



*Perspective/Opinion*

## **MCW's Journey to a New Medical School Curriculum**

by William J. Hueston, MD

It has been written that “redoing a medical school curriculum is like trying to move a graveyard.” The ground is considered sacred and the issues are buried very deeply. However, times change along with the access and application of information. So, not changing a curriculum so that it evolves with the times is not an option.

MCW's path towards a new curriculum started in July 2019 and has progressed through two large retreats with between 100 and 150 participants and five small working groups that engaged over eighty faculty, students, and staff. We are now at a point of time where the proposed curriculum is taking shape which is both exciting and threatening.

### **What the retreats and working groups recommended**

After input from many faculty members, students, and staff, a small number of foundational principles were chosen to serve as the bedrock for a new curriculum. These include:

- We will offer students a competency-drive curriculum that focuses on core foundational and clinical content that is taught in an integrated fashion in all years of study.
- Student learning will be active and inquiry-driven and focus on student well-being, faculty and peer support, and individual success.

- Frequent formative assessments will guide students as they develop competencies in all phases of the curriculum.
- The curriculum must offer students longitudinal faculty and peer mentoring and coaching.
- Student well-being and professional development must be hard-wired into the curriculum.
- Faculty development is vital to this effort.
- MCW's culture must shift from *"it's my job to teach and your job to learn"* to a culture of an educational partnership between faculty members and students.

The new curriculum model features three phases in a student's education:

- Phase 1 starts with the building of foundational clinical skills along with integrated case learning that combines the foundational and clinical sciences. This phase runs eighteen months through the third semester of medical school.
- Phase 2 exposes students to the core clinical experiences over the next year.
- Phase 3 permits students time for personal and professional differentiation through integrated electives, differentiation tracks, acting internships, time for academic pursuits including research, and electives.

Tying all these phases together are "spiral weeks" where students can come together for co-learning along with Learning Communities that link students vertically across all three phases of the curriculum.

### **Challenges and opportunities as we shift to a case-based curriculum**

This new approach will not come easily. It is going to require a large investment in time and energy by our faculty members to be successful. The bulk of student learning will shift from passive lecture-based sessions to interactive small group learning facilitated by basic science and clinician dyads assisted by other educators. The pedagogical approach will shift from telling students what

they need to know to guiding them to discover what they need to know and how this knowledge is applied in clinical situations. Developing the cases themselves and helping faculty members develop the skills to be facilitators will require a great deal of effort in the next fifteen months.

Fortunately, we are not alone on this journey. We have already received a pledge of assistance from one other medical school that uses a case-based teaching approach. This school is assisting us in how to develop cases and will allow selected faculty members to come to their campus in the fall to participate in some of their student case-based learning sessions. We also have tapped into the resources of [Aquifer](#), a national organization to which we belong that enlists faculty from across the country in developing case-based teaching methods. There are also a number of other institutions within the Kern Network which use similar approaches and can help us as we move ahead.

### **How can we each help?**

Finally, as we continue to move along in this journey, we need ongoing input and ideas. To gather additional input, with the assistance of the Kern Human Design Team, the Curriculum Design Steering Committee is hosting two Design Sprints sessions the morning of April 9 and the evening of April 19. These sessions will allow faculty members, educational staff, students, and recent MCW graduates now in residency training to tell what they like and what they think can be improved in the new curriculum. An additional session is being planned for early May for our department chairs. If you have not signed up already for one of these sessions, please go to the [Curriculum Design Sign-up Page](#) and reserve your spot.

There will be many challenges ahead as MCW moves to a new curriculum. Change is unsettling. But, as I have heard it said, “Change is inevitable; growth is optional.” As I see it, the new curriculum model is MCW’s opportunity to grow as a medical school.

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