Curricular Monikers: What's in a Name?

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**Abstract**

**Introduction:** An increasing number of North American medical schools are assigning unique names (“monikers”) to their undergraduate curricula, but it is unclear as to how often this occurs, and what kind of names schools are choosing.

**Method:** A manual review of the 160 websites that corresponded to Schools of Medicine that were either fully or provisionally accredited by the Liaison Committee on Medical Education (LCME).

**Results:** 31.5% of the 143 U.S. allopathic medical schools and only one (5.8%) of the 17 LCME accredited Canadian medical schools currently associate a unique curricular name with their undergraduate medical education programs. Use of a constant-comparative technique suggested that schools that did assign a curricular name to their programs had selected names that aligned to one of eight over-arching themes.

**Conclusions:** While curricular names were somewhat less commonly applied in schools located in the western United States, no specific trends in thematic choices predominated in any geographic region. However, the impact of curricular themes on current and/or prospective medical students remains an area for continued exploration, as does the longitudinal question as to whether thematically named curricula succeed in delivering their intended results.

**Keywords:** Curricular Names; Curricular Themes Used in Undergraduate Medical Education

**Introduction**

The 2\(^{nd}\) Carnegie Foundation Report (Cooke, Irby and O'Brien, 2010) emphasized the importance of professional identity formation. While this certainly applies to individual students, does it also apply to the names associated with medical school curricula? Stated another way, what message does a curricular name convey to prospective applicants? Do contemporary curricular names evoke a set of common themes?

Our collective impressions suggested that an increasing number of North American medical schools have begun
assigning a specific curricular name to their educational programs. As a result, we reviewed the literature which confirmed that while an increasing number of curricula were being named, we did not find any published analysis as to the type of names that have been chosen or their underlying themes. We also wondered if there might be a geographic distribution to the naming of curricula or if this might be a phenomenon of public vs. private or newer vs. more established medical schools. This report addresses these questions.

Methods

During the period of 15 May – 10 June 2018, a manual search of all (N=160; 143 U.S and 17 Canadian) full or provisionally, LCME accredited (LCME, 2018) School of Medicine websites was conducted, supplemented by the use of site-specific searches, using terms such as "curriculum", "academics," "school of medicine," "medical student," and "MD degree." To triangulate our findings, this website review was supplemented by a review of feedback received from a USUHS IRB approved electronic (Qualtrics) survey on curricular revisions that was distributed during the month of August 2018. The survey was sent to the Associate Deans for Education and/or to the Associate Deans for Curriculum at all North American medical schools accredited by the LCME and included a question specifically asking, "does your current or revised curriculum have a name?" Finally, to further reduce the likelihood that any curricular names were inadvertently overlooked, three co-authors (SD, WG, and LP) each re-reviewed a randomized selection of 5% of websites for which a curricular name was not identified in the primary review. None of these reviews identified a curricular name.

Criteria for inclusion were educational programs that had a unique curricular name that encompassed the entire program of undergraduate medical education and that pertained to a single-tracked, medical degree (MD) programs. Names that applied to a specific pathway within the curriculum—such as "Leadership Curriculum" or a "Rural Medicine" track were excluded. Combined programs (ex: MD/PhD) were excluded.

Other exclusionary criteria were general descriptors—such as "The MD Curriculum," or "Integrated Curriculum. Names were, however, included, if they were associated with another descriptor—ex: "Vermont Integrated Curriculum" or VIC. Additionally, names or titles that primarily incorporated the name of the school alone (ex: "Boston University School of Medicine Curriculum" or "University of Louisville School of Medicine Curriculum"), or the name of the campus (ex: "Hershey Curriculum" and "University Park Curriculum" at the Penn State College of Medicine) were also excluded. Finally, we also excluded names related to specialized programs within the schools. For example, the "Flexible MD" program at the University of Minnesota that allows up to six years for completion, or the three-year "Accelerated Curriculum" at Penn State College of Medicine. These results are presented in Table 1 - see Supplementary Files.

In order to better clarify the array of identified curricular names, we used a constant-comparative technique, beginning with a provisional review and alignment of each of the identified programmatic names into 12 potential categories. This preliminary categorization was drafted by one of the authors (AP), and was subsequently reviewed, refined, and consolidated to a finalized list of 8 categories by a three-person subgroup comprised of three clinical educators (AP, WG and MO), using the qualitative techniques of consensus review and discussion. The finalized designation and alignment of the curricular names into these 8 categories are conveyed in Table 2 (see Supplementary Files) and reflected the attainment of complete consensus among all three reviewers.

Results/Analysis

Of the 143 U.S medical schools with full or provisional accreditation by the LCME, 45 schools had a unique name
associated with their MD programs representing a prevalence rate of 31.4%. (Although only counted once, Harvard had two names—see Table 1). Of the 17 LCME accredited, Canadian medical schools, only 1 of 17 (5.8%) had a unique name associated with their MD programs.

While a variety of themes are represented by the listed array of curricular names, names relating to exploration and to the domains of science and technology were the most prevalent, followed closely by names associated with institutional recognition and by what we are calling complex and/or undifferentiated themes. No clear theme predominated among the 46 North American schools, however an increasing number of schools (N=8) appear to be employing the use of creative acronyms (ACE, M-Delta, CIRCLE, LEARN, Next Step, etc) to describe their curricular approaches and evoke correlating imagery.

Notably, when the 45 U.S. schools with distinctive curricular names were analyzed in accordance with geographic region—using the four regions (Northeast, South, West, Midwest) defined by the U.S Census bureau, a relative paucity (N=5) of the 21 medical schools located in the Western United States (23.8%) had assigned specific names to their medical school curricula. This was in contrast to the number of Northeastern schools of which 13 of 34, or 38.2% had adopted a unique curricular name. Similarly, 12 of the 34 Midwestern schools (35.3%) had ascribed curricular names to their academic programs, as did 15 of the 54 Southern schools (27.8%). Efforts to identify trends in curricular themes used in different geographic regions were inconclusive, particularly given the relatively small number of curricular names that were aligned in any one category.

Using the 2017-2018 index of U.S. Medical School published in a recent edition of the *Journal of the American Medical Association* (Barzansky and Etzel, 2018) as a guide, when considering medical schools in the 50 U.S. states, a relative predominance of private medical schools (19 of 51, or 37.3%) had assigned a specific name to their curricula, as opposed to the number of public medical schools (26 of 92 or 28.2%) that had done the same.

An additional review, based on the duration of LCME accreditation (LCME, 2018), revealed that while 30 of the U.S. medical schools accredited on or prior to 1942 had assigned distinctive names to their curricula, only 11 of the U.S. schools accredited in the 30-year increment between 1943-1973 had done the same. Surprisingly only 2 schools accredited in the period between 1974-2004, and 2 schools accredited on or after 2005, had assigned specific curricular names to their curricula.

**Discussion**

Schools with distinct curricular names did not seem to associate with any single, predominant theme, nor was there a clear predilection for the use of distinct curricular identifiers in private vs. public, or new vs. long-standing medical programs. While a relative paucity of schools located in the western region of the United States had associated distinct curricular names to their programs, the significance of this finding remains unclear. While it appears that curricular names can be important—given that they succinctly convey important information about a medical school's educational program, a question that has yet to be answered involves determining whether there are any substantive differences between named versus unnamed curricula? And if so, in what ways?

As we look to the future, an intriguing, longitudinal question involves determining whether and how each of the curricular themes described above actually succeeded in delivering the intended results? Stated another way, have academic goals and objectives been modified so as to be fully concordant with the chosen moniker? For example, are students who matriculate to a change-oriented curriculum better prepared to innovate and implement positive change in the organizations in which they ultimately serve? Do these students tend to pursue career opportunities aligned with innovation and change? And, is there an inherent value proposition associated with assigning a specific name to an educational program?
Limitations of this current exploration are associated with the fact that this review was based on information derived from publicly accessible websites. As such, it is possible that some schools may already have, or may be in the process of assigning a name to their curriculum but have not yet posted this information on their public website. It should also be noted that this current review focused only on LCME accredited medical schools. Osteopathic schools were not included in this particular report, but a comparative analysis could serve as a foundation for a future review.

Conclusion

This study confirmed that a significant number of North American medical schools--U.S. medical schools in particular, have in fact, incorporated the use of a distinct name when describing and/or marketing their undergraduate curricula. While there did not seem to be a singularly predominant category or theme, it does appear that in an era in which inter-personal communication increasingly revolves around the dissemination of concise, character limited "Tweets", that the selection of a descriptive and informative curricular name can have strategic implications when it comes to attracting potential matriculants and prospective faculty. That said, there are still some unanswered questions. For example, what influence, if any, do curricular names have on various subgroups of prospective medical students? Specifically, does the presence of a distinctive curricular name attract, or detract from consideration by prospective students? Does the presence of a distinctive curricular name--or an implied curricular theme, attract, or detract consideration by prospective students? Finally, one might explore the question as to whether or not the schools that have unique curricular names agree with the categorization suggested by objective reviewers? These are just some of the practical and programmatic questions that emerge when considering "what's in a name?" and when trying to further clarify the role in which a curricular name may influence the program and process by which individual students attain and/or influence the process of professional identity formation.

Disclaimer: The views expressed are those of the authors and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

Take Home Messages

1. Assigning a unique curricular name to an undergraduate medical education curriculum appears to be an increasingly common phenomenon in North American medical schools.
2. A well selected curricular name can be an efficient and effective means of using social media to consisely convey a wealth of information about a medical school and/or the type of students, faculty and staff that may be particularly interested in the school's curriculum.

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Appendices

None.

Declarations

The author has declared that there are no conflicts of interest.

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