Rationale

- Incorporates several important principles and ideas
- Integrates clinical, basic, and safety sciences around diagnoses
- Includes Early Clinical Experience
- Fosters Spirit of Inquiry and Pursuit of Excellence
- Driven by a Curriculum and Assessment Database to track competencies
- Student’s build Portfolio of Evidence
- Capstone Experience provides intentional transition to next level of responsibility
- Modular and responsive to individual student needs

Curriculum Components

- 3 to 300 Modules based on common complaints, concerns, diagnoses.
- Shared Discovery Series—Students and faculty work on issues in medicine that challenge the profession
  - Biomedical/Ethical/Biopsychosocial
  - Policy/Safety/Diversity
- Apprenticeship – Work with real patients at level appropriate to the student. Students are trained to do useful work in the clinic (e.g., vitals and medicine reconciliation, injections, patient education, etc.)
- Database – Likely handheld tracking of modules and competencies
- Portfolio – Repository of evidence that student has attained competence; provides stimulus for ongoing feedback and professional growth
- Simulated and virtual experiences- Avail all students of necessary experiences, practice opportunities and standardized assessments

Description of Curriculum

Semester 1
- Basic Clinical Skills
- Ambulatory Apprenticeship
- Inpatient Apprenticeship
- Simulated and Virtual Experience
- Database
- Portfolio Review
- Portfolio Review
- Student's build Portfolio of Evidence

Semester 2
- Basic Clinical Skills
- Ambulatory Apprenticeship
- Inpatient Apprenticeship
- Simulated and Virtual Experience
- Database
- Portfolio Review
- Portfolio Review
- Student's build Portfolio of Evidence

Resources and Faculty Development

- Develop modules and system for delivery, tracking
- Faculty development for novel components: Apprenticeship, Shared Discovery Series, Integrated modules, Portfolio.
- Clinical sites for apprenticeship
- Clinical sites for longitudinal patient experiences
- Simulation and clinical skills lab
- Virtual Practice

Discussion

Will need to address the model’s capacity to incorporate:
- Team-based learning
- Evidence-based practice
- Interprofessional experiences

Elements of the curriculum are in place at other institutions, usually for small numbers of students in pilot programs

The biggest innovation challenge will be in the implementation of new curricular structures for all students

REFERENCES
1. Hodges, BD: A Tea-Steeping or i-Doc Model for Medical Education? Academic Med 2010;85:S34-S44
2. Cooke, et al: American Medical Education 100 Years after the Flexner Report.NEJM 355;13