The Vermont Integrated Curriculum

2011-2012 Academic Year

Approved by IIC September 20, 2011
Mission Statement

The College of Medicine, in alliance with Fletcher Allen Health Care, has as its mission to render the most compassionate and effective care possible, to train new generations of caring physicians in every area of medicine, and to advance medical knowledge through research. We serve - and learn from - the community.

Medical Education Vision Statement

We will be a College of Medicine respected by our peers for our innovative and outstanding teaching. We will be distinguished by preparing graduates who achieve excellence in their chosen fields and who demonstrate extraordinary compassion and commitment to the service of patients, the medical profession and the community.

Curriculum Goals

Goals

Graduates of the UVM College of Medicine medical education program will consistently:

- Apply knowledge of biomedical and social sciences to solving clinical problems.
- Change clinical practice in response to critical evaluation of new evidence.
- Communicate effectively and maintain good interpersonal relationships with patients.
- Effectively manage illness and injury of patients and incorporate best clinical practices and patient perspectives into clinical plans.
- Assess risk and apply behavioral interventions for prevention of illness and injury in individuals and communities.
- Use health care resources wisely.
- Contribute to the education of health professionals and other biomedical scientist through teaching and scholarship.
- Maintain high standards of professionalism and contribute to continual improvement in the performance of themselves and their peers.

The College of Medicine requires successful completion of three levels of study before the Doctor of Medicine is awarded. The curriculum is continually updated based on innovation and evaluation by students and faculty members; however, the basic concept of developing outstanding practitioners remains constant.
The Curriculum

The educational program is divided into three levels. Level One is the foundation of the educational program and features the development of fundamental science knowledge and clinical skills in a clinically relevant context. Initial courses in the fundamentals of medical science are followed by a series of organ system-based courses. Level Two consists of core clerkships emphasizing the basic principles of clinical medicine, including primary and preventive care. Level Three provides students with additional responsibilities for patient care including two acting internships, a required course in emergency medicine, and clinical electives. Students also fulfill a requirement for scholarly work in teaching or research. Students also explore their interest in a selection of electronic courses. Clinical experience is a prominent part of the curriculum in all levels, beginning with meeting a patient on the first day of medical school.

Level 1 – Foundations

The purpose of Level One/Foundations is for students to develop a fundamental understanding of health and illness as framed by systems from single genes to entire populations.

Table 1. Foundations Courses.

<table>
<thead>
<tr>
<th>Description</th>
<th>Wks of Instruct</th>
<th>Lecture Hrs.</th>
<th>Small Group Hrs</th>
<th>Labs Hrs</th>
<th>Clinical Hrs.</th>
<th>Exam</th>
<th>Other</th>
<th>Formative Quizzes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism, Communication and Reflection</td>
<td>33</td>
<td>4.5</td>
<td>46.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>Introduction to Clinical Decision Making</td>
<td>2</td>
<td>31</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2.5</td>
<td></td>
<td>52.5</td>
</tr>
<tr>
<td>Cell and Molecular Biology</td>
<td>4</td>
<td>71</td>
<td>3.5</td>
<td>0</td>
<td>0</td>
<td>9.5</td>
<td>12</td>
<td></td>
<td>99</td>
</tr>
<tr>
<td>Human Structure &amp; Function</td>
<td>12</td>
<td>99.5</td>
<td>0</td>
<td>117</td>
<td>27</td>
<td>15</td>
<td>74</td>
<td></td>
<td>345.5</td>
</tr>
<tr>
<td>Attacks and Defenses</td>
<td>6</td>
<td>85.5</td>
<td>9</td>
<td>12.5</td>
<td>1.75</td>
<td>8.9</td>
<td>11</td>
<td></td>
<td>133.7</td>
</tr>
<tr>
<td>Nutrition, Metabolism and the Gastrointestinal System</td>
<td>8</td>
<td>132</td>
<td>13.5</td>
<td>13.5</td>
<td>3.5</td>
<td>11.2</td>
<td>14</td>
<td>8.5</td>
<td>196.2</td>
</tr>
<tr>
<td>Neural Science</td>
<td>9</td>
<td>144</td>
<td>15.25</td>
<td>22.5</td>
<td>5.5</td>
<td>10.5</td>
<td>18</td>
<td></td>
<td>224.8</td>
</tr>
<tr>
<td>Public Health Projects</td>
<td>19.5</td>
<td>2.5</td>
<td>65.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>Connections</td>
<td>2.2</td>
<td>36.5</td>
<td>3.5</td>
<td>5</td>
<td>1.8</td>
<td>3.7</td>
<td>0</td>
<td></td>
<td>52.5</td>
</tr>
<tr>
<td>Cardiovascular, Respiratory, and Renal Systems</td>
<td>9</td>
<td>125</td>
<td>23</td>
<td>17</td>
<td>4</td>
<td>11.7</td>
<td>0</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Generations</td>
<td>7</td>
<td>101</td>
<td>16</td>
<td>15</td>
<td>4.5</td>
<td>7</td>
<td>11</td>
<td></td>
<td>154.5</td>
</tr>
<tr>
<td>Convergence</td>
<td>4</td>
<td>26.5</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td></td>
<td>62.5</td>
</tr>
<tr>
<td>Doctoring in Vermont</td>
<td>3.5</td>
<td>2</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>39.5</td>
</tr>
<tr>
<td>Total</td>
<td>115.7</td>
<td>862.5</td>
<td>243.75</td>
<td>202.5</td>
<td>82.05</td>
<td>86.5</td>
<td>146.5</td>
<td>49.5</td>
<td>1673</td>
</tr>
</tbody>
</table>
ORIENTATION
The week-long orientation includes large group presentations, small group sessions mentored by faculty members and more senior students, and opportunities for building professional, collegial communities. The main goals of this course are to acculturate students to the UVM College of Medicine and prepare students for success in the curriculum.

PROFESSIONALISM, COMMUNICATION AND REFLECTION
The medical community recognizes that leadership and professionalism require knowledge of and skills for collaboration, cultural awareness, decision-making, life-long learning, and self-assessment. The Professionalism, Communication & Reflection (PCR) course is designed to introduce and support the development of the capacities, attitudes, and behaviors critical to medical professionalism. This course focuses on the practice of leadership and professionalism in daily interactions with peers, mentors, colleagues and families as the foundation of medical practice.

The purpose of PCR is to foster the development of competent professionals, leaders, and life-long learners who share, interpret, and transfer medical school experiences and knowledge into effective actions to better themselves and others. This course addresses medical leadership and professionalism through weekly small group sessions that meet throughout the first year of the Foundations Level. It supports professional development through collaborative group learning activities linking personal experience, cultural awareness, leadership topics, and concurrent VIC course content. Learning activities also include periodic large group presentations and regular assignments that will include reading, written reflection, portfolio development, and projects. (33 weeks)

INTRODUCTION TO CLINICAL DECISION MAKING
This course introduces students to the basic vocabulary, concepts, and methods of human and population genetics, epidemiology, statistics, public health, and ethics. Knowledge from each discipline is acquired in lecture and readings, with methods and integrated concepts presented through small group case discussions. (2 weeks)

CELL AND MOLECULAR BIOLOGY
This course addresses the fundamental concepts, principles and methods of biochemistry, cellular metabolism, molecular genetics, cell biology and physiology, including cell signaling, cell-cell and cell-environment communication, cell proliferation and cell death. Several student group sessions relate basic sciences to clinical disease. The course concludes by introducing the basic concepts of neoplasia and cancer biology (4 weeks).

HUMAN STRUCTURE & FUNCTION
Students in this course study the composition of the human body and how it performs in the healthy state in an integrated study of microscopic and gross anatomy, physiology, basic imaging principles, embryology and clinical skills. Although the emphasis is on normal healthy structure and function, representative examples of pathology and clinical applications sharpen the contrast
between normal and abnormal. The course includes traditional pedagogical methods with innovative and unique computer based lessons and small group learning. (12 weeks)

**ATTACKS AND DEFENSES**
Attacks and Defenses is the bridge course between Fundamentals and Systems Integration courses. It is designed to integrate studies in the principles of hematology, immunology, microbiology, toxicology, pathology, pharmacology, and neoplasia. Its goal is to ensure that students understand the vocabulary, principles and pathophysiology of disciplines that are not necessarily organ based. Students will be introduced to advanced history taking skills and clinical problem solving skills. Instructional methods include lectures, weekly laboratories and small group exercises, evidence-based medicine assignments, and standardized patient exercises. (6 weeks)

**NUTRITION, METABOLISM & THE GASTROINTESTINAL SYSTEM**
This course utilizes both an organ- and disease-based focus to organize studies in nutrition and metabolism, the gastrointestinal and endocrine systems, and liver and biliary tree function. It is designed to integrate cell metabolism, normal and pathologic anatomy, pharmacology, physiology, pathophysiology and the physical examination and related interviewing, diagnostic testing and imaging. Understanding the metabolic and pathophysiologic consequences of public health problems including alcoholism, obesity and diabetes reinforce concepts learned. Learning is facilitated through faculty lectures, computer based tutorials, assigned readings, small group case discussions and workshops for problem solving and skills development. Clinical correlations reinforce the lessons of the community preceptorships. (8 weeks)

**NEURAL SCIENCE**
This course covers the nervous system through integrative study of behavior, cellular and systems neurobiology, neuroanatomy, neuroethics, neuropathology, neurophysiology, pathophysiology, and psychopathology. Students also learn the neurologic and mental status examinations, related interviewing, diagnostic testing and imaging. Several instructional methods support learning in this course, including lecture, online independent study modules, readings from a variety of sources, laboratory sessions, physical examination and interviewing skills sessions, simulation, and case discussions prepared by students. (9 weeks)

**PUBLIC HEALTH PROJECTS**
During the second year of the Foundations Level, Professionalism, Reflection and Communication groups formed during the first year apply their group leadership, professional, and team skills to a public health project. Public health projects are designed to teach students about public health and the health issues that face our communities as they work side by side with the groups, organizations, and individuals in these settings. These projects begin to develop the background in population-based medicine and prevention a physician needs to fully address a range of health issues. Public health projects are carried out in Vermont communities and enable students to apply the principles and science of public health to health needs in the community. (19.5 weeks)
CONNECTIONS
Students in Connections study skin, connective tissue, and the musculoskeletal system using appropriate aspects of cell metabolism, endocrinology, normal and pathologic anatomy, pharmacology, physiology, pathophysiology and the physical examination and related interviewing, diagnostic testing and imaging. It introduces students to the fields of the orthopedics, rheumatology and dermatology during the basic sciences. (2 weeks)

CARDOVASCULAR, RESPIRATORY, AND RENAL SYSTEMS
The Cardiovascular, Respiratory, and Renal Systems (CRR) course emphasizes the pathophysiology of diseases that affect these 3 organ systems. In addition to learning fundamental pathophysiology, students learn to recognize life and organ threatening disease processes and begin to learn pharmacological and interventional management of diseases affecting the cardiovascular, respiratory and renal systems. Throughout the course, basic biology and genetics are integrated with clinical data including diagnostic testing and clinical imaging. A series of “Bench-to-Bedside” lectures emphasize the scientific and genetic contributions to the clinical management of sudden cardiac death, cystic fibrosis, asthma, autosomal dominant polycystic kidney disease, and hypertension. The final week of CRR emphasizes organ integration in diseases such as hypertension, congestive heart failure, pulmonary hypertension, shock, and the cardiorenal syndrome. Multiple learning formats are utilized throughout the course. Clinical skills pertaining to the cardiovascular and respiratory systems are also taught. (9 weeks)

GENERATIONS
Generations is a seven week course that reviews the chronology of human development to teach students the process of considering life cycle factors into their differential diagnoses and their approach to therapeutic care. The male and female human reproductive systems are studied in tandem with the stages of development to illustrate the changes that take place during the process of maturation and aging. Lectures, pathology labs and colloquia are supported by small group meetings, panel presentations, CPCs and field trips.

CONVERGENCE
The Convergence course uses problem-based learning to reinforce topics covered in previous courses and teaches clinical problem solving skills in preparation for the students’ transition into their clerkships. The course format includes the presentation of cases that are discussed and formulated within the context of small group settings. (4 weeks)

DOCTORING IN VERMONT
Doctoring in Vermont is a course that spans the first and second year of Foundations. Students spend 8 sessions in the office of a primary care physician within a one-hour drive of Burlington. Students travel to their preceptor’s office, observe direct patient care, and practice examination and interviewing skills under direct supervision. In the fall students accomplish two complete history and physical examinations.
Level 2 – Clinical Clerkship

The Clerkship Year is designed to build clinical skills and day-to-day care of patients in a variety of medical settings and to continue development of competencies and decision-making skills and application of foundational sciences. The year is composed of seven 7-week segments of departmentally based clinical experience and didactic programs, four 1-week blocks of Bridge Clerkship, and a final performance examination. (Total = 49 weeks of required clerkships, 1 week of comprehensive exams, and 3 weeks of vacation)

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Weeks of Instruction</th>
<th>Lecture Hours</th>
<th>Clinical Hours</th>
<th>Exam Hours</th>
<th>Other Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>6</td>
<td>40</td>
<td>180</td>
<td>2</td>
<td>20</td>
<td>242</td>
</tr>
<tr>
<td>Inpatient Medicine</td>
<td>6</td>
<td>37.5</td>
<td>194</td>
<td>4</td>
<td>35.5</td>
<td>271</td>
</tr>
<tr>
<td>Neurology</td>
<td>3.5</td>
<td>23</td>
<td>143</td>
<td>3.5</td>
<td>8</td>
<td>177.5</td>
</tr>
<tr>
<td>OBGYN</td>
<td>6</td>
<td>27</td>
<td>360</td>
<td>5.5</td>
<td>9</td>
<td>401.5</td>
</tr>
<tr>
<td>Outpatient Medicine</td>
<td>3.5</td>
<td>3</td>
<td>125</td>
<td>4</td>
<td>0</td>
<td>132</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7</td>
<td>43</td>
<td>210</td>
<td>4.5</td>
<td>9</td>
<td>266.5</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
<td>16</td>
<td>262</td>
<td>4</td>
<td>10</td>
<td>292</td>
</tr>
<tr>
<td>Surgery</td>
<td>7</td>
<td>37</td>
<td>385</td>
<td>5.5</td>
<td>10</td>
<td>444.5</td>
</tr>
</tbody>
</table>

**FAMILY MEDICINE CLERKSHIP**

This clerkship emphasizes the acquisition of skills and knowledge related to the care of patients in the outpatient setting. Family Medicine physicians care for a diverse group of patients of all ages on a longitudinal basis providing acute care, chronic disease management, prevention, health maintenance and education. They also coordinate care when subspecialty consultation is required. Students will examine the role of the Family Physician, both in leading the patient-centered medical home and within the complex health care system as a whole. The clerkship begins with small group, hands-on instruction utilizing the Simulation Center and Standardized Patients and other diverse teaching tools to learn skills and procedures for the office setting. Students then spend five weeks in a continuity clinical practice site, mostly based in rural New England. Along with working one-on-one with a preceptor in their outpatient clinic, many community faculty involve the students in their hospital work, nursing home care and home visits. Some physicians include obstetrics or other special focus in their work such as sports medicine. Students complete a community project and study from a national on-line curriculum designed by the Society of Teachers of Family Medicine. (6 weeks)

**INTERNAL MEDICINE CLERKSHIP**

The inpatient medicine clerkship integrates material learned during Foundations (pathophysiology, epidemiology etc) with bedside clinical knowledge in the management of acute medical problems and chronic illness. Students expand their medical knowledge, develop their clinical skills including history taking and physical examination, interpret clinical information including laboratory and imaging data, learn differential diagnoses, practice
diagnostic and therapeutic decision making, and develop proficiency in how to effectively communicate this information in both oral and written formats. Students are integral members of the ward team which includes a hospitalist, 2nd or 3rd year medical resident, intern and acting intern. The clerkship relies on experiential learning supported by structured learning activities and didactic sessions throughout the clerkship. (6 weeks)

**NEUROLOGY CLERKSHIP**
The Neurology Clerkship is a combined inpatient-outpatient experience. Students spend most of the rotation on the wards on both the Inpatient General Neurology Team and the Acute Interventional Neurology Team learning to care for neurological patients in an acute care setting. Students take an active role in following and managing those patients assigned to them. In the outpatient experience, students complete focused history and physicals on patients presenting with acute and chronic neurological conditions. This rotation is an experiential experience supported by structured learning activities and group case discussions using clinical cases to discuss important concepts related to clinical neurology. (3.5 weeks)

**OBSTETRICS AND GYNECOLOGY CLERKSHIP**
The Obstetrics and Gynecology clerkship provides students with learning experiences that promote their observation of normal reproductive transitions, which include puberty, pregnancy and menopause. Also, the student studies the effects of reproductive tract problems on the overall physical and emotional health of females from birth to death. Students learn to promote emotional and physical wellness of their female patients, by working with clinical teaching teams consisting of educators, health care providers and patients. The student is trained to recognize and understand the pathophysiology and approach to the management of common and threatening problems related to reproduction. Clinical and scholarly experiences during the clerkship encourage lifelong self-learning in any field of medicine. These activities are conducted in an environment of respect for patients, students and teachers. (6 weeks)

**OUTPATIENT INTERNAL MEDICINE CLERKSHIP**
This outpatient clerkship provides learners with the foundation of skills, experience and knowledge that prepares them for further training in internal medicine. In addition to learning prevention and health maintenance, students experience the breadth of acute and chronic disease management. The clerkship consists primarily of experiential learning. It provides an opportunity for daily interaction with patients as well as one-on-one mentoring with a physician preceptor. The clerkship focuses on Basic Generalist Competencies and specific Clerkship Directors of Internal Medicine Learning Objectives/Training Problems. (3.5 weeks)

**PEDIATRICS CLERKSHIP**
The pediatric clerkship consists of both ambulatory and inpatient components. The goals are for students to acquire the basic knowledge, clinical and communication skills necessary to care for children from birth through adolescence. Students gain an understanding of growth and development, develop skills necessary for diagnosis and initiation of management plans for acute and chronic illnesses. They continue to develop problem solving skills, oral, and written communication skills, and develop health promotion strategies. They gain an understanding of
the role of the pediatrician in caring for patients and will develop knowledge of the influence of family, community and society on health care of children and adolescents.

PSYCHIATRY CLERKSHIP
The Psychiatry Clerkship improves the understanding of psychiatric illnesses and their management. Students recognize the signs and symptoms of psychiatric disorders, and the acute phase of response to pharmacological and psychotherapeutic interventions in largely inpatient, and some outpatient, settings. Through the lecture series and clinical teaching, students will develop knowledge of the etiology and pathogenesis of psychiatric illnesses and gain understanding of the indications for, mechanisms of action of, and potential adverse effects of a variety of treatments for psychiatric disorders. Students will develop empathy for those suffering with mental illnesses and knowledge of the role that psychiatric conditions play in clinical practices in all specialties. (6 weeks)

SURGERY CLERKSHIP
Students become part of the surgical team and experience the unique relationship surgeons have with their patients. Overall, this experience is challenging, exciting, and rewarding. Following this rotation, students recognize the clinical presentation of common surgical disease, and demonstrate competency in the basic management of surgical patients including pre-operative assessment and post-operative care. (7 weeks)

THE BRIDGE CLERKSHIP
This longitudinal curriculum is designed to support professional growth and extend the learning of Foundations competencies into clinical applications and decision-making. With a focus on genetics, ethics, epidemiology, nutrition, and professionalism, each of the nine themes of VIC weaves throughout the Bridges. The Bridge Clerkship is dispersed throughout the Clinical Clerkship year in a series of four Core Bridge intersessions.

Performance is evaluated by a combination of peer and faculty facilitators during discussion and skills sessions. In addition, the competencies expected to develop during the Bridge Clerkship are assessed in a comprehensive clinical performance exam that follows the clinical clerkship year.
Level 3 – Advanced Integration
The Advanced Integration level comprises required activities that enhance the student’s clinical skills and knowledge of basic and clinical science, and elective activities that allow the student to shape his or her own professional development. All students are required to include in their schedules:

- Two acting internships (AI). One of the AIs must be in Internal Medicine. Students who select the Surgery Major must do their second AI in a surgical specialty.
- An emergency medicine selective.
- One month of surgical specialty training.
- A teaching practicum/scholarly requirement the latter of which is required of surgery majors)

Students in the Surgery Major must also complete a Surgical Residency Readiness course and a month of anatomy.

ACTING INTERNSHIP
Each student completes two months of Acting Internships at either Fletcher Allen Health Care in Burlington or Danbury Hospital in Danbury, Connecticut. One of these must be in Internal Medicine. Only the required AI in Medicine is offered at Danbury Hospital. Each student completes a senior performance examination to measure expected competency in patient management at a pre-residency level.

ACTING INTERNSHIP IN INTERNAL MEDICINE
The Acting Internship in Internal Medicine consolidates and refines the student’s Internal Medicine medical knowledge and clinical skills at a level of competency necessary to deliver comprehensive care to medical inpatients. Through increased responsibility in the evaluation and management of patients and through closely supervised direct patient care experiences, students attain a level of competence and self-confidence sufficient to be prepared for entering their first year of residency. (4 weeks)

EMERGENCY MEDICINE SELECTIVE
This rotation integrates the practice of medicine in a situation where the student is the first provider to see the patient, forms working differential and treatment plan, and presents each patient to the attending. The Emergency Medicine requirement may be completed in any approved setting throughout the country. Online modules developed by the University of Vermont College of Medicine supplement the clinical experience and ensure consistent development of core knowledge for all students. (4 weeks)

SURGERY SPECIALTY / SUBSPECIALTY
Students complete either two separate two-week surgical specialty/subspecialty rotations, or one full month of acting internship in a surgical specialty/subspecialty. (4 weeks)
**TEACHING REQUIREMENT/SCHOLARLY PROJECT**

The Teaching Practicum/Scholarly Project revisits foundational sciences by teaching or scholarly activity and to reinforce longitudinal integration in the VIC by revisiting foundational sciences with clinical perspective. Students may fulfill the practicum experience in one of two ways: the Teaching Practicum or a Scholarly Project.

The Teaching Practicum entails one month continuous participation as a teaching assistant in the VIC foundations courses. Duties could include small group facilitation, laboratory teaching, tutoring and leading review sessions, developing on-line teaching materials, and preparing assessment and other teaching materials. Students attend two teaching workshops during the month, the first providing specific instruction tailored to their teaching duties, the second on assessment and feedback.

The Scholarly Project encourages the development of students as physician-scholars by gaining an understanding of the processes and methods involved in scientific inquiry. The scholarly project enhances inquiry, analytical, and communication skills. It solidifies the foundation for lifelong learning by through critical evaluation of data. The research project may be in the basic or clinical sciences.

**ELECTIVE COURSES**

Students are required to take a total of 12 months of credit-bearing activities, including elective courses. Students choose from an array of elective offerings from all departments of the College of Medicine. These electives are designed to expand clinical skills and knowledge and to assist students in exploring career choices. During Advanced Integration, students may also choose extramural rotations. They must have educational benefit and be approved by students’ advisors at least one month before the rotation begins.
Assessment of Student Performance

Students are assessed in cognitive, affective, and psychomotor domains in all courses with an emphasis on formative evaluation throughout each course, providing frequent feedback to the student. Examinations and quizzes are coordinated in all components. Honors/Pass/Fail grading is used in most courses; written and narrative evaluation of students is provided where appropriate. Students are evaluated individually against curriculum standards and are not ranked. Standardized examination of clinical skills are administered frequently. Measurement of clinical skill culminates in a comprehensive assessment at the end of Level Two. Those students failing this comprehensive clinical assessment are required to retake the assessment to ensure clinical competence. The United States Medical License Examination (USMLE) Step 1 must be passed before advancing to Level Two. Students must pass both parts of the USMLE Step 2 to graduate.

Evaluation of the Curriculum

Ongoing evaluation of all elements of the curriculum is essential to maintain continuous improvement of the curriculum. Evaluation of the curriculum is performed by students, faculty and staff. The process is coordinated by the staff of the Office of Medical Student Education and is performed by the Foundations and Clerkship Director’s Committees. These committees are responsible for the evaluation of all required courses and clerkships. The Instructional Improvement Committee has overall responsibility for management of the curriculum. For each course and clerkship selected students complete an evaluation of the course/clerkship and faculty in the course/clerkship. These data are provided to course faculty, course/clerkship directors, and department chairs. The course directors use the data to prepare a quality improvement report that is presented at a meeting of their peers, who discuss the course and offer suggestions for improvement. These findings are compiled into a quality improvement report.

The quality improvement report is distributed to the course director and to the Instructional Improvement Committee at its regular monthly meeting. The Committee considers the findings and recommendations of the Foundations or Clerkship Committee and may ask for a response from the course/clerkship director. After resolution of all outstanding issues, the amended report is approved by the IIC and sent to the course director for implementation of the mandated changes.

The Instructional Improvement Committee (IIC) monitors the curriculum by examining course, clerkship and component assessments. The IIC performs program evaluation using data from the AAMC Graduation Questionnaire and surveys of first year residency program directors. Program evaluation is also aided by examination of USMLE Step I and II scores and results of other standardized examinations.
Appendix 1. Clinical Skills and Behaviors Assessed in the UVM College of Medicine Curriculum

1. Using the AAMC 2005 and 2008 Clinical Skills Competency Report, the Clinical Skills Task Force identified items they considered as required competencies for all UVM COM students.

2. Using the same report, a document was prepared with VIC courses, bridges and end of level exams across the top and the combined AAMC Clinical Skills Competency Reports on the side.
   a. All items IN THE PROCEDURES SECTIONS that is underlined, bolded and in italics are those items that the Clinical Skills Task has chosen as required competencies.
   b. For the Patient Examination Section- We have listed all of the VIC Physical Exam Skill Sets that we currently teach.

3. The document was presented to Foundations and Clerkship Directors, faculty who directed selected courses within the Clerkship Bridges, and a selected group of three 4th year medical students during an elective rotation in the Clinical Simulation Laboratory to review.

4. They were asked to review the document and assign the level of competency they believed all students achieved at the completion of the course, bridge, clerkship or exam. In order to do that we choose a developmental scale. We chose the Miller’s Pyramid. We defined each level as:

   A= Knows (taught or shown to individual, small or large group)
   B= Knows How (hands on work with individual or small group or large group, with or without non standardized feedback)
   C= Shows How (individual standardized formative feedback)
   D= Does (individual standardized summative evaluation)

   A “D” assumes that students have passed through A, B and C levels in the course.
   A “C” assumes that students have passed through A, and B levels in the course.
   A “B” assumes that students have passed through A levels in the course.

The process was iterative and the final decision on the competency level was made by the course director. A complete copy of the report is available by contacting the Office of Medical Student Education at 802-656-0722.