University of Missouri–Kansas City School of Medicine
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Medical Education Program Highlights
- The University of Missouri–Kansas City (UMKC) School of Medicine is an accelerated 6-year, combined baccalaureate/MD program, in which students begin integrating undergraduate and medical school coursework with clinical experiences in their first semester. This integration continues through the entire curriculum, with the proportion of coursework and clinical work adjusting across 6 years.
- The docent system is a long-standing hallmark of UMKC medical student education. The docent system comprises a set of longitudinal learning communities consisting of small, multilevel student groups led by an internal medicine physician docent. We embed junior–senior student partnerships in the docent team experience, which provide each student with the opportunity and responsibility to learn from a senior student and to subsequently teach a junior student as the curriculum progresses.
- Since the school’s inception, the curriculum has integrated the arts and humanities. During the final 2 years of the curriculum, students are required to select a 4-week arts and humanities course.

Curriculum
Curriculum description
- The first 2 years of the 6-year curriculum reflect the emphasis on the baccalaureate degree while providing early clinical exposure.
- The final 2 years of the 6-year curriculum reflect the emphasis on required and elective medical degree coursework while also providing a required arts and medical humanities experience.

Curriculum changes since 2010
- Greater emphasis has been placed on using standardized patients and simulation in the teaching and assessment of clinical and communication skills.
- An intentional transition from lecture-based to more active-learning teaching modalities including case-based, team-based, and online learning is underway.
- Expanded interprofessional experiences have been introduced into the curriculum longitudinally.

Assessment
Medical education program objectives are described in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a physician.


The school’s Council on Curriculum adopted a new set of medical education program objectives largely based on the Physician Competency Reference Set used by the AAMC’s Curriculum Inventory Report, which in turn is based on the ACGME’s competency framework.

Assessment changes since 2010
- Students sit for a longitudinal set of OSCEs intended to facilitate their development of history-taking, physical exam, clinical decision-making, communication, and professionalism skills.
- Key courses in the preclerkship phase of the curriculum have implemented a remediation process for students who do not meet performance targets.
- The Council on Curriculum requires students who have had academic difficulty or struggle with standardized exams to take and pass, with a minimum score, the Comprehensive Clinical Sciences Examination before sitting for the USMLE Step 2 CK examination.

Pedagogy
- Clinical experience in the outpatient and inpatient setting has been a signature of the program since its introduction and continues throughout the 6 years.
- Small-group discussion is used extensively in the docent learning communities that span the 6-year program.
- Simulation and standardized patients are used in the final 3 years of the program.

Changes in pedagogy since 2010
- There has been a substantial increase in the use of standardized patients and simulation-based training and assessment of students.
- Standardized computer-based examinations are now uniformly undertaken in a dedicated onsite testing laboratory.
- Lecture-based instruction has been reduced and replaced with more active-learning focused instruction.

Clinical experiences
- There is a notable breadth of clinical exposure available to students during their rotations at our hospital affiliates that provides a rich array of patients of all ages, from all socioeconomic groups, and from underserved populations and cultures.
• These hospital affiliates also provide our students with abundant acute and ambulatory care experiences during all required core clerkships.

**Required longitudinal experiences**

• A continuing care ambulatory experience is required of every learner and consists of weekly half-day exposure to a panel of patients throughout the final 4 years.
• An 8-week inpatient internal medicine experience is required for every student in each of the final 3 years. Like the ambulatory care experience, each student experiences this rotation as a member of a docent team that includes 12 students who are supervised by the same physician.
• Longitudinal interprofessional experiences are required for all students across the curriculum.

**Clinical experience first encounter**

• Exposure to clinical medicine occurs in the first 2 years of the 6-year curriculum and occurs for 1 half day per week.
• Concurrent with this clinical exposure, students participate in sequential coursework designed to teach communication skills, professionalism, and clinical problem solving and to build, early on, a full understanding of the language and culture of medicine.

**Required and elective community-based rotations**

• All students spend 4 weeks interacting with a board-certified family practitioner in a rural setting.
• The intent of this preceptorship is to provide students with an adequate exposure to a rural family medicine practice in a health professional shortage area, provide an introduction to medical practice management, experience the cultural diversity of a rural community, and acquire awareness of the need for primary care physicians in Missouri.

**Challenges in designing and implementing clinical experiences for medical students**

• The hospital affiliate institutions that provide required clinical training have experienced increasing requests for student access from osteopathic and offshore medical schools, as well as nurse practitioner and physician assistant programs.
• There is increasing pressure to provide financial incentives to accept students participating in the family medicine preceptorship.

**Curricular Governance**

• A curriculum committee consisting of appointed and elected faculty is responsible for the design, implementation, and evaluation of the MD curriculum.
• An associate dean chairs the curriculum committee and reports to the dean.
• Two standing curriculum subcommittees, one led by the vice-chair for basic science and the other led by the vice-chair for clerkships, meet monthly and include all basic science course directors and all clerkship directors.
• A steering committee, chaired by the associate dean for curriculum, functions as an executive working committee and includes the 2 vice chairs, an assistant dean for curriculum, and the assistant dean for assessment and quality improvement.

**Decentralized curricular governance**

• Purchased teaching-time contracts between the school and the hospital affiliates identify faculty who are course or clerkship directors for required medical education experiences as well as faculty who provide administrative support.
• These contracts specify the amount of financial support provided from the school. Academic department chairs must allocate protected time for these faculty to satisfy their contractual obligations.

**Education Staff**

• The Department of Medical Education Support Services is directed by the assistant dean for assessment and quality improvement and staffed by an instructional design specialist, accreditation specialist, database analyst, and administrative assistant.
• The department oversees the medical education program’s continuous quality improvement processes; the Clinical Training Facility, housing simulation-based education and standardized patients; and a medical education media center, which has a collection of online and nonprint learning resources.
• The department collects, analyzes, and distributes program evaluation data; monitors compliance with policy and accreditation standards; manages the online student performance and course evaluation system and the curriculum database; offers ongoing education and assessment consultations; and conducts and consults on educational research.

**Medical education leadership**

• Faculty holding assistant or associate dean titles provide support at the UGME and GME levels and support faculty employed by major hospital affiliates and/or practice plans.
• Assistant and associate deans supporting student affairs functions report directly to the office of the medical school dean.

See Figure 1—Medical education leadership.

**Faculty Development and Support in Education**

• The associate dean for professional development directs faculty development and is supported via a faculty development committee comprising of clinical and basic science faculty.
• A mentorship program is available for early-career, mid-career, and longevity-career faculty.
• Workshops and guidance regarding promotion, mentoring, and career development are provided regularly. Development activities also include workshops/seminars to advance research skills, enhance curricular design, promote active learning, improve instructional methodology and assessment methods, and strengthen team building and leadership skills.
Funds for faculty travel to present research or for additional professional development opportunities are available.

A faculty awards review committee annually selects recipients to be recognized for excellence in contributions to innovation and scholarship in medical education; and mentoring for both a senior and junior faculty who have made significant contributions to enhancing and developing the careers of faculty and trainees.

Teaching awards for medical student preclinical education innovation and a diversity and health equity in medicine award are presented annually.

Role of teaching in promotion and tenure

Excellence in teaching, an active commitment to institutional and public service, and acumen of clinical practice are equally weighted for their scholarly merit and importance in the faculty promotion process.

Promotion guidelines for tenure track and nontenure track faculty reflect the importance that the school places upon teaching based upon the presence of explicit teaching metrics that promotion committees weigh in making academic promotion decisions.

Teaching training

The school-based Department of Graduate Health Professions in Medicine offers both a certificate and a master’s degree in health professions education.

Enrollment is open to physicians and physician trainees along with other health professionals, e.g., nurses, pharmacists, physician assistants, etc.

Initiatives in Progress

The development of a regional campus is underway.

The school will launch the Well-Being Index for faculty to encourage them to further their self-care to ensure professional fulfillment throughout the stages of their careers while allowing the school to further monitor the learning environment for improvement opportunities.