Kaiser Permanente Bernard J. Tyson School of Medicine
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Medical Education Program Highlights
The Kaiser Permanente Bernard J. Tyson School of Medicine aspires to train physicians who are outstanding clinicians, committed patient advocates, and innovative leaders. The school leverages the values and capabilities of Kaiser Permanente (KP), one of the nation’s largest and highest performing integrated health care systems, which has a focus on patient-centered care, team-based care, population health, technological innovation, and continuous quality improvement, to prepare students for future-facing clinical practice, scholarship, and health system leadership. The school takes a competency-based approach with a curriculum that integrates biomedical science, clinical science, and health systems science (HSS) across all 4 years of training in a spiral fashion, allowing content to be revisited in increasing complexity. The didactic curriculum across the first 2 years emphasizes small-group, collaborative, interactive learning in a case-based format. All core clerkships (other than emergency medicine) use the longitudinal integrated clerkship (LIC) model, starting with family medicine/ internal medicine early in year 1 and adding in obstetrics–gynecology, pediatrics, psychiatry, and surgery in year 2. Students stay at their respective KP clinical site (1 of 6 sites) for the 2 years, maintaining 1-on-1 relationships with their preceptor and interprofessional team for each specialty, learning clinical skills by following panels of patients over time, and applying what they learn in HSS in the clinical setting (e.g., quality improvement, population health). The school also encourages exploration of population and community health through a service-learning curriculum in which students participate in a monthly longitudinal experience during the first 2 years at 1 of 6 federally qualified health centers. Finally, the school offers a 4-year course that provides coaching to support personal and professional development, including professional identity formation and resilience skills training.

Curriculum
Curriculum description
• The school’s curriculum is named INSPIRE (Integration, Nurturance, Scholarship, Population Health, Innovation, Resilience, Equity).
• Early Immersive Experience (EIE) course: This course covers orientation activities; an introduction to the school’s mission, vision, and values; and pedagogical approaches to learning, which include small-group, case-based learning, and team-based learning (TBL). It also allows students to begin developing core clinical skills that will be used in the LIC, which starts in the third week of EIE, and to start building connections with classmates and the larger school community.
• Integrated Sciences courses: These courses are provided across all 4 years of medical school, integrating biomedical science, clinical science, and HSS content in a case-based approach with content revisited in increasing complexity in a spiral fashion.
• LICs: Clerkships begin in year 1 with family medicine/internal medicine using an LIC model with students based at 1 of 6 KP clinical sites. Four additional core clerkships in year 2 also use the LIC model (plus an additional core clerkship in emergency medicine). Students stay at their respective sites, allowing them to learn clinical skills by following panels of patients over time and seeing patients through all phases of diagnosis and treatment, while maintaining 1-on-1 relationships with their preceptors for each field. The LIC experience provides an opportunity to apply what is covered in the classroom to the KP clinical setting, which is organized around interprofessional, team-based care.
• Inpatient immersion blocks: In year 2, there are four 1-week inpatient immersion blocks in internal medicine, obstetrics–gynecology, pediatrics, and surgery.
• Service-learning course: Students participate in a monthly longitudinal service-learning experience during years 1 and 2, which takes place at 1 of 6 federally qualified health centers. Within this curriculum, students learn how to recognize social, economic, and environmental factors that influence health; advocate for disease prevention and public health promotion; embrace population care; and collaborate with community partners to help address their needs.
• Reflection, Education, Assessment, Coaching, and Health and well-being (REACH) course: The REACH course takes place every 3–4 months in 1-week blocks and periodically on Monday afternoons. Physician coaches meet with students at regular intervals both 1-on-1 and in small groups throughout their 4 years of medical school to review students’ academic portfolios and help them identify strengths and gaps, set goals, and track their progress. The course emphasizes personal and professional development, and includes time for learning about health and well-being and exploring ways to maximize resilience skills.
• Year 3 and 4 experiences: Years 3 and 4 have 20 weeks of required clinical experiences: subinternship (4 weeks; family medicine or internal medicine), subinternship (4; student’s preference), advanced clinical rotation (4), rotation in an under-resourced setting (4), and academic medical center rotation (4), as well as required HSS electives (8).
• Scholarly project: Students complete a longitudinal scholarly project through which they meaningfully explore an area of individual interest under faculty mentorship across years.

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Year school was established: 2019.
School URL: https://medschool.kp.org/homepage.
1–3, including 4 weeks of dedicated time in year 3. Advanced scholarly work that involves additional rigor and depth is also available.

- Residency immersive: This course covers both general skills for transitioning to internship and specialty-specific workshops.
- Other degrees: Opportunities have been arranged with nearby universities for other degrees, including Doctor of Philosophy, Master of Health Administration, Master of Healthcare Systems Engineering, and Master of Public Health.


Assessment

- The school’s educational program outcomes (EPOs) are derived from the AAMC’s Physician Competency Reference Set (PCRS) and Core Entrustable Professional Activities (EPAs). The EPOs are competencies, EPAs, or experiences/projects. There are 8 outcome domains, with 5 from the PCRS and 3 additional ones that reflect the school’s mission, vision, and values (lifelong learning, interprofessional collaboration and teamwork, and population and community health).
- A Competency Committee evaluates all assessment data in a student’s portfolio and makes recommendations to the Student Progress and Promotion Committee, which determines whether the student is qualified to advance to the next year and ultimately graduate. Each of the 8 domains are evaluated using a variety of assessment methods.

See Table 1—Educational Program Outcomes and Assessment Methods.

### Table 1

**Educational Program Outcomes and Assessment Methods**

<table>
<thead>
<tr>
<th>Educational program outcomes</th>
<th>Assessment methods</th>
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<tbody>
<tr>
<td>1. Patient care</td>
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<tr>
<td>• Gathered essential information</td>
<td>Clinical documentation</td>
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<td>• Formulates diagnosis and plan</td>
<td>Clinical performance (licensure exams)</td>
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<td>• Demonstrates timely, accurate, and concise documentation</td>
<td>Multisource assessment</td>
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<td>• Manages as part of a team</td>
<td>Narrative assessment</td>
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<td>• Collaborates with patients</td>
<td>Oral patient presentation</td>
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<td>• Performs common procedures</td>
<td>Peer assessment</td>
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<td>• Initiates urgent/emergent care</td>
<td>Portfolio-based assessment</td>
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<td>• Performs safe transitions of care</td>
<td>Self-assessment</td>
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<td></td>
<td>Simulation</td>
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<td></td>
<td>Workplace-based assessment (with supervisory and/or coactivity scales)</td>
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<td></td>
<td>Written/computer-based assessment (institutional exams)</td>
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<td>Written/computer-based assessment (licensure exams)</td>
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<td>2. Lifelong learning</td>
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<td>• Recognizes and manages uncertainty</td>
<td>Clinical documentation</td>
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<td>• Engages in self-directed learning for professional development</td>
<td>Multisource assessment</td>
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<tr>
<td>• Furthers personal health and well-being</td>
<td>Narrative assessment</td>
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<td></td>
<td>Oral patient presentation</td>
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<td></td>
<td>Peer assessment</td>
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<td>Portfolio-based assessment</td>
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<td></td>
<td>Research or project assessment</td>
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<td>Self-assessment</td>
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<td>Simulation</td>
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<td>Written/computer-based assessment (institutional exams)</td>
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<td>3. System-based practice</td>
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<td>• Demonstrates appropriate sensitivity to patient, health care, and societal resources</td>
<td>Clinical documentation</td>
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<td>• Applies concepts of quality and performance improvement</td>
<td>Multisource assessment</td>
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<td>• Initiates safety interventions aimed at reducing patient harm</td>
<td>Narrative assessment</td>
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<td>• Advances innovation and systems-level change</td>
<td>Oral patient presentation</td>
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<td>Peer assessment</td>
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<td>Portfolio-based assessment</td>
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<td>Written/computer-based assessment (institutional exams)</td>
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<td>4. Population and community health</td>
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<td>• Advocates with community partners for implementation of community-level health interventions</td>
<td>Multisource assessment</td>
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<td>• Participates in projects to help reduce health-related inequities of a population</td>
<td>Narrative assessment</td>
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<td></td>
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(Table continues)
The pedagogical approaches used to achieve the EPOs include the following by course:

- **Integrated Sciences courses**: Sessions are classroom-based, using a hybrid of interactive and flipped classroom approaches. Each week is structured around a primary patient presentation (or case) that unfolds across the week, along with supplemental clinical vignettes. These clinical scenarios serve as context for integrated curriculum delivery with sessions throughout the week covering biomedical science, clinical science, and HSS.

- **Three days a week, sessions organized around biomedical science and its application to clinical science and HSS include 8 students in groups, each cofacilitated by a biomedical scientist and a physician–educator. Cofacilitators use various small-group, active learning approaches to engage students, including providing self-directed learning opportunities. Anatomy instruction uses a multimodal approach, incorporating plastinates (human specimens preserved through a process that replaces water and fat with polymers), virtual dissection, augmented/virtual reality, diagnostic imaging technology, and point-of-care ultrasound.**
The SADME leads the Office of Medical Education, which is
focused on UME and has its own budget for staff resources to
support, manage, and coordinate teaching, assessment, and
program evaluation efforts.

The SADME oversees the associate dean for assessment and
evaluation, assistant dean for medical education, and director
of faculty educator development.

The associate dean for assessment and evaluation oversees
the senior director for assessment and evaluation and the
administrative and faculty directors of simulation.

Instructional designers, curriculum coordinators, and other staff
develop and maintain the tools for curriculum delivery, monitoring,
and management, and help implement the curriculum.

The senior associate dean for academic and community
affairs has primary responsibility for community engagement
and faculty services, including faculty appointments and
career support. The office includes the associate dean for
equity, inclusion, and diversity, who oversees the school’s
efforts to create an equitable, inclusive, and diverse learning
environment, and the director of global health.

The senior associate dean for student affairs has primary
responsibility for leading staff and programs that support
students and enhance their educational experience, including
4 learning communities each with 48 students (12 students per
class) in which a variety of student leadership opportunities
are embedded. The Office of Student Affairs also monitors
the learning environment, oversees the academic support
and coaching programs, and includes learning specialists and
psychologists.

The senior associate dean for research and scholarship has
primary responsibility for creating an engaging and supportive
scholarly environment for students and faculty, including
ensuring appropriate mentorship, consultation, data access, and
tools to enable successful completion of the scholarly project.

**Curricular Governance**

- The Curriculum and Education Policy (CEP) committee
  oversees the medical education program as a whole and
  has responsibility for the overall design, management,
  integration, evaluation, and enhancement of a coherent and
  coordinated medical curriculum to ensure that it meets the
  mission, vision, and values of the school and is in compliance
  with licensing and accreditation standards. The CEP has 3
  subcommittees: the Integrated Sciences Subcommittee, the
  Clinical Experience Subcommittee, and the Longitudinal
  Coordination Subcommittee. It is responsible for the review of
  educational policies, standards, and subcommittee reports and
  recommendations, and votes on what to recommend to the dean
  regarding the curriculum.

- The Program Evaluation, Assessment, and Improvement
  (PEAI) Committee is a separate standing committee for
  educational and nondonational program evaluation and
  institutional continuous quality improvement.

- Working groups for each major course develop instructional
  materials and assessment tools. The courses undergo a formal
  course review, approval, and modification process through
  PEAI, CEP, and CEP’s relevant subcommittees.

- There are 3 departments—biomedical science, clinical science,
  and health systems science—and the department chairs are
  responsible for communicating with department faculty and
  staff regarding expectations, development, and changes that
  affect the delivery of education. Each chair collaborates with
  department faculty and staff, the other department chairs, and
  the Office of Medical Education to develop and deliver the
  education program.

**Faculty Development and Support in Education**

- The Office of Academic and Community Affairs provides
  orientation and resources for faculty academic and career
development.

- The Office of Medical Education offers resources for faculty
  educator development, including intensive training in teaching
  methods, curriculum development, small-group facilitation,
  and assessment.

- Faculty rank is determined by a faculty member’s performance
  in educational activities, service to the institution, scholarly
  achievements, and professional reputation. Participation in
  educational activities may include direct teaching of students,
  curriculum development, mentorship, research training,
  faculty development, administrative leadership of educational
  programs, evaluations of teaching through student assessment
  or peer observation, contributions to pipeline programs, or
  other activities.

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