

SWOT Analysis

Strengths	Weaknesses
PBL-stimulated Inquiry	Inefficient M1/M2 Basic Science Courses (unintended redundancy; lack of integration, some material targeted at the wrong level)
Large and talented faculty	Less PBL in M2 year
Strong financial base of the academic medical center	SGS/STS sessions in SBM - ineffective
Very bright students	Faculty disconnected from curriculum
Students viewed favorably by Residency Programs	Faculty disconnected from Med school
MDM Course	Students devalue M1/M2 education
Communications curriculum	Limited clinical exposure in M1-M2
Patient Physician Society Course	Discontinuity of preclinical to clinical
Educational leadership	No electives in M3 year
Curricular governance	Admissions criteria/process
Clinical Education Center, McGaw and Lurie educational space	Students are viewed as entitled
Hospitals-NMH, Prentice, CMH, RIC, etc.	Assessments of students
M4 requirements--Sub-I, EM and ICU Clerkships	VA is across town
Medical Humanities and Bioethics Department	Teaching of Clinical Reasoning
Patient Safety & Quality Improvement Masters Program	Low community involvement
Quality of Residents	No recognition of how learning styles have changed
Active student volunteer participation in the community	Patient Population not as diversified as other institutions
Maturation & Expansion of OSCEs in clerkships	Lack of Faculty and Residency development programs
Other NU schools/faculty/students that are complimentary	Lack of Diversity of Faculty & Students
	Lack of experience performing basic clinical procedures
	No infrastructure to support educational scholarship
	Students unwilling to travel to educational sites
	Limited formal training in care of the underserved
	High cost of medical education at FSM
Opportunities	Threats
FOCUS system-retrieval and mapping of curriculum	Lectures-dependency for delivery of material
More focused/central faculty to teach?	Silos-M1/M2 vs. M3/M4
Orient new faculty to teaching	Faculty have disincentives to teach
Educate faculty on (best practice) teaching methods	Departmental control faculty time allocation
Central/departmental collaboration in faculty development	Clinical and research revenue demands
True and Transparent Mission-based budgeting	Infrastructure for resources-IT, educational space
Valuing the education mission by the dean, chairs, division chiefs	Physical space for education
Potential to distinguish NUFSM in education	Class size relative to clinical program size
Focus on clinical continuity	No one assigned to faculty development in education
Competency initiative	Promotion and tenure process
Simulation center	lack of transparency of the financial support for teaching or other educational activities
College or Society space	Clerkship time & teaching is viewed as departmental turf.
Family Medicine relationship with Heartland Alliance	
Collaboration with other institutions in Chicago	
Better integrated research training for medical students	
International Health	
Better integration between clerkships	
Better integration between clerkships and IDM	
Northwestern University	
EMR	
"Great Academic Medical Center" initiative	
Possibility for common faculty development programs/resources with McGaw	