The Dean is the chief academic officer of the medical school. Management of the educational programs is a shared responsibility of the academic departments and the Office of Education reporting to the Vice Dean.

The faculty organization solicits and provides input to the Committee on Committees, which selects members for the nine standing committees that are approved by the Faculty Council (Figure 1).

The Committee on Academic Programs and Policies (CAP2), a standing committee of Faculty Council, is charged with the design, evaluation, revision, approval, and oversight of the curriculum and overall educational program. CAP2 also makes recommendations to the Dean and to the Faculty Council regarding implementation of various programs.

CAP2 represented by faculty, students, and administrators (ex officio) is a surrogate for the faculty at large. Members on the CAP2 are not representational of the various departments.

The Dean or his designee, the Vice Dean, in concert with the CAP2 provides the strategic leadership in managing the educational programs and developing policies and procedures.

The Vice Dean works closely with the academic departmental chairs, course and clerkship directors, and faculty to implement innovations in education, assessment, and evaluation as they pertain to undergraduate medical education.

Two subcommittees report to the CAP2—the Preclinical and Clinical advisory subcommittees, which consist of course and clerkship directors, respectively.

Subcommittees assist in achieving horizontal and vertical integration of the curriculum.

A major curriculum revision was rolled out in 2004-05 (see Curriculum Renewal Process).

Interdepartmental and interdisciplinary courses are managed jointly by departments and the Office of Education (OE).

The Office of Education (OE) was established in the late 1970s.

Since then, the scope and influence of the OE have expanded.

The OE has recently appointed assistant deans for educational evaluation and research; educational resources and faculty development, and careers in medicine.

An evaluation approach focusing on the administration, content, delivery, and outcomes of each preclinical course has been fully developed and implemented by the Office of Education and is currently in development for the clerkships. External peer review of content has been added as an evaluation approach for preclinical courses. The subcommittees have adopted these formal processes in the annual review of courses under the guidance of CAP2 and the Office of Education.

During the past decade, an increase in technology has been supported by the establishment of two computer learning laboratories, virtual microscopy, podcasting, audience response systems, and electronic course management.

The OE has taken on responsibility for offering or coordinating interdisciplinary and interdepartmental courses.

The OE is also responsible for promoting compliance with CAP2 and Faculty Council policies, negotiating and redistributing curriculum time among departments, and preparing course schedules for preclinical years.

The staff of the OE has been augmented in order to help meet these new responsibilities.

The Director of Clinical Skills Center, who also supervises the Standardized Patient program that supports clinical skills teaching and testing, is organized under the OE.

A Center for Academic Success and Enrichment (CASE) staffed by a full-time cognitive psychologist reporting to the Associate Dean of Student Affairs has been established to support student learning needs and assist students in academic difficulty.

Financial Management of Educational Programs

The operating budget of the Office of Education is derived from the state appropriations to the university, tuition and fees, indirect cost recovery from grants, Dean’s tax on clinical practice, and other supports.

In 2003, the dean of the medical school worked with the department chairs, dean of education, and financial offic-
ers and established a formula based upon Mission-Based Funding for the allocation of funds to basic and clinical science departments. This allocation is driven by the quantity of teaching (80%) and quality of teaching (20%). These budgets are controlled through the Dean’s Office.

- New educational programs and program improvements have also been supported by the Dean based upon the recommendation and requests from the Vice Dean.
- In general, the current allocation has supported growth and development of various educational programs including educational innovations and faculty development.

**Valuing Teaching**

- NJMS by-laws, guidelines, and procedures for faculty appointment and promotion have recently undergone a major revision.
- Recognizing the value of education the guidelines now include Clinical Educator/Academic Educator track for physicians and basic science faculty primarily engaged in teaching and educational scholarship.
- An effort to institute Educators Portfolios has been partially successful among faculty who are primarily engaged in teaching and considered for academic promotion or awards such as “Master Educator.”
- Under the new guidelines, the Faculty Committee on Promotions and Tenure requires portfolios in its decisions for teaching faculty seeking academic advancement.
- The department chairs are expected to support junior/new faculty in their teaching role.
- In addition, several changes in the past few years have added stature to this track. Multiyear contracts have replaced the previous single-year contracts. This has lent greater stability to the cadre of teaching physicians including those who serve as clerkship coordinators.
- Course and clerkship coordinators are selected by department chairs and approved by the Office of Education. Their
participation in the Curriculum Subcommittees gives them a recognized voice in the curriculum.

- Course and clerkship coordinators receive frequent information items from the OE; are invited to meet with visiting educational leaders; are given priority in attending faculty development workshops; and have received support for travel to participate in regional, national, and international meetings.

- These administrative contributions are also valued under the mission-based funding service component.

- Recognizing the dynamic nature of medical education, faculty development programs and a monthly education journal club are arranged by the OE.

- There are several ways of recognizing outstanding contributions by individual faculty members. Golden Apples are awarded annually by the Student Council to faculty and residents by each of the four medical school classes.

- The dean also nominates faculty for the UMDNJ Excellence in Teaching Award given annually at convocation and funded by the UMDNJ Foundation.

- In 2000, the University initiated a Master Educators Guild Program, later naming it the UMDNJ Stuart D. Cook MD Master Educators’ Guild, in which each school’s dean nominates faculty to be considered for induction. This recognition carries a five-year term, a monetary reward, and a medal. The award is given at University Day, a public ceremony involving all eight schools.

- Faculty are also recognized through the NJMS Alpha Omega Alpha Honor Society for their outstanding contribution to teaching, scholarship, and service.

- Volunteer faculty are also eligible for all of the aforementioned awards.

Curriculum Renewal Process

- A major curriculum revision occurred in 2004-05 resulting in NJMS “Jubilee Curriculum.” The jubilee curriculum is guided by a commitment to (1) integration of teaching and learning across discipline, (2) active learning through problem solving, (3) student-centered teaching, (4) small-group interactive format through team participation, (5) cultural competency, (6) humanism and professionalism, and (7) use of technology to enhance learning.

- Faculty development and greater recognition of the educational contributions of faculty are an integral part of the jubilee curriculum.

- These guiding principles enabled us to develop NJMS curriculum competencies.

- As part of the curriculum renewal process, the Office of Education organized a retreat attended by faculty, chairs, staff, and student representatives. The retreat was preceded by an active engagement of all parties, which included:
  - Members of the curriculum renewal steering committee, which included affiliates, were empowered to engage all interested parties to gain insight into potential curriculum changes, thus enhancing their own input to the steering committee.
  - Minutes of all meetings were available online to all school members.
  - Public town-hall meetings were held to discuss the proposed curriculum changes.

- The process was guided by the associate dean for medical education and a curriculum steering committee including subcommittees, task forces, and public stakeholders meetings. Interdisciplinary groups of faculty, students, and others worked in creating the new curriculum.

- The year-long process was not only to design a new curriculum, but also to address faculty development, recognition through academic advancement, an assessment system, and plans for ongoing continuous quality improvement.

- The jubilee curriculum encouraged and gave opportunity for educational innovation.

- Evaluation of the curriculum is an ongoing activity of CAP2.

- Specific goals of the curriculum include
  - reduction in total contact time and lecture time
  - continued increase in small-group teaching
  - team-based learning
  - greater vertical and horizontal integration
  - further strengthening of clinical skills
  - continuation of the comprehensive OSCE required for graduation
  - integration of technology including multimedia and case-based simulations
  - further enhancement of community service learning activities
  - institution of a faculty development program
  - greater recognition of the educational contributions of faculty

- The dean’s office has provided the resources necessary to continue the curriculum renewal process.

- The curriculum, being in its fifth year, is currently undergoing its first comprehensive evaluation. As part of this process, faculty, administrators, staff, students, and alumni have been encouraged to provide suggestions for the scope and content of evaluation metrics and benchmarks for evidence of satisfactory curriculum outcomes.

Learning Outcomes

- Learning outcomes are based upon the curriculum competencies.
Specific goals and objectives are in place for the entire educational program for all four years.

All students must achieve these by the end of each academic year.

A copy of the goals and objectives are available upon request from the Office of Education.

New Topics in the Curriculum

First- and second-year curriculum changes and additions:

- Launched a new two-year longitudinal Physicians' Core course ("doctoring course") adding the following components:
  1. ethics, humanism, and professionalism
  2. cultural dynamics
  3. advanced communication skills

Continue to evolve and create noncredit elective offerings related to community service

Throughout the four years of medical education all students will also have an opportunity to participate in a myriad of activities and additional curricular offerings and seminars.

Among the many offerings students are exposed to noncredit electives on topics that affect the underserved and reinforce what has been taught as part of our formal cultural competency curriculum.

- Medical Interpreter Training Program
- Integrative, Complementary, and Alternative Medicine
- Spanish in Medicine
- Student Family Health Care Center (SFHCC)
- Voices of SHARE, which brings together the diverse community outreach and educational programs directed by and/or affiliated with the SHARE Center, our student community service umbrella organization.

Third- and fourth-year curriculum changes and additions are as follows:

- Began the third year in June instead of July to increase elective time in the fourth year
- Created two, two-week elective experiences in the third year
- Created a mandatory third-year Psychiatry/Neurology clerkship, which moved the Neurology Clerkship from the fourth year
- Launched a mandatory two-week Public Health clerkship in the fourth year
- Maintained a mandatory two-week Physical Medicine and Rehabilitation clerkship
- Maintained a mandatory four-week Emergency Medicine clerkship in the fourth year

Development of The Healthcare Foundation Center for Humanism in Medicine has enriched the overall curriculum through various activities such as literature in medicine, community service, and "Who's the Human in Humanism."

Changes in Pedagogy

- Virtual Microscopy and Team-Based Learning has transformed histology into an active and collaborative learning experience where basic science principles conveyed in the lecture are applied to solve problems.
- Launched in 2009, the virtual microbiology laboratory with many added features allows for self-directed learning.
- In microbiology, student-led case discussions “Patient-Oriented Problem Solving (POPS)” and small-group infectious disease cases led by fourth-year medical students were added to enhance student learning.
- In Human Anatomy and Development, all anatomy lectures were replaced with Team-Based Learning (TBL) small-group activities using learning objectives. The success of this new pedagogy is measured by student performance in the departmental and NBME subject examinations.
- Case-based learning has been implemented and enhanced over time to include fourth-year medical students to serve as teaching Fellows (Fellowship in Medical Education) in preclinical courses to increase the clinical content and relevance.
- The Disease Processes, Prevention, and Therapeutics second-year course incorporated virtual pathology as a means to maximize learning via technology and serves to enhance the quality of education.
- Standardized patients are used in all four years as part of preclerkship course education and clerkship training.

Changes in Assessment

- A Teaching Objective Structured Clinical Examination (TOSCE) is given to students in several courses/clerkships to provide for more immediate formative feedback from peers and faculty.
- Objective Structured Clinical Examinations (OSCEs) are used in both preclinical and clinical clerkships.
- All students are required to pass a comprehensive graduation OSCE.
- A "Professionalism Evaluation Form" has been created to monitor the appropriate demonstration of professional conduct and is used throughout all four years of medical education.

Clinical Experiences

- NJMS is known for its historic hands-on clinical experiences with a diverse patient population inclusive of vulnerable and underserved communities.
NJMS has one principal teaching hospital owned and operated by UMDNJ, reporting to the dean and home to the majority of our residency and fellowship training programs.

NJMS also has four major geographically diverse clinical affiliate health care systems, including the VA New Jersey Healthcare System.

In addition, we have another 10 clinical affiliates in support of clerkship education, electives, and residency training.

NJMS has more than 200 ambulatory preceptors, and in 2009, we affiliated with six nursing homes, home care agencies, and hospice care in support of clinical education in the first two years.

As part of the new curriculum, the mandatory fourth-year neurology clerkship was moved to the third year to establish the Psychiatry/Neurology clerkship.

There is a mandatory four-week fourth-year Emergency Medicine clerkship; a four-week required acting Internship in various specialties, a two-week required Public Health clerkship, and a two-week required Physical Medicine and Rehabilitation clerkship.

Highlights of the Program/School

- Cultural Competency as a core value of the educational mission.
- Early exposure to patients beginning in the first year.
- Strong clinical experiences with a variety of patients and disease pathology.
- Strong commitment to community service with a superior offering of programs and activities.
- The Healthcare Foundation Center for Humanism in Medicine complements our curriculum through various activities such as literature in medicine and its community service.