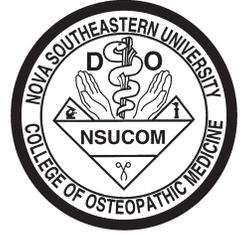


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LCME-Accredited Medical Schools: An Overview

The Liaison Committee on Medical Education, which accredits U.S. and Canadian schools that offer the M.D. degree, released the names of medical schools in various stages of development on June 10, 2011. Schools in the *first step* of the process of applying for **accreditation** are referred to as having **applicant status**. Such schools are not accredited and may not recruit or advertise for applicants, nor may they accept student applications. There are six medical schools currently in this stage:

Medical School and Location

University of Arizona College of Medicine - Phoenix, Arizona

*California Northstate University College of Medicine
Rancho Cordova, California*

*Quinnipiac University School of Medicine
North Haven, Connecticut*

Palm Beach Medical College - Palm Beach, Florida

*Central Michigan University School of Medicine
Mount Pleasant, Michigan*

*Western Michigan University School of Medicine
Kalamazoo, Michigan*

Schools that have submitted a favorably reviewed required medical education database and planning self-study documents and are approved to have a site visit for preliminary accreditation are granted **candidate status**. Such schools also are not accredited and may not recruit or advertise for applicants, nor may they accept student applications. Currently, two schools have been granted this status:

Medical School and Location

*University of California, Riverside School of Medicine
Riverside, California*

*University of South Carolina School of Medicine
Greenville, South Carolina*

Schools that are granted **preliminary accreditation**, the next step in the accreditation process, have had an LCME team survey visit that led to the conclusion that the program meets LCME standards for the M.D. degree. This allows the program to begin applicant recruitment and accept applicants for enrollment. There are eight schools with current LCME **preliminary accreditation** status:

Medical School and Location

*Charles E. Schmidt College of Medicine at Florida Atlantic University
Boca Raton, Florida*

*University of Central Florida College of Medicine
Orlando, Florida*

*Oakland University William Beaumont School of Medicine
Rochester, Michigan*

Cooper Medical School of Rowan University - Camden, New Jersey

Hofstra University School of Medicine - Hempstead, New York

The Commonwealth Medical College - Scranton, Pennsylvania

*Texas Tech University Health Science Center Paul L. Foster School
of Medicine - El Paso, Texas*

Virginia Tech Carilion School of Medicine - Roanoke, Virginia

After a school receives preliminary accreditation and enrolls a charter class, it is eligible to receive **provisional accreditation** after submitting a modified medical educational database and self-study summary. An LCME team conducts a limited survey visit at the end of the second year of the new program to determine if the school is meeting the required standards, and if approved, permits the enrolled students to continue into the third and fourth year of the curriculum as well as enroll new students. Currently, one school has provisional accreditation—Florida International University in Miami, Florida.

(Institutions with developing medical education programs that have applied for preliminary accreditation by the LCME. Liaison Committee on Medical Education (Updated June 10, 2011).

Move Afoot to Fast Track Medical School by University of Texas



Kenneth Shine, M.D., who serves as executive vice chancellor for health affairs at the University of Texas (UT), says medical education takes too long, costs too much, is redundant, and does not necessarily prepare people for practice in the 21st century. The University of Texas–Austin and five other UT campuses are working with the UT medical schools to shorten the time it takes to earn a bachelor’s and/or medical degree beginning with a pilot program in 2013.

There are 135 M.D. medical schools in the U.S. offering the medical degree, and about 20 have programs available that are less than four years in length, including the one at Lubbock’s Texas Tech designed to eliminate the fourth year in recognition of the shortage of primary care physicians. The UT-Austin plan would guarantee 60 high-achieving first-year undergraduates a place at either the UT Southwestern Medical School in Dallas or the UT Health Science Center at Houston if they maintain good grades.

One year would be reduced from the bachelor’s degree and another in medical school. Students who elect to complete the master’s degree in public health or a research year would take seven rather than six years. The program is called Transformation in Medical Education (TIME). An additional 60 students would be added to the program in the spring following its initiation. Premedical students would spend time in the summer mentoring medical school physicians. It is hoped that by saving up to two years of educational expenses, students would be able to consider more seriously entering family medicine.

(Roser MA. UT system plans a fast track through medical school. Statesman.com; June 21, 2011.)

Criminal Background Checks for Entering Medical Students

As early as 1985, state legislatures, hospitals, and the Veterans Affairs Health Care System began requiring criminal background checks. Today, the criminal background check process has been expanded to be used for conditionally accepted students at 113 M.D. medical schools, of which 92 use the Association of American Medical Colleges-facilitated process and 21 use an independent process.

Misdemeanor and felony convictions should be self-disclosed on the application to medical schools (AACMAS, AACOMAS). Failure to disclose such information ranges from misunderstanding the complexities of the legal system (e.g., not disclosing a fine) to lapses of memory. Medical school criminal history review committees need to make judgments about the severity of incidents and whether a particular incident would be considered a “fatal flaw.” While there is self-reporting of any misdemeanor or felony conviction after initial disclosure on a medical school application, a routine method of follow-up and validation is lacking to report events that may occur after this initial review.

The criminal background check process plays an important role in determining who will become a physician. Currently, medical schools consider both criminal background checks and institutional actions in their own way, but a set of national guidelines might improve consistency and equity.

(Kleshinski J, Case ST, Dwight D, Heinrich G, Witzburg RA. Commentary: criminal background checks for entering medical students: history, current issues, and future considerations. Academic Medicine. 86 (7); 795-798;2011.)



Study Analyzes Inadequacies Regarding New Regulations for Resident Work Hours

A study led by a team of physician faculty from Harvard's Brigham and Women's Hospital and Mount Sinai School of Medicine provides scientific evidence that links fatigue with deficits in human performance that have led to accidents in many industries ranging from aeronautics and nuclear power to transportation as well as medicine. Regulations to ensure public safety in medicine, however, have not been nearly as safety-sensitive.

On July 1, 2011, as a result of regulations set forth from the Accreditation Council for Graduate Medical Education (ACGME), new rules went into effect regarding the number of consecutive hours residents may work. It was reminded by the authors that a quarter of physicians working in hospitals are residents. Furthermore, taxpayers as well as Medicare and Medicaid fund graduate medical education, implying the deep investment of the public in physician training. However, the Institute of Medicine (IOM) released a new report in January 2009 recommending new limits on resident physician work hours and workload along with increased supervision and a greater emphasis on resident physician safety.

The IOM performed a one-year study providing scientific evidence linking resident physician sleep deprivation with clinical performance deficits and medical errors. Harvard Medical School conducted a conference on June 17-18, 2010, designed to develop a plan to implement safer working hours for resident physicians entitled *Enhancing Sleep, Supervision, and Safety: What Will it Take to Implement the Institute of Medicine Recommendations?* The conference included experts from multiple groups and disciplines, with every recommendation endorsed by each invited participant, and many unanimously.

The ACGME's new rules are considerably less stringent than those of the IOM, with

the ACGME applying a 16-hour work limitation only to first-year residents. The IOM recommendations limit resident physician work hours to 12-16 hour shifts, followed by at least 10 hours between shifts. Furthermore, Medicare funding of GME should be linked to adhering to the IOM limits on resident physician work hours. Any moonlighting should be included in the ACGME work-hour limits. Residents should be educated as to the dangers of fatigue, and hospitals should provide transportation to all residents feeling too tired to work.

The conference also recommended there be quality-improvement and patient-safety concepts integrated throughout medical school that are tested in the United States Medical Licensing Examination (USMLE). In addition, residents and attending physicians should be trained in standardized ways to effectively hand-off patients. The IOM cites significant evidence of deterioration in performance in fatigued humans and specifically in resident physicians, including medical

error. The IOM also reported on a meta analysis of 60 studies on the effect of sleep deprivation, finding that in the area of clinical performance, physicians performed in the seventh percentile of a comparison group after 24-30 hours of wakefulness.

One of every 20 interns reported a fatigue-related mistake, resulting in the death of a patient after a 24-30 hour shift. Since 2009, peer-reviewed reports revealed 117 percent more surgical complications in daytime operations when the attending surgeon had fewer than six hours of sleep after performing a nighttime procedure.

Based on its evidenced-based report, the question placed before the IOM conference was what work redesign and cultural changes are needed to reform work hours.

(Blum AB, Shea S, Czeisler CA, Landrigan CP, Leape L. Implementing the 2009 Institute of Medicine recommendations on resident physician work hours, supervision, and safety. Nature and Science. (3) 47-85;2011.)



AAMC Plots Plan to Revise MCAT by 2015

For the first time in 25 years, the Association of American Medical Colleges (AAMC) is planning its fifth revision of the Medical College Admissions Test (MCAT). An MCAT 22-person advisory committee referred to as the MR5 committee has drafted 14 recommendations. Among these recommendations is the inclusion of four content areas/sections:

- Molecular, Cellular Organizational Properties of Living Systems
- Physical, Chemical, and Biological

properties of Living Systems

- Behavioral and Social Sciences
- Critical Analysis/Reasoning Skills

It also has been recommended that the writing sample section be eliminated. Because of the rapid changes in science, a regular schedule of updating the exam content is suggested. The reporting scale of the exam is recommended to be from 1-15. There should be assistance provided for medical schools to track the value and validity of the exam. Low-cost preparation

materials should be provided to examinees as well as discounts or waivers for examinees who qualify for such assistance and for those with disabilities. There is consideration being given to lengthen the exam from its current four-and-a-half hours by 90 minutes. The AAMC is targeting 2015 for the introduction of the new format.

(Preliminary recommendations for the next version of the MCAT. Association of American Medical Colleges; May 5, 2011.)

D.O. Schools Producing Most Primary Care Residents

The five medical schools producing the most primary care residents of the 146 surveyed by the *U.S. News and World Report* Graduate School Survey were from the osteopathic medical community.

Michigan State University College of Osteopathic Medicine led the pack, turning out 73.8 percent of its graduates into primary care residencies. Ten of the top 15 schools producing primary care residents

were osteopathic medical schools.

(Which schools turn out the most primary care residents? Best Medical Schools. Grad schools. usnews.rankingandreviews.com/best-graduate-schools/top-medical-schools; May 2011.)

A Look at Patient-Centered Medical Education

Increasing the patient-centered education aspect does not mean eliminating the biomedical, the scientific, or the clinical according to the author of a recent article that appeared in *Academic Medicine*. When writing problem-based learning (PBL) scenarios, individuals should pay careful attention to patients rather than simply impart scientific knowledge. The author also recommends considering the use of social scientists, patients, members of their support network, and even storytellers in constructing PBL scenarios.

Rarely is the focus of the PBL scenario on patients and their experience. Patient-

centered care includes social concerns as key components of the medical encounter rather than being technology-centered, doctor-centered, hospital-centered, or disease-centered. PBL patients are typically devices designed to teach biomedical information. However, even though there is a character in every PBL case, the character or patient is frequently removed from the clinical encounter and replaced by a list of symptoms.

By eliminating the patient from the PBL encounter, it considers the patient as unimportant or even negligible, the author suggests. The author further concludes

that if we really are committed to patient-centered care, then being thoughtful about the role of patients is essential. To facilitate student adeptness at caring for patients, in addition to gathering relevant biomedical information, it is essential they listen to patient stories, placing them in larger social contexts. It is concluded that they then must also be fluent in language that is other than biomedicine.

(MacLeod A. Six ways problem-based learning cases can sabotage patient-centered medical education. Academic Medicine. 86 (7);818-825;2011.)



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