CREATING THE MEDICAL SCHOOLS OF THE FUTURE

AMA Accelerating Change in Medical Education Initiative

Richard E. Hawkins, MD
Vice President, Medical Education Outcomes
November 11, 2016
Disclosures

- AMA employee
- Co-editor of a textbook on assessment of clinical competence
- Co-editor of a textbook on health systems science
Calls for Reform of Medical Education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010
David M. Irby, PhD, Molly Cooke, MD, and Bridget C. O'Brien, PhD

Calls for Change in Medical Education

A Decade of Reports Calling for Change in Medical Education: What Do They Say?
Susan E. Stroehlak, MD, MPH

Abstract

Purpose
To review the recommendations of 15 U.S. and Canadian reports, published in the last decade, that call for significant change in medical education.

Method
The author selected for review 15 reports published over the last ten years that emphasize general recommendations for change in medical education in the United States and Canada and that represent a broad spectrum of sources.

Results
The purpose, methods, and content of each report are briefly described. The reports were selected because they address comprehensive change in medical education and have been recently published. The reports are categorized based on their inclusion of eight major themes integrating the educational continuum, need for evaluation and research, new methods of financing, importance of leadership, emphasis on social accountability, use of new technology in education and medical practice, alignment with changes in the health care delivery system, and future directions for the workforce.

Conclusion
There is remarkable consistency in the recommendations of the author groups. All of the reports focus on the face of problems, and some of their recommendations have been put into practice, but it is time to start aligning changes in medical education with the needs of the health care delivery system and the health care workforce.

Gaps In Residency Training Should Be Addressed To Better Prepare Doctors For A Twenty-First-Century Delivery System

Francis J. Crosson¹, Jean Leu², Beth M. Roemer³ and Murray N. Ross⁴

Institution: AMERICAN MED ASSN – LIBRARY | Sign In as Member / Individual

ACCELERATING CHANGE IN MEDICAL EDUCATION
AMA Accelerating Change in Medical Education

Goals:

• Create competency based assessment & flexible individualized learning plans
• Develop exemplary methods to achieve patient safety, performance improvement and patient centered team care
• Understand the health care system and health care financing
• Optimize the learning environment
Accelerating Change in Medical Education Initiative

- $13.5 million in grants to medical schools
  - 11 schools in 2013
  - 21 schools in 2015
  - 19,000 students ~ 33 million patient visits each year

- Consortium formed to jumpstart and speed dissemination of ideas
  - Venue for collaboration, innovation and scholarship
AMA Accelerating Change in Medical Education
Consortium Innovation Themes

- Integration of medical education and health care systems
  - Emergence of “Health Systems Science” (HSS)
  - Value-added roles for medical students (and faculty)
  - New schools:
    - Immersive learning in PCMHs, ACOs, community-base sites
    - Chronic disease, population health, equity and social determinants
    - Measuring health care outcomes

Health Systems Science – “the principles, methods, and practice of improving quality, outcomes, and costs of health care delivery for patients and populations within systems of medical care”
AMA Accelerating Change in Medical Education
Consortium Innovation Themes

teachingEMR
Indiana University School of Medicine
in conjunction with the Regenstrief Institute

Health Care by the Numbers
New York University School of Medicine

REDEI System
Oregon Health & Science University School of Medicine

Vstar ePortfolio
Vanderbilt University School of Medicine

M. Villahermosa Pouwels, 2016
AMA Accelerating Change in Medical Education
Consortium Innovation Themes

Competency-based programming
• Time independent progression through medical school

Focus on ‘systems’ competencies
• Quality improvement
• Patient safety
• High-value, cost-conscious care
• IPE → IPP
• Telemedicine-based IPE and IPP
• Advocacy
AMA Accelerating Change in Medical Education Consortium Innovation Themes

• Envisioning the Master Adaptive Learner

• Faculty Development
  – Mentoring / coaching
  – Quality and safety

• Student wellness
AMA Accelerating Change in Medical Education
Consortium Innovation Themes

• Workforce solutions to improve population-based care
  – Accelerated training in primary care
    • Focus on leadership and population management
    • Partnership with health care system

• Fostering common curricula across sites

• Development of metrics – value of medical education innovation
ACE Consortium: A Community Supporting Collaboration and Scholarship

• Venue for communication, benchmarking, collaboration
• Annual and thematic meetings
  – Clinical informatics competencies, community-based learning, technology
• Interest groups
  – Health systems science, competency-based assessment, faculty development, clinical informatics and learning technology, social determinants of health, leadership and change management, master adaptive learner, student wellness, chronic disease management,
• 45 publications / 230 invited and peer-reviewed presentations
• Collaboration
  – Health Systems Science textbook
  – National Evaluation Plan
Health Systems Science textbook

- Published by Elsevier in December 2016
- ACE Consortium members editors & authors
- Royalties to the Consortium
American Medical Association
In Collaboration with the National Board of Medical Examiners

Examinee Performance Profile
Health Systems Science
000000 - Generic Medical School

ID: 0000
Name: Student A

Test Date(s): mm/dd/yyyy
Total Percent Correct Score: ###

The score you received on this examination is shown above. This Performance Profile is provided to aid in self-assessment. The profile provides information regarding your performance compared to the performance of a comparison group of examinees on the major content areas of the examination. The comparison group includes first-time takers from LCME-accredited and COCA-accredited medical schools who took this examination under standard testing conditions. The mean performance of the comparison group is represented by the vertical line.

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. A ▼ or ▲ symbol indicates that your performance band extends beyond the displayed portion of the scale. Because many of the content areas are based on a relatively small number of items, small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Please note that many items may contribute to more than one content area. Use caution when interpreting differences in performance across content areas.

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<thead>
<tr>
<th>Health Systems Science Content Area</th>
<th>Lower Performance</th>
<th>Average Performance</th>
<th>Higher Performance</th>
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<tr>
<td>Evidence-based Medicine</td>
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<td>Teamwork</td>
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Future Directions and Considerations

• Self-sustaining Consortium
  – HSS textbook royalties
  – HSS subject examination fees
  – Revenue from innovative products and services
  – Fee-based model
• “Community of Innovation” – continuous
• Exploration of the continuum
• Expansion of the consortium
Mark your calendars! Next fall join the American Medical Association at CHANGEMEDED | 2017, a national conference bringing together leaders from across the education continuum as well as from innovative educational institutions to continue changing the way future physicians are trained.