Competency-Based Curriculum Reform Retreat

Summary generated for CTAG, July 2018

# Background

In May 2017, the College of Medicine hosted an annual faculty retreat designed to encourage conversations and create a sense of urgency around curriculum reform. While framed around competency-based education, several themes emerged that may be helpful for the Curriculum Transformation Advisory Group.

The retreat represented many point of views as we invited diverse stakeholders to the event. We’ve represented broad group participation below:

COM leadership (Dean and Associate Deans) – 4

Community faculty – 5

Core faculty – 19

Faculty development – 3

Library faculty – 2

Partner hospital leader – 1

Planning & knowledge management – 2

Residency program directors – 3

Student Academic Support Services – 2

# Identified competencies for the Physician of 2030

The faculty agreed that the following competency areas would be important for a physician practicing in 2030 and beyond:

* Effective communication
* Basic clinical skills
* Basic science and practice of science
* Diagnosis, management and prevention
* Lifelong learning
* Professional development and professional growth
* Social and community context of healthcare
* Population health
* Clinical ethics
* Problem solving and critical thinking
* Teamwork
* Practice Based Learning and Improvement
* Self-regulation, flexibility and prioritization of new knowledge

# Areas for Reform

Curriculum features that encourage standardization of student experiences

* P3 – clinical assessment of skills
* Systematic approach and increased observation throughout the curriculum
* Standardization of policies across different hospitals
* Increase simulation to inform assessment

Skills that need to be emphasized and assessed in learners

* Patient handoff (patient safety)
* Health advocacy and moral development
* Focused exam and history
* Preventative medicine
* Professional development and growth (leadership, communication skills, stewardship of resources, work-life balance)
* Empathy
* Scientific writing or interpreting literature (EBM)
* Clinical reasoning
* Professionalism
* IPE – noted that activities occur but the need for more opportunities and assessment
* Ability to seek and accept feedback
* Identification of community health needs (various approaches to healthcare)

Curriculum features that increase relevance of training

* Begin clerkships in the second year
* Vertical integration
* Evaluate the level at which the basic sciences are taught
* Align basic science to clinically relevant topics
* Healthcare finance, insurance, payment (systems-based practice)
* Journal club – helps with interpreting literature for practice and lifelong learning skills
* Reflective writing – to increase empathy
* Critical thinking essays and case presentations/projects to improve clinical reasoning
* Technology relevant to the bedside

Hidden curriculum

* Reduce increased focus on board review
* Recognize and address the observation of short cuts in practice (loss of clinical skills in M3)
* Reduce extrinsic motivators -> cultivate lifelong learning
* Increase strategies that emphasize long-term memory retention and lifelong learning (requires change in assessment strategies)