How Vanderbilt University School of Medicine is evolving medical education

Each month, the AMA highlights institutions that are part of the AMA Accelerating Change in Medical Education Consortium to showcase their work with the consortium and innovations in medical education.

Featured institution and leadership

Bill Cutrer, MD, MEd
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Accelerating Change in Medical Education strategy areas of focus: Competency-based medical education, coaching, Master Adaptive Learner

Number of years in the consortium: 7 years (since 2013)

What are your Accelerating Change in Medical Education project and goals?

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The original Vanderbilt University School of Medicine (VUSM) project recognized the need for a comprehensive redesign of physician education and embarked upon an ambitious restructuring of the undergraduate medical education (UME) program, entitled Curriculum 2.0.

Launched in 2013, we have now graduated several classes who have experienced the Curriculum 2.0 program, which is not a static sequence of courses, but is instead a dynamic health care system of learning that adheres to competency-based principles, situates learning in the workplace, generates and incorporates evolving health care knowledge, and responds to changing needs of patients, populations and learners.

Ongoing work is centered around continued improvement and refinement in the areas of Competency-Based Portfolio Coaching, Master Adaptive Learning, and Health Systems Science (HSS). The programmatic assessment provides students with developmental milestone and entrustable professional activity (EPA)-based performance data to pair with individualized coaching, thereby allowing students to progress through the Planning, Learning, Assessing, and Adjusting phases of the Master Adaptive Learner (MAL) process. Targeted curricula seek to instill habits of mind, approaches to lifelong learning, and belief in the centrality of HSS, internalizing these essential components into one’s professional identity as a physician.

What are some recent accomplishments related to your Accelerating Change in Medical Education work at your institution that you would like to share with the broader medical education community?

Our UME programmatic assessment is built around competency-based milestones and EPAs. Based upon feedback from students and frontline faculty/resident assessors, as well as analysis of the performance of specific milestone language, we implemented the first major revision to our assessment approach since the launch of Curriculum 2.0 under the guidance of Director of Evaluation and Assessment Cody Chastain, MD.

Led by Kendra Parekh, MD, the Portfolio Coaching program has refined the format and timing of coaching sessions used to foster student self-assessment and development. Additionally, under the co-leadership of Heather Ridinger, MD, MHPE, and Jennifer Green, MD, MPH, the Foundations of Health Care Delivery program, which delivers our HSS curriculum, overhauled the way our post-clerkship students participate in mentored quality improvement projects.
How has work you have done as a member of the consortium prepared you to respond to disruptions related to COVID-19?

Working with the Accelerating Change in Medical Education Consortium has helped prepare our team to be nimble and adaptable as we confronted new challenges related to COVID-19 and its impact on medical education. Having a ready-made network of like-minded peer schools and leaders greatly facilitated data-gathering in the early days of the pandemic about how other schools were handling similar challenges, such as the impact on learning for students in the classroom and those in clinical space.

The consortium’s steady stream of webinars and discussion forums provided incredibly useful opportunities to process the current context, explore avenues forward, and begin to think beyond the pandemic to "lessons learned."

What do you think will change about medical education in the next 5 years?

Looking ahead, we believe there will be even more emphasis placed on competency-based assessment and education for trainees. These models move away from norm-based comparisons to fellow trainees toward a criterion-based approach that sets expectations, related to competencies and EPAs for example, and holds trainee progression to these standards. Such a transition will necessitate support in the forms of dashboards in electronic portfolios to display programmatic assessment data, individualized coaching and emphasis on lifelong learning to help trainees thrive.

Can you share some strategies to maintain team engagement and well-being in this challenging time?

One strategy incorporated into our team meetings, under the leadership of Senior Associate Dean for Health Sciences Education Donald Brady, has been "Appreciation Fridays." Each participant is given the opportunity to describe someone/something they are grateful for that morning. It has fostered a collective sense of gratitude.

Additionally, on our staff Zoom meetings we have incorporated Zoom background challenges, such as favorite movie/TV show or favorite wellness activity. It has been a great way to get to know each other even a little more deeply despite the virtual format.