

## Core Clinical experiences Work Group Summary Report

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**Summary:** The Core Clinical Experiences Work Group began with the assumptions that all students should have a foundational clinical experience to develop the skills, knowledge and attitudes appropriate for patient care; that health care is increasingly occurring in outpatient settings with interprofessional teams; and that clinical experiences should build upon foundational training in the basic sciences and allow progressive responsibility as student competencies develop. The group emphasized the longitudinal experience of learning, the importance of linking basic and clinical sciences both temporally and conceptually, and the need to avoid “silos” of clinical practice. The focus should be more on what the student learns, rather than on which specialty service it is learned. They then divided into three smaller workgroups to focus on these topics: clerkship models, integration of clinical and basic sciences in the core clinical experiences, and faculty development.

Objectives of the Core Clinical Experiences:

1. Use of basic biophysical sciences and clinical knowledge as they apply to patient care, including establishing a pattern of lifelong learning.
2. Excellent communication skills with all members of the care team, including the patient, to enhance teamwork, reduce miscommunication and errors, and support patient-centered decision-making.
3. Development of a basic vision for a future career, to support creation of an individualized 4<sup>th</sup> year course schedule and preparation for residency.
4. Achievement of expected milestones for data gathering, diagnostic and clinical reasoning, evidence-based diagnostic and therapeutic care planning, and systems-based practice.
5. Professionalism working in and communicating with an inter-professional care team.

## Fundamentals of the Proposed Clerkship Model:

1. Required rotations through pre-defined ambulatory and inpatient “core” experiences, with flexibility to elect for experiences outside of the core curriculum.
2. Regular learning sessions that reinforce relevant basic science principles, in addition to discipline-specific academic learning activities.
3. Sequential exposure to core specialties to support students’ learning of common clinical presentations, coupled with longitudinal clinical threads to provide experience with chronic disease management, population care, and provider-patient continuity.
4. Educational opportunities to highlight the importance of inter-professional and team-based care (e.g. primary care medical home).
5. Every student will complete a minimum of 5 weeks each of family medicine, internal medicine and pediatrics during their core clerkships, and will have a variety of options for fulfilling this requirement.
6. Every student will complete a rural community rotation.
7. An engaged, financially supported pool of “Master Teachers” in an “educators’ academy”, with advanced training in adult education and dedicated time to mentor and teach medical students. They will create, revise, and reinforce key curricular goals and objectives and will serve as a resource for learners and faculty.

## Proposed Model

TRANSITION TO CLERKSHIP 4 weeks	<i>CORE CLERKSHIP COMPONENT</i>							Refinement of Clinical Core 5 weeks
	OUTPATIENT				INPATIENT			
	Continuity Clinic (General Family Medicine, Internal Medicine or Pediatrics)	Women’s and Maternal Health	Outpatient Selective	Behavioral Health	Hospitalized Patient	Surgical Care	Acute Care	
15 weeks	5 weeks	5 weeks	5 weeks	10 weeks	5 weeks	5 weeks		

### Notes:

1. Blocks above are in no specific sequence, **except** Continuity Clinic must be 15 sequential weeks.
2. All students are required to complete at least one rotation in a rural community, and will have an opportunity to complete additional rotations.
3. Women’s/Maternal Health and Behavioral Health include both inpatient and outpatient experiences.
4. Intersessions between blocks will reinforce basic science learning, and build on clinical skills, critical thinking, and aspects of health care delivery and disparities.

Full descriptions of each block are included in the complete work group report.