

## **THE GUIDING PRINCIPLES OF THE UNDERGRADUATE MEDICAL CURRICULUM**

- The purpose of the M.D. curriculum is the general education of the physician. Education should not be the transfer of information but the transformation of the learner.
- The Faculty are responsible for defining the specific content of each course and clerkship.
- All Faculty are expected to participate in the educational programs involving medical and/or graduate students and/or resident physicians.
- Students are expected to participate fully in all aspects of the medical education program.
  - Revisions to the curriculum will involve all students rather than separate curricular tracts.
  - The evaluation of student performance must include traditional approaches and, in addition, performance-based assessment of the acquisition of clinical skills, knowledge and attitudes when deemed appropriate.
  - The evaluation of student performance must include the following core competencies: professionalism, fund of medical knowledge, clinical skills, communication skills, and evidence based practice.
  - Evaluation of student performance must be timely, include formative and summative feedback and be provided by faculty who are familiar with the performance of the student.
  - The educational process must foster independent and life learning skills by promoting synthesis of material, critical thinking, and problem solving skills.
  - Transition courses must be provided at three strategic points to facilitate the progression from undergraduate to professional school, from the predominantly basic science curriculum to the clerkship experiences and from medical student to resident physician.
  - The basic science curriculum is to be organized into integrated, multidisciplinary Units relating structure to function and progressing from normal and abnormal cells and behavior to the pathophysiology of disease and psychopathology as a continuum.
  - A longitudinal clinical experience must occur early in the first year and continue through the second year of the predominantly basic science curriculum.

- Societal and behavioral issues in health care must be addressed early and throughout the MD education program.
- The core clinical clerkship curriculum must be delineated and completed in the third year.
- Electives and/or selectives must be provided to enhance the educational value of the fourth year and to permit individualization of the educational experience throughout the curriculum.
- The content of the basic and clinical sciences curriculum must be continuously scrutinized for appropriate depth, breadth, and integration.
- The Associate Dean for Medical Education, under the supervision of the Dean, is responsible for all aspects of the medical education program including the undergraduate MD program curriculum, admissions, student affairs, and student support programs.
- The Curriculum Committee is responsible for implementation, coordination and evaluation of the curriculum to assure appropriate curricular evolution
- Criteria for the academic advancement (promotion and tenure) of Faculty must assure equity and balance of teaching activities with scholarship, patient care and service.

Approved by the Faculty Council & Primary Faculty in December 1990

Revisions approved by the Subcommittees May 2003

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## **OHSU School of Medicine Learning Objectives**

### **Knowledge, Reasoning and Problem Solving**

Before graduation, the student will have demonstrated:

(Structure): Knowledge of the normal structure

(Function): Knowledge of function of the body and its major organs

(CMB): Knowledge of the molecular, biochemical and cellular mechanisms that are important in maintaining the body's homeostasis.

(Pathology): Knowledge of the various causes of disease and the ways in which they operate in the body.

(Pathophysiology): Knowledge of the altered structure and function of the body and its major organ systems in various diseases and conditions

(Therapeutics): Knowledge of the principles of pharmacology, therapeutics and therapeutic decision-making.

(GPI): Knowledge of the principles of genomics, proteomics and bioinformatics and their applications in Medicine

(Clinical Lab): Knowledge of the scientific principles of laboratory diagnosis and the ability to critically evaluate their limitations.

(Epidemiology): Knowledge of the epidemiology of common diseases and systematic approaches useful in reducing the incidence and prevalence of those diseases

(Reasoning): The ability to reason deductively in solving clinical problems

(Informatics): The ability to retrieve, manage, and use biomedical information for problem solving and medical decision making.

(Scientific Method): Understanding the importance of the scientific method in establishing causation of disease and the efficacy of traditional and non-traditional therapies

(Medical Ethics): Knowledge of the theories and principles that govern ethical decision making and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life, and those that arise from the rapid expansion of the knowledge of genetics.

(Evidence): Ability to critically evaluate the knowledge base supporting good patient care.

(Quality Gap): Ability to evaluate the quality of health care, and to identify prevailing gaps in best practices and the steps necessary to close the gap.

(Quality Improvement): An understanding of, by way of direct involvement in, implementation of quality improvement initiatives.

(Research Ethics): An understanding of the ethics involved in subscribing to the principles of good clinical practice in research with human participants.

(Research Critique): Ability to assess and critique, at a fundamental level, research as it is reported in medical journals, based on an understanding about how the data is derived.

(Research Importance): An appreciation of the role and importance of research and investigation in the care of patients.

### **Clinical Skills**

Before graduation, the student will have demonstrated:

(History): The ability to obtain an accurate medical history that covers all essential aspects of the history including issues that relate to age, gender and socio-economic status.

(PE): The ability to perform a complete physical examination

(Procedures): The ability to obtain consent, perform and document commonly provided procedures as required for appropriate patient care.

(Interpretation): The ability to interpret the results of commonly used diagnostic procedures.

(Lab Dx) Knowledge of the most frequent clinical laboratory and pathologic manifestations of common diseases.

(Rad Dx) Knowledge of the most frequent radiologic manifestations of common diseases.

(Management): The ability to construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions (acute and chronic; short and long term).

(Emergencies): Ability to recognize patients with immediately life-threatening emergencies and to institute appropriate initial therapy.

(Critical Care): Ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.

(Pain/suffering): Knowledge about relieving pain and ameliorating suffering of patients.

(Communication): Ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues and others with whom the physicians must exchange information in carrying out their responsibilities.

### **Attitudes and Behavior**

Before graduation, the student will have demonstrated:

(Humanism): Compassionate treatment of patients and respect for their privacy and dignity.

(Honesty): Honesty and integrity in all interactions with patients' families, colleagues and others with whom physicians must interact in their professional lives.

(Collegiality): An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in patient care.

(Conflict of Interest): An understanding of the threats to medical professionalism posed by conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.

(Humility): The capacity to recognize and accept limitations of one's knowledge and skills and a commitment to continuously improve them.

(Learner): The understanding of the need to engage in life-long learning to stay abreast of relevant scientific advances.

(Professionalism): The ability to conduct themselves with high ethical and professional standards at all times.

(Humanism): An understanding and respect for patients and colleagues with different cultural backgrounds.