

# 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**

**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**

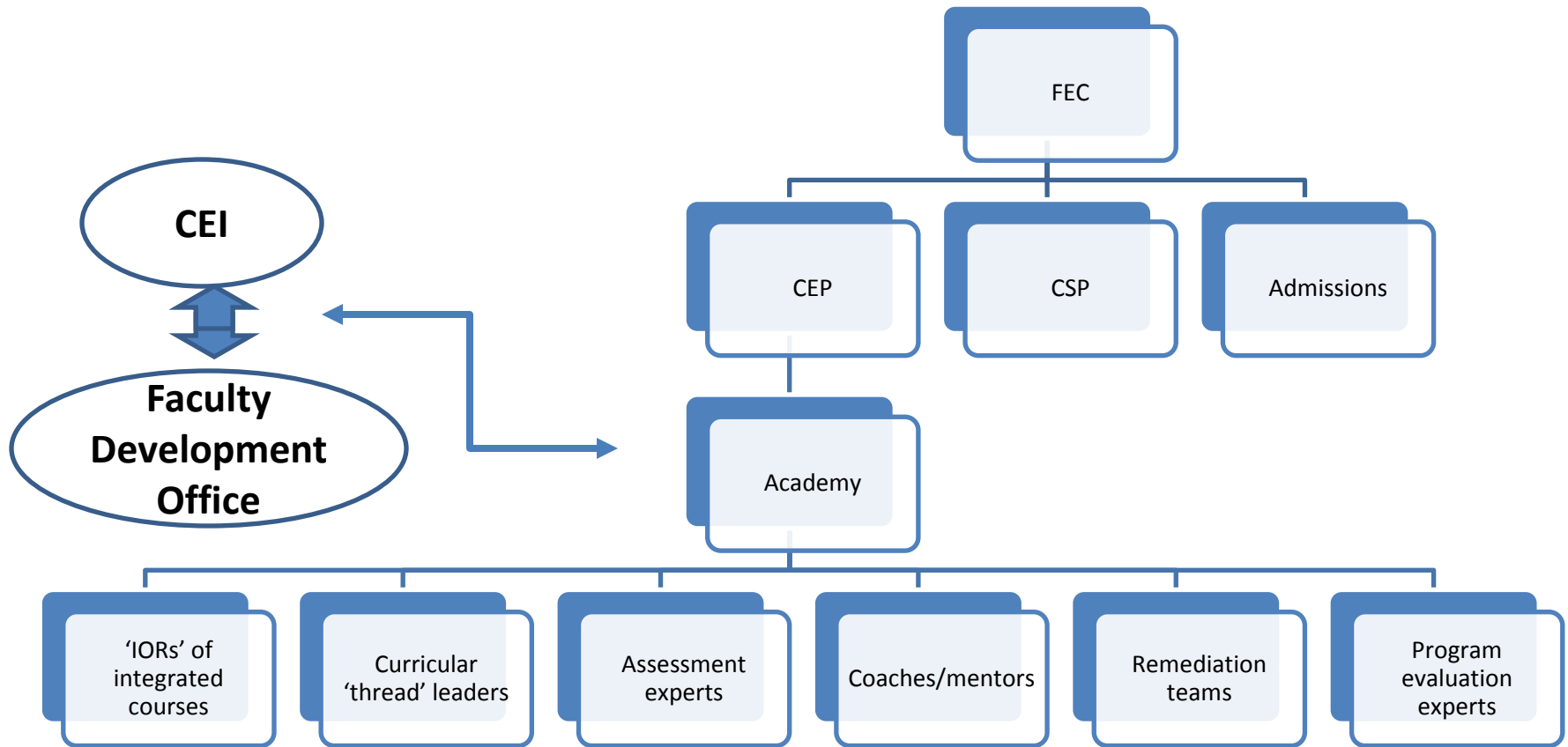




# The Academy



- 40-60 faculty across disciplines with excellent teaching credentials 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

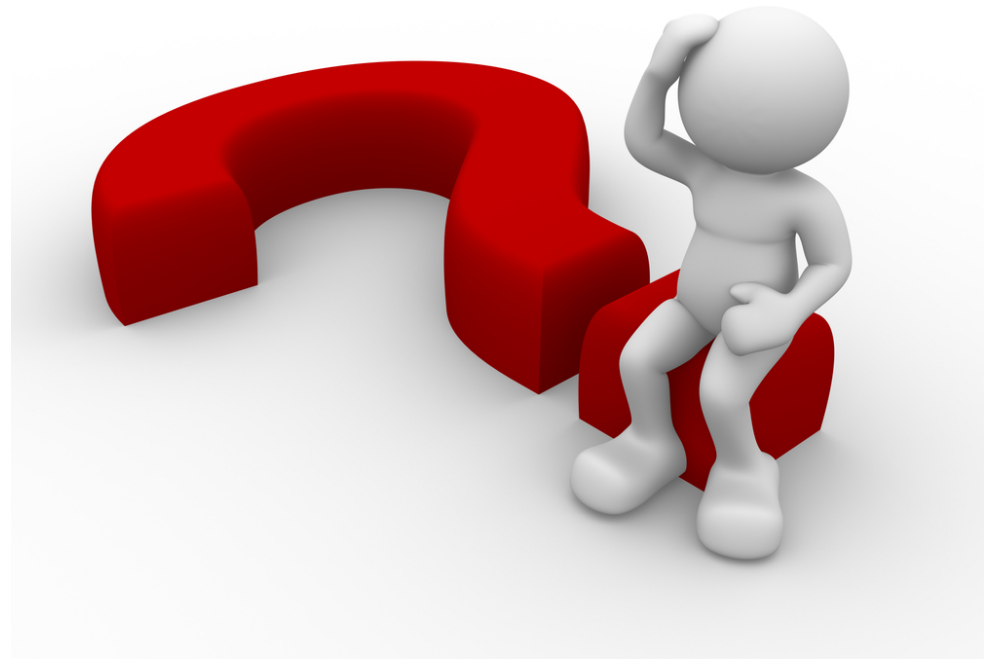
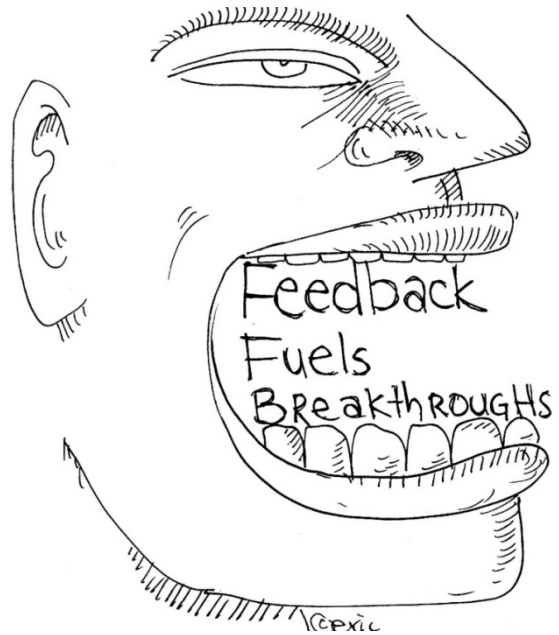
Mobilizing PCN sites



# 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>