SCRIPT Competency Based Curriculum

Mary Noel, MPH, PhD, RD and Robin DeMuth, MD

Rationale

- A competency based educational model would best serve the needs of future physicians and the public. This model should fit the framework of SCRIPT that the college has already adopted.
- Faculty and college resources should be organized around a model that facilitates faculty efforts in teaching, clinical care, and research.

Description of Curriculum

Curriculum implementation by proposed year in school (but competency in that year’s goals could be demonstrated to the Promotions Committee before the end of the year, allowing some students to advance early).

<table>
<thead>
<tr>
<th>SCRIPT</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Project Participation</td>
<td>Paper/ Presentation</td>
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<tr>
<td>Care of Pt.</td>
<td>1 Knowledge</td>
<td>1 Skills Demonstration</td>
<td>2 Skills</td>
<td>2 Knowledge Sub I Gateway</td>
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<tr>
<td>Rationality</td>
<td>1 Knowledge</td>
<td>1 Skills Demonstration</td>
<td>2 Skills</td>
<td>2 Knowledge Sub I Gateway</td>
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<tr>
<td>Integration</td>
<td>1 Knowledge</td>
<td>1 Skills Demonstration</td>
<td>2 Skills</td>
<td>2 Knowledge Sub I Gateway</td>
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<tr>
<td>Professionalism</td>
<td>Written Work Presentation Demonstration</td>
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Each year a project that the college sponsors across communities (time commitment of at least 20-40 hours each year with specific outcomes to be predetermined).

CARE OF PATIENTS

From Behavioral and Social Science Foundations For Future Physicians (AAMC,11/2011;p.24)
1. Accurately describe the influence and potential implications of culture and community context on health behaviors, beliefs and outcomes, as well as how physicians should appropriately integrate this knowledge into patient care.
2. Build a comprehensive, accurate, and relevant patient history using an approach that supports a therapeutic alliance between patient and physician and that displays self-awareness and reflective practice.
3. Use appropriate sources of information that identify and explicate a significant public health issue; be able to analyze data and information to reach a defensible conclusion, carefully noting specific limitations to inferences made.
4. Effectively explain to a patient, using the principles of shared decision-making, the patient’s medical condition and/or treatment options (for common conditions and risk factors) within the context of that patient’s background, education and belief systems.
5. Honestly and comprehensively document and access patient information within medical records, including the EMR. Understand the consequences of emerging forms of clinical recording.
6. Describe the potential impact of changes in governmental and private-sector health policies and how to advocate on behalf of individual and groups of patients in relation to the policy’s intended consequences.
7. Provide patient-centered behavioral guidance, and explain the appropriate theoretical model that supports the approach.
8. Accurately describe the organization and basic financial models of the U.S. health care system, its overall performance, and potential impact of these realities on patients the student has cared for.
9. Accurately describe how social determinants of health influence health outcomes and how physicians can incorporate this knowledge in the care of patients.
10. Accept and report personal errors, discuss the potential sources of errors, and develop an action plan to reduce the risk of future errors.

* Effectively work within a team.

RATIONALITY

From Scientific Foundations for Future Physicians (AAMC,2006;pp 8-20)
1. Apply knowledge of molecular, biochemical, cellular, and systems-level mechanisms that maintain homeostasis, and of the dysregulation of these mechanisms, to the prevention, diagnosis, and management of disease.
2. Apply major principles of physics and chemistry to explain normal biology, the pathobiology of significant diseases, and the mechanism of action of major technologies used in the prevention, diagnosis, and treatment of disease.
3. Use the principles of genetic transmission, molecular biology of the human genome, and population genetics to infer and calculate risk of disease, to institute an action plan to mitigate this risk, to obtain and interpret family history and ancestry data, to order genetic tests, to guide therapeutic decision making, and to assess patient risk.
4. Apply the principles of the cellular and molecular basis of immune and nonimmune host defense mechanisms in health and disease to determine the etiology of disease, identify preventive measures, and predict response to treatment.

Discussion

PROS
Meets new direction of medical education.
Competency based.
Evaluation driven.

CONS
Not traditional way faculty think.
Not department driven.
Implementation would take major work in reorganization.

Resources and Faculty Development

- Academies created to meet mission of teaching, research, outreach/clinical service.
- Accountability of faculty to each academy as well as department.
- Need to re-think resources to meet educational needs.
- Faculty effort – 2250 hours [50 hrs/wk for 45 wks].
  - Academy of Teaching – Faculty appointments: 70% Teaching (1875 hrs.)
  - 30% Research/Clinical (675 hrs.)
  - Academy of Clinical Services – Faculty appointments: 80% Clinical (1800 hrs.)
  - 20% Teaching/Research (450 hrs.)
  - Academy of Research – Faculty appointments: 80% Research (1800 hrs.)
  - 20% Teaching/Clinical (450 hrs.)

Each element of SCRIPT would have a director, with each competency having its own leader and team.
Each group of 20 students would have a group of 4-5 faculty to help with their progress, and this group of faculty would stay involved over the course of the student’s education.