The fundamental model for clinical education of medical students in the United States has changed little in the past century; a fixture of Flexnerian medical education; mostly a series of core, required clinical clerkships in the third year of medical school. Each four to twelve week clerkship is medical specialty/discipline-specific, usually departmentally based, and organized in blocks with traditionally little integration between these blocks.

In recent years, however, there has been much more focus on both horizontal and vertical integration across all four years of medical school with an emphasis on coordination of content. In the core clerkships, the traditional blocks of internal medicine, surgery, pediatrics, obstetrics-gynecology, and psychiatry have been in place at many schools for decades. Some schools include neurology, family medicine, surgical subspecialties, and others. A number of schools have examined or are examining their clerkship structure and a variety of new approaches have been taken. One approach that has been used in
A growing number of schools is a longitudinal integrated clerkship curriculum in which there are no discipline based blocks, but rather threads of various clinical disciplines woven throughout the year.\textsuperscript{3,4} In the 2013-14 AAMC data reported on the Curriculum Inventory and Reports (CIR) website, 37 schools reported having a longitudinal integrated curriculum, up from 29 schools in 2010-11.

But even in schools which retain a block clerkship structure, examination of which disciplines to include, how the content should be integrated across the core clerkships, and the length of time allocated for each block are important concerns for a medical school curriculum committee. Data on duration of clerkships in various disciplines is limited. Most of the content in the medical education literature on clerkship length focuses on showing lower board scores with shortened clerkships in certain clinical disciplines.\textsuperscript{5,6} Some professional organizations have even issued position statements on the length of clerkships in their particular discipline.\textsuperscript{7} Competing interests among disciplines and missions create difficulty in curriculum reform.\textsuperscript{8} The Curriculum Inventory data on mean number of weeks allocated for each block clerkship gives important national benchmarking information for schools examining their clerkship structure. One important missing link is data linking clerkship duration with outcomes; such data would be particularly helpful to the curriculum committees of U.S. medical schools.

At the University of Arkansas for Medical Sciences College of Medicine, our curriculum committee appointed an ad hoc subcommittee in June 2014 to examine the curriculum in the third and fourth years and make recommendations for improvement. In this process, the subcommittee began by listing the strengths and weaknesses of our current clerkship and senior curriculum. Our College has a traditional block clerkship year on the main Little Rock campus and a longitudinal integrated curriculum on our regional campus in Fayetteville, Arkansas. The present junior year does not have any elective time; all clerkships are required. One of the priorities that the subcommittee has identified is to create opportunity for a period of electives in the junior year to allow students an earlier opportunity to explore a broader range of specialty choices. As the subcommittee began to look into how an elective block could be created in an already full 48 week year, the data on clerkship length from the AAMC Curriculum Inventory has been helpful information for the committee to consider. While the subcommittee is still working through a variety of different options for the creation of an elective, and it is not yet clear how the elective time will be arranged, we have concluded that it is important to provide such an option during clerkship training.

\section*{About the Author}

James Graham is a pediatric emergency physician who practices in the emergency department of Arkansas Children's Hospital. Having been on faculty for the past 25 years, he presently serves as the Associate Dean for Undergraduate Medical Education and chair of the curriculum committee at the University of Arkansas College of Medicine.

\section*{References}