Dear Editors and Readers,

The article by Eichbaum, et al (*An Alternate Model for Medical Education: Longitudinal Medical Education Within an Integrated Health Care Organization—A Vision of a Model for the Future?* In: *The Permanente Journal* 2010 Fall;14(3):44-9) outlines an innovative proposal of a medical school program housed within Kaiser Permanente (KP). The authors suggest that the program be modular and longitudinal, with self-paced learning. The model proposed envisions a "lifetime medical school," where students could progress through both undergraduate and graduate medical education within the same health care organization, allowing for streamlined and less-costly application processes for medical school and residency, student-centered learning, possible reduced tuition and debt for students, and possibly enhanced patient care due to continuity experiences with physicians-in-training over time.

We write to inform you of what may be the first step in such a medical school program, or a hybrid that allows students training in university medical schools while experiencing the benefits of working in a progressive, integrated health system such as KP. Beginning in April of 2011, eight third-year medical students from the University of California, San Francisco will embark on a yearlong longitudinal integrated clerkship (LIC) housed at KP East Bay (including Oakland and Richmond campuses) called KLIC (Kaiser Longitudinal Integrated Clerkship).

The current experience of clinical medical students may not be an optimal way to structure a basic clinical education. Patients have shortened inpatient stays and care has shifted more to the ambulatory setting. Additionally, inpatient attendings switch with increasing frequency and residents battle duty hours, leading to less longitudinal oversight of students' competencies and reduced opportunity for meaningful feedback. In response to such a fragmented experience, LICs have been implemented, both nationally and internationally.[1]

LICs are based upon principles of continuity with faculty, patients, populations, and a health care system. The students experience their clinical education as patient-centered and student-centered, as they progress through all seven of their core clerkships simultaneously with one faculty preceptor in each discipline, primarily based in the outpatient setting. They also experience a developmentally progressive curriculum, created to help organize their learning tasks with sequentially increasing complexity and a focus on individual pace and learning styles.[1]

As recommended in the recent Carnegie Foundation report,[2] medical education's key challenges include individualization, integration and insistence on excellence. We believe that by incorporating an LIC at KP we will expose clerkship students not only to the fundamental principles of continuity within an LIC, but also to improve habits of inquiry and improvement, engaging learners in a system dedicated to patient-centered care, population health and health promotion. Moving clinical learning to a health care system where quality patient care is delivered may allow students to "participate authentically in inquiry, innovation, and improvement of care" as the Carnegie report authors suggest.

It is our hope that students trained in this model will obtain not only outstanding clinical experiences, but a glimpse of a progressive health care management organization. The lessons and experiences they obtain at KP may pave the way for them to become future KP leaders, or leaders in the changing landscape of health care and health care reform. The KLIC model may be adapted to other KP sites, or into the model of a KP School of Medicine that the Eichbaum, et al article suggests. ❖

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