

Annual Report of the USF College of Medicine Committee on Curriculum
September 2008-August 2009

The Committee on Curriculum is responsible for the review and evaluation of the curriculum leading to the MD and DPT degrees.

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

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.

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.

In response to this report, the USF COM Committee on Curriculum defined a subcommittee structure that would provide better oversight and management of the MD and DPT curricular programs. Please see the attached chart, which describes the new organizational structure of the Committee.

The Committee met at least monthly or more often, as needed, in order to carry out its responsibilities. In addition, the various subcommittees 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 2008/2009 is as follows:

1. The following required clerkships were fully reviewed by the Committee:
Interdisciplinary Oncology Clerkship BCC 8117
Urgent and Emergent Care Clerkship BCC 7114

Surgical Care Clerkship BCC 7164
Neuropsychiatry Clerkship BCC 7154
Primary Care Clerkship BCC 7184
Integrated Internal Medicine-Pediatrics Clerkship BCC 7144
Maternal-Newborn Clerkship BCC 7134

2. The Committee continued to utilize the newly developed Course/Clerkship change form to assess any possible changes in curriculum, and then authorize such changes if acceptable. This was distributed to all course/clerkship directors in the COM again. The actions taken based on these forms included:

Approved:

- Skin and Bones – added a clinical skills examination and formalized midterm feedback process
- Maternal/Newborn – changed clinical schedule to improve continuity with preceptors
- Primary Care – added Observed Structured Clinical Exam to provide feedback regarding exam/counseling skills
- Professions of Medicine – changed length of course from 3 to 2 weeks
- Urgent & Emergent Care – added grand rounds, increased value of oral reports in final grading rubric
- Critical Care – changed textbook, changed on-call requirement
- Surgical Care – added requirement of passing all final exams in order to pass course

Denied:

- Clinical Problem Solving – requested to change grading to pass/fail. The Committee recommended change of evaluation rubric instead.

Tabled:

- Neuropsychiatry – requested changes to structure of course. The Committee requested more information including specific details. Directors of the course then withdrew request for change.

3. The Committee approved a new Scholarly Concentration in Health Systems Engineering, to be led by Dr. Fabri.
4. The Committee monitored the progress of the Year 1 curriculum, which had been changed significantly from prior years.
5. Retreats were held for each of the course years for the curriculum.
 - At the retreat for the Year 1 courses, the issues of horizontal and vertical integration were discussed, as well as continued contact hour reduction. The course directors began a collegial discussion regarding future planning and integration.
 - At the retreat for the Year 2 courses, the discussion of integration continued, with steps taken to integrate the curriculum vertically.
 - At the retreat for the Year 3/4 courses, a faculty development session regarding objective writing was held. Directors discussed integration, as well as strengths and weaknesses of the overall curriculum structure.
6. The annual curriculum committee retreat was held in July. The team leaders for each year in the curriculum presented an overview of their year, so that committee members have an understanding of the entire curriculum. The graduate

questionnaire was reviewed, so that members could learn our graduates' perspective of the curriculum. Committee members and course directors identified ways to improve and/or achieve integration in the following subjects: geriatrics, radiology, pathology/laboratory medicine, and professionalism. Finally, the subcommittees met to plan courses of action for the upcoming year.

Other topics of importance this year include:

1. The interim report to the LCME was submitted in May of this year, addressing the aforementioned curricular citations. The LCME's response to this report was that the issues regarding curriculum committee oversight have been appropriately addressed. The issues regarding contact hours have improved, but further efforts are required to decrease the number of contact hours in the first two years. As a result, the course directors for year 1 have been working to modify hours over the past few months.
2. The establishment of a branch campus and new health care leadership track at Lehigh Valley Health Network (in Pennsylvania) has been evolving over the past year. This will require significant oversight by the curriculum committee. In preparation for this incorporation, the Committee has created plans to incorporate faculty from the regional site into its structure. The Committee has been involved in ongoing meetings with LVHN and receiving regular updates regarding the planning process so that it will be fully informed when final decisions as to the new curriculum are necessary.

Needs Assessment for the Curriculum Committee:

As the Committee has worked to address LCME issues and improve its oversight of the curriculum, some needs have been identified. These include: a curriculum database which would allow for better review of content of specific courses, as well as providing information regarding horizontal/vertical integration of topics; and an improved database of course and faculty evaluations by students.

Respectfully submitted,

Kira Zwygart, M.D.
Chair, Committee on Curriculum
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USF LVHN College of Medicine Curriculum Committee MD Governance Structure

