Rationale

- The team-based learning model differs from the current model in that
- the substantial part of the assignments and the evaluation in the first two years will be based on the team’s efforts, including interprofessional teams
- A graded independence from course packs encourages true student-centered activities
- Faculty, rather than lecturers and preceptors, will serve as mentors and consultants making most of the learning student-driven

Description of Curriculum

Year 1
- The core activity of the first year is small group participation in TBL, which meets several times a week. Initiation of TBL is preceded by a short (several weeks) "boot camp". This will bring all students to a certain level of language and concepts, including how to teach other students.
  1. All sessions are patient-centered, with graded complexity with regard to bio/psycho/social content. Modules could be systems or clinical specialty-based.
  2. Each student has an assignment for each meeting, with the expectation that students will teach each other.
  3. At the beginning of each session there is a computer-based (Knowlino-like) quiz that is based on a short (Kahn Academy-like) online experience.
  4. Students agree on the assignments for the next meeting, based on patient-centered material we provide.
  5. Mentors can move from group to group, helping with roadblocks.
  6. Groups are encouraged to adopt a consultant model in which a cadre of faculty members with basic science and/or clinical expertise agree to be available to groups or individual group members.
- A parallel, structured apprenticeship experience runs for the year.
- Labs (e.g., anatomy) and hands-on clinical experiences (e.g., clinical skills) are designed to enrich/integrate into the TBL group learning. Along with this would be an in-course interviewing the patient.
- There are relatively few lectures. They deal with important, difficult topics.
- Evaluation has two elements of equal importance: (1) content and (2) behavior in TBL groups, apprenticeships, and clinical skills.
- A year-end formative "NBME" style exam tells the students where they stand on that dimension of learning

Year 2
- Small groups continue to provide the core activity but could include nursing, pharmacist, and other health professional students.
- A graded independence from course packs encourages true PBL activities.
- The consultant model continues.
- A 10 to 15 page "critical analysis of the literature" is required of each student in the second semester. The student is free to choose a topic under the guidance of a mentor.
- A NBME prep course is could be offered for the month before Step 1.
- Short computer-based quizzes continue, with the idea of letting students know where they stand.

Key components:
- teams of students contributing to "solving" patient problems
- Faculty as consultants
- Critical analysis of literature as opportunity for excellence
- Support for NBME via intensive preparation course

Potential pitfalls
- Students at unequal levels of competence/ability/work ethic having a common assessment
- Independent student learning with fewer summative evaluations allows students to flounder without early correction
- Tension between curriculum and impending step 1/clinical rotations

Curriculum Objectives

- Curriculum content is patient-centered
- Methodology is student-centered and uses adult learning principles
- Second year "thesis" promotes critical thinking skills and allows for achievement beyond competence (e.g., policy-making)
- Team learning and consultant model encourages understanding of system-based practice and professional roles as well as fostering teaching skills for students

Discussion

Resources and Faculty Development

- Needs core faculty to serve as consultants and mentors
- Curriculum development of integrated clinical/basic science material, especially for first year
- Coordination with other health professions for interdisciplinary teams
- Clinical sites for early clinical experiences
- Development of online lectures/quizzes