How value-added roles can transform medical education

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To students entering medical school in 2021, it might seem unremarkable that so much of their first years of learning is done in virtual and in-person classrooms. But just a generation ago—before various legal, financial and regulatory changes took hold—medical students were key members of clinical teams almost throughout their four years of medical school.

Unfortunately, with the loss of time in clinical learning environments, medical students have also lost authentic learning opportunities. And with students entering clerkship roles mainly as observers, faculty physicians have seen their clinical efficiency and productivity negatively affected too.

But there are lots of ways medical students can, and should, be adding value to the health care system. A new instructor-directed textbook, *Value-Added Roles for Medical Students*, lays out the historical background and conceptual foundations that underpin value-added roles for medical students. It also gives concrete examples of value-added roles and models for implementing them.

*Value-Added Roles for Medical Students* is part of the AMA MedEd Innovation Series, which provides practical guidance for local implementation of the education innovations tested and refined by the AMA Accelerating Change in Medical Education Consortium.

Learning is experiential

“The big picture with value-added roles is that we need to return to some of the tenets that fit in educational theory,” said Jed D. Gonzalo, MD, MSc, associate dean for health systems education at Pennsylvania State University College of Medicine, who is one of the editors of the book and co-wrote the book’s first two chapters. “Learning happens when you’re actually doing.”

Chapter 1, “Concept of Value-Added Roles: Creating a Community of Practice,” provides examples of learning opportunities available in value-added roles, focusing on the potential to enhance education
and add value to local health systems.

Central to the concept is health systems science—an understanding of how care is delivered, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery—which can act as a passport into value-added roles.

“Within weeks of starting medical school, students can partner with nonphysician health care professionals to make authentic and meaningful contributions at a time when they are just beginning on the path to traditional doctoring competencies,” the authors wrote, citing patient navigators as prime examples.

“These students report extensive learning in both [health systems science] and clinical skills, including interprofessional collaboration, communication, the context of health care delivery systems, high-value care and social determinants of health,” they wrote.

Creating paths to success

Chapter 2, “Current and Emerging Models,” has historical perspectives on the evolution of value-added roles for medical students and identifies priority areas for designing them. These include clinical preceptorships, students as educators, service-learning experiences, student-run free clinics, and research and systems projects.

“A lot of these skills are what we would expect an intern or a resident to have,” Dr. Gonzalo said. “In other words, they help us answer, ‘Who’s really good? Who’s well-rounded?’”

But it’s not just about developing students’ competencies during medical school, Dr. Gonzalo said. It’s about creating better practicing physicians and medical educators years later.

“We’re trying to accelerate their growth, so they become better residents,” he said. “And by doing that, they’ll become better faculty physicians.”

Learn more about value-added roles

Other chapters in Value-Added Roles for Medical Students explore the role of program evaluation in value-added education, case studies of longitudinal experiences and guidance for planning, launching, sustaining and growing value-added roles.
The first book in the AMA MedEd Innovation Series, *The Master Adaptive Learner*, is an instructor-directed textbook designed to help faculty engender the habits of mind for lifelong learning in medicine in their students.

The AMA also recently released the second edition of the *Health Systems Science* textbook, which is a framework for this third pillar of medical education. A companion, *Health Systems Science Review*, provides case-based questions followed by discussions of answers and suggested readings.