A New Medical Curriculum for the 21st Century

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Summary

The old Emory curriculum • Why change? • The new curriculum overview The four parts of the new curriculum Foundations (Human basic health and disease) Applications (basic clinical medicine) Discovery (student research) Translation (further clinical information + back to basics) • What kind of doctor are we trying to make?

Emory University's 20th Century Curriculum

• A standard American Curriculum • The first year: Anatomy, embryology, physiology, biochemistry, cell biology, histology, neurobiology The second year: Pathology, pathophysiology, microbiology, immunology, pharmacology, physical diagnosis

Emory University's 20th Century Curriculum- PROBLEMS

- There were many hours of lecture on most days; some laboratory sessions
- There were many bored and exhausted students many of whom did not go to class
- It was so bad--There was a "transcript team" - a few people who went to class and took notes for the rest of the class!!!

Emory University's 20th Century Curriculum

 The third year: 12 months of clerkships • 3 months of internal medicine • 2 months of surgery One and a half months of pediatrics One and a half months of obstet gynecol One and a half months of psychiatry One month of neurology One month of family medicine Two weeks Radiology One week dermatology

Emory University's 20th Century Curriculum

Fourth year (8 months):
One month internal medicine sub-internship
One month surgical subspecialty
One month Emergency Medicine
4 months of electives
One month of vacation (internship interviews)

Is there another way? 1994

- After only 40 or 50 years, someone asked: might there be a better way?
- So they "fiddled around" a bit around the edges
- In 1994, they decided to cut back on some lectures and add some Problem Based Learning:
- First year (M1)- 6 cases for 3 weeks (2 hour sessions)
- Second year (M2)- 8 cases for 2 weeks (2 hour sessions)
- A case presentation was made and there was discussion with a basic science professor and a clinical professor. Students were to ask the questions and find the answersvariable success
- Two new courses: biostatistics and preventive health

Real Progress!!

 In 2004, (only 10 years later?!) Dean Tom Lawley decided the time was right for a new curriculum

• Why?

 Plan to build a \$15 million education building (many teaching rooms; simulation rooms; OSCE rooms)

Time to try something new and different

Why?

 Explosion of knowledge and new disciplines Molecular biology Nano-medicine Biomedical engineering Informatics- computer science Decision making systems Robotics New imaging technologies

What is the desired "Product"?

- What kind of MDs do we want to produce?
 Characteristics
 - Superb clinicians (as before)
 - Passionate about medicine and making a difference
 - Understand the social, psychologic and economic issues of the society
 - Curious about medicine and creative thinkers
 - Lifelong learners
 - Future leaders of medicine

Guiding Principles- Theory

- Culture Change for the School of Medicine- medical education will be clearly valued and explicitly supported
- More Integration- both horizontal (across disciplines) and vertical (across years)
- Early introduction to clinical medicine
- Flexibility
- Discovery (research) phase for creativity, curiosity

Guiding Principles- Practice

Reduced lecture time
Increase use of patient simulators
Excellent faculty mentoring
Extended exposure to master clinicians
Capstone Course at the end- some return to basic science

Guiding Principles-What to Teach

- <u>Competency</u> based curriculum
 - Clinical practice
 - Application of medical knowledge
 - Critical analysis
 - Professionalism
 - Lifelong learning
 - Effective communication
 - Moral reasoning and ethics
 - Personal awareness and wellness

How to Do It--"Society" System

- Faculty Involvement
 The Old Legacy System (formerly led by each of four deans)
- Now 1 leader and 3 additional faculty in each society (8-9 students/faculty)
- 30% pay supplied by Dean's Officedirectly for teaching!! This is new!!
- Faculty serve as clinical skills & small group teachers
- Long term relationship/advising

Society System- Close Supervision

- There are 4 societies
- Each is led by one major "mentor" responsible for care of 36 students but major care of 9 students
- There are three sub-mentors in each society who care for 9 students each
- Total of 16 mentors who watch over their respective groups for all 4 years but particularly during the Foundation Phase

Mentor + Role Model+ Parent

- These faculty are great influences on the students
- They MENTOR- help them figure out what is important and help them with projects and getting others to help them
- BUT- they also are ROLE MODELS for how doctors work, behave, how they dress, how they take responsibility, etc.
- They keep track of (PARENT) their students, keep them on the right track, discipline them when necessary and give them feedback, and give them support too

Four Educational "Phases"

 Phases that integrate the curriculum and cross departmental lines

- Foundations of Medicine (15 months)
- Application of Medical Science (12 months)
- Discovery Phase (5-10 months) or more
- Translation Phase (8 months)
- We will discuss each of these phases in detail

Educational "Phases"

- Foundations of Medicine (15 months)-
 - core knowledge of basic and clinical sciences
 - Early introduction to patient care->
 - Longitudinal out patient clinic experience
 - Elective time
 - Volunteer experience

(More detail later)

Educational "Phases"

Applications of Medical Science (12 months)
 Core knowledge of basic medical specialties

- Discovery Phase- (5-10 months)
 This is entirely new!!
 - Specific area of enquiry chosen by the student in lab science, clinical research, public health or health policy
 - Generation of new knowledge and to introduce research to all students

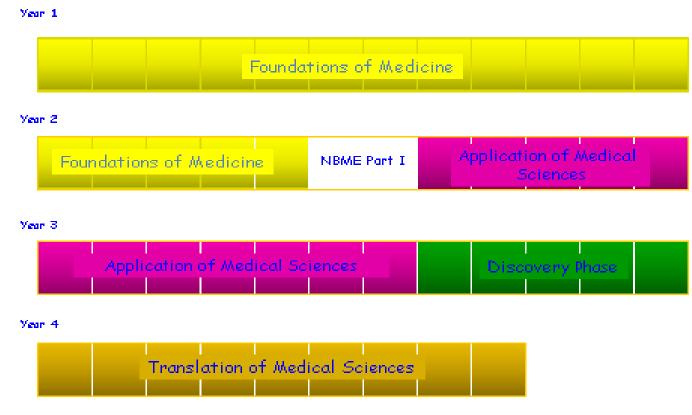
Educational "Phases"

 Translation of Medical Sciences (7-8 months)
 Time to explore more specialized areas of medicine, complete advanced competencies in clinical medicine, and prepare for residency

 Also- Maximize unique resources at Emory-Georgia Institute of Technology, Carter Presidential Center, Centers for Disease Control and Prevention

Overview

Overview of New Curriculum



Foundations: Competencies

Medical Knowledge Problem Solving Professionalism Clinical Skills Self Development Communication Interpersonal skills

Back to Foundations: Educational Theory

- Teach key concepts without unnecessary detail and avoid duplication!! -(try to avoid "burnout")
- New modes of teaching (PBL, simulations, standardized patients) keep students interested and curious
- Have clinicians and basic scientists work together to form the curriculum and teach
- Decrease time to 18 months (rather than 24) and decrease lecture time- < 2hours a day
- More faculty interaction

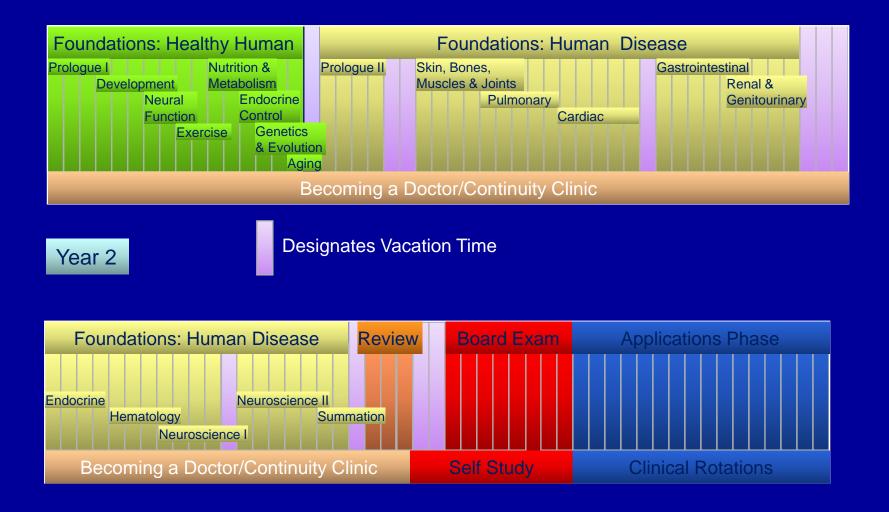
Changing Principles-Different "Angle of Attack"

 Foundations of Medicine Phase
 THIS WILL BE THE OPPOSITE OF PREVIOUS EMORY AND MOST CURRICULA!!

- Begin with the study of the whole living human and the society and environment where they live
- Next: integrated analysis of organs, biologic systems and the study of cells
- Sub-cellular anatomy and physiology

FOUNDATIONS OF MEDICINE CURRICULUM

Year 1



- Begin with some cases as "Hooks"
- Healthy Human- biosphere, population health, social medicine (School of Public Health, Centers for Disease Control)
- Cognitition and behavior
- Homeostasis
- Organ structure and function
- Tissue studies
- Cellular and molecular biology
- Evolutionary biology---> leading back to Biosphere!!

- Other pieces of the puzzle
- Human anatomy
 - Anatomical dissection remains
 - BUT-
 - Anatomical models
 - Major use of imaging
 - Xrays/ CT/ MRI

Prologue I: 3 weeks
Week 1: Orientation
Week 2: Week on the Inpatient service (HOOK!)
Week 3: next slide---->

Prologue- Week 3

Monday Determinants of health	Tuesday Threats to health	Wednesday Becoming a patient	Thursday Becoming a doctor	Friday Balance
Patient presentation	Global threats to health:	HIV epidemic	Cutural context: the healer	Homeostasis
Definition of health and disease	Poverty, environment Violence, disease	Becoming a patient: pt interview	Social contract with society	Reflective writing about culture and
The determinants of health	Small Group Dr/Pt; Dr in society;	OSCE suite Physical exam; hand	OSCE suite Physical exam:	Maintenance of personal health
	HPI with group leader and standard pt	Washing; inspection; vital signs ENT	same	Small group Discussion reflective writing

The Healthy Human: 13 weeks

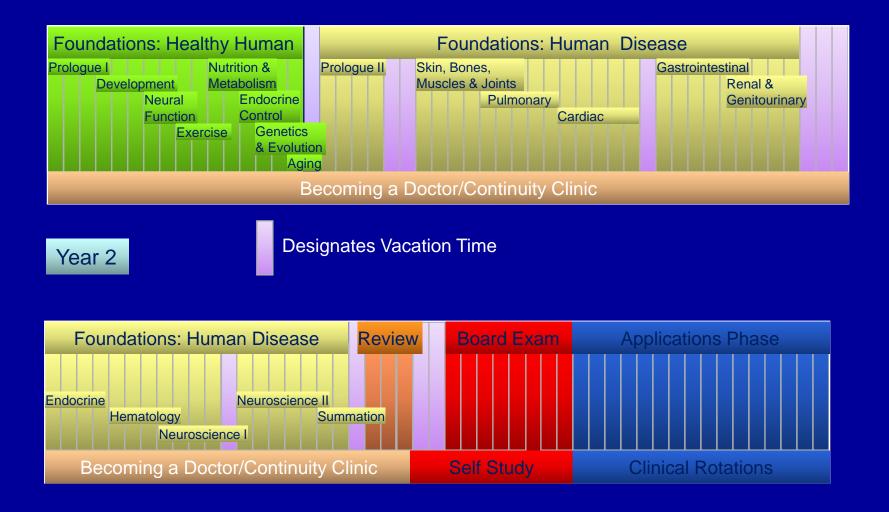
- Embryology Tissues Cells (ETC): Weeks 4-6
- Neural Function: Weeks 7-9
- Exercise: Weeks 10-11
- Nutrition: Weeks 12-13
- Endocrine Control: Week 14
- Genetics and Evolution: Weeks 15-16
- Aging and Death: Week 17

Embryology Tissues Cells [ETC] (wk 1 of 3)								
Monday	Tuesday	Wednesday	Thursday	Friday				
Case Presentation: Skin as Study of epithelia	Epithelia		Basic Cell 1: Basic Organization					
	Epithelia Lab and Basic Intro. To Skin	Embryology: Mechanisms of Birth Defects	Basic Cell 2: Membrane Structure/Function	Review Session				
Basic Mechanisms of Differentiation		Ectoderm	Basic Cell 3: Exocytic Route, Mitochodria					
Morphogenesis and Cell Interactions		Endoderm	Basic Cell 4: Endocytic Route, Peroxisomes					
	1-2:45pm <u>SG</u> <u>Discussion</u> : Read/watch and	1-2:45 pm OSCE Suite-O&S Societies <u>Physical</u>	1-2:45 pm OSCE Suite-H&L Societies <u>Physical Exam</u> :					
	discuss pt's experience of illness, autonomy	<u>Exam</u> : Skin, Cardiac and Lung (basic) incl draping	Skin, Cardiac and Lung (basic) incl draping	Quiz / Test				

- Mini clerkship
- Three week experience in physical diagnosis and clinical exposure

FOUNDATIONS OF MEDICINE CURRICULUM

Year 1



Foundations: Human Disease Abnormal and Normal

- Prologue II: Basic Pathology, Microbiology, Pharmacology
- Skin, Muscle, Bones, Joints: 4 wks
- Pulmonary: 5 wks
- Cardiovascular: 5 wks
- Gastrointestinal: 4.5 wks
- Renal/GU: 4.5 wks
- Endocrine/Reproduction: 4 wks
- Hematology: 3 wks
- Neurosciences: 9 wks
- Summation: 2 wks
- Review: 4 wks

Phase II: Pulmonary module

			Pulmonary: Week ONE		
	MONDAY 2/4	TUESDAY 2/5	WEDNESDAY 2/6	THURSDAY 2/7	FRIDAY 2/8
8-9	Case: Cystic Fibrosis	Anatomy: Clinical Thorax	OPEN	OPEN	Pathology: Pneumonia
9-10	Genetics of Cystic Fibrosis	Anatomy Lab 6 - Thorax	Structural Basis Resp Function	Cilia / Lab Overview	CO and other problems
10-11	Infections in Cystic Fibrosis		Common Pulmonary Pathogens 1	Cell Biology and Histology: Laboratory	Soc Small Groups: AW clear, infxn,
11-12	Organization of the Thorax		Common Pulmonary Pathogens 2		bronch
PM					
1-2		Pulmonary H&P	Clinic (Lister and Harvey)	Clinic (Osler and Semmelweis)	Radiology of the Thorax
2-5					Anatomy Lab 6 - Thorax

Foundations: Human Disease

- Elective time (summer of first year)
 - Can be in many areas: basic science, public health, ethics, administration
 - Meant to help identify an area of study for Discovery Phase
- Medical Service Project: work with underserved populations- Atlanta, rural Georgia, other countries
- Capstone session- comprehensive review of the 15 months of Foundation!

		Mar Apr May	Jun Jul
Foundations of Medicine	NBME Part I	Rotation A	Rotation B

Applications of Medical Sciences

Aug	Sep	Oct	Nov	Dec	Jan	Feb	
В	R	otatior	ı C	R	otatior	ו D	Discovery Phase

Introductory week for each rotation

- Clinical Blocks interspersed with a week of preparation (knowledge and skills)
- Increase in Out-Patient experience
- Ongoing mentoring by Society Advisor
- Working in of foundation sciences as possible
- Continue emphasis on responsibility to the patient
- Complete these rotations before career decisions must be made!
- More elective time to figure out choices of career

 One week of initial orientation overall Legal issues (privacy, notes) • Working with a ward team Presentations Information system use One day comprehensive OSCE - identify students who need additional help and if there are sites that need to do a better job of teaching these skills

Rotations
Internal Medicine
Surgery
Pediatrics
Obstetrics/Gynecology
Neurology/Psychiatry

- One week introduction to core skills of rotation
- Also discussion of basic science that is applicable
 - Examples- surgical techniques
 - psychiatric interviewing skills
 - Physical exam skills
 - Pathophysiology
- Core reading assignments
 - Clinical readings
 - Basic science readings

 Faculty Development Will be Critical !!
 Teaching faculty will have to be compensated for these activities

 Teaching faculty will have to be promoted for their teaching activities if we are to have at least some senior faculty do the teaching

Importance of faculty mentoring!!

- Foundation for understanding and appreciating basic science, clinical and population research
- Demonstrate what research can do to improve the health of patients and the public at large
- Develop a respect for critical necessity of continued discovery
- Identify students who are interested in research as a career

- 5-9 months
- Mentored and involves discovery/creativity
- An end-product (abstract, paper, or just "published" at Emory) approved by the mentor
- Can add a tuition free year
- Flexibility in timing
 - Delay until after clinical electives
 - After the MPH or MS year

- Student is not a passive observer!
- At end, student will prepare a report
- All reports will be published in the Emory Student Journal of Medicine
 - (will probably be electronic for low expense)
- Students can use other elective time and summers to do more research and make more progress

Students can use this research for

- MD/PhD
- MD/MPH
- MD/MS MD/MBA
- Perhaps even MD/JD or MD/DTheology

Translation Phase

3 Electives

- 2 Months for Interviewing/Vacation/Electives
- 4 Required Courses
- Senior Clerkship (sub-internship) in Medicine, Pediatrics, OB/GYN or Surgery
- Intensive Care Clerkship (Medical, Surgical, Pediatric, Neurologic....)
- Emergency Medicine Clerkship
- Weekly continuity clinic again
- Capstone Course

Translation Phase

- Capstone Course (uncertain content)
- 1) Difficult Doctor/Patient interactions
- 2) Doctor/Doctor and Doctor/nurse/Physical therapist/Occupational Therapist/Social Worker communication/teamwork
- 3) Medico-legal issues
- 4) Safety
- 5) Ethics
- 6) Basic Intern skills (geared to specialty)
- 7) Review of new science since beginning Medical School

Conclusion

- Emory's new curriculum will develop physicians who:
- Are professionals
- Are superb clinicians and can apply medical knowledge
- Can develop new knowledge
- Can critically analyze new information
- Can effectively communicate
- Are personally aware
- Are lifelong learners
- Have good moral reasoning and ethics

Thanks

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Questions?