

Annual Report of the USF College of Medicine Committee on Curriculum
September 2007-August 2008

The Committee on Curriculum is responsible for the review and evaluation of the curriculum leading to the MD and DPT degrees. In years previous to this, the work of the Committee has primarily consisted of structured, highly detailed reviews of all required courses and clerkships every two years or more frequently when problems are detected.

This academic year, the Committee significantly changed the scope of its work in response to two LCME citations to the MD educational program which were the result of USF COM LCME site visit in February 2007. The educational standards (in bold) and site visit findings/citations are as follows:

1. **ED-33. There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.** (*Functions and Structure of a Medical School*, October 2004 edition, page 15, with insert sheets amending selected standards)

Finding: The report notes that the existing curriculum design shows evidence of limited horizontal integration of educational content during the first year, and limited vertical integration across the span of the curriculum. Curriculum committee activities are directed primarily towards review and oversight of individual courses and clerkships rather than comprehensive management of the educational program as a whole.

2. **ED-38. The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.** (*F&S*, p. 16, as amended on insert sheets)

Finding: The survey team found that, notwithstanding ongoing curricular evolution since the time of the last LCME review, classroom contact hours in the first two years of the program are well above national norms, especially in the first year. Efforts to reduce contact hours have been achieved in part by substituting non-classroom activities (such as videotaped lectures) for scheduled contact hours without altering content demands on student learning.

To this end, the USF COM Committee on Curriculum worked diligently to increase the scope and depth of its work as well as to regain oversight and management of the MD and DPT curricular programs.

The Committee met at least monthly or more often, as needed, in order to carry out its responsibilities. In addition, an annual retreat was held in May, 2008 for all Committee and Subcommittee members, including all course and clerkship directors in the medical college. An Executive/Steering Subcommittee was also formed as part of the Committee reorganization. This Subcommittee met independently monthly or bi-monthly as needed, during the academic year. The work of the USF Committee on Curriculum (hereafter referred to as "the Committee") for AY 2007/2008 is as follows:

1. The School of Physical Therapy & Rehabilitative Sciences presented annual reports highlighting curricular changes to the Committee on 8/8/2007 and 7/14/2008. These curricular changes were reviewed and approved by the Committee.
2. The following fourth year required clerkships were fully reviewed by the Committee: Critical Care Clerkship **BCC 8190**
Skin and Bones **BCC 8116**
3. As a result of the Critical Care Clerkship review, after taking into consideration concerns of the Clerkship Director, involved faculty, and students as well as reviewing national curricula for most other US medical schools, the Critical Care Clerkship was changed from an eight week clerkship to a four week clerkship. To complement this change, a new mandatory four week Acting Internship program (AI) was established for all fourth year medical students, beginning with the class of 2009. Currently, there are AI selectives in the following medical disciplines: internal medicine, pediatrics, psychiatry, surgery, neurology and family medicine. It is anticipated that this selective will be revisited with more departments participating in the next academic year.
4. The Committee opted to assay course and clerkship content for the entire four years of the MD curriculum. The method chosen for this content assay was a new requirement of each course/clerkship director in the college to obtain from his/her faculty hour-by hour learning objectives for content being taught in each individual unit of each course. This was requested in writing of all course/clerkship directors in the College of Medicine. The purpose was multifold - it was felt that while this would benefit curricular oversight, it would also benefit individual courses/clerkships and their directors as well to review course content and learning objectives for each instructional unit within each course/clerkship in the college.
5. In order to better understand and be made aware of changes in course/clerkship content, the Committee designed a Course/Clerkship change form, which was distributed to all course/clerkship directors in the COM. The form is now required to be completed by each course/clerkship director at least once annually. The form requires course/clerkship leaders to identify any significant changes being planned for the upcoming AY or to identify if no changes are being made within the course/clerkship. The forms are submitted to the Committee for review and approval. This has facilitated better awareness of changes made in the Curriculum as they occur in "real-time." This also allows the Committee to approve proposed changes or request more information before approval is granted.
6. After careful consideration, the Committee instituted an attendance requirement of 80 % for all general Committee members this year.

7. The Committee underwent significant reorganization, creating various working Subcommittees and an Executive/Steering subcommittee. All course/clerkship directors within the COM were named Subcommittee members as well.
8. The Committee appointed Dr. Stanley Nazian to serve as Committee member, after he replaced Dr. Christopher Phelps as Year 1 Faculty leader in early 2008.
9. The Committee supported and approved changes in format of the courses, Physical Diagnosis I **BMS 6830A** and Physical Diagnosis II **BMS 6830B**. These changes were successfully implemented during the 2008-2008 academic year without increasing contact hour time of these courses
10. The Committee recommended and approved several course consolidations this year:
 1. Imaging for Anatomy **BMS 5190** and Anatomy **BMS 7187** were consolidated into Anatomy **BMS 7187**
 2. Clinical Diagnosis & Reasoning **BMS 5015** and Evidence Based Medicine **BMS 8334** were consolidated into Evidence Based Clinical Practice **BMS 6835**
 3. Colloquium 1 **BMS 6920** and Medical Ethics and Humanities **BMS 6821** were consolidated into On Doctoring **BMS 6825**
11. Curriculum Committee Chair participated in USF School of Physical Therapy & Rehabilitative Sciences CAPTE accreditation review in February 2008.
12. A significant reduction in student contact hours was made over the course of the academic year, as a result of ongoing efforts between the Committee, Interim Vice Dean of Educational Affairs and Year 1 Faculty Leadership. The Medical Neuroscience course **BMS 6020** in Year 1 was significantly restructured, with new course leadership put into place. Ultimately Year 1 contact hours were reduced from 997 contact hours in AY 2007-2008 to 862.5 contact hours projected for Ay 2008-2009 (national MD program Year 1 contact hours average is 831 contact hours).
13. The Committee approved changes to the educational program involving tobacco and cessation education which will now span all four years of the MD curriculum. This is a result of the efforts of the Area Health Education Program (AHEC) educational coordinator who worked closely with involved faculty and the Committee to integrate this program into the USF COM MD curriculum.
14. The Committee began to discuss standardization of remediation for Year 1 students in both the DPT and MD programs. This important issue is a shared concern of the Committee on Curriculum and the Academic Performance and Review Committee. Final resolution of this issue has yet to be reached.

Overall, the Committee greatly expanded its focus and true management of the curriculum this year. Many processes were put into place to give the Committee

knowledge of curricular goals, objectives and changes as well as the ability to make significant decisions regarding change, policy or any other aspect of the curriculum.

It has been a year of change, which has brought increased work onto the shoulders of committee members. For the upcoming year, it is important for the Committee to continue to address its changing role regarding curricular management while finding methods to efficiently begin to review courses and clerkships in earnest. While course/clerkship review was previously the primary function of the Committee, now it is one of many. It will be a challenge for the Committee to continue to get necessary work done in a timely fashion. Engaging various subcommittees will be completely necessary in order to ensure the completion of this important work.

An interim report to the LCME will be prepared by the Committee in May 1, 2009 and must specifically address the following items:

- 1. Curriculum management.** Provide a brief summary of major activities undertaken by the curriculum committee during academic years 2007-2008 and 2008-2009. Describe any changes to the curriculum intended to improve horizontal and vertical content integration since the time of the 2007 LCME accreditation survey.
- 2. Student academic workload.** Supply a table or chart showing contact hours by course for each of the first two years of the curriculum, for academic year 2006-2007 and 2008-2009. Describe any plans for streamlining of courses or the pre-clerkship curriculum as a whole to ensure that students have adequate time for learning, without compromising the quality of the preparation for clinical training.

Respectfully submitted,

Maria L. Cannarozzi, M.D.
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