**Whereas**

* Professional identity formation is aided by early clinical exposure and commitment to self directed learning
* Students learn best when they are actively engaged in the process
* Learning happens best when it is contextual
* Team based problem solving results in deeper approaches to learning
* Development of physician competencies should start with entry to medical school
* Our current lecture attendance is poor
* The LCME wants the majority of learning to happen in an active learning format
* Changes in Step I towards more questions with clinical integration and placement at end of Year 3 is expected
* Change in deadline for MSPE results in inadequate time for elective exposure for students

**The implementation of these updated principles is expected to take into effect with the beginning of the 2021-22 AY.**

**TEACHING AND ITS FORMATS**

1. Faculty and administration will facilitate provision of high quality e-lectures, and/or e-modules (to facilitate multi-media learning) to students.
2. We will identify and recommend specific high quality resources for student learning. Faculty may use or adapt existing institutional or other high quality/up to date resources to create an organized, detailed and logical syllabus, which must be provided in every course.
3. Whenever possible we will use interactive techniques (audience response systems) during didactic presentations.
4. Sessions that are designed to emphasize, review or apply the more difficult concepts contained in the course should be delivered in an active learning format (Team Based Learning, Problem Based Learning, Case Based Learning, OSCEs, simulations, laboratories, CPCs etc).
5. The Office of Faculty Affairs in conjunction with the Office of Academic Affairs will support and train faculty and students in new pedagogical and assessment approaches so faculty and students can develop skills and comfort with new methods.\*

**LEARNING AND ITS FORMATS**

1. Our curriculum places a major emphasis on “student learning”
2. Students will have the primary responsibility of learning the materials and achieving the SOM competencies. Faculty will serve as facilitators and mentors.

**CURRICULUM AND EVALUATION**

1. No single MCQ assessment should account for more than 40% of the final course grade.
2. Sessions can be mandatory only if they involve active learning, are amenable to measurement of at least three SOM competencies and use at least Level 2 of Bloom’s Taxonomy in their objectives. Sessions may also be mandatory if real patients are present.
3. We will use AAMC medbiquitous curriculum inventory standards in defining our instructional strategies, assessment methods and resources\*
4. Multiple assessment types as appropriate to the content are encouraged for all courses.

**TIME FRAME**

1. The clinical clerkships will begin in January of the second year of medical school. During the clinical clerkships, there will be designated blocks (translational pillars) interspersed with clerkships to facilitate reinforcement of basic sciences, new /interdisciplinary curricular themes and SOM competencies.

\*This item also fits in **LEARNING AND ITS FORMATS** and **CURRICULUM AND EVALUATION**