The typical medical student doesn’t interact with a patient for the first two years of medical school. A new program, designed to create primary care physicians who understand health care at the system level, is changing that timeline significantly by putting students in front of patients at the outset of their medical school training.

“We have a flipped classroom style where med students learn history and physical skills in their first few weeks of medical school,” said Tonya Fancher, MD, MPH, associate dean for workforce innovation and community engagement at the University of California, Davis School of Medicine (UC Davis).

“They start using those skills right away seeing patients,” Dr. Fancher said. “We know that they are not going to have the medical knowledge, but they do have excellent communications skills so they can start to gather a history under close direction.”

If putting students in front of patients a week into medical school seems accelerated, that is by design. Dr. Fancher directs the Accelerated Competency-based Education in Primary Care (ACE-PC) program. The partnership between UC Davis and Kaiser Permanente Northern California is a six-year, competency-based pathway from medical school to residency to practice. The program emphasizes the key tenets of primary care throughout the curriculum: longitudinal relationships, continuity of care, rewarding practice and team-based care.

The program at UC Davis—one of 32 institutions in the AMA’s Accelerating Change in Medical Education Consortium—aims to create more primary care physicians who are equipped to work in health care systems in a shorter amount of time.
Students in the ACE-PC program complete their MD in three years. During those years, they are embedded in a patient-centered clinic. They then enter an affiliated primary care residency in Northern California through a facility run by either Kaiser Permanente or UC Davis.

The timeline may be accelerated, but critical content is not omitted. Students in the ACE-PC program begin medical school about six weeks early and get only a week off in the summer—as opposed to the usual six weeks. They pick up the basic and clinical sciences, typically taught in the first two years of med school, through lecture and practical application, by working with care teams and a Kaiser clinician mentor-coach. Students have the same coach for their entire UME career.

“At Kaiser, we have teams of pharmacists and nurses that take care of large numbers of patients with diabetes and hypertension by helping physicians manage their medicine,” said Hillary Campbell, MD, MPH, director of medical education Sacramento Valley. “So the medical students can help manage those teams and learn over time to take care of a patient with diabetes. Rather than spending one or two days in a clinic and never seeing a patient again, these students can learn over a few years how to take care of them.”

Readying for residency from get-go

Students in the ACE-PC program receive a conditional acceptance to one of four partner primary care residency programs affiliated with UC Davis or Kaiser Permanente when they begin medical school. Residency program directors are involved in the program’s admissions interviews.

Once students are admitted, they do rotations with the residency programs during their first and third year in the program.

“It has been really useful in our partnership with [the residency programs] that the GME program directors are part of the interview panel,” Dr. Fancher said. “The program directors can see the potential in these students because of those other characteristics and, if they can acquire the medical knowledge and skills, they welcome them into the residency.”

The first group of physicians in the ACE-PC program entered residency in 2017, and Drs. Fancher and Campbell say early returns indicate they are stacking up well with their colleagues.