

Guiding Principles for Discovery Curriculum

Developed by SFM and PPC Committees

Recommendation for New MD Program Mission Statement

To educate and inspire leaders in medicine and science who will improve human health through discovery, innovation, scholarship, education, and the delivery of outstanding patient-centered care.

Recommendations for Pedagogy

- Classroom time should emphasize critical thinking, application of knowledge, and interactive learning. Course directors are encouraged to devote 50% or more of contact hours to interactive learning.
- High-quality teaching is paramount, and each course should have a course director who provides intense course oversight and a constant presence to ensure course continuity as well as integration and consistency of the curriculum.
- Students should be provided with resources and support for self-directed preparation for professional examinations. Course directors should communicate topics on the USMLE Step 1 that a course will and will not cover.

Recommendation for Assessment

- Exam questions should assess students' depth of understanding, and more rigorous assessments should be created to incentivize student learning.

Recommendations for Incentivizing Faculty

- A Teaching Quality Incentive Program should be created to re-engage faculty in teaching.
- Faculty leads should serve a teaching term of 3-4 years, with the option for renewal based upon course reviews and other methods of assessment.

Structural Recommendations for MD Curriculum

- Students should have authentic clinical experiences starting early in medical school through their pre-clerkship years.
- Students should continue to have the opportunity to embark on longitudinal scholarly activities beginning in Year One.
- Clerkships should start as early as the spring quarter of the second year, consistent with the former curriculum.
- The pre-clerkship curriculum should be modular such that students can complete the curriculum at a more individualized pace over 2 years or over 3 years.

- Within the entire curriculum experience, the sequencing and placement of content should be optimized. The alignment between topics taught in Practice of Medicine (POM) courses, physiology, pharmacology, and pathology should be maintained.
- Bench-to-bedside clinical electives should be developed to allow more advanced basic science topics to be taught later in the curriculum.