2020 AAMC Snapshots in Medical Education in the United States and Canada

Thank you for participating in the 2020 AAMC Snapshots in Medical Education in the United States and Canada. Use the following template to write your article describing your medical education program using a narrative format.

To review your institution’s previous responses, if available, go to Academic Medicine’s website in 2000 and 2010.

School Name

Author(s)

1) Highlights of your school’s medical education program

   • 1.1 Introduce your educational program and identify 3-4 highlights and/or unique features of your medical school (e.g. courses, student activities, events, faculty development unique to your program)

2) Curriculum Description

   • 2.1 Describe your curriculum including the overall organizational structure and sequencing.

   OR

   • 2.1 Provide a graphic representation of your curriculum including the overall organizational structure and sequencing.*

3) Curricular changes since 2010

   • 3.1 Describe how your curriculum has evolved over the last 10 years and whether you plan changes in the near future.

   • 3.2 If your class size has increased since 2010 - How did the increased class size change your medical school’s structure (i.e. regional medical campus) or function?

*See Appendix A for instructions about figures
**See Appendix B for instructions about tables
4) Curriculum and Assessment

Medical education program objectives are described in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a physician. (2020-2021 LCME Standard 6.1 or 2020-2021 CACMS Standards 6.1)

- 4.1 Create a table listing the medical educational program objectives for your MD degree program curriculum and associated assessment methods**

<table>
<thead>
<tr>
<th>Medical Education Program Objectives</th>
<th>Assessment Methods</th>
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<tbody>
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</tbody>
</table>

- 4.2 Are your medical education program objectives based on a specific framework or frameworks such as Accreditation Council for Graduate Medical Education (ACGME) domains of competence, AAMC Core Entrustable Professional Activities (CoreEPAs), the CanMEDS Framework, the Physician Competency Reference Set (PCRS) competencies, Medical school objectives from the Medical School Objectives Project (MSOP), or the Scottish Doctor framework? If yes, please describe which framework(s) you utilize.

- 4.3 Describe the changes, if any, in student assessment you have implemented since 2010?

Parallel Curriculum or Tracks

A parallel track is described as “a parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students.” (2020-2021 LCME Standards Glossary of Terms)

- 4.4 If your institution has parallel tracks – please describe.

- 4.5 Do already offer, or plan to offer a three-year MD degree program to at least some of your students in the future?
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Pedagogy

If you have separate tracks, please respond to the following questions for each track.

- 4.6 Briefly describe the pedagogical approaches used to achieve your medical education program objectives (identified from the list below).

  - Case Based Learning
  - Clinical experience – ambulatory
  - Clinical experience – inpatient
  - Discussion – large group (>12)
  - Discussion – small group (≤12)
  - Laboratory
  - Lecture
  - Peer teaching
  - Preceptorship
  - Problem based learning
  - Role play/dramatization
  - Self-directed learning/tutorial
  - Simulation
  - Standardized/Simulated patients
  - Team based learning
  - Video/podcast
  - Virtual patient
  - Workshop
  - Other

- 4.7 What changes have been implemented since 2010, if any, in your use of pedagogical approaches?

Clinical Experiences

If you have separate tracks, please respond to the following questions for each track.

- 4.8 Identify the types of clinical site(s) you use for required educational experiences

- 4.9 Describe required longitudinal experiences your learners have, if any

- 4.10 Describe when learners first encounter clinical experiences in the required curriculum

- 4.11 Describe your required and elective community-based rotations, if any (i.e. rotations in outpatient clinics and facilities located outside of your teaching hospital including Veteran’s Affairs or VA medical centers)

- 4.12 Briefly describe the challenges you face in designing and implementing clinical experiences for your medical students?

*See Appendix A for instructions about figures
**See Appendix B for instructions about tables
5) Curricular Governance

- 5.1 Describe or provide a graphic depicting your curricular governance committee.*

- 5.2 Describe the parts of your curricular governance that are decentralized or managed at the department-level (e.g. budget for teaching, assessment, academic support, etc.) if any?

6) Education Staff

- 6.1 Briefly describe the administrative and academic support (e.g. office of medical education) for the planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools to support curriculum delivery, monitoring, and management.

- 6.2 Describe or provide an organizational chart depicting the dean and all those who have a dean title involved in UME, faculty development, and learner support.*

- 6.3 What is the role of the primary medical education staff and administrative faculty in the educational program? Is the office responsible for multiple areas of the continuum (Pre-UME, UME, GME, CPD)? Is the office responsible for areas outside of educational programming like student affairs?

- 6.4 If your school has an academic department of medical education or an equivalent in which faculty have appointments – please describe.

7) Faculty Development and support in education

- 7.1 Describe the professional development offered for your faculty as educators or teachers centrally.

- 7.2 In promotion and tenure decisions, what is the role for teaching and/or education activities? (e.g. educational scholarship criteria, teaching/teaching excellence criteria, use of clinical-educator portfolios, special tracks).

- 7.3 If your school have an academy/institute for educators – please describe the scope and function.
  Scope - Medical school faculty only; medical school faculty and faculty from other health-schools (e.g. nursing, public health); Medical school faculty, faculty from other health-schools, and faculty from non-health disciplines.

*See Appendix A for instructions about figures
**See Appendix B for instructions about tables
**Regional Medical Campuses**
A regional medical campus is a site distinct from the main campus where at least one student spends at least six consecutive months. The campus may offer the basic science portion of the curriculum, the clinical portion of the curriculum, or both. Excluded are affiliated clinical sites at a distance from the main campus where a given student would only take one or two clerkships.

- **7.1a If you have regional medical campuses** – create a table listing your regional campuses, type, and student enrollment **

<table>
<thead>
<tr>
<th>Regional Campus Name</th>
<th>Type</th>
<th>Student Enrollment N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Clerkship</td>
<td></td>
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<tr>
<td></td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Entire MD program</td>
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</table>

- **7.1b If you have regional medical campuses** - describe how you maintain a consistent educational experience across sites?

If you have any questions, contact Kate McOwen at snapshots@aamc.org.