

Curriculum Reform 2011

The American College of Rheumatology, Program Directors' Conference
March 19, 2011



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Conflict of Interest Disclaimer

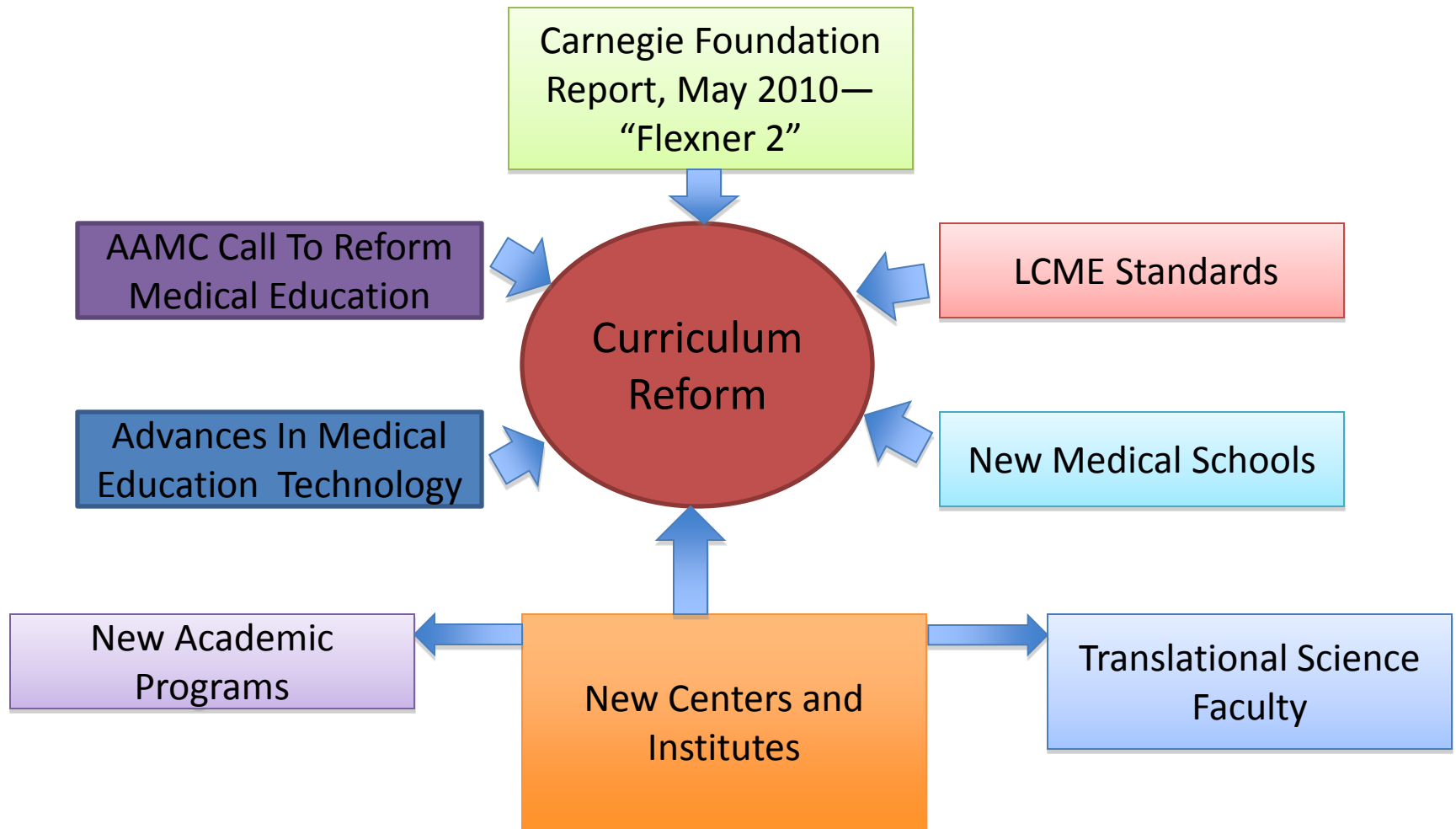
I have no conflicts to disclose

Carol Storey-Johnson MD

Why Curriculum Reform Now?

Because The Time Is Right!

The Time Is Right



Major Influences On Medical School Curriculum

- “Medical Education In The United States and Canada”, a report to The Carnegie Foundation For The Advancement of Teaching (Abraham Flexner, 1910)
- LCME and (ACGME) Accreditation
- Licensing Agencies (FSMB, NBME)
- NIH, HHMI, Doris Duke
- AAMC and Macy Foundation Monographs and Projects
- “Educating Physicians: A Call for Reform of Medical School and Residency”, The Carnegie Foundation For The Advancement of Teaching (Cooke et al, 2010)

[The Preparation for the Professions Series: Medicine, Nursing, Law, Engineering, and Clergy]

What Will We Try To Create?

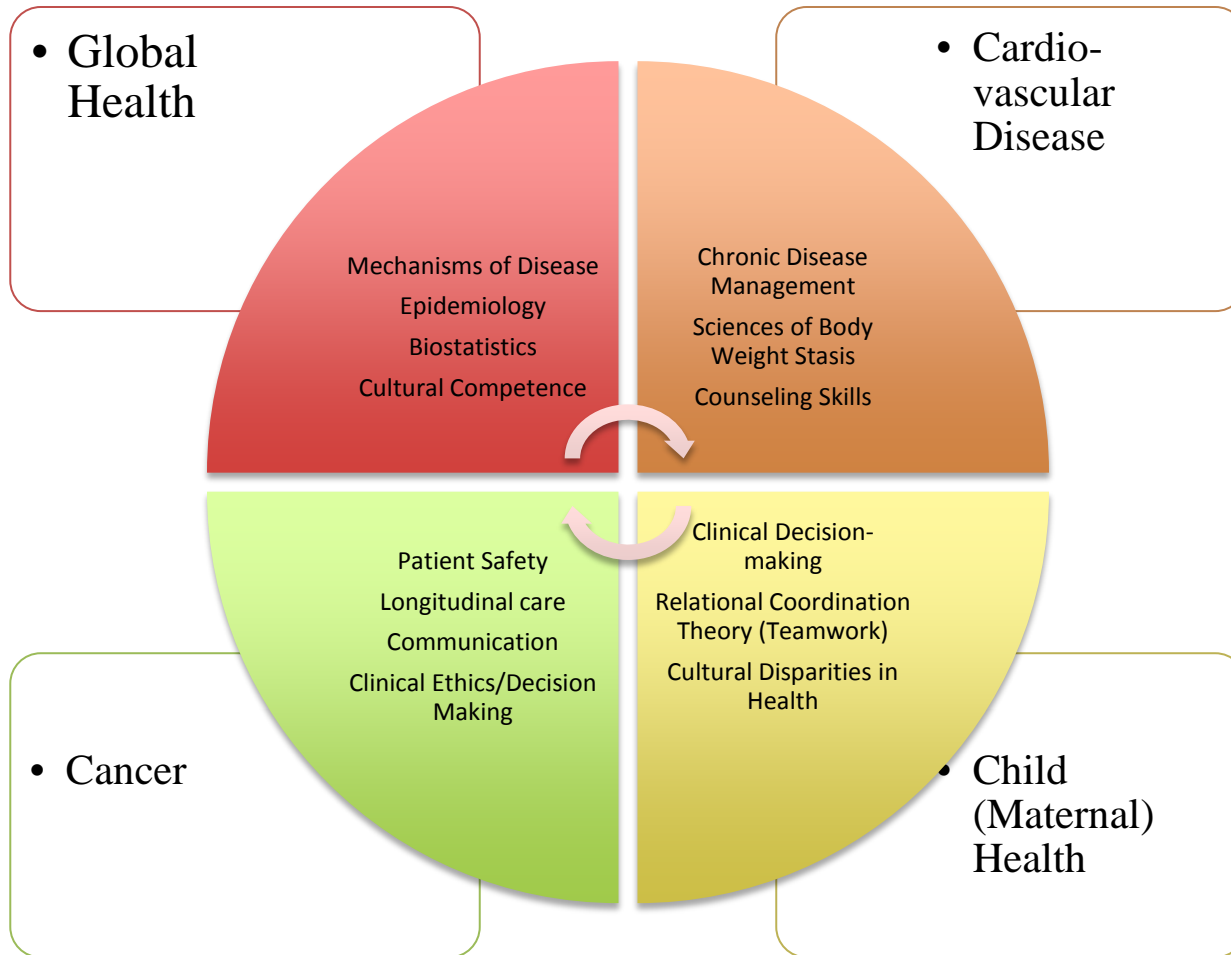


Carnegie Foundation for the Advancement of Teaching 2010 Recommendations

- *Individualize learning process within and across levels but standardize outcomes*
- Assess competencies (integrative assessments)
- De-emphasize “time-in-session”
- Develop elective programs to complement core curricula
- Engage advanced learners in opportunities to study and reflect



Example: "Individualization"



Carnegie Foundation for the Advancement of Teaching 2010 Recommendations

- *Integration of formal knowledge and clinical experience*



- The situated integration of basic, clinical, and social sciences (within session)
- Connect formal knowledge to clinical experience/early clinical immersion
- A more comprehensive perspective on patients' experience of illness and care
- Interprofessional education and teamwork
- Allow learners to experience the broader integrated roles of a physician

Overview of Integration of Basic and Clinical Sciences in Medical Schools

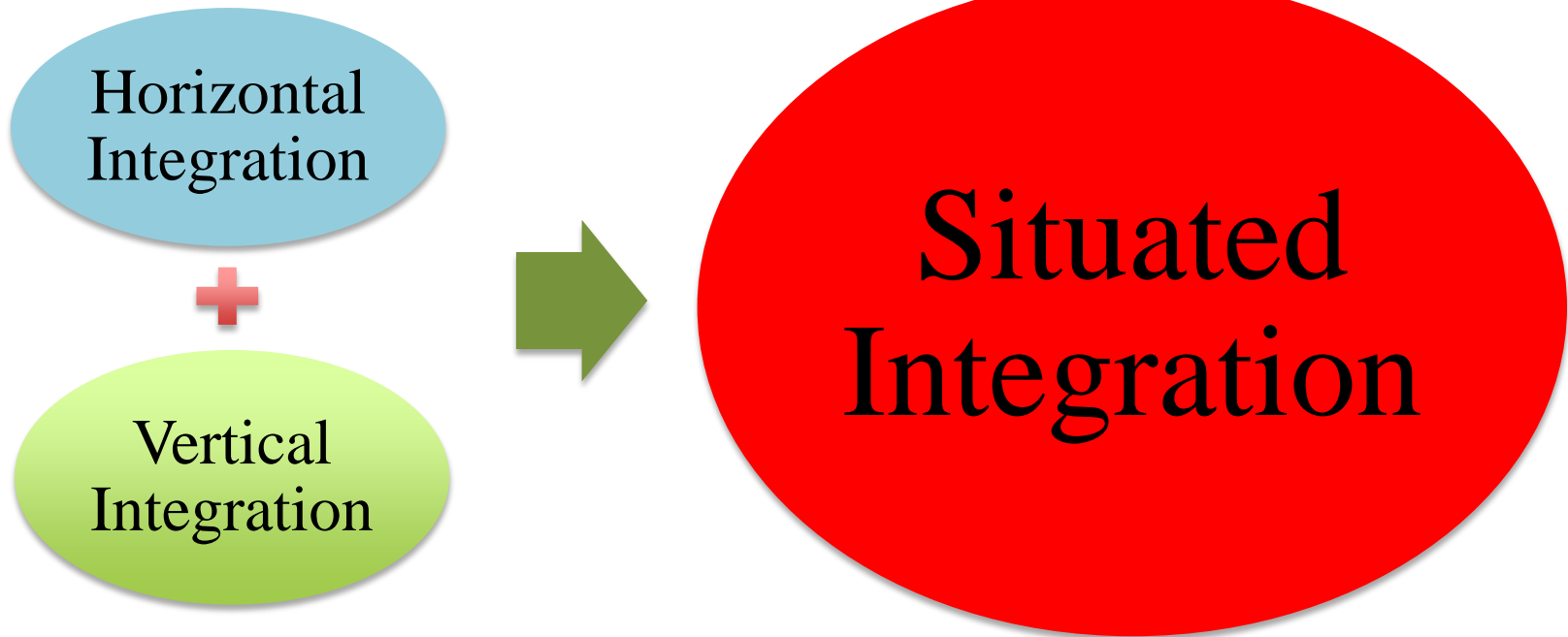
- **AAMC Web-site curriculum review** (Spencer et al, *Academic Medicine*, 83; 7 July 2008, p. 662-669):
 - 19% of US and 24% of Canadian medical schools have required basic science experiences in years 3 & 4
 - Minor increase from 13% in 1985
 - Course formats are varied
 - Basic Science electives exist in years 3 & 4, but the extent of integration with clinical medicine is unclear

Why is there so little integration of basic sciences in the clinical years of medical schools?



The Flexner Report 1910
“The Two-Year Split”
Rationale?

Flexner II: New Integration?



“Integration” vs. “Integration”



Challenges in Integration

Basic Science/Clinical Science Integration: Challenges

Faculty Issues

- Unfamiliarity with content
- Small group teaching
- Co-teaching challenges
- Small basic science departments
- Leadership
- Time to create new materials
- Assessment of students is challenging
- “Turf” issues in content

Students Issues

- Clarity of rationale
- Sense of redundancy
- Competitive role models
- Use of time on clerkships
- Confidence in the assessment of multiple domains

Carnegie Foundation for the Advancement of Teaching 2010 Recommendations

- Habits of *Inquiry & Improvement*



- Develop routine and *adaptive expertise*
- Authentic participation in inquiry, innovation, improvement of care
- Locate education in quality patient care settings



Carnegie Foundation for the Advancement of Teaching 2010 Recommendations

- *Identity Formation*



- Address messages in the “informal/hidden curriculum”
- Offer opportunities to reflect on professionalism and self
- Create collaborative learning environments committed to quality improvement
- Promote formal ethics instruction in science, research, and clinical medicine; advocacy; leadership
- Explain ethics connections across disciplines (translational)

MEDICAL STUDENT CURRICULUM AND FOUR-YEAR SCHEDULE

Year | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul

1	Molecules, Genes, and Cells	Holidays	Human Structure and Function	Spring Break	Host Defenses	
	Medicine, Patients & Society I					
2	Brain and Mind	Basis of Disease	Holidays	Basis of Disease	Vacation & USMLE Step I	Intro Clerkship and Anesthesia
	Medicine, Patients & Society II					Combined Clinical Curriculum
3	Combined Clinical Curriculum Clinical Clerkships Elective Courses Medicine Patients & Society III Health Care Systems					
4	Combined Clinical Curriculum: Clinical Clerkships Elective Courses Medicine Patients & Society III Health Care Systems				Advanced Biomedical Science	

GME Curriculum Reform



Characteristics of Residency Training

(Cooke, et al, 2010)

- Learners move from how/what to when/whether
- Transition from efficient intern to team leader and decision-maker
- Transition to unsupervised care
- Training is conservative—resists change
- Hospital-based: tension between service and education

GME Training: Important Shifts

(Cooke et al, 2010)

- ACGME
 - “Time and process” basis of assessment → competency based assessment
 - Major shift in hours management
- Ramifications
 - GME and UME face similar pedagogic stressors
 - GME affects UME

Promoting New Pedagogies in GME

(Cooke et al, 2010)

- On-Line Reading
- Audience response systems
- Simulation and “What If ?” scenarios
- Develop skills in system re-design
- Engage new literatures: teamwork, organizational management, quality improvement, change management



Promoting New Pedagogies in GME

(Cooke et al, 2010)

- Promote self-reflection on mistakes
- Create effective advising systems for identity formation
- Monitor and improve the informal/hidden curriculum
- Use self-assessment techniques and professional-personal portfolios



Programmatic Recommendations

(Cooke et al, 2010)

- Increased attention to ambulatory care across all GME disciplines
- Enhance opportunities to learn in interdisciplinary/interprofessional conferences (e.g.. discharge planning)
- Systematic preparation of faculty to teach
- Reduce the “authoritative expert” stance—balance with sessions characterized by the need to handle uncertainty



Programmatic Recommendations

(Cooke et al, 2010)

- Broaden methods of assessment: knowledge seeking and skill building
- Improve assessment of meeting objectives/competencies
- Enhance the acquisition of “adaptive expertise”
- Find creative ways to bring science to the bedside
- Provide explicit training in clinical reasoning and judgment

Programmatic Recommendations

(Cooke et al, 2010)

- Engage trainees in practical systems issues
 - Team management
 - Time management
 - Systems improvement methodologies
 - Leadership



The Role of Rheumatology The Hospital For Special Surgery



Stephen Paget MD



Mary
Crow MD



Michael Lockshin
MD

