

August 30, 2012

Dear University Senate Council:

We are requesting your approval for a change in dates for the academic calendar for third year medical students beginning summer 2013, and affecting both third and fourth year students beginning summer 2014. We understand that the University Senate approves calendar changes three years in advance of the change start date; however, we further understand that Senate Council/University Senate may approve changes in calendars on an emergent basis, subsequent to approval from the appropriate college approval bodies. For the College of Medicine, these approval bodies consist of the curriculum committee, Faculty Council and Health Care Colleges Council. As we will describe in detail below, the urgent changes requested are in response to new changes in the residency match logistics. Without these calendar changes, our medical students will be at a distinct disadvantage to other schools when competing for residency positions in the Residency Match their fourth year of medical school. The specific changes we request are the following:

1. Change in third year calendar beginning 2013-14:

We request that third year students begin a month earlier than currently scheduled beginning in 2013-14. The current calendar of July 29, 2013-July 11, 2014 would change to July 1, 2013-June 13, 2014. In subsequent years, third year will continue to begin a month earlier than presently scheduled, with the dates of early July/late June rather than late July/early August as now scheduled.

2. Change in fourth year calendar beginning 2014-15:

Since fourth year students would complete third year a month, they also would begin fourth year a month earlier beginning in 2014-15. In 2014-15, fourth year would begin June 30, 2014, instead of July 28, 2014. The academic year would continue to end, as presently scheduled, on April 19, 2015. The extra four weeks in fourth year would be used for a designated, student-selected residency interview month. The residency interview month could occur in November, December or January of their fourth year depending on the student's residency (see explanation below).

These calendar changes would not change in any way the courses offered, the curriculum provided, nor entail changes to any graduation requirement. These reflect changes in the timing of courses only, such that the academic year begin four weeks earlier than currently in both the third and fourth year of medical school. Since the changes do not affect the content of curriculum, they could be viewed as minor calendar changes which the Senate Council is empowered to approve, under SR 2.1.3.

Current third year description: The third year of medical school constitutes immersion into the clinical disciplines, on four-, eight-, or 12-week clinical "clerkships," and include all clerkships required by the

Liaison Committee for Medical Education (not neuro), and all a necessary preparation for the United States Medical Licensing Examination Part 2, a mandatory requirement for graduation and for licensure. The clerkships include internal medicine, pediatrics, surgery, psychiatry, neurology, family medicine, emergency medicine, obstetrics and gynecology, and surgery. Our current third year encompasses 48 weeks, which is the norm for third year length nationwide. Currently our third year lasts from late July/early August to mid- July, with only a brief break for the December holidays.

Current fourth year description: The fourth year consists of nine 4-week rotation blocks which last from late July/early August to mid- April, with graduation the second Saturday in May. During this nine-block time period, students must complete eight clinical and elective rotations (elective such as research; one month can be used for vacation and/or studying for their licensure examinations). There are some specific fourth year requirements, but in general, students pursue rotations in the areas they hope to do for their careers and residencies. For example, students wishing to pursue a surgery residency will do several surgical rotations in their fourth year. In addition to the experience students receive, an important part of these rotations is securing letters of recommendation from appropriate faculty for their residency applications. Furthermore, students who wish to pursue residencies in clinical rotations not offered in our required third year curriculum do so at this time. These presently include rotations such as radiology, dermatology, radiation oncology, and some surgery specialties such as ophthalmology. These experiences also help students confirm their personal interest in these residencies. Students often do not know whether a certain field is right for them until they have the opportunity to experience it in a clinical rotation. Finally, especially early in fourth year, students are doing various rotations to help them make their final decision on residency choice (i.e. a student still deciding on family medicine versus pediatrics may do rotations in these disciplines early in fourth year to help make that decision).

Current Residency Match Timeline: Residency application materials include a student's CV, letters of recommendation from faculty, USMLE scores, and a personal statement/essay. For many years now, students could begin applying to residency programs through the Electronic Residency Application System (ERAS) in early September of their fourth year. However, in general, residency programs do not begin interviewing students until November and through late January/early February. In mid-February, students submit their rank list of their preferred programs, at the same time as the programs submit their ranking of the student applicants. These lists are "matched" in a complicated computer algorithm, with the results made available to students and the programs on a day in mid-March, "Match Day." Among the reasons that programs do not start interviewing until November is that historically, it is not until November 1 that the Medical Student Performance Evaluation (MSPE; also known as the "Dean's letter") is released. The MSPE compiles all student achievement to that date, including grades, class ranks/quartiles, and a summary of the comments about students from clinical faculty and residents. The MSPE is a key document that residency directors consider when deciding on whether to interview a students, or if interviewed, how highly to rank the student on the program's rank list.

Reason for Urgent Need to Change the Calendar: Earlier this summer, the American Association of Medical Colleges, which helps choreograph the Match, announced that the **MSPE release date will now be October 1 instead of November 1**. While seemingly a minor change, this has many ramifications for

UK COM students, which could make them much less competitive for residency programs. The main concern is that with the October 1 MSPE release date, many programs will choose to begin interviewing applicants in October, rather than waiting until November. Given that, our students would have to begin fourth year in August, and apply to residency in early September to interview in October. In that month of August, they would have to definitely crystallize their final choice of career path (most did this in August and September of fourth year, doing rotations in the two possible residency choices, to see which one they preferred, but now they will have to commit after only one rotation). While making their final choice of career path, they will also need to obtain letters of recommendation during that one month. Most programs require three letters of recommendation; and whereas some letters may be from faculty worked with during third year, but most programs prefer to see a more proximate evaluation of the student, i.e. one based on their fourth year performance. And finally, UK COM students wishing to do specialties not part of our third year (i.e., radiology, dermatology, etc.) will have to commit to that specialty based on one month's exposure. Moving third and therefore fourth year up a month would allow two months exposure to those specialties, two months to decide on eventual career path, and two months to get letters of recommendation, a vast improvement over just one month.

Our academic calendar has been an outlier from other medical schools for many years. All medical schools except UK COM start third year (and therefore fourth year) in early July, concomitant to the new residents arriving. Students at all other schools have the entirety of July, August, and into September to prepare for the application process and to make crucial career decisions; whereas, our students have only August and early September to make decisions and prepare their applications. This puts our students at a distinct disadvantage from students at other institutions, and we believe we do them a disservice not to correct this. A further reason to implement this change is that most residency positions are funded through the federal government, primarily through Medicare. We have no expectations, given the current fiscal environment, of more funding being provided for residency positions and more residency positions being opened. Yet, all medical schools in the United States, including our own, have increased class sizes in the last few years at the urging of professional organizations and in response to the impending physician shortage. The increase in the number of medical students graduated, has not been accompanied by an increase in the number of residency positions available, making the competition for these positions even more fierce. In this environment, anything that further puts our students at a disadvantage for residency positions would ideally be avoided, and that would include the implications of our academic calendar given the change in the MSPE release date.

The COM curriculum committee endorsed this calendar change proposed herein as part of a consideration of changes in our fourth year requirements in June, 2011 (see supporting documents; this was also approved by the third and fourth year clerkship directors prior to consideration by curriculum committee). However, the urgency of obtaining approval for calendar changes was not apparent at that time, and so the calendar change approval was not pursued with urgency. The change in the timing of the MSPE this summer has prompted this urgency.

We appreciate your consideration of this, and appreciate whatever you can accomplish to expedite this process.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Darrell Jennings M.D.", written in a cursive style.

C. Darrell Jennings, MD
Senior Associate Dean for Medical Education

Addendum: Below is from an e-mail from Davy Jones, when we queried him in his role as Senate Rules Committee Chair. We appreciate as always Davy's guidance;

"You have described here an urgent situation in which the accrediting agency (AAMC) has advanced by one month the release of the Medical Student Performance Evaluation letter, which is a key document in the application of our M.D. students to the academic residency programs at the UK College of Medicine and other institutions. This advance by one month creates under the current academic calendar a severe compression in the amount of time 4th year students have for rotation/specialty experience, from which they both make a career choice for that area of residency and solicit letters of recommendation toward residency from their rotation supervisors.

As you note, it not necessary to make any changes in degree program content, course content, nor even course length; the only issue is a one month adjustment to the start of the third and fourth year of the M.D. program. In my experience, the Senate Council has in other recent situations determined that a change in only the summer start time of a degree *can be* a minor change in the calendar under which the Senate Council can directly make a final approval decision pursuant to SR 2.1.3 (i.e., it would not processed through the HCCC since it is a University calendar issue, rather than an issue of change to the content of the academic program)."