Curriculum Renewal Process

Summary Report

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Our Charge from Committee on Educational Policy (CEP)

Assess the strengths and weaknesses in the curriculum at the UC Davis School of Medicine by exploring the existing curriculum (Internal Review) and reviewing exemplars of innovative curricula from across the nation (External Review)
Process

- CEP appointed ICRS and ECRS Subcommittee Chairs
- Chairs recruited members: diversity of stakeholders
- Subcommittees developed approach to program evaluation
- Chairs communicated with each other regularly
- Subcommittees finalized and approved respective reports
- Subcommittee chairs synthesized reports
Strengths

• Diverse and collaborative student body
• Expertise/collaboration opportunities in proximity
• Commitment towards educational innovation
• Social Justice, Cultural Competency and Service Learning
• OSLER and its student support services
• Opportunities for authentic learning and assessment
• Pre-existing SOM Graduation Competencies
Areas in Need of Attention

- Lack of centralization of the educational endeavor
- Lack of shared vision for Medical School and Medical Center
- No direct or transparent support for educators
- Unbalanced Curricular Focus—underrepresentation of many Graduation Competencies
- Need for a Center for Educational Innovation
- Assessment strategies uncoordinated and not universally work-place based
- Inability to accommodate needs of all learners
FIVE RECOMMENDATIONS

1. Create an Academy of Medical Educators
2. Reimagine Educational Mission
3. Center for Educational Innovation
4. Overhaul Program Evaluation Processes
5. Recruitment of sites/educators

Reimagine Educational Mission
Recommendation ONE

Elaborate and refine the educational vision to “Transform Education” for the Schools of Health which will reflect the shared values of the School of Medicine and UC Davis Medical Center
Recommendation TWO

Create an academy of medical educators to consolidate and embody leadership for curriculum development and evolution
The Academy

• 40-60 faculty across disciplines with excellent teaching credentials and passion for teaching
• Appointed by FEC/CEP (Dept. Chair and Vice Dean input)
• Responsible for developing, implementing and evaluating curriculum across the 4 years
  – Responsible for curricular integration
  – Charged with integrating and coordinating learner assessment
  – Collaborate across Schools
• Direct and transparent support (based on allocated FTE)
Recommendation THREE

Create and fund Center for Educational Innovation

Chair + staff (funded)

Support the Academy: technical expertise

Educational grants

Faculty development and ad hoc consults
Recommendation FOUR

Overhaul existing program evaluation processes

Less reliance on Level 1
Peer review and feedback
Promote risk taking
Post-graduation data
Recommendation FIVE

Recruit additional community-based educators and clinical training sites

Incentivizing community preceptors

Mobilizing PCN sites
Principles for a novel curriculum

• Use of an overarching framework to guide curriculum
• Integration of clinical and basic science
  – Early, longitudinal clinical immersion
  – Revisiting foundational sciences in ‘clinical’ years
• Patient-centered and learner-centered learning
  – Student focus areas
• Longitudinal, workplace-based formative and summative learner assessments on milestones and competencies

• Longitudinal mentor-student coaching relationships

• Time for remediation/intensification to meet the needs of all learners
Submit feedback at:

https://www.surveymonkey.com/r/S6ZR7D8