

Partial List of Changes since the 2006 LCME Visit

Renovation of the Sackler Building*

- “Opening” up of the Library so students can easily move throughout the building
- Increased seating in the library (and a further increase slated for this January)
- 4th floor Main Street with Café and centrally located Office of Student Affairs
- Outfitting all classrooms with LCD projectors
- Creation of 4 Learning Communities (central lounge surrounded by 5 small group classrooms) with Office of Educational Affairs situated in the midst of these
- Creation of Interview and Study Rooms and Classrooms on the 8th floor
- New Fitness Center
- Expanded Wireless (campus now with 100% wireless coverage)

Development of the Clinical Skills and Simulation Center*

- New 8500 square foot facility at 35 Kneeland Street (central classroom, 3 simulation rooms with high fidelity manikins and multiple task trainers, 12 patient exam rooms, 2 monitoring stations, 4 conference rooms for debriefing)
- Expanded interviewing and physical diagnosis training
- Expanded standardized patient program for formative and summative assessments
- Creation of comprehensive end-of-third year assessment - OSCE
- Expanded simulation training for UME and GME
- Creation of Simulation Curriculum

Educational Programs and Student Life

- Curriculum Revision in 2009 (Educational Strategic Plan)
- Creation of integrated units/exams
- Expanded integration of basic science with clinical medicine in first year
- Full integration of Physiology, Pathophysiology, Pathology and Pharmacology in second year organ system based courses
- Addition of six diseases/six patients in MedFoundations I
- Increased clinical focus to basic science teaching and shift of genetics, pharmacology, neuroscience, addiction medicine and introduction to psychiatry to 1st year
- >50% reduction in the number of exams
- Implementation of Secure Testing to allow for higher quality exams with increased reliability and validity (computerized testing scheduled to go live in the Fall of 2013)
- Change to Pass/Fail grading for 1st and 2nd year
- Change from normative to criterion based grading
- Substantial increase in self assessment materials, all courses with on-line quizzes and expanded use of audience response system
- Significant reduction in lecture hours and increased time learning in the clinical setting
- Videocapture of first and second year lectures
- Expanded interviewing course with increased sites (and Standardized Patients)
- New primary care experience in first and second year (Competency based Apprenticeship in Primary care or CAP)
- New courses developed: CAP, Dermatology, Social and Behavioral Medicine (SFSBM), Introduction to Clinical Reasoning

- Restructuring of Core Clerkships (Medicine and Surgery now 8 weeks, Family Medicine expanded to 6 weeks and moved to 3rd Year) with updated competency based objectives and patient logs
- Earlier start to “third year” and “fourth year”
- Creation of 3rd Year Electives for career exploration
- Expanded Course and Clerkship Evaluation process (yearly reviews of Courses and Clerkships with continuous quality improvement approach)
- Expanded curriculum in Ethics and Professionalism
- Restructuring of Institutional Educational Objectives to Competency Based format
- New Physician Well-Being Curriculum (Practical Approaches to Wellness)
- New teaching experience for all students consisting of developmental teaching modules and field experience (beginning with M16)
- Expanded medical education elective training for students including new 3rd year elective
- Creation of Learning Communities with new 1st and 2nd year faculty advising system
- Expanded Community Service Learning Program (new partnership with Tisch College, joint hiring of CSL Coordinator, creation of CSL objectives and on-line modules, funding for class book)
- Student representation on curriculum committee doubled

Support for Medical Education Program

- Creation of Faculty Development Team led by doctorate level Associate Dean
- Significant expansion of Faculty Development Program with central workshops, offerings at all major clinical affiliates and driven by needs assessment survey
- Creation of Faculty Development Website with a large array of resources for faculty
- Creation of Evaluation and Assessment Team with addition of PhD level Director of Evaluation and Assessment
- Expanded Curriculum Team to support course directors, faculty and students
- Creation of Clinical Skills Team (Director, Coordinator, Technical Expert and MD Faculty Director)
- Increased Intramural Grant Funding to advance medical education, now ~\$100,000/year (Innovations in Education, Innovation in Diversity Education Awards, Stearns Ethics Grants)
- Institution of salary support from TUSM to course and clerkship directors

Partnership with Maine Medical Center and the Creation of the Maine Track

- Development of Maine Track Admissions Subcommittee with innovative approaches to interviewing candidates (e.g. Multiple Mini Interviews)
- Development of a longitudinal integrated clerkship (LIC) with urban and rural sites
- Block Core Clerkships allowing students to spend the year in Maine
- New 1st and 2nd year courses delivered in Maine (CAP, SFSBM, and Introduction to EBM)
- Robust 4th year curriculum in Maine including CAPSTONE experience
- Addition of many talented faculty including course co-directors (in CAP, Introduction to Clinical Reasoning, SFSBM, Ethics and Professionalism, and Introduction to EBM), clerkship directors, rural LIC directors and key theme leaders

Administrative

- Addition of Dean for Global Health and Multicultural Affairs
- Addition of Dean for Clinical Affairs – primary liaison to teaching hospitals and GME programs
- Addition of Assistant Dean for Faculty Affairs
- New basic science Chairs recruited in Neuroscience and Microbiology

- Tufts awarded CTSA

*Funded by a gift from the Jaharis Family.