

2010 Graduation Questionnaire (FINAL)

Type: Strengths and Weaknesses

Date: 7/28/2010

Time Zone in which Dates/Times Appear: (GMT-05:00) Eastern Time (US & Canada)

Filter Using: INST_ID (INST_ID) = 825

Number of Responses Analyzed: 33

Total number of responses collected: 14014

strengths_weaknesses_comments: (Please comment on what you perceive to be the strengths of your experiences of the medical school from which you are graduating.) (Pre-Medical and Pre-Clinical Experiences)

| Response |
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| Pathology, Pathophysiology |
| Foly Placement & drawing blood was learned before clinical experiences. |
| Good professors and extra time out of clas |
| There are few strengths to the first two years at Morehouse, except for the Pathology course. |
| Good course organization Good instructor availability |
| Anatomy, Physiology, Pathology, Pathophysiology, Intro to Patient Care |
| excellent preparation for step 1; 2nd year Grady experience was great preparation for 3rd year |
| The pathology course is extremely well-organized, clear, and well-taught. Anatomy was thorough in that every student was involved in every dissection. |
| Ability to have more personal interactions with instructors. |

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| faculty sincerely cared about students' performance, nurturing environment, small class size | | |
| faculty, small classes | | |
| Strong Pathology(Dr. Smith), Physiology (Dr. Elmoseli) and Pathophysiology (Dr. H-C) courses Anatomy and Physiology (Dr. Wineski) very well done. | | |
| Caring faculty. Thoughtful design of curriculum. | | |
| Diversity and exposure to public health concerns | | |
| Strong teaching, interested faculty, pathophysiology, pathology, Dr. Paulsen, Dr. Smith (Pathology), and Dr. Herbert-Carter. | | |
| personal | | |
| | Valid Responses | 16 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the weaknesses of your experiences of the medical school from which you are graduating.) (Pre-Medical and Pre-Clinical Experiences)

| Response |
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| Pharmacology (needs a revamp), Biochemistry |
| Greater emphasis should be placed on learning learning how to do procedures. |
| Integrate basic sciences into clinical experience so there is not much disconnect in learning biochem during 1st year and then seeing a patient with a related disorder 3 years later during 3rd year. |
| The pre-clinical years at MSM are deficient in clinical relevance. They made no effort to make any connections between what we learned in basic sciences to any clinical experiences we were to have. Furthermore, the unintegrated curriculum is a huge drawback. Although they integrated the first year for the classes following us, the 2nd year of medical school curriculum is as of yet unintegrated. This is the |

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| year where what we learn in pharmacology, microbiology pathophysiology and pathology should all be woven together so that we understand how to apply our knowledge in the clinical years. LCME should review Morehouse's curriculum and demand more changes. Based on what I have seen and heard from other schools, we are very deficient. | | |
| Need for more review or practice quizzes Too much information on one exam Need to organize courses so that similar concepts (systems) are being taught at the sametime throughout courses. | | |
| Biochemistry, Pharmacology, Community Health | | |
| some of the 1st year curriculum is useless (has been rectified since i passed thru) | | |
| The basic science courses outside of Pathology do not teach either towards their in-house exams or towards the USMLE exams. Students are responsible to teach themselves everything. Faculty openly expressed disinterest in teaching students. | | |
| Would like to have a better mix of clinical instructors and Ph.D. instructors | | |
| biochemistry department: this subject was not taught very well | | |
| Biochemistry course was poorly organized and lacked clear learning objectives and thorough teaching | | |
| Too much didactic classroom time. | | |
| Too much class time, Outdated syllabi, non-uniform lecture materials, inappropriate amount of detail in Biochem, | | |
| N/A | | |
| | Valid Responses | 14 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the strengths of your experiences of the medical school from which you are graduating.) (Clinical Experiences)

| Response |
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| Pediatrics, Ob/Gyn |
| Lots of faculty willing and able to teach. |
| Great faculty and community preceptors. |
| Good professors who care and put student learning first |
| We have great experiences on OB-Gyn and Pediatrics and Psychiatry. Other clinical rotations should use Pediatrics as their example of how to teach and run a rotation. It was incredibly organized with concise and relevant lectures. Furthermore, the use of a teaching attending was so valuable. This rotation truly prepared me for the minibboards and for step 2. |
| Good patient variety and pathology Ability to have a lot of hands on experience |
| broad exposure to primary care; resident teaching was exceptional |
| High diversity of cases, lack of adequate staff at Grady Hospital allows for students to get more hands-on experience. |
| Great exposure to the primary care specialities. |
| training at Grady Memorial Hospital |
| community |
| Large, urban, underserved community. Excellent pathology at Grady |
| Broad experience base. |
| Engaged faculty that enjoy teaching |
| Interested faculty, Great pathology, Dr. Bashir (Medicine), Dr. Wilson (Surgery), Dr. Omole (Family), Dr. Mendoza (Psych), |
| personal |

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| Very knowledgeable attendings and residents. | | |
| | Valid Responses | 17 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the weaknesses of your experiences of the medical school from which you are graduating.) (Clinical Experiences)

| Response |
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| Surgery |
| Lack of exposure to specialties. |
| Diversity of clinical experiences during surgery clerkship; GI cases are at least 70% of MSM's surgery cases. |
| It is atrocious that we do not have a neurology rotation. MSM should allocate funds towards finding students a hospital neurology experience. I do not know how LCME allows students to graduate medical school without some official neurological experience. Furthermore, we do not have a required subinternship in any rotation and that should also be enforced. The Ambulatory rotation in 4th year is a repetition of our family medicine rotation. The argument for having the rotation is that it is our "internal medicine ambulatory" rotation that all schools are required to have. However, not one patient is one that was recently discharged from the hospital. We treated DM, hypertension, and some gout, which is what we had already done for 3 months on both family medicine and rural. It is a waste of our time and of a rotation. Finally, as I said in the strengths portion, most rotations need to be more organized and provide better lectures. Internal medicine was extremely dependent on the residents that one worked with and the attending that one worked with. Some people had great experiences while others did not feel that they were taught anything. |
| Need more teaching that is geared to the level of 3rd and 4th year students Smaller rotation groups |

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| Surgery, Internal Medicine | | |
| limited exposure to subspecialties; attendings were not always willing to teach med students | | |
| Clerkships were very often disorganized. Faculty teaching was minimal as many attendings did not care about medical student's experience. Residents were rarely helpful or interested in teaching. | | |
| Not much exposure to other specialties or subspecialties. | | |
| family medicine being an 8 week rotation; exposure to different specialties was limited | | |
| micu or some icu experience should be required (as opposed to an elective). Radiology (even as a 2 week experience) should be offered | | |
| Would liked to have had more opportunities to learn about subspecialties. | | |
| Too much travelling in some rotations (peds). | | |
| Not enough rotations in different fields. Some rotations are too long | | |
| administrative problems, disorganized, uneven application of rules and regulations, non-uniform calendars and schedules. There were often times when students are sent to sites without any clear plan for what the students do once they attend. One-day office visits are not very effective use of student time. Administrative and organizational problems on multiple rotations often led to misunderstandings, frustration, and general dissatisfaction of students. At points, faculty would not respect students' time and show up HOURS late to lectures... | | |
| N/A | | |
| Sick days. I had the stomach virus and was unsure of who I should notify. I decided to go in because I didn't want my grade to be affected. Same thing with snow days. | | |
| | Valid Responses | 17 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the strengths of your experiences of the medical school from which you are graduating.) (General Medical Education)

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| Response | | | |
| Dr. Elks | | | |
| We witness first hand and are also taught how to interact with our patients. Most of the physicians I worked with, especially attendings, were caring and kind to the patients. We also worked with a variety of cultures and I feel comfortable working with any type of patient. | | | |
| Nurturing environment Availability of instructors | | | |
| Clinical experiences are plentiful in the third year. | | | |
| Overall good experience. | | | |
| | | | |
| faculty | | | |
| pathophysiology and pathology are taught very well. | | | |
| Solid experience. | | | |
| Adequate knowledge base and ensures fundamental preparedness | | | |
| excellent facility, interested faculty, attention to social aspects of medicine, | | | |
| personal | | | |
| Great professors! | | | |
| | | Valid Responses | 13 |
| | | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the weaknesses of your experiences of the medical school from which you are graduating.) (General Medical Education)

| Response | | |
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| MSM insists on sticking to their own way of doing things, even if it is not working. It does not strive to move forward but rather is pushed and forced into moving forward. Certain faculty members, including Dr. Crawford, believe that the old way is tried and true. Because of this , students are not provided with the same quality of education that one would get anywhere else in an allopathic medical school in this country. Atlanta is a large city and with only one other allopathic school with which to compete, MSM should be able to shine, or at least be at par with other schools. At this point, I could never recommend that someone pick MSM as the place to receive their medical education. | | |
| Communication between departments and administration Attention to punctuality and timeliness in turning in documents | | |
| No clinical experiences early on. I started third year having done a physical exam once in the fall of 2nd year and never having taken a history. The students are basically held responsible for teaching themselves. | | |
| Minimal funding from outside sources. | | |
| Scut and paperwork were often emphasized over educational experiences, procedures not emphasized, specialty experiences were extremely short and often reduced to "shadowing". | | |
| N/A | | |
| | Valid Responses | 6 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the strengths of your experiences of the medical school from which you are graduating.) (Student Services)

| Response | | |
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| The only student service that was provided to us during my 4 years which was of any use was the counseling. Tutoring was available my 2nd year but this was sub par. | | |
| Staff in Registrars office Staff in financial services | | |
| great counseling services | | |
| None. | | |
| Overall good. | | |
| faculty and staff available for students | | |
| Good counseling. | | |
| n/a | | |
| personal | | |
| The addition of Adrienne Wyatt in Student Affairs has been very beneficial. | | |
| | Valid Responses | 10 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the weaknesses of your experiences of the medical school from which you are graduating.) (Student Services)

| Response |
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| How can a medical school today not offer note taking services to its students? We fought and pleaded for this service to be added but we were told that professors would not like it. The tuition at MSM is only a few thousand less than most other medical schools but the services provided are infinitely less. Again, changes are necessary to bring MSM into the 21st century of medical education. |

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| Need for better responsiveness and guidance when choosing/organizing electives. | | |
| difficult to make appointments for counseling services | | |
| There are no real student services. The school counselor has openly made racist remarks and is very involved in the administration, therefore compromising student trust. | | |
| poor quality health services for students that are sick. MMA is very disorganized and rarely accepts ill students on the day of sickness. | | |
| n/a | | |
| N/A | | |
| Financial aid checks being disbursed on time. | | |
| | Valid Responses | 8 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the strengths of your experiences of the medical school from which you are graduating.) (Medical School Experiences)

| Response |
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| Excellent! Faculty teach students willingly and are invested in the student. The SOM is like a family, not a competitive environment. Everybody wants you to succeed from day one all the way to graduation and beyond. I couldn't have gone to a better medical institute and I feel well prepared to move on to my residency program. |
| Great atmosphere. Can definitely tell that everyone cares about the students. |
| Grady hospital |
| Overall good experience |
| nurturing environment, small class size, based in Atlanta, working a lot with underserved communities, |

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| multiple volunteer opportunities | | |
| Small class size. Intimate feel and ease of access to teaching faculty. | | |
| Student Body. Family environment. | | |
| Great wholisitic multicultural exposure to medicine and its many faces | | |
| In general the faculty are excellent and the students are easy to get along with and nice. I had a good time in medical school and believe that Morehouse provides and excellent opportunity to learn. | | |
| personal | | |
| | Valid Responses | 10 |
| | Total Responses | 28 |

strengths_weaknesses_comments: (Please comment on what you perceive to be the weaknesses of your experiences of the medical school from which you are graduating.) (Medical School Experiences)

| Response |
|---|
| Community Health |
| One huge drawback of MSM is that the only international experiences offered are through the CMDA even though there are many non christian students. How does the school preach cultural sensitivity but favor those of one religion? Also we had Christian prayers at every school sanctioned function. It makes one feel excluded and outcast. |
| Sometimes felt like students were not being listened too. |
| The total lack of respect or concern for the medical students. There is clearly something wrong with the curriculum as my class lost 20% of the class, the third year class had 15% failure rate on Step 1, and the attrition rate is quite high for such a small school. However, the administration is happier to blame the students than to change things. |

not enough global health opportunities

In my opinion, Morehouse is too tolerant of the individual egos of faculty and staff. Continual lateness, consistent complaints from students, and persistent problems should be dealt with by speaking with the faculty member. Students should not be expected to simply tolerate unprofessional behavior during their rotations and should have a reasonable expectation of fair treatment and consistent application of rules.

N/A

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| | Valid Responses | 7 |
| | Total Responses | 28 |

