

PRINCIPLES OF THE INTEGRATED MEDICAL CURRICULUM (IMC)

1. Learning should be active, not passive.
2. Most of the basic science facts and information can be learned in the context of clinical problems, an approach that highlights relevance for basic science knowledge.
3. Faculty time should be used to introduce, to clarify, to discuss, to stimulate, to guide, to impart, and imbue the student with enthusiasm for the topic at hand.
4. Broad and dedicated faculty involvement is critical to the success of the medical school curriculum.
5. Examinations should promote learning as well as evaluate achievement. Frequent, “low-stakes” examinations are preferred over infrequent, “high-stakes” examinations.
6. All courses are expected to plan collaboratively to avoid conflicts which infringe on the opportunity to deliver a high-quality, well-rounded undergraduate medical educational experience that will prepare a medical practitioner with sufficient knowledge of the basic sciences to provide the highest quality medical care.
7. The experiences provided in the on-campus specialty clinics, laboratories, and other settings should be coordinated and controlled by the appropriate organ-system course.
8. Multiple modalities of teaching/learning should be available to and considered for inclusion by the course-design committees.
9. All courses should strive to increase the amount of computer-based instruction and assessment.
10. Ample study time for the students must be provided in the curricular plan.

There are three major characteristics of the Integrated Medical Curriculum that are designed to aid learning and build lifelong learning skills.

1. Basic science material is integrated across disciplines. For example, rather than learning about membranes in one course (Physiology) and cell signaling in another course (Biochemistry), material will be presented in Molecules Cells and Tissues that integrates membrane structure and function with cell-signaling concepts. This holistic approach should make it easier for students to understand and learn the material.
2. Basic science material is integrated with clinical science material. Each week’s topic is linked to one or more clinical cases that may be presented as problems to solve. Thus, students immediately use the basic science material in a clinical setting, applying it in a problem-solving mode. This will not only make learning more interesting, it will aid retention of the material. As the curriculum progresses into the second year, the clinical cases become more complex, enabling students to both review and build their knowledge base.
3. The problem-solving challenges are designed to foster independent learning and build life-long learning skills. The more actively involved students are in the learning experience, the more they will retain. This will serve students well as they continue to learn throughout their careers.