

THE PROBLEM WITH THE THREE YEAR MEDICAL SCHOOL

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Objectives

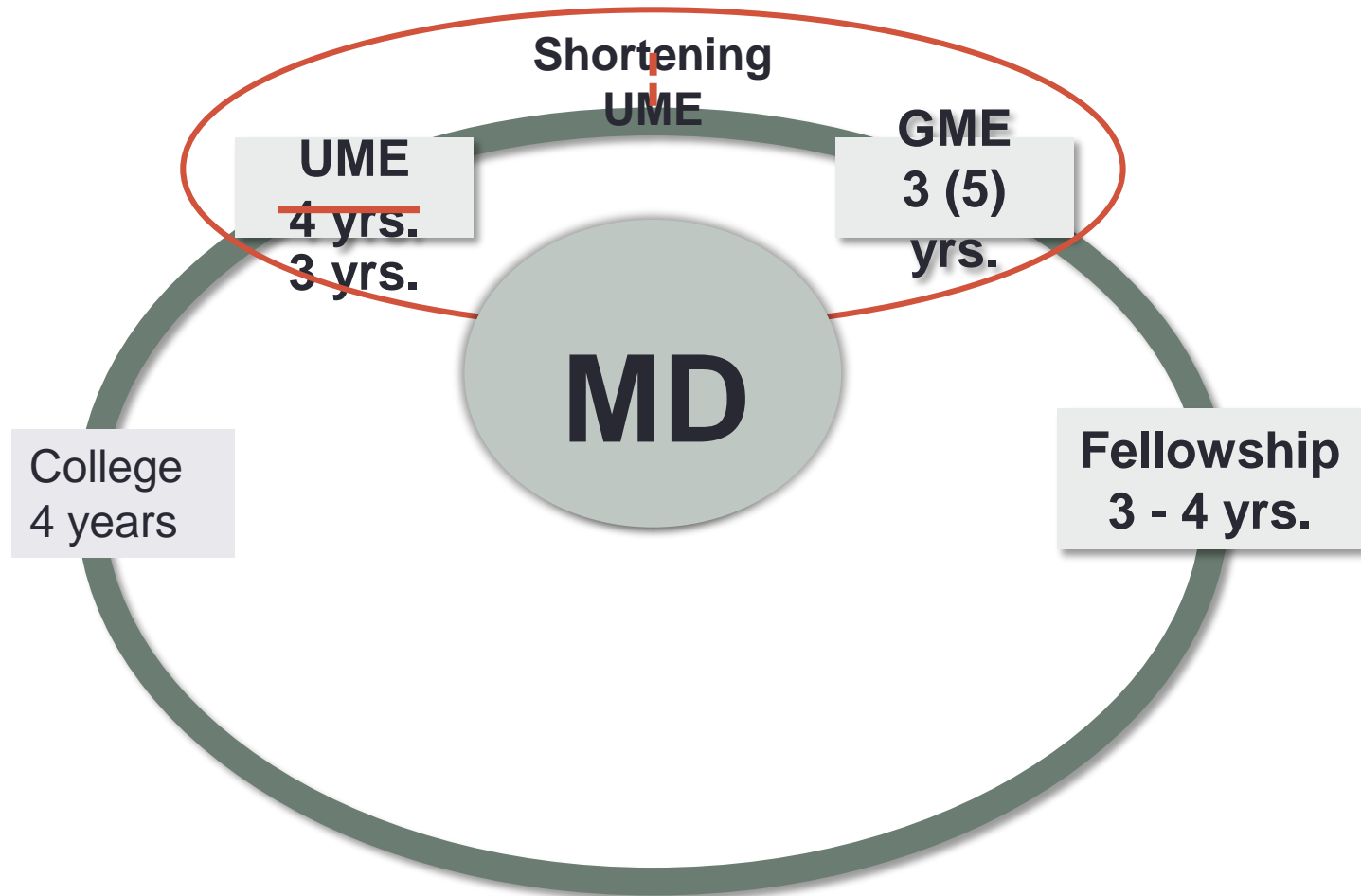
- 1-Detail the current models of UME
- 2- Describe the basis for the historic failure of 3 year medical schools
- 3- Develop a model for enhanced UME

What is possible in UME

- WW II- 2 years of Medical School then a tour of the front lines



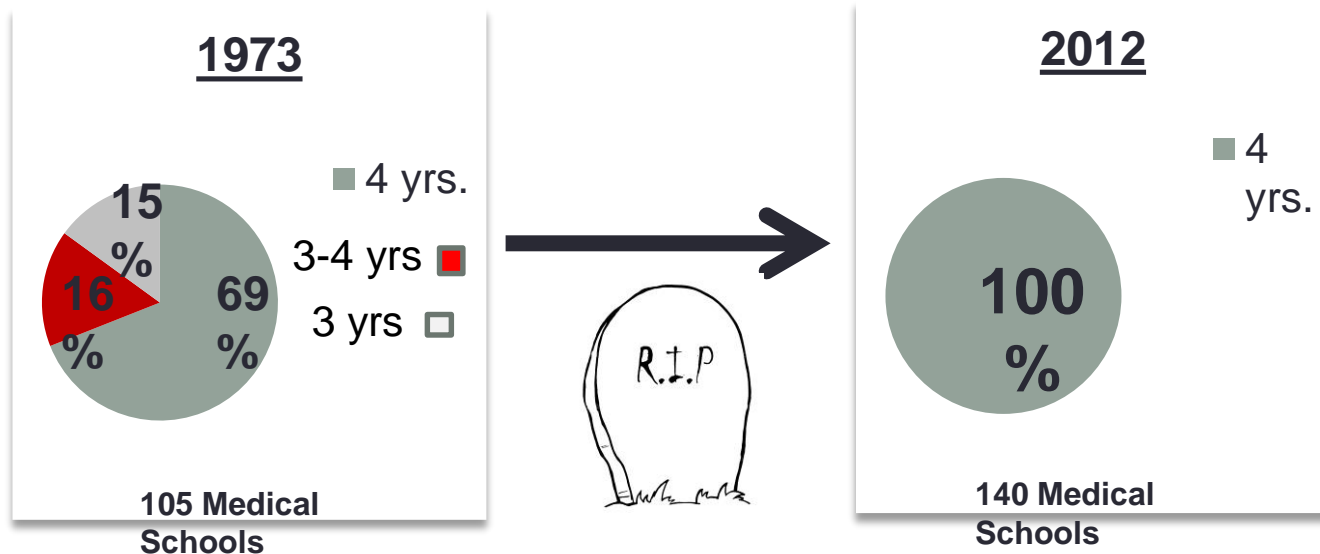
Current and Proposed State of Medical Education



History May Not Repeat But It Rhymes

Shortening UME: 1970's

3-Year Medical Schools



◆ **3-Year Curriculum**

- No summers, no vacations
or
- Reduced required content dependent upon student needs/interest

◆ **4-Year Curriculum**

- Core basic science
- Core clerkships
- Electives/selectives in basic and clinical science

Arizona's 3-Year Curriculum Postmortem

Arizona's Three-Year Medical Curriculum: A Postmortem

*Louis J. Kettel, M.D., Sarah M. Dinham, Ph.D.,
George W. Drach, M.D., and Robert A. Barbee, M.D.*

Abstract—The College of Medicine at the University of Arizona was among many medical schools instituting a course of study leading to graduation in three years. Students and faculty found the three-year program to be an unsatisfactory educational experience. Among the major problems were excessive intensity of classroom work, insufficient vacation time, and inadequate time to teach important basic science material. Objective measures of student performance demonstrated no differences between graduates of the new program and students graduating from a traditional four-year curriculum. A process of curriculum review involving students, faculty, and administrators ultimately resulted in several curricular improvements and establishment of a new four-year program.

The faculty of the College of Medicine at the University of Arizona recently abolished its three-year curriculum and instituted a new four-year curriculum as the standard program of study leading to the M.D. degree. In this presentation the authors analyze the change process by reviewing the pressures and incentives leading to a three-year curriculum, the implementation and results of that curriculum, the recent pressures to return to a longer program of study, and the process of

changing to the newly adopted four-year curriculum.

Influencing Factors

In 1970 an administration-appointed faculty committee reviewed the four-year curriculum initiated with the first class to enter the school in 1967. The group studied educational principles and identified a number of factors to consider in planning an undergraduate medical education program, among which was an effort to make traditional four-year medical curricula more flexible by incorporating additional elective time. Another factor, gaining attention throughout the country, was the changing character of the internship. The totally elective fourth year was coming to be seen as a duplication of the internship, and, in fact, a few schools were waiving the elective fourth year in lieu of satisfactory completion of a "rotating" internship.

The study of educational principles suggested that students might best be allowed

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Program in place 1972-1976

- Faculty discontent
- Students unhappy
 - "There is virtually no time to do anything but study."
- Lack of free time in curriculum
- But...
 - No change in NBME scores
 - Competence equal to previous 4 year students

Student satisfaction- ~50% said they would not do it again (AMA survey)- unlike Canadian experience

UME: 21st Century Issues

- Issues being raised in 2012 are no different than issues raised 47 years ago:
 1. ACA (2014) – Will result in 30 million more insured individuals
 2. AAMC predicts severe workforce shortage
 - 90,000 physician shortage in 2020
 - 130,000 physician shortage in 2025
 3. New medical schools being opened
 4. Call for increasing class size of existing schools by 30% by 2016
 5. Call for producing more primary care physicians
 6. Call for shortening medical training (UME?), to increase physician workforce and decrease their educational costs
- What is different about 2012, compared to 1976?

Some “theoretical” obstacles to three years of UME

- 1- Many students just not ready/mature for such acceleration of UME
- 2- Career choices are often not firm by year 2- difficult to ask students who are taking on huge debt to not have the chance to explore career options
- 3- Specialties are increasingly calling for more specific preparation for selected careers- See Surgery issuing edict for preparation courses.

What do students think about the current
4th Year?

Student Perception of the 4th Year of Med School



2012 Medical School Graduation Questionnaire

17. Indicate whether you agree or disagree with the following statements (Scale: 1=Strongly Disagree to 5=Strongly Agree):(Continued)

| | | Ratings | | | | | Mean | Count |
|--|------|-------------------|----------|---------|-------|----------------|------|--------|
| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| The final year was <u>helpful in my preparation for residency.</u> | | | | | | | | |
| All Schools | 2008 | 1.8 | 4.7 | 9.9 | 51.0 | 32.6 | 4.1 | 13,226 |
| All Schools | 2009 | 2.5 | 6.8 | 14.6 | 47.7 | 28.3 | 3.9 | 13,082 |
| All Schools | 2010 | 2.5 | 6.5 | 14.7 | 47.9 | 28.3 | 3.9 | 13,233 |
| All Schools | 2011 | 2.3 | 4.9 | 13.0 | 47.5 | 32.3 | 4.0 | 12,207 |
| All Schools | 2012 | 2.4 | 4.5 | 12.6 | 45.6 | 35.0 | 4.1 | 12,333 |

80%

| | | | | | | | | |
|--|------|-----|-----|------|------|------|-----|--------|
| The final year was <u>important for enhancing my clinical education.</u> | | | | | | | | |
| All Schools | 2008 | 1.9 | 5.3 | 8.9 | 47.4 | 36.5 | 4.1 | 13,228 |
| All Schools | 2009 | 2.2 | 5.1 | 13.2 | 46.3 | 33.3 | 4.0 | 13,082 |
| All Schools | 2010 | 2.2 | 5.0 | 12.8 | 46.3 | 33.7 | 4.0 | 13,228 |
| All Schools | 2011 | 2.7 | 7.0 | 14.9 | 48.5 | 26.9 | 3.9 | 12,272 |
| All Schools | 2012 | 2.7 | 6.8 | 14.3 | 47.2 | 28.9 | 3.9 | 12,409 |

75%

What Do Residency Program Directors
Think of the Current Crop of PGY1
Trainees?

Results of A Survey of 30 PD's –Matched by UCSF Students

| <u>ACGME core competency</u> | <u>Common struggle of interns</u> | <u>Program directors reporting struggle</u> |
|---|--|---|
| Practice-based learning and improvement | Self-reflection and improvement | 40 % |
| Patient care | Organization Application of knowledge | 33% |
| Professionalism | Responsibility and reliability | 30% |
| Medical knowledge | Fund of knowledge | 27 % |

“PDs deemed the fourth year to have a critical role in the curriculum. There was consensus about expected fourth-year competencies and the common clinical experiences that best prepare students for residency training. These findings support using the fourth year to transition students to graduate medical training and highlight areas for curricular innovation.”

Pamela Lyss-Lerman, MD et al Acad Med. 2009; 84:823–829.

What Should Be Done

- Strengthen the 4th Year
 - Required Sub-Internships
 - Intensive Preparation for PGY-1 when career choices are made
 - “Boot Camps”
 - Research Opportunities
 - Time for assessment of potential training sites
 - Encourage medical students to get supplementary training
 - Public Health
 - Tools of epidemiology
 - Training in ethics

- Consider fast track programs for appropriate students.