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

What is possible in UME
• WW II- 2 years of Medical School then a tour of the front lines

History May Not Repeat But It Rhymes

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.

Student Perception of the 4th Year of Med School

What do students think about the current 4th Year?

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80%

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75%

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

- ACGME core competency
  - Practice-based learning and improvement: Self-reflection and improvement 49%
  - Patient care: Organization 33%
  - Professionalism: Responsibility and reliability 30%
- Medical knowledge: Function 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.*

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.