INFORMATIONAL REPORT

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 9-A-08

Subject: Initiative to Transform Medical Education: Update on Implementation Plans

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ITME to Date

The American Medical Association Initiative to Transform Medical Education (ITME) aims to promote excellence in patient care by implementing reforms in the medical education and training system across the continuum from premedical preparation and medical school admission through continuing physician professional development. ITME is led by an AMA committee consisting of representation from the Board of Trustees, the Council on Medical Education, the Section on Medical Schools, the Resident and Fellow Section, and the Medical Student Section.

Council on Medical Education Report 13-A-07, "Initiative to Transform Medical Education: Strategies for Medical Education Reform," described the background leading up to ITME and the results of the initial two Phases. Phase 1 of ITME (2005-2006) identified strengths and opportunities for improvement in the educational preparation of physicians to interact with patients, function effectively and efficiently within their own health care organizations and the larger health care system, and act as caring professionals in society. Phase 2 (2006-2007) developed recommendations for change to remedy these gaps in the education and training system.

Recommendation #5 of CME Report 13-A-07 called for an update on ITME to be presented to the House of Delegates at the 2008 Annual Meeting. This informational report summarizes the current activities of ITME in implementing the recommendations from Phases 1 and 2. The AMA House of Delegates will receive more detailed information about these activities in reports prepared for the 2008 and subsequent Annual Meetings. The implementation period (Phase 3 of ITME) is scheduled to run from 2007-2010.

Core ITME Themes

Phase 2 of ITME resulted in 10 specific recommendations for change across the medical education continuum (see Appendix). In order to assure that implementation activities are coherent and coordinated, the recommendations have been clustered into four core "themes." These themes are forming the organizing framework for ITME activities over the next 12 to 24 months.

Theme 1: Promoting Physician Professional Development

The medical education system must assure that physicians possess appropriate professional attributes. To do this, there is a need to: (1) define and evaluate for the desired characteristics as part of the admissions process; and (2) develop a learning environment in which these desirable characteristics are focused and enhanced as the physician proceeds through all stages of training.

Current Activities

- *Selecting the Physicians of the Future*

ITME currently is conducting a broad-based literature review as a first step in studying the current medical school admissions process. The review process includes collecting information on the characteristics that medical school define as desirable in applicants, the methods used to evaluate whether applicants possess these characteristics, and the relationship of these characteristics to outcomes. The results of this review will form the basis of a report to the House of Delegates at its 2009 Annual Meeting. This review also will inform the development of collaborative relationships aimed at disseminating best practices and enhancing their use.

- *The Medical Education Learning Environment*

Many have cited the current learning environment as being responsible for the decrease in important professional attributes, such as altruism and empathy, as medical students and residents proceed through training. On December 13-14, 2007, ITME held an invitational conference of 40 experts from various disciplines and perspectives, including researchers in medical education and organizational change, medical school and residency program administrators and faculty members, and members of medical education-related associations and organizations. This diverse group first developed a comprehensive definition of the learning environment and then used that definition to identify and prioritize factors that affect learner's acquisition of appropriate professional attitudes, values, and behaviors. Based on this, participants identified current gaps in education, research and policy/standards that, if remedied, would mitigate negative factors in the learning environment and enhance positive ones. Finally, the group developed recommendations for change in areas related to the educational process and to policy (such as institutional policies and reward systems, accreditation requirements), and suggested strategies that could be used to bring change about. Areas for additional research also were itemized. The final report of the meeting will be available in June, 2008.

Theme 2: Transforming the Educational Process Across the Continuum

The medical education system must provide the opportunity for physicians to develop all the competencies needed for practice in the ever-evolving health care system and to meet the health care needs of the population. To accomplish this goal, there is a need to consider which competencies physicians should acquire, the educational settings and methods that should be used for training, and the assessment methods that can be used to assure that the competencies have been acquired. Both teachers and learners need to be prepared to function in a true educational continuum that allows the seamless and iterative development and assessment of the identified competencies.

- *Lifelong Learning*

Physicians must continue to learn throughout their professional lives. This requires that physicians acquire: the skills of self-assessment, so that they can identify their learning needs in a timely manner; of information retrieval, so that they can identify accurate information to meet those learning needs; and of knowledge application, so that they can appropriately apply the information in the context of the care of individual patients. An initial identification of the barriers to physicians acquiring and utilizing these skills is included in a report to the House of Delegates at its 2008 Annual Meeting (Council on Medical Education Report 3, "Physician Lifelong Learning"). Using this as a basis, ITME is working to identify models and best practices that can be used to overcome these barriers. Recommendations from this study will be presented to the House of Delegates at its 2009 Annual Meeting.

- *Education to Meet the Evolving Needs of Patients*

In order to be prepared for eventual practice, medical students and resident physicians must learn in settings that address the needs of patients and the population. This could include experiences in organized delivery systems, such as a Medical Home, that deliver coordinated care to meet the needs of the patient population. A report to the House of Delegates at the 2008 Annual Meeting (Council on Medical Education Report 4, "Educational Implications of the Medical Home Model" describes current attempts to implement education within the Medical Home concept and defines the needed changes that would permit more such broad-based educational opportunities.

Theme 3: Enhancing Flexibility in Physician Career Paths

Currently, the career path of a physician is, in general, set at the time of residency and fellowship training. Divergence from this path is difficult. For example, specialty and subspecialty training typically occur at the front-end of training and there are few options if a physician wishes to later change his/her specialty. As new subspecialties emerge, the length of the time physicians spend in training increases, adding to this "front loading" phenomenon. Increasing subspecialization also wedges physicians even more firmly into a defined career path. In addition, physicians who wish to leave clinical practice for a period for family or health reasons are finding increasing barriers to re-entry. This difficulty also may be experienced by physicians who move into administrative or other non-patient care roles.

- *Reentry to Practice*

The American Academy of Pediatrics (AAP) has an ongoing series of workgroups as part of its Physician Reentry into the Workforce project, which have included Council on Medical Education participation. The workgroups address such things as workforce implications, licensure/certification, and education. In conjunction with the AAP, ITME will sponsor an invitational conference on physician reentry in the fall of 2008. As background for the conference, the Council on Medical Education has prepared Report 6, "Physician Reentry," which outlines the barriers to reentry and proposes a set of guiding principles that should be used in the creation of a reentry program.

After the work on reentry has been completed, ITME, through the Council on Medical Education, will undertake a study of remediation and retraining.

- *Growth of Subspecialization*

As new subspecialties are added, there is the potential to increase fragmentation in both practice and training. ITME will consider the historical development of, and review the benefits and potential shortcomings related to, the evolution of specialties and the proliferation of subspecialties. This activity is based on Council on Medical Education Report 12-A-06, "Impact of Increasing Specialization and Declining Generalism in the Medical Profession."

Theme 4: Aligning the Regulation and Financing of the Medical Education System with the Needs of Educational Transformation

The regulation and financing of the medical education system is not now organized to support coherent innovation across the continuum. Medical education has been organized into three discrete phases: medical school, residency training, and continuing education. This compartmentalization is mirrored by the accreditation system. The United States Medical Licensing Examination process also still fosters the separation between basic and clinical sciences and between the conceptual and practical application of medical knowledge. The current system

for financing medical education also creates barriers to desired innovations, such as the movement of training to the community.

Transformation requires that there be more coherence across the phases of medical education so as to create a true educational continuum. As needed changes are identified by the work of the three preceding themes, ITME will determine how the regulation and financing of medical education can be made to facilitate, and not inhibit, the recommended changes. A comprehensive set of proposals for such changes will be created for national discussion in 2010, as a culmination of Phase 3 of ITME.

Summary of Progress to Date

Council on Medical Education Report 13-A-07 recommended that our American Medical Association:

> continue to recognize the need for transformation of medical education across the continuum…and the need to involve multiple stakeholders in the transformation process, while taking an appropriate leadership and coordinating role.

In the past year, initial priority areas for action have been identified and steps taken to address them, in collaboration with relevant stakeholder groups. The ITME themes provide a road map for change. Additional projects will be added to each theme, resulting in a comprehensive set of recommendations and implementation plans by the end of Phase 3 in 2010.

ITME, through the Council on Medical Education, will continue to keep the House of Delegates informed of progress.

1 APPENDIX

ITME Phase 1/2 RECOMMENDATIONS

1. Apportion more weight in admissions decisions to characteristics of applicants that predict success in the interpersonal domains of medicine. Use valid and reliable measures to assess these traits.

2. Consider creating alternatives to the current sequence of the medical education continuum, including introducing options so that physicians can re-enter or modify their practice.

3. Introduce core competencies across the medical education continuum in new and expanded content areas that are necessary for practice in the evolving health care system.

4. Introduce new methods of evaluation (such as multi-source evaluations, self- and peer-assessment, and competency-based assessment) that are appropriate to assess the core competencies.

5. Ensure that faculty at all stages of the educational continuum are prepared to teach new content, employ new methods of teaching and evaluation, and act as role models for learners.

6. Ensure that the organizational environment in medical schools and teaching hospitals tangibly values and rewards participation in education.

7. Ensure that the learning environment throughout the medical education continuum is conducive to the development of appropriate attitudes, behaviors, and values, as well as knowledge and skills.

8. Enhance coordination among accreditation, certification, and licensing bodies.

9. Support enhanced funding for medical education research, planning, and delivery across the continuum.

10. Evaluate the effectiveness of changes in the medical education system based on their outcomes.