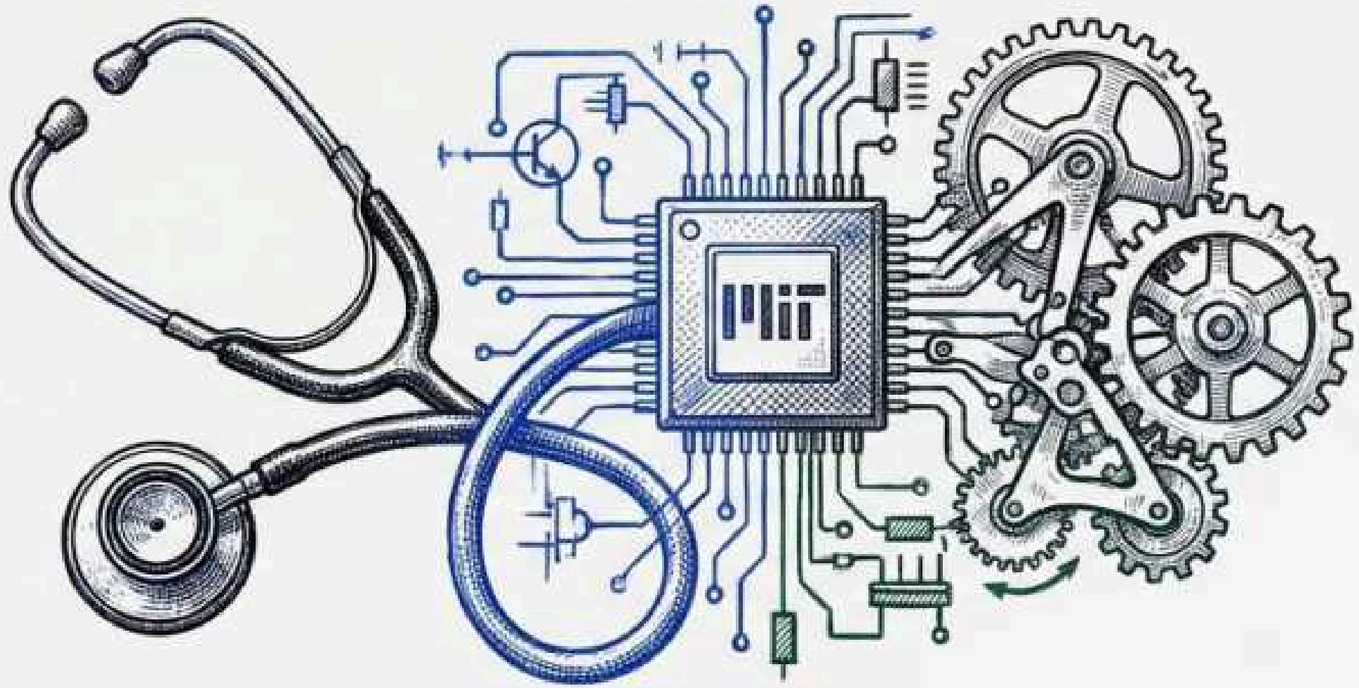
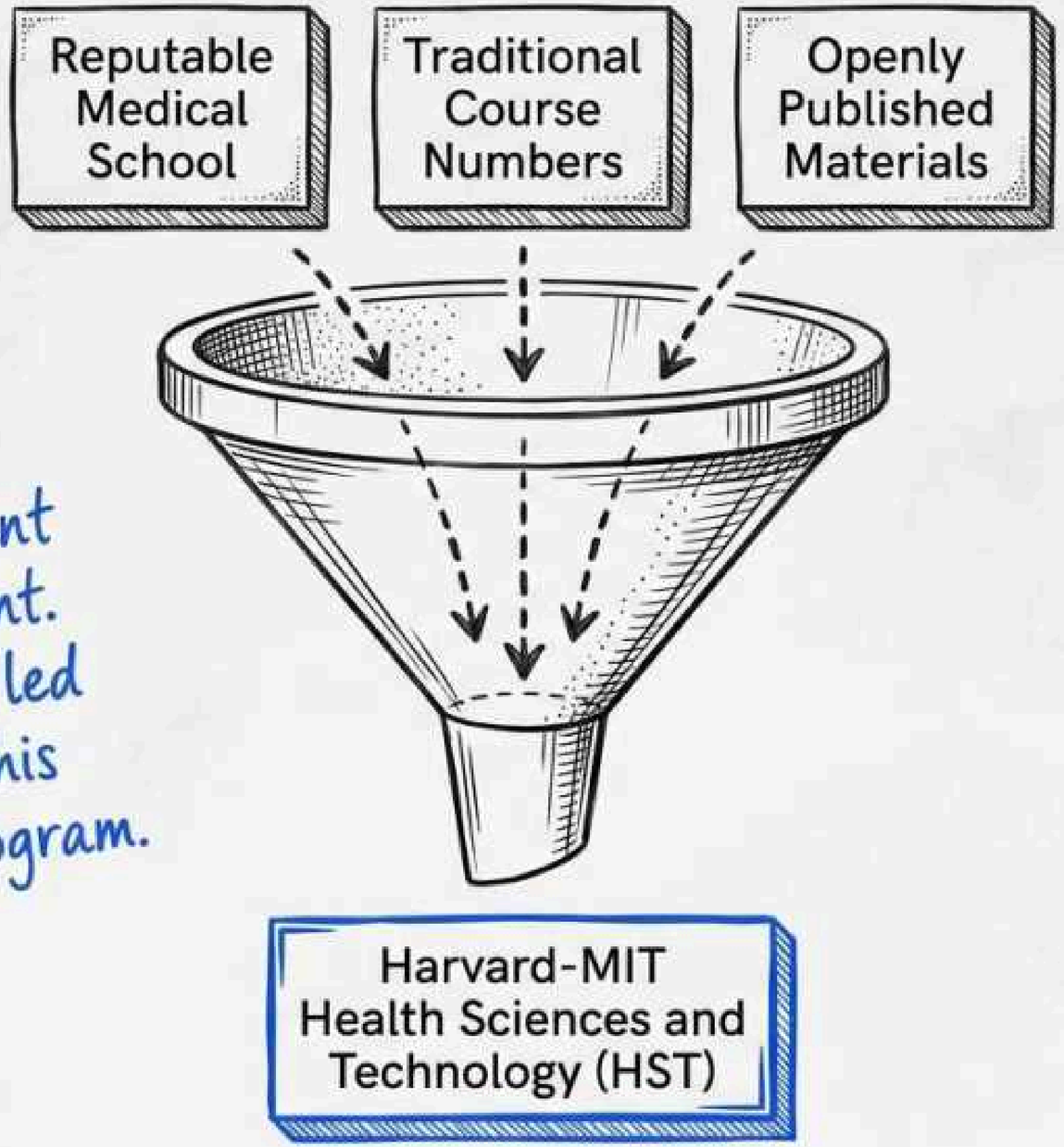
At a glance: The Harvard-MIT HST program, the two Harvard tracks, MIT OpenCourseWare, and how the Academy uses them.

Where the Courses Come From

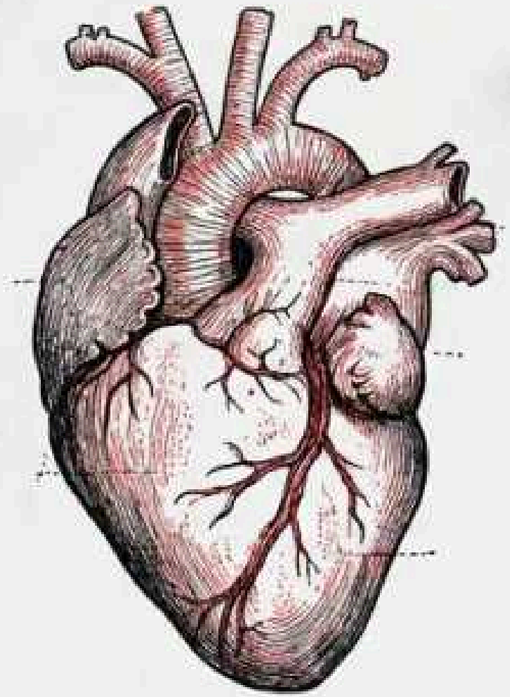
Decoding the Harvard, MIT, and HST Curriculum Model



Anderson Academy • MED 500 B • Lecture 2

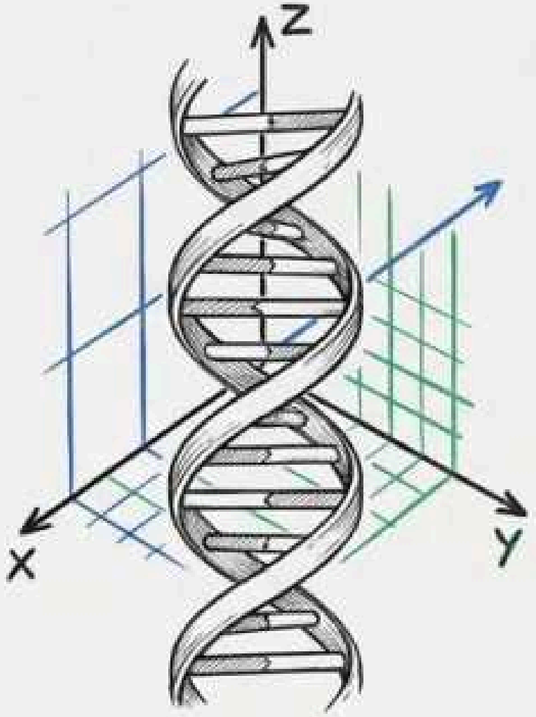


Every department needs a blueprint. Gary's criteria led directly to this unique joint program.



Medical Science

+



Engineering

=

The Physician-Scientist

- Bridging patient care with research.

Founded: *1970 (One of the world's oldest such programs)*

Cohort: *~30 medical students admitted per year*

Degree Earned: *Doctor of Medicine from Harvard Medical School*

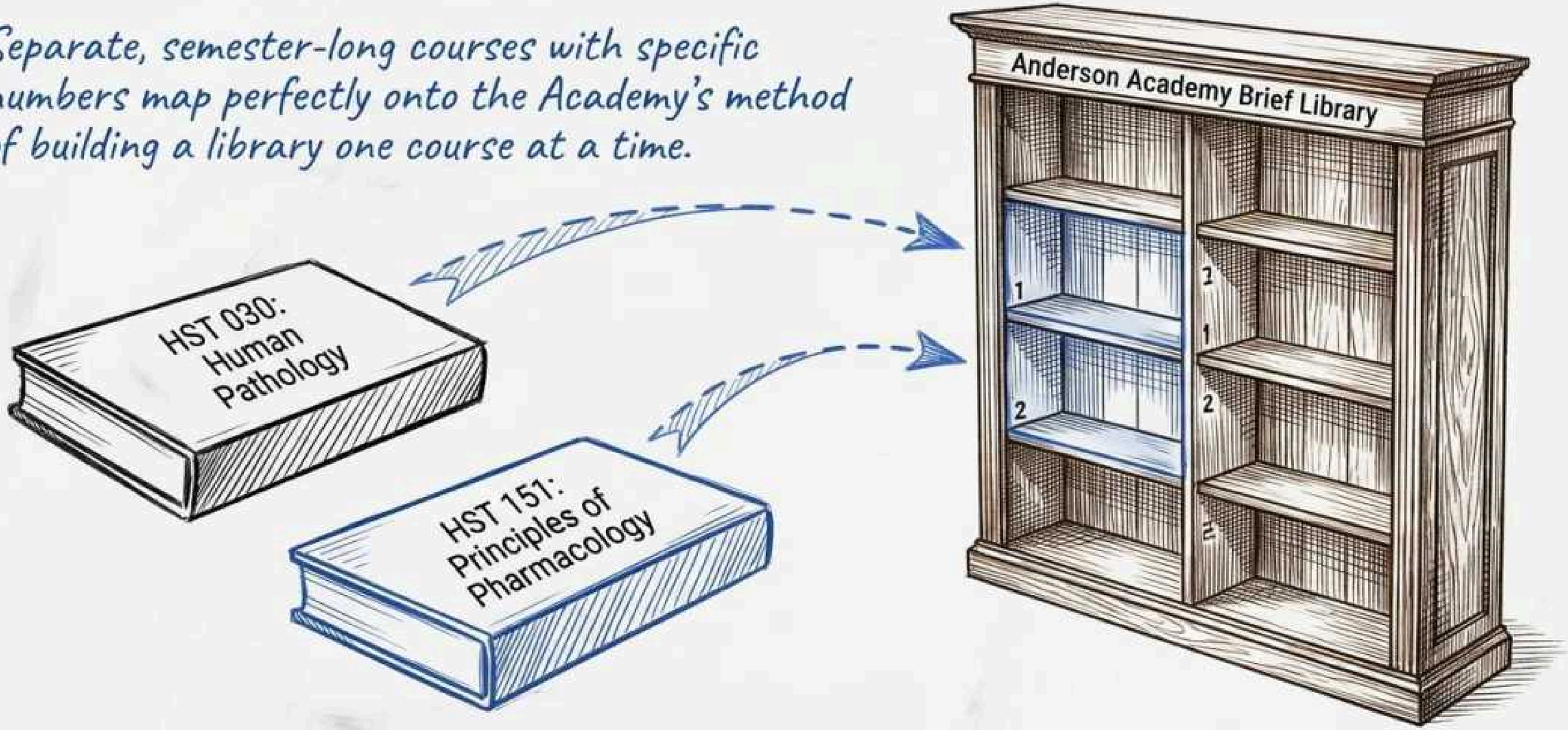
Feature	Pathways Track	HST Track
Size	~135 Students/Year (The larger route)	~30 Students/Year (The smaller route)
Approach	Traditional	Highly Quantitative (Shared with MIT)
Calendar	Standard	MIT's Semester Calendar

Shared clinical year & final phase → One Harvard MD

The divergence happens early in the classroom years, but both paths converge for clinical training.

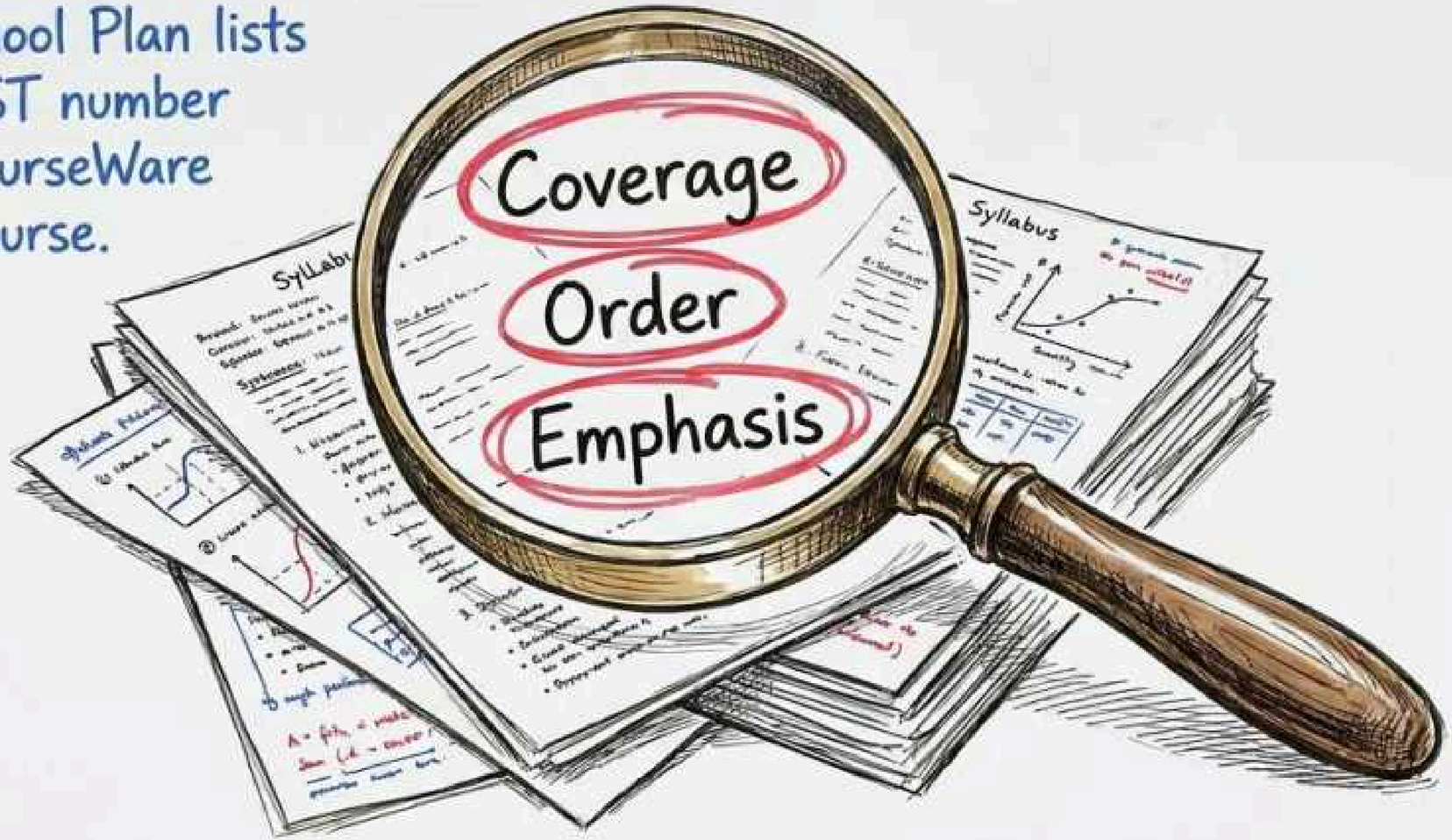
Reason 1: The Semester Architecture

Separate, semester-long courses with specific numbers map perfectly onto the Academy's method of building a library one course at a time.



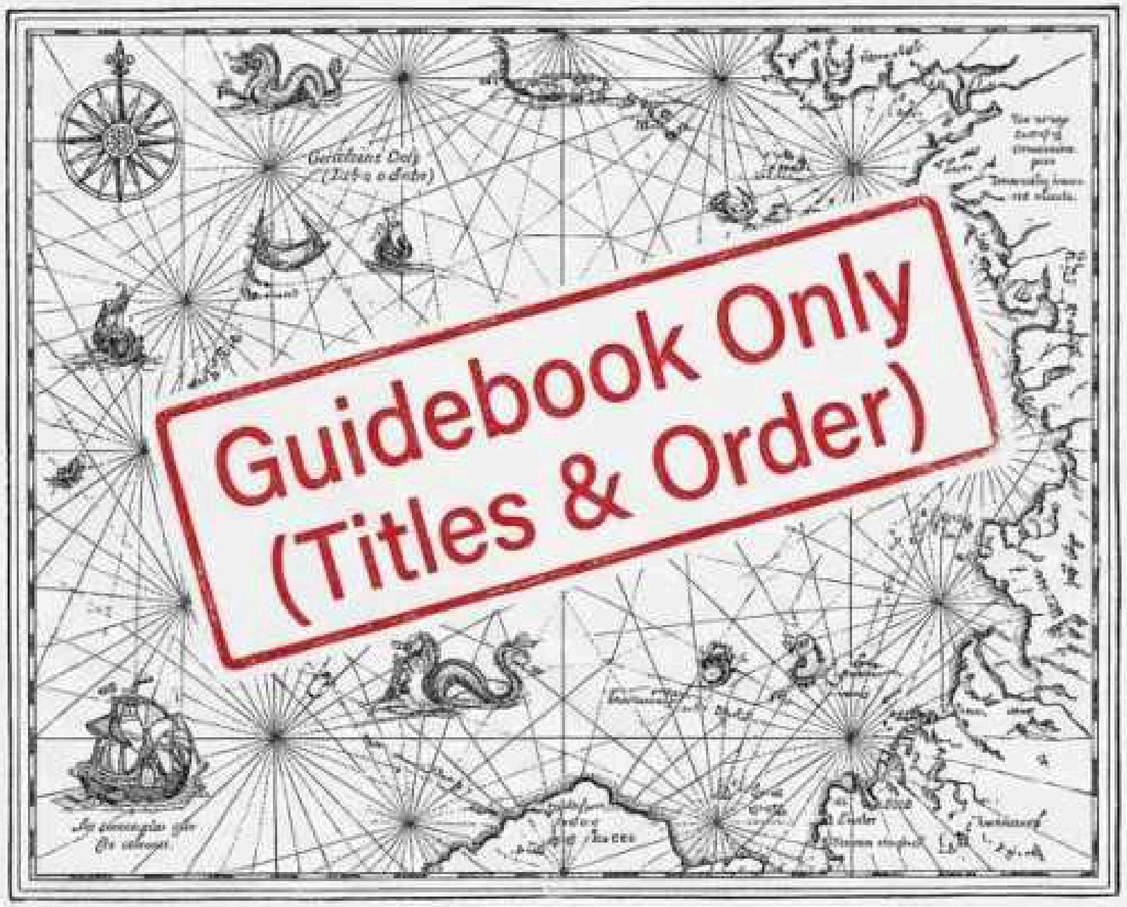
Reason 2: The Power of Openness

The Medical School Plan lists the matching HST number and any OpenCourseWare link for every course.



MIT OpenCourseWare (Syllabi + Lecture Notes + Reading Lists from past years) = A Reliable Guide.

HST Curriculum



Academy Lectures



The lectures are written fresh by the Academy, in its own words. Nothing is copied from Harvard or MIT, and the Academy has no official connection to either institution.

Filling the Gaps

When syllabi are unavailable or archived, we build from the ground up. The content is always the Academy's own, and ultimate responsibility for any error is Gary's.

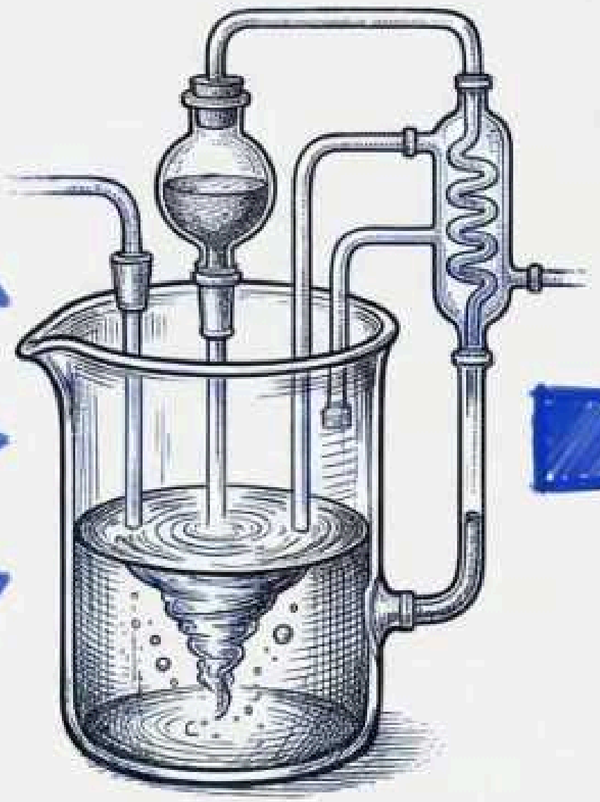
Published Course Descriptions

Standard Textbooks of the Field

Reputable Open Sources



Listed in References



100% Original Academy Content

Medicine

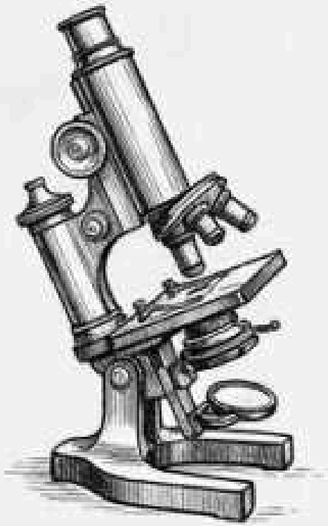
Surgery

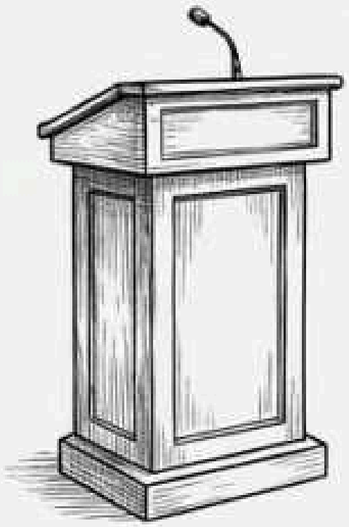
Paediatrics

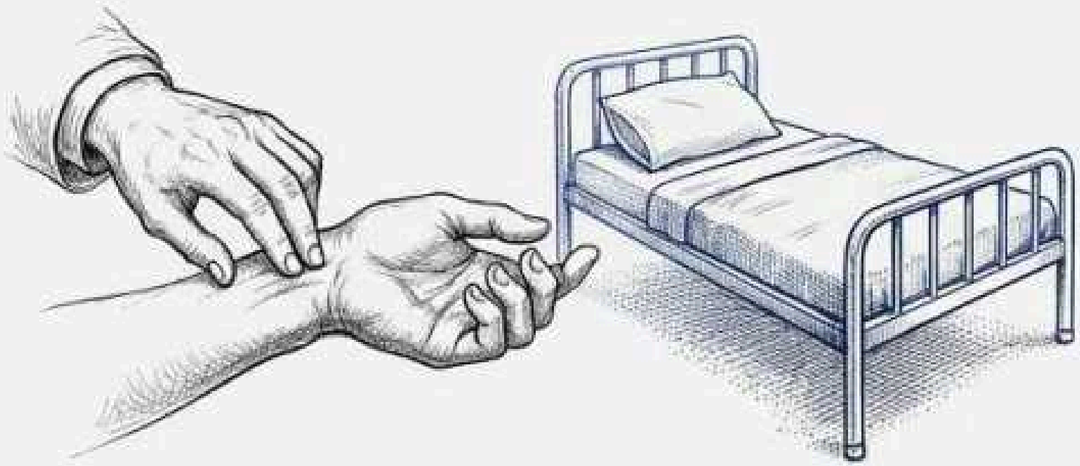
Psychiatry

Preclinical / Preclerkship Years

The Clinical Year (Principal Clinical Experience)



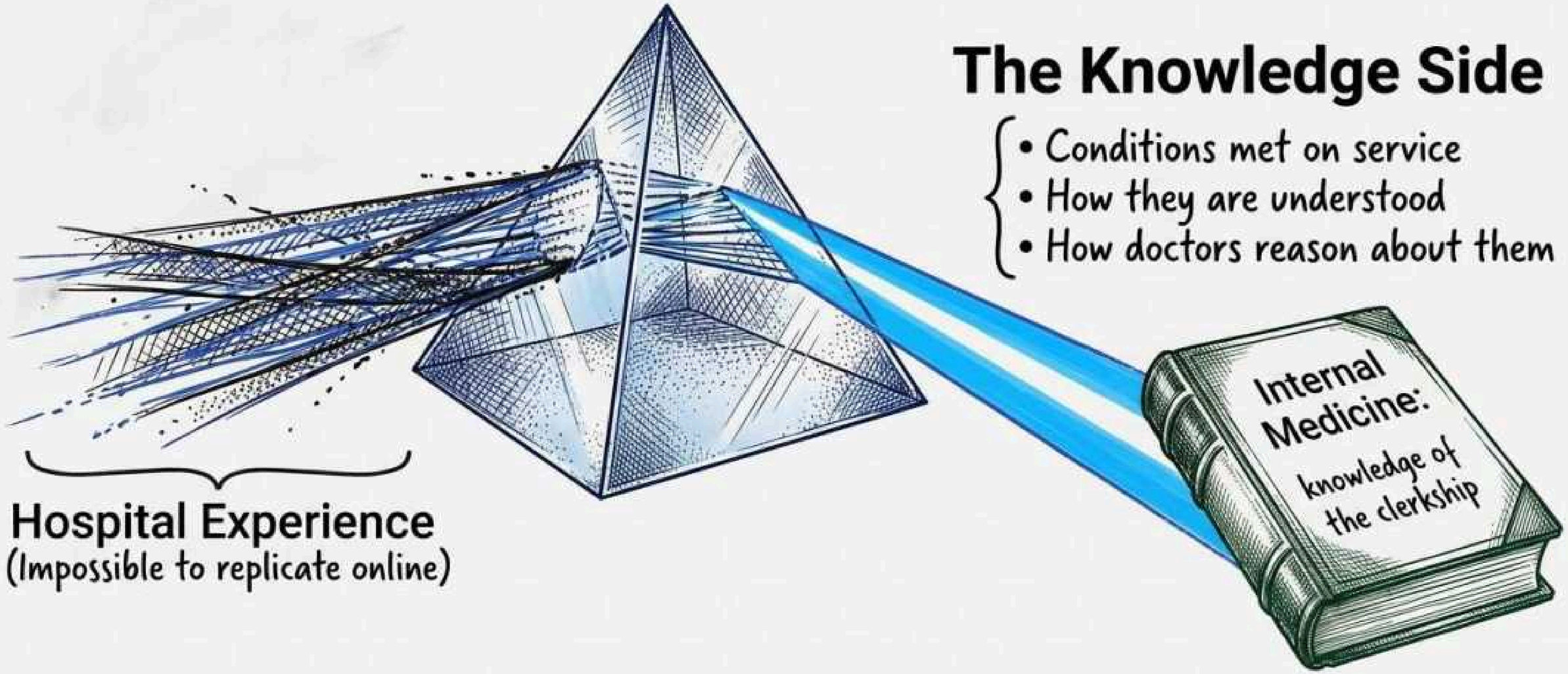




Learning mainly in classrooms and laboratories (Numbered Courses).

Working in hospitals (No Classroom Numbers)

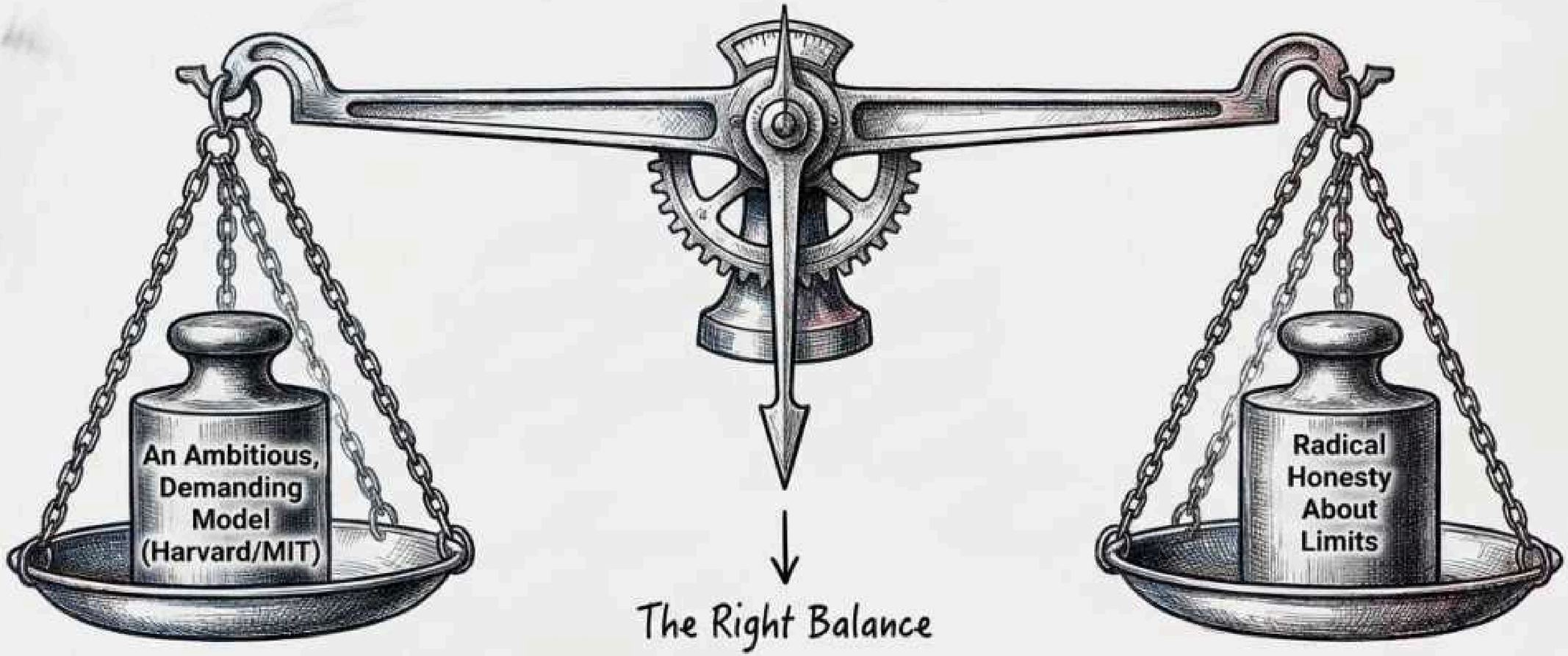
The Academy cannot give hospital experience, so it doesn't try.
The limits are made perfectly clear in the course names themselves.



The Philosophy of Rigor

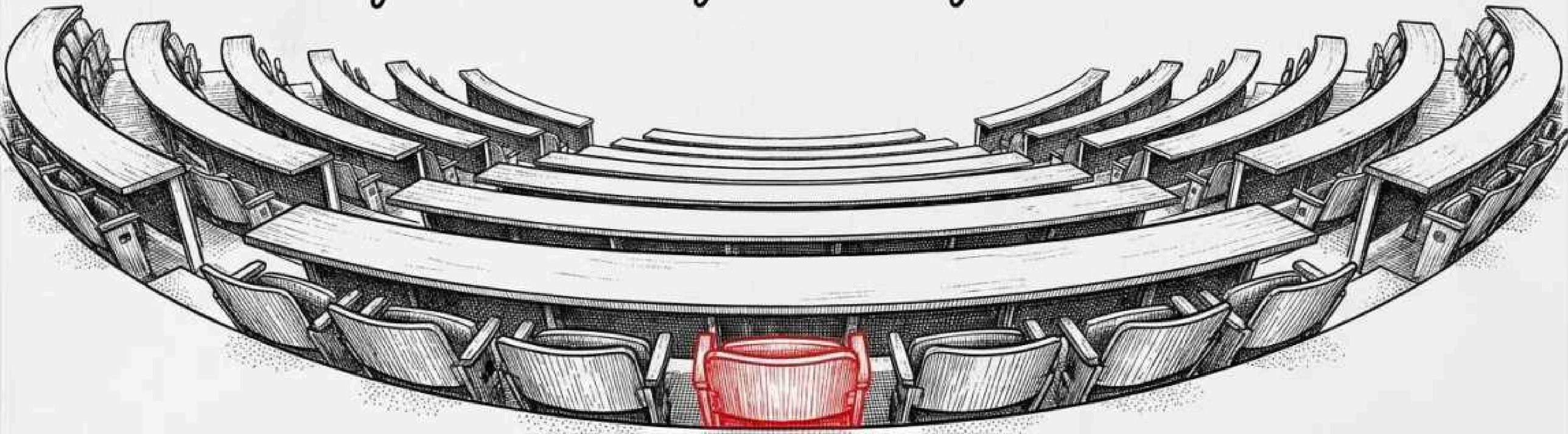
¶ 2.10

Why base a free library on a highly selective program? Because a demanding model sets a high standard. You meet the core of modern medical science, knowing exactly where every piece fits.



If you could sit in on one course from a famous university, which would you choose, and why?

What would you hope to take away from it that you could not get from a good book?



Looking Ahead to Lecture 3

¶ 2.12

Next, we look at how a physician is actually trained—from the very first day to a lifetime in medicine.

