Consultant's Observations on Education Curriculum

Educational Training for Medical Students

DJW noted the School of Medicine and Health Sciences (SMHS) has a tradition of educating and training primary care physicians who deliver healthcare in the state. In addition, the school has established a reputation in educating Native Americans in health sciences and creating a national resource center for rural health. DJW's additional observations related to the education curriculum and student recruitment follow.

Educational Curriculum for Medical Students

A comprehensive medical education and opportunities for students to experience training at rural sites is provided by SMHS.

DJW noted SMHS provides a comprehensive medical education and opportunities for students to experience training at rural sites. uniquely focused "Patient-Centered Learning" (PCL) curriculum, delivered exclusively on the Grand Forks campus, integrates educational experiences during the first two years. Instruction is designed around patient cases and organized into interdisciplinary blocks designed to show medical students the integration of their medical knowledge and prepare them for careers treating the whole patient. The curriculum design also emphasizes self-directed and life-long learning, ongoing teaching of clinical skills, and the continuing development of professionalism. This structure provides excellent preparation for future clinical experiences. As reported in the 2005 Association of American Medical Colleges (AAMC) Graduation Questionnaire, graduating students have consistently rated their preparation for clinical clerkships above the national figures for all basic science disciplines.

During the third year, students are distributed to sites in Fargo, Bismarck, and Grand Forks for experiences in the traditional clerkships of family medicine, pediatrics, internal medicine, obstetrics/gynecology, surgery, and psychiatry. The majority of instruction is provided by one-on-one teaching by volunteer faculty physicians who are in private practice. DJW applauds these physicians for their efforts. All clerkships include ambulatory experiences and at least one-half of the family medicine clerkship must occur in a rural community. A unique alternative third-year program is available for students who desire a rural experience. The Rural Opportunities in Medical Education (ROME) program now utilizes five rural communities in North Dakota (Devils Lake, Dickinson, Hettinger, Jamestown, and Williston). This integrated clinical experience lasts 28 weeks and substitutes for much of the more traditional clerkships except for psychiatry. Between 6 and 10 students participate in this program each year.

The fourth year of medical school is delivered on all four regional campuses including Minot. This focus on personal instruction in rural settings helps to promote interest among students in primary care and rural health. Almost 92% of graduating students in 2005 reported on the AAMC Graduation Questionnaire they were satisfied with the quality of their medical education.

Appendix C Consultant's Observations on Education Curriculum

Student Recruitment

DJW concludes SMHS admits and graduates in-state medical students at or above the national average.

DJW concludes SMHS admits and graduates in-state medical students at or above the national averages. Out-of-state students are admitted under well established, intrastate programs or through the nationally recognized Indians into Medicine (INMED) program. DJW detected no bias, for or against, the admission of students with interests in primary care and noted such expressions of disciplinary interests by prematriculated students often change in the course of their medical education.

As reported by the AAMC, during the 2005-2006 academic year, 134 residents of North Dakota applied to medical school and 54 enrolled into medical schools accredited by the Liaison Committee on Medical Education (LCME). Of the 54 students entering medical school, 41 (76%) enrolled at SMHS. This compares very favorably with the national figure of 62% of students remaining in state.

The 2006 entering class of 62 students at SMHS was selected from 264 applicants and has 66% in-state students. North Dakota has approximately 36 medical students per 100,000 population and ranks 12th in the nation; the national mean is 26.6. Out-of-state students enrolled at SMHS are selected to fill a small number of positions that have been set aside for students pre-certified by the Western Interstate Commission for Higher Education (WICHE) and for residents of Minnesota. In addition, up to seven positions are reserved for fully-qualified members of the US-recognized tribes through the Indians into Medicine (INMED) program, no matter where they reside.

DJW noted SMHS maintains several programs to promote and attract residents of the state. Two courses, Introduction to the Health Professions and Introduction to Medical Terminology, are offered online three times a year to undergraduate college and senior high school students. For the current offering there are 60 college and 20 high school students enrolled in the first course and 100 college and approximately 20 high school students in the second course. INMED program has a well deserved national reputation as a successful program for recruiting Native Americans. In addition to enhancing science education for students, recruitment includes annual visits to the schools on the 24 reservations in the regional five-state area and access to the AAMC's Medical Minority Applicant Registry (Med-MAR) list to identify and recruit applicants on a national basis. Additional programs are offered to recruit and retain accepted applicants. As a further incentive, Native American students admitted through this program are charged in-state tuition regardless of their state of residence.