

ABSTRACT: 2014 ELAM Institutional Action Project Poster Symposium

Project Title: Development of an Integrated Curriculum for Year One of the University of Louisville School of Medicine

Name and Institution: Ann Shaw, MD, FACP, University of Louisville School of Medicine

Collaborators: Amy Holthouser, MD, Assistant Dean for Medical Education, Curriculum Advisory Subcommittee, and Educational Policy Committee.

Background, Challenge or Opportunity: LCME requires that curricular content be coordinated and integrated (horizontally and vertically) within and across the academic periods of study. The School of Medicine's first year courses were departmentally based and not integrated.

Purpose/Objectives: The new first year curriculum will be designed using large interdisciplinary courses that organize multiple basic and clinical science disciplines around organ systems to deliver clinically relevant educational experiences. Improved quality of the educational experience for students will be assured by use of a consistent template of student contact time and types of educational experiences per week, common strategies and balance of formative and summative assessments, increased use of nationally normed assessments, and increased direct clinician partnership in the development and delivery of content.

Methods/Approach: The Educational Policy Committee (school's central curriculum authority), charged its Curriculum Advisory Subcommittee (CAC) with developing a new integrated first year curriculum to be implemented in August 2014. The CAC developed the new plan with input from stakeholders; including basic science department chairs, preclinical and clinical faculty and course directors, administrators from Admissions, Student Affairs, and Financial Aid Offices, and current medical students. Leadership roles in the new curriculum occur at two levels with "thread directors" overseeing discipline-specific content and "unit directors" supervising interdisciplinary units of study. The model pairs an MD and PhD to oversee each unit of study, consistent scheduling with no more than 20 hours of scheduled contact time per week with an additional four hours included for structured independent study, a developmental approach with earlier courses serving as prerequisites for later courses, clear educational goals that establish competency for later years of the program, placement of limited remediation opportunities throughout the year to prevent total year failure, and retention of the 10-week summer break to allow continuity of programs critical to maintaining a balanced experience for learners and faculty. Major courses for the new curriculum include Introduction to Doctoring; Clinical Anatomy, Development, and Physical Examination; and Normal Body Systems 1-5. The Introduction to Clinical Medicine course content will run concurrently throughout the year with the interdisciplinary courses. Scheduling of the sessions on a day-to-day basis is well underway. Remediation versus promotion of struggling students within the new curriculum is being finalized.

Outcomes and Evaluation Strategy: Guidelines are being developed to address the proportion of grades that will come from formative versus summative assessments and the types of teaching strategies to be used, with the goal of making the units of study as consistent as possible for students. Feedback on the new curriculum will be provided by students throughout the year. Key components to success include student and faculty satisfaction and student outcomes on measures such as USMLE Step 1 and 2 scores.

Development of an Integrated Curriculum for Year One of Medical School

Ann Shaw, MD, FACP

Collaborators: Amy Holthouser, MD; Curriculum Advisory Subcommittee; Educational Policy Committee



Background Challenge and Opportunity: LCME requires that curricular content be coordinated and integrated (horizontally and vertically) within and across the academic periods of study. The School of Medicine’s first year courses were departmentally based and not integrated.

Purpose/Objectives: The new curriculum is being designed using large interdisciplinary courses that encompass basic and clinical science disciplines organized around organ systems. Improved quality of the educational experience will be assured by use of a consistent template of student contact time and types of educational experiences per week, balance of formative and summative assessments, increased use of nationally normed assessments, and increased direct clinician partnership.

Methods/Approach: The Curriculum Committee is developing an integrated curriculum to be implemented in August 2014. Input was sought from the department chairs; course directors; clinical faculty; and medical students. Guiding plans include identification of “discipline directors” who will shepherd the discipline-specific content and “unit directors” who will supervise the interdisciplinary units of study with the ideal model being an MD/PhD pair for each unit of study; consistent scheduling with no more than 20 hours of contact time per week; earlier courses to serve as prerequisites for later courses; clear educational goals that establish competency for later years; and placement of limited remediation opportunities throughout the year.

PP 1	CADE: MUSCULOSKELETAL			CADE: THORAX			CADE: ABDOMEN and PELVIS			CADE: HEAD and NECK			CA 1	BREAK	PP 2	FOUNDATIONS: From GENES to ORGANS					HOLIDAY BREAK	
ICM 1: Longitudinal Standardized Patient Program, Preceptorships, ICM Small Groups																						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	

NBS 1: CARDIOVASCULAR, RESPIRATORY SYSTEMS				NBS 2: RENAL, ACID-BASE				BREAK	NBS 3: NUTRITION, GI, ENDOCRINE SYSTEMS				BREAK	NBS 4: NEUROLOGIC SYSTEM				CA 2			
ICM 1: Longitudinal Standardized Patient Program, Preceptorships, ICM Small Groups																					
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42		

PP:Physician and Patient CADE:Clinical Anatomy, Development and Exam CA:Comprehensive Assessment NBS:Normal Body System ICM:Intro to Clinical Medicine

Outcomes and Evaluation Strategy: Guidelines are being developed to address the proportion of grades that will come from formative versus summative assessments and the types of teaching strategies to be used. Feedback on the new curriculum will be provided by students throughout the year. Key components to success include student and faculty satisfaction and student outcomes on measures such as USMLE Step 1 and 2 scores.