Developing Team Competencies Through the Continuum of Medical Education

2016 AIAMC Annual Meeting
Tucson, AZ

Darrell G. Kirch, MD
President and CEO, AAMC
March 31, 2016
Our Shared Goal: A True Continuum for Medical Education

Learning

Premedical  Medical School  Residency and Fellowships  Practice

Assessment
THE WISDOM OF TEAMS
Creating the High-Performance Organization
Jon R. Katzenbach
Douglas K. Smith
Harness the Power of Teams

Source: Katzenbach and Smith, 2006
Premedical Education

Learning

Premedical → Medical School → Residency and Fellowships → Practice

Assessment
Medicine Remains an Attractive Career…

AMCAS Applicants to Medical School

© 2015 AAMC. May not be reproduced without permission.
…With Each Applicant Submitting More Applications

Applications Submitted Per AMCAS Applicant

2005: 12.0
2006: 12.4
2007: 12.9
2008: 13.2
2009: 13.3
2010: 13.6
2011: 13.9
2012: 14.1
2013: 14.4
2014: 14.8
2015: 14.9
Can We Improve Learner Selection To Meet the Needs of the Nation?

Physician Shortfall by 2025

46,100 – 90,400

Primary Care
12,500 – 31,100

Specialty Care
28,200 – 63,700

Medical 5,100 - 12,300
Surgical 23,100 - 31,600
Other 2,400 - 20,200
Core Competencies in Premedical Students

- Service Orientation
- Social Skills
- Cultural Competence
- Teamwork
- Oral Communication
- Ethical Responsibility
- Reliability and Dependability
- Resilience and Adaptability
- Capacity for Improvement
- Critical Thinking
- Scientific Inquiry
- Quantitative Reasoning
- Knowledge of Living Systems
- Written Communication
- Knowledge of Human Behavior
A New MCAT Exam – 1 Year Later

- **Biological and biochemical foundations of living systems**
- **Chemical and physical foundations of biological systems**
- **Psychological, social, and biological foundations of behavior**
- **Critical analysis and reasoning skills**
Improving Admissions: Situational Judgment Test
Matriculants Do Not Reflect The Diversity of the Nation!

U.S. Medical School Matriculants, 2015

- White, 53%
- Asian, 21%
- Hispanic, Latino, or of Spanish Origin, 9%
- Black or African American, 7%
- Unknown, 3%
- Other, 2%
- Non-U.S., 2%
- American Indian or Alaska Native, 1%
- Native Hawaiian or Other Pacific Islander, 0%
Power of Diversity

“Progress depends as much on our collective differences as it does our individual IQ scores.”

Scott Page, PhD
Improving the Educational Environment

AAMC Statement on the Learning Environment

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and learning environments that are built upon constructive collaboration, mutual respect, and human dignity.

For more information and to view a library of resources, visit aamc.org/learningenvironment.
13 Core Entrustable Professional Activities for Day One of Residency

1) Gather a history and perform a physical examination
2) Prioritize a differential diagnosis following a clinical encounter
3) Recommend and interpret common diagnostic and screening tests
4) Enter and discuss orders/prescriptions
5) Document a clinical encounter in the patient record
6) Provide an oral presentation of a clinical encounter
7) Form clinical questions and retrieve evidence to advance patient care
8) Give or receive a patient handover to transition care responsibility
9) Collaborate as a member of an interprofessional team
10) Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
11) Obtain informed consent for tests and/or procedures
12) Perform general procedures of a physician
13) Identify system failures and contribute to a culture of safety and improvement
Optimizing GME

- Investing in the Future Physician
- Optimizing the Learning Environment
- Preparing the Physician and Physician-Scientist Workforce for the 21st Century
Average ERAS Applications Per Applicant

- **US MD Overall**
- **Canadian School**
- **International School**
- **Osteopathic School**

Year: 2006 to 2016
Tools for Improving Residency Selection
Practice

Learning

Premedical
Medical School
Residency and Fellowships
Practice

Assessment

© 2015 AAMC. May not be reproduced without permission.
The Anatomy of Integration vs. The Physiology of Integration
## Advancing New Practice Models

### Pilot Programs

<table>
<thead>
<tr>
<th>Resources and Tools</th>
<th>Pilot Programs</th>
<th>Project CORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Coordinating Optimal Referral Experiences</td>
</tr>
</tbody>
</table>

### Resources and Tools

<table>
<thead>
<tr>
<th>Resources and Tools</th>
<th>Pilot Programs</th>
<th>Bundled Payments for Care Initiative including workshops</th>
<th>Price Transparency in Teaching Hospitals resources and case studies</th>
</tr>
</thead>
</table>

### Expert Analysis

<table>
<thead>
<tr>
<th>Resources and Tools</th>
<th>Expert Analysis</th>
<th>Advisory Panel on Health Care examining Mergers and Acquisitions</th>
<th>Future of the Academic Health System Roundtable with consulting firms</th>
</tr>
</thead>
</table>
Our Shared Goal: A True Continuum for Medical Education

Learning

Premedical  Medical School  Residency and Fellowships  Practice

Assessment
2016 Learn Serve Lead
November 11-15 in Seattle, Washington
Tailored Solutions for Your Precise Needs

Through Engagement Solutions, you can leverage the AAMC’s:

- Other Custom Services
- Organizational Effectiveness
- Quality Integration
- International
- Analytics and Insight
- Diversity and Inclusion
- Admissions
- Other Custom Services

Unmatched national, historic, & comprehensive data sources

and

Leading subject matter experts in academic medicine

Request a consultation
Engagementsolutions@aamc.org
Placeholder for Dr. Nasca
Advancing for Quality: Evolution in CME

Graham McMahon, MD, MMSc
President and CEO, ACCME
Disclosure of relevant financial relationships

• Nothing to disclose
Scope of the Enterprise

2014 Reporting Year

<table>
<thead>
<tr>
<th>Physician Interactions</th>
<th>Hours of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,599,687</td>
<td>1,033,615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Learner Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,587,518</td>
</tr>
</tbody>
</table>

Activities

Providers:
1,225 SMS-accredited
683 ACCME-accredited
## Types of Activities in 2014

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>71,047</td>
</tr>
<tr>
<td>Regularly scheduled series</td>
<td>23,427</td>
</tr>
<tr>
<td>Internet (live)</td>
<td>4,063</td>
</tr>
<tr>
<td>Test-item writing</td>
<td>87</td>
</tr>
<tr>
<td>Committee learning</td>
<td>575</td>
</tr>
<tr>
<td>Performance improvement</td>
<td>470</td>
</tr>
<tr>
<td>Internet searching and learning</td>
<td>82</td>
</tr>
<tr>
<td>Internet (enduring materials)</td>
<td>34,006</td>
</tr>
<tr>
<td>Enduring materials (other)</td>
<td>8,452</td>
</tr>
<tr>
<td>Learning from teaching</td>
<td>149</td>
</tr>
<tr>
<td>Journal CME</td>
<td>4,596</td>
</tr>
<tr>
<td>Manuscript review</td>
<td>70</td>
</tr>
</tbody>
</table>
Accredited Providers that are AIAMC Members

<table>
<thead>
<tr>
<th>Physician Interactions</th>
<th>Other Learner Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>380,754</td>
<td>247,948</td>
</tr>
</tbody>
</table>

2014 Reporting Year

Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,956</td>
<td>51,074</td>
</tr>
</tbody>
</table>
AIAMC Members, Physician Interactions by Activity Type – 2014

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>#Physician Interactions</th>
<th>%Physician Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>47,359</td>
<td>12%</td>
</tr>
<tr>
<td>EM Internet</td>
<td>15,910</td>
<td>4%</td>
</tr>
<tr>
<td>Regularly Scheduled Series</td>
<td>312,271</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Count</th>
<th>%</th>
<th>Count</th>
<th>%</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enduring Material</td>
<td>4,205</td>
<td>1.10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet Live</td>
<td>363</td>
<td>0.10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Improvement</td>
<td>218</td>
<td>0.06%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Learning</td>
<td>198</td>
<td>0.05%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal CME</td>
<td>138</td>
<td>0.04%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning from Teaching</td>
<td>92</td>
<td>0.02%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4,956</td>
<td>100%</td>
<td>380,754</td>
<td>100%</td>
<td>247,948</td>
<td>100%</td>
</tr>
</tbody>
</table>

AIAMC Members, Hours of Instruction Designed & Analyzed – 2014

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Designed to change</th>
<th>Analyzed for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>EM Internet</td>
<td>62%</td>
<td>47%</td>
</tr>
<tr>
<td>Regularly Scheduled Series</td>
<td>47%</td>
<td>47%</td>
</tr>
</tbody>
</table>

AIAMC Members, Physician Interactions Designed & Analyzed – 2014

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Designed to change</th>
<th>Analyzed for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>EM Internet</td>
<td>62%</td>
<td>47%</td>
</tr>
<tr>
<td>Regularly Scheduled Series</td>
<td>55%</td>
<td>22%</td>
</tr>
</tbody>
</table>

AIAMC Members, CME Activities and Interactions with/without Commercial Support – 2014

<table>
<thead>
<tr>
<th></th>
<th>Activities</th>
<th>Physician Interactions</th>
<th>Other Learner Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>No CS</td>
<td>4,737</td>
<td>96%</td>
<td>361,277</td>
</tr>
<tr>
<td>CS</td>
<td>219</td>
<td>4%</td>
<td>19,477</td>
</tr>
<tr>
<td>Total</td>
<td>4,956</td>
<td>100%</td>
<td>380,754</td>
</tr>
</tbody>
</table>
Overall Compliance Results for November 2008 through July 2015 (n=1,123)
Accreditation Decisions
November 2008 to July 2015
(n=1,123)

July 2015
(n=43)

Accreditation with Commendation
Accreditation
Provisional
Accreditation with Progress Report
Probation
Nonaccreditation
A new approach…

Revised Accreditation with Commendation Criteria: A work in progress…
“By collaborating with ACCME, ABIM will open the door to even more options for physicians engaged in MOC and will allow them to get MOC credit for high-quality CME activities they are already doing.”

Richard J. Baron, MD
President and CEO
American Board of Internal Medicine
ACCME-ACGME Alignment

- Integration with CLER (Clinical Learning Environment Review);
- Share milestone data
- Wellness curriculum
- Educational leadership/CLO
- Operational alignment
ACCME-AMA alignment

- Commitment by ACCME and AMA governance to move forward on alignment process
- Preliminary review of AMA PRA format with stakeholders
- Agreement on principles of alignment
- Listening sessions
- Forming a “Bridge Committee”
Interprofessional Continuing education (IPCE)

www.jointaccreditation.org
Challenging Assumptions

Ballistic Trajectory

Performance

Acceptable performance
Changing standards

Time

Performance

Hypertension
Cervical
sneers
Breaking
bad news
Diabetes

Minimum personal acceptable level
Minimum professionally acceptable level

Time
Health professionals want a learning system that is:

- Relevant
- Efficient
- Effective
- Rewarding
- Personalized
Emerging Changes in Post-Graduate Education

- Passive $\rightarrow$ Active Learning
- Single interaction $\rightarrow$ Series of interactions
- Physician $\rightarrow$ Team
- Attendance $\rightarrow$ Participation
- Single modality $\rightarrow$ Blended learning
- Satisfaction $\rightarrow$ Higher level outcomes
Evolution for Learners

• Become more self-aware
• Deliberately choose activities
• Avoid promotion & marketing
• Balance online and peer learning
• Actively participate
• Complete evaluations
Evolution for Health Institutions

• Appreciate the strategic power of education
• Recognize the ROI with local CME
  – quality, efficiency, teams, burnout, turnover
• Ensure clinicians have the time and resources to engage in CME
• Nurture teachers and CME professionals
Evolution for Providers

- Change passive to active learning environments
  - Include simulation opportunities
- Involve patients
- Focus on institutional quality goals
- Collaborate with system leadership
- Generate long-term relationships with learners and other organizations
Evolution for Regulators

- Focus on outcomes rather than process or time spent
- Recognize wide diversity of learning approaches
- Encourage and facilitate innovation
- Align regulators and systems
- Provide services to the community
Thank you

Contact me:
gmcmahon@accme.org