

THE PROBLEM WITH THE THREE YEAR MEDICAL SCHOOL

Stanley Goldfarb, MD
Associate Dean for Curriculum
Perleman School of Medicine at the
University of Pennsylvania

Objectives

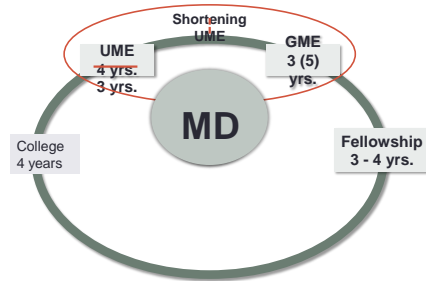
- 1- Detail the current models of UME
- 2- Describe the basis for the historic failure of 3 year medical schools
- 3- Develop a model for enhanced UME

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



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		
<u>The final year was helpful in my preparation for residency.</u>							
All Schools	2008	4.8	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	32.1	4.0 12,207
All Schools	2012	2.4	4.5	12.6	45.6	33.0	4.1 12,133

80%

<u>The final year was 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	45.5	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

ACGME core competency	Common struggle of interns	Program directors reporting struggle
Practice-based learning and improvement	Self-reflection and improvement	40 %
Patient care	Organization	33%
	Application of knowledge	
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.