

MEDICAL EDUCATION DIGEST



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Students Taking Mt. Sinai's Alternative Premed Program Match Traditional Performance

For 25 years, half of all students entering Mt. Sinai's Icahn School of Medicine completed an *early assurance* alternative to the traditional premedical track. In existence since 1987, those in this track do not take the MCAT, nor did they take the traditional premed science preparation. Called HuMed students, they attend an eight-week summer program at Mount Sinai after their junior year in college and are exposed to clinically relevant organic chemistry, physics, and clinical rotations. In addition, they attend a six-week prematriculation summer enrichment program that includes basic concepts of biochemistry, molecular biology, and anatomy.

When compared to students in traditional programs, HuMed students performed equally as well. They received similar clerkship honors, were selected to honor societies, and participated in scholarly year research. There were no differences in the proportion who failed courses, repeated a year, withdrew, or who were dismissed from medical school. Of the HuMed students, 45 percent have been ranked in the top 25 percent of the past six graduating classes.

Beginning this year, half of each class will be recruited in its sophomore year from all undergraduate majors in an early assurance program offering the students acceptance by the following summer. The applicants will be required to complete a year of chemistry or biology before applying. After being accepted, they will take two semesters of biology and two of chemistry as well as one in physics.



In addition, they also will complete a semester each of ethics, statistics, health policy, public health or global health, and two semesters of any science lab. Students are encouraged to acquire a proficiency in Spanish or Mandarin. Those admitted must earn a B in all required courses and maintain a 3.5 GPA but will not have to take the MCAT. They will also complete a senior thesis or equivalent and be encouraged to take time off for scholarly pursuits.

(Muller D. Reforming premedical education: out with the old, in with the new. New England Journal of Medicine; April 10, 2013.)

Aging Population Raises Demand for D.O.s

While 13 percent of Americans are now aged 65 and over, by 2050 this number will increase to 20 percent. An Institute of Medicine report indicates that 26 percent of all physician office visits and 47 percent of hospital visits are now made by this segment of the population, signaling that a higher proportion of the nation's health resources will be devoted to older adults. This demographic phenomenon will be a challenge for osteopathic medicine and already is being addressed by osteopathic medical schools. The care of this group cannot be relegated only to geriatric specialists; it is the responsibility of all physicians and other health professionals.

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This creates a need for team-based training in the health care required by older adults. Health care for the older U.S. population will require

- prevention and disease maintenance
- care by a diverse health care workforce reflecting the population
- interprofessionally educated, team-based health care practice
- physicians and other health care professionals trained in geriatrics and in chronic disease management
- a health care system and medical education that address the growing older population

Osteopathic manipulative medicine (OMM) can contribute to the management of musculoskeletal and other conditions to improve function and alleviate pain as well as contribute to the diagnosis and treatment of the older population. Osteopathic physician education must increase the development of competencies in managing care for older adults. This should include competencies that identify posture and gait abnormalities, contraindications and adverse effects of OMM, the use of OMM as a non-pharmaceutical treatment, positional modifications of the physical examination and of OMM in the elderly, and evaluate and treat somatic dysfunctions limiting range of motion and activities of daily living.

(Shannon SC. *A rising tide of older patients: preparing future D.O.s. Journal of the American Osteopathic Association* (113) 4:262-264; April 1, 2013.)

Additional Training Needed to Improve Medical Error Disclosure

Experiences with medical errors have been reported by 78 percent of fourth-year medical students and 98 percent of residents. A review of the findings included initiatives that taught learners how to disclose medical errors. This included errors of omission and commission as well as adverse events. Physicians-in-training also have indicated they want additional preparation for their future error encounters.

Reasons that physicians-in-training do not disclose medical error include

- fear of litigation
- discomfort with the patient's or their own emotional response
- uncertainty about how to proceed with the error disclosure process
- faculty not adequately prepared to disclose errors and cannot support trainees

Statistics show that trainees with prior instruction have reported greater confidence in their error disclosure abilities. While curricula exists at the undergraduate and graduate medical education level to improve a learner's knowledge, skills, and attitudes, greater emphasis is needed on more rigorous assessment of skills acquisition and changes in workplace-based behavior to determine whether formal training leads to long-term effects on learner outcomes and practices.

(Stroud L, Wong BM, Hollenberg E, Levinson W. *Teaching medical error disclosure to physicians-in-training: a scoping review. Academic Medicine.* 88:1-9; 2013.)

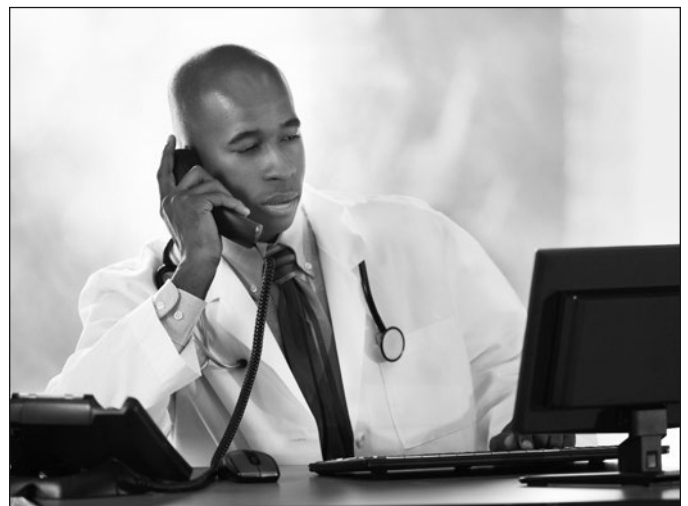
New MCAT Provokes Questions on Process of Choosing Future Physicians

The revised MCAT will be the first such modification since 1991. Changes to the test, including sections on the social and behavioral sciences, as well as critical thinking, will influence the premedical curriculum. It has been noted that MCAT total scores and undergraduate GPA combined to create a good predictor of unimpeded progress. However, the processes used in the current approach to medical school admission cannot determine whether they are fostering the best future physician. Students are often filtered out of the admissions process strictly because of their performance on the MCAT.

Could they have contributed to the health care system if they were admitted to medical school? Is the current approach to premedical education the right one? Lewis Thomas in *The Medusa and the Snail* called for the complete elimination of the concept of the premedical curriculum and indicated his concerns about its negative impact on an individual's development and on the educational environment. Others have complained that much of the physical sciences education included in the premedical curriculum was wasteful and should be eliminated.

A question that needs to be asked is whether the new MCAT will help not only to identify those who will pass medical school courses and national boards but also help to select a workforce that meets the needs of our population and changing delivery system. Will we identify future physicians who will want to serve diverse communities in rural and urban areas and function as part of interprofessional teams? Will the elimination of the Writing Sample lead to a decreased emphasis on written communication skills and higher-level thinking and expression? Without a clear vision of the intended goals of medical education, we may be bogged down resisting change.

(Sklar DP. *Preparation for medical school: reflections on the MCAT exam, premedical education, and the medical school academic process. Academic Medicine.* 88(5):1-5; May 2013.)



Fifteen M.D. Medical Schools in Different Stages of Development

As of February 13, the Liaison Committee on Medical Education listed 15 allopathic medical schools in various stages of development.

Three with provisional accreditation:

Charles Schmidt College of Medicine at Florida Atlantic University in Boca Raton, Florida
The Commonwealth Medical College in Scranton, Pennsylvania
Virginia Tech Carilion School of Medicine in Roanoke, Virginia

Preliminary accreditation has been granted to eight schools:

University of Arizona College of Medicine in Phoenix, Arizona
University of California, Riverside School of Medicine in Riverside, California
Frank H. Netter, M.D. School of Medicine at Quinnipiac University in North Haven, Connecticut
Central Michigan State University School of Medicine in Mount Pleasant, Michigan
Oakland University William Beaumont School of Medicine in Rochester, Michigan
Western Michigan University School of Medicine in Kalamazoo, Michigan
Cooper Medical School of Rowan University in Camden, New Jersey
Hofstra North Shore-LIJ School of Medicine at Hofstra University in Hempstead, New York

The three applicant medical schools are as follows:

California Northstate University College of Medicine in Rancho Cordova, California
Palm Beach Medical College in Palm Beach, Florida
King School of Medicine and Health Science Center in Abingdon, Virginia

Applicant medical schools do not yet have any accreditation and, therefore, may not recruit or advertise for applications. Schools with Provisional and Preliminary Accreditation are permitted to recruit applicants and accept applications for enrollment.

(LCME. Liaison Committee on Medical Education. Developing Medical School Programs. February 13, 2013.)



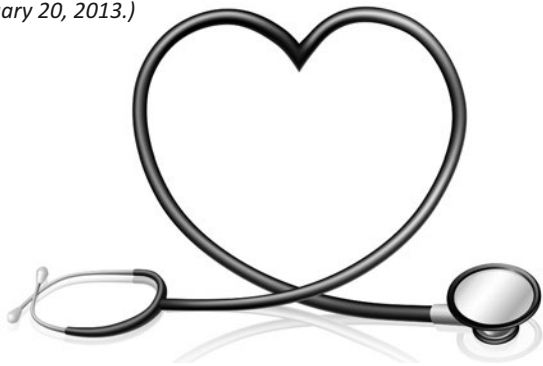
Three-Year Medical School Programs Address Demand for More Physicians

A number of medical schools are experimenting with shorter medical school programs, reducing the time to acquire a medical degree from four to three years. About 70 percent of those who participated in a Kaplan Test Prep survey indicated they would more likely attend a three-year rather than four-year medical school. By 2020, the Association of American Medical Colleges has forecast a shortage of 90,000 physicians.

Three medical schools have announced a three-year family medicine track, namely Mercer University School of Medicine in Savannah, Georgia, Texas Tech School of Medicine in Lubbock, Texas, and New York University (NYU) in New York City, New York. NYU also will have such a track for internal medicine, pediatrics, and obstetrics and gynecology.

Compounding this situation is the 32 million people who will be newly insured by the Affordable Care Act. In addition, there is a looming nursing shortage with estimates by the Department of Labor that there will be a 26 percent increase in nursing positions in just seven years. Although telemedicine will be a useful tool, especially for rural and some urban communities, it may not be able to replace the need for physicians as well as nurses.

(Baum S. Shorter medical school programs spark interest among pre-meds as option to address primary care M.D. shortage. MEDCity News; February 20, 2013.)



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Editor
Leonard Levy, D.P.M., M.P.H., Associate Dean

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NSU-COM Office of Medical Communications and Public Relations

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Brandee Evans

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College of Osteopathic Medicine

3200 South University Drive
4th Floor, Room 1495
(954) 262-1469
Fort Lauderdale, FL 33328-2018

<http://medicine.nova.edu>

