Medical Education Digest, Vol. 15 No. 3 (May/June 2013)

Nova Southeastern University

Follow this and additional works at: https://nsuworks.nova.edu/hpd_com_med

Part of the Osteopathic Medicine and Osteopathy Commons

NSUWorks Citation
Nova Southeastern University, "Medical Education Digest, Vol. 15 No. 3 (May/June 2013)" (2013). Medical Education Digest. 9.
https://nsuworks.nova.edu/hpd_com_med/9

This Magazine is brought to you for free and open access by the College of Osteopathic Medicine at NSUWorks. It has been accepted for inclusion in Medical Education Digest by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.
Aging Population Raises Demand for D.O.s

While 13 percent of Americans are now aged 65 and over, by 2050 this number will increase to 20 percent. An Institute of Medicine report indicates that 26 percent of all physician office visits and 47 percent of hospital visits are now made by this segment of the population, signaling that a higher proportion of the nation’s health resources will be devoted to older adults. This demographic phenomenon will be a challenge for osteopathic medicine and already is being addressed by osteopathic medical schools. The care of this group cannot be relegated only to geriatric specialists; it is the responsibility of all physicians and other health professionals.

Students Taking Mt. Sinai’s Alternative Premed Program Match Traditional Performance

For 25 years, half of all students entering Mt. Sinai’s Icahn School of Medicine completed an early assurance alternative to the traditional premedical track. In existence since 1987, those in this track do not take the MCAT, nor did they take the traditional premed science preparation. Called HuMed students, they attend an eight-week summer program at Mount Sinai after their junior year in college and are exposed to clinically relevant organic chemistry, physics, and clinical rotations. In addition, they attend a six-week prematriculation summer enrichment program that includes basic concepts of biochemistry, molecular biology, and anatomy.

When compared to students in traditional programs, HuMed students performed equally as well. They received similar clerkship honors, were selected to honor societies, and participated in scholarly year research. There were no differences in the proportion who failed courses, repeated a year, withdrew, or who were dismissed from medical school. Of the HuMed students, 45 percent have been ranked in the top 25 percent of the past six graduating classes.

Beginning this year, half of each class will be recruited in its sophomore year from all undergraduate majors in an early assurance program offering the students acceptance by the following summer. The applicants will be required to complete a year of chemistry or biology before applying. After being accepted, they will take two semesters of biology and two of chemistry as well as one in physics.

In addition, they also will complete a semester each of ethics, statistics, health policy, public health or global health, and two semesters of any science lab. Students are encouraged to acquire a proficiency in Spanish or Mandarin. Those admitted must earn a B in all required courses and maintain a 3.5 GPA but will not have to take the MCAT. They will also complete a senior thesis or equivalent and be encouraged to take time off for scholarly pursuits.

(Muller D. Reforming premedical education: out with the old, in with the new. New England Journal of Medicine; April 10, 2013.)
This creates a need for team-based training in the health care required by older adults. Health care for the older U.S. population will require:
- prevention and disease maintenance
- care by a diverse health care workforce reflecting the population
- interprofessionally educated, team-based health care practice
- physicians and other health care professionals trained in geriatrics and in chronic disease management
- a health care system and medical education that address the growing older population

Osteopathic manipulative medicine (OMM) can contribute to the management of musculoskeletal and other conditions to improve function and alleviate pain as well as contribute to the diagnosis and treatment of the older population. Osteopathic physician education must increase the development of competencies in managing care for older adults. This should include competencies that identify posture and gait abnormalities, contraindications and adverse effects of OMM, the use of OMM as a non-pharmaceutical treatment, positional modifications of the physical examination and of OMM in the elderly, and evaluate and treat somatic dysfunctions limiting range of motion and activities of daily living.

(Shannon SC. A rising tide of older patients: preparing future D.O.s. Journal of the American Osteopathic Association (113) 4:262-264; April 1, 2013.)

Experiences with medical errors have been reported by 78 percent of fourth-year medical students and 98 percent of residents. A review of the findings included initiatives that taught learners how to disclose medical errors. This included errors of omission and commission as well as adverse events. Physicians-in-training also have indicated they want additional preparation for their future error encounters.

Reasons that physicians-in-training do not disclose medical error include:
- fear of litigation
- discomfort with the patient’s or their own emotional response
- uncertainty about how to proceed with the error disclosure process
- faculty not adequately prepared to disclose errors and cannot support trainees

Statistics show that trainees with prior instruction have reported greater confidence in their error disclosure abilities. While curricula exists at the undergraduate and graduate medical education level to improve a learner’s knowledge, skills, and attitudes, greater emphasis is needed on more rigorous assessment of skills acquisition and changes in workplace-based behavior to determine whether formal training leads to long-term effects on learner outcomes and practices.


The revised MCAT will be the first such modification since 1991. Changes to the test, including sections on the social and behavioral sciences, as well as critical thinking, will influence the premedical curriculum. It has been noted that MCAT total scores and undergraduate GPA combined to create a good predictor of unimpeded progress. However, the processes used in the current approach to medical school admission cannot determine whether they are fostering the best future physician. Students are often filtered out of the admissions process strictly because of their performance on the MCAT.

Could they have contributed to the health care system if they were admitted to medical school? Is the current approach to premedical education the right one? Lewis Thomas in The Medusa and the Snail called for the complete elimination of the concept of the premedical curriculum and indicated his concerns about its negative impact on an individual’s development and on the educational environment. Others have complained that much of the physical sciences education included in the premedical curriculum was wasteful and should be eliminated.

A question that needs to be asked is whether the new MCAT will help not only to identify those who will pass medical school courses and national boards but also help to select a workforce that meets the needs of our population and changing delivery system. Will we identify future physicians who will want to serve diverse communities in rural and urban areas and function as part of interprofessional teams? Will the elimination of the Writing Sample lead to a decreased emphasis on written communication skills and higher-level thinking and expression? Without a clear vision of the intended goals of medical education, we may be bogged down resisting change.

(Sklar DP. Preparation for medical school: reflections on the MCAT exam, premedical education, and the medical school academic process. Academic Medicine. 88(5):1-5; May 2013.)
Fifteen M.D. Medical Schools in Different Stages of Development

As of February 13, the Liaison Committee on Medical Education listed 15 allopathic medical schools in various stages of development.

Three with provisional accreditation:
Charles Schmidt College of Medicine at Florida Atlantic University in Boca Raton, Florida
The Commonwealth Medical College in Scranton, Pennsylvania
Virginia Tech Carilion School of Medicine in Roanoke, Virginia

Preliminary accreditation has been granted to eight schools:
University of Arizona College of Medicine in Phoenix, Arizona
University of California, Riverside School of Medicine in Riverside, California
Frank H. Netter, M.D. School of Medicine at Quinnipiac University in North Haven, Connecticut
Central Michigan State University School of Medicine in Mount Pleasant, Michigan
Oakland University William Beaumont School of Medicine in Rochester, Michigan
Western Michigan University School of Medicine in Kalamazoo, Michigan
Cooper Medical School of Rowan University in Camden, New Jersey
Hofstra North Shore-LIJ School of Medicine at Hofstra University in Hempstead, New York

The three applicant medical schools are as follows:
California Northstate University College of Medicine in Rancho Cordova, California
Palm Beach Medical College in Palm Beach, Florida
King School of Medicine and Health Science Center in Abingdon, Virginia

Applicant medical schools do not yet have any accreditation and, therefore, may not recruit or advertise for applications. Schools with Provisional and Preliminary Accreditation are permitted to recruit applicants and accept applications for enrollment.

(LCME. Liaison Committee on Medical Education. Developing Medical School Programs. February 13, 2013.)
A number of medical schools are experimenting with shorter medical school programs, reducing the time to acquire a medical degree from four to three years. About 70 percent of those who participated in a Kaplan Test Prep survey indicated they would more likely attend a three-year rather than four-year medical school. By 2020, the Association of American Medical Colleges has forecast a shortage of 90,000 physicians.

Three medical schools have announced a three-year family medicine track, namely Mercer University School of Medicine in Savannah, Georgia, Texas Tech School of Medicine in Lubbock, Texas, and New York University (NYU) in New York City, New York. NYU also will have such a track for internal medicine, pediatrics, and obstetrics and gynecology.

Compounding this situation is the 32 million people who will be newly insured by the Affordable Care Act. In addition, there is a looming nursing shortage with estimates by the Department of Labor that there will be a 26 percent increase in nursing positions in just seven years. Although telemedicine will be a useful tool, especially for rural and some urban communities, it may not be able to replace the need for physicians as well as nurses.

(Baum S. Shorter medical school programs spark interest among pre-meds as option to address primary care M.D. shortage. MEDCity News; February 20, 2013.)
Continuing Medical Education Credit Form

One (1) hour of continuing medical education credit may be obtained by reading the Medical Education Digest and completing the following evaluation that is being used to assess the reader’s understanding of the content. Please circle the answers you believe to be correct for all four questions located on this two-sided form. To acquire CME credit, physicians must mail, fax, or deliver the form (also available online at http://medicine.nova.edu), including both the completed quiz and evaluation form by June 15, 2013 to: Office of Education, Planning, and Research, Nova Southeastern University College of Osteopathic Medicine, 3200 South University Drive, Fort Lauderdale, Florida 33328. Email: lspeiser@nova.edu; Fax: (954) 262-3536. Please complete and return the evaluation form attached on the reverse side by fax or email.

AOA or AMA No. ___________________________ Print Full Name ___________________________

The correct answers will be published in the next issue of the Medical Education Digest.

1. Prerequisites for entrance into the HuMed Program of Mount Sinai’s Icahn School of Medicine include:
   a. High MCAT scores in each of its sections
   b. Grades in the premedical sciences at the top 10 percent level
   c. Required biomedical informatics courses
   d. Required courses in such areas as ethics, statistics, and public health

2. According to the Institute of Medicine, the percent of total office visits made to physicians by those aged 65 years and older is:
   a. 5 percent
   b. 13 percent
   c. 19 percent
   d. 26 percent

3. The new MCAT examination will include sections in all of the following except:
   a. Writing Sample
   b. Social Sciences
   c. Behavioral Sciences
   d. Critical Thinking

4. Which of the following statements is true regarding LCME-accredited medical schools?
   a. Applicant medical schools may advertise but not recruit medical students
   b. Medical schools with provisional approval may not accept applicants for enrollment
   c. Medical schools with preliminary approval may accept and enroll applicants
   d. Only schools with full accreditation may recruit and enroll students

Answers to the March/April 2013 CME questions: 1. (d) 2. (b) 3. (c) 4. (a)

Target Audience and Objectives
The target audience includes physicians who have faculty appointments at a medical school or who train residents and fellows in hospital-based environments. It also is for non-physician faculty members who have the responsibility for teaching medical students and others who seek education in the continuum of medical education (e.g., residency, continuing education). Also, since residents are typically responsible during their training to train medical students, they too are part of the audience to which the Medical Education Digest is directed.

• To provide an overview from the world literature of medical education knowledge, concepts, and skills of contemporary, new, and innovative ways to facilitate learning among medical students, residents, and practicing physicians
• To identify sources of information regarding the medical education process
• To create curiosity among those responsible for the medical education process to read in depth some of those articles that are summarized in the Medical Education Digest.
Evaluation Form
Medical Education Digest

In a continuing effort to fulfill your professional interests and to improve the educational quality of continuing education, please complete this form. Please darken bubble ©

1) Your field / degree:  © MD  © DO/AOA # ____________________________
   
   Strongly Agree  Agree  Neither Agree Nor Disagree  Disagree  Strongly Disagree
   
   2) Reading this issue of Medical Education Digest has influenced the way that I will treat future patients.
   ©  ©  ©  ©  ©
   
   3) The contents of this issue will be useful in my practice.
   ©  ©  ©  ©  ©
   
   4) Was disclosure of commercial relationships made?
   © Yes  © No
   
   5) Were off-label products described?
   © Yes  © No
   
   6) Did you perceive any inappropriate commercial bias or influence?
   © Yes  © No
   
   7) What is the best way to contact you in reference to future articles?
   © Phone  © Email  © Correspondence  © Other ____________________________
   
   If you desire credit, please complete the areas below:

I have read this issue, approved for 1 hour of AMA-PRA category 1 credit & AOA category 1-B credit.

_________________________   __________________________
Signature                   Date

PLEASE PRINT THE FOLLOWING:
Name: ______________________  Tel: ____________________  Fax: ____________________
Mailing Address: ______________________  Email address: ____________________

Accreditation Statements

ACCME
Nova Southeastern University Health Professions Division is accredited by the ACCME to provide medical education for physicians. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through Nova Southeastern University Health Professions Division. Nova Southeastern University Health Professions Division designates this educational activity for a maximum of one (1) hour towards the AMA Physician’s Recognition Award Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AOA
Nova Southeastern University College of Osteopathic Medicine is an accredited Category 1 sponsor of the American Osteopathic Association. One (1) hour of continuing medical education credit in Category 1-B is being offered through the American Osteopathic Association for this program.

Grievance Policy
Complaints should be submitted in writing to the Department of Continuing Medical Education, Nova Southeastern University Health Professions Division, Terry Building, 3200 S. University Drive, Room 1459, Fort Lauderdale, FL 33328.