Issue	Ideas/Solutions
Admissions *Group 7*	**Academic Prerequisites**: • Add humanities (ethics, communication, sociology/psychology) • Refocus Sciences (physiology, statistics, medical terminology) *Medical Student Graduate Targets*: Knowledge, Adaptability, Interpersonal **Life Experiences**: • Community Service • Employment • Hobbies *Medical Student Graduate Targets*: Interpersonal, Patient Focused, Adaptability
Admissions *Group 6*	**Science Prerequisites**: • Stem/Non-Stem **Education on World Culture** • World Travel • Foreign Languages (education) • Courses on history/anthropology **Education on Communication Skills** **Experience with Medical Profession** **Exposure to Research (fosters critical thinking)** **Diversity in experiences**
Role of Faculty *Group 7*	**Role model for students** *Medical Student Graduate Targets*: Patient Centered, Procedural Skills, Knowledge **Determine essential content** • Stay current with literature *Medical Student Graduate Targets*: Knowledge **Facilitators of Active Learning** • National online curriculum (i.e. Khan Academy) • Flipped classroom based on curriculum *Medical Student Graduate Targets*: Procedural Skills, Adaptability, Interpersonal Skills, Clinical Reasoning **Mentor/Advocate/Instigator** *Medical Student Graduate Targets*: Patient Focused, Interpersonal Skills, Adaptability
Role of Faculty *Group 6*	**Broad conceptual knowledge of material** • Ability to add value to material **Role Modeling** • Humility/knowledge of limitations • Role model professional attitude • Respect • Passion • Role modeling critical thinking **Develop team processes and collaboration** **Work to their strengths** • Let researchers be researchers, let educators be educators
Role of Faculty *Group 5*	• Recognized for Teaching • Outcomes NOT based on Student Evaluation • Opportunity for Professional Development

	• Opportunity for Experimentation • Safety for Innovation • Faculty Development for Affiliated Faculty • Compensation
Evaluation *Group 4* Methods to evaluate the curriculum	• Step 1,2,CS scores • Residency matches (match rate and quality) • Feedback from AAMC graduate questionnaire • Feedback from Residency Program Directors • Independent evaluation (by another school?) • Follow-ups with graduates (5-10 years, longitudinal evaluations, surveys of Program Directors?)
Evaluation *Group 8*	**Asynchronous testing** **Computer adaptive testing** **Technologies to evaluate other assessments**: • Short answer • Simulations • Patient encounters (recordings/fit bit bracelet on learners)
Evaluation *Group 5*	**Change/remove "ABC" grade** • Milestones (M3 – Residency) • Portfolio • Faculty for direct advising (portfolio and feedback) **Assessments with feedback** • Professionalism • Document characteristics (compassion, positive behaviors) **Lower patient load** • 1 patient in the morning/ 1 patient in the afternoon
Humanity, Professionalism, Technology, Interprofessional Teamwork in Curriculum *Group 2*	**Professionalism** • Role modeling • Faculty development • Critical feedback to students **Humanity** • Narrative medicine • Reflective medicine **Interprofessional Teamwork** • Patient centered • Nurse • Pharm D • Discharge planner • Informatics Librarian • Registered Dietician • Student/Resident/Fellow • Social Worker • Physical Therapy/Occupational Therapy
Humanity,	**Students and residents should maintain involvement in all activities of life. Be a**

Professionalism, Technology, Interprofessional Teamwork in Curriculum *Group 3*	**whole person** **Have a longitudinal program encompassing HPTIT.** • Teach them that practice of medicine is team work • Appreciate all the staff that work with you **Create mini-rotations with interprofessionals** • Chaplain, Social workers, Case managers, Nurses, Techs, Ethics committee • Provide assessment and feedback to medical student, maybe through min-rotation preceptors **Expose students to the latest technology throughout medical school**
Technical Support and Technology *Group 3*	Know the limitations of EMR Identify gaps in EMR in terms of student involvement EMRs need to talk to each other across hospitals/clinics Limit the use of handheld electronics during patient contact Create an app that will help student see what exam/technique they've missed. *Medical Graduate Target*: Self-Directed Learner An app that tells the student the learning requirements of each educational activity that they need to know *Medical Graduate Target*: Proactive **Questions**: In the instance of scribes, what is student involvement? How does tech effect student//doc/patient interaction?
Technical Support and Technology *Group 8*	**AI helper to**: • Improve communication, documentation, ordering (better EMR) • Patient Resources • Data mining **Better assessment, besides**: • Multiple choice • Open answer • Reviews of patient encounters • Simulations for competency **Patient avatars ties to specific learning objective**
General Design/ Length of the Curriculum *Group 3*	**Competency based progression** • Asynchronous Evaluations • Prescreening of milestones • Individually paced **Faculty Role** • Assessment • Some case based sessions • Some oral assessments **Longitudinal patient exposure** • Continuity • Starting early **Interprofessional Education** • Patient Safety and Quality Improvement Projects

General Design / Length of the Curriculum *Group ?*	**Longitudinal Curricular Themes** • Medical Nutrition • Evidence Based Medicine • Professionalism • High Value Care – PBL on Cost Awareness **Integrated into Curriculum** • Reinforcing concepts from pre-clinical years in the clinical years • Case reviews • Team-based model
Other: Developing a Self-Directed Learner *Group 4*	• Faculty as coaches across 4 years – longitudinal monitoring • Better trained to asses students ability for Self-Directed Learning • Foster curiosity • Create climate of stimulation • Teach students how to formulate questions • Possibly asses ability for Self-Directed Learning during admissions • Ask M3/M$ students (along with faculty) to reflect on missed opportunities during medical school • Portfolio-based assessment
Other: How can we reframe the clinical education of our students? *Group 1*	• Make the 4th year clinically meaningful • Need to generate accountability and passion from faculty • Need to invest in faculty development and support faculty time spent teaching • Consider continuity clinics sponsored by engaging community partners (Student centered/Interprofessional Education) • Consider engaging University partners across the state to provide resources and/or establish joint curricular goals • Enhance use of adaptive learning resources across all domains
Other: Preparation for Residency *Group 5*	**4th year after Match certified students will be Apprentice/ Sub Interns** **Skills** • IV • NG tube • Central lines etc. • LP • Suturing, casting • Informed consent • Disclose errors • Oral reports • Codes • Billing/coding/business of medicine • Progress notes/documentation