

## Integrated curriculum

- Background
- Process
- Experiences
- Outcomes
- Plans for next year

#### Medical School Curricula

- Flexner Report
  - **1910**
  - Emphasis on basic science
  - Emphasis on clinical clerkships
  - "Traditional Curriculum" 1

### **Traditional Courses**

- Preclinical or basic sciences
  - Biochemistry
  - Anatomy
  - Physiology
  - Pathology \
  - Microbiology
  - Pharmacology

### "Newer" Courses

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#### **Course Formats**

- **Lecture-based**
- Discipline-based versus "organ systems".
- Case-based
- Problem-based learning
- Team-teaching
- On-line (distance)

## **LCME 2005**

Partial or substantial noncompliance

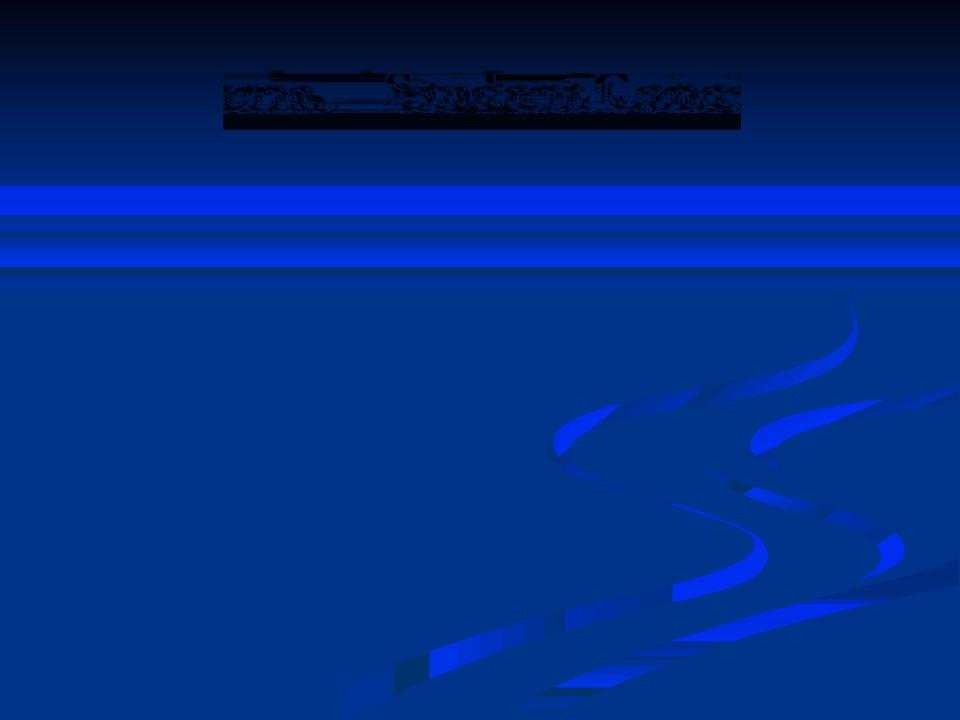
ED-33. There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and organized curriculum.

## ED-33

"limited central resources and strong departmental authority over the educational program combine to preclude effective integrated institutional responsibility for the overall design, management, and evaluation of the curriculum. ...largely unchanged from the last survey, when curriculum management was cited as a concern."

### **LCME 2005**

- Other concerns were expressed about
  - too much lecture time.
  - Ilimited "self-directed study"
  - too many hours (over 1000 versus national
    - average of about 700)
      - too many exams



## Integrated Basic Science Curricula

- About 40-50% of American medical schools
  have partially or completely integrated curricula
- In 2008, only 69 of 143 US and Canadian MD programs had a course titled "biochemistry" (48%)
- Wide variety of course titles and integration
- Same (about 90% congruence)
  topics/information taught in first two years

## Challenge

- Increase central control and coordination
- Decrease lecture and total contact time

- Same faculty
- Same amount of information on Step 1

# Premise—Do more by Doing less

"The mind can labsorb only what the butt can be endure".

- Limit lecture by small time (120 min to 90 min)
- Decrease redundancy by improving order
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### **Process**

- 12-18 months of planning meetings by course directors
- Same faculty, same topics, different order
- Improved cross-disciplinary understanding
- Some within session integration

### **Courses Combined**

- Medical Biochemistry
- Human Morphology (already combining Histology, Embryology and Gross Anatomy)
- Medical Physiology
- Neurobiology (already an integrated course)

#### Other First Year Courses



# General Organization

- Basic Principles
- Organ Systems
  - Musculoskeletal
  - Cardiovascular
  - Respiratory
  - GI
  - Renal

(Lymphatic)

Hematologic

Endocrine

Reproductive

Neuro

# Organizational

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# **Changes in 2007-2008**



## -Net Changes

- 55% reduction in scheduled lecture time
- 52% reduction in exam time

- No reduction in lab time
- No reduction in small group, clinical time

#### Issues in 2007

- "front-end" loading of biochemistry
  - About 50% of biochemistry "points" in first two exams

Addressed with "in course enrichment" (ICE) tutorial sessions (led by Ms. Young)

# Addressed in coming Year

- Eliminated "biochemistry"
- Extended topic "footprint" (over longer time)
- Integrated "ICE" into schedule
- Complex process to "catch up" students in fall to allow "adapt to medical school" time

### **Other Issues**

- Irregularly irregular topic schedule
- This is an artifact of "integrated topics" without integrated courses

Now courses are time-based,

### Curriculum 2007-8

- Biochemistry.
- Human Morphology
- Physiology
- Neurobiology
- Fundamentals of Medicine 17hr
- Community Health

44hr

10 hr

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10 hr

7 hr



