21st Century Challenges for Medical Education

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Major Challenges for the Future

• Adequacy of the overall physician workforce
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• Adequacy of the overall physician workforce
• Generalist-specialist distribution
% of Medical School Graduates Planning a Generalist Career*

*Family Practice, General Internal Medicine, or General Pediatrics
Source: AAMC Medical School Graduation Questionnaire
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- Adequacy of the overall physician workforce
- Generalist-specialist distribution
- Geographic maldistribution
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- Racial and ethnic diversity
Bridging the Diversity Gap

% Underrepresented Minorities (URMs) in the US Population

YEAR

'50  '54  '58  '62  '66  '70  '74  '78  '82  '86  '90  '94  '98  '02

Percent

0  5  10  15  20  25
Bridging the Diversity Gap

% Underrepresented Minorities (URMs) in the US Population

% URM Matriculants

YEAR

Percent

'50  '54  '58  '62  '66  '70  '74  '78  '82  '86  '90  '94  '98  '02
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- Alignment of the curriculum with the needs and expectations of the public
Curricular Challenges to Undergraduate Medical Education

At a fundamental level, our challenges are the same as they have always been:

1. Prepare students to be life-long learners
2. Provide the scientific foundation necessary for:
   • the practice of evidence-based medicine
   • the understanding of new discoveries
3. Equip students with the basic knowledge and clinical skills necessary to enter residency training
4. Strengthen the character traits that define professionalism and that sustain medicine as an ethical enterprise
Curricular Challenges to Undergraduate Medical Education

But Today we face a double whammy

• How to prepare students for the new paradigms of health care

• While adapting the curriculum to the new paradigms of medical education
Shifting Paradigms in Health Care: Implications for Medical Education

The individual → The community
Acute disease dominates → More chronic illness/disability
Episodic care → Continuous care
Cure of disease → Preservation of health
Reactive → Prospective
Physician provider → Teams of providers
Paternalism → Partnership with patients
Provider centered → Patient/family centered
Parochial health threats → Global health threats
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<tr>
<th>Shifting Paradigms in Medical Practice: Implications for Medical Education</th>
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<tr>
<td>Cost indifference</td>
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<td>Anecdotal care</td>
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<td>In-patient focused</td>
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<td>Solo/small groups</td>
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<td>Quality assumed</td>
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<td>Trust assured</td>
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All this on top of........
Shifting Paradigms in Medical Education

- Passive “spoon feeding” → Active, student directed
- Everything in paper → Increasingly computer-based
- Rote learning → Curiosity driven, PBL
- Regurgitate facts → Demonstrate competence
- Biology of disease → Determinants of illness
- Horizontal segregation (departmental courses) → Horizontal integration (interdisciplinary segments)
- Vertical segregation (2+2) → Vertical integration (2x2)
- See one, do one, teach one → Computer/mannequin simulation
- Physical examination → Comprehensive clinical skills
- Curriculum structure → Learning objectives
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- Professionalism
What’s Special About Educating “Professionals”?

Expertise -- To know
Imparting the specialized knowledge required to analyze, plan, and make expert judgments

Skills -- To do
Ensuring competency in the special techniques required to find solutions and intervene effectively

Character -- To be
Strengthening the moral fiber of students by conscious, conspicuous, and conscientious role modeling in order to deepen their commitment to be professionals
A Must Read

Principles and responsibilities of physicians in fulfillment of medicine’s Social Contract

Primacy of patient welfare
Patient autonomy
Social justice

<www.abimfoundation.org>