

UW Medicine

UW SCHOOL
OF MEDICINE

Vision Statement for the Medical School Curriculum July 2012

Overarching aspiration:

The University of Washington School of Medicine helps all students achieve their highest potential to improve the health of the public, through an integrated and dynamic curriculum that emphasizes scientific foundations, humanism, the social context of disease and discovery

Guiding principles:

1. **Our graduates are skilled physicians who are engaged, compassionate and committed to excellence.**

University of Washington School of Medicine graduates will demonstrate excellence in all aspects of their professional work, including strong knowledge of medicine and outstanding critical thinking and clinical and communication skills. Our graduates will create, sustain and advance medical and scientific knowledge.

Our graduates will understand and value the UW School of Medicine's **mission** to improve the health of the public. They will place the needs of patients and their health first and foremost in all settings, serving the healthcare needs of local, regional and global populations. This will include a commitment to primary care and other needed health care services throughout the WWAMI region.

Our graduates will exemplify and demonstrate the highest values of **professionalism**. These include altruism, honor and integrity, respect, responsibility, caring, compassion and leadership. Our graduates will cultivate a moral and professional compass that leads to genuine respect for patients, families, colleagues and co-workers.

Our graduates will embrace **teamwork and professional collaboration**. They will strive to create a culture in which every member of the healthcare team is a respected professional with a unique and valued role. They will recognize, acknowledge and work within their own limits, striving to expand those limits while appropriately understanding and acknowledging the roles and contributions of others.

Our graduates will demonstrate a strong commitment to **servicing individuals and populations**. They will promote health equity and will advocate for those in need due to economic, social, cultural, ethnic and health factors. They will demonstrate cultural competence and responsiveness to cultural and social needs and changes.

Our graduates will meet the challenges and rigor of training and practice with a **committed, sustained and growing enthusiasm for medicine**. They will continuously improve their knowledge, skills and attitudes throughout their careers, practicing self-reflection and lifelong learning and responding to the ongoing changes occurring in healthcare and medicine.

2. Our teaching faculty are as dedicated to excellence in education as to excellence in their areas of expertise in science and/or medical care.

In **preparing and evaluating the curriculum**, our teaching faculty will practice continuous improvement, anticipating and responding to changes and advances in healthcare and medical education. They will design, implement, emphasize and improve activities that challenge and expand learners. In order to achieve the best possible teaching and learning, our faculty, with the support of the Center for Medical Education, will seek and be provided with opportunities for professional development that foster professional growth as educators, scholars of medicine, and members of the health professions.

In **working with students**, our teaching faculty will model the most appropriate and effective approaches to teaching and learning. They will provide the best and latest in knowledge relevant to a career in medicine, engaging learners in problem-solving, decision-making, critical thinking and effective communication within and across healthcare teams. They will provide meaningful, fair and timely formative and summative feedback to students and peers. They will emphasize continuously the value of medical education and the enjoyment inherent in teaching and learning and in pursuing a career in medicine.

3. Our teaching and learning philosophy and approaches recognize that all involved in medical education – students, faculty and patients – are both teachers and learners.

Our **educational philosophy** will be based on continuous improvement of a curriculum that meets the best and most contemporary needs of students of medicine and medical science. It will acknowledge, appreciate and utilize the knowledge and wisdom that students, teachers, other health professionals and patients bring to the learning environment.

Our philosophy will recognize and emphasize the primacy of critical thinking and active learning. The concept of integration will be foundational—integration of new knowledge with old, integration of knowledge across biological and social systems, and integration of teaching and learning across the educational continuum.

Our philosophy will emphasize the primary responsibilities of students, teachers and clinicians in clinical settings to meeting the needs of patients, including deep understanding and respect for patient safety, high-quality care, efficiency and cost-effectiveness, and patient comfort and satisfaction. It will maintain a clear understanding of the distinction between learner-centered

education that characterizes education outside of patient settings and patient-centered care that assumes primacy when patients and their families are present.

Our **educational approaches** will focus on the most effective, efficient and stimulating use of teachers' and students' time to maximize development of knowledge and skills while recognizing the progressive nature of learning in which knowledge and understanding should be revisited at increasingly deeper levels to achieve synthesis.

Our approaches will incorporate a variety of learning models (didactic, laboratory, simulation, small group, problem-based, team-oriented and independent learning options) that honor and address both individual and collective learning strategies. These will include patient- and population-centered experiences that engender and foster respect, compassion, advocacy and culturally responsible care.

Direct patient exposure will be integrated into the student experience from the start of medical school, including integration of patient experiences with classroom learning, service learning opportunities incorporated into the fabric of education, patient experiences with other health professions, and local, regional and global opportunities for patient care.

Consistent with the philosophy of continuous curriculum improvement, the curriculum will undergo **ongoing evaluation** using the highest possible standards and methods of data collection and interpretation to improve the curriculum. The perspectives of learners and teachers will be monitored by eliciting constructive and meaningful feedback and will be used to adjust, adapt and improve the curriculum.

4. The WWAMI program is a unique and vital core of the UW School of Medicine that values and models community, connectivity, commitment and service on behalf of meeting the needs of our region, especially by recognizing the importance of primary care and service to underserved populations.

The WWAMI program sets a national standard for outstanding medical education. It provides diverse, excellent education and clinical experiences that represent the breadth and depth of healthcare needs and build on the collective strength of the region.

The WWAMI program is a vital part of all aspects of our medical education and health professions programs and curriculum, from admissions onward. Faculty will work together to build a shared understanding of WWAMI's strengths. This includes a focus on and advancement of active, collaborative partnerships of region-based and Seattle-based basic science and clerkship faculty working together on course content, implementation and evaluation. The collective and collaborative strengths of the WWAMI region and program increase the quality, value and relevance of the entire UW School of Medicine curriculum.

The curriculum will provide a standardized, integrated experience across the four years of medical school region-wide. It will provide students with real-life clinical opportunities and attention to population health from a regional perspective that are not easily available in academic settings. It will maintain high and consistent standards of excellence using a common core curriculum and rigorous, common program evaluation metrics.

Our educational programs will support the unique characteristics and strengths of each state while recognizing that the whole is greater than the sum of its parts. Our approaches will work to collaborate with and meet the healthcare needs of partner states, addressing their health workforce requirements through educational expansion and growth consistent with the UWSOM and WWAMI educational system, approach and capacity.

5. Our curriculum reflects the continuous and lifelong nature of medical education that is linked to improving the care of patients and communities.

The curriculum will incorporate throughout its fabric the *scientific foundations of medicine* that underlie a clinical career in medicine and that lead, through scientific research, to the next advances in medicine; the *art of medicine* characterized by teaching outstanding clinical skills and effective teamwork and communication, problem-solving and information management; and the *social context of medicine* that includes the social, cultural, economic, ethnic and political aspects of local, national and global healthcare systems.

The curriculum will cover benchmark core competencies and the content representing those competencies. Competencies will include those needed for: achievement of national benchmarks, such as the National Boards Step 1 and Step 2 examinations; advancement into graduate medical education, such as the ACGME core competencies and milestones; and progression into and use within the practice setting, such as the ABMS core competencies.

As medicine continues to face an explosion of medical and scientific information coupled with rapid advances in information technology, the curriculum will highlight critical thinking skills, including information management, so that our students can find, interpret and synthesize new medical knowledge throughout their careers in a lifelong learning framework.

6. The curriculum will be implemented and continuously improved through a new collaborative governance system.

The collaborative governance system will be centralized, integrated, understandable, open, and responsive to the changing and diverse needs of medical education, learners, and faculty. **It will recognize the unique value of the fundamentals of basic and clinical science education and will be based on partnership and mutual respect within the educational community.**

The new governance system will lead the design and implementation of a new curriculum, with a target date of 2014 to begin the new curriculum. As administered under a new collaborative governance system, the new curriculum will foster integration of the molecular, cellular, physiological, pathological, behavioral, and societal aspects of human health and public welfare into an integrated curriculum.

Once the new curriculum is in place, the governance system will support the continuous curriculum improvement process by a system of evidence-based assessment and rigorous evaluation. Appropriate resources will be needed to support an effective, uniformly excellent and innovative curriculum across the region, including resources for faculty innovation in teaching and learning and for faculty development to enhance the knowledge and skills of teachers.

7. Our new curriculum will have an innovative model with three integrated phases: a scientific foundations phase, a clinical foundations phase, and a career preparation phase.

The scientific foundations phase, shortened from the current two pre-clinical years, will feature integrated medical science rather than traditional discipline-specific courses in the WWAMI university settings. The focus will be on the foundations of scientific knowledge, critical thinking, and clinical skills necessary to pursue advanced clinical studies through clerkships. The scientific foundations phase will integrate meaningful early clinical care experiences and service learning beginning in the first month of the first year of medical school; these experiences will provide active connections to the integrated medical science curriculum.

The clinical foundations phase will consist of uniformly outstanding clinical experiences from engaged and prepared physicians throughout the five-state region. Students in this phase will experience the strengths and diversity of our regional health system, both urban and rural. Each student will have clinical experiences in a combination of primary, secondary, tertiary and quaternary care settings, both in and outside Seattle. Students will revisit foundational concepts introduced in the integrated medical science curriculum at deepening levels and with the increased understanding introduced by the clinical context.

The career preparation phase, lengthened from the current 10 months, will give students greater flexibility to achieve their goals of exploring potential career paths, developing and demonstrating advanced clinical competencies for residency training, and accomplishing a significant scholarly project. Students will deepen their knowledge and experience in particular areas in preparation for residency, with ample opportunities for and access to career counseling, mentoring and specialized and interprofessional training experiences. Students may pursue in-depth scholarship in an aspect of medical science or population health science.