Chapter 4

Educational Programs

Academic Calendar
The academic calendar for Sidney Kimmel Medical College at Thomas Jefferson University is published annually and is included in the College Catalog and Student Handbook.

Academic Protocol
The school colors for Sidney Kimmel Medical College of Thomas Jefferson University are blue and black. Academic costume is required for Commencement for faculty participating in the academic procession.

In order for faculty members to have access to student records, they must fill out a form and review the record(s) in the University Office of the Registrar. Student notification regarding the Family Educational Rights and Privacy Act is contained in the Student Handbook, available from the University Office of the Registrar.

Undergraduate Medical Education
The Curriculum
The College offers a four-year educational program leading to an MD degree. Its faculty conducts biomedical, health services, and educational research. Clinical faculty provide patient care within the Jefferson Health System and at other clinical teaching affiliates. Faculty are also involved in teaching activities for residents (graduate medical education), colleagues (continuing education and faculty development) and other health professionals. Teaching and mentoring our undergraduate medical students is a role all of our faculty share.

The curriculum at Sidney Kimmel Medical College has been developed to provide learning opportunities enabling medical students to acquire fundamental knowledge, develop basic skills, and appreciate principles relevant to healthcare in the context of the community. We strive to foster in each student the lifelong desire and expertise of seeking and evaluating new information in the pursuit of the solutions to medical problems, and educating those in need of medical care. Our aim is to enable each student, as part of a larger healthcare team, to practice with clinical competence and effectively utilize healthcare resources. We welcome our students into the profession of medicine, and our goal throughout the four years of education and training is to facilitate their own professional growth and development. We commit to embodying the highest standards of civility, honesty, and integrity in all aspects of our personal and professional lives.

In recent years, curricular changes have been introduced to keep pace with the rapid expansion in scientific knowledge and dramatic changes in our healthcare delivery system. These changes seek to achieve a balance between acquisition of a ‘core’ of scientific and factual information and development of demonstrable skills in interacting with patients and colleagues.
The primary goals of the curriculum at Sidney Kimmel Medical College are to: (1) provide each student with a core curriculum that contains the sine qua non that should pertain to all physicians; (2) provide each student with advanced curriculum opportunities in order to explore in greater depth areas of basic and clinical medical sciences; and (3) enable the future physician to develop a humanistic as well as a scientific approach toward prevention and the care of people with medical problems.

Additional goals are: (1) to have students understand the tentative nature of scientific conclusions; (2) to encourage students to assume responsibility for their own education and to diminish their dependence on the teacher as a sole source of information; (3) to encourage students to think critically and independently within the framework of social responsibility; and (4) to encourage students to develop a logical approach to the analysis and management of clinical problems. Recognizing that entering students have multiple backgrounds and goals and will pursue varied careers, the curriculum at Jefferson incorporates sufficient breadth and flexibility to address individual educational needs. A timeline and description of our curriculum can be found in the most recent Sidney Kimmel Course Catalog.

Faculty at Jefferson are teachers, mentors and role models for our undergraduate medical students. We strive to demonstrate professionalism and professional values as we contribute to the overall teaching, research and clinical care missions of the institution. Teaching and evaluation skills are integral to the success of our work with students, researchers and trainees. Medical school is the first formal step in the lifelong process of medical education.

**Sidney Kimmel Medical College Competencies (revised September 2014)**

**Professionalism and Altruism:** By the time of graduation, all students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. This includes:

1. An understanding of the ethical theory and the major ethical dilemmas/conflicts in medicine including those faced by students.

2. A commitment to compassionate treatment of patients, and respect for their privacy, dignity, and individuality. This includes basic courtesies such as wearing professional attire and timeliness.

3. A commitment to honesty and integrity in all aspects of professional life (clinical, decision making, scientific pursuits, and interpersonal interactions).

4. An understanding of the need to collaborate in individual patient care as demonstrated by respect for the unique cultures, values, roles, responsibilities and expertise of other health professionals.

5. A commitment to advocate for quality patient care for all people, with sensitivity to diversity in gender, ability, age, culture, race, religion, and sexual orientation.

6. An understanding of the challenges to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements within the practice of medicine.

7. An understanding of the responsibility to provide fiscally –responsible health care.

8. A commitment to provide care to patients who are unable to pay and to be advocates for access to health care for the traditionally underserved populations.

**Medical Knowledge:** By the time of graduation, all students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. This includes:

1. Knowledge of the normal structure and function of the body (as an intact organism) and each of its major organ systems.

2. Knowledge of the molecular, cellular, biochemical, and physiologic processes that are important in maintaining the body’s homeostasis.
3. Knowledge of the multiple causes (e.g. genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, psychogenic, and traumatic) of maladies and the ways in which they affect the body (pathogenesis).

4. Knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.

5. An understanding of the power of the scientific method in establishing the cause of disease, and in evaluating the efficacies of traditional and nontraditional therapies.

6. Knowledge of the important environmental, economic, psychological, social, and cultural factors that contribute to the development, chronicity and mitigation of maladies.

7. Knowledge of the natural history and epidemiology of common/important illnesses within defined populations, and the individual and systematic strategies for health promotion and disease prevention.

8. The knowledge and ability to identify factors that place individuals at risk for disease, injury, or disability and to select appropriate methods for screening or early detection, and to determine strategies for responding appropriately.

9. The ability to explain the roles and responsibilities of other care providers, and how the team works together to provide optimal care.

10. Knowledge of the process and value of research in the basic and clinical sciences.

**Patient Care:** By the time of graduation, all students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. This includes:

1. The ability to obtain an accurate, relevant medical history that covers all essential aspects of the history, including information related to age, gender, functional status, and socioeconomic status.

2. The ability to perform both a complete and focused physical examination, including a mental status examination.

3. The ability to perform routine technical procedures.

4. The ability to appropriately select and interpret diagnostic tests used for screening and diagnosis of common/important illnesses, taking into account the cost and availability.

5. The ability to reason deductively in solving clinical problems.

6. The ability to care for patients with common conditions (acute, chronic and terminal), taking into consideration benefits, risks, functional status and patient preferences.

7. The ability to recognize patients with immediately life-threatening (e.g. cardiac, pulmonary, or neurological) conditions regardless of etiology and to institute appropriate initial therapy.

8. The ability to relieve pain and ameliorate the suffering of patients, including the provision of end-of-life care.

9. The ability to recognize ethical dilemmas and develop a framework for resolution.

10. The ability to identify medico-legal risks and resources.

**Interpersonal and Communication Skills:** By the time of graduation, all students must demonstrate interpersonal and communication skills that result in the effective exchange of information and facilitate collaboration. These include:
1. The ability to communicate effectively, both orally and in writing, with patients, patients’ families, colleagues, and others with whom physicians interact in the professional setting.

2. The ability to maintain comprehensive, timely, and legible medical records

3. The ability to work within a patient care team to provide safe and effective care by striving for a common understanding of information, treatment, and care decisions. This is accomplished by:
   a. Listening actively
   b. Communicating effectively
   c. Encouraging ideas and opinions of other team members and
   d. Expressing one’s knowledge and opinions with confidence, clarity and respect.

4. The ability to use understanding of the patient-doctor relationship in a therapeutic, supportive and culturally sensitive way for patients and their families.

5. The ability to critically evaluate the medical literature and to seek opportunities to expand understanding and appreciation of scientific discoveries and their applications.

6. The ability to effectively teach patients, families, colleagues and other health professionals.

**Lifelong Learning:** Medical school is the first formal step in the lifelong process of medical education. To build and sustain professional competence, by the time of graduation, all students must have:

1. The capacity to recognize limitations in one’s own knowledge and clinical skills, to seek advice and to use constructive feedback to improve performance.

2. The capacity to recognize one’s own attitudes, including personal strengths, limitations, and vulnerabilities, to employ appropriate coping strategies and seek assistance when needed.

3. An understanding of the need to be continuously setting personal learning and achievement goals and to engage in lifelong learning to stay abreast of relevant advances in medical care.

4. The ability to retrieve (from electronic databases, electronic health records, and other resources), manage, and use biomedical information for solving problems and making appropriate clinical decisions for individuals and populations.

5. The ability to use “lessons learned” in the classroom and patient care setting (from patients, families, staff, peers, residents, faculty, etc) to guide one’s own professional development.

**Systems-based Practice:** Students must demonstrate a basic understanding of the impact that health care delivery systems have on patient care. This includes:

1. Basic knowledge of the various approaches to the organization, financing and delivery of health care at the national and state levels.

2. Basic knowledge regarding the impact of regulatory bodies (ACGME, Joint Commission) on medical practice.

3. An understanding of the impact of system-based errors on patient care and of methods available to identify and address these errors.

4. An understanding of the impact of cost on patient care in the hospital and outpatient settings from the individual and population perspectives.

5. The skills to work effectively in various health care delivery settings and systems.
6. An understanding of the attributes of highly functioning teams and the responsibilities and practices of effective team membership and effective team leadership.

The above competencies were developed and adopted in 2000 with reference to the AAMC Medical School Objectives Project Guidelines (2000); revised 2006; revised in 2009 with reference to the ACGME Common Program Requirements (2007); revised in 2012 with reference to the AAMC Core Competencies for Inter-professional Collaborative Practice (2011).

Student Promotion

Sidney Kimmel Medical College recognizes that it has obligations not only to its students, but also to the faculty of the institution, to the medical profession, and to society in general. The function of the Committee on Student Promotion is to help ensure that each graduate of Sidney Kimmel Medical College meets essential requirements of medical knowledge, skills, and attitudes.

The Committee on Student Promotion also ensures that each student demonstrates the appropriate professional and ethical conduct and personal attributes that are crucial to the practice of medicine. As students progress through the College, the Committee on Student Promotion ensures that students meet those overall requirements to move from one level of instruction to another. Through the Committee on Student Promotion, Jefferson seeks to ensure that each student fulfills all requirements for every course included within their program of medical education as well as all non-cognitive requisites for pursuing a medical career.

Student Evaluation

Student evaluation is described in the Student Handbook, including the grading system, general statement of policies concerning promotion and graduation, class attendance, approved absences, and failure to meet requirements for graduation by the scheduled time of commencement. The Jefferson Longitudinal Study of Medical Education records each student’s premedical background; admission test scores; test scores and clinical ratings during medical school; and scores on licensing examinations. Career tracking for the students begins with their plans and aspirations as freshmen, continuing through the senior year of medical school.

Student Supervision

The Policy for the Clinical Supervision of Medical Students has been developed to assist clinicians at Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University and its affiliated hospitals in the supervision of medical students. In its efforts to ensure effective learning, professionalism, and quality patient care, SKMC has developed the policy with the goal of providing guidance for faculty physicians and residents when supervising medical students in clinical learning contexts. To this effect, the policy defines the graded supervision of medical students by faculty physicians in clinical environments at all sites where medical students rotate and/or participate in learning activities throughout all four years of medical training.

The policy describes the clinical learning environment and defines: a) supervision and roles; b) appropriate supervision during clinical experiences; c) the graded responsibility of medical students during their progression through SKMC; and d) procedural supervision. The statement also describes when faculty members should recuse themselves from the supervisory role. The policy is available in the Appendix of this document.

Access to Student Records

Students may review and obtain “student copies” of their clinical evaluations and may obtain “student copies” of their transcripts from the University Office of the Registrar. If an official copy is requested by an external agency, written permission must be obtained from the student in order for the information
to be sent to the authorized institution. While copies of transcripts can be obtained, the original transcript is the sole property of the University.

The Family Educational Rights and Privacy Act (FERPA) is a federal law which provides each student with the right to inspect educational records maintained on him/her by the University, the right to a hearing to challenge their contents and to make explanation for challenged information. The law also provides that the University will maintain confidentiality of student records except with respect to special cases noted in the legislation or regulations.

**Graduate Medical Education**

Graduate Medical Education is that phase of the continuum of education which follows medical school. The purpose of these programs is the transmission of the knowledge, skills, attitudes, behaviors, research skills, and professional and ethical deportment required to practice a specialty or subspecialty of medicine. Each Clinical Department of Sidney Kimmel Medical College at Thomas Jefferson University sponsors residency programs in their respective discipline, and many Departments or Divisions of Departments sponsor fellowship programs. The traditional nomenclature of internship and residency has been replaced by the term resident, with the year of training described as Post-Graduate-Year (PGY) 1 or beyond. Residency training in a specialty is of three to eight years in duration. Fellowship training follows residency for those wishing to develop further depth in diagnosis, therapy, procedures, research, and education in a narrow area of a primary discipline. For instance, a physician wishing to become a Cardiologist will spend three years in Internal Medicine residency, followed by three to five years of further training in Cardiology and its areas of special competence prior to entering independent practice.

Supervision by the faculty requires scrupulous attention to detail while permitting the resident or fellow to assume an increasing role in patient care decisions and treatment. Further, the faculty must comply with all external requirements for documentation of supervision and services rendered. For more information, contact the Division of Graduate Medical Education.

Information about Graduate Medical Education standards, accreditation requirements and other areas of interest may be found on the Web site of the Accreditation Council for Graduation Medical Education. ([www.acgme.org](http://www.acgme.org))

**Residency Programs (Postgraduate-Year-1 through Initial Board Eligibility)**

Residency is that phase of the continuum when the physician learns, in depth, the application of principles of patient care, teaching and research in his or her chosen specialty. The core concept in all residency training is graded responsibility under close supervision of the supervising faculty. The resident, through a series of structured educational clinical experiences (curriculum), is given progressively more responsibility for clinical diagnosis and therapy under the careful eye of the faculty. Through structured and informal formative evaluation and feedback, as well as demonstration by the faculty, the resident learns implementation of the principles of diagnosis, therapeutics, procedural skills, humanism, ethics, communications and professionalism in their chosen discipline. Residents are also given progressive responsibility for teaching junior residents and medical students. This facilitates the organization and development of sophistication of thought which is so important to the specialist physician. Faculty members are required to complete summative feedback evaluation of each trainee, documenting their impression of their fitness for practice. Residents, in turn, evaluate the faculty and effectiveness of the curriculum. This feedback loop is important in the achievement of excellence in education at all phases of the continuum. Similar degrees of graded responsibility are delegated in the conduct of research, although most research conducted by residents is often limited by the demands of the patient care dimensions of their residency curriculum.
Subspecialty Residency Programs

Subspecialty residency programs permit the physician to concentrate on a subspecialty area, facilitating the development of sophisticated medical knowledge, clinical skills, procedural techniques and research expertise which prepare the trainee for independent practice or the pursuit of an academic career in that discipline. Typically, subspecialty residency programs are highly selective, attracting highly motivated individuals upon completion of their initial residency who wish to focus their efforts and who enhance the educational environment of the division, department and institution. Research is an integral component of the curriculum with at least six months of a two-year program and often up to 50% of the time of the trainee spent in developing skills which will be utilized to develop new knowledge in basic pathophysiology, diagnosis or therapeutics. Evaluation is both formal and informal; formative feedback is essential to the development of sophistication of thought and action while summative feedback is required to establish the faculty’s opinion of the trainee’s ability to function as a consultant in that discipline.

Evaluation

The Division of Graduate Medical Education within the office of the Dean of the Medical College monitors the clinical programs. Evaluation of senior residents and junior residents are tabulated, analyzed, and then shared with departmental chairmen and program directors in order to improve the educational programs. The information is shared with the University and affiliated hospitals at special sessions attended by departmental chairmen and educational coordinators. The Jefferson Longitudinal Study of Medical Education is used to record and analyze evaluations of residents’ performance and how residents’ training has aided them in the practice of their particular specialties.

All residency programs and fellowships are regularly evaluated by site visits by a fact finding group composed of the Dean’s office (Associate Dean for Graduate Medical Education), the Head of the House Staff Affairs Office of Thomas Jefferson University Hospital, and a representative from the house staff. The data gathered is presented to the Graduate Medical Education Committee for review and recommendations. All recommendations require timely responses targeting action taken.

Continuing Medical Education

The SKMC Office of Continuing Medical Education (CME), which is accredited by the ACCME, is dedicated to developing, delivering and evaluating quality educational experiences/opportunities that stimulate, educate and empower physicians to provide the highest standard of care throughout a lifetime of professional practice. Drawing upon its combined educational, research and clinical expertise and strength, the SKMC Office of CME endeavors to equip physicians with the knowledge, skills and attitudes necessary to remediate, maintain and/or enhance their ability to deliver world class medical service across the continuum of care to patients.