

### **Guiding Principles for a New Curriculum**

#### Adult Learning/Student centered

- Self assessment, self directed study, modular
- Practice, practice, practice
- Individualized learning plan

#### Competence and excellence

- Achieve starting ACGME competencies\* but have opportunities for students to excel
- Spirit of inquiry
- Critical thinking

#### Rational instructional design

- Methodology follows objectives which follow goals
- Coherent assessment system
- Developmentally sequenced
- Reinforcement

#### Humanism

- Biopsychosocial for patient and physician
- Pluralism (diversity, respect, etc)

#### Integration

- Basic and Clinical Science throughout curriculum
- Early clinical experience

#### Patient centered

- Early clinical experience, reflection, communication, outcomes
- Individualized medicine

#### Faculty Development link to the curriculum

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#### Community Medicine

- Public health, community needs assessment
- Health policy
- Interprofessional
- Population/Public Health/Preventative Med.

#### Chronic Disease

#### Compassion, empathy

#### Innovative use of technology

#### Problem based

#### Cultural competence

#### Healthcare disparities

#### Future oriented

#### LCME accreditation standards

#### Multidisciplinary programming

#### Safety Science

#### Continuous quality improvement model

Teamwork including working with multidisciplinary health care workers (nurses, resp Rx, social service, community health workers, med techs, etc)

#### Leadership

\*Patient Care, Medical Knowledge, Practice-based Learning & Improvement, Interpersonal & Communication Skills, Professionalism, Systems-based Practice

\*\*Approved by the CHM Curriculum Committee at their September 27, 2011 meeting

\*\*\*Amended October 6, 2011 to include additional below the line items