The University of Mississippi School of Medicine
Loretta Jackson-Williams, MD, PhD

Medical Education Program Highlights
- The University of Mississippi School of Medicine is located within the state's only academic medical academic center. The School of Medicine (SOM) began as a 2-year certificate program in 1903 and expanded to a 4-year educational program in 1955. Currently, only Mississippi residents are accepted for the program to encourage the continued growth in the number of physicians practicing within the state.
- For a number of years, the school has focused on the creation of community for students. This concept was extended with the creation of the House Program. This program was established in 2014 as a medical school community designed to ensure that medical students are connected to campus resources and receive adequate social and academic support. First-year students are assigned to 1 of 8 “houses” with mentors and resources including the individual pairing of incoming students with an upper-class “buddy.”
- The school provides a proactive academic support program for students that is managed by the assistant dean for academic affairs. The program includes early identification of academic underperformance through the Academic Achievement Program, tutoring and academic counseling through institutional resources, and personal counseling through the Student Counseling and Wellness Center.

Curriculum
Curriculum description
- The SOM has a curriculum structure that includes some integrated courses with coordinated sequencing of topics for the remaining courses in the preclerkship phase. There are 7 required clerkships in the third year; a boot camp at the beginning of the third year and in the fourth year at a key transition point; and, finally, required fourth-year rotations for which several selectives are available.
- The curriculum is arranged so that students have an emphasis on “normal” in the first year and “abnormal” in the second year, with an introduction to clinical application and expectations during both years. The first year of the medical education program consists of biochemistry, anatomy, human development, physiology, and histology, and cell biology, along with Integrated Medical Neuroscience and Behavior I (MN&B I) and Introduction to the Medical Profession I (IMP I) courses. The second year consists of microbiology, pathology, and pharmacology, along with MN&B II and IMP II.
- In the third year of the medical education program, students are required to complete 7 clerkships: surgery, family medicine, pediatrics, internal medicine, psychiatry, obstetrics–gynecology, and clinical neuroscience. In addition, the third year requires 2 electives to allow students to explore different specialties and more ambulatory settings. For academic year 2020–2021, psychiatry, neurology, and neurosurgery have been combined for the third course/ clerkship in medical neuroscience and behavior that replaces the clinical neuroscience clerkship.
- The fourth-year requirements include a critical care selective, a procedural selective, an ambulatory selective, and a subinternship. Medical students are also required to take 14 weeks of electives in the fourth year. The fourth year of the medical education program was revised to be on a 2- or 4-week rotation schedule with the noted requirements.

Curriculum changes since 2010
- The educational program objectives that guide curriculum refinement and development have been expanded to include a deliberate focus on student attainment of skills for physician well-being and interprofessional practice.
- An integrated and longitudinal neuroscience curriculum has been developed and implemented. This includes courses for the first, second, and third years of the curriculum. The first year integrated topics from neurobiology, neurophysiology, psychiatry, and neurology. The second year integrated topics from psychiatry, neurology, neurosurgery, neuropathology, and CNS pharmacology. The third year integrated psychiatry, neurology, and neurosurgery.
- The fourth-year curriculum was redesigned to support the development, growth, and assessment of all students as early medical professionals prepared for graduate medical training.
- Clinical skills assessment and simulation were incorporated into the preclerkship curriculum.
- The focus on interprofessional education was expanded within the curriculum.
- Pain management, service learning, telehealth, and ultrasound were formally added to the curriculum with plans for longitudinal expansion of the topics.
- The class size was expanded from 110 students in 2010 to the current number of 165. To support the growth of the class size, a new SOM education building was designed and completed in 2017. The building includes 2 large lecture halls, 18 small classrooms, and 2 laboratory spaces. In addition, there is a clinical skills center, dedicated interprofessional training space, and a simulation center within the building.
Assessment

The SOM’s education program objectives were adapted from Learning Objectives for Medical Student Education, Guidelines for Medical Schools, AAMC, 1998; revised by the School of Medicine Curriculum Committee, July, 2009; updated by the School of Medicine Curriculum Committee, 2011; and reviewed and updated by the School of Medicine Curriculum Committee, January, 2018.

See Supplemental Digital Appendix 1—Medical Education Program Objectives—at http://links.lww.com/ACADMED/A824.

Parallel curriculum or tracks

There is no current parallel curriculum or track within the educational program. However, the state legislature created the Office of Mississippi Physician Workforce (OMPW) in 2012. The OMPW is charged to monitor and evaluate the composition and distribution of Mississippi’s physician workforce. Since the creation of the office, there has been growth of rural graduate education training opportunities in the state. The medical school now has an opportunity to work with these new programs to develop a rural training track that spans undergraduate and graduation medical education programs.

Pedagogy

• Teaching modalities used in the delivery of the educational programs include the following:
  ◦ Case-based learning
  ◦ Clinical experience: ambulatory
  ◦ Clinical experience: inpatient
  ◦ Discussion groups, both inpatient and outpatient
  ◦ Laboratories
  ◦ Lecture
  ◦ Peer teaching
  ◦ Preceptorships
  ◦ Role play/dramatization
  ◦ Simulation
  ◦ Standardized patients
  ◦ Team-based learning
  ◦ Video/podcast

• With the addition of the SOM education building with smaller classrooms, more small-group discussions have been implemented in the delivery of the educational program.

Clinical experiences

• The university hospitals and clinics are used for required education experiences, with the exception of the family medicine clerkship and a portion of the medicine clerkship at the Veterans Administration medical center. Family medicine uses community preceptors (which would be considered clinical affiliates) for the third-year family medicine clerkship. These preceptors are nonranked faculty members in the SOM with an appointment of clinician–educator.
• Medical students have their first clinical experiences in the first year of the clinical experience in the IMP I course.
Curricular Governance

- The responsibility for curriculum management, design, implementation, and assessment resides with the Curriculum Committee.
- The Curriculum Committee is composed of faculty, school administrators, and students and has 7 subcommittees along with a Steering Committee. The Steering Committee is chaired by the assistant dean for curriculum.
- The Office of Medical Education was established in 2015 and supports the work of the Curriculum Committee.

Education Staff

- The growth of the class size and refinements of the curriculum required the addition of several new positions to the administration of the SOM. Those positions include:
  - Assistant dean for academic affairs
  - Assistant dean for admissions
  - Assistant dean for curriculum
  - Education quality improvement director
  - Director of outreach
  - Instructional designer

See Figure 1—Snapshot facts.