

**Early Clinical Experience Pilot
Curriculum Design Group
Talking Points**

Why a new curriculum

- There are opportunities for the college to do better
- Block III Gateway demonstrates there is room for improvement.
- New teaching methodologies (Khan and student choice)
- National trends away from 2+2
- Students need to feel useful to improve early professionalization
- Students deserve to go faster/provide for adult learning
- Strive for better accountability to learners, faculty and the public
- Competency-based
- Continue the college's tradition of educational innovation – make us more competitive/distinguished from other medical schools

Pilot feasibility

- Early students are capable
- Simulation is a critical foundation of an integrated clinical curriculum
- Identified faculty development needs
- Information on a wide range of teaching methodologies
- Other members of healthcare team play a central role
 - Productive use of non-physicians
 - Was satisfying and productive for all
- Faculty time in clinic did not change
- Clinic throughput did not change

Surprises

- We liked using a learning society
- Prematriculation students are quite capable.

The Curriculum Design Group would like to move ahead with a new curriculum that integrates clinical experiences throughout the educational model

- Will need necessary science and clinicians in all parts of the curriculum
- Understand educational model will have to work within health systems