Nova Southeastern University
College of Osteopathic Medicine

MEDICAL EDUCATION DIGEST

Volume 16, Number 2 • Medical Education Highlights for Primary Health Care • March/April 2014

Option to Finish Medical School in Three Years Gains Acceptance

New York University School of Medicine (NYU) initiated a program that reduced medical school by one year. It attracted a 30-year-old Ph.D. neuroscientist and allowed him to start medical school and enter a guaranteed neurosurgery residency while saving about $70,000 in tuition and living expenses.

With the combined cost of tuition and fees for first-year medical students now ranging from $12,000 to more than $82,000, finishing medical school in three years is attracting attention from students. In 2012, an article in the *Journal of the American Medical Association* authored by University of Pennsylvania's Ezekiel Emanuel, M.D., Ph.D.,vice provost and Stanford University economist Victor Fuchs, stated that medical schools could eliminate a year without adversely affecting academic performance, affecting patient care, or eroding clinical skills.

That same year, the Carnegie Foundation recommended consideration of such a fast track. Currently just less than a dozen schools are offering or considering a three-year program, some eliminating electives, offering summer classes, and providing provisional guarantees for a residency. Columbia University is offering a fast track M.D. for applicants holding a doctorate.

The chief academic officer of the Association of American Medical Colleges and former dean of West Virginia University medical school, John Prescott, says that the current three-year programs are well designed experiments providing models for preparing students in the most cost-effective way, but he does not think that they will supplant conventional four-year models.

Steven Abramson, vice dean of NYU's medical school, indicated that he expects three-year programs to multiply over the next five years. He believes these programs are especially suited for highly qualified older students. Only students who are in the upper half of the class will be permitted to remain in the program while others will switch to the four-year track. Steven Berk, dean of Texas Tech University medical school said concerns that three-year program students will not perform as well as their four-year counterparts have not been validated.

(*Boodman SG. Some medical schools shaving off a year of training. KHN Kaiser Health. Medscape. January 15, 2014*).

Number of D.O. Students Selecting Primary Care Increases

This year, the largest percentage of osteopathic medical students and recent graduates will enter family medicine residency programs. It was reported that of the 2,064 who matched in 2014, 25 percent, or 519, will enter that specialty, up from 10 percent or 472, who selected family medicine last year.

These numbers could increase when students who did not match February 10 enter the scramble, an electronic post-match tool. In addition, more than one half of D.O. students are entering primary care, when accounting for those who selected internal medicine, pediatrics, and obstetrics/gynecology.

The greatest increase was in pediatrics which had 33 percent more placements than last year. This growth occurs as the need for primary care specialties continues to escalate in the United States, reports the American Osteopathic Association (AOA). Norman Vin, D.O., M.B.A., FACOFP, AOA president, indicated that it is encouraging to see a steady increase in the number of recent graduates going into primary care.

(Landen R. Osteopathic students opt for primary care in growing numbers. The Healthcare Business Blog-Vital Sign. Modern Healthcare. February 13, 2014).

Increased Medical School Expansion Won't Solve Primary Care Shortage

Even though allopathic and osteopathic medical schools have undergone considerable expansion in numbers and enrollment, no one is overseeing this expansion, said Andrew Bazemore, M.D., M.P.H., director of the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. Medical student interest in primary care and, therefore, the output of primary care physicians has been declining. Although 63 percent of medical students attend medical school and residency programs in their home states, only 39 percent of M.D. and D.O. graduates who complete an out-of-state residency return to their home states.

In addition, increasing medical school enrollment, but not having enough residency programs is not a prudent investment. Some suggestions for solutions include adopting the WWAMI program model (Washington, Wyoming, Alaska, Montana, and Idaho) so that neighboring states can share resources with a single medical school (University of Washington shares with the other WAAMI members). Prioritizing known intentions of medical school applicants and their characteristics is also conducive to selecting those who choose a primary care career. Another suggestion is to evaluate the success of medical schools in producing primary care physicians by tracking graduates over five years.

(Porter S. Building more medical schools won't solve patient access issues. Annals of Family Medicine, Inc. January 23, 2014, online edition).

Residency Work-Hour Reduction Information Reveals Varied Impact on Patient Safety

It is still unclear whether the impact of the 2011 reforms on patient safety that reduced the number of hours residents could work resulted in any improvement. In July 2011, the Accreditation Council for Graduate Medical Education (ACGME) increased supervision requirements and limited continuous work hours for first-year residents. The reason for the new requirement was to improve both patient safety and education at academic medical centers.

National resident and program director surveys did not indicate improvements in education or quality of life, but a single study showed improvement in clinical exposure and conference attendance. National studies, however, have shown a varying impact on patient safety and quality of care.

A 2008 report from the Institute on Medicine concluded that improving patient safety will require significant investment by program directors, hospitals, and the public to keep resident caseloads manageable. It also addressed the need to ensure academic supervision of first-year residents, to train them on safe handoffs in care, as well as to conduct ongoing patient-safety evaluations.

In the first-year of the 2011 work-reform program, Johns Hopkins University School of Medicine retrospectively examined patient data from July 1, 2008, and June 30, 2002, on discharges from the general medicine service. The study concluded there was no change in ICU admission, inpatient mortality, 30-day readmission rates, length of stay, or hospital-acquired conditions.

(Block L, Jarlenski M, Wu AW, Feldman L, Conigliaro J, Swann J, Desai SV. Inpatient safety outcomes following the 2011 residency work reform. Journal of Hospital Medicine. doi:10.1002/jhm.271; February 24, 2014).

Mini-Medical School Study Examines Interest of West Virginia High School Students

With the goal of attracting high school students in rural West Virginia to seek careers as rural primary care physicians, the West Virginia School of Osteopathic Medicine (WVSOM) created a High School Mini-Medical School. The school performed a study to see if such an effort would change high school students' perceptions and inspire them to consider a career in medicine.

The study included 80 students from both rural and urban/suburban West Virginia high schools. The student volunteers—sophomores to seniors—attended a daylong mini-medical school program at the Lewisburg campus of WVSOM and had been recognized by a faculty member from their school as having an interest in science.

Before and after the program, students completed a 10-item survey. The mini-medical school program included a simulated emergency department case, led by four first- and second-year osteopathic medical students. Of those who attended, 69 participants—86.3 percent—completed both surveys. The investigators believed that mini-medical schools could be an effective way of recruiting students from rural communities, leading to the creation of future rural providers.

Investigators concluded it is essential to increase the enrollment of rural students in medical school to solve the extreme shortage of physicians in rural areas.

(Kaye KE, Berns AL, Cress LR, Nazar AM. Mini-medical school programs are an effective tool to introduce students to osteopathic medicine The Journal of the American Osteopathic Association. 114(2);109-112; February 2014).

Increase in Geriatric Workforce Needed for Long-Term Care

Since 1978, geriatric medicine has been identified as a special body of knowledge focusing on the complex medical problems of multiple chronic diseases and concurrent acute problems that occur with greater frequency in patients of advanced age.

A survey conducted at Texas A&M Health Science Center concluded that medical student recruitment could include the promotion of the positive aspects of geriatric study and addressed an aspect of the impending crisis in long-term care: the shortage of geriatricians qualified to address the complex care issues of the growing number of nursing home residents. Physicians were interviewed who were geriatricians certified in family medicine or internal medicine.

The survey included

- background and training
- positions held
- why geriatrics was selected
- why nursing home was selected as a work place
- opinion on geriatrics in the U.S.
- opinion on why students do not choose geriatrics
- advice to students considering geriatrics

Reasons medical students do not choose geriatric medicine included

- not an exciting area
- disproportionate reimbursement
- poor quality of life and lack of role model
- generation gap (lack of contact with older people)

Reasons not to work in nursing homes included feeling there was no hope for residents, there was not a supportive working environment, the administrative work was burdensome, and an inappropriate income.

Reasons to choose a job in geriatric medicine included high job satisfaction and low rates of malpractice. Investigators believe attracting physicians to work at nursing homes should include a multiple/professional approach and flexible duty hours.

(Lee WC, Dooley KE, Ory MG, Sumaya CV. Meeting the geriatric workforce shortage for long-term care: opinions from the field. Gerontology & Geriatrics Education. 34:354-371; 2013).

Ophthalmology Education Continues to Decline in Medical Schools

The Association of University Professors of Ophthalmology (AUPO) conducted a survey of the 135 member schools as well as the 40 allopathic medical schools not affiliated with AUPO and 30 osteopathic medical schools.

Of the 135 AUPO member institutions, 113 had functioning ophthalmology departments or divisions associated with medical schools with preclinical ophthalmology nearly universal. Focus was on ophthalmoscopy during the first two years of medical school. Only 18 percent—or 20—of the schools required clinical rotations in ophthalmology, but only 14 required a week or more.

All the institutions had an elective rotation. Of the osteopathic medical schools the 15—or 50 percent—which responded indicated that 13 schools, or 87 percent, required preclinical exposure in the first two years that ranged from 0 to 20 hours. While none required a clinical rotation, all offered a clinical elective. The senior author of the survey, Evan Waxman, M.D., Ph.D., was disappointed in that in over 80 percent of medical school graduates, none received hands on experience in ophthalmology.

John Lowenstein, M.D., who is vice chair for education in ophthalmology at Harvard University and associate chief of ophthalmology at Massachusetts Eye and Ear Institute, said ophthalmologists tend to isolate themselves having their own institutes and don't interact with other physicians. He said ophthalmologists need to publish in primary care and other journals rather than only in ophthalmology specialty journals.

(Shah M. Ophthalmology education in medical school continues to decline. Ophthalmology; February 10, 2014, online edition).

The Medical Education Digest is published bimonthly through the NSU-COM Office of Education, Planning, and Research.

Editor
Leonard Levy, D.P.M., M.P.H., Associate Dean

Editing
NSU-COM Office of Medical Communications and Public Relations

Graphic Design
Brandee Evans

ACCREDITATION AND NONDISCRIMINATION

Nova Southeastern University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate's, baccalaureate, master's, educational specialist, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Nova Southeastern University.

Nova Southeastern University admits students of any race, color, sex, age, nondisqualifying disability, religion or creed, sexual orientation, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

College of Osteopathic Medicine

3200 South University Drive
4th Floor, Room 1495
(954) 262-1469
Fort Lauderdale, FL 33328-2018

http://medicine.nova.edu