School of Medicine Objectives

I. Graduates must have sufficient knowledge of the structure and function of the human body to recognize alterations from the normal. They must understand the various causes of such abnormalities and their pathogenesis. At the completion of the medical school curriculum, students must be able to demonstrate:

a. Knowledge of the normal structure and function of the human body and each of its major organ systems.
b. Knowledge of the molecular, biochemical and cellular mechanisms which help maintain the body's homeostasis.
c. Knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of diseases and the ways in which they impact on the body (pathogenesis).
d. 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.
e. An understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and nontraditional therapies.
f. Commitment to engage in lifelong learning to stay abreast of relevant scientific advances, especially those in the disciplines of genetics and molecular biology.

II. Graduates must possess the necessary diagnostic and interventional skills to accurately evaluate, diagnose and plan treatment appropriate for each patient. At the completion of the medical school curriculum, students must be able to demonstrate:

a. Competence in obtaining an accurate medical history that covers all essential aspects of the patient's history, including issues related to age, gender, ethnic and socioeconomic status.
b. Competence in performing both a complete and an organ system specific examination, including one for mental status.
c. Competence in performing routine technical procedures including, at a minimum, venipuncture, inserting an intravenous catheter, arterial puncture, inserting a nasogastric tube, inserting a Foley catheter and suturing simple lacerations.
d. Competence in interpreting results of commonly used diagnostic tests and procedures, i.e., laboratory, roentgenographic, electrocardiographic.
e. Knowledge of the most frequent manifestations of common disorders.
f. Ability to reason deductively in solving clinical problems.
g. Ability to construct appropriate diagnostic and therapeutic plans/strategies for patients with common conditions, both acute and chronic, including medical, surgical and psychiatric conditions, and those requiring short- and long-term rehabilitation.
h. Ability to recognize patients with immediately life-threatening conditions, i.e., infectious, cardiac, pulmonary, allergic, neurologic or psychiatric diseases regardless of etiology, and to institute appropriate initial therapy.
i. Ability to recognize and outline initial management for patients with conditions requiring critical care.
j. Knowledge about how to relieve pain and ameliorate suffering of patients.
k. Ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and health care team members with whom physicians must exchange information in carrying out their responsibilities.
III. Graduates must possess those characteristics, attitudes and values that are needed to provide ethical and beneficent medical care for all patients. At the completion of the medical school curriculum, students must be able to demonstrate:

   a. Knowledge of theories and principles that govern ethical decision making, and of the major ethical questions in medicine, particularly those at the beginning and end of life and those that surface from the rapid expansion of technology.
   b. Compassionate and nonjudgmental treatment of all patients, and respect for the privacy and dignity of all patients.
   c. Honesty and integrity in all interactions with patients, families, colleagues and others with whom physicians must interact in their professional lives.
   d. An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate and work with others in caring for individual patients and in promoting the health of defined populations.
   e. A commitment to advocate the interests of one's patients over one's own interests at all times.
   f. An understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
   g. Capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and abilities.

IV. Graduates must have the ability to use systematic approaches for promoting, maintaining and improving the health of individuals and populations. At the completion of the medical school curriculum, students must be able to demonstrate:

   a. Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social and cultural factors that contribute to the development and/or continuation of maladies.
   b. Knowledge of the epidemiology of common maladies within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
   c. The ability to identify factors that place individuals at risk for disease or injury to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of disease and to determine strategies for responding appropriately.
   d. The ability to retrieve from electronic databases and other resources, manage and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.
   e. Knowledge of various approaches to the organization, financing and delivery of health care.
   f. A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.

Adapted from Learning Objectives for Medical Student Education, Guidelines for Medical Schools AAMC. 1998. Revised by the School of Medicine Curriculum Committee July 2009 and April 2011.