Morehouse School of Medicine

Beyond Flexner Site Visit Report
Site Visit: September 6-7, 2011

Site Visit Team

Fitzhugh Mullan, MD
Principal Investigator, Murdock Head Professor of Medicine and Health Policy, The George Washington University

Malika Fair, MD, MPH
Co-Principal Investigator, Assistant Professor of Emergency Medicine, The George Washington University

Gerry Clancy, MD
President, University of Oklahoma-Tulsa

Introduction

Beyond Flexner, a W.K Kellogg Foundation-funded study at the Department of Health Policy of the George Washington University School of Public Health and Health Services, explored unintended consequences of the Flexner Report with a focus on innovative models of medical education that address social mission. The Beyond Flexner Study began with the development of an Advisory Committee consisting of sixteen leaders in medical education and health policy. The research team and Advisory Committee identified eight core modalities that stand out as essential elements in the social mission of education, and selected six medical schools which have demonstrated a commitment to strengthen their contribution to health equity.

Morehouse School of Medicine was chosen to be a participant in this study because of its commitment to train physicians from underrepresented racial and ethnic groups, its creative approach to community-based education, and focus on primary care. A team comprised of Drs. Fitzhugh Mullan, Gerald Clancy, and Malika Fair, traveled to Atlanta for a two day visit in September 2011. This visit consisted of multiple group and individual interviews based on a standard Beyond Flexner site visit template and visits to Sheltering Arms Dunbar Center, Grady East Point Primary Care site, and Thomasville Heights Elementary School.

We would like to express our appreciation to the Morehouse School of Medicine leadership, faculty and students for their cooperation and help towards achieving the goals of the site visit. Special thanks to Drs. Maupin, Montgomery-Rice, and Harris-Hooker for arranging a highly successful visit and for their support of the Beyond Flexner Study.

Key Findings

Morehouse is an extraordinary and unusual institution—extraordinary in terms of its profound accomplishments with regard to the social mission of medical education and unusual in that it is a predominantly African-American institution with cultural assets that exist before, during, and after the medical education of Morehouse School of Medicine students. This phenomenon has an influence, to one degree or another, on all of the key findings.

There is, of course, a rich and specific cultural backdrop to MSM and the historically black colleges and universities in America. The Black church, the Civil Rights Movement, and the ongoing issues surrounding equity of opportunity are important predicates to the MSM experience. All of these would seem to contribute to the bonding and sense of service demonstrated by the MSM student body and fully supported by the faculty. These phenomena are clearly important for MSM's institutional persona and its substantial success with regard to social mission.

What do these observations mean for non-HBCU medical schools and their cultures? While MSM's experience is unique and, as observed rooted in the African -American experience in

America, the sense of community and common purpose shared by the students is an important element that would be an asset to non-minority schools seeking to increase their sense of social purpose. The Morehouse lessons, which include active, MSM-specific pipeline programs, the prominence of the values of community and kinship prominent in many churches, and a sense of historical mission are all features that could be considered by others seeking to promote a sense of common mission around social accountability and health equity.

1. Pipeline Power

The multiplicity of pipeline programs that Morehouse initiates, sponsors, and/or participates in represent an outreach from the school of extraordinary proportion. With over 25 distinct programs, MSM touches the lives of students from kindergarten to post-collegiate, with an emphasis on students under-represented in medicine and disadvantaged students. Approximately 40% of these pipeline programs provide mentoring and exposure to medicine and other health careers, 20% focus on academic preparation for medical or dental school, and 40% of the programs encourage underrepresented minorities to pursue research careers. The effect of this richness of pipeline programs is that Morehouse is extraordinarily well networked among potential students and has clearly disseminated the name and mission of the school such that there is a larger more energized, and better plugged in applicant community than might be possible under any other circumstances.

2. Social Mission Culture

The sense of social purpose was predominant in our interviews throughout the student body and faculty. The current reality and past memory of disadvantage for African Americans and other poor communities seemed never far from the awareness of students at all levels. While Morehouse students share career concern and personal ambition with all other medical students, the medical equity mission of the school seemed to be very much a part of their decision to come to Morehouse. The faculty, the curriculum, and the career plans of the students were all infused by a sense of social mission.

3. Catch-up Excellence

MSM considers more than numbers/academic credentials and carefully assesses candidates for commitment to service and the underserved. Although many of the students admitted to MSM have standardized test scores on admission that are below a "cut off" used by many medical schools, students' success rate and scores on medical licensure boards (Step exams, USMLE) is comparable to schools with more elite admissions requirements. This represents an important triumph for the ability of a school to reach out to nontraditional students (from an MCAT perspective) and teach them basic and clinical science such that their subsequent performance is on a par with the best.

4. Teaching Community Medicine

The integration and continuity of instruction in community and social medicine in the school's curriculum are strong and exemplary. The first year required community course, which starts in

the classroom and ends in the community, is well designed and well received. Every year the entire first year class, currently 56 students, completes a community based needs assessment, meets with community leaders, develops a health promotion community project and shares information learned with community leaders. Continued service learning in the curriculum allows for further development of an important and positive skill set and mindset with regard to community health. Approximately five students per year are particularly interested in this area and continue community-based work throughout their four years and graduate with honors as a result. The majority of their students continue with service activities to the community while in medical school. This full integration of community medicine with the academic curriculum is an important element of MSM education and a model for others seeking to up-scale community medicine programs.

Background

State Demographics

Georgia is the 9th most populous and 21st largest state in the US, with a population of approximately 9.8 million and a land area of about 57,500 square miles.[1,2] The majority of the population (86%) resides in metropolitan areas, whereas only 14% live in non-metropolitan areas.[3] The most populous city is Atlanta. The population of Georgia is growing at nearly twice the US average rate, with an 18.3% increase between 2000 and 2010, compared to the US average of 9.7%.[1] The majority of population growth is among minority ethnic groups, as evidenced by a 25.65% increase in Black/African Americans, 47.9% increase in American Indians, 81.6% increase in Asians, and 96.1% increase in Latinos between 2000 and 2010. During this time, the percentage of whites increased only 8.6%.[4]

As of 2010, 59.7% of Georgia's population was white, followed by 30.5% Black/African American, 8.8% Hispanic/Latino, 3.2% Asian, and 0.3% American Indian/Alaska Native.[4] For comparison, the US population in 2010 was 72.4% White, 12.6% Black/African American, 16.3% Hispanic/Latino, 4.8% Asian and 0.9% American Indian/Alaska Native.[4]

Economy

Georgia has the 35th highest median annual income, at $46,570 ($3,375 less than the national average).[3] The state also has the 4th highest poverty rate by household income (18.4%), and in 2009, 16.6% of the population lived below the poverty line.[3] Rates of poverty are highest among Black/African American and Hispanic/Latino persons, with 34% and 37% of these populations living in poverty, respectively.[3]

Atlanta Background

In 2010, the population of Atlanta was approximately 420,000. Over half (54%) of Atlanta's population is Black/African American, with 38.4% White, 5.2% Hispanic/Latino, 3.1% Asian, and 0.2% American Indian/Alaskan Native.[5] The median household income in Atlanta is

$50,243, slightly higher than the state average of $49,466.[5] However, despite the higher income, 21.4% of Atlanta's population lives in poverty, compared to the statewide average of 15%.[5] Poverty in Atlanta is mainly concentrated among minority groups, with 33.9% of Blacks, 28.2% of Native American/Alaska Native, and 20.3% of Asians living in poverty, compared to state averages of 24.1%, 22.2%, and 20.3% respectively.[6] In contrast, 7.6% of whites live in poverty in Atlanta, compared to 10.3% statewide, and 32.6% Latinos in Atlanta live in poverty, compared to 34.3% statewide.[6]

Health Indicators

Georgia has the third highest percentage of obese and overweight children in the country (37.3%).[3] Rates of adult obesity and overweight are also higher than US average, at 65.7% compared to 63.8%.[3] This reflects the fact that only 45.7% of adults participated in moderate or vigorous physical activities in 2009, the 9th lowest rate in the country.[3] Similarly, prevalence of diabetes is also high at 7.8 per 100 compared to 5.5 per 100 nationally, as are rates of deaths due to heart disease (203 per 100,000 in Georgia, 190.0 per 100,000 in the US).[3]

Georgia also ranks in the top five states for number of people living with HIV/AIDS (20,011).[3] As of 2007, the state had the 5th highest age-adjusted death rate for HIV.[3] Additionally, 74% of diagnosed HIV/AIDs cases in 2009 were in African Americans/Black.[3]

Health care system

From 2008-2009, Georgia had the fifth highest percentage of uninsured individuals under the age of 64 in the country (21%).[3] Additionally, 11% of children were uninsured, and 25% of adults were uninsured.[3] According to the Commonwealth Fund 2009 State Scorecard[7], Georgia scored 38 out of 51 in health system performance as determined by multiple benchmarks for access to care, quality, cost, and health outcomes. Georgia also ranked 42nd for children's potential to live healthy lives, as measured by indicators such as infant mortality, child obesity, and youth physical activity levels.[7] The United Health Foundation America's Health Rankings[8] rated Georgia's overall health as 36th in the nation, citing factors including low high school graduation rate, high incidence of infectious disease, high levels of air pollution, and a high rate of uninsured population.

Total Medicare enrollment in Georgia is 12% of the population, compared to 15% in the US; total Medicaid enrollment is 18% in the state and 19% nationally.[3] Among children, 58.4% are enrolled in Medicaid, compared to 49.5% nationally, and among adults, 16.4% are enrolled in Medicaid compared to 25.2% nationally.[3]

Healthcare Workforce

According to the AAMC[9], in 2009 Georgia had 19,807 active physicians, of which 7,041 were active in primary care. In 2008, the state ranked 40th in the nation (out of 50, excluding the District of Columbia) for active physicians per 100,000 population (204.5 per 100,000), and 44th for the number of active primary care physicians per 100,000 (72.2 per 100,000).[9] Georgia has 180.6 active patient care physicians per 100,000 population, while the national median is 239.6

per 100,000.[9] In terms of active patient care primary care physicians, Georgia ranks 45th with only 65.5 physicians per 100,000, compared to the national median of 80.1 per 100,000.[9]

The state also ranks 30th for the number students enrolled in medical or osteopathic medical school per 100,000, but 6th for the percent change of students enrolled in medical or osteopathic school, with a 37.1% increase between 1999 and 2008.[9] Finally, Georgia has also experienced some success in physician retention, with 46.8% of retained in state from undergraduate medical education, and 48.7% retained in state from graduate medical education.[9] This compares to national averages of 37.2% and 45.4%, respectively.[9]

History

Morehouse School of Medicine (MSM) is a historically Black institution established to recruit and train minority and other students as physicians, biomedical scientists, and public health professionals committed to the primary healthcare needs of the underserved.[10] The primary goal of MSM is to provide an academic environment that acknowledges education as the primary function of the institution, and that supports and promotes life-long learning as a foundation for excellence in clinical practice, biomedical science, and public health practice.[10] Additionally, MSM also aims to have the majority of graduates choose residency training in primary care specialties.[10]

Morehouse School of Medicine (MSM) was developed by a group of Atlanta community physicians led by Dr. Louis C. Brown, in an effort to address disparities in health-care access and outcomes for African Americans in Georgia.[11] After several feasibility studies, the Morehouse School of Medicine was finally established in 1975.[11] Under the leadership of dean and director Dr. Louis Sullivan, MSM accepted its first class in 1978.[11]

Initially, MSM offered a two-year Medical Education Program with an emphasis on the sciences.[11] Transfer agreements between MSM and several established medical schools including Howard, Meharry, University of Alabama-Birmingham, Medical College of Georgia, and Emory, allowed students to complete their clinical training and earn an M.D. degree.[11] In 1981, MSM became an independently chartered institution.[10]

Social Mission Modalities

The remainder of this site visit report will focus primarily on the education of medical students at MSM and the ability of the institution to meet its stated social mission. The information gleaned from this visit will provide actionable information and perspective for new and expanding medical schools and to suggest ways in which traditional medical schools can improve their contribution to health equity. MSM's strategy for meeting its social mission is described using the following modalities:

Mission

Morehouse School of Medicine is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

The mission of Morehouse School of Medicine (MSM) is not just a written statement but a clear objective that is embraced by the students, faculty, and staff. They have chosen to focus their energy on meeting the primary care needs of the state of Georgia by training physicians who will care for the underserved. Their strategy is to use service learning, mentoring, and community experiences to prepare physicians to go to health profession shortage areas and "address why [Morehouse] was founded," stated one of the faculty. It is embedded in their curriculum, demonstrated in their community service, and exhibited in their patient interactions. As one faculty member explained, "[We strive to] remain relevant to the needs of the state."

Morehouse remains one of the predominant schools for training African American physicians, but their goal is not only to diversify the physician workforce but to grow it as well. They recognize that historically black colleges and universities are the largest supplier of underrepresented minorities to the medical professions. However, the total number of underrepresented minorities has not changed significantly over the past twenty years. Their goal is to grow the diversified workforce by increasing their class size and add significant numbers of underrepresented minority physicians to the medical community.

In a large faculty session, several expressed their mission within MSM to train underrepresented minority physicians to help alleviate health disparities, provide compassionate care, and practice in underserved areas. These goals are framed with a service driven culture. One faculty member said "Our kids live in the soup of [service]." The environment of service fosters the mission of the school. A resident commented on the impact of seeing this service in action: "You see them actually getting involved in the community and how they try to impact these patient's lives. They actually try to do what they teach."

From faculty recruitment to student admissions, people are attracted to MSM because of its mission. It was evident in every interview that the mission is understood, embraced, and carried out every day. One faculty member commented, "everyone from the front desk receptionist to the president is a mission driven person and are allowed to be…actively engaged in that mission." Another stated, "we tend to get very dedicated mission centered people who join us and stay with us." MSM is not an institution that solely is concerned about the practice of medicine and the process of education. One faculty member summed it up, "the mission is alive and well here."

Pipeline

Morehouse School of Medicine is located in the heart of the Atlanta University Center with four surrounding undergraduate institutions. This creates a natural pipeline for students interested in pursuing a career in medicine. However, the proximity of the schools is not a sufficient recruitment tool for the faculty of MSM. Nearly every department and program has created its

own dedicated pipeline program to improve the "supply chain" of underrepresented minorities choosing a health career. The pipeline programs sponsored by MSM encourage students to pursue careers in medicine, biomedical research, dentistry, public health, and allied health professions.

Currently MSM supports 25 pipeline programs. These programs take varied shapes and sizes including providing research opportunities, healthcare exposure, mentoring, and academic preparation as a bridge from one academic level to the next. Of the 25 programs, approximately 40% of these pipeline programs provide mentoring and exposure to medicine and other health careers, 20% focus on academic preparation for medical or dental school, and 40% of the programs encourage underrepresented minorities to pursue research careers. The majority of the pipeline programs are geared toward undergraduate students but there are nine programs available for high schools students, two for elementary students and a few for graduate level and post-doctoral students.

Two examples of large programs include the MSM Mini-Medical School pipeline program and the Summer Undergraduate Research Program. The Mini- Medical School is a program for 9-11th graders that offers underrepresented minority or disadvantaged high schools students an opportunity to learn about various health professions. It is an after-school, seven-week program and over 300 students have participated in the metro Atlanta area. This program also provides mentoring from MSM MD and MPH students. The Summer Undergraduate Research Program has been led by The National Space Biomedical Research Institute (NSBRI) and the MSM-Neuroscience Institute (NI) for fourteen years. It provides research opportunities and support for women and minority students who desire careers in health and biomedical research professions. The program has enrolled over 2050 students and they take approximately 10 students per year.

These programs are not coordinated by one office or coordinate with each other. However, it is a prime example of how the mission permeates the institution and has recruited broad faculty involvement with little effort. Faculty independently see pipeline investment as important to the institution and the mission of the school and expressed a desire for more coordinated efforts in the future.

Admissions

Morehouse School of Medicine specifically aims to recruit the student that is committed to the mission of the medical school. While most medical schools consider MCAT scores, scholastic ability, and prior exposure to medicine as core admissions criteria, MSM actively looks for mission centered students. Examples of this type of student include those who have a desire to go and serve in underserved areas, a history of community service involvement, and an expressed interest in primary care. Their strategy is to examine the students' 'entire portfolio'. Students that have demonstrated proclivity to social accountability are given equal standing to scholastic ability. Once the minimum requirements are met, students must answer a series of questions on their secondary application that allow them to articulate their commitment and alignment with the mission of MSM. Maturity, preparedness for medical school, the ability to help others, and significant service experiences are quantified by the admissions committee.

A student who has superior scholastic ability but lacks social accountability interests is not a good fit for MSM and will likely not be granted admission. Furthermore, applicants with lower MCAT scores with a strong commitment to community service may be strongly considered for admission. MSM has shown that it is able to matriculate highly driven students who may have lower MCAT scores and prepare them to successfully pass the board exams on the first attempt comparable with national levels. High scholastic achieving students are recruited as well, but they "have let applicants with very high credentials go because they don't fit the mission," stated a faculty member. Students do not necessarily have to be committed to primary care, but are recruited if they have demonstrated a compassion for underserved communities. It is an admittedly more labor intensive qualitative than quantitative admissions process. However, the reward of this process is the matriculation of students who are the 'best fit' for this institution.

Curriculum

The faculty at MSM have gone to great lengths to integrate the mission of the school into the curriculum. Each year, the focus on service is palpable. During the first year, each student participates in a mandatory Community Health Course. This course is taught entirely within the community. The class is divided up into four small groups of ten to fifteen students which meet one half day per week. They first learn the principles of community based participatory research and needs assessment modalities. Then the students are required to partner with a community leader, conduct a needs assessment of the community they are assigned to, and initiate a health promotion intervention that responds to one or more of the problems they identified in the first semester. All of the data are then shared with the community leaders.

This is novel and rewarding for the students. They are able to leave the confines of the classroom and see where their future patients live, work, and obtain their education. One student expressed, "It's nice to be forced to leave and go work in the community. We get to make a difference. It was very refreshing." Students are able to directly see the impact of their work throughout the year. This process teaches patient centered appropriate care, teamwork, and communication which are essential skills for a student physician. "It is important to develop your communication skills and develop your interpersonal skills," said a second year medical student.

Although this course is solely for first year students the focus of service learning is integrated throughout the curriculum with opportunities for students to participate in more in-depth community service and even obtain Honors upon graduation. A faculty member stated, "We give them a certain foundation in year one and still we grow on that theme in different avenues all the way through to the fourth year." Interested second year students in high academic standing are selected to participate in an intensive track that requires several hours of community service and a scholarly intervention service project within their remaining three years of medical school. This is a unique opportunity for medical students and demonstrates the extraordinary commitment to service stemming from the mission of MSM.

Location of Clinical experience

MSM students train in a variety of inner city, rural, and community practices. Contrary to the traditional model of a hospital based curriculum, MSM has been able to integrate community

practices into the core of their clinical training. Several clerkships including family medicine, psychiatry and pediatrics are based solely in small community practices with large volunteer faculty support. They value distributed education with a goal of exposing their students to physicians in various practice settings that demonstrate quality care for underserved populations.

While the predominant clinical setting is in inner-city Atlanta, the students are also required to complete a rural clerkship within the third year. Realizing that primary care physicians are most needed in the rural areas of Georgia, MSM attempts to meet this need by providing adequate exposure to these practice settings. This is integrated into the family medicine clerkship and gives each student an opportunity to spend one month in an inner-city community environment and one month in a rural practice. During both months the students are exposed to primary care delivery in underserved areas. However, the rural component is a bold and deliberate attempt of MSM to expose their students to a particular population that is in desperate need of providers. By recently moving this clerkship into the third year it now allows students to make the decision to practice in a rural area prior to the start of their residency application process.

The main teaching location is Grady Hospital. This hospital is a large level-1 trauma center and county hospital that provides a breadth of pathology and an enriched clinical experience. The population is predominately African American, under/uninsured, with a wide range of pathology—a safety net hospital. Grady Hospital is home to both Emory and Morehouse students with separate and occasional shared clinical teams. Students are able to see their faculty in this busy, demanding, tertiary care facility giving compassionate patient centered care. With the variety of clinical training sites, MSM provides the students with patterns to emulate in any clinical setting. Faculty commented that their goal is that the students choose to be "primarily caring" even if they choose not to practice primary care.

Tuition Management

Undoubtedly a major concern for students matriculating into US medical schools is student debt. The average debt nationwide is $149,103[14] for indebted students, which is near the MSM average of $145,490. The tuition is approximately $36,000 per year and 70% of students will get some sort of need-based assistance during their four years. As a private school, the leadership recognizes the debt burden and the high expense of medical school. The strategies in place to mitigate this burden are scholarships that are both need and merit based and strong debt counseling. Students are required to attend three hours of mandatory financial aid sessions at the beginning of medical school with detailed advice about types of loans and when to start paying them back. "We were encouraged to not take out the maximum, we were educated on the types of loans, and encouraged not to spend a lot of money on a car, house, or daily coffee," explained one of the first year students. Although students expressed a desire for more individualized financial aid counseling, they were grateful for these yearly sessions and the opportunities presented.

The real question is whether this high debt burden influences student residency choice. Although reluctant to admit it some students did respond in the affirmative. "I got to pay these loans back… Maybe I should look at Emergency Medicine or Radiology,' explained one of the senior students. Although admittedly a factor, one student said, "Everyone understands going in that

you are going to have loans and we've accepted it." Another student expressed a more timely concern, "Most students are not worried about 10 years from now, we are concerned about how do I pay my rent this month, how do I apply for residency?" The MSM students have similar concerns to other students nationally but seemed to appreciate the acknowledgement from their faculty and administration that financial advice and support is needed. The faculty agree that having a large debt burden may influence specialty choice although limited data support this notion. They are committed to providing various loan repayment options to students so that their specialty choice remains broad. "If you are really truly committed to primary care, there are options out there" says a second year student who has decided to practice primary care.

Mentoring

Whether formal or informal programs are more important is yet to be determined. However, what MSM students do have is a plethora of mentors. From their "Big Sib/Little Sib" program, exposure to primary care residents, and mission driven faculty, MSM students "can't hide" as a faculty member described. "You are automatically grafted into a family," one second year student commented when she described how she felt meeting her big sib and entering MSM the previous year.

Faculty mentioned often that each student is "known by name" and is welcome to talk to any faculty at any time with their generally accepted open door policy. Given the small class size and intimate family feel of the university, students are exposed to mentors everywhere they turn. To not lose this 'family' feeling during a likely expansion of the school, MSM chose to formalize their mentoring program this year in a program called Mentoring Students at Morehouse. The first year students are divided into four groups called learning communities, the same groups for the Community Health course, with an assigned clinical and non-clinical faculty mentor. They are also linked with second year students and spend one clinical day with third year medical students. The goal of this project is to formally train faculty mentors, support academically challenged students, and provide formal mentorship to all MSM students[12].

Since the class size is so small the mentoring is proliferative. The students are constantly exposed to like minded-mission driven faculty that set an undeniable example for the students. This pattern is copied by the students in peer to peer mentoring between upper and underclassmen. "Mentoring is how we live and breathe. We are a relationship oriented school," stated one faculty member. Mentoring does not stop at the students, the faculty also try to establish relationships with the students' families to truly incorporate them into the MSM family. "We know every single student that comes here, their spouses, their children, their parents. We are involved in their lives and they know it. We're a family here," explained another faculty member.

Post Graduate Engagement

The "hidden curriculum" is typically regarded as the undertones or informal mentoring that students receive from graduates regarding residency choice. In many institutions it is believed to be the driving factor that encourages students to pursue more prestigious and remunerative fields of medicine. However at MSM, the faculty have decided not to undermine this typical hidden

agenda but demonstrate a fulfilling alternative which may help students make an educated career choice. The faculty members call this "leading by example."

Although MSM was established to produce more primary care doctors, the focus of the school is not just on primary are but creating physicians who are "primarily caring" in whatever specialty they choose. They hope that their students continue to practice in underserved communities and have an appreciation for community participation and service learning. MSM has seen a trend in students pursing more specialties or more lifestyle driven fields as the Step scores have increased. Instead of trying to prevent this trend, MSM leadership pride themselves in helping students find their true calling but retaining their social mission. "Underserved patients need specialists too," was a common phrase reinforced by students and faculty.

Their hidden curriculum is the faculty as role models. The students see them volunteering at free clinics and churches, teaching, seeing patients, and enjoying fulfilling careers. In addition, the residents with whom they interact often come to MSM for the focus on community service and care for the uninsured. Many MSM residencies have a mandatory community service requirement. The students are able to see a profound commitment to service by faculty and residents. "They see that we really partner with the community. We're not in there for one day, we're not in there just for the three hours, we're in there for the long haul," a faculty member stated.

Available research opportunities within the institution also send a hidden message to students about what the leadership value. MSM is home to a wide variety of centers and programs focused on primary care, improving health access, and engaging the community. Among the most notable is the National Center for Primary Care, the only congressionally sanctioned center in the country dedicated to promoting optimal health care for all, with a special focus on serving underserved communities[10]. Other centers available for student participation and research include: The Center for Community Health and Service Learning, the Health Promotion Research Center, the Center of Excellence on Health and the Satcher Leadership Institute. Students have a wealth of clinical and non-clinical mentors who are committed to the mission of the school and dedicated to the supply of physicians who will serve in underserved areas.

Challenges

A major challenge at Morehouse (as at all medical schools) is the steady rise in student costs – particularly tuition. Despite game efforts in tuition management, MSM student indebtedness at graduation is close to the national average. The cost of schooling is a well-established barrier to attending medical school – particularly for students of lesser means. Debt does not facilitate pursuit of social mission after graduation despite the best intentions of the entering medical student. It will be very important going forward for MSM to redouble efforts to raise scholarship funds and mitigate the costs of the medical student years as much as possible.

Continuing to develop GME programs in the competitive Atlanta area will be an important longer term challenge for the school. GME is, of course, the final pathway into practice and

extending MSM values into residency for MSM graduates and others is important to sustaining the mission of the school. This challenge will be made the tougher given current uncertainties about Federal GME funding and may call on MSM associated hospitals and health centers to think creatively in order to build out MSM residency opportunities.

Conclusion

Morehouse School of Medicine is an institution whose purpose as defined in its mission statement aligns closely with the outcomes of its educational programs. "Diversity", "primary health care" and "emphasis on people of color and the underserved" are memorialized in the school's mission statement and are palpable in the programs and attitudes of the student body and faculty. The number one ranking that MSM received in a national study of social mission in medical education can easily be traced go the living mission of the school. MSM actually presents a challenge to the Beyond Flexner community: how can the social mission successes associated with MSM's special circumstances be translated into the missions and outcomes of other medical schools seeking to advance their commitments to social mission? This is a good challenge.

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