

## **PRINCIPLES AND GUIDELINES FOR YEAR 3-4 CURRICULUM REVISION**

### **Principles and Guidelines**

#### **I. Curriculum oversight**

- A. Year 3-4 Course Directors and the Curriculum Committee should work cooperatively to assure curricular effectiveness.
- B. As is currently implemented for year 1-2 courses, courses in years 3-4 of the IMC will be reviewed regularly by the Curriculum Committee. These reviews will serve to apprise the Curriculum Committee of the current design, implementation, and effectiveness of each course, to allow the Curriculum Committee to provide feedback and recommendations to course leadership, and to allow the Curriculum Committee to assure that recommended changes are implemented to improve the effectiveness of the clinical curriculum.

#### **II. Curriculum Structure**

- A. The curriculum structure should incorporate flexibility in scheduling both required clinical experiences and elective clinical experiences, including elective time in year 3 and year 4.
- B. Required clinical activities should include an appropriate balance of primary & specialty care, inpatient and outpatient care, university-based & community-based experiences.
- C. Student activities in required clinical courses in years 3-4 should emphasize direct clinical experiences in conjunction with didactic instruction.
- D. There should be a required scholarly experience in year 4 that integrates basic science principles into clinical medicine under faculty supervision.

#### **III. Curriculum Objectives**

- A. Specification of the competencies desired of medical school graduates is essential in coordinating course objectives, designing student assessment, and monitoring clinical curriculum content.
- B. The clinical experiences of students should be documented in uniform fashion across courses.
- C. Courses should demonstrate an emphasis on professionalism in student experiences, role model exposure, and assessment.
- D. Courses should incorporate student attendance and participation into existing multidisciplinary work rounds and into other opportunities to demonstrate the functioning of healthcare teams, with emphasis on the professional interactions between healthcare disciplines.
- E. Each course should demonstrate that the instruction and assessment of students includes educational activity which emphasizes application of basic science to clinical medicine.

- F. The Curriculum Committee should establish procedures for evaluating and approving cross-course (“orphan”) topics for inclusion in the curriculum and for identifying appropriate courses in which each topic will be addressed.
- G. For approved cross-course topics, faculty or professional staff advocates should be identified who will work with directors of designated courses to assure that the objectives of the cross-course curriculum are met.
- H. Students should demonstrate competence in a specific set of procedural skills prior to graduation. The Curriculum Committee and courses should collaborate to identify the required procedural skills and to distribute the teaching and assessment of these skills among courses

#### IV. Student Assessment

- A. Evaluations and exams within and across courses should assess the objectives and competencies established for the curriculum and its courses.
- B. Courses should include direct observation of students’ clinical skills by faculty and provide early formative feedback as well as summative assessment of these skills.
- C. A formative standardized patient exam during year 3 should be implemented in order to allow early identification and remediation of students with deficient skills.
- D. Courses are encouraged to use NBME subject exams to assess content acquisition by students. If locally generated exams are used, their psychometric characteristics should be rigorously evaluated and optimized.
- E. All course assessments should include assessment of clinical reasoning.