University of Arkansas for Medical Sciences
College of Medicine
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Medical Education Program Highlights

- There is a strong sense of service to the state of Arkansas. As the only MD-granting medical education program in the state, the purpose of the University of Arkansas for Medical Sciences (UAMS) College of Medicine is to produce excellent physicians to serve our citizens. This is accomplished in many ways, but notably in strong primary care emphasis and high retention of graduates who practice in Arkansas.
- The school is moving its curriculum substantially toward active learning pedagogies and away from traditional lecture.
- The school has a series of optional enrichment tracks that students can choose from, including research, global health and service, child health, business/finance, and soon to be a new digital health track. In addition, dual degrees (MD–MPH and MD–PhD) are offered.
- The College of Medicine supports the academic and professional success of medical students through Academic House small-group learning communities, which help medical students develop supportive relationships with faculty and other students that span their course of study and beyond.

Curriculum

Curriculum description

The preclinical phase of the curriculum begins with a series of foundational science courses. This is followed by a set of integrated organ system-based modules. There is a longitudinal clinical skills course across the preclinical phase. The third year is composed of traditional clerkships, organized in blocks on the Little Rock campus and in a longitudinal integrated schedule at the Fayetteville/Northwest campus. The fourth year consists of an acting internship, a residency preparation course, the geriatrics clerkship, and a broad choice of electives.

Curriculum changes since 2010

A major curriculum revision was done in 2012–2013 involving restructuring courses into integrated organ system-based modules and substantially replacing traditional lecture with active pedagogy. In the junior year, clerkships were reorganized to accommodate junior-year selectives. The senior year was expanded by 1 month to better accommodate senior electives and the residency application/Match process.

In the 2020–2021 academic year, courses and clerkships will convert at least 30% of existing lectures to sessions using active learning, primarily peer instruction.

Medical education program objectives

The medical education program objectives are modified from the ACGME domains of competence.

See Table 1—Medical Education Program Objectives and Assessment Methods.

Parallel curriculum or tracks

The school does not currently have a parallel track as defined by the LCME. The school does not currently plan to offer a 3-year MD degree program in the future.

Pedagogy

In the preclinical phase of the curriculum, lecture currently comprises about 50% of contact hours, with the remainder of contact hours coming from team-based learning, laboratory, problem-based learning, and peer instruction sessions. There are also a variety of clinical experiences and standardized patient experiences throughout the first 2 years. In the clinical phase, most of the educational time is spent in ambulatory and inpatient clinical experiences, with an accompanying didactic portion consisting mainly of active pedagogies.

Since 2010, the school has substantially reduced the use of lecture and increased the use of a variety of active/engaged learning pedagogies, including team-based learning, problem-based learning, and peer instruction. In the next academic year, the school will reduce lectures by an additional 30%.

Clinical experiences

At the Little Rock campus, students rotate in the UAMS hospital, the Arkansas Children’s Hospital, the Central Arkansas Veteran’s Administration hospitals, and Baptist Health hospitals and clinics. At the Fayetteville campus, students rotate in a variety of private practice clinics, at Washington Regional Medical Center, at Mercy Hospital, at the Fayetteville Veterans Administration Hospital, and at Northwest Hospital.

In the preclinical phase, all students have longitudinal clinical skills courses. In the clerkship year, all students participate in an additional Practice of Medicine 3 longitudinal course.
The school’s curriculum is governed and managed by the College of Medicine Curriculum Committee. The committee is elected from across the departments of the college. The main committee has 21 voting members. It has 4 standing subcommittees: basic science education, clinical education, quality improvement/evaluation, and academic standards.

Recent challenges include:

- Securing enough clinical sites/faculty/preceptors to accommodate the number of learners. With the expansion of medical schools (new DO-granting schools nearby) and with expansion of other program using clinical teaching sites (physician–assistant and APN programs), having enough sites with adequate patient volume and faculty teaching/supervision has been challenging. We have secured a number of new teaching sites over the past decade, which maintains appropriate patient and faculty-to-student ratios, but this is a challenge.

### Curricular Governance

The school’s curriculum is governed and managed by the College of Medicine Curriculum Committee. The committee is elected from across the departments of the college. The main committee has 21 voting members. It has 4 standing subcommittees: basic science education, clinical education, quality improvement/evaluation, and academic standards.

The departments in the College of Medicine all have important parts to play in the medical education program, but the overall governance of the curriculum is done in a centralized manner by the curriculum committee.

### Education Staff

The executive associate dean for academic affairs oversees the MD degree program as a whole; additional associate and assistant deans serve student affairs and medical education. The college curriculum office has a number of staff who provide direct support to the curriculum and its delivery, including administrative support to course directors, support for educational material development, IT and technical support, and so forth. In addition, the university provides the Student Success Center for academic coaching and tutorial services for medical students. The university also provides the Office of Educational Development to assist faculty in their development in educational work.

The dean of the College of Medicine is the chief academic officer. The executive associate dean for academic affairs oversees the MD degree program in whole. The associate dean for student affairs oversees all student support functions. The associate dean for faculty affairs oversees the faculty development programs of the college. The assistant dean for medical education provides education, assessment, and evaluation support as well as expertise to the program.

The College of Medicine Curriculum Office, led by the executive associate dean for academic affairs, is responsible for the MD degree program, including student affairs. GME programs are led by the associate dean for GME/designated institutional official, who reports to the dean of the college, but has a close working relationship with the undergraduate medical education program. The CPD functions are done at a university-level office.

### Faculty Development and Support in Education

The Office of Faculty Affairs conducts a regular program of faculty development activities, which include, but are not limited to, activities to develop faculty educational skills. In addition, the university-level Office of Educational Development and its Educator’s Academy provide additional faculty development offerings focused on education.

Education is included in promotion and tenure decisions; the extent to which it plays a role depends on the specific track in which the faculty member resides. A variety of supporting documentations are considered, including teaching evaluations either by students or peers, educational scholarship, development of innovative teaching materials, and so forth.

The Educator’s Academy is a university organization for all health professions schools at our academic health center, including medicine. It serves as a venue for sharing educational expertise across the campus, supporting educational improvement, and providing faculty development in teaching.

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**Table 1**

**Medical Education Program Objectives and Assessment Methods**

<table>
<thead>
<tr>
<th>Medical education program objective</th>
<th>Assessment method</th>
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<tbody>
<tr>
<td>Medical knowledge</td>
<td>Multiple-choice examination (MCE), student performance evaluation, narrative evaluation, OSCE</td>
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<tr>
<td>Clinical care</td>
<td>Student performance evaluation (SPE), narrative evaluation, OSCE, MCE</td>
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<tr>
<td>Professionalism</td>
<td>SPE, OSCE, noncognitive academic assessment</td>
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<tr>
<td>Interpersonal and communication skills</td>
<td>SPE, narrative evaluation, team-based learning</td>
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<tr>
<td>Lifelong learning and medical informatics</td>
<td>Problem-based learning assessment, narrative assessment, SPE</td>
</tr>
<tr>
<td>Population health and preventive medicine</td>
<td>MCE, SPE, narrative assessment, OSCE</td>
</tr>
<tr>
<td>Practice- and systems-based care</td>
<td>MCE, SPE, narrative assessment, IPE assessment</td>
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In the freshman year, students participate in a required Practice of Medicine 1 clinical skills course. In that course, all students have both standardized and real patient experiences within the first few weeks of medical school.

All students in the first year have clinical experiences in a student-run free clinic near the main campus. In the junior year, Little Rock students rotate on the family medicine clerkship and most spend that time at a variety of regional program sites across the state that are community based. On the Fayetteville/Northwest campus, all students spend at least some of their required clerkships in community-based private practice settings with adjunct faculty.

The departments in the College of Medicine all have important parts to play in the medical education program, but the overall governance of the curriculum is done in a centralized manner by the curriculum committee.
Regional Medical Campuses
The school established a new regional campus in Fayetteville/Northwest in 2010. The campus continues to serve third- and fourth-year students. The total student enrollment is 40 students.

All required clerkships have a primary clerkship director (on the Little Rock campus) and a site director at the Fayetteville campus. The educational learning objectives and student assessments are the same at both campuses. Faculty and house staff on both campuses receive orientation to the learning objectives of the program. The College Curriculum Committee regularly reviews a variety of outcome measures by campus to help ensure that educational outcomes are comparable at both campuses.