Developing a Longitudinal Infectious Disease Curriculum for Medical Students: PHASE 1 – Linking I-3 to the Internal Medicine Clerkship

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Purpose: To develop a longitudinal infectious disease (ID) curriculum for medical students spanning the pre-clinical and clinical years. In Phase I, we aimed to link the second year microbiology and ID course (I-3) to the internal medicine clerkship.

Background: ID is presented in a fragmented manner in the medical school curriculum. Content taught in the I-3 block in the second year is followed by site-dependent, non-standardized learning of related material during the clinical years. This may lead to gaps in knowledge of important ID concepts.

Methods: To begin, we collated and organized all infectious disease related objectives from each of the core clerkships curriculum guides into sections organized by disease topics. Using these objectives as a guide, we designed and administered a survey to the current fourth year medical students to assess student comfort levels in diagnosis, treatment and management of these diseases. We subsequently held a focus group to assess any gaps in knowledge and to clarify survey results.

We aimed to create a suite of standardized modules addressing these knowledge gaps. As the prototype for the modules that would be created, we developed an independent learning module covering curricular deficiencies in viral hepatitis knowledge. Using relevant literature as a reference, we outlined and created the content that will encompass the module. Additionally, we performed a technology survey to assess the most appropriate format to use for these modules.

Starting April 2014, alternating internal medicine clerkship blocks of students across 1-2 sites will be the group receiving the intervention and the standard ID curricula respectively.

Evaluation Plan: Students will be evaluated on ID medical knowledge during 1-2 CPX interstations. We will assess for differences in medical knowledge between the two groups. Additionally, we will assess user satisfaction using a Qualtrics survey.

Dissemination: We plan to present Phase I of this work at a national ID meeting as well as the WGEA conference. We plan to publish the results of the needs assessment survey within the next year.

Reflective Critique: Weekly feedback from our advisors and senior partners was extremely important in providing the direction for the project. Meeting with the internal medicine clerkship director helped redefine the scope of the project. Additionally, feedback from Curriculum Ambassador consultation sessions helped us shape the direction of the future curriculum, particularly with regards to technology considerations. We believe that this project will help...
build a strong foundation of learning in I-3 that is reinforced in the clinical clerkships, providing continuity that will facilitate longitudinal learning of the I-3 material