# **Pre-Clerkship Phase: Academic Year 1 of the Curriculum**

45 Weeks of instruction, experiential and self-directed study (53 credits Hours)

	Fall (19 weeks of instruction and self-directed study /21 credits)						(17 weeks		Spring ction and self '23 credits)		Summer (9 weeks of instruction and self- directed study/9 credits)			
	August	Sept	Oct	Nov	D	ec	Jan	Feb	Mar	Apr	May	June	July	
	Medical Biochemistry Human Structure						Inte	grated Conten	t	Career and Professional				
P	and Centilar Function					ed.c.	1	<b>A</b> 1	6 .1	Development Experiences				
r	_	Integration of Anatomy/Histology Biochem/Genetics/ PALM 801			Foundation Immunolog	•	Nervous	System		CCMD 815 (7 credits)				
f		biology		' credits)				• • • • • • • • • • • • • • • • • • • •	and Disease	(Microbiology) 1		, ,		
e		MD 801	,	<b>,</b>			,,	i	MICB 812	(	CCMD 8			
S	(8 (	credits)						i	(4 credits)		(2 credit	:s)		
S							Mechan	sms of H	uman Disease					
i						В		į	PALM 812					
O						R		į	(3 credits)					
n						E		Medica	l Pharmacolog					
а						Α			PCOL 812	,,				
ı						K			(3 credits)					
							Physica	Diagnos	is and Clinical					
D									PDCI 2					
e								i	CCMD 812					
v e	Dhye	sical Diagnosis	and Clinical I	ntogration 1					(3 credits) Neurosciences	and Human				
ı	Fillys	oicai Diagiiosis	PDCI 1	integration 1					Beha					
0		С	CMD 811						CCMD					
р		(;	credits)						(7 cre	dits)				
m			nal Developm	ent			Health Ca	re						
е			CMD 802				Ethics							
n			1 credit)				CCMD 81							
t							(2 credits		Problem-Base	d Learning 1				
									(PB					
									CCMD	-				
									(1 cre	edit)				

<sup>\*</sup>Students must earn passing grades for all academic year 1 courses prior to enrolling in any courses in the academic year 2 of the curriculum

# **Pre-Clerkship Phase: Academic Year 2 of the Curriculum**

33 weeks of instruction, experiential and self-directed study (38 credit hours)

		(22 weeks of i	nstruction a	Fall and self-directe	ed study/29		Spring (11 weeks of self-directed study/9 credit hours)						
4	August Sept Oct				Nov	,	С	Feb	Mar	April			
	_			ted Content			Conten	t (Cont)	NBME Comp Exam CCMD 824				
He	em	Homeostasis/ Cardio/ Physiology Renal Intro		Pulmonary	Pulmonary Muscu/ Derm		GI	В	Reproduction/ Foundational Development Science Integration		(3 credits) USMLE Step 1 Prep CCMD 825 (6 credits)		
		Immunity,	nd Disease (Mi CB *820 credits)	crobiology)			R E A		<b>cro</b> 3 820				
	! i	, Mechani	•	nan Disease (P	thology)			K	Path				
	Path PALM 820 (7 credits)						4 820 :						
		<u>.</u>		harmacology		!			Pharm				
	   		PC	Harm OL 820 credits)		 	 		PCO	820 !			
			<b>Phy</b> PS		 				ology				
		Physical	•	cnedits) nd Clinical Inte	gration 3	<u>:</u> I		PD	: CI 3				
		,5.54	P CCI	<b>DCI 3</b> MD 821 credits)			 			D 821			
			Problem-Ba	ased Learning 2 PBL) MD 823 credits)			 						

\*Students must earn passing grades for all courses in the pre-clerkship phase of the curriculum prior to enrolling in any clerkship or clinical rotations

Below is one example of how one student's curriculum may be organized across the academic years 3 and 4 of the curriculum; clerkships/rotations may be taken in a variety of orders. Required clerkships/rotations and clinical electives rotations are scheduled for either 2, 4, 6 or 8 week blocks.

- Students who graduate in May must complete MED 830, SURG 830, BMP 830, PEDI 830, FMED 830, NEURO 830 and OBST 830 prior to August 30<sup>th</sup> of the fourth-year of the curriculum, allowing enough time to figure final clerkship narratives into the Medical Student Performance Evaluation (MSPE)- a required component of residency application
- Students may request 2 weeks of surgical electives during SURG 830 surgery clerkship
- Students may not take Step 2 CK or the CPX exam until passing grades are earned for MED 830, SURG 830, BMP 830, PEDI 830, FMED 830, NEURO 830 and OBST 830
- Students who elect to delay the start of third year (block 1), may enter the third year only in blocks 2, 3 or 5
- CCMD 841 (Electives) that are designated as a "research" elective is limited to 4 weeks and must be approved by the Committee on Academic and Professional Standards (CAPS)
- CCMD 841 (Electives) that are designated as online or remote are limited to 6 weeks
- CCMD 841 (Electives) are limited to 12 credits for the same specialty
- CCMD 841 (Electives) that are designated as a Global Health rotation is limited to 4 weeks, unless in the Global Health Track, which has a limit of 8 weeks
- CCMD 842 SubI Hospital Care and CCMD 848 Rural/Community-based Care must be completed in 4 consecutive weeks

			4	-	/Rotation instruction, e								
				Summe	r/Fall						Spring		Summer
	May	June	July	Aug	Sept	Oct	Nov	Dec		Jan	Feb	Mar	Apr
	Bloc	k 1	Block	Block	3	Block	1		Е	Block 5	Block 6		
B o t c a m p		<b>Medicine</b> 0 830 edits)	<b>Surg</b> SURG (8 credi	830	Psychiatry BMP 830 (6 credits)  Neurol NEURO (2 cre	•	Pediat PEDI 8 (8 cred	30	B R E A K	FM	y Medicine IED 830 credits)	OBS	GYN T 830 redits)

<sup>\*</sup>Eastern Campus- Family Medicine and Pediatrics are integrated into a 16 weeks module

# Clerkship/Rotation Phase: Academic Year 4 of the Curriculum

34 weeks of instruction, experiential and self-directed study (35 credit hours)

			Summer/F	<u>all</u>			<u>Summer</u>						
May	Aay June July Au		Aug	Aug Sept Oct		Nov D		ec	Jan	Feb	Mar	Apr	May
Electives CCMD 841 (4 credits) "Away Rotation"	USMLE Step 2 CK CCMD 845 (2 credits) Anesth Clerkship CCMD 843 (2 credits)	Electives CCMD 841 (4 credits)	Subl Hospital Care CCMD 842 (4 credits) 	Critical Care and ICU CCMD 844 (2 credits) Electives CCMD 841 (2 credits)	Interviews	Interview Electives CCMD 84 (2 credits	 i	B R E A K	Rural Care CCMD 848 (4 credits)	Electives CCMD 841 (4 credits)	Electives CCMD 841 (4 credits)	Vacation	

Total curriculum includes 160 weeks of instruction/self-directed learning and 174 credit hours

Curricular Threads: The curriculum committee defines a curricular thread as a relatively new content area (e.g., ultrasound) or content that has been identified as a curriculum weakness based on assessment data (e.g., internal examinations and NBME examinations). A thread director is assigned to each thread to ensure that the content is integrated both horizontally and vertically into the curriculum. The thread director's role requires "investigative" work. Using our online curriculum mapping tools, thread directors search the curriculum for learning opportunities that target thread content. Thread directors then contact course/clerkship/rotation directors directly by email or face-to-face meetings to discuss how to enhance existing or develop new opportunities to target students' skills and knowledge related to the thread. Thread directors also help document where and when students learn the thread content, which ascertains how our curriculum targets the thread and opportunities for future improvement. Course/clerkship/rotation directors often coordinate and consult with thread directors when developing new and innovative educational experiences.

Thread Director (email)

Communication Skills: Andrea Labus, MD (<u>ALABUS@hsc.wvu.edu</u>)

Students are expected to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, peers, and health professionals.

### **Diversity, Inclusion and Healthcare Inequities:**

Isabela Negrin, MD (isabela.negrin@hsc.wvu.edu)

Students are expected to demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in culture, national origin, age, gender, race, religion, disabilities, sexual orientation, veteran status and health. Students are also expected to identify prevention and treatment of healthcare inequities may affect individual patients, populations, and the healthcare system.

### **Health Literacy and Patient Advocacy:**

Lisa Costello, MD, MPH ( Imcostello@hsc.wvu.edu )

Students are expected to demonstrate the ability to evaluate and mobilize resources, interpret extant and emerging policies, and identify forces in the healthcare system that influence disparities in health, access to healthcare and promotion of optimal healthcare. Students are also expected to communicate effectively and demonstrate caring and respectful behaviors with patients and families across a broad range of health literacy, socioeconomic and cultural backgrounds.

**Nutrition**:

Laura Davisson, MD ( Idavisson@hsc.wvu.edu )

Students are expected to identify the effects of nutrition, health behaviors, and preventive measures on health status and disease of individuals and populations.

Oral Health:

Louise Veselicky, DDS ( lveselicky@hsc.wvu.edu )

Students are expected to identify the effects of oral health and preventive measures on health status and disease of individuals and populations.

**Pain Management and Addiction:** 

Allison Tadros, MD (<u>atadros@hsc.wvu.edu</u>)

Students are expected to identify ethical considerations of an impaired physician who has an addiction. Students are taught how to recognize the signs of addiction and are given specific direction on available resources that can help. Students must also identify patients at risk of addiction and identify resources for appropriate treatment.

**Safety Science**:

Martin Weisse, MD ( <u>mweisse@hsc.wvu.edu</u> )

Students are expected to define the roles of healthcare professionals and Richard Brant, MD (rbrant@hsc.wvu.edu) demonstrate how interprofessional collaboration improves patient safety, patient-centered outcomes, and system performance. Students must also be able to recognize system limitations and failures, and identify ways to report patient safety concerns and potential solutions in a timely manner.

Telemedicine:

Jenna Sizemore, MD ( <u>isizemore2@hsc.wvu.edu</u> )

Students are expected to know when and why to use of electronic communications technology to provide care at a distance, including patient portals, eConsults, video visits, and remote patient monitoring.

Dilip Chandran, MD ( <u>dilap.chandran1@hsc.wvu.edu</u> )

**Ultrasound:** 

Joe Minardi, MD ( jminardi@hsc.wvu.edu )

Students are expected to select, perform and interpret appropriate diagnostic tests, ultra-sonographic imaging and standard imaging studies to formulate a complete and accurate differential diagnosis.

### **Curriculum Tracks:**

A curriculum track (i.e., parallel curriculum) is defined as educational experiences for a subset of students that differs from the standard curriculum in its goals/objectives/content, curricular structure and instructional formats, and/or length. Below is a list and a link to our existing curriculum tracks:

#### **Tracks**

# Culinary and Lifestyle Medicine Track:

The goal of the Culinary and Lifestyle Medicine Track program is to increase the number of physicians who have an understanding, appreciation and skill development in nutrition, food science and preparation and lifestyle management issues to be able to education patients in ways to prevent certain chronic medical diseases. The CLM track is an interdisciplinary program with faculty and students from the School of Medicine and the Davis College of Agriculture, Natural Resources Division of Animal and Nutritional Sciences.

#### Global Health Track:

The goal of the Global Health Track is to provide additional training and experience in global health to WVU students throughout their four years of medical school and to attract excellent students to WVU School of Medicine who have a special interest in global health.

## Mountaineer Accelerated Track to Enter Residency (MATTER):

The purpose of the Mountaineer Accelerated Track to Enter Residency (MATTER) is to present an accelerated pathway toward residency for

## **Track Description and Online Site**

https://medicine.hsc.wvu.edu/culinary/

https://medicine.hsc.wvu.edu/tropmed/global-health-track/

https://medicine.hsc.wvu.edu/md-admissions/programs/mountaineer-accelerated-track-to-enter-residency/

medical students who have committed to a core specialty at West Virginia University School of Medicine.

## **Rural Track**

https://medicine.hsc.wvu.edu/rural/

The goal of the Rural Track program is to increase the number of primary care physicians who enter and remain in practice in rural West Virginia.