Guiding principles behind a curriculum at Geisel—June 20, 2017

Overarching Charge for Curriculum

The Geisel curriculum will address the needs of our students by optimally meeting their specific educational and training needs; i.e., preparation for clinical competence, board exam performance, and residency placement. The curriculum will be delivered with the utmost efficiency, quality, and flexibility, and evolve with changes in healthcare and healthcare education.

- The Medical Education Committee (MEC)* a voting committee of the faculty with student representatives from each of the four classes and MD/PhD program must be involved in the creation and evolution of the curriculum.
  a. POSITIVES
     i. Engagement and buy in from key stakeholders
  b. CHALLENGES
     i. Reaching all groups; individuals don’t have the full breadth of curricular and fiscal knowledge and experience

- The curriculum requires a consistent and well-defined method of assessment over the 4-years to ensure that changes are aligned with curricular objectives, and that resources are available for implementation

The Academic Calendar

- Students benefit from beginning their clinical clerkships with timing such that the curriculum must:

* The MEC is Geisel’s designated group for curriculum oversight.

“Integrated institutional responsibility: Oversight by an appropriate central institutional body (commonly a curriculum committee) of the medical education program as a whole. An effective central curriculum authority exhibits the following characteristics: 1) participation by faculty, students, and administrators; 2) the availability of expertise in curricular design and methods of instruction, student assessment, and program evaluation; and 3) empowerment, through bylaws or decanal mandate, to work in the best interests of the medical education program without regard for parochial or political influences or departmental pressures. (Element 8.1)” from Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. March 2017. Available at: http://lcme.org/wp-content/uploads/filebase/standards/2018-19_Functions-and-Structure_2017-03-22.docx
a. enhance clinical competence
b. enhance hands-on application of knowledge and skills and attitudes
c. promote time for exploration of and preparation within their specialty of choice.

• As compared to the curriculum as of June 2017, clerkships will begin 2 to 6 months earlier.
  a. POSITIVES
    i. Appropriate timing for completion of required clerkships to give students time to make decisions re: career choice and preparation
    ii. Students have time for exploration of and preparation within their specialty choice
    iii. Applications for visiting student electives open in January of Year 3, and appropriate timing can give Geisel students the opportunity and preparation to apply to these electives.
    iv. Many Geisel electives have pre-requisites of core clerkships so timing should enable Geisel students to have opportunity to enroll in a wide range of clinical electives during their 3rd year elective time
    v. Allows flexibility on when to take current (as of June 2017) 4th year required clerkships, GAM and Neurology (if these are not eventually integrated into the 3rd year). These may be taken in 3rd year by interested students
  b. CHALLENGES
    i. Any move that would make clerkships begin earlier in the curriculum would mean less longitudinal preparation through On Doctoring and foundational medical sciences, so clerkship students may not be as well compared, comparatively, when they begin
    ii. Any move in timing would result in the old and the new academic calendars to be misaligned in the overlap year. We do not know how well this period of overlap will be handled with limited clerkship capacity.
    iii. Will require substantial restructuring of the pre-clinical curriculum.
    iv. Clerkships will need to integrate foundational medical science content.

• In Year 4, enhance and encourage student experiences at an advanced level in specialty of choice and individualization.
  a. POSITIVES
    i. Year 4 students should be able to explore fields to make career choices within the 4 year curriculum
    ii. Dual degrees will continue and be encouraged and tangible options
    iii. Y4 students applying for competitive residencies will have the opportunity to do sub-Is, away rotations, and academic projects without having to take an extra year
  b. CHALLENGES
i. Communication with other dual degree programs (e.g. Tuck, TDI) about scheduling

- The graduation date will allow Geisel graduates sufficient time to transition and move prior to starting residency.
  a. POSITIVES
     i. If graduation were at end of May, all students would have time to move prior to starting residency.
  b. CHALLENGES
     i. All students would need to complete all curricular and graduation requirements with sufficient timing for graduation at end of May. If clerkships start at the appropriate time on the front end, then this could allow completion of requirements in time for May graduation.

### Improvements in Pedagogy

- Apply sound, evidence-based educational principles to optimize adult learning
  a. POSITIVES
     i. Enhance the use of multiple and innovative educational strategies, workshops, interactive cases, experiential activities
  b. CHALLENGES
     i. Faculty Development education on adult learning principles

- Material is covered at the depth appropriate for a medical student and practicing physician.
  a. POSITIVES
     i. Emphasizes key material for practice of medicine, recognizing goals also include appropriate timing for clinical education and experience
     ii. Enhance retention and performance of the core and important material
  b. CHALLENGES
     i. Defining what actually is the appropriate depth needed for a medical student and practicing physician

- Selectively planned second passes of essential materials will be revisited in pre-clinical contexts; the interleaving of topics is critical
  a. POSITIVES
     i. Some material can be given in one pass and other material requires revisiting for a full and rich understanding
     ii. Difficult material requires multiple passes, in particular for material that spans different organ systems
  b. CHALLENGES
     i. Defining which topics are essential to revisit
     ii. Logistics of where/when/how to revisit
• Foundational medical science will be integrated vertically, and recapitulated in clinical education and clinical settings, to emphasize the importance and applicability of this knowledge.
  a. POSITIVES
    i. Material that requires “planned repetition” will be revisited in the clinical context rather than exclusively repeating material over separate classroom years.
    ii. Geisel students will be well prepared for USMLE Step 2 CK and Step 3
    iii. Decisions on which topics should be integrated across years and into which rotations can be made through collaboration between clerkship and pre-clerkship faculty and students.
  b. CHALLENGES
    i. Clinical settings are dispersed coast to coast and implementation will need to be done at a local level rather than centralized.
    ii. Will take time and investment of clerkship and pre-clinical faculty to collaborate, create, and maintain curricular models.
    iii. Keeping implementation of the material time neutral as students already have busy schedules during clerkships.

• In Y4, students will participate in dedicated capstone and residency readiness activities prior to the match.
  a. POSITIVES
    i. Students are focused on their upcoming residency and their priorities are focused on how to become the best intern
    ii. Full year away and potential stressful period during clerkships; being together as a community promotes effective wellness/resilience
  b. CHALLENGES
    i. Coordinating and integrating multiple needs in a short timeframe

Maintaining the Geisel Experience

• The preclinical curriculum will emphasize and include time for extracurricular activities, service learning opportunities, and leadership experience
  a. POSITIVES
    i. These are enriching and critical experiences for citizenship and the developing physician
  b. CHALLENGES
    i. Maintaining a strict learning hours/classroom hours policy

• The 1st year summer provides for scholarship and career opportunity, and will be maintained.
  a. POSITIVES
i. Students continue to have meaningful experiences, produce scholarship

ii. Students get early exposure to clinical and research opportunities in specific fields of interest

b. CHALLENGES

   i. Y1 class is dispersed for 2 months over the summer