You learn the basics, then you apply that knowledge. That was the trajectory of medical school for generations, in the form of a curriculum that spent two years on basic science education and two years on clinical learning.

Trends indicate the road map to physicianship may lie with accelerating the clinical portion of learning to earlier in the curricular calendar for medical students. As of the 2019–2020 academic year, 6% of schools ended the pre-clerkship phase after one year, 29% ended it after about 1.5 years, and 56% ended it after two years, according to data from the Liaison Committee on Medical Education. Not every medical school reported data.

“The idea behind moving core clerkship training earlier is to better integrate the experience of learning in the context of caring for patients, as one does throughout the rest of one’s career,” said Kim Lomis, MD, the AMA's vice president for undergraduate medical education innovations. “Proponents argue that learners are able to better anchor their learning of foundational sciences in a meaningful context, fostering professional identity formation as well as knowledge base.”

**Accelerating clinical learning**

In 2020, Rutgers Robert Wood Johnson Medical School, one of 37 member schools of the AMA’s Accelerating Change in Medicine Consortium, was planned implementation of curricular changes that put students in their clerkship phase after 18 months. The planning process continued during the COVID-19 pandemic, and the new curriculum was launched for incoming first-year medical students.

An AMA member, Carol A. Terregino, MD, is senior associate dean for education and academic
affairs at Rutgers. She helped put the new curriculum in place.

“It’s better, to me, to shorten the foundational science curriculum,” she said. “I believe the focus should be on knowledge for practice; however, the shortened curriculum also needs to give them the tools to retrieve and foundational knowledge when they need it.”

As far as medical students are concerned, they are likely to ask two questions about any curricular changes: Will it make me a better physician down the road? And will it help me on my boards?

Changing Step 1 of the United States Medical Licensing Examination (USMLE) to pass-fail scoring cannot be ignored as a factor in curricular realignment, Dr. Terregino said.

“Anything that is going to increase students’ clinical knowledge and ability to apply that knowledge to clinical practice is going to make students stronger as future physicians,” she said. “We don’t know yet what this impact of a pass-fail Step 1 will be.”

It could mean additional emphasis placed on Step 2 of the USMLE. In which case, “for my students to make sure they are able to do well and prepare for the licensing exam, I want a longer launching pad to get them there,” Dr. Terregino said.

Learn about the challenges and opportunities presented by changes to Step 1.

**A twist on the traditional path**

Also a member of the AMA consortium, Ohio University Heritage College of Osteopathic Medicine (Heritage College) follows a more traditional curricular calendar.

However, students at Heritage College are exposed to clinical learning environments early on in their training—observing and interacting with patients in clinical and community experiences and simulated patient encounters throughout the first two years of their medical education.

“Distilling a college’s program to the length in time in preclinical or clinical curriculum misses all the nuances of what each college does to prepare its students,” said Jody M. Gerome, DO, Heritage College’s senior associate dean for medical education. Our program is designed to be longitudinal educational process across time.
“Our students enter the clinical learning environment well prepared to take care of patients. Shortening the preclinical learning curriculum by six months would likely not provide the same result, Dr. Gerome said. “We emphasize patient centered care from the first day of medical school, making our students well-rounded when they engage in their clinical rotations.”

Dr. Gerome described curricular change as a constant process going forward.

“We continue to evolve our educational programming to best serve the patient and the health care system needs of the future,” she said. “The training of physicians is complicated, and the environment in which they will work is constantly changing. We aim for our flexibility our curricular model to fit these changes.”