

ME/CFS Undergraduate Medical Education Curriculum

Howard Selinger, MD, Quinnipiac University

Background of ME/CFS Medical School Curriculum

- **Frank H. Netter MD School of Medicine (donation from the anatomist estate)**
- **Launched in 2013—first graduated class of 2017**
- **ALL clinical training in the community—ambulatory and inpatient—NO faculty practice, no onsite “University” medical center.**
- **Class size 90–95/year all students rotate through ME/CFS education**
- **My role: Chairman of Dept. of Family Medicine**
- **ME/CFS curriculum launched with M1, M2 years 2019, M3 year 2020. Now rolling with each class every year.**
- **No barriers encountered-did NOT go thru Curriculum Committee on Oversight (CCO). Programmatic content thru other curricular departments.**

Curriculum Topics for Each Class Year

Class Year	Curriculum Slot	Method
M1	Introduction to Patients and Families	Include ME/CFS patient and family
M2	Objective Structured Clinical Exam	Include ME/CFS in differential diagnosis
M3	Primary Care Clinical Rotation	Didactic/CME
M4	Funded "Away" Rotation at ME/CFS Clinic	

Experience of M1 Students

M1 experience focused on a Collaborative classroom event preceded by Patient and Family personal story. Intent is clearly to humanize, for the students, the experience of living with ME/CFS.

Paradoxically, medical education often de-emphasizes the patient centeredness focus once the clinical training begins.

**M2 CLINICAL YEAR EMPHASIZES
DEDUCTIVE CLINICAL REASONING,
HYPOTHESIS DRIVEN**

M3 Third Year medical student ME/CFS exposure
Occurs during the Primary Care clinical rotation

NOW MORE THAN EVER

BE A DETECTIVE

BE A CLINICIAN

DON'T BE AN EYE-ROLLER!!

The Post COVID-19 Tsunami is Coming

Number of Clinicians Seen Before Dx of ME/CFS

- 1-4 doctors.....679.....58%
- 5-9 doctors.....336.....28%
- 10-15 doctors.....110.....9%
- 16-20 doctors.....34.....3%
- More than 20.....53.....4%

Say It Again: NOT a Psychiatric Disease and NOT a Disease of Deconditioning

- “Just go out and exercise” = NO
- “Just get Cognitive Behavioral Therapy” = NO
- “Just get Graded Exercise Therapy” = NO
- Self Pacing = YES

Never Forget—Post Exertional Malaise

“Listen to your patient, they are telling you the diagnosis.” –William Osler

- History history history—in these patients the HPI, the PMH, and the ROS really are the CC.
- Think BIG, Cast a WIDE Net, BE A DETECTIVE

M4-Fourth year undergraduate medical

Fully funded “away” rotation at ME/CFS Center of Excellence
(i.e., Bateman Home Center, Salt lake City Utah)