Medical Education Program Highlights

The educational program of Morehouse School of Medicine (MSM) is constructed in alignment with MSM’s mission priorities of workforce diversity, primary care, and underserved populations. From the start of orientation, strong student–student and student–faculty interactions are fostered through learning communities as key elements of the curriculum. Strong academic achievement for the academically diverse student body is assured through high expectations and high support. This support is intrinsic in the curricular structure as well as cocurricular supports including peer tutors and in-course enrichment (ICE). Student engagement with the communities we serve is supported through the service-learning course in community health that occurs longitudinally across the first year. In this course, student-led teams assess a community, develop and implement an intervention, measure and assess the outcomes, and report on the findings. Guided by mission, MSM has been recognized as successful in achieving social mission.

Curriculum

Curriculum description

The MSM curriculum is a traditional 2-year preclerkship phase and 2-year clerkship/clinical phase. The first year is integrated into organ systems with 2 longitudinal courses: Community Health, a service-learning course, and Fundamentals of Medicine 1, a multidisciplinary clinical skills and health systems science course. The second year is a longitudinal discipline-based structure with organ systems–based coordination of topics across courses. There are 6 required clerkships: medicine (with neurology) (12 weeks), psychiatry (6 weeks), family medicine–rural health (6 weeks), pediatrics (8 weeks), surgery (8 weeks), and obstetrics–gynecology (8 weeks). In the fourth year, there is a required selective (subinternship format) and six 4-week electives.


Curriculum changes since 2010

The integration of the first-year curriculum was done in 2010. To deal with the known phenomenon of some students failing exams early in medical school as they become accustomed to the pace and rigor, we developed and implemented an expanded and global program of student exam performance monitoring aligned with a program of ICE. All students have access to near-peer tutoring and faculty support. Those students who fail more than one exam are supported through ICE, which is a structured program of assessment, academic counseling, and academic skills coaching. This has resulted in a higher student success rate in the first-year curriculum.

Since 2010, there has also been some shifting of rotation time to include neurology content in the medicine rotation. The required subinternship was also introduced.

We are now in a phase of integrating year 2. MSM has a known track record of success for academically diverse students. Often, this involves an extended educational program to allow time for mastery of key content. Before integration of year 1, this was accomplished by spreading the 2-year curriculum of longitudinal courses across 3 years. Currently, the 5-year track is done by splitting year 2 courses: having students complete Fundamentals of Medicine 2, Microbiology, Nutrition, and Pharmacology courses in the first year (year 2 of matriculation) and Pathology and Pathophysiology courses in the second (year 3 of matriculation). This 5-year pathway is mandated for those with passing averages for the integrated curriculum, of 72 or below. We intend to continue the option of a 3-year preclerkship pathway and are developing the details.

Class size changes since 2010

Aligned with national priorities and the MSM strategic plan, MSM increased the entering class size from 56 students in 2011–2012 to 100 in 2017–2018. This was achieved through increments of 6–8 students per year over this time frame to allow for sequential expansion of the clinical sites. This increase was supported by a comprehensive plan to increase faculty numbers, staff support, facilities, and practice sites. Over this time frame, community-based practice sites more than doubled and community faculty numbers increased about threefold. We are building toward 2 regional clinical campuses.

Student academic support services

MSM has a track record of recruiting an academically diverse student body and providing a supportive and nurturing environment that enables the students to have academic success that exceeds that associated with their entering credentials. This is in part due to curricular content and emphasis, and also due to integrated academic support services. Study strategies and skills are embedded in course work. In addition, the Office of Student Learning and Educational Resources supports learners who face challenges in mastering key concepts. Through the ICE paradigm, students are guided in self-assessment and in using the available supports, including (free) peer tutoring, faculty-led sessions, and other supports.
The MSM learning objectives are regularly reviewed and are aligned with course learning objectives. See Table 1—Learning Objectives and Evaluation Methods.

In 2017, we realigned our standard clinical evaluation approach and expanded the utilization of global skills monitoring. We have implemented and expanded parallel programs in the form of shared degree programs with partner institutions. We have an MD–PhD program with the University of Washington (UW) in Seattle (MD with MSM, PhD with UW) and an MD–MBA program with the Scheller School of Business at Georgia Tech (5-year program). We have a long-standing “honors in community service” degree that requires academic excellence, completion of service hours, and completion and presentation of a longitudinal community service project.

We have developed a 3-year track aligned with our family medicine residency. This track is to be implemented in 2021.

References