University of California, San Diego School of Medicine
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Medical Education Program Highlights

- UC San Diego School of Medicine (UCSD SOM) trains students to become physicians who are scientifically astute, clinically skilled, empathetic, and dedicated to the welfare of patients and communities.
- A major revision of the preclinical curriculum took place in 2010. Called the Integrated Scientific Curriculum, it has been highly successful in increasing student satisfaction while maintaining high standards. Clinical immersion begins soon after students matriculate and scientific concepts are reintroduced in the fourth year.
- Recent additions to the curriculum include a longitudinal ultrasound course beginning in year 1 and a fourth-year boot camp to prepare students for the transition to residency.
- The addition of a new 100,000-square-foot medical education building that contains an 18-room professional development center, a large simulation center, an operating suite with 22 fully functioning operating tables, 2 DaVinci robots, a 15-station microsurgery laboratory, and a hybrid OR has enriched the student experience and allowed students to learn alongside residents and practicing physicians.
- UCSD SOM is one of the few medical schools with an extensive elective curriculum in the first 2 years, which results in diverse educational opportunities. More than 50 elective courses are offered each quarter. Through the elective curriculum, students can participate in our student-run free clinics, lobby the California state legislature, learn to be more observant through drawing the human body, do self-directed, in-depth reading about a scientific topic, or work alongside faculty doing basic or clinical research. An independent study project has always been a graduation requirement.
- Greater emphasis on an organ systems approach has led to an integration of instruction in anatomy and pharmacology across year 1, and the curriculum now consists of both courses and threads.
- Lecture time has been substantially reduced, and small-group active learning sessions have increased.
- First-year students are divided into 6 learning communities, and they remain in the same community throughout 4 years. Students remain within their Communities for the Clinical Foundations course, where they learn about the doctor–patient relationship and clinical skills, but they interact with other community students throughout the rest of the curriculum.
- Core clerkships begin in mid-May of year 2. Pilot projects to improve continuity and clinical skills in the third-year curriculum have been successfully introduced and are expanding.
- Both the fourth-year Principles to Practice course and a new Transitions to Residency boot camp course prepare students for graduate medical education.
- Class size has recently increased from 122 to 134 without a need for any major structural changes.

Medical education program objectives

The SOM’s curricular objectives are defined by the faculty and are reassessed each year.


In addition to standard course evaluation, a small group of students meets with course instructors and facilitators from Medical Education at the end of each course to provide feedback, a technique that has been highly successful in promoting curricular change.

Parallel curriculum or tracks

UCSD SOM has 2 separate curricular tracks:

- The Program in Medical Education—Health Equity is part of a system-wide effort at the University of California to train physicians to be better able to meet the needs of the diverse Californian populations who are traditionally underserved by the medical system. Students have required electives in the first 2 years and are supported for an additional year to complete a master’s degree to augment their skills. Numerous opportunities to work in underserved communities exist throughout all 4 years.
- The Global Health Academic Concentration exposes students to global health topics throughout all 4 years of medical school. Students are paired with a research mentor based on their academic interests and participate in global health research during the summer between years 1 and 2. Additionally, students participate in a quarter long global health clinical rotation during the fourth year. These international rotations are financially supported by the SOM.
Pedagogy

- A wide variety of pedagogical approaches are used throughout the curriculum, including lectures; laboratories; small- and large-group activities; case- and team-based learning; self-directed learning; and simulation using standardized patients, mannequins, and partial task trainers. All lectures are podcast. Clinical immersion begins early in year 1. None of these approaches are new, but emphasis has shifted from lecture-based to more active learning modalities.

Clinical experiences

- During the clinical curriculum, students are exposed to a wide variety of patients in different clinical settings, both inpatient and outpatient. Students rotate through the 2 UCSD Healthcare major hospitals (UCSD Hillcrest and Jacobs Medical Center), the San Diego Veterans Affairs Medical Center, Balboa Naval Hospital, and Rady Children’s Hospital. Kaiser, Sharp, and Scripps health care systems also are options for some rotations.
- In 2016, the model for clinical faculty compensation changed to one based on RVU generation, with discretion of allocation of funds to support teaching based on individual divisional/department plans. This has generally resulted in faculty feeling they have less time to teach and students feeling they have less exposure to faculty.
- A new funding model designed to make faculty “whole” and provide for any lost revenue because of time spent teaching is currently being designed and should be in place during the next academic year.

Curricular Governance

- In the University of California system, the faculty are in charge of the curriculum. Deans and other administrators serve ex officio and facilitate the work of the faculty.
- The governance structure overseeing education has been in place since the school’s inception and functions well.
- A Committee on Educational Policy (CEP) oversees all education in the SOM, which includes undergraduate medical education, graduate medical education, graduate education, and allied health professional education. The chairs and vice chairs of the Core Curriculum Committee (CCC) and Electives Committee (EC), as well as representatives of the Admissions Committee, the Student Affairs Committee, the Standings and Promotions Committee, Skaggs School of Pharmacy and Pharmaceutical Sciences, and a student elected by each of the 4 medical school classes, are members. It meets monthly.
- The CCC oversees all required coursework in years 1 to 4 and meets twice a month. Courses are reviewed in-depth every 3 years using a very structured format.
- The EC, which meets monthly, approves and reviews the electives offerings in the first 2 years and all fourth-year electives, in addition to approving all independent study project proposals.
- The CEP is a subcommittee of the University’s Academic Senate, the body that approves changes in grading policy and graduation requirements. The chair and vice chair of the CEP are members of the Health Sciences Faculty Council, which consists of elected representatives of the faculty and other major committee chairs.

Education Staff

- The support for undergraduate, graduate, and continuing physician education in the SOM resides in the Dean's Office Division of Medical Education (DME), which is led by the dean for medical education.
- Within the DME, units supporting undergraduate medical education include the Office of Educational Support Services (OESS), headed by an assistant dean, and the Office of Educational Technology, Innovation, and Assessment (OETIA), led by an associate dean. OESS provides support to faculty in the delivery of the curriculum and assistance to students as they strive to understand it. Staff in OETIA support the technologic and programming needs of students and teaching faculty, and design and implement course and individual student and faculty evaluation while working with faculty to use state-of-the-art technology in instruction. Staff in OETIA do all the conference and classroom room scheduling for the SOM and UCSD hospitals.
- The professional development center and simulation center (headed by an associate dean) also are part of the DME and are heavily used in the education of medical students, residents, fellows, and practicing physicians.
- Additional resources for undergraduate medical education are centralized in the Office of Undergraduate Medical Education, headed by an associate dean. All committee, teaching laboratory, and administrative curricular support emanates from this office.
- The DME also contains the support for admissions and student affairs, financial aid, community outreach and diversity (headed by an associate dean and assistant dean), graduate medical education (led by an associate dean and ACGME designated institutional official), continuing medical education and educational faculty development (headed by an associate and assistant dean), alumni affairs, and the willed body program.
- The DME has a central Administrative and Business Office, headed by an assistant dean. Centralizing resources in the DME has allowed them to be used efficiently. Whenever possible, funds and equipment are leveraged, and personnel are cross-trained in support of the continuum of education.

Faculty Development and Support in Education

- Both the Office of Faculty Affairs and the DME provide support to faculty to help them in their roles as educators.
- The National Center for Leadership in Academic Medicine trains 25–30 junior faculty each year to become successful academicians. A project is required; several faculty each year choose educational projects that they complete with the help of a faculty mentor.
The Continuing Medical Education and Educational Faculty Development Office supports medical education grand rounds, multiple faculty workshops throughout the academic year, and a yearly faculty educational retreat.

The SOM has the Academy of Clinician Scholars, which is primarily intended to support excellent academic clinicians, including clinician-educators. Funds are available to support educational pilot projects and educational research.

Teaching is an important component of academic advancement in all faculty series in the SOM. Although strong teaching evaluations are not sufficient for promotion in any series, poor teaching evaluations have held back faculty from advancement.