UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
MEDICAL EDUCATION PROGRAM
CURRICULUM OVERVIEW
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Vision Statement

The University of Florida College of Medicine medical education program will be a model for the development of physicians, scientists, and scholars of the highest quality to improve the health of the people of Florida, the nation and the world.

Mission Statement

Our goal is to educate future physicians, scientists, and scholars to provide the highest quality patient care and service to society. We will develop innovative and compassionate leaders in clinical care, research, education, and healthcare policy who reflect the diversity of the state of Florida. Our educational programs will be based on adult learning principles and outcomes based assessments to ensure achievement of educational goals. We embrace a patient-centered, integrative approach to the learning of the sciences essential for providing high quality healthcare within a humanistic, collaborative and intellectually stimulating culture. Our graduates will champion the highest professional standards, continue to learn in a reflective and self-directed manner, and serve the needs of their patients within the local and wider community.

Health Science Center Values

Our core institutional values, centered around the Patient and the Community, are: Excellence ... Trust ... Accountability ... Innovation ... Teamwork ... Integrity ... Diversity.
Principles of the UFCOM Medical Education Program

What do UF-COM graduates look like?

UFCOM graduates are prepared to become leaders and scholars who are committed to clinical excellence and humanistic patient-centered care and who adhere to the highest professional standards.

**Principle 1:** General professional education is the foundation of the curriculum.
- The core curriculum focuses on development of the knowledge, skills, attitudes and behaviors essential to the practice of medicine and prepares graduates to pursue careers in any of the medical disciplines.

**Principle 2:** The curriculum fosters development of leadership skills, the highest standards of professionalism and a humanistic approach to patient care.

**Principle 3:** The curriculum is focused on the care and wellness of the patient.
- The curriculum emphasizes a patient-centered approach to care.

**Principle 4:** Effective healthcare delivery is provided in the context of the family, community and healthcare systems.
- The influence of culture, social context and economic status on an individual’s health is integrated throughout the curriculum.
- The curriculum fosters appreciation of diversity among patients and communities and the importance of diversity among students, faculty and staff.

**Principle 5:** The educational program and assessments are based on defined learning outcomes within core competency domains.
- Students will be accountable for their learning.
- Outcomes-based assessments ensure achievement of educational goals and learning outcomes.
- Formative and summative assessments including self-reflection combined with self-assessment are essential components of the curriculum.
- Competency domains:
  - Professionalism, Clinical Ethics, and Law
  - Interpersonal and Communication Skills
  - Patient care
  - Medical knowledge
  - Practice-based Learning and Improvement
  - Systems-based Practice

**Principle 6:** The curriculum is based on adult learning principles and development of lifelong learning habits.
**Principle 7:** The curriculum utilizes an integrative approach to learning of the sciences essential for providing high quality healthcare.
- Biomedical, clinical and psychosocial sciences will be integrated with clinical skills, clinical experiences and professionalism throughout the curriculum.
- Core material is taught within a clinical and public health context.

**Principle 8:** The curriculum is responsive to emerging and dynamic needs of society including local and global health disparities.

**Principle 9:** The curriculum emphasizes acquisition of new knowledge, discovery and scholarship.

**Principle 10:** The curriculum emphasizes evidence-based practice.
- In curriculum development
- In patient care

**Principle 11:** The curriculum emphasizes a collaborative and inter-professional team approach to health care delivery with a commitment to quality and patient safety.

**Principle 12:** The curriculum incorporates flexibility.
- To accommodate differences in students’ learning styles.
- To promote development of professional and scholarly interests.

**Principle 13:** Faculty, pedagogical methods and learning environments are selected to maximize learning.
- Faculty development is an essential component of effective teaching.
- Effective mentorship is essential for students’ personal and professional development.

**Principle 14:** Learning and professional development are most effective in a humane environment - one that fosters respect, personal integrity, service orientation and personal well-being among all members of the community.
Competency-based Curriculum

The University of Florida College of Medicine's curriculum is competency-based. Prior to graduation, a student must demonstrate competence in six areas of training to satisfy all education requirements. Student performance in courses and clerkships is formatively assessed and summatively evaluated by level of mastery in the assigned competencies. Competency is the currency of the education program. The College of Medicine's primary goal is to graduate practicing physicians who can be responsible for the health and well-being of their patients. This responsibility carries with it special requirements regarding the character, abilities, and knowledge of our graduates.

Graduation Mid-level Learning Outcomes

Professionalism, Clinical Ethics, and Law

Graduates will:
1. Learn to recognize the similarities and to distinguish the fundamental differences between the domains of science and values, and to understand medical practice as an essentially ethical endeavor that integrates both science and valued in the service of human health, diagnostic and prognostic information, and therapeutic interventions
2. Identify the values underlying basic science and clinical learning, and the tension inherent between patient centered care and student learning opportunities
3. Apply those values by case analysis of learning on deceased patients, reflecting on their own experiences of dissection in anatomy lab
4. Respect patient families, cultural competence, and a self-critical awareness of the tensions between patient centered care and their own learning needs
5. Articulate the parameters of the physician patient relationship and the primary ethical values that support it, including patient autonomy, the physician’s obligation to promote the patient’s best medical interests, and the legitimate professional and social limitation on these obligations
6. Recognize and identify conflicts of interest that may compromise or undermine the physician patient relationship
7. Be able to:
   a. Apply strategies for mitigating conflicts by avoiding conflicts when possible
   b. Rendering conflicts transparent when avoidance of conflicting interests is unavoidable
   c. Actively managing conflicts in which transparency is insufficient
8. Be able to:
a. Apply the continuities and distinctions between healthcare ethics and healthcare law
b. Learn how broad health policy goals are implemented through statute, judicial decision, and regulation
9. Specify the practical meaning of FDA approval, black box warning, off label uses, reporting of adverse events in order to accurately utilize such knowledge in patient care and to explain relevant aspects to patients
10. Adapt evidence based clinical information to particular patient values and comprehension in demonstrating how to request and facilitate patient informed consent or refusal both for screening, exams, testing, medication, and procedures and other interventions
11. Identify the challenges and learn evidence based methods of providing truthful disclosure in particular situations
12. Identify patient centered rationales for observing medical confidentiality and to recognize and apply the typical limitations and exceptions for disclosure of patient medical information to family, partners, other providers, employers and insurers, public health authorities, and law enforcement
13. Apply the appropriate criteria for recognition and assessment of patient decisional capacity, compromised capacity, and incapacity and to take account of context in assessment of decisional capacity
14. Learn and apply ethical and legal concepts specific to psychiatric treatment
15. Apply ethical and legal concepts adapted specifically to pediatric patients and their guardians
16. Understand evidence based aspects of legal and public policy responses to medical error and patient safety, as well as evidence based effectiveness of institutions utilizing formal disclosure and apology protocols
17. Identify physician’s obligations to non-discrimination and fair allocation of medical resources to patients and apply those to individual patient scenarios as well as institutional (practice-based) policies for resource allocation policies
18. Identify the current social obstacles to fair access to care and some basic strategies for marshaling available resources to address inequities
19. Comprehend the major distinguishable ethical positions on the moral status of conceptus, embryo, and fetus
20. Identify the challenges and barriers to dialogue with patients and families about end-of-life care and engage in concrete discussions with particular family or loved ones to practice their skills in eliciting advance care planning for end-of-life and palliative care
21. Learn the legal and ethical concepts, distinctions, and critical reasoning skills necessary to engage in
   a. Facilitation of end-of-life decision-making for patients with decisional capacity
b. Facilitation of end-of-life decision-making, including delegation of health care surrogate choice, for patients in anticipation of decisional incapacity or already incapacitated

c. Facilitation of pain management and palliative measures understanding legal and ethical distinctions between legally prohibited and legally available measures

d. Distinguishing “Do Not Resuscitate Orders” from other advance care planning measures

e. Ethical and legal issues on deactivation of cardiovascular implantable electronic devices

22. Identify clinical ethical issues as they are integrated with clinical care issues in real world cases in which they participate

23. Gain familiarity with the financial and managerial aspects of medical practice and the ethical norms that affect these aspects of the profession

**Interpersonal and Communication Skills**

Graduates will:

1. Demonstrate a humanistic approach to their interactions with patients and families

2. Consider all relevant factors in communicating with patients and families, including:
   a. Emotional state of mind
   b. Receptivity/retention (absorption)
   c. Language
   d. Level of education
   e. Culture
   f. Socioeconomic status

3. Communicate respectfully and effectively (behavior, language, listening, body language, attitude, focus, presentation, visual aids):
   a. With patients and families
   b. With other health care professionals, team members, consultants and ancillary staff

4. Use technology effectively and appropriately (confidentiality) as an adjunct to patient care and relationship building (email, internet, phone, EMR)

5. Demonstrate the use of culturally-effective communication skills

6. Demonstrate an ability to identify a patient’s level of literacy and modify medical communication to meet patient needs

7. Recognize personal beliefs, prejudice, biases and limitations in one’s self and others and how these impact relationship building

8. Know how to appropriately disclose a medical error
9. Recognize different personality types and how they influence communication strategies and team organization
10. Recognize the difference between a translator and an interpreter, and the reasons for inviting a certified interpreter into a patient encounter
11. Demonstrate identification of need for an interpreter, how to avoid having family members interpret, and how to successfully carry out a triadic interview

**Patient Care**
Graduates will be able to:

**History:**
1. Obtain a comprehensive medical history
2. Obtain a focused medical history
3. Obtain a comprehensive social history
4. Obtain a focused social history

**Physical examination:**
5. Perform a comprehensive physical examination
6. Perform a focused physical examination

**Information management:**
7. Access, organize, interpret and apply medical information to care for patients
8. Document patient care services in an organized coherent manner
9. Organize medical data into an oral presentation, and in written and electronic formats
10. Use medical information systems (e.g., EMR) in the care of patients and the documentation of services

**Procedures:**
11. Obtain informed consent
12. Discuss end-of-life care with patients and families
13. Perform a specific set(s) of procedures (vary depending on procedure)

**Clinical reasoning:**
14. Apply critical thinking skills, problem solving skills and scientific reasoning to the practice of medicine
15. Integrate the patient’s history and physical examination into a clinically-relevant impression (problem representation)
16. Appropriately order and interpret diagnostic procedures and lab data in conjunction with a problem representation (or illness script)
17. Choose cost effective diagnostic and therapeutic procedures
18. Create an individualized patient management plan, recognizing unique biological and social determinants of a patient
19. Apply underlying ethical principles of medicine to patient care

Health service delivery:
20. Implement strategies that will prioritize the provision of high quality, safe care to each patient
21. Apply knowledge of population-based and evidence-based medicine to patient management decisions
22. Apply knowledge of managed care systems to develop patient treatment plans and health maintenance plans
23. Apply knowledge of health care financing to assist patients in getting access to the best possible care

Health care team:
24. Work with other health care providers to provide high quality, collaborative, interprofessional, patient-centered care
25. Follow and lead, as appropriate, in a team approach to health care delivery
   a. Demonstrate flexibility and adaptability when working with others
   b. Demonstrate a commitment to continuous quality improvement
26. Identify members of the health care team whose judgment may be impaired by illness or substances, and where to find compassionate assistance for them

Medical Knowledge
Graduates will be able to explain/describe:
1. How current medical knowledge is generated, scientifically justified, and applied to patient care
2. The structure/function, potential and variability of the human body throughout development and the life-span
3. The principles that underlie biological complexity, genetic diversity, interactions of systems within the body
4. Interactions between genetic and environmental determinants of health
5. The influence of social, societal and environmental factors on human health and the diagnosis and treatment of human disease
6. Social, cultural, and behavioral factors that impact health
7. How illness affects/impacts a patient’s and a family’s life experience
8. How biological, social and behavioral issues impact population health, public health, and global health
9. Specific diseases and their effects on patients, families and populations
   a. etiology and epidemiology
   b. clinical presentation and course
   c. diagnosis
   d. treatment
10. Different provisions of health care:
    - Preventive
    - Acute
    - Chronic
    - Rehabilitative
    - Maintenance
    - End-of-life and palliative care
11. Ethical principles that impact the delivery of effective health care
12. Legal issues that impact the delivery of effective health care
13. Roles, responsibilities and competencies of other health care providers
14. Health care systems and economics and how they impact the delivery of effective health care and their relation to health care disparities
15. Principles of patient safety and quality improvement
16. Nutritional requirements throughout the normal life-span, associated with specific diseases and therapies and manifestations of nutritional deficiencies
17. Interactions of complementary and alternative medicine therapies and allopathic care
18. Scientific and ethical principles of research
19. Effective communication skills

Graduates will demonstrate:
20. The ability to gather and apply basic science and medical knowledge in the care of patients
   Specifically, to:
   a. Identify and find information relevant to a clinical problem, using consultation, texts, and the archival literature
   b. Generate an initial list of differential diagnoses given a specific chief complaint and patient characteristics (e.g., age, sex, vital signs)
   c. Use history taking, physical exam, and auxiliary studies to test initial hypotheses/differential diagnoses
   d. Re-rank the differential diagnoses based on information gathered from the history, physical, and auxiliary studies
e. Explain a mechanism for each aspect of a patient’s problem, including biological, behavioral, and social aspects
f. Evaluate scientific/clinical information and critically analyze conflicting data and hypotheses
g. Lead and function as a team member in the care of patients

**Practice-based Learning and Improvement**
Graduates will demonstrate the ability to:

Seek new knowledge:
1. Formulate clinically relevant questions
2. Identify and access relevant sources of information
3. Critically analyze published information and evaluate its validity and relevance
4. Apply required knowledge to the clinical question in the contexts of patient, family and community
5. Synthesize information from different sources in order to support clinical decision-making

Participate actively in lifelong learning:
6. Self-assess and reflect to determine gaps in clinical knowledge base in an ongoing fashion
7. Formulate learning plan to acquire new knowledge/skills and address identified gaps
8. Participate in continuing learning activities
9. Adjust goals and plans based on feedback and self-monitoring

Graduates will be able to explain how biomedical, social science, clinical and translational research is:
10. Conducted
11. Evaluated
12. Applied to patient care
13. Communicated to patients and families

Graduates will demonstrate reflection, initiative and curiosity through:
14. Pursuit of new knowledge
15. Active participation in the educational process
16. An awareness of clinical ambiguity and practicing with uncertainty
17. Pursuit of feedback from others on health care team, and assembly of this information into substantive self-reflection and subsequent practice
**Systems-based Practice**

Graduates will:

1. Demonstrate a patient-centered approach to diagnosis and treatment that balances:
   a. Medical effectiveness
   b. Cost effectiveness
   c. Efficiency
   d. Cultural sensitivity

2. Demonstrate understanding and respect for the roles and responsibilities of other healthcare professionals

3. Engage other healthcare professionals in an integrative approach to comprehensive health care

4. Function effectively in a team approach to health care delivery

5. Recognize the qualities of effective leadership and its impact on a systems-based approach

6. Be accountable for decision-making within health care delivery
   a. Display leadership qualities through effective patient advocacy within the health care system
   b. Explain underlying principles of health care error and patient/client safety
   c. Understand patient safety initiatives at both micro and macro systems levels
   d. Apply basic patient safety initiatives across health care systems

7. Describe the physician’s role in quality improvement (including patient satisfaction, outcomes and process improvement)

8. Compare and contrast health care delivery systems and financing

9. Recognize the impact of social, cultural and economic factors on the delivery of health care and their relation to health disparities within the population

10. Recognize the impact of local, state, and federal policies on the practice of medicine, and the importance of staying abreast of policy changes

11. Know the resources available in a variety of health care settings
   a. Navigate complex health care systems (including identifying barriers) to optimize patient care
   b. Ensure continuity of patient care through engagement and coordination with medical decision makers (patients, families, surrogate health care team proxy)
Curriculum Organization

Phase 1: Foundations of Medical Practice
August through April: 68 weeks over 2 years
- 2 week winter break and 1 week spring break (total 6 weeks)
- 10 week break (MSRP/vacation)
- 6 weeks USMLE Step 1/vacation

Phase 2: Principles of Medical Practice
May through April: 48 weeks
Core Clerkships: Family Medicine and Ambulatory Care, Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery
- 2 week winter break
- 2 week elective or vacation

Phase 3: Advanced Medical Practice
May through April: 40 weeks
Required Courses: Anesthesiology-Operative and Perioperative/Critical Care, Emergency Medicine, Geriatrics and Rehabilitative Medicine, Sub-Internship, Internship 101
Electives or Advanced Clerkships/Experiences
- 8 weeks USMLE Step 2/vacation
- Graduation in May

Timeline Schematic

Timeline Schematic

Foundations of Medical Practice: Phase 1
**Required Clerkships**

**Principles of Medical Practice: Phase 2**
- Family Medicine and Ambulatory Care: 8 weeks total
  - Longitudinal clinic: 12 weeks (8 weeks Family Medicine and 4 weeks Neurology)
- Medicine: 8 weeks
- Neurology: 4 weeks
- Obstetrics and Gynecology: 6 weeks
- Pediatrics: 8 weeks
- Psychiatry: 6 weeks
- Surgery: 8 weeks

**Advanced Medical Practice: Phase 3**
- Anesthesiology-Operative and Perioperative/Critical Care: 4 weeks
- Emergency Medicine: 4 weeks
- Geriatrics and Rehabilitative Medicine: 2 weeks (beginning 2015-16: 4 weeks to include palliative care)
  - Geriatrics
  - Palliative care
  - Rehabilitation medicine
• Sub-Internship: 4 weeks (select one)
  – Community Health and Family Medicine
  – Medicine
  – Pediatrics
  – Surgery
• Internship 101: 4 weeks
  – Capstone general medical education and specialty “bootcamps”