TCMC’s mission

The mission of The Commonwealth Medical College is to educate aspiring physicians and scientists to serve society using a community-based, patient-centered, interprofessional and evidence-based model of education that is committed to inclusion, promotes discovery and uses innovative techniques.
How TCMC’s community mission is embodied

Admissions policy

Curriculum

Engagement of the Community
How TCMC’s community mission is embodied

**Admissions policy**

Rural roots
Pennsylvania and NE PA origins
First generation to college
Economically disadvantaged

<table>
<thead>
<tr>
<th>Class of 2018</th>
<th>Applicants</th>
<th>Matriculants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvanians</td>
<td>14%</td>
<td>78%</td>
</tr>
<tr>
<td>NE PA</td>
<td>2.4%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Class of 2019 7284 applicants
What drives curriculum?

Traditional model:
- Curriculum
- Educational objectives
- Assessment

Competency-based education model:
- Health needs
- Health systems
- Competencies
- Outcomes
- Curriculum
- Assessment

NEPA and PA

How TCMC’s community mission is embodied

**Curriculum**

- “Community Weeks” in first two years
  - Patient- and Family-Centered Experiences
- Assignment to a family, followed through 4 years
- Working in social service agencies, other community settings
- All students required to do 100 hours of community service
- All students in LIC, predominantly ambulatory
- Clinical faculty are all community physicians: Academy of Clinical Educators
Other innovations in TCMC curriculum

• Much less dependence on lecture
  “Flipped classroom”:
    --Active learning
    --Team-based learning
    --Self-directed learning
• Longitudinal Integrated Clerkship for entire class
• Interprofessional Education Coalition
How TCMC’s community mission is embodied

Engagement of the Community

- Pipeline programs for underprivileged high school and college students
- TCMC staff, faculty, and student community service
- Educational outreach to lay and health care communities
- Partnership initiatives:
  -- Health care quality and safety
  -- Behavioral health
Abraham Flexner’s concerns

- Glut of physicians
- Too many medical schools, many of poor quality
- Minimal or no educational preparation required of students
- Medical education not occurring in a scholarly setting
- No standard structure to medical education
- No formal structure for clinical experiences
Abraham Flexner’s concerns

- Glut of physicians
- Too many medical schools, many of poor quality
- Minimal or no educational preparation required of students
Abraham Flexner’s concerns

- Glut of physicians
- Too many medical schools, many of poor quality

21st-Century concern

- Physician shortage
- Not enough medical schools
- *Not enough residencies*
Abraham Flexner’s recommendations

• Require at least 2 years of college education
• Provide a fundamental foundation in science
  -- taught by faculty engaged in research
  -- medical school as part of a university
      (“most favorably located in a large city”)
• Two years of formal course work (lectures and labs)
• Two years of clinical experience in a university hospital
<table>
<thead>
<tr>
<th>Flexner</th>
<th>TCMC</th>
<th>WWFD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical school as part of urban university</td>
<td>Independent, rural</td>
<td>√</td>
</tr>
<tr>
<td>Faculty engaged in research</td>
<td>Faculty research: bench to bedside to population</td>
<td>√</td>
</tr>
<tr>
<td>2 classroom years</td>
<td>Clinical experiences</td>
<td>√</td>
</tr>
<tr>
<td>2 clinical years</td>
<td>integrated in first years</td>
<td>√</td>
</tr>
<tr>
<td>Clinical experiences in university hospital</td>
<td>Largely ambulatory and community-based</td>
<td>√</td>
</tr>
<tr>
<td>Physician faculty employed by school</td>
<td>Voluntary clinical faculty (ACE)</td>
<td>?</td>
</tr>
</tbody>
</table>

*What would Flexner do?