Introduction to the Shared Discovery Curriculum

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Rationale for Change
The Shared Discovery Curriculum focuses on providing students with early clinical experiences, progressive clinical complexity, and longitudinal faculty support. Changes in clinical work and educational technology have made older curricular systems less effective than they once were. The Shared Discovery Curriculum is focused on teaching students more, faster through integrated clinical experiences and student-faculty collaboration.

Guiding Principles Adopted by the Curriculum Committee

- Adult Learning/Professional Development
- Competence and Excellence
- Humanistic Instructional Design
- Integration
- Patient-Centered Faculty Development

Early Clinical Experience (ECE) (see the poster)
- Outpatient primary care clinical experiences 2 half days a week
- Social context of clinical care throughout
- Prep for the ECE:
  - Making students safe in clinic
  - Competency in duties of Med Assistant
  - Orientation in basic science
  - Medical Assistant
    - Rooming patients, establishing rapport, taking vital signs, giving vaccinations, diabetic foot exams, etc.
  - Patient Care Manager/educator
    - Med reconciliation, phone follow-up, smoking cessation, nutrition counseling, etc.
  - Chief Complaints and Concerns (C3)
    - Basic and problem-focused interviewing, differential diagnosis, basic management principles

Middle Clinical Experience (MCE)
- “Do more” clinical experience in late first year and much of second year
- Social context of clinical care throughout
- Inpatient experiences
  - Adult Wards
- Outpatient Experiences
  - Obstetrics and Gynecology
  - Emergency Medicine
  - Non-physician clinical experiences
    - Nutrition, Physical Therapy
- Uses the Learning Societies and Chief Complaints and Concerns (C3)
  - Basic and problem-focused interviewing, differential diagnosis, basic management principles
  - Programmed topics weekly

ECE Pilot
- 21 students, 8 faculty, 7 weeks in the Summer of 2013
- Demonstrated feasibility of ECE for student clerkship in diverse clinics
- “Discovered” the value of the Learning Society Model
- Well received by students, faculty, and clinics
- Students were formally engaged, and we used the same frame as the faculty.
- Selected faculty basic science knowledge and student organization leading to a more programmed design for the ECE and MCE of the new curriculum
- Tested about 8 teaching methods

Progress Testing
- Two comprehensive testing periods per semester
- Students pass their semester course by demonstrating adequate progress on the following measures:
  - Competence in duties of Med Assistant
  - Orientation to basic science
  - Medical Assistant
  - Portfolio assessment
  - Project (QI, research, case write-ups)
  - Progress Clinical Skills Examination (OSCE)
  - NBME Comprehensive Clinical Skills Examination

Late Clinical Experience (LCE)
- 21 students, 8 faculty, 7 weeks in the Summer of 2013
- Traditional required disciplinary clerkships
  - Students still get a H,P,CP, N grade on their transcript and in MSPE
  - “Discovered” the value of the Learning Society Model
  - Well received by students, faculty, and clinics
  - Students were formally engaged, and we used the same frame as the faculty.
  - Selected faculty basic science knowledge and student organization leading to a more programmed design for the ECE and MCE of the new curriculum
  - Tested about 8 teaching methods

Learning Societies (see the poster)
- Four Learning Societies with branches of 25 students and 8 faculty in Grand Rapids and East Lansing
- Curricular small group precepting, clinic debriefing, portfolio review, personal learning plans, professionalization
- Improved faculty engagement in the pilot
- More and more common in medical schools but most are not as involved in curricular in the C3 societies will be by
- Learning Society faculty will have protected time for their effort (about 30%)
- Clinical, necessary science, and humanities faculty will participate in the Learning Societies

Chief Complaints and Concerns (C3) and Just In Time Medicine
- Content of the SDC is organized by patient complaints and concerns rather than by discipline or organ system
- All necessary science and humanities (including cultural competence, ethics, public health) are included in the C3 documents
- The Shared Discovery Curriculum (SDC) created by Gary Ferenchick to utilize the C3 documents for:
  - Direct observation assessment
  - Organization and maintenance of content
  - Content resources and resource management