Each month, the AMA highlights institutions that are part of the AMA Accelerating Change in Medical Education Consortium to showcase their work with the consortium and innovations in medical education.

Featured institution and leadership

John A. Davis, MD, PhD
Associate dean for curriculum
University of California, San Francisco
Number of years in the consortium: 9 years

What are your Accelerating Change in Medical Education project and goals?
We know that early exposure to a wide variety of specialties and in-depth experience with clinical mentors impacts students’ career decision-making. However, formal opportunities for career exploration during the clerkship phase are traditionally not included in the curriculum of most medical schools.

Our project helped the UCSF Bridges Curriculum develop elective experiences during the clerkship year, called Clinical Immersive Experiences (CIEx/CIExes, pronounced “Kix/Kix-es”), that were designed to allow students to explore a wide range of career choices with a focus on the formative aspects of the experience rather than on the summative assessment found in many clerkship rotations. In addition, many of our CIExes are integrative and provide a clinical experience across clinical settings, disciplines and professions. These tend to be different from traditional 4th year electives which are typically specialty/subspecialty specific.

What are some recent accomplishments related to your Accelerating Change in Medical Education work that would be of interest to others in the medical community?

We have found the following:

- Faculty enjoy hosting third-year students in their specialty practices and specifically cite the joy of having interested students who simply want to learn about patient care without expressing a concern for assessment or grades.
- Students have uniformly embraced the CIEx program and highly rate their CIEx experiences (they have also emphasized the importance of not having a high-stakes assessment associated with the experience).
- Students have chosen a wide range of CIExes, though we have found that the CIExes students choose tend to track to elective choices in the 4th year and ultimate residency selection.

How does your work contribute to advancing equity, diversity and belonging in medical education?

We have over 70 different types of CIExes; many of our CIExes focus on care of people from communities that have been historically underserved by the health system and reflect our institutional values of advancing equity, diversity and belonging in our medical school curriculum. One example of a CIEx we are developing that features themes of advancing equity, diversity and belonging in medical
education is a CIEx focused on transgender care. This CIEx was suggested by some of our medical students, and with student help, this CIEx is ready to debut in the upcoming clerkship year. Likewise, the focus on formative/low-stakes assessment avoids the bias that can be introduced with higher-stakes assessment, and thus allows for exploration of fields by students who might not have traditionally considered them in the past.

What do you think will change about medical education in the next five years?

Medical education is already undergoing a critical reflection on changes that have happened over the course of the COVID-19 pandemic, including what changes might be appropriate to keep. In addition, the national and global environment has challenged medicine, and thus medical education, to further its efforts in social justice and accountability. Many changes and shifts that have been underway (e.g., a continued focus on competency-based, time-variable education; curricular revision of important topics) will continue but will be evaluated through these important lenses.

Can you share some strategies to maintain team management and well-being in health care?

The past three years have been demanding on all of us, and it is incredibly important that we appreciate each other as people, extending each other grace and offering whatever support we can. Likewise, as leaders in this space, it is important that we find ways of connecting team members with the joy that originally drew them to this work. This requires care and curation of communities of practice, and individual level supports to help all team members thrive.