"The State of Medical Education"
Challenges and Opportunities

• Clinton Adams, DO, FAAFP
• College of Osteopathic Medicine of the Pacific
Objective Today

- The time is now
- Review National Consensus Documents
- Make the Case
- Look to the immediate future
Are These Aspirations Great enough?

HTTP://WWW.YOUTUBE.COM/WATCH?V=JUQJQJXJZJC#T=110
• Think like a doctor
COUNCIL ON GRADUATE MEDICAL EDUCATION

Twenty-First Report

Improving Value in Graduate Medical Education
COGME -21st

- Curriculum is inadequate:
  - Population Health
  - Care Coordination
  - Team Based Practice

- Support IOM Triple Aim
  - Better care
  - Better health
  - Lower Cost
COGME -21st

- Change in Medical School Learning Environment
  - Longitudinal experiences starting in year one
  - Remove/decrease block rotations
  - Dramatic increase in clinical relevance in year one and two
  - CEHC culturally effective health care

- Recruit Medical Students to align with workforce needs
  - Eva and Associates work on MMI

- CBME
  - Competency Based Medical Education
    - Not credit hour based medical education
NMC Technology Outlooks

- Comprehensive research effort started in 2002 to identify emerging technologies to impact education in subsequent 5 years

Collaboration between the New Media Consortium and the EDUCAUSE Learning Initiative
As learner participate in online activities, they leave a trail of analytic data that can be mined. Part of engaging students in deep learning across online environment is personalizing the experience. Competition from unexpected sources is challenging our traditional business model. Low Digital Fluency of Faculty. Lack of rewards for Teaching.
NMC Horizon Report

• **Learning Technologies**
  – Badges/Microcredit
  – Learning Analytics
  – MOOC
  – Mobile Learning
  – Online Learning
  – Open Content
  – Open Licensing
  – Virtual & Remote Labs
  – Personalize Learning Env.
They are Coming after Us!
No more can we get away with the stuff we did!
Geriatrics and Palliative Care

Public Policy & Aging E-Newsletter
Highlighting Key Developments and Viewpoints in the Field of Aging Policy

Volume 7, Number 4, September 2013

I. This Issue’s Major Policy Story: Funding for Aging Research and Services

- Unlimited Potential, Vanishing Opportunity
- Reimagine Aging: The SENS Research Foundation 2013 Research Report
- Aging in America: We Can Do Better

II. What’s Happening in Washington?

- Commission on Long-Term Care Final Report
- The Health Insurance Marketplace
Leadership Training a Must for Physicians

- Applied management Skills
- Analytic Skills
- Strategic Skills

- Medical school curriculum…has not left room for leadership training

- Medical schools must do a better job of preparing….by expanding candidate search criteria to include …emotional intelligence
Health care leaders and policymakers have tried countless incremental fixes—attacking fraud, reducing errors, enforcing practice guidelines and making patients better “consumers”, implementing electronic records—but none have had much of an impact.

HBR October 2013
“Providers Must Lead the Way in Making Value the Overarching Goal”

- Value Agenda
  - Organize into Integrated Practice Units (IPUs)
  - Measure Outcomes and Cost for every Patient
  - Move to Bundled Payments
  - Integrate Care Delivery Across Separate Facilities
  - Expand Excellent Services across geography

- HBR October 2013
University of Calgary Medical School

• Organizes teaching around the 120+/- 5 ways a patient can present to a physician.
• These clinical presentations can take the form of historical points (e.g. chest pain), physical examination signs (e.g. hypertension), or laboratory abnormalities.
• This structure thus takes the over 3200 dentities known in medicine, and organizes them within the framework of the finite (120+/-5)
BUILDING THE FUTURE: Educating the 21st Century Physician

Report of the
Blue Ribbon Commission for the
Advancement of Osteopathic Medical Education

Co-Chairs:
Boyd R. Buser, D.O.      Marc B. Hahn, D.O.
DOCTORS WITH PLASTICITY?

- Medical education is fundamentally conservative, indoctrinating new generations into the failed ways of the old. For too long we have hugged the shore of safe and acceptable tradition. —Richard Horton, The Lancet

What should we be Doing

• Experimenting / discussing old ideas, new ideas, innovation (CAPE Seminars)
• Let go of preconceived 1940 beliefs that the student needs to be physically in the class room
• Create faculty learning communities
• Review on a national scale what we currently teach in detail that is no longer standard of practice
What should we be Doing-2

- Sending Faculty to Benchmark Institutions
- Promotion and Tenure to progressive, creative Faculty dedicated to curricular and learning science - (Not just Bench Work)
- Validate admissions process with Mission
- Increase validation and understanding of Curricular Mapping
- Reduce “in class” lecture and increase activities that support critical thinking; not memorization
HOMO DIGITUS

Nicholas Carr
What should we be Doing-3

- Understand the new Avitars (digital health coaches), Dr. Watson (IBM in the pocket), Genetic trackers, zip-code-omics
- Have departments in genomics and wireless with an unprecedented commitment to fostering individualized, personalized medicine.
Atherosclerosis of a Profession

- We’re using 3,000-year-old tools to deliver health care in the richest country on the planet. —Jay Parkinson, Fast Company

What should we be Doing-4

- Realize Life-Long learning is a reality
  - USMLE and COMLEX will move to a 2 step process emphasizing Clinical Medicine with BS support not the other way around
  - Residencies will be measured by MILESTONES not clock hours
  - Practicing Physicians will recertify in an active manner, continuously, not just by taking a test every 7-10 years
What should we be Doing-5

• Create TRACKS in education
  – Primary Care Focus
  – Independent study
  – Competency based advancement
  – BRC Model
  – Longitudinal learning
  – Advanced Placement
  – Global Medicine: Outreach & Impact
Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice and discipline.

Recommended Readings

- **Disruptive Innovation**
  - Clay Christensen

- **The Innovator’s Prescription; A Disruptive Solution for Health Care**
  - Clay Christensen, Jason Hwang, MD

- **Creative Destruction of Medicine: How the Digital Revolution will Create Better Health Care**
  - Eric Topol, MD

- **Redefining Health Care**
  - Michael Porter; Elizabeth Teisberg
Recommended Readings

- Flexner Report
  - NEJM
- COGME 21
- Blue Ribbon Commission Report
  - http://www.mededsummit.net/Blue_Ribbon_Commission_410R.html
- American Medical Education 100 Years after the Flexner Report
Students Need to See the Future

TRIPLE AIM
- Population Health/Personalized Care
- Reduced Cost
- Improved Quality

- Community Oriented Primary Care vs Medical Home
  - PCMH vs CCMH
  - Community Health Workers in the Home

- The Team Will be Paid not the Doc
- Practice at the Top of your License
  - Stop fighting Professional Autonomy Creep