Curricular Pedagogy Change Principles 120312

Whereas
- Professional identity formation is aided by early clinical exposure and commitment to self directed learning
- Students learn best when they are actively engaged in the process
- Learning happens best when it is contextual
- Team based problem solving results in deeper approaches to learning
- Development of physician competencies should start with entry to medical school
- Our current lecture attendance is poor
- The LCME wants the majority of learning to happen in an active learning format
- Changes in Step I towards more questions with clinical integration and placement at end of Year 3 is expected
- Change in deadline for MSPE results in inadequate time for elective exposure for students

The Curriculum Review Subcommittee makes the following recommendations to be adopted as principles for curricular pedagogy effective AY 2013. The implementation of these principles is expected to be complete on or before June 2015.

TEACHING AND ITS FORMATS

1. Faculty and administration will facilitate provision of high quality e-lectures, and/or e-modules (to facilitate multi-media learning) to students.

2. We will identify and recommend specific high quality resources for student learning. Faculty may use or adapt existing institutional or other high quality/ up to date resources to create an organized, detailed and logical syllabus, which must be provided in every course.

3. Whenever possible we will use interactive techniques (turning technologies etc) during didactic presentations.

4. At least 50% of the content in a course will be delivered in an active learning format (Team Based Learning, Problem Based Learning, Case Based Learning, OSCEs, simulations, laboratories, CPCs etc) . These sessions will be designed to emphasize the more difficult concepts discussed in the syllabus.

5. The Office of Faculty Development in conjunction with the UGME office will support and train faculty and students in new pedagogical and assessment approaches so faculty and students can develop skills and comfort with new methods.*

LEARNING AND ITS FORMATS

6. We will shift the major emphasis of our curriculum to "student learning"

7. Students will have the primary responsibility of learning the materials and achieving the SOM competencies. Faculty will serve as facilitators and mentors.

CURRICULUM AND EVALUATION

8. Approximately 50 (+/- 10) percent of the components of the final grade of a course will be derived from non- MCQ sources. Suggested assessment methods include peer assessments, faculty assessments, internal written/oral exams, portfolio based assessment, OSCEs, problem solving exercises, essays etc.

9. Sessions can be mandatory only if they involve active learning , are amenable to measurement of at least three SOM competencies and use at least Level 2 of Bloom's Taxonomy in their objectives. Sessions may also be mandatory if real patients are present.

10. We will use AAMC medbiquitous curriculum inventory standards in defining our instructional strategies, assessment methods and resources*

11. Peer assessments of and by students will be an integral part of our assessment techniques.

12. Optimal interdisciplinary integration of basic, clinical and behavioral sciences and SOM competencies will begin in the first year of medical school after a period of foundational courses. We will shift didactic content delivery from a discrete course format into integrated organ systems and illness themes. An interdisciplinary team of instructors will deliver such integrated modules.

TIME FRAME

13. The clinical clerkships will begin in March of the second year of medical school. During the clinical clerkships, there will be designated blocks (translation pillars) interspersed with clerkships to facilitate reinforcement of basic sciences, new /interdisciplinary curricular themes and SOM competencies.

14. As we develop the specifics, we will incorporate an evaluation component as well as a resource planning component to our plans to modify the curriculum.

 *This item also fits in **LEARNING AND ITS FORMATS** and **CURRICULUM AND EVALUATION**