

STATE OF THE MEDICAL SCHOOL ADDRESS

NOVEMBER 9, 2006

OUR MISSION

- ◆ One Mission, Two Campuses
- ◆ The mission of the Medical School is to be a leader in enhancing the health of people through the education of skilled, compassionate and socially responsible physicians. With two campuses serving diverse populations in rural and urban Minnesota, the Medical School is dedicated to preeminence in primary care medicine, exemplary specialty care and innovative research.

RESEARCH

- ◆ NIH RANK UNCHANGED
- ◆ CMRR \$7.9 MILLION NIH BLUEPRINT GRANT FOR NEUROSCIENCE RESEARCH
- ◆ NEW MEDICAL BIOSCIENCES BUILDING IN DESIGN
- ◆ BIOMEDICAL SCIENCES RESEARCH FACILITIES AUTHORITY GOING BACK TO LEGISLATURE

CLINICAL CARE

- ◆ UMP STRATEGIC PLANNING PROCESS
- ◆ CHILDREN'S HOSPITAL
- ◆ FAIRVIEW HEALTH SERVICES SEARCH FOR NEW CHIEF EXECUTIVE OFFICER – 10TH ANNIVERSARY OF PARTNERSHIP

LEADERSHIP

- ◆ NEW SURGERY DEPARTMENT HEAD, DR. SELWYN VICKERS
- ◆ NEW STEM CELL INSTITUTE DIRECTOR, DR. JONATHAN SLACK
- ◆ NEW ADMISSIONS DIRECTOR, MR. PAUL WHITE
- ◆ MAJOR SEARCHES
 - SENIOR ASSOCIATE DEAN-DULUTH CAMPUS
 - CANCER CENTER DIRECTOR
 - LILLEHEI HEART INSTITUTE DIRECTOR
 - DEPARTMENT HEAD SEARCHES
 - OTOLARYNGOLOGY
 - INTEGRATIVE BIOLOGY AND PHYSIOLOGY
 - ORTHOPAEDIC SURGERY
 - UROLOGIC SURGERY
 - GENETICS, CELL BIOLOGY AND DEVELOPMENT
(TO BEGIN JANUARY 2007)

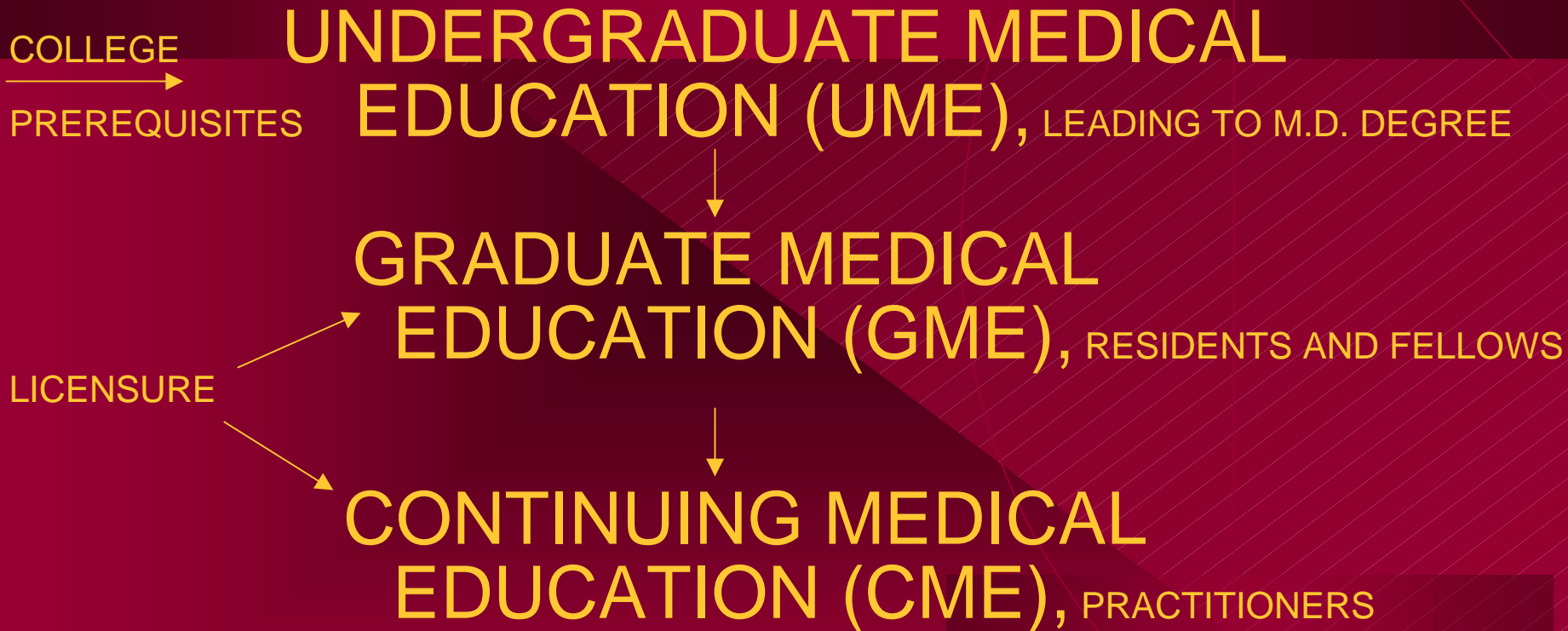
MED 2010 - TRANSFORMING MEDICAL EDUCATION

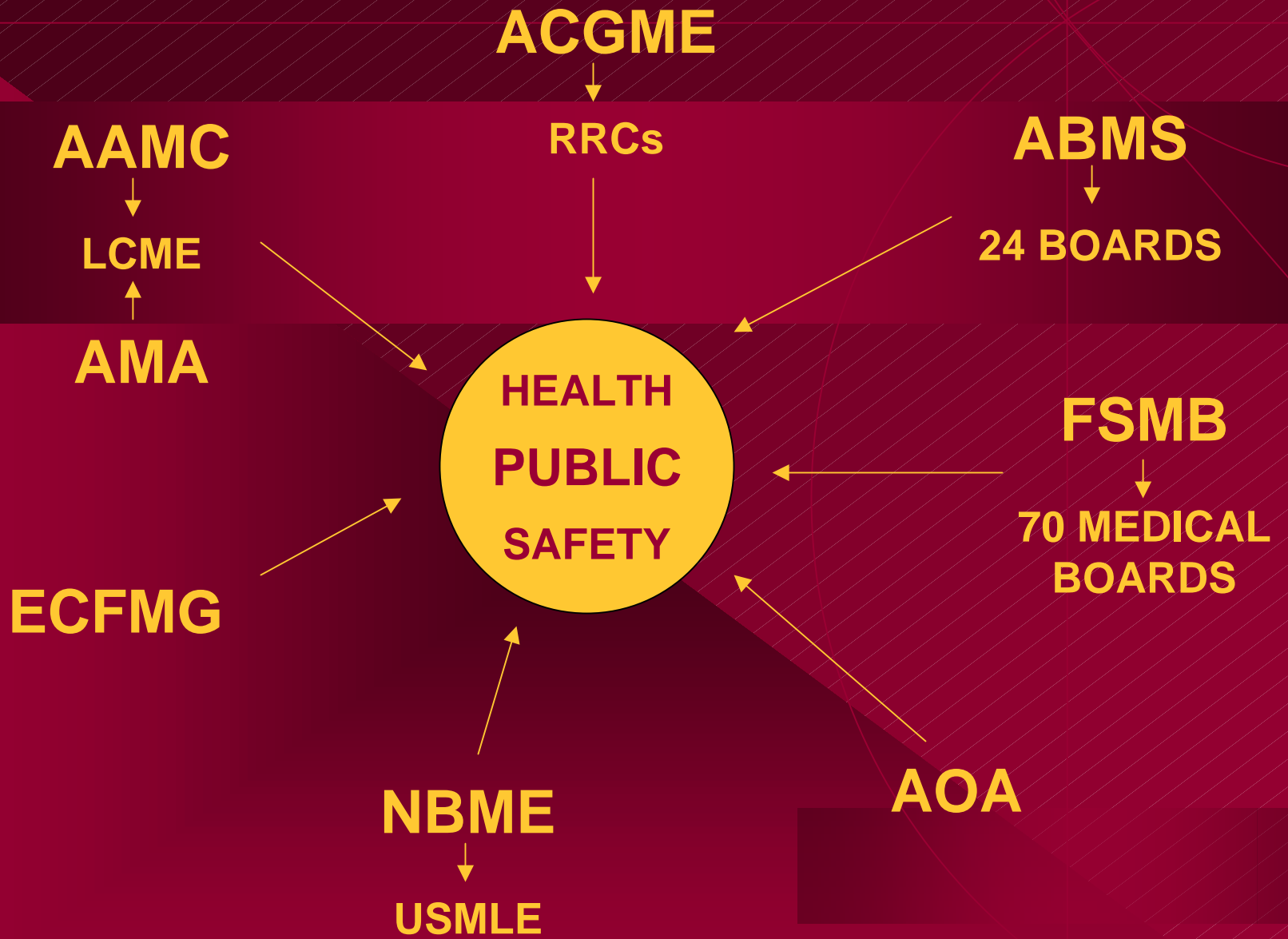
THREE QUESTIONS

- 1) WHY ARE WE DOING THIS?
- 2) WHERE ARE WE GOING?
- 3) HOW WILL WE GET THERE?

WHY ARE WE DOING THIS?

CONTINUUM OF MEDICAL EDUCATION





RECENT DRIVERS OF CHANGE IN MEDICAL EDUCATION

1. CONCERNS ABOUT HEALTH CARE QUALITY & SAFETY
 - IOM REPORTS (www.iom.edu/reports.asp)
 - TO ERR IS HUMAN (1999)
 - CROSSING THE QUALITY CHASM (2001)
 - HEALTH PROFESSIONS EDUCATION: A BRIDGE TO QUALITY (2003)
2. INFORMATION EXPLOSION
 - FOR PHYSICIANS AND PATIENTS
3. EDUCATING FOR PRACTICE AND COMPETENCY
 - ACGME OUTCOMES PROJECT
4. RISING HEALTH PROFESSIONAL STUDENT DEBT
5. NEW PATTERNS OF HEALTHCARE

TO ERR IS HUMAN

CONSEQUENCES

- ◆ **PERVASIVE CONCERNS ABOUT MEDICAL ERRORS AND PATIENT SAFETY**
- ◆ **RESIDENT WORK HOUR RULES**
- ◆ **CLINICAL SKILLS EXAM**
- ◆ **REGULATORY CHANGES**
(JCAHO - JOINT COMMISSION ON ACCREDITATION ON HEALTHCARE ORGANIZATIONS PATIENT SAFETY STANDARDS)

ACGME OUTCOMES PROJECT 1997

- ◆ CONCEPT THAT RESIDENCY TRAINING WOULD BE EVALUATED ON OUTCOMES NOT PROCESS
- ◆ PROGRAMS WOULD EVALUATE GRADUATES FOR COMPETENCY IN SIX AREAS

ACGME GENERAL COMPETENCIES

- ◆ PATIENT CARE
- ◆ MEDICAL KNOWLEDGE
- ◆ PRACTICE-BASED LEARNING AND IMPROVEMENT
- ◆ INTERPERSONAL & COMMUNICATION SKILLS
- ◆ PROFESSIONALISM
- ◆ SYSTEMS-BASED PRACTICE

AMERICAN BOARD OF MEDICAL SPECIALTIES

- ◆ ENDORSES SIX ACGME COMPETENCIES AS THOSE NEEDED BY PRACTICING PHYSICIANS IN EVERY SPECIALTY
- ◆ EACH SPECIALTY BOARD WILL REQUIRE MAINTENANCE OF CERTIFICATION (MOC) OF ITS DIPLOMATES
- ◆ MOC SHOULD INCLUDE EVALUATIONS OF THE SIX CORE COMPETENCIES

**U.S. MEDICAL SCHOOLS HAVE
INCREASINGLY MADE THE SIX
ACGME COMPETENCY AREAS THE
MAJOR OBJECTIVES OF THE
CURRICULUM**

**HOWEVER, THE PROGRAMS OF
UME, GME, AND CME/
MAINTENANCE OF COMPETENCE
ARE STILL DISCONNECTED FROM
EACH OTHER AND FROM THE
PROCESS OF MEDICAL LICENSURE**

**ALL OF THESE STAGES AND
PROCESSES CAN BE LINKED
THROUGH THE ACHIEVEMENT
OF COMPETENCY IN THE SIX
ACGME DOMAINS**

WHERE ARE WE GOING?

WE NEED A MEDICAL SCHOOL EDUCATIONAL SYSTEM THAT IS

- 1) COMPETENCY AND OUTCOMES BASED**
- 2) FLEXIBLE**
- 3) MOVES STUDENTS INTO GME BASED ON
ACHIEVEMENT OF COMPETENCY, NOT
TIME IN SCHOOL**

WHAT IF...

WE PLANNED FOR THE EDUCATION OF A PHYSICIAN:

- ◆ A SURGEON
- ◆ A FAMILY PHYSICIAN
- ◆ AN OPHTHALMOLOGIST, ETC.

NOT THE EDUCATION OF:

- ◆ A MEDICAL STUDENT
- ◆ A RESIDENT
- ◆ A FELLOW

AND MOVED INDIVIDUALS THROUGH THE CONTINUUM
NOT BASED ON TIME BUT ON ATTAINMENT OF
LEVELS OF MEASURABLE COMPETENCY

?

IMPLICATIONS FOR NEW COMPETENCY-BASED EDUCATIONAL MODEL

- ◆ PROGRESSION IS DETERMINED BY ACHIEVEMENT OF COMPETENCY IN ALL EXPECTED DOMAINS AND NOT BY TIME IN TRAINING
- ◆ EDUCATION AND CURRICULUM MUST BE INDIVIDUALLY TAILORED – NOT ONE SIZE FITS ALL
- ◆ MAY REQUIRE VARIETY OF COURSES, MODULES, ETC., TO ACHIEVE A COMPETENCY LEVEL
- ◆ ASSESSMENT SHOULD OCCUR OVER THE PHYSICIANS' EDUCATION AND PRACTICE LIFETIME AND TIED TO PRACTICE OUTCOMES AND CONTINUED IMPROVEMENT

HOW WILL WE GET THERE?

WE WILL NEED

1) DEFINITION OF COMPETENCIES

- ◆ PRECLINICAL
- ◆ GRADUATION
- ◆ FOR ALL SIX ACGME DOMAINS

2) NEW SYSTEMS OF EVALUATION OF COMPETENCIES

- ◆ CREATION OF MULTIPLE COURSES/EXPERIENCES TO MEET THE COMPETENCIES
- ◆ EXAMPLES

3) CREATION OF THEMES/PATHWAYS FROM COLLEGE → MEDICAL SCHOOL → GME AND BEYOND

- ◆ EXAMPLES

4) A VERTICALLY INTEGRATED CURRICULUM

- ◆ EXAMPLES

WE WILL NEED

- 5) BETTER ELECTRONIC TOOLS FOR TRACKING COURSES, FOR EVALUATION AND FOR LEARNER OUTCOMES
 - ◆ PORTFOLIO PROJECT
 - ◆ STUDENTS FOR LIFE
- 6) SIMULATIONS, VIRTUAL REALITY, WEB-BASED COURSES FOR LEARNING AND FOR EVALUATION
- 7) FACULTY DEVELOPMENT AND ADVANCEMENT OPPORTUNITIES
- 8) STANDARDS FOR PLACES WHERE WE EDUCATE

WE WILL NEED

**THE ENERGY + SKILL +
INVOLVEMENT OF MANY
FACULTY AND STUDENTS**