

# Chapter 3

## Educational Programs

Our goal at Jefferson Medical College is to train...“ superior physicians who are outstanding clinicians.”

Thomas Nasca, MD  
Dean, Jefferson Medical College

### Undergraduate Medical Education

#### Academic Environment

#### Shared Code of Professional Values

In entering the profession of medicine, and in the process of crafting future physicians, as students and educators, we recognize the implicit trust that patients and society have granted us. As such, we must commit to embodying the highest standards of civility, honesty, and integrity in all aspects of our personal and professional lives. This must include our interpersonal relationships, our academic pursuits, and our medical practices. We must treat everyone compassionately, and respect and protect his or her privacy, dignity, and individuality.

As part of the trust that society has placed in us, we must advocate for outstanding patient care for all people. Accordingly, we must always recognize those attitudes and values of ours that may limit our ability to do so.

As medical professionals, we must also recognize limitations in our knowledge and skills, and accordingly, we must accept our duty to provide and receive constructive feedback with the goal of improving our ability to care for our patients. This eagerness to improve is central to our commitment to excellence, and will be the foundation upon which we build our practice of lifelong learning.

#### The Curriculum

JMC has a listing of specific **Learning Objectives** contained in the Student Handbook.

The College offers a four-year educational program leading to an MD degree. Its faculty conduct 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 Jefferson 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.

Recently our students created and adopted a Shared Code of Professional Values, which appears at the beginning of this chapter, and a new [JMC Student Honor Code](#). These documents can be found in the JMC Student Handbook. The Student Honor code is on page 8.

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 Jefferson Medical College are: (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 [JMC Course Catalog](#).

Faculty at Jefferson are teachers, mentors and role models for our undergraduate medical students and our counterparts in the College of Graduate Studies and the College of Health Professions.

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.

## **Student Promotion**

Jefferson 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 Jefferson 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.

## **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](#) of 1974 (Buckley-Pell Amendment) 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.

## **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 medi-

Each Clinical Department of Jefferson Medical College 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, visit the Office of Graduate Medical Education online.

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. The faculty 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 sub-

specialty 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 a representative from 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 JMC [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 JMC 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.

## **Helpful Links**

[Faculty Development](#)

[Criteria for Academic Promotion](#)

[JMC Student Handbook](#)