Transforming Medical Education

Darrell Kirch, MD
President and CEO
Association of American Medical Colleges (AAMC)

Thomas Nasca, MD, MACP
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Transforming Medical Education

Darrell Kirch, MD
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Rethinking the Gateway to the Profession of Medicine

2012 AIAMC Annual Meeting

Darrell G. Kirch, M.D.
President and CEO, AAMC
March 31, 2012
“The Good Doctor”

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Does the continuum of medical education support the creation of “the good doctor?”

The public has its doubts!
What the Public is Telling Us

Eight of 10 voters think medical schools do an “excellent” or “good” job educating new doctors on “medical knowledge”

Performance of Medical Schools on Educating and Training New Doctors – Medical Knowledge

<table>
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2010 AAMC Public Opinion Research
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What the Public is Telling Us

But, one third of voters say that medical schools do a “fair” or “poor” job educating new doctors on “good bedside manner.”

Performance of Medical Schools on Educating and Training Doctors – Good “Bedside Manner”

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2010 AAMC Public Opinion Research
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Does the continuum of medical education support the creation of “the good doctor?”

Those of us in medical education have our own doubts!
OPENING PLENARY SESSION

Characteristics of the Informal Curriculum and Trainees’ Ethical Choices

In October 1995, the Association of American Medical Colleges held its first Conference on Students’ and Residents’ Ethical and Professional Development. In a plenary session and break-out sessions, the 150 participants, representing a wide variety of medical and professional specialties and roles, discussed the factors and programs that affect medical trainees’ development of ethical and professional standards of behavior.

The main challenge of addressing students’ professional development is the enormous range of influences on that development, many of which, such as the declines in civic responsibility and good manners throughout the United States, fall outside the scope of academic medicine. Nonetheless, many influences fall within reach of medical educators. In a pre-conference survey, participants ranked eight issues related to graduating ethical physicians. The respondents ranked highest the inadequacy of the understanding of how best to influence students’ ethical development, followed by faculty use of dehumanizing coping mechanisms, and the “business” of medicine’s taking precedence over academic goals.

The plenary speakers discussed the “informal curriculum” and the “hidden curriculum,” and the need for medical faculty to take seriously the great influence they have on students’ and residents’ moral and professional development as they become physicians. Whether consciously or not, medical education programs are producing physicians who do not meet the ethical standards the profession has traditionally expected its members to meet.

In three series of break-out sessions, the participants analyzed the nature of the ethical dilemmas that medical students and residents face from virtually the first day of their training, the use of role playing in promoting ethical development, and ways to improve policies and overcome barriers to change.


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Unprofessional Behavior in Medical School Is Associated with Subsequent Disciplinary Action by a State Medical Board

Maxine A. Papadakis, MD, Carol S. Hodgson, PhD, Arianne Teherani, PhD, and Neal D. Kohatsu, MD, MPH

Abstract

Purpose. To determine if medical students who demonstrate unprofessional behavior in medical school are more likely to have subsequent state board disciplinary action.

Method. A case–control study was conducted of all University of California, San Francisco, School of Medicine graduates disciplined by the Medical Board of California from 1990–2000 (68). Control graduates (196) were matched by medical school graduation year and specialty choice. Predictor variables were male gender, undergraduate grade point average, Medical College Admission Test scores, medical school grades, National Board of Medical Examiner Part 1 scores, and negative excerpts describing unprofessional behavior from course evaluation forms, dean’s letter of recommendation for residencies, and administrative correspondence. Negative excerpts were scored for severity (Good/Trace versus Concern/Problem/Extreme). The outcome variable was state board disciplinary action.

Results. The alumni graduated between 1943 and 1989. Ninety-five percent of the disciplinary actions were for deficiencies in professionalism. The prevalence of Concern/Problem/Extreme excerpts in the cases was 38% and 19% in controls. Logistic regression analysis showed that disciplined physicians were more likely to have Concern/Problem/Extreme excerpts in their medical school file (odds ratio, 2.15; 95% confidence interval, 1.15–4.02; p = .02). The remaining variables were not associated with disciplinary action.

Conclusion. Problematic behavior in medical school is associated with subsequent disciplinary action by a state medical board. Professionalism is an essential competency that must be demonstrated for a student to graduate from medical school.

Can we rethink the continuum of medical education to better support the creation of “the good doctor?”

I believe we can!
Creating a True Continuum of Medical Education

A continuum guided by core competencies!
How do we select future physicians with the greatest “professional” potential?

We need to transform medical school admissions!
AAMC Goals for Transforming Medical School Admissions

Creating resources and tools that will allow medical schools to attract and admit:

• Students who are **academically qualified** to succeed in medical school, residency, and beyond

• Students who demonstrate the **personal characteristics** that medical schools value in their students and that the public wants in their physicians

• **Diverse** student bodies that work to meet the health care needs of the 21st century
Holistic Admissions

Diversity

Holistic Review

Academic Readiness

Pre-professional Readiness

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Updating the Medical College Admission Test

MR5:
5th Comprehensive Review of the Medical College Admission Test
Key Changes to the MCAT® Exam

- Update the exam’s two natural sciences sections
- Add a new test of behavioral and social sciences concepts
- Revise the current verbal section to test the way examinees reason through passages in ethics, philosophy, and other subjects
- Eliminate the Writing Sample section
Humanizing the MCAT

Revised test to focus on more than science acumen

By Andis Robeznieks
Posted: November 21, 2011 - 12:01 am ET
Tags: Darrell Kirch, Education, Missouri, Nebraska, Physicians, Regular Feature

For July 2020, some envision a new type of doctor entering the workforce: One who may not write very well but has extensive biochemistry knowledge, has a solid grasp of behavioral and social sciences, and has critical analysis and reasoning powers never seen before in the halls of medicine.

A 21-person Association of American Medical Colleges committee began the preliminary work on creating this vision three years ago, and the panel’s recommendations for revising the Medical College Admission Test will be put to a

An advisory panel recommended that the AAMC find ways to measure med-school applicants' service orientation and teamwork skills. Here, members of the American Medical Association's Medical Student Section take part in a service event Nov. 11 during the AMA's House of Delegates interim meeting in New Orleans.

Photo credit: Ted Grudzinski/AMA
What Are The Key “Pre-Professional” Attributes?

- Integrity
- Dependability
- Service orientation
- Teamwork skills
- Respect
- Compassion
- Resilience
- Cultural competence
- Desire to learn
- Communication skills
Holistic Admissions

Diversity

Holistic Review

Academic Readiness

Pre-professional Readiness

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U.S. NEWS  |  FEBRUARY 22, 2012

Justices to Revisit Race Issue

*University of Texas Admissions Policy to Be Tested Before Reshaped High Court*

By JESS BRAVIN

WASHINGTON—The Supreme Court agreed Tuesday to revisit affirmative action in state-college admissions, suggesting a 2003 ruling that narrowly permitted race-conscious policies in public higher education may face tough scrutiny from today's more conservative court.

The case, which comes from the University of Texas at Austin, joins a docket already crowded with major issues, most prominently President Barack Obama's 2010 health-care overhaul, whose constitutionality will be argued next month.

The justices are also reviewing an immigration law from Arizona and the Environmental Protection Agency's power to enforce the Clean Water Act. As early as next October's term, they could review the state or federal government's power to deny recognition to same-sex marriages, as well as the validity of Voting Rights Act provisions enacted during the civil rights era.

The University of Texas said it based its admissions policy on the 2003 precedent, Grutter v. Bollinger. In that case, involving the University of Michigan Law School, the court by a 5-4 vote held for the first time that racial diversity in higher education qualified as a compelling governmental interest. Such a state interest is essential when a government classifies individuals by race.

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The UT policy includes consideration of race as part of a "holistic" evaluation of applicants who didn't qualify for admission through either superior academic performance or a plan that grants admission to the top 10% of graduates from each Texas high school. The policy was challenged by lead plaintiff Abigail Fisher, who was denied admission to the university after applying in 2008.

The Fifth U.S. Circuit Court of Appeals in New Orleans agreed with the university, as did the trial judge in Austin, whose ruling observed that "as long as Grutter remains good law, UT's current admissions program remains constitutional."
A Paradigm Shift in Admissions

**Prerequisite courses**
- Memorization of information
- Post-screening review of personal competencies
  - "Good MCAT® scores mean good doctors"
  - Academic-only signals to potential applicants
    - "Which applicants will get the best USMLE scores?"
  - Applicant nonacademic information that requires a "deep dive" review, and varies by applicant

**Prerequisite competencies**
- Demonstration of competencies
- Pre-screening review of personal competencies
  - "Factual knowledge is only part of what makes a skilled physician"
  - Broad signals that reflect medical school and AAMC values
    - "Which applicants are the best fit for the health care system of the future?"
  - Consumable nonacademic information that is comparable across applicants

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Transforming Medical Education

Thomas Nasca, MD, MACP
Chief Executive Officer, Accreditation Council for Graduate Medical Education (ACGME)
PLACEHOLDER FOR DR. NASCA’S SLIDES
Murray Kopelow, MD, MS (Comm)
Chief Executive, Accreditation Council
for Continuing Medical Education (ACCME)
Accreditation for Learning and Change

Supporting Effective Efficient Health Care Delivery

Murray Kopelow MD
Chief Executive
Accreditation Council for Continuing Medical Education (ACCME)
There were 14 frogs on a log...

Probability of a Behavior

Habit + Intention \times Motivation \times Facilitating Conditions

A Model of Population Health
University of Wisconsin Population Health Institute

- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

- Clinical care (20%)
  - Access to care
  - Quality of care

- Social and economic factors (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety

- Physical environment (10%)
  - Environmental quality
  - Built environment
A Model of Population Health
University of Wisconsin Population Health Institute
The Value of Accredited Continuing Medical Education

CME as a strategic asset to improve care
Leveraging the Accreditation Requirements
The Value of Accredited Continuing Medical Education

CME as a strategic asset to improve care
Leveraging the Accreditation Requirements
The Value of Accredited Continuing Medical Education

CME as a strategic asset to improve care

Leveraging the Accreditation Requirements
Bargaining Power of Buyers

Learners
• MOC, MOL
• Public & Government

Constructive Engagement
Focus on Improving Quality and Safety

Threat of New Entrants

Bargaining Power of Suppliers

• Public & Government
• Teachers
• Professions
• Industry

Threat of Substitute Products or Services

• MOC CME
• CS-Free CME
• QI as MOC Pt 4

Complementors
“The 6th Force”

Certifying Boards
Industry (REMS)
Accreditors

The 6th Force
The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div., and Timothy C. Flynn, M.D.
The continuum has arrived....

**From the ACGME 2012**

“Ongoing data collection and trend analysis will base accreditation in part on the educational outcomes of programs while enhancing ongoing oversight to ensure that programs meet standards for high-quality education...”

**From the ACCME 2006**

.....expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

.....analyzes changes in learners (competence, performance, or patient outcomes) achieved ....

...gathers data or information and conducts a program-based analysis......
e.g., Professionalism

**Level 1**
- Recognizes the importance and priority of patient care, with an emphasis on the care that the patient wants and needs; demonstrates a commitment to this value
- Is aware of basic bioethical principles and is able to identify ethical issues in clinical situations

**Level 5**
- Is knowledgeable about, consistently uses, and effectively manages ethical principles of medicine in general and as related to specialty care
- Demonstrates leadership and mentorship on understanding and applying bioethical principles clinically, particularly responsiveness to patients above self-interest and self-monitoring
- Develops institutional and organizational strategies to protect and maintain these principles
Risk Evaluation and Mitigation Strategies
**Risk Evaluation and Mitigation Strategies**

**Drug-Induced Deaths Second Only to Motor Vehicle Fatalities, 1999–2007**

- Motor vehicle fatalities
- Suicides
- Gunshot deaths
- Homicides

“…..the log chart was used by Purdue's sales reps to persuade doctors that OxyContin would not be that addictive because there was no sharp "comedown" for its users.
Risk Evaluation and Mitigation Strategies

Long Acting & Sustained Release Opioids

• Patient Education
• Safety Monitoring
• Prescriber Education

by Industry by Accredited CME
The Undesirable Outcome

“Through their implicit or explicit, control of, or influence on, CME content, commercial interests could create commercial bias in CME (favoritism) that could result in a learner’s inclination towards, or actual, use of a product or service that is more than is necessary.

How soon is too soon?

“Not soon enough. Laboratory tests over the last few years have proven that babies who start drinking soda during that early formative period have a much higher chance of gaining acceptance and ‘fitting in’ during those awkward pre-teen and teen years. So, do yourself a favor. Do your child a favor. Start them on a strict regimen of sodas and other sugary carbonated beverages right now, for a lifetime of guaranteed happiness.”
CPD as a Scholarly Pursuit
CME as the Academy

- Discovery
- Integration
- Application

“ I DON’T KNOW.....BUT I AM GOING TO FIND OUT!”
## PROGRAM

**Editorial Summit: Advancing Public Health Globally**

September 8, 2011

Centers for Disease Control and Prevention
Global Communications Center (GCC)

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<td>11:15 AM - 12:15 PM</td>
<td><strong>New frontiers in publishing</strong></td>
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### PART 2 - COMMUNICATIONS

**Making a Difference: Improving Outreach to Practitioners, Policy Makers, and the Public**
Challenged Themselves
CME a Facilitator
Jan 12, 2012

- JAMA.........................+ CME
- NEJM...........................+ CME
- The Annals...................+ CME
- MMWR.........................+ CME
- Mayo Proceedings...+ CME
Connecting New Media, Mobile Technologies, Education, and Scientific Publications for Improved Health

Purpose
Collaboratively produce a proof-of-concept framework to determine the feasibly of using content from *MMWR* and *Annals of Internal Medicine* to create innovative continuing educational platforms that can be delivered *via* new media and mobile technologies for improved health.

Value
The pilot project could be *scaled up* for widespread dissemination, *adaption to communities’* specific needs and *adoption among clinical and public health practitioners*. The framework could eventually be modified and expanded to address *Winnable Battles*. This would better equip practitioners to effectively implement CDC’s recommended interventions, thereby leading to decreased morbidity and mortality, as well as, improved health.

<table>
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<tr>
<td>• Food Safety</td>
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<td>• Global Immunization</td>
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<tr>
<td>• Healthcare-associated Infections</td>
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<tr>
<td>• Transmission of HIV and Syphilis Globally</td>
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CME AS A BRIDGE TO QUALITY

Accredited CME is linked to practice and focused on quality gaps

- **Using** practice-based needs
- **Matching** content to learner’s scope of the practice
- **Measuring** change in competence or performance or patient outcomes as part of the process

Regulator as the Customer in CME

Sept 2006 – Change in Emphasis
THANK YOU