

Appendix E
Medical School Information Page
University of Missouri-Columbia School of Medicine
Columbia, Missouri

Special programmatic emphases, strengths, mission/goal(s) of the medical school:

The mission of the School of Medicine is to educate physicians to provide effective patient-centered care for the people of Missouri and beyond. The faculty has identified 8 key characteristics that our graduates will have-

- Able to deliver effective patient-centered care
- Honest with high ethical standards
- Knowledgeable in biomedical sciences, evidence-based practice, and societal and cultural issues
- Critical thinkers and problem solvers
- Able to communicate with patients and others
- Able to collaborate with patients and other health care team members
- Committed to improving quality and safety
- Committed to lifelong learning and professional formation

A strong interprofessional curriculum, a student portfolio that invites reflection, and multiple opportunities for service learning and work in quality improvement support the attainment of these key characteristics.

The University of Missouri School of Medicine is a comprehensive medical school, sending graduates into all specialty and subspecialty areas. Because of a charge from the University Board of Curators, we also expect to graduate significant numbers of primary care physicians who will someday practice in rural areas of the state. The rural charge is met through a rural preadmissions program and through a special Rural Track described below. The preadmissions program selects up to 15 applicants each year who come from small rural Missouri communities and who express a desire to eventually return to such a community to practice primary care medicine.

Special characteristics of the medical school's educational program:

The First Two Years: Traditional first-year and second-year basic science courses have been eliminated and replaced by eight 10 week "blocks" which present the content of the various basic sciences in an integrated manner, with clinical cases providing organizational structure. Problem-based learning in small tutorial groups, complemented by traditional lectures and laboratory experiences, is the curriculum's foundation. Each block consists of ten (10) weeks, with eight (8) weeks of study followed by a ninth week of student evaluation and a tenth week of free time. Blocks 1 - 4 comprise the first year of medical school, and Blocks 5 - 8 comprise the second year. Two (2) components run through the eight (8) blocks: Basic Science/Problem-Based Learning (BS/PBL) and the Introduction to Patient Care (IPC).

Year One - The BS/PBL : **Structure and Function of the Human Body.**

Block 1 – Structure/Function of the Body 1. The emphasis is on molecular biology, biochemistry, genetics, embryology, histology, and gross anatomy.

Block 2 – Structure/Function of the Body 2. The emphasis is on metabolism, and the physiology of pulmonary, cardiovascular, gastrointestinal, renal, and respiratory systems.

Block 3 – Structure/Function of the Body 3. The emphasis is on the neurosciences—neuroanatomy, neurophysiology and neuropsychology.

Block 4 – Structure/Function of the Human Body 4. The emphasis is on hematology, reproductive structure and function, endocrinology, microorganisms, immune response, and pharmacokinetics.

Year One - The Introduction to Patient Care (IPC)

Block 1 – Interviewing and the Patient History.

Block 2 – Physical Examination

Block 3 – Psychosocial Aspects of Medicine

Block 4 – Epidemiology and Preventive Medicine

Ambulatory Care Experience (ACE) is a requirement in Blocks 2 through 4. Each student spends a half-a-day, twice a month, with a faculty member or a community based physician-preceptor.

Year Two - The BS/PBL: **Pathophysiology.**

Block 5 – Pathophysiology 1. The emphasis is on cell injury, hemodynamic disturbances, genetics disorders, and autoimmune disease, immune deficiency and hypersensitivity.

Block 6 – Pathophysiology 2. The emphasis is on cardiovascular and respiratory systems, blood disorders, and nutritional diseases.

Block 7 – Pathophysiology 3. The emphasis is on gastrointestinal, liver, endocrine, renal, and genitourinary diseases.

Block 8 – Pathophysiology 4. The emphasis is on clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, skin, and nervous system disorders.

Year Two - The Introduction to Patient Care (IPC)

Block 5 – Diagnostic Tests and Medical Decisions. This block covers diagnostic tests, imaging, tests of function, differential diagnosis, iterative hypothesis testing and clinical decision-making.

Block 6 – Psychopathology/Behavioral Medicine. The sixth block covers normal psychosocial development, psychopathology, psychopharmacology, when to refer and psychosocial factors in aging.

Block 7– Clinical Skills. The focus in this block is on charting and notes, admission orders, prescription writing, adult and pediatric nutrition, venipuncture, infection control, IV access, fluids and electrolytes, arterial blood gases, intubation, lumbar puncture, catheterization, and studies in ophthalmology.

Block 8 – Doctor as a Person. Looks at issues of lifestyle balance, stress, careers in medicine, culture and health care, patient safety and the changing health care system.

In addition, second year students have Advanced Physical Diagnosis (APD) throughout the year. Pairs of students are assigned to faculty physicians and residents and/or fellows for the entire year, learning history and physical examination skills and clinical reasoning.

The Clinical Years: The clinical curriculum consists of seven core clerkships, three advanced clinical selectives, an Advanced Biomedical Sciences (ABS) selective and general electives.

Rural Track: Students in the Rural Track have a rural clinical experience between the first and second years of medical school. Rural hospitals sponsor these clinical experiences, and students are assigned to a community based physician. During the third year of medical school, students spend up to six months at one of the rural education centers that have been created by the school. Selected core clerkships and electives may be taken at a rural site depending on the resources of the local medical community. The term RURAL appears in the student's evaluation with the name of the clerkship or elective taken as part of this program.

Average length of enrollment (initial matriculation to graduation) at the medical school: The average length of enrollment is four (4) years. Occasionally, graduation for some students will exceed this time.

Description of the evaluation system used at the medical school: Blocks 1 – 4 (Year 1) are graded as Satisfactory or Unsatisfactory. Blocks 5 – 8 (Year 2) are graded as Honors, Satisfactory, or Unsatisfactory. Performance in the clinical years is graded as Honors (HN), Letter of Commendation (LC), Satisfactory (S), and Unsatisfactory (U).

Medical school requirements for successful completion of USMLE Step 1, 2: (check all that apply):

USMLE Step 1:		Required for promotion
	✓	Required for graduation
USMLE Step 2 (CK & CS):		Required for promotion
	✓	Required for graduation

Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. An OSCE focusing on the ability to deliver patient-centered care is administered near the end of Year 3, and is required for graduation.

Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):

- Complete and unabridged
- Selected, but verbatim
- ✓ Abridged and edited – Where editing has occurred, every effort has been made to maintain the intended meaning of the comment.

Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is (check one):

- ✓ Completely in compliance with Guidelines' recommendations, except for the absence of an Appendix C (Comparative Performance in Professional Attributes)
- Partially in compliance with Guidelines' recommendations.
- Not in compliance with Guidelines' recommendations

Description of the process by which the MSPE is composed at the medical school:

The evaluation is composed by a committee of clinical faculty members, acting for the Dean of the School of Medicine. The evaluation is based upon narrative reports from the faculty in each preclinical block and each clinical clerkship and elective rotation. The evaluation includes personal information provided by the student. Every effort has been made to assure the fairness, accuracy, and honesty of this letter.

Students are permitted to review the MSPE prior to its transmission (check one):

- ✓ Yes
- No