Acute Surgical Abdomen Lower Colon Cancer/GI Bleeding Breast Disease/Cancer Trauma Vascular Shock Malnourished GERD Anorectal Disease Hematemesis (Upper) Endocrine Disorder	Arterial Blood Drawing Nasogastric Tubes Laceration Repair Rectal Physical Examination Thoracentesis Urologic Catheterization Peripheral Venous Cannulation	Hospital/Clinic OR	

* Select the specific level of student responsibility that is expected of all students.

NARRATIVE RESPONSE

- a. Provide a definition for the terms used under “Levels of student responsibility” in table 6.2-1. That definition should clearly describe what the students are expected to do in that situation (e.g., observe).

The levels of responsibility are defined several ways. The easiest dichotomy is either observed or performed. Another mechanism for student responsibility would be Miller's pyramid Know, Knows How, Shows How, or Does to represent increasing levels of responsibility. When you combine the two the observed would be Knows or Knows How while performed would be Shows How or Does.

- b. Describe how and by what individuals/groups the list of required clinical encounters and procedural skills was initially developed, reviewed, and approved and how the clinical setting and level of student responsibility for each encounter and skill were determined. Note if the curriculum committee or other central oversight body (e.g., a clerkship directors' committee) played a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

The list of required clinical encounters and procedural skills originates with the MS3/MS4 Clinical Clerkship committee. Clerkship directors draw upon their discipline specific medical student educator groups (e.g. Committee on Medical Student Education in Pediatrics-COMSEP) for guidance. Those data combined with the local patient population mix were used to determine the list of required clinical encounters. As far as the required procedure list, similar data from the specialty specific student educator groups were used to recommend the final list. The MS3/MS4 Clinical Clerkship Committee reviewed and approved the final list which was ultimately approved by the curriculum committee. Both lists are reviewed and updated annually. An example of a recent change was the requirement for a clinical encounter with a drug addicted patient in the face of the national opiate crisis.

- c. Describe which individuals and/or groups developed the list of alternatives designed to remedy gaps when students are unable to access a required encounter or perform a required skill. How was the list developed? Which individuals and groups approved the list?

The alternatives list was developed by evaluating the availability of various procedures in our patient population. Given the opportunistic nature of patient encounters, procedures that were considered to be absolutely necessary were selected to have alternative modalities available to ensure each student had to the opportunity to watch a video demonstration or perform the procedure in a simulated environment. The list of alternative modalities was recommended and approved by the same process as the list of required procedures

- d. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills.

Medical students are informed about the required clinical encounters and skills during orientation to the clinical years at the beginning of the third year. Students are reminded of the list at the beginning of each clerkship as part of the review of the syllabus. Clinical encounter and procedure lists are reviewed at the mid-point evaluation on each clerkship and again at completion of the clerkship. The list is also available on the Year 3 resource webpage.

Faculty are informed about the required clinical encounters annually at department faculty meeting by the clerkship directors. The list is available on line on the Year 3 resource webpage.

Residents are informed at orientation to residency. The clerkship director reminds the residents of the requirements annually at departmental resident meetings. The list is available online on the Year 3 resource webpage.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

SUPPORTING DATA

Table 6.3-1 Self-Directed Learning				
Provide data from the independent student analysis by curriculum year on student satisfaction (satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Opportunities for self-directed learning in the first/second years	81.0	94.1	96.9	72.3
Overall workload in the first/second years	82.5	91.7	86.1	92.0

NARRATIVE RESPONSE

a. Describe the learning activities, and the courses in which these learning activities occur during the pre-clerkship phase of the curriculum, in which students engage in all of the following components of self-directed learning as a unified sequence (use the names of relevant courses from Tables 6.0-1 and 6.0-2 when answering):

1. Identify, analyze, and synthesize information students believe is relevant to their learning needs
2. Assess the credibility of information sources
3. Share the information with their peers and supervisors
4. Receive feedback on their information-seeking skills

#	Y	Course	Learning Activity (s)	Identify, analyze, and synthesize information students believe is relevant to their learning needs	Assess the credibility of information sources	Share the information with their peers and supervisors	Receive feedback on their information-seeking skills
1	MS-1	MDC710- Elements of Medicine	Four, case assignments	The students must decide among their group what aspects of patient care need to be researched regarding the disease during the first session for presentation at the second session. They must also assign these tasks among the group.	During the process of diagnosis and acquisition of disease-related information, the students will have access to Pubmed, Uptodate and widely available data sources to compare credibility	During the second session the students present information with the peers of the group and the facilitator	The facilitator will provide feedback during the second session and make suggestions during the first session. Feedback during the first session will consist of suggestions regarding the diagnosis and a clinical perspective to patient presentation. Feedback during the second sessions will consist of assessment of information gathering skills.

2	MS -1	MDC71 0- Elements of Medicine	Stem cell case exercise	The students must identify the objectives of the case to be able answer the attached questions. The report has 4 questions that are to be answered	The students did a PubMed search to find one article on Hurler's syndrome that described the use of stem cells to treat the disease. The citation was included in the report.	Students shared their findings with the instructor	Instructor grades the exercise and provides feedback to the students on their information gathering skills.
3	MS -1	MDC71 1- SFI	Neurophysiology self-directed learning exercises	Each of these exercises includes a set of clinical problems. The problems include either a case, disease, or drug description. The exercises are designed so that they include scenarios related to, but not actually covered in prior course work. The intent is to challenge students with material that reinforces their learning in the course, while also requiring them to seek out additional knowledge on their own. The students are given the problem set and instructions prior to the exercise. During the exercise, the students meet in small groups and prepare a set of answers to questions about the clinical problems	Students have free access to any and all available online resources and discuss the credibility of their recourse amongst their group. The students are instructed to provide a source for each of the answers.	Students shared their findings with the instructor and their peers in the small group setting	The instructor grades the answers, checks the sources and provides written feedback to all the students in each group (by email). Grading is based on both the answers submitted (90% of points) and the sources given (10% of point)

4	MS -1	MDC71 1- SFI	Synapse as a therapeutic target	Students, in groups, work through a series of problems to identify the synaptic targets and mechanisms of action of various neuropharmacological agents. They must also identify most common application of these drugs and reasons for their efficacy in these disorders.	Students have free access to any and all available online resources and discuss the credibility of their recourse amongst their group.	Students shared their findings with the instructor and their peers in the small group setting	The instructor facilitates the in-class discussions on these problems and provides feedback on the information gathering skills of the students.
5	MS -1	MDC71 4- SFIV	GI case assignments	The students must decide among their group what aspects of patient care need to be researched regarding the diseases. Students must research aspects of each disease to answer the accompanying questions and must provide references.	During the process of diagnosis and acquisition of disease-related information, the students will have access to Pubmed, Uptodate and widely available data sources to compare credibility	Students will answer the attached questions and share their conclusions with the instructor	Students receive feedback from the instructor regarding the clarity and quality of information gathered and the credibility of the references
6	MS -1	MDC71 5- ICS	Dermatology Student Initiative	Students complete a punch biopsy on a clinically suspicious lesion following a didactic on the skin exam and a demonstration and simulation of a punch biopsy. Once the biopsy is obtained, students decide on a clinical diagnosis. Once the diagnosis is determined, the students develop a case. The case includes the history, physical exam, assessment, diagnosis,	The students must determine what facts are needed and use different sources to obtain the information. The sources and case must be submitted for grading and feedback	The students will present a condensed version of the case to their peers, the dermatologist, and dermatopathologist for feedback	Students receive feedback from the instructor regarding the clarity and quality of information gathered and the credibility of the references

			treatment, and medical facts about the skin lesion.				
7	MS-2	MDC75 0- Principles of disease	Modern cancer chemotherapy	In their small groups, students choose ONE of three therapies and use resources at their disposal to discover how the therapy works to treat cancer, the results of the clinical trials that provided evidence that it was effective or not effective, and what the potential drawbacks and side effects to this therapy are. Students must provide references for their report.	Students have free access to any and all available online resources and discuss the credibility of their resources amongst their group.	The collective report is shared with the instructor and the course director(s)	Students receive feedback from the instructor on five criteria: completeness of information; correctness of information; clarity and quality of the written report; credibility of the references; and thoughtful application of background material to the question
8	MS-2	MDC75 0- Principles of disease	Viral immunology cases	In their small groups, students analyze clinical scenarios and explore treatment options for the diseases	Students have free access to any and all available online resources and discuss the credibility of their resources amongst their group.	The collective report is shared with the instructor and the course director(s)	Students are graded on the correctness of the information (quiz) and receive feedback on their information gathering skills
9	MS-2	MDC75 1- DTI	Ortho-Videos	Students record a 90 seconds video on ONE of the four cases in orthopedics. They must explore all facets of the case and record the video as if they were explaining it to a patient.	Students have free access to any and all available online resources and must assess the credibility of their sources.	The video is shared with the instructor and the course director(s)	Students receive a grade and feedback from the instructor on the completeness of the study and the credibility of their resources
10	MS-2	MDC75 2- DTII	Sleep hygiene study	Students write a sleep hygiene plan for the patient described in a case. Students must find at least 10 patient	Students have free access to any and all available online	The collective report is shared with the instructor and the course director(s)	Students receive feedback from the instructor on the completeness of the study and the

			behaviors which do not overlap that you would recommend changing. Students must list their references.	resources and must assess the credibility of their sources.		credibility of their references	
1 1	MS -2	MDC75 2- DTII	Cases on sexual disorders	Students work through a series of cases on sexual disorders and address patient concerns along following lines: Partner factors (partner's sexual problems; partner's health status) Relationship factors (communication; discrepancies in desire for sexual activity) Individual vulnerability factors (body image; history of sexual or emotional abuse) Psychiatric comorbidity (depression; bipolar disorder; anxiety) Stressors (job loss; bereavement) Cultural or religious factors (prohibitions against sexual activity or pleasure; attitudes toward sexuality) Medical factors (medical comorbidities; acute illness)	Students have free access to any and all available online resources and must assess the credibility of their sources.	The collective report is shared with the instructor and the course director(s)	Students receive feedback from the instructor on the completeness of the study and the credibility of their references.
1 2	MS -2	MDC75 2- DTII	Cases on eating disorders	Students work through a series of cases on eating disorders and answer the attached set of questions, ranging from differential diagnosis to management strategies	Students have free access to any and all available online resources and must assess the credibility of their sources.	The collective report is shared with the instructor and the course director(s)	Students receive feedback from the instructor on the completeness of the study and the credibility of their references.
1 3	MS -2	MDC75 2- DTII	Self-study alcohol use disorder(s)	Students select ONE of nine alcohol-related conditions,	Students have free access to any and all	The collective report is shared with the	Students receive feedback from the instructor on the completeness of the

			including brain development, social impact, and withdrawal complications and prepare a 500-word study on the selected topic	available online resources and must assess the credibility of their sources.	instructor and the course director(s)	study and the credibility of their references.	
1 4	MS -2	MDC75 3-DTIII	Self-study in cardiovascular, renal and respiratory medicine	<p>Students, in groups of 2, pick one of the three cases, ARDS, diabetic nephropathy or obstructive sleep apnea and cardiovascular diseases. Their assignment is to research and discuss:</p> <ol style="list-style-type: none"> 1. Epidemiology of the disease at the state, national and global level. 2. Pathobiology of the disease process, including discussion of alterations of normal structure or function, molecular mechanisms of the disease process, and therapeutic targets. 3. Briefly discuss presenting symptoms and signs of the disease and comment on the likely differential. 4. Briefly discuss traditional management strategies for the disease. 5. On a separate page, construct a model 	Students have free access to any and all available online resources and discuss the credibility of their recourse amongst their group	The collective report is shared with the instructor and the course director(s)	<p>Students receive feedback from the instructor on four criteria: completeness of information; correctness of information; clarity and quality of the written report; credibility of the references.</p> <p>This is required, formative exercise that is not graded.</p>

			<p>summarizing all the above steps.</p> <p>6. Write one formative, multiple choice question on the subject. The question stem must include a clinical vignette and have five appropriate choices to choose from. Provide rationale for each choice, including the correct and incorrect choices(s).</p> <p>*None of these conditions are comprehensively covered in the curriculum and are only referenced in other talks.</p>				
1 5	MS -2	MDC75 4-DTIV	<p>Self-study in the differential of abdominal pain</p>	<p>Students, in groups, will explore and elaborate various aspects of “approach to a patient with abdominal pain”. Following a case-study, the students will work together to:</p> <p>List at least ten differential diagnoses for abdominal pain. Divide your diagnoses by typical location in the abdomen and by anatomical system involved. Choose four diagnoses from at least three different systems. For each diagnosis explain how the diagnosis is distinguished from other causes of abdominal pain.</p>	<p>Students have free access to any and all available online resources and discuss the credibility of their recourse amongst their group</p>	<p>The collective report is shared with the instructor and the course director(s)</p>	<p>Students receive feedback from the instructor on four criteria: completeness of information; correctness of information; clarity and quality of the written report; credibility of the references.</p>

			<p>Consider epidemiology and typical findings in the presentation and history, physical exam, laboratory test results, and imaging. Give the most common treatment or treatments for each diagnosis. List your references. You may not reference Power Points or course handouts.</p>			
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- b. Referring to the sample weekly schedules requested below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning and independent study in the pre-clerkship phase (first two years) of the curriculum.

Unscheduled time: students, on average, are rarely in-class for more than 28 hours/week during the preclinical phase of their education. More commonly, students participate in didactic (lecture), independent learning, labs/clinical skills, and assessment activities for about 20-22 hours/week averaged over the length of the course. This leaves about 18-20 hours/week for self-directed study. This does not include evening time or weekends.

- c. Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly-scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Estimate the average amount of time students spend in such required activities and how this “out-of-class” time is accounted for in calculating student academic workload.

All required activities, outside of the regularly scheduled class time, must have appropriate time blocked on the curriculum MAP (8:00 AM-5:00 PM) to allow for student preparation and prevent double scheduling. On average, students spend about 4-6 hours/week, averaged over the length of the course, in these required, out of class activities. This time is lower in the MS1 academic year and greater in the MS2 academic year. Most of the required, out-of-class activities entail review of relevant content from the MS1 year.

- d. Summarize the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time. How is the effectiveness of the policy/guideline(s) evaluated?

There are no specific policies addressing student workload in the PreClerkship curriculum however it is mentioned in the student workload policy. The Curriculum Committee does provide oversight and guidelines on the matter. Time spent in required activities, either in or out of class, are clearly documented on the Academic Dashboard and submitted to the CC during annual course reviews. The CC provides feedback on pedagogy and assessments in the course and on the amount of time spent/week on required activities, averaged over the length of the course.

- e. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor the academic workload of medical students and their time for independent study in the pre-clerkship phase of the curriculum.

The Associate Dean of Medical Education monitors the curriculum MAP and ensures adherence to student workload guidelines. MS1 and MS2 subcommittees routinely monitor student workload during the preclinical years. The Curriculum Committee review student workload during course reviews, annually.

SUPPORTING DOCUMENTATION

1. Sample weekly schedules that illustrate the amount of time in the pre-clerkship years of the curriculum that medical students spend in scheduled activities.

See Appendix 6.3-1 MS1-MS2-Week-5-Fall-2018.pdf

2. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

See Appendix 6.3-2 *Scheduled Time During Pre-Clerkship.docx*

6.4 INPATIENT/OUTPATIENT EXPERIENCES

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

SUPPORTING DATA

Table 6.4-1 Percent Total Clerkship Time		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine	87.5%	12.5%
Internal medicine	50%	50%
Neurology	75%	25%
Ob-Gyn	60%	40%
Pediatrics	40%	60%
Psychiatry	40%	60%
Surgery	25-30%	70-75%

NARRATIVE RESPONSE

- a. Describe how the curriculum committee or other authority for the curriculum reviews the balance between inpatient and ambulatory experiences to ensure that medical students spend sufficient time in each type of setting to meet the objectives for clinical education and the expectations for required clinical encounters.

In patient and ambulatory experiences to ensure that medical students spend sufficient time in each type of setting to meet the objectives for clinical education and the expectations for required clinical encounters.

Monitoring Clinical Encounters: the student record of the required clinical encounters is monitored at the time of the mid-rotation formative assessment and again before completion of the eight-week rotation. Any deficiencies are addressed and remediated with alternative instructional methods such as simulation, cases, and/or online modules. The outcomes may be the removal of the required encounter (if it is inappropriate), additional instruction to the student, increase in exposure to the clinical setting, and/or a change in the instructional method, perhaps from a live clinical encounter to simulation or a module.

Monitoring Balance of Inpatient/Outpatient Experiences: this has been monitored by the Curriculum Committee during annual review of the clerkship (course report). It is now being included in the clerkship review by Curriculum Evaluation Committee, reported to the Curriculum Committee.

6.5 ELECTIVE OPPORTUNITIES

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

SUPPORTING DATA

Table 6.5-1 Required Elective Weeks	
Provide the number of required weeks of elective time in each year of the curriculum.	
Year	Total required elective weeks
1	0
2	0
3	0
4	28

NARRATIVE RESPONSE

- a. Describe the policies or practices that require or encourage medical students to use electives to pursue a broad range of interests.

It is a graduation requirement of JCESOM that all students complete 28 weeks of elective clerkships during the fourth year.

6.6 SERVICE-LEARNING

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.

SUPPORTING DATA

Table 6.6-1 Satisfaction with Opportunities for Service Learning				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with the availability of service learning. Add rows for each additional question area on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Opportunities to participate on service learning	95.1	92.9	93.9	96.0

NARRATIVE RESPONSE

- a. Summarize the opportunities, as available, for medical students to participate in the following categories of service learning, including the general types of service-learning and community service activities that are available. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of service-learning.

1. Required service learning
2. Voluntary service learning/community service

1. Required service learning

There is no requirement for service learning at JCESOM.

2. Voluntary service learning/community service

There are many opportunities for students to participate in community service. Students have volunteered at the local Ronald McDonald House and Hospice House, along with working at the Huntington City Mission. The students have also volunteered at community-sponsored health fairs. Multiple times throughout the academic year, students contribute to food and clothing drives that support various rehabilitation service agencies. The Marshall Medical Outreach (MMO) Program is a medical student-led free mobile health clinic that takes place one Saturday per month on the Trinity Episcopal Church property in Huntington. Under the supervision of Family Medicine physician, Dr. Charles Clements, the MMO goal is to establish primary care, as well as care for other minor medical problems, for patients that present each month.

Students have the opportunity to volunteer in a free clinic in Honduras either during their summer of MS1 or MS3 year. Last year, the team, which included 66 medical and pharmacy students, clinical faculty, residents, undergraduate students and other health care professionals, treated 2,133 patients during five days of clinics in and around La Esperanza, Honduras. The group came prepared with 55 boxes of supplies, provided by Cabell Huntington Hospital and other community partners, to treat a vast array of conditions—from sexually transmitted diseases to seizures to severe glaucoma to a machete wound—for patients of all ages. Now in its ninth year, Herd for Honduras, is made possible through an endowed fund in the honor of late Dr. Paul Ambrose.

- b. Describe how medical student participation in service-learning and community service activities is encouraged. How are students informed about the availability of these activities?

The Community Service Organization (CSO) is a student run organization. Each incoming class elects 2-3 members to be a part of the Community Service Organization. These members serve as liaisons between their respective classes and the organization's president. Community Service Liaisons are responsible for making

their peers aware of opportunities as well as taking leadership roles in the development and implementation of service learning. The medical students are made aware of community service opportunities by announcements from their class liaisons, posting to their class Facebook pages and fliers distributed to the medical school student body.

- c. Describe how the medical school supports service-learning activities through the provision of funding or staff support.

The Office of Student Affairs serves as the administrative body for the Community Service Organization. Student Affairs offers funding as they do for other student run organizations. The staff also relays community service opportunities to the students from various outside sources. Each Fall a banquet, sponsored by the Office of Student Affairs, is held to acknowledge those students who have completed their community service hours for the previous year. In the Spring, during our Senior Awards Ceremony, students who have completed their community service hours for all four years of the medical education program are presented with a certificate of graduating with Honors in Community Service.

6.7 ACADEMIC ENVIRONMENTS

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

SUPPORTING DATA

Table 6.7-1 Master's and Doctoral Degree Students Taught by Medical School Faculty		
List the number of students enrolled in master's and doctoral degree programs taught by medical school faculty. Include degree programs in the where students are taught by medical school faculty. Add rows as needed.		
Department/Program	# of Master's students	# of Doctoral students
Biomedical Sciences	22	27
Clinical Translational Science	4	0

Table 6.7-2 Residents in Graduate Medical Education Programs					
Provide the total number of residents and clinical fellows on duty in ACGME-accredited programs who are the responsibility of the medical school faculty for the indicated academic years. If the medical school has one or more regional campuses, provide the campus in the first column. Also see the response to element 3.1.					
Campus (if more than one)		AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19
	Fellows:	27	31	31	31
	Residents:	156	163	169	186

Table 6.7-3 Continuing Medical Education		
If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.		
Program sponsor	Accreditation status	Length of accreditation term
Marshall University Joan C. Edwards School of Medicine	Full Accreditation	4 years; next review 2020

NARRATIVE RESPONSE

- a. List the health professions/professional degree programs located at the same campus as the medical school.
1. MD
 2. Master of Science in Clinical Translational Science
 3. Master of Social Work
 4. Master of Arts Psychology
 5. Doctor of Psychology
 6. Master of Science in Nursing
 7. Master of Public health
 8. MD/PhD
 9. Master of Science in Exercise Science
 10. Master of Science in Biomedical Research
 11. Doctor of Philosophy in Biomedical Research
 12. Doctor of Pharmacy
 13. Doctor of Physical Therapy
 14. Master of Science in Speech Language Pathology
 15. Master of Science in Health Informatics
 16. Master of Science in Dietetics
 17. Master of Science/Arts in Pharmaceutical Sciences
- b. Describe examples of formal and informal opportunities available for medical students to interact with students in graduate/professional Master's and doctoral programs and how the medical school encourages such interactions. Also see the response to element 7.9 for required experiences with students in other health professions programs.

Shared classroom—some classroom sessions are attended by both, MD and Medical Sciences students providing an excellent opportunity for students to work together and share experiences.

Peer-peer education—there are opportunities for our medical students to work collaboratively with students from other health professions, including small group activities with Master of Science in Medical Sciences, MD/PhD and Master of Science in Clinical Translational Sciences.

Classroom facilitators—graduate, doctoral students help facilitate certain small group sessions in the first year medical school curriculum.

Summer research—the majority of our MD students pursue summer research projects, often in basic science labs. This is an excellent opportunity for medical and graduate students to work collaboratively and learn from one another.

Research day—all medical students are required to attend the Marshall Annual Research Day. At this event, not only do students interact with one another, they often present their collaborative work together.

Quarterly mixer—hosted every year, this is an excellent opportunity for medical and graduate students to interact in an informal setting.

MMO—medical students work closely with psychology, pharmacy, and social work students during Marshall's Medical Outreach Program—a medical student-led free mobile health clinic on one Saturday/month.

IPE sessions—During MS1, MS2, and MS3, medical students participate in IPE exercises with students from the School of Pharmacy, Nursing, Physical Therapy, Social Work and Nutritional Sciences.

- c. Describe how medical students are exposed to continuing medical education activities for physicians.
 - a. Attend grand rounds in every rotation
 - b. Required to attend Annual Research Day in the spring semester (all talks are CME eligible)
 - c. Opportunities to present at local, regional, national meetings. About 10% of our students from each class typically get an opportunity to participate in such meetings.
 - d. Educational webinars opportunities specific to clerkships or hosted by the Office of Faculty Advancement
 - e. Tumor boards
 - f. Homecoming
 - g. Risk management seminars

6.8 EDUCATION PROGRAM DURATION

A medical education program includes at least 130 weeks of instruction.

SUPPORTING DATA

Table 6.8-1 Number of Scheduled Weeks per Year	
Use the table below to report the number of scheduled weeks of instruction in each academic year of the standard medical curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks).	
Curriculum Year/Phase	Number of scheduled weeks
Year 1	38 weeks
Year 2	47 weeks
Year 3	48 weeks
Year 4	36 weeks
Total weeks of scheduled instruction	169 weeks