



JOSIAH MACY JR. FOUNDATION

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# CHALLENGES IN HEALTH PROFESSIONS EDUCATION: THE LONGITUDINAL INTEGRATED CLERKSHIP IN CONTEXT

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# The State of Health Care Today in the U.S.

1. Broad agreement that the status quo is unsustainable.
2. Health care is too expensive.
3. Health care is not available to all.
4. Health care outcomes are too variable.
5. The Affordable Care Act is a step in the right direction.
6. But achieving the Triple Aim (Better Care, Better Health, Lower Cost) has been elusive.



# Proposition

1. Insufficient attention has been paid to the health professions work force as a key element in achieving the triple aim.
2. Health professionals appropriately trained, in the right number, with the right distribution and working up to their full capabilities are essential to achieving the triple aim.



## Proposition (contd.)

3. This will require innovations in health professions education.
4. Therefore, innovations in health professions education are central to the future of health care. We will not have enduring health care delivery reform without changes in the preparation of health professionals.



# **Six Challenges to Innovations in Health Professions (Medical) Education**



## Challenge # 1

We can be proud of the high standards we have set for health professions education in the U.S.,

**BUT**

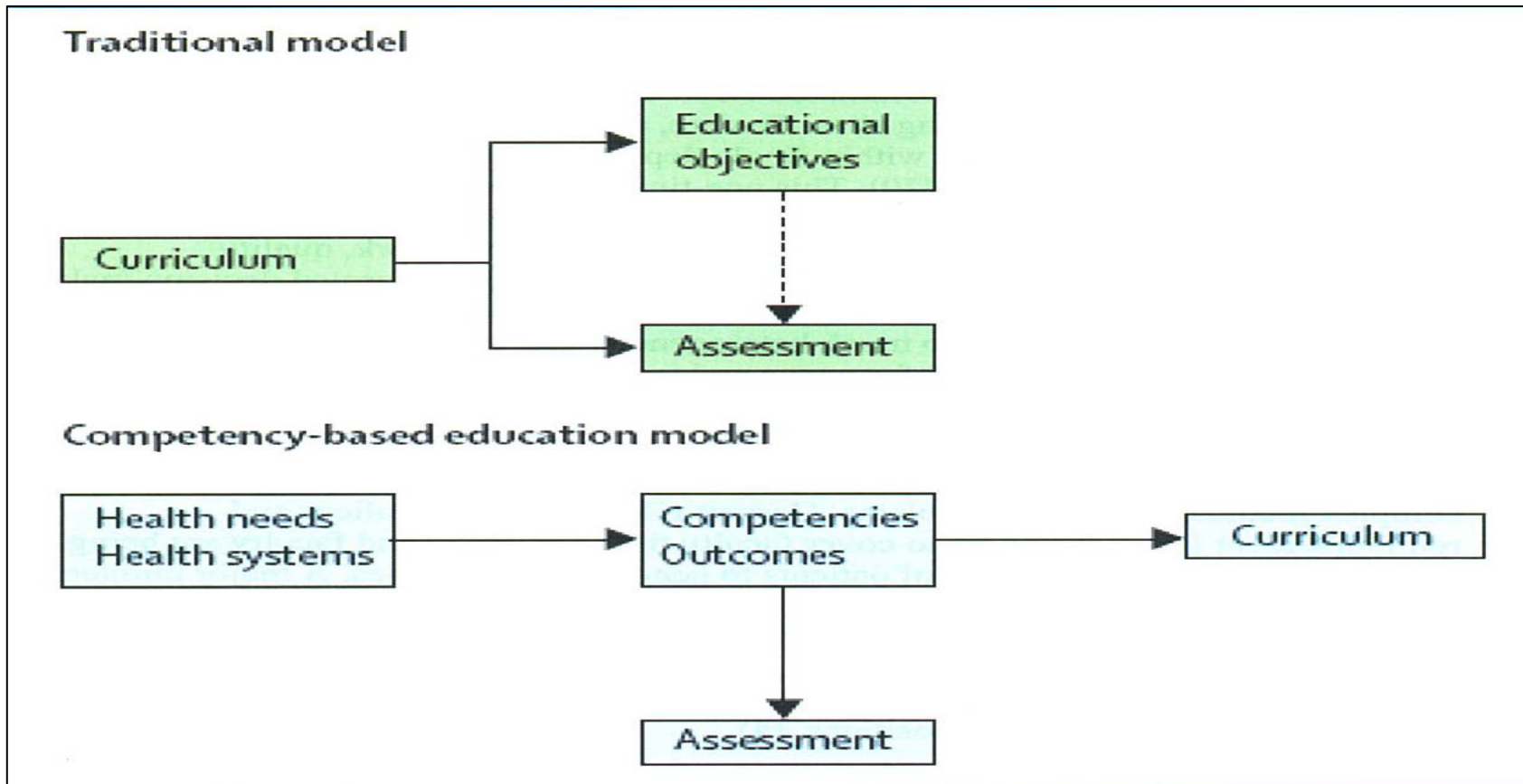


## Challenge #1

These standards have been inward looking and not sufficiently attuned to changing societal needs.

There is a need to better align health professions education with contemporary needs to fulfill our social contract.

# Health Professions Education must be more aligned with the needs of the Public







## Challenge #2

We have strong evidence that health care delivered by well-functioning teams leads to better outcomes,

**BUT**



## Challenge #2

We still educate our health professionals in silos.

We need more planned and rigorous interprofessional education to prepare learners for teamwork and collaborative practice



# The Case for IPE

1. There is evidence that care delivered by well-functioning teams is better care.
2. Yet we educate health professions separately by design.
3. And there are many examples of poorly functioning teams due to lack of appropriate knowledge, attitudes and skills.
4. And the adverse consequences of poorly functioning teams are greater than ever.
5. Therefore, team-based competencies should be a core goal of health professions education, and some part of health professions education must be interprofessional.



## Challenge #3

The management of chronic diseases over time, largely in non-hospital settings, is the predominant work of health care professionals today,

**BUT**



## Challenge #3

Clinical education is still predominately focused on episodic care and is predominately hospital-based.

We need new models for clinical education that are longitudinal and community-based.



# New Models of Clinical Education

1. Longitudinal
2. Community-based
3. Chronic disease oriented
4. Continuity of patients,  
curriculum, teachers and sites
5. Special Tracks



## Challenge #4

We do a very good job of teaching the biologic and physical sciences as the basis for the practice of medicine,

**BUT**



## Challenge #4

We have not done as well incorporating other fields (e.g. social science, business, systems improvement, population health, professionalism), in our teaching.

We need to broaden and integrate our curriculum across the educational continuum.





# New Content to Complement the Biological Sciences

1. Population medicine/Statistics
2. Social determinants of health
3. Quality improvement/Patient safety
4. Systems management
5. Health economics
6. Informatics
7. Professionalism



## Challenge #5

We know that supervision, mentoring and role-modeling are essential for professional development and that we need thought leaders to successfully innovate in education,

**BUT**



## Challenge #5

We consistently under-invest in faculty development and in the careers of faculty devoted to education.

We need to invest in the careers of the next generation of educational leaders and innovators and support faculty as mentors and role models.



# Development of Leaders in Health Professions Education

1. Faculty are role models for learners.
2. Faculty must lead the change.
3. Faculty can't teach what they don't know.
4. Careers in teaching and educational scholarship need to be fostered and nurtured.



## Challenge #6

We recognize that we are responsible for producing competent health professionals in the most efficient manner possible and that learners acquire the requisite knowledge, skills and attitudes at different rates and are preparing for different careers,

**BUT**



## Challenge #6

We continue to determine length of training by “time in place” and fail to individualize the educational experience of our learners.

We need to move to a competency-based approach that is more efficient and more individualized.



# Competency-Based Education, Individualization and Improved Efficiency

1. Time of training determined by competencies rather than “time in place”
2. Improved transitions to create true educational continuum
3. Earlier differentiation
4. Better metrics needed
5. Flexibility and regulatory changed needed.



# How Can Longitudinal Integrated Clerkships Address These Challenges?

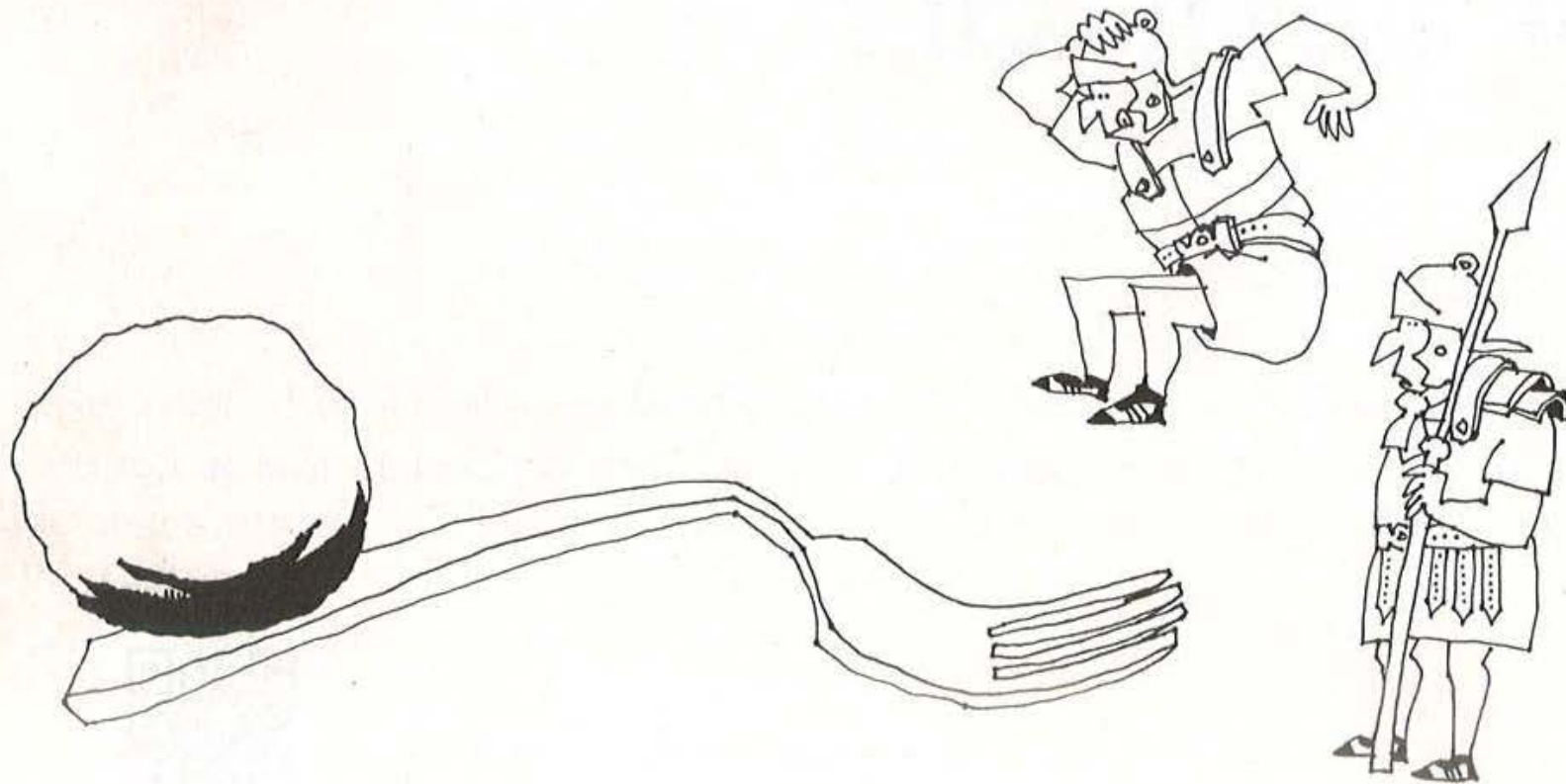
1. They are closer to patients and communities and can be designed with patient and community input.
2. They can provide ideal opportunities for interprofessional education.
3. They can provide opportunity to learn from and manage patients over time.





# How Can Longitudinal Integrated Clerkships Address These Challenges?

4. They can allow new curricular material to be introduced and integrated with clinical experiences in an appropriate progression.
5. They can be the means for recruiting and recognizing teaching faculty and can be laboratories for innovation.
6. They can provide unique opportunities to assess competency and individualize the educational experience.



*"There's got to be a better way to do this."*



# Why is Change so Difficult?



# Culture Change Is Needed

Individual → Collective

Hierarchical → Equality

Profession Centered → Patient Centered

Individual Focus → Community Focus

Competitive → Collaborative

Self-Centered → Nurturing