



# VCU SOM CURRICULUM

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Senior Associate Dean for Medical Education and  
Student Affairs

Professor of Psychiatry and Pediatrics



*School of* **Medicine**

*Every day, a new discovery*



# M1 Year

Aug 15	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May 26
Foundations of Clinical Medicine									
Bioethics									
Pop Med		Hum. Gen.							
Medical Biochemistry			Anatomy		Anatomy				
						Histology			
						Physiology			
						Beh. Sci.	Immuno		Neurosciences

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# M2 Year

Jul 25	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May 15			
Pharmacology													
Foundations of Clinical Medicine													
Bioethics													
Pathogenesis	Microbiology	Endocrine	Renal	Hematology	Respiratory	BREAK	Cardiovascular	GI	Women's Health	BREAK	Behavioral Sciences	CNS	MSK



# M3 Year

7/31								7/20
Orientation	Medicine 12 Weeks	OB/GYN 6 Weeks	Psychiatry 6 Weeks	Surgery 8 Weeks	Neurology 4 Weeks	Workshop 1 Week	Family Med. 4 Weeks	Pediatrics 8 Weeks

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# M4 Year

July 25										May 12
Board Review Course 2	Vacation 2 Weeks	Acting Internship 4 Weeks	Time Period III 4 Weeks	Time Period IV 4 Weeks	Time Period V 4 Weeks	Interviewing 4 Weeks	Time Period VI 4 Weeks	Time Period VII 4 Weeks	Time Period VIII 4 Weeks	Update Course 3 Weeks

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# Medical School Curriculum Facts

- Approximately 250 Faculty members teach in M-1 & M-2 courses
- Average of 12 per course
- More than 300 Community Preceptors and Faculty teach in FCM
- Greater than 1,000 lecture hours in M-1/M-2 years
- 48 Exams during M-1 to M-3 years
- 45 Course/Clerkship Directors

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# Curriculum Facts

- 1,969,800 pages of syllabi printed for M-1 and M-2 courses each year.
- Average syllabus length for M-1 students is 539 pages. Average length of syllabus for M-2 is 395 pages.
- 5,352 exam scantron sheets processed

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**SYSTEM MAINTENANCE ALERT:** eCurriculum will be down for maintenance on Friday, September 19th from 5:00 PM to 6:00 PM.



### eCurriculum Login

You are logged in to eCurriculum.

User name: iwood

Roles: Instructor, MCV/Inova Deans,

[Terms of use](#)

[Log Out](#)

### About eCurriculum

#### Virtual Tour

Coming soon.

#### Technical

[Browser Requirements](#)

### Computer standards

#### Computer standards

[Computer Requirements for Incoming Medical Students](#)

[Guide to Smartphones and PDAs](#)

[Computer purchasing guidelines for faculty and staff](#)

### Alerts

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### Education links

#### Overview

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#### Calendars and schedules

[Sample Block Schedule](#)

[Calendar of Events](#)

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[Lunch Lectures Calendar](#)

[M1 Class of 2012 Schedule](#)

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#### Resources

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[Center for Human Simulation and Patient Safety](#)

[Computer Based Instruction Lab](#)

[Curriculum Office](#)

[Elective courses for visiting students](#)

[Financial Aid](#)

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[Tompkins-McCaw Library](#)

[USMLE examinations](#)

#### Self-paced learning

[Chronic Nonmalignant Pain Management](#)

[Geriatrics Case Studies](#)

[Pharmacology practice exams](#)

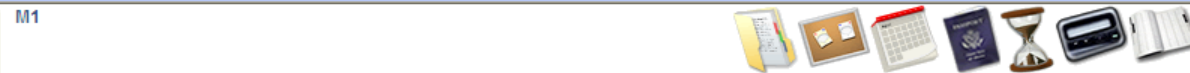
#### Policies and procedures

[Student Handbook](#)

[Student Responsibilities & Rights and Mistreatment Prevention Policy](#)

[HIPAA training](#)

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- Courses**
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  - Medical Ethics
  - Human Genetics
  - Gross & Developmental Anatomy
  - Histology
  - Physiology
  - Behavioral Sciences I
  - Immunology
  - Neurosciences



**Announcements**

Sep 17 2008 Biochem 2 exam grades and year-to-date cumulative grades are posted to SRS.

- Current And Upcoming Courses**
- Foundations of Clinical Medicine**  
Course Page | Course eBoard 8/18/2008 - 5/29/2009 Course Directors: Carolyn Peel, MD & Rita Willett, MD
  - Medical Ethics**  
Course Page | Course eBoard 8/18/2008 - 5/29/2009 Course Director: Laurie Lyckholm, MD
  - Medical Biochemistry**  
Course Page | Course eBoard 8/18/2008 - 10/17/2008 Course Director: W. Mac Grogan, Ph.D.
  - Human Genetics**  
Course Page | Course eBoard 9/16/2008 - 10/17/2008 Course Director: Virginia Pallante, MS

**Block Schedule**

Previous **September 15 - September 19, 2008** Next

	Mon 9/15/2008	Tue 9/16/2008	Wed 9/17/2008	Thu 9/18/2008	Fri 9/19/2008
8 AM		GENE: Course Information and Policies Pallante	GENE: Cell Division Jackson-Cook	GENE: Common Numerical Chromosome Abnormalities Jackson-Cook	GENE: X-Inactivation and Genetic Factors in Sex Determination 1 & 2 Jackson-Cook
9 AM		GENE: Understanding The Human Karyotype Jackson-Cook	GENE: Common Structural Chromosome Abnormalities Jackson-Cook		GENE: Family History and Pedigree Taking in Clinical Practice Pallante
10 AM		BIOC: Chromosome Structure I Kordula	BIOC: Chromosome Structure II Kordula	BIOC: Fat Economy-Fatty Acid as Fuel Grogan	BIOC: Control of Gene Expression I Kordula
11 AM		BIOC: Fatty Acids: Building Blocks, Fuel	BIOC: Chemistry of Complex Lipids	BIOC: The Fat Economy: Energy Production &	BIOC: Control of Gene Expression II

Navigation Menu

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M1 : Medical Biochemistry : Chromosome Structure I



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Session Instructor(s)



**Tomasz Kordula, Ph.D.**  
 Biochemistry  
 Email: tkordula@vcu.edu  
 Phone: 804-828-0771  
 Address: BOX 980614

Session Resources

- Lecture
- Powerpoint 6 Slides
- Powerpoint 2 Slides
- Audio Lecture - MP3 file
- Audio Lecture - visuals synched with audio

Navigation Menu








- Home
- Lecture Recording
- Preferences

Faculty

Welcome to the SOM eCurriculum site for Faculty. This page will centralize many of the tools and resources that will become available during this academic year and beyond, including course evaluation feedback, an on-line quizzing tool, an electronic drop box for submitting course materials and grading tools. Meanwhile, be sure to check out the M1-M4 tabs for a student view of each year.

Single Sign-On

The table below lists and describes web applications available to eCurriculum users. Simply click on the icon to open the application. The eCurriculum site will automatically log you in if you are an authorized user. Not all applications will be available to you, depending on your role with the School of Medicine.

Application	Description
 <b>Student Record System</b>	SRS allows you to view centrally managed student records such as biographics, application information, unofficial transcripts, exam scores, grades, and more.
 <b>eBoard</b>	The eBoard allows you to communicate with students. Submit and reply to posts specific to a course, class, or M3 Group.
 <b>M1/M2 Blockschedule</b>	The M1/M2 Blockschedule provides a calendar to view detailed information about course sessions such as lectures, exams, and workshops.
 <b>M3 Passport</b>	The Passport indicates the types of patients, and the number of each type, that each M3 student is required to see.
 <b>Hourglass</b>	The Hourglass tracks an M3/M4 student's clinical duty hours and helps to guide students in spending their time wisely.
 <b>Student Paging System</b>	The Paging System lets you send a text page/message to M3 students individually or by group.
 <b>Student Whitepages</b>	The Whitepages lists student names and email addresses, sorted alphabetically.



# m-3passport

## Log In

VCU eID:

Password:

Log In

[VCU eID Lookup](#)

[More Information](#)

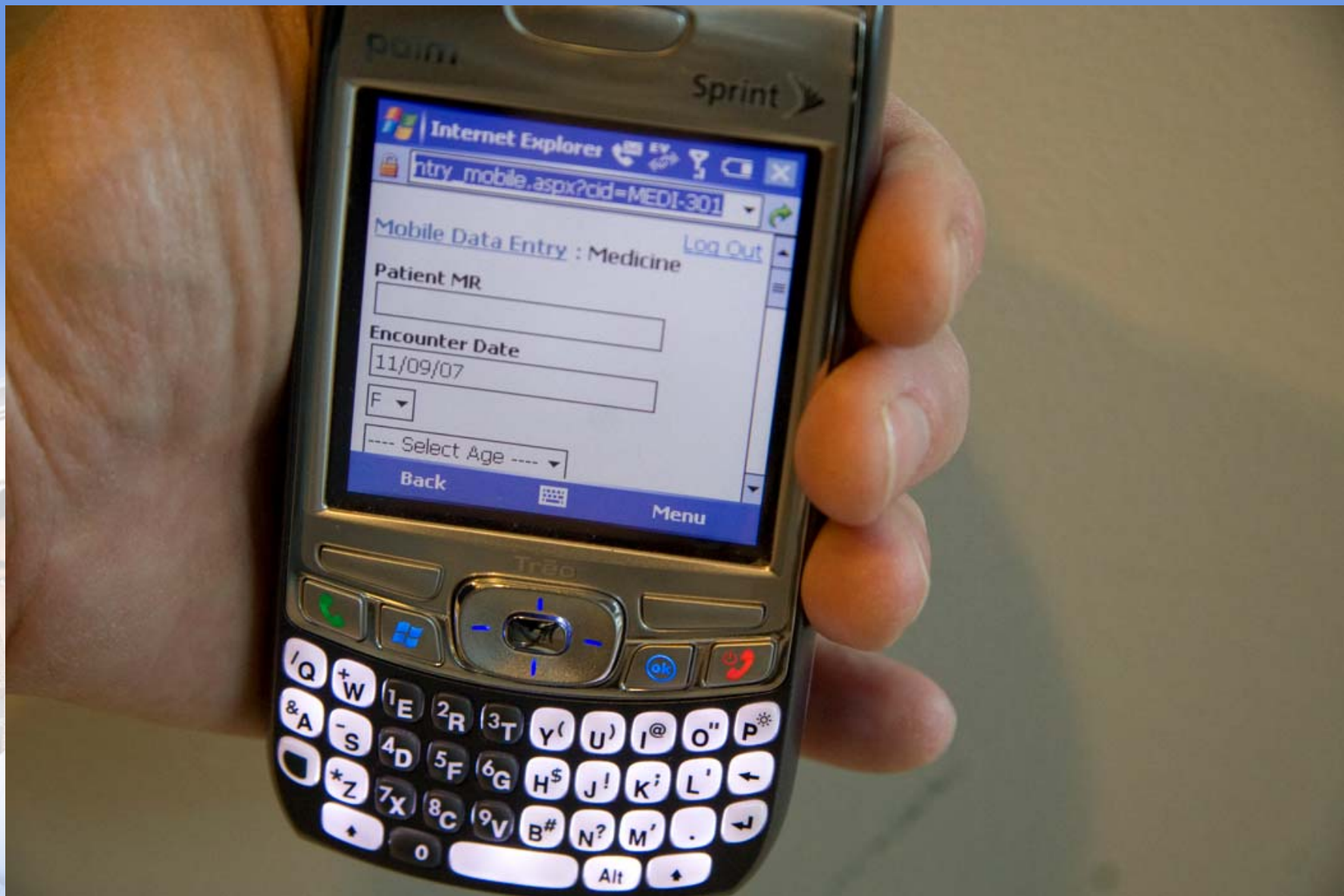
The M-3 Passport has been created to highlight and document the competencies that you should be developing as you rotate through the M-3 clerkships. We want to ensure that you develop competence at clinical skills with a variety of patients, diagnoses, and procedures. The passports will also help to shape the clinical medical education experience by providing information to clerkship directors about areas that are over- or under-represented in the M-3 curriculum.

The Passport indicates the types of patients, and the number of each type, that each student is required to see. On an ongoing basis, students must document the number and types of patients that they see, along with their level of involvement. If, at the formative evaluation, the student has not had the opportunity to see a required type of patient, the student should make arrangements with their attending, resident, or clerkship director to meet this requirement. Please read the paragraphs below for information specific to each clerkship.

With this year's web-based version, you may enter either a single patient with multiple diagnoses or multiple patients with a single diagnosis per patient. Please log the patients as prompted by this on-line form – you will need to enter Medical Record Number (which will be encrypted to protect the patient). The other items -- gender, age, diagnosis, date, level of participation and location -- should be selected from the drop-down menus provided. You may print a report of your progress at any time. There are two reports: Show All, which gives you everything you've entered for the clerkship and Diagnoses Count, which shows you a count per diagnosis for the clerkship.

We hope that you find the Passport useful, and would appreciate your feedback.

Click Here for [More Information](#) on the M3Passport.





# m-3passport

## Student Count Admin Report

ACADEMIC\_YE

**Chung, Jennifer Ann-Nicole**

**Pediatrics Group: 3**

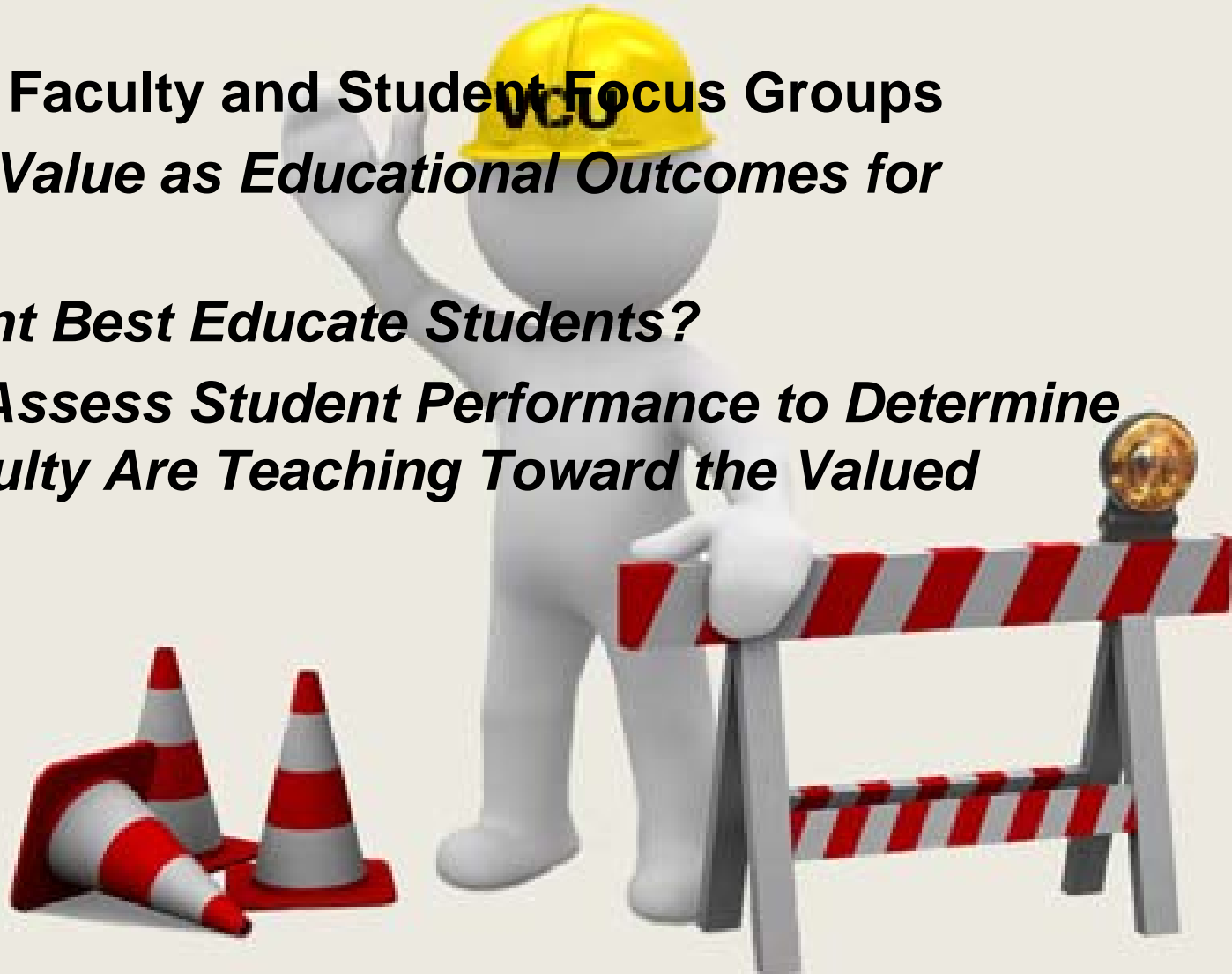
Community-based office Pt. Exam/Eval (2/day)	28
Dev. Eval-Child < 1 year (1)	11
Dev. Eval-Child >3 years (1)	2
Dev. Eval-Child 1-3 years (1)	2
Discuss a child with a behavior problem (1)	2
Discuss an adolescent with a behavior problem (1)	1
Discuss current immunizations for 0-18 years of age (3)	20
Discuss one child who has been abused or neglected (1)	4
Evaluate Feeding and Nutritional Status of child 1-3 years (1)	1
Evaluate Feeding and Nutritional Status of child < 1 year (1)	19
Evaluate/observe pediatric pts with a chronic illness (3)	50
Evaluate/observe pediatric pts with a common emergency condition (3)	13
Evaluate/observe pediatric pts with an acute illness (3)	97
HPE-Child < 5years (2)	12
HPE-Child 13-18 years (1)	2
HPE-Child 6-12 years (1)	13
HPE-Newborn Infant (1)	9
Observe the calc. and admin. of IV fluids for pediatric patients (4)	4

# CURRICULUM UNDER CONSTRUCTION

**Results from Faculty and Student Focus Groups**  
*What Do We Value as Educational Outcomes for Students?*

*How We Might Best Educate Students?*

*How Do We Assess Student Performance to Determine Whether Faculty Are Teaching Toward the Valued Outcomes?*



# EIGHT THEMES

- ***Ability to identify, analyze, synthesize, and assess credibility of relevant information***
- ***Be lifelong learners with intellectual curiosity***
- ***Ability to integrate scientific foundations of medicine***
- ***Ability to self-assess learning needs (reflective practice)***
- ***Ability to function in systems and to teach each other (teams)***
- ***Demonstrate competence (outcomes)***
- ***Be active learners***
- ***Emotional intelligence, able to deal with the whole patient, a love for the profession***



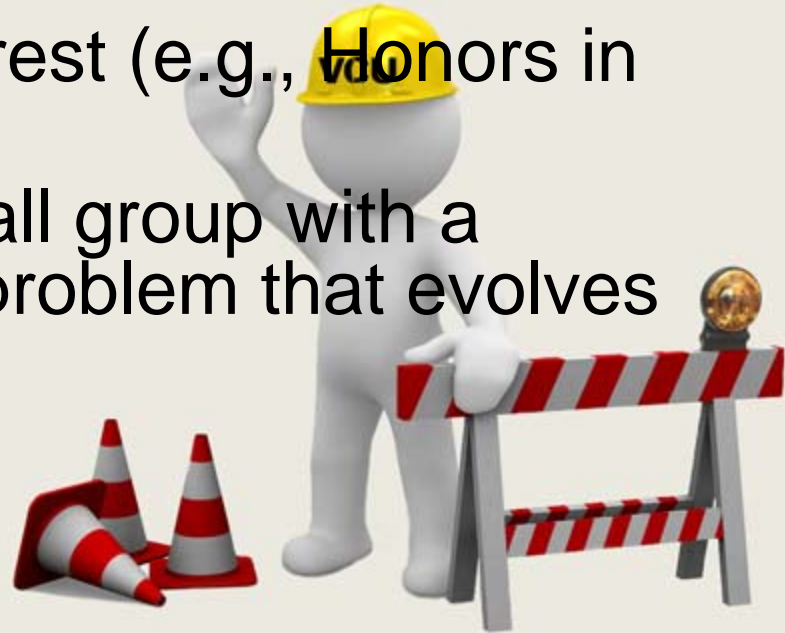
# *Ability to identify, analyze, synthesize, and assess credibility of relevant information*

- Bioinformatics throughout the four years of the curriculum.
- Frequent assessments of the credibility of basic science, clinical and translational research.
- Monthly seminars on health policy and health care system
- Required research experience in the M4 year
- Critical thinking testing on examinations
- Core reference texts instead of syllabus
- Analyze negative outcomes with virtual and real patients



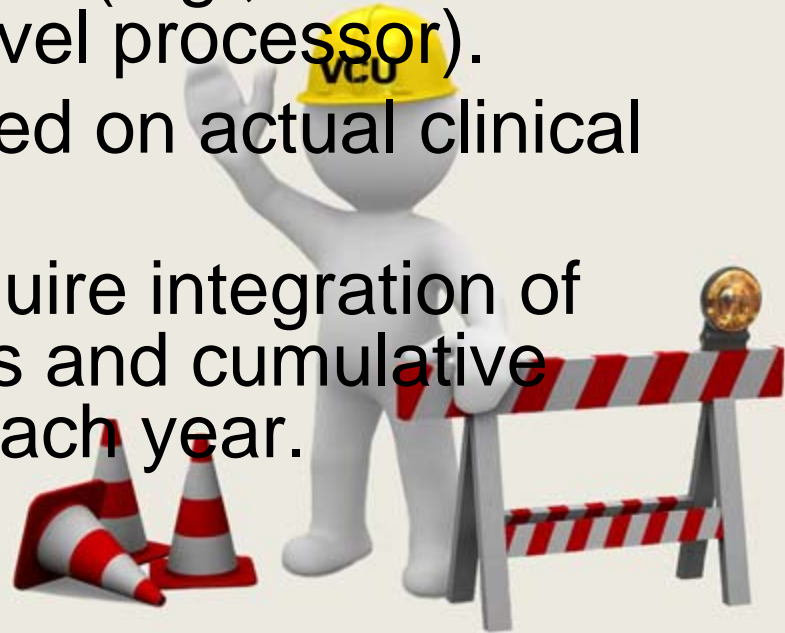
# *Be lifelong learners with intellectual curiosity*

- Have a core group of master educators who are trained to teach deliver the pre-clinical curriculum.
- Provide medical school mentors who create a learner-centered environment
- Create special tracks of interest (e.g., Honors in Genetics)
- Have students work in a small group with a faculty mentor on solving a problem that evolves over the course of a year.



# *Ability to integrate scientific foundations of medicine*

- Clinical scenarios should drive the quest for basic science knowledge.
- Emphasize the fundamentals with clinical relevance and build on these fundamentals in a progressive clinical application (e.g., more from reporter function to higher level processor).
- Assessments should be based on actual clinical experiences
- Fewer examinations that require integration of knowledge across disciplines and cumulative examinations at the end of each year.



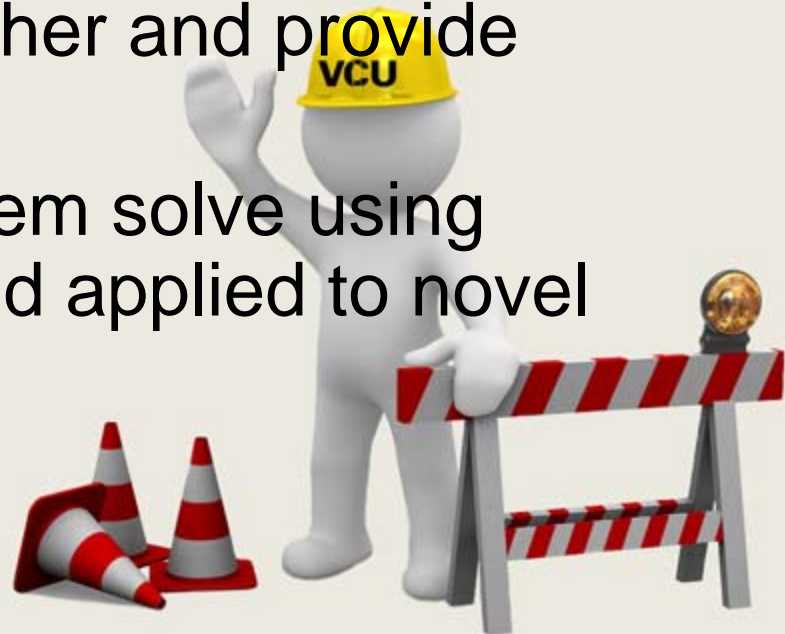
# *Ability to self-assess learning needs (reflective practice)*

- At time of matriculation, assess how students learn and think so they may develop individually based learning plans.
- Prepare educational material that respects the various ways adults learn.
- There should be daily quizzes and practice questions throughout each course.



# *Ability to function in systems and to teach each other (teams)*

- Students assigned to learning teams based on learning styles.
- Learning teams should have a co-hort of teachers that work with them all four years.
- Teams should teach each other and provide feedback.
- Teams should actively problem solve using concepts learned in class and applied to novel situations.



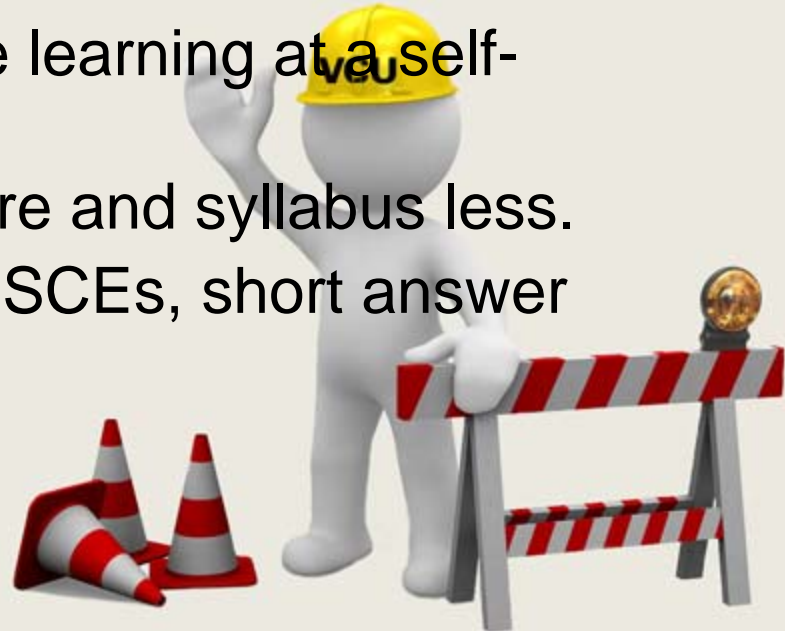
# *Demonstrate competence (outcomes)*

- Curriculum should be competency driven.
- Assessment should reflect valued outcomes.
- Students should keep portfolios that demonstrate increasing mastery of concepts.
- Emphasis should be on the retention and application of fundamental knowledge.
- Competencies should be assessed on a pass/fail system.



# *Be active learners*

- Less lectures and more student participation in exercises to apply the concepts.
- Use information in class to diagnose/manage a virtual patient or deal with a novel situation.
- Stop powerpoint abuse and dependence.
- Use more simulations and on-line learning at a self-directed pace.
- Use textbooks and resources more and syllabus less.
- Utilize oral examinations, more OSCEs, short answer and essay on examinations.



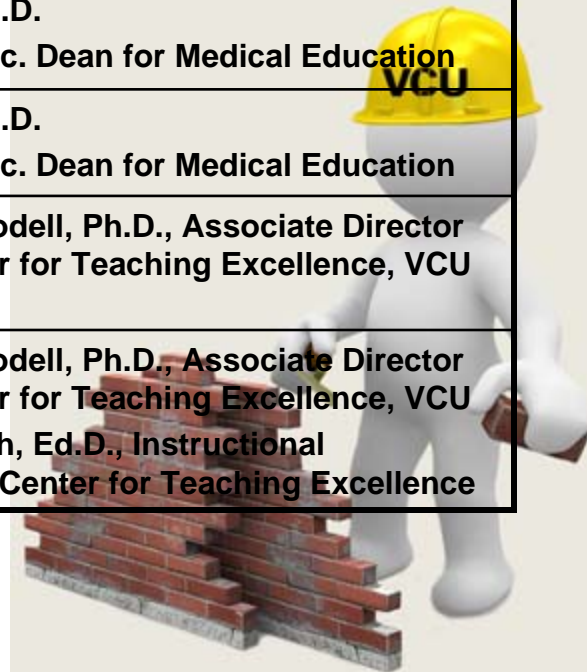
# *Emotional intelligence, able to deal with the whole patient, a love for the profession*

- Assess students in terms of emotional, cognitive and behavioral domains.
- The behavioral and social context should be integrated into every course and clerkship.
- Provide students with longitudinal experiences to work with families.
- Provide multiple opportunities for community based service learning.



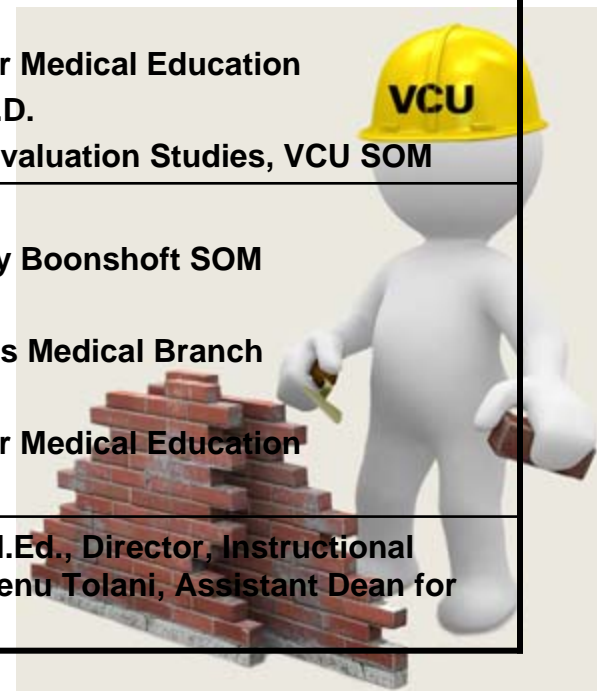
# Faculty and Instructional Development

DATE	TOPIC	PRESENTER/FACILITATOR
5/14	BOP IT: Breaking Old Practices of Ineffective Teaching	Ike Wood, M.D. Senior Assoc. Dean for Medical Education
7/16, 7/17, 7/21	Faculty Focus Groups	Ike Wood, M.D. Senior Assoc. Dean for Medical Education
7/22, 7/30	Student Focus Groups	Ike Wood, M.D. Senior Assoc. Dean for Medical Education
7/29	Creating an Environment of Significant Learning (Microbiology/Immunology Faculty Retreat)	Ike Wood, M.D. Senior Assoc. Dean for Medical Education
7/30	Clickers in the Classroom – Using the Audience Response System for More Effective Teaching and Learning	Zachary Goodell, Ph.D., Associate Director of the Center for Teaching Excellence, VCU
8/27	Clickers in the Classroom – Using the Audience Response System for More Effective Teaching and Learning	Zachary Goodell, Ph.D., Associate Director of the Center for Teaching Excellence, VCU Susan Polich, Ed.D., Instructional Consultant, Center for Teaching Excellence



# Faculty and Instructional Development

DATE	TOPIC	PRESENTER/FACILITATOR
9/17	Big Group/Small Experience → Small Group/Big Experience	B. Ellen Byrne, DDS, PhD Assistant Dean for Academic Affairs,
9/29	POGIL: Process Oriented Guided Inquiry Learning	Suzanne Rudder, Ph.D. Department of Chemistry Virginia Commonwealth University
10/1	PRIME: Faculty & Student Insights on Curriculum Reform	Ike Wood, M.D. Senior Assoc. Dean for Medical Education Roberta McKnight, Ph.D. Assistant Professor, Evaluation Studies, VCU SOM
11/2	Transform Your Course from Content-Centered to Learning-Centered (AAMC Mini-Workshop)	Dean Parmelee, M.D. Wright State University Boonshoft SOM Ruth Levin, M.D. The University of Texas Medical Branch Ike Wood, M.D. Senior Assoc. Dean for Medical Education
11/12	Using the New SOM eCurriculum System: Enhanced Resources to Support Teaching and Learning	Jeanne Schlesinger, M.Ed., Director, Instructional Development, with Meenu Tolani, Assistant Dean for Technology Services



# Web Site

<http://www.medschool.vcu.edu/curriculum/>





# Project H.E.A.R.T.



Isaac K. "Ike" Wood, M.D.

Senior Associate Dean for Medical Education and Student Affairs



*If medicine disappoints patients and doctors today, the source of the disappointment is less likely to be found in the disease dimensions and more likely to be found in the human dimensions—absence of compassion, failure of doctors to reach patients, loss of respect and curing at the price of caring.*

Frank A. The wounded storyteller: Body, illness and ethics.  
Chicago: University of Chicago Press, 1995.



# The Extent of the Problem

- 40% of practicing physicians regret that they chose medicine as a profession.
- Medical schools admit compassionate, altruistic students who are subsequently wounded by their training and graduate jaded and callous.
- Faculty and housestaff frequently model unprofessional and insensitive behavior towards patients and colleagues.
- Healthcare consumers are demanding empathic care.



# The Extent of the Problem

- There is a growing loss of meaning and commitment experienced by physicians nationwide under the stresses of today's healthcare system.
- Physicians are having difficulty maintaining a sense of personal and professional satisfaction in their work and maintaining an ongoing commitment to the profession.
- Among medical educators, the question of how to stress-proof students to meet the challenges of practice has become urgent.



# Project H.E.A.R.T.

- Healing with
- Empathy
- Acceptance
- Respect and
- inTegrity





# Project H.E.A.R.T.

- Students divided into small groups with six students and a faculty mentor.
- Groups form caring communities to foster humanistic and compassionate care.
- Each meeting has a theme with a start-up exercise.



# Start-Up Exercises

- Group #1: *Finding Meaning in Life.*
- Group #2: *Generous Listening.*
- Group #3: *Resiliency.*
- Group #4: *Resiliency #2.*
- Group #5: *Joy.*
- Group #6: *Resolutions.*
- Group #7: *Understanding Yourself.*
- Group #8: *Understanding Yourself—Part 2.*
- Group #9: *Celebration.*



# Outcomes

- Qualitative analysis of the project using focus groups was conducted. The project was extremely successful as judged by faculty mentors and students. Common themes were:
  - The groups created a richer association for the students with their peers.
  - The groups created a safe place and a support system.
  - The groups overall improved students' sense of wellbeing and nurtured their commitment to the service of medicine.