UMMS CURRICULUM STRATEGIC PLANNING

Curricular Proposal

Ballot Purpose

UMMS Executive Faculty members are asked to vote on proposed major changes to the structure of the medical student curriculum.

Why Does the Curriculum Need to Change?

The UMMS faculty have identified 5 major reasons to change (see Appendix A) the medical student curriculum. As science and clinical care continue to evolve dramatically, it is time to engage students differently in an education program designed to develop an enhanced foundation that will enable medical students to become the collaborative leaders and change agents our society and healthcare systems need.

What Is Being Voted on?

The structure, content, and delivery of the medical student curriculum are owned by the UMMS Executive Faculty. Per medical school bylaws, any major change to the structure of the curriculum requires a vote of the Executive Faculty on the proposal prior to implementation. The overall direction, structure, and defining eight elements of the proposed new curriculum represents a major change that requires a majority vote of the Executive Faculty to proceed. Approval will allow faculty to continue to refine and implement the new curricular program over the next 5 years.

Process and Timeline

More than 250 faculty, staff, and students have been involved in shaping the proposal to date, representing 29 departments. A summary of the timeline and milestones of progress is provided below:

- December 21, 2012 – Dean Woolliscroft charged the Curriculum Policy Committee (CPC) with considering a new model of medical student education.
- January 2013 – December 2013 – The CPC committee and subcommittees held and attended 3 working retreats, 11 committee meetings, and several subcommittee meetings. This resulted in the development of a proposed new model for medical student education, and a proposed governance structure for Curriculum Strategic Planning (CSP) that would report directly to the CPC.
- December 20, 2013 – The CPC unanimously approved the proposed model and CSP governance structure.
- January 2014 – May 2015 – The Medical School implemented the CSP governance structure, which includes the Steering and Operations committees, workgroups and subgroups, and a Student Advisory Committee. Involving nearly 250 faculty, staff, and students, these groups have worked for 16 months in hundreds of meetings to put together the specific proposal containing details of the 8 defining elements of the new model.
- May 22, 2015 – The UMMS Curriculum Policy Committee (CPC) reviewed and approved the proposal.
- May 28, 2015 – Endorsed by the UMMS Executive Committee.

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8 Defining Elements of the New Curriculum

Faculty have defined 8 elements of the new curricular program. Major changes to the structure of the program will begin in **August 2016 with phased implementation over the ensuing 5 years**. A summary of each element is provided below. Details within each element may evolve as pilots and experience drive further review and revision, proposed by the faculty and subject to approval by the Curriculum Policy Committee.

Elements #1 and #2 – Scientific and Clinical Foundation (the "Trunk") – the major curricular component for the first two years of medical school focuses on developing the foundational scientific and clinical skills for the general physician graduate.

The first year is science-focused; main elements of the **Scientific Trunk** (Year 1) include:

- A "Launch" program at the beginning of medical school – providing an introduction to learning, leadership, and the clinical setting.
- A foundational course in science to provide a critical overview of the key constructs and scientific principles for learning medicine, as well as a course that introduces Diagnostics and Therapeutics.
- Fused organ system courses in which normal and abnormal principles and knowledge are taught together around a particular organ system, built upon the previous courses.
- A Chief Complaint course to enhance the relevance of the science through clinical reasoning and case study.
- An Optimizing Patient Care curricular thread that will integrate shared decision-making, patient-centered communication, and evidence-based medicine throughout the Scientific Trunk.

The second year is clinically-focused with two phases; main elements of the **Clinical Trunk** (Year 2) include:

- Phase I is where students will encounter and interact with patients with core conditions in the first half of each day followed by opportunities for deeper scientific and clinical learning related to those conditions through modules and scheduled seminars in the second half of the day.
- Phase II is where students learn through departmentally organized clinical rotations, working in teams to learn and provide patient care in the inpatient, outpatient, and emergency department settings. This is similar to the current clerkship model, but will include greatly enhanced coordination across rotations and departments and with other learning sessions.
- Leadership sessions, Paths of Excellence seminars, Optimizing Patient Care curricular thread, and the Doctoring course are also an integral part of the Clinical Trunk.

Element #3 – Advanced Professional Development (the "Branches") – this curricular component follows the Trunk, and allows the student to develop advanced skills and knowledge within clinical domains. Students will progress through one of several flexible developmental tracks ("Branches") with milestone-facilitated transitions between medical school and graduate medical education programs. Key features of each Branch include:

- Clinical Experiences: Branch specific sub-internships, clinical electives within and outside a branch, "bootcamps,"and core Emergency Department and intensive care unit rotations.

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- Scientific Learning: branch-specific science seminar series, online courses, scientific electives, enhanced opportunities to continue scientific research.
- Professional Activities: self-directed projects (including research), Paths of Excellence electives and capstone experience, optional coursework at other schools.
- Individualized Learning Plans to align with professional intention, fostered by deliberate career development and mentorship. Students will be allowed to change Branches, and no Branch will limit the choice of career.
- Competency-based assessments will occur frequently through the Branch, and progress will be governed by the achievement of medical student and residency milestones.

Element #4 – "Paths of Excellence" – this curricular element will educate students on domains relating to healthcare and medicine at the systems level. Students will learn core content within each Path. In following years, students will identify a Path (e.g., health economics, global health, ethics, scientific discovery, among others) to develop a more in-depth understanding through seminars and project work. Six to twelve Path options will be developed with the ability for students to choose a customized path. Each student must complete a capstone project by graduation, to demonstrate proficiency in his or her chosen Path.

Element #5 – Leadership Development – this longitudinal program aims to develop collaborative physician leaders through specific skills training, professional development coaching, and integrated learning with other curricular components. Content will center on the themes of teamwork, communication, systems proficiency, and problem solving. There will be leadership training for all students throughout each year of the program. Additionally, Doctoring faculty will help coach students on leadership and professional development.

Element #6 – Inter-Professional Education – this set of curricular experiences will help develop physician effectiveness in a care team setting. Students will learn from allied health professionals (as well as from patients and physicians) in longitudinal clinical learning experiences during the first year of the curriculum. Increased cooperation with the other UM health profession schools will result in co-learning opportunities in classroom and clinical inter-professional environments in later years.

Element #7 – Integrated Assessment System – this component presents a new framework and approach to assessment, in order to better align undergraduate medical education (UME-medical students) to graduate medical education (GME-residents and fellows). The Integrated Assessment System will feature more formative low-stakes assessment strategies in the "Trunk" portion of the curriculum, gradually transitioning towards competency-based assessment elements in the "Branches." Competencies in the new curriculum will be more closely aligned with ACGME competency domains as well as UMMS-specific objectives.

Element #8 – "M-Home" Learning Community – this new structure encompasses longitudinal learning communities in which students will be grouped into one of four diverse "Houses." Each of the four Houses will consist of students, Coaching and Doctoring faculty, a House Director, and learning and support staff. A 4-year Doctoring Course will be anchored in the M-Home, taught in a small group seminar format. The course lays the foundation to develop an emerging mastery of diagnostic and clinical skills, critical reasoning, teamwork, communication, and effective

collaboration with patients/families and healthcare providers to treat disease, alleviate suffering, and optimize health. In addition, there will be learning experiences to support the student's development of his or her professional identity, and enhanced attention to personal wellness and support for others through this community. The M-Home structure will facilitate group learning, social support, and professional mentoring.

For More Information

To learn more, please visit http://curriculum.med.umich.edu/curriculum, where you can find frequently asked questions, summary presentations, and information about your colleagues who have played such a critical role in this process.

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Appendix A. Reasons for Change

MEDICAL SCHOOL
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Why Change?

1. Our discipline is growing exponentially with regard to knowledge, skills, and attributes – far exceeding what could be covered within the confines of a medical school curriculum.
2. Medical education programs are structured in serial silos; yet development must be integrated and longitudinal.
3. Assessment tools are inadequate and incomplete with regard to what students will be expected to do.
4. The intensity of the practice environment and its associated requirements are disconnecting our instructors and assessors from our learners.
5. Society is asking for a different kind of health system and health practitioner.

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