Not your grandfather’s med school: Changes trending in med ed

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After many decades that saw little change in how medicine is taught, medical schools are rethinking nearly every facet of physician training. A report analyzes the efforts to better prepare the physicians of the future and presents trends in medical school curricula. These include earlier exposure to patient care, growing focus on the science of health systems, more team-based learning opportunities, shorter times to completion and greater emphasis on new technology.

“Medical Education: Health Care Trends 2016 – 2017 Edition,” a report issued by the AMA’s Council on Long Range Planning and Development, cites how widespread change already is happening in some areas. Case in point: A survey by the Liaison Committee on Medical Education found the number of schools requiring interprofessional education doubled in less than ten years—from 44 percent in the 2007 – 2008 school year to 88 percent in 2014 – 2015.

Hot spots of change

Harvard Medical School, a member of the AMA’s Accelerating Change in Medical Education Consortium, has initiated a set of changes that the report calls “one of the most complete curricular reforms since the Flexner Report in 1910.” This includes emphasizing “learning to learn,” beginning with a 14-month pre-clerkship program focusing on the core medical knowledge needed to work in hospitals. In addition, students work in a primary care setting once every other week.

Another member of the consortium, the Mayo Clinic School of Medicine in Rochester, Minn., partnered with Arizona State University to introduce a new core curriculum for first-year medical students that focuses on six domains in the science of health care delivery: high-value care, population-centered care, team-based care, leadership, person-centered care, and health policy, economics and technology. In addition to earning a medical degree, students in the program also have the opportunity to earn a master’s degree in Science of Health Care Delivery.

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The report also notes significant changes schools outside the AMA consortium. For example, first-year students at Hofstra Northwell School of Medicine begin their training with a nine-week course involving night shifts with emergency medicine technicians, after which they are certified as emergency medical technicians. The goal of the course is to prepare students for changing care models through better understanding of the roles played by other health professionals.

As part of an effort to increase access to care in underserved parts of the state, the Medical College of Wisconsin has created two new medical school campuses, Green Bay and Central Wisconsin, which offer curricula that eliminate summer, midterm and holiday breaks and allow students to graduate in just three years. The programs focus on training surgeons, psychiatrists and primary care physicians who will live and practice in underserved areas following their training.

And the University of California, Irvine School of Medicine offers “Health 2.0 + Digital Literacy,” an elective course on emerging trends in health care technology and social media. The school offers additional training sessions and workshops on specific emerging technologies, the business of technology and the startup market.

Creating the med school of the future

The report also cites more systemic changes taking place in medical education, including through the AMA’s Accelerating Change in Medical Education Consortium. Since 2013, the AMA has awarded $2.5 million in grants to 32 member schools, including Harvard, Mayo and others, to pilot changes in curricula. Together, the 32 schools enroll an estimated 19,000 medical students, or 18 percent of all U.S. allopathic and osteopathic medical students.

Experts from the AMA and faculty from 11 of the member schools recently came together to author *Health Systems Science*, the first textbook to define and codify the “third pillar” of medical education and provide a framework for its implementation nationwide. Topics include value-based care, patient safety, quality improvement, teamwork and team science, leadership, population health, socio-ecological determinants of health, and health care policy and economics.

Work-life balance to play greater role

Based on these trends, the report includes several predictions about the future of medical education in the U.S. Among these, it cites the growing importance of work-life balance among millennials. Those who choose careers in medicine, it says, will select specialties with less demanding training and time requirements.
The report also analyzes data on:

- Medical school applicants, enrollees and faculty
- Student debt
- Transition to residency
- Residents and fellows
- Graduate medical education funding
- Resident duty hours
- Mental health among students and trainees
- Continuing medical education
- Physician re-entry

The findings from this report are available in the AMA’s Education Center. *AMA PRA Category 1 Credit™* is available.

**Submit a presentation to ChangeMedEd 2017**

ChangeMedEd™ 2017, Sept. 14 – 16 in Chicago, will bring together innovators to transform how future physicians are trained. The meeting, cosponsored by the AMA and the AMA Foundation, seeks to cultivate a community of innovation to create the medical school of the future and further the work of the Accelerating Change in Medical Education initiative. Presentation submissions are welcome.