

## Curricular Integration at MSM

### WHY?

#### Because we need to

- Course effectiveness
- Total amount of scheduled time
- More effective linking of topics
- External factors
  - LCME
  - LCME-driven trend to combine courses
  - Promote self-directed independent study

### National changes

#### Interdisciplinary courses

Data—"name" (biochemistry, anatomy) courses drop from about 90% of US medical schools in 2000 to about 30-40% in 2006

- Clinical context teaching
- Limited scheduled time
- Limited lecture time

Some evidence that all of these have a positive effect on outcomes measured as Scores on std tests and Satisfaction of students

### Too much scheduled Contact time at MSM

MSM averages about 30 hours/week scheduled contact time

National average about 20 hours/week

NOTE—there is NOT enough time in the week for our students to be properly prepared for any class. This means that class time will be inefficiently used.

Can address this with self-directed PP or web-based experiences, use of archived streaming lectures,

Can increase use of focused tutorials for students with special needs

### VISION DO MORE BY DOING LESS

Better organized instruction—cross disciplinary integration

Decrease unplanned redundancy

Increase utilization of non-lecture methods (faculty designed self-directed materials including PowerPoint, streaming lectures, web-based materials, web-based self-directed learning units, and so forth)

### Process of planning

Linking Curriculum Committee, course directors, and faculty

Those who teach will re-design order of topics

### Current plan "Molecules, Structures and Mechanisms" ("MSM")

- I. Basic principles (includes metabolism, lipids, etc)
- II. musculoskeletal (back and arms, muscles, bone, connective tissue) skin  
hem/lymph cardiovascular-pulmonary
- III. GI/nutrition/metabolism renal/endo/reproductive (includes leg)
- IV. Neuro, (head and neck, behavioral)