



**WELCOME TO YOUR FUTURE
CAREER**

MEDICAL SCHOOL OF AMERICA

A presentation by Casey Sheahan

2020

What Medical Schools used to look like

Students would apply to Medical Schools through the AMCAS Application. Schools were either public or private institutions and operated individually. Acceptance rates were low and tuition was incredibly high.

Students would be enrolled for four years. They would either have one and a half or two years of pre-clinical curriculum where they were in a classroom. Then either two and a half or two years where they would rotate through different services and clerkships in a hospital.

They would then in their fourth year enter the Match Process which is a nationally run system that matches each graduating medical student into a speciality based on their ranked lists and the hospitals' lists.



THE ISSUES

COST

Medical schools were continuously rising in costs leaving students with on average \$175,000 of debt.

ADMISSIONS

Much of what was being reviewed in the admissions process was GPA and MCAT score and did not give a comprehensive view of the applicants and many did not have the same opportunity to prepare for the MCAT exam because of cost of preparation materials.

DIVERSITY

For a variety of reasons, it was much more difficult for under represented in medicine applicants to apply, be qualified enough to meet admissions standards and to justify the cost of the debt. Numbers of URIM students were very low.

QUANTITY

Medicine was becoming less appealing of a field to enter into because of the increasing debt, decreasing salaries and hours worked in the week. It also took sometimes 13 years to get to the students desired speciality after school, residency, and fellowship.

WHAT WE ARE FACING NOW



UNIVERSAL HEALTHCARE

Universal Healthcare has brought down the salaries of Medical Doctors across the country causes a deficit of doctors. On top of that, universal healthcare increased the demand of doctors needed, especially in primary care. It has become no longer economically feasible for doctors to incur the amount of debt they were in the past.

INCREASE IN TECHNOLOGY

With the increase in technology for medical devices, medical school curriculum and continuing education for MDs has to be constantly updated to reflect the newest devices and technologies.

INCREASE IN RESEARCH NEEDS

Global Warming has steeply increased the amount of Infectious Diseases. Therefore, we need more students that interested in this field and conducting research as well.



WHAT TO IMPROVE

2100

Looking at the four main issues listed with medical education and what we are facing as a country now, we decided to come up with a plan to tackle it all and change the field of medicine.

We took advice and opinions from medical professionals, students, patients and everyone that would be impacted by the change in the field to create this new educational system.



MEDICAL SCHOOL OF AMERICA

INTRODUCING

HOW THIS WORKS: MEDICAL STUDENT PATH

STEP 1

Any student with a bachelors degree can enroll in the Medical School of America. All students will take the first year and a half of curriculum.

STEP 2

Students will take the courses online. All major cities will have study hub spaces with tutors offering students the chance to live anywhere.

STEP 3

All students at the conclusion of the year and half will take the Step 1 Board Exam. If they pass they will continue. If not, they can retake up to 3 times.

STEP 4

They have two options after passing Step 1. They can either apply to an independent medical school or continue on with MSA.

STEP 5

They will go through clinical rotations in either option. An independent school can offer more flexibility and individualized attention, but comes at a higher price.

STEP 6

All students will go through the match process at the conclusion of their four years, but the number of students for each residency speciality will be decided by demand.

WHO WE ARE



LEADERSHIP

Elected Physicians

All leadership positions will be elected by the entirety of MSA. Each student, faculty member, and staff member will receive platforms and bios for the physicians running for Board of Directors and Dean positions. Each term will last for 2 years and every position will need to rerun after their term has ended.



FACULTY

Basic Science Professors
and Clinicians

We interviewed and selected top basic science faculty members and clinicians from around the country to make up the faculty of MSA. All students can anonymously report and give feedback on all faculty members they believe are not performing up to our standards



STAFF

Administrative and
Academic Support

We have put together an effective team of administrative and academic support staff that will be available for students throughout different time zones and beyond the basic 9-5 pm schedule to ensure our students have help whenever they need it.

30%

OVERALL COST OF DEBT IS 20% OF
WHAT IS USED TO BE

Our goal is for individual student debt to be at or under 20% of what students used to graduate with. Total average debt used to be around \$175,000 per student. We believe we can succeed in getting this number to be around \$50,000 per student, which is around 30% of the old total debt.

GOALS



MEETS DEMAND

We are hopeful that these changes will increase the pool of interested potential applicants and will widen some thresholds in the system that gave certain applicants unfair advantages.

LOWERS TUITION COSTS

By standardizing the first year and a half of medical school, we can massively lower the cost and hopefully make it free for most students. If they chose to attend an independent institution, they would only be paying for two years and the institutions overhead would be lowered hopefully lowering costs.

OFFERS FLEXIBILITY

Students now have the opportunity to attend whenever it makes sense for them. They have the choice to stick with MSA or if they are drawn towards a specific independent institution for the unique program and what they offer they still can pursue that opportunity as well.