Understanding the health care system with University of Chicago Pritzker School of Medicine

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

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University of Chicago Pritzker School of Medicine, Chicago

Number of years in the consortium: 7 years

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

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Our project was to introduce the “broccoli” or the concepts of health systems science which we have named VISTA (Value, Improvement, Safety, Teamwork and Advocacy) into our existing curriculum through a longitudinal thread that focused on implementing active learning and clinical experiences in the context of the clinical skills curriculum as well as other existing courses and orientations. Our goal was to graduate students with a greater understanding of the health care system and who were prepared to contribute to the health care system as a value-added member of the team to advance these concepts.

One exciting thing about the longitudinal nature of our involvement in the consortium is we are seeing graduating classes report greater understanding of these topics, which we believe is a direct result of our project.

What are some recent accomplishments related to your Accelerating Change in Medical Education work that would be of interest to others in the medical community?

As a school that does not have an on-campus and formal affiliation with a nursing school or a pharmacy school, probably the most interesting accomplishments in our program are in the realm of teamwork. Specifically, we partnered medical students with practicing nurses on high-performing team units to complete a nursing shift (UNITE: Understanding Nursing Interprofessional Team Experiences) and have expanded to include similar experiences with practicing pharmacists and physical therapists.

All preclinical students participate in a “mock Multidisciplinary Rounds” and “Discharge OSCE” with interprofessionals including social work, case management, nursing and physical therapy to execute a successful discharge. Building on these experiences, we have now have stood up a highly-rated interprofessional clerkship under the direction of our director of interprofessional education. As we know in health care, teamwork makes the dream work.

How does your work contribute to advancing equity, diversity and belonging in medical education?

The Pritzker School of Medicine is the only top-ranked research medical school that is also ranked as one of the top 10 most diverse schools in the United States. Pritzker pioneered the first required health care disparities and antiracism course which was shown to influence students to matriculate here. As a school that values inclusive excellence, we are always looking for ways to promote health equity. In
VISTA, our focus on health care value includes a focus on affordability and that not everyone can pay for basic care such as medications.

As such, we introduced the concept of cost-related nonadherence at the time of taking the medication history so that students can gather this important history and use strategies to lower the cost of medications for patients in real-time using (GOTMEDS?). In addition, through various value-added roles, we have highlighted the importance of advocacy for patients that face major social needs, in particular through the patient-centered longitudinal program and also screening patients for opioid disorder in the ED and working with pharmacy to prescribe naloxone.

Our Pritzker students are leaders in using systems science to improve equity in the community through our now six student-led free clinics. For two years in a row, our trainees have had the most number of submissions accepted to the AMA Health Systems Science Challenge, many of which focus on equity.

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

As medical education continues to be long and costly, it's important to consider strategic ways to lower the costs and improve the quality and measure the outcomes. As we face eminent judicial threats to ensuring diversity and also providing a full spectrum of reproductive health care to patients, we will need to innovate and partner in ways to ensure that we preserve diversity but also obtain the best training possible to ensure access to care.

One thing that the pandemic has taught us is the need to redesign learning experiences to be more active and immersive, especially in the preclinical phase. With that, at the Pritzker School of Medicine, we have embarked on a full-scale curriculum renewal process titled EVOLVES (Ensuring a vision for leading with our values to education students). As part of this process, we have solicited input from stakeholders that highlight the need to preserve values but also the need to change. In addition, we have also revised our medical education program objectives to include specific objectives in those things that we value: for example systems science, as well as health equity, diversity and inclusion and social justice.

While we explore creating active and immersive learning experiences early in our curriculum through a crowdsourcing process for ideas that are co-created with learners and interprofessional teams, we are also struck by the need to go back to the basics, especially after the pandemic and ensure that all students are coached to be able to build trusted doctor-patient relationships as well as serve as trusted messengers in their community.
Can you share some strategies to maintain team management and well-being in health care?

At UChicago Medicine, we are big believers in approaching well-being through a systems science lens. In addition to ensuring personal resilience, it’s equally and if not more important to focus on ease of practice- in essence using systems science principles to improve the actual daily work for our clinicians. As such, we focus on what “fixes” we can make for both students, residents and faculty in the actual clinical and educational system to make their lives easier. One program we pioneered with health system leadership was the “WhatToFix” system which has generated user-submitted fixes ranging from personal health all the way to electronic health record changes to reduce clicks, including many generated by our trainees. Our GME leadership has also implemented opt-out mental health visits, a fast track for health care issues and processing groups for those coming into our organization.

In addition, with our new hiring of a chief wellness officer, in conjunction with wellness leaders at Pritzker and in GME, we are working towards a more coordinated approach to well-being across the continuum of education so that all levels of learners from student to faculty can restore their joy in practice and learning.