

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 the reports into the current final report

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



Weaknesses

- **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

**Center for
Educational
Innovation**

**Overhaul
Program
Evaluation
Processes**

**Recruitment of
sites/educators**

Create an Academy of Medical 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
- Appointed by FEC/CEP/Vice Dean
- 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 funding

Recommendation THREE

Create and fund the 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

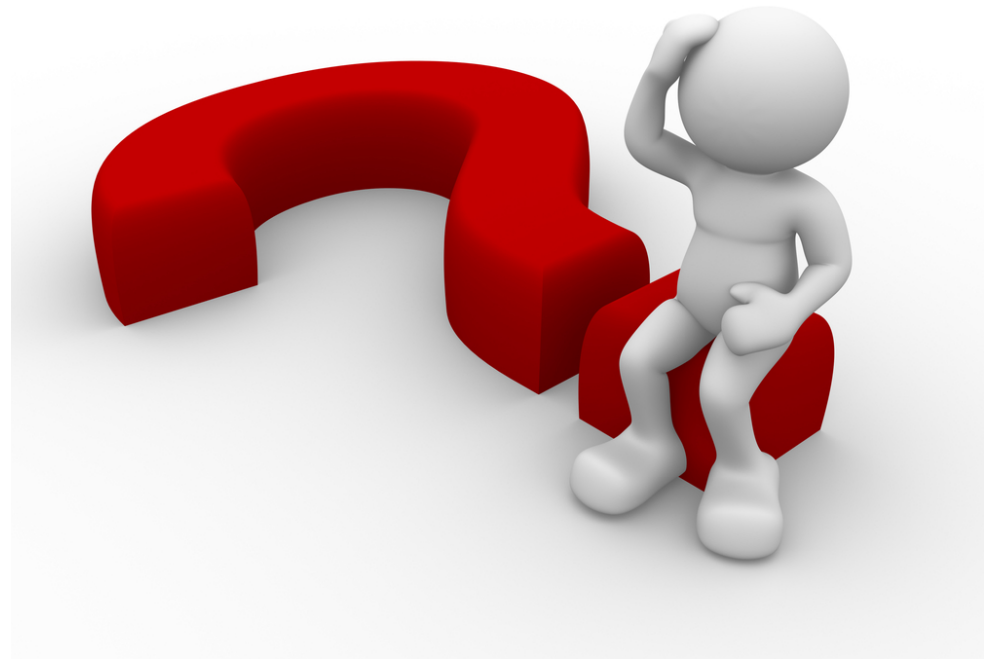
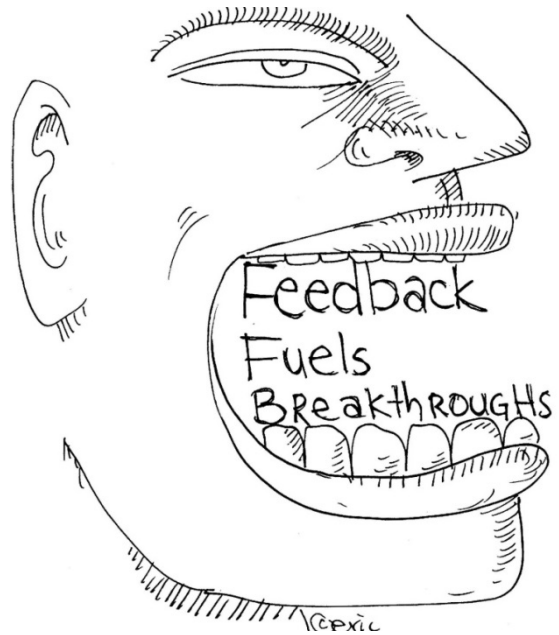
Mobilizing PCN sites



Principles for a novel curriculum

- Use of an overarching framework to guide curriculum
- Early, longitudinal clinical immersion
- Integration of clinical and basic science
- 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>