The purpose of the curriculum is to prepare a capable general physician for the demands and expectations of postgraduate training and supervised medical practice in the 21st Century.

**Principle I**

Each curricular component has educational goals and objectives which in the aggregate are specifically designed to meet the COM Competency-Based Learning Objectives (CBLOs).

**Principle II**

Basic and Clinical Sciences are integrated throughout the curriculum.

**Guideline 1**

All curricular components are directed, designed and delivered by teams that include Basic and Clinical Science faculty.

**Guideline 2**

Curricular components and student grades are not discipline or department based.

**Guideline 3**

Responsibility for curricular component design and delivery rests with the course/block/clerkship directors with the support of the departments and approval of the central curricular authority.

**Principle III**

The curriculum is competency-based, requires students to assume graduated responsibility for patient care, and is consistent with the ACGME Core Competencies:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Interpersonal/Communication Skills
- Systems Based Practice
- Professionalism

**Guideline 1**
Achievement of competency is regularly assessed, documented utilizing specific outcome measures, and is required for advancement.

**Principle IV**

Curricular content reflects the health risks and disease burdens on society experienced in the context of the diverse components of our health care delivery system.

**Guideline 1**

Curricular components are based on the biopsychosocial model of disease.

**Guideline 2**

Preventive health care is emphasized throughout the curriculum.

**Guideline 3**

The curriculum assures student experience across the spectrum of health care settings including ambulatory, inpatient, critical, and emergent.

**Guideline 4**

The curriculum includes a long term continuity of care experience.

**Principle V**

A personalized and nurturing faculty-student interaction is maintained at every level.

**Principle VI**

There is a shared expectation of preparation, active participation, and partnering in learning by students and faculty.

**Principle VII**

The educational program is learner-centered, incorporating multiple methodologies and resources for teaching and learning to meet the diverse needs of our students.

**Principle VIII**

Emphasis is placed on student self-directed learning with time provided for independent study.

**Guideline 1**

In components of the curriculum that are primarily classroom or laboratory-based, on average over the course:
• There are no more than twenty-four (24) contact hours per week.

• There are no more than ten (10) hours of traditional lecture per week.

• The contact hours that are not traditional lecture should be devoted to active learning. Active learning is defined as content that requires active participation of students. Examples include case-based learning, team-based learning, problem-based learning, small group instruction, and any other format in which the students must actively participate in the class.

• There is a predictable weekly contact hours template that includes an average of 12 hours of opportunity time per week over the course of each block/course/clerkship, with a minimum of 8 hours of opportunity time per week, for which formal learning sessions are not scheduled (opportunity time).

Guideline 2

In components of the curriculum that are primarily centered on patient care, on average over the course:

• There are no more than ten (10) hours of traditional lecture per week.

• Duty hours are defined as all clinical and academic activities related to the clerkship; i.e., patient care (both inpatient and outpatient), administrative duties relevant to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
  o Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  o Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
  o Adequate time for rest and personal activities must be provided. This should consist of a 8-hour time period provided between all daily duty periods and after in-house call.

• On-call Activities:
  o In-house call must occur no more frequently than every third night, averaged over a four-week period.
  o Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. o No new patients may be accepted after 24 hours of continuous duty.
  o At-home call (or pager call)
    ▪ The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each student.
- Students taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
- When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit.

**Principle IX**

The curriculum is designed to build and promote lifelong learning skills in our students.

**Principle X**

Faculty is provided the necessary resources and tools to become effective teachers, including generic and tailored faculty development programs based on a structured faculty evaluation system and other defined needs.

**Principle XI**

The curriculum and its components are evaluated on a regular basis by a central authority structured to work in the best interest of the curriculum as a whole to ensure continuous quality improvement and achievement of the College of Medicine Competency-Based Learning Objectives (CBLOs).