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.)

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.

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.)
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.)