

## **ABSTRACT: 2017 ELAM Institutional Action Project Symposium**

**Project Title:** Curriculum 2027: Envisioning the Future

**Name and Institution:** Arnyce Pock, Uniformed Services University of the Health Sciences

**Collaborators and Mentors:** Dr. Brian Reamy & Dr. Bill Gilliland

### **Background, Significance of Project:**

In 2011, the Uniformed Services University implemented a completely revised curriculum known as “Molecules to Military Medicine,” thereby converting a traditional, 2x2 design into a modular, integrated, organ/system based, pre-clerkship curriculum. Also included in this initial period of curricular reform was a shortening of the traditional pre-clerkship period to 16 months (vs 24 months), the re-positioning of the Step I exam to after the clerkship year, creation of a period of advanced didactics in the post-clerkship period, establishing time for a scholarly Capstone project, and conversion to an H/P/F grading system. Although the revised curriculum has already proven to be highly successful, our leadership team recognizes that forward thinking innovation is a never-ending process, particularly when educating, training, and equipping the next generation of military medical officers and leaders.

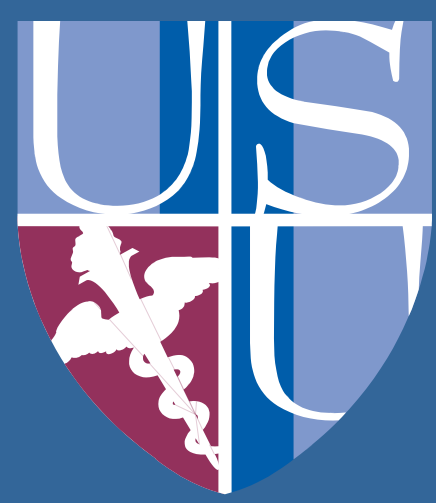
**Purpose:** To harness the creative energy inherent in our diversified faculty and couple it with student feedback in order to develop a 10-year academic strategic plan, establishing the foundation for a state-of-the-art medical curriculum, for the matriculating class of 2027.

**Methods/Approach:** This effort began in the Summer of '16 with a faculty derived assessment of curricular strengths and opportunities, followed by a literature search focusing on curricular innovation and futuristic trends. Next was an extended brainstorming event that took place over the course of two half-day off-sites, each involving a diverse array (N=60) of participants. Included were pre-clerkship Module Directors, Clerkship Directors, and the PostClerkship directors of the Bench-to Bedside and Beyond segment of the curriculum. Representatives from the Office of Student Affairs, Department of Military & Emergency Medicine, Departmental Chairs, a senior Medical Student, GME, and the Office of the Dean were also engaged.

Participants were divided into six focus groups: Educational Technology & Teaching Methodologies; Health Promotion & Protection; Self-Directed Learning; Generating Opportunities for Early Meaningful, Peripheral Participation; Health Systems Science; and Curricular Integration, and were charged with cultivating ideas for near and long term curricular innovation and/or revision.

**Outcomes:** The resulting plan represented the culmination of 6 months of dedicated study, analysis and reflective innovation. A wide range of recommendations were elucidated, which were consolidated into 20 key, near-term recommendations and 3 long-term strategies. Included among these are: The need to eliminate reliance on the traditional, 50-minute lecture, develop a cadre of basic scientists that can serve as dedicated resources for Clerkship Directors, implement a customized array of Entrustable Professional Activities into the undergraduate curriculum, transition to a competency (vs. time based) curriculum, and establish a dedicated, student-run, teaching clinic on the University premises.

**Conclusion:** Although the future of academic medicine remains unknown, we believe that approaches that deliberately encourage creativity and innovation, coupled with the incorporation of student feedback and an energetic, engaged faculty, have helped forge a positive and pro-active plan for advanced medical education.



# Curriculum 2027: Envisioning the Future

Dr. Arnyce R. Pock, Dr. Brian Reamy, Dr. William Gilliland

Office of Academic Affairs, Uniformed Services University, Bethesda, MD

## Background

In 2011, the Uniformed Services University implemented a completely revised curriculum known as "Molecules to Military Medicine." This involved converting a traditional, 2x2 design into a modular, integrated, organ-system based, pre-clerkship curriculum, shortening the traditional pre-clerkship period to 16 months (vs. 24 months), re-positioning the Step I exam to after the clerkship year, creating a period of advanced didactics in the post-clerkship period, establishing time for a scholarly Capstone project, and converting to an H/P/F grading system. Although the revised curriculum has been highly successful, our leadership team recognizes that forward thinking innovation is a never-ending process, particularly when engaged in educating, training, and equipping the next generation of military medical officers, leaders and clinicians.

## Purpose Statement

This project was designed to harness the creative energy inherent in our diverse faculty and couple it with student feedback in order to develop a 10 year academic strategic plan. The plan is intended to establish the foundation for a state-of-the-art medical curriculum, suitable for the incoming Class of 2027.

## Methods

This effort began in the Summer of '16 with a faculty derived assessment of curricular strengths and opportunities and an intervening literature search focusing on curricular innovation and futuristic trends. Next was an extended brainstorming event involving a diverse array (N=60) of participants. Included were:

- Pre-clerkship Module Directors;
- Clerkship Directors;
- Post-Clerkship, Bench-to Bedside and Beyond (B3) Directors;
- Office of Student Affairs;
- Department of Military and Emergency Medicine;
- Departmental Chairs;
- A senior Medical Student;
- GME representatives;
- Members of the Dean's Staff

Attendees were divided into focus groups, each of which support the Military Health System's "Quadruple Aim." e.g;

- Educational Technology & Teaching Methodologies;
- Health Promotion & Protection;
- Self-Directed Learning;
- Opportunities for Early Meaningful, Peripheral Participation;
- Health Systems Science;
- Curricular Integration;

## Results

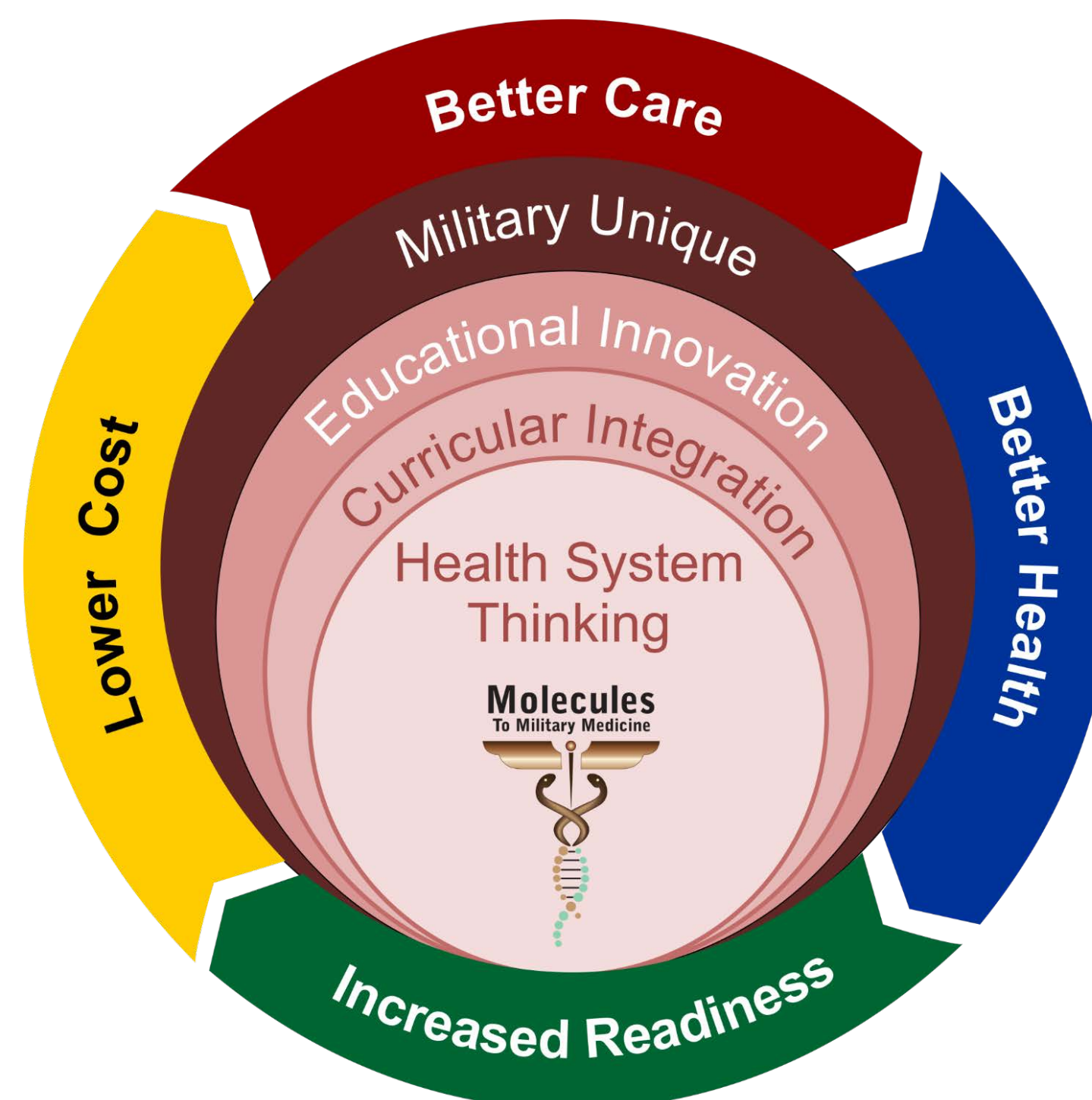
The strategic plan that emerged was the culmination of 6 months of dedicated study, analysis and reflective innovation. Although a wide range of recommendations were identified, they were ultimately consolidated into 20 key, near-term recommendations and 3 long-term strategies. Included among these are:

- Eliminating reliance on traditional, 50-minute lectures;
- Developing a cadre of basic scientists as dedicated resources for Clerkship Directors;
- Expanding the use of advanced technology/genomics by selective CT scanning and/or genomic sequencing of anatomic cadavers;
- Incorporate risk messaging/disaster management into the behavioral health/leadership curriculum;
- Implementing/customizing Entrustable Professional Activities (EPAs) into the undergraduate curriculum;
- Transitioning to a competency (vs. time based) curriculum;
- Establishing a student-run, teaching clinic on the University premises;
- Explore the feasibility of a Longitudinal Integrated Curriculum.

## Discussion

Although the future of academic medicine remains unknown, we believe that basing our efforts on approaches that deliberately encourage creativity and innovation, coupled with the incorporation of student feedback and an energetic and engaged faculty, has forged a positive and pro-active plan for advanced medical education.

As a result, we have offered our Executive Curriculum Committee and the University leadership an academically oriented, strategic plan designed to provide a foundation for the matriculating Class of 2027 and beyond.



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