

4 ways medical school will challenge you more than undergrad

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Medical school is an experience unlike any other level of academic training students have experienced to that point.

What makes medical school more difficult than undergraduate education? As a faculty member who encounters students early in their medical training, Stephanie Corliss, PhD, is well qualified to discuss the transition from undergrad to medical school.

She is assistant director for education evaluation and research at Dell Medical School at the University of Texas at Austin, one of the 37 medical schools that are members of the AMA Accelerating Change in Medical Education Consortium.

Here's some of the insight Corliss offered on why medical school is difficult and where students struggle.

The competition is stiff

The average grade point average for students entering medical school in 2018 was 3.72, according to the Association of American Medical Colleges. So the students who get accepted into medical school tend to be among the best and the brightest.

"In undergrad there's variability in student performance. By the time someone gets to med school they are top performers," Corliss said. "They have worked hard and achieved a lot to get to medical school. Sometimes, if they are comparing themselves to their peers, it is the first time they haven't been the best of the best. I like to tell students: 'Don't compare yourself to others. You need to figure out what strategies work for you.'"

The pace is fast

In undergrad, courses can go on for three or four months. In medical school—particularly with many medical schools compressing preclinical training to less than two years—they can last a month or less.

“It is a lot more information and it’s coming very quickly,” Corliss said. “We use the analogy of drinking from the fire hose. It may feel like that at times.”

The volume is furious

You need to know more information in medical school than you do in undergraduate training. The fact that each lesson builds upon the previous one makes it such that students must stay on top of each concept.

“The level of information you need to know is different,” Corliss said. “In undergrad, it is a lot of facts and now we are moving to a lot of concepts, theory and problem solving.

“In undergrad, you can memorize something for a test and move on. But information in med school is cumulative and you’re going to use this knowledge in the clinical setting. We are really trying to get students to focus on long-term learning and retention and to acquire lifelong learning skills. Students must be able to assess their own learning needs, identify any learning gaps, use appropriate resources and learning strategies to meet these learning needs, assess their progress, and make any adjustments if needed.”

The student isn’t always the focus

During preclinical training, the learning environment is generally a classroom and the assessment metrics are typically similar to the tests students take in undergrad. All that changes when a medical student moves in to the clinical environment, Corliss said.

At that point, “it switches from being student-centered to being patient-centered. Everyone is focused on the patient, so the students need to learn to adapt to that.”

Clinical training “is a very different way of learning,” Corliss added. “The assessment structure is different. You are not given multiple-choice tests. You are being assessed by the faculty you work with on your performance. Students need to find ways to demonstrate what they know and what they can do. They need situational awareness about when is the right time to speak up and when is the

right time to listen.”