



Changes to Medical and Resident Education: Flexner to Future

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Objectives

 By the end of this hour, attendees will be able to describe the history and trends in undergraduate and graduate medical education.

Disclosures

 No conflicts of interest – that is, after seeing how long and hard medical students and residents work, I have NO DESIRE to follow in

their footsteps!



https://www.flickr.com/photos/ahayward/2322577484



University of Pennsylvania - 1765



https://commons.wikimedia.org/wiki/File:PSM V49 D477 Biological hall university of pennsylvania philaselphia.jpg

19th Century – Typical Medical Education?



https://pixabay.com/en/saloon-bar-old-saloon-207396

Long Branch Saloon &

Medical School

8:00 — Anatomy (who was found on the

street last night?)

10:00 — Gun shot

wound care

12:00 - Drinkin'

2:00 – Gamblin'

4:00 — Symposium on

addictive behavior

Johns Hopkins Medical School



1893

Abraham Flexner



https://commons.wikimedia.org/wiki/File:Picture_of_Abraham_Flexner.jpg

"2 X 2" curriculum

Year 1

Year 2

Year 3

Year 4

Basic Sciences

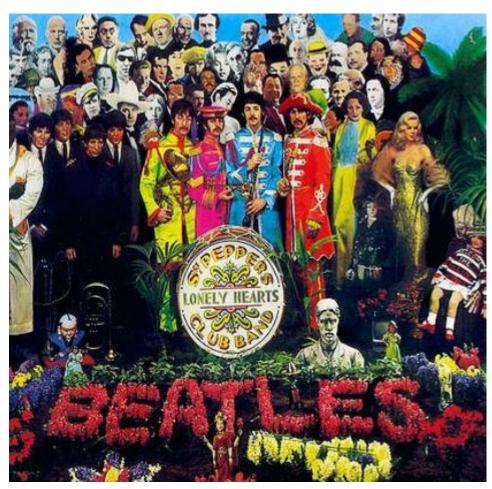
Clinical

1960's



https://www.flickr.com/photos/that_chrysler_guy/8142935761

Doctor PBL's Socially Disconnected Cardiac Organ Club Band



https://www.flickr.com/photos/paille-fr/8903094536

Progression of ME since Flexner

Where we started 20th century – "Stand Alone"



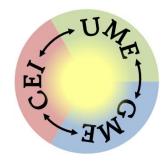
Start of 21st century – "Contiguous"



Today - "Integrated"



In ten years – "Systemized"



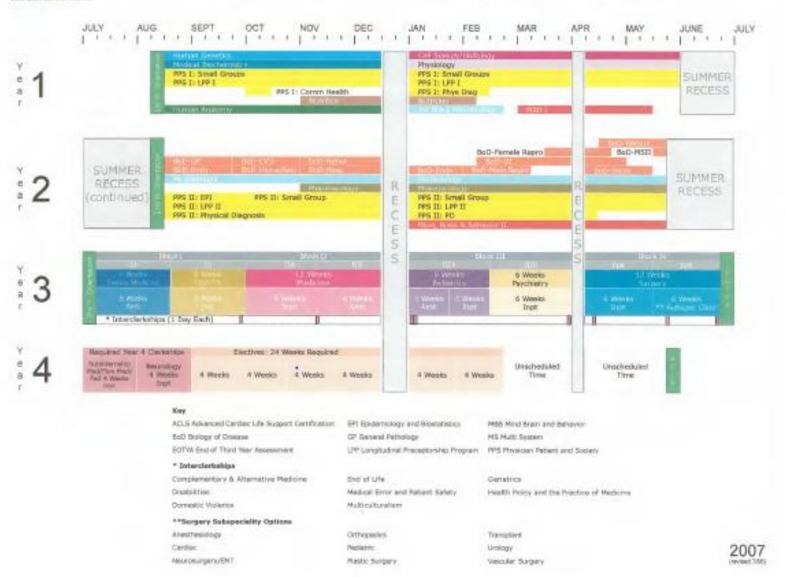
Does it work? - AAMC EPA

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



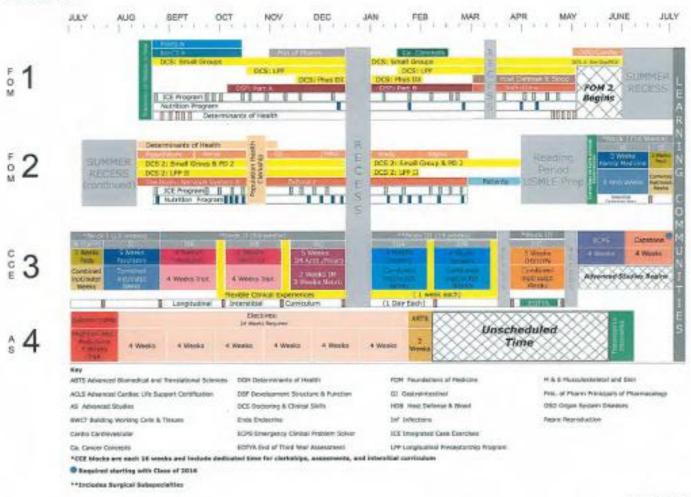








School of Medicine Curriculum at a Glance

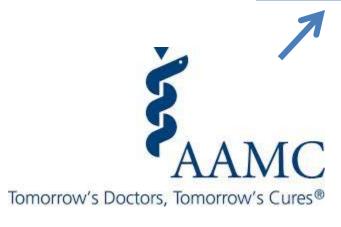


Who are today's students?

- Number of applicants per year = 43,919
- Number to matriculate = 19,230
- Number of women = 47%
- Number of African American, Native American, Hispanic = 15.7%

MD – Says who?







Testing - Boards

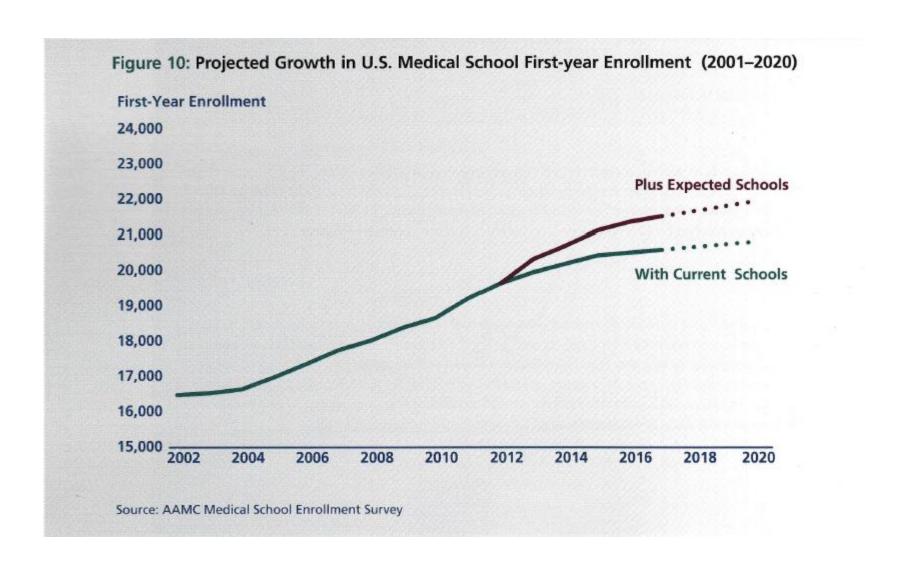
- MCAT
- USMLE Step 1
- USMLE Step 2
- USMLE Step 3
- ABMS 24
 specialties

- 1. A O B C O D O E O
- 2. A O B O C O D E O
- 3. A

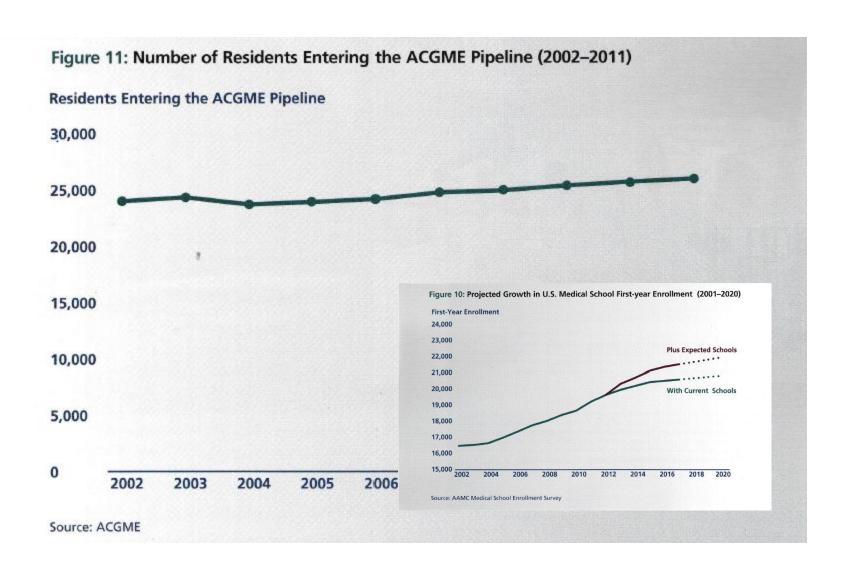
 BOCODOEO
- 4. AO BO C DO EO
- 5. A O B C O D O E O
- 6. AOBOCODOE
- 7. A O B O C O D E O
- 8. A

 BOCODOEO
- 9. A O B O C O D E O

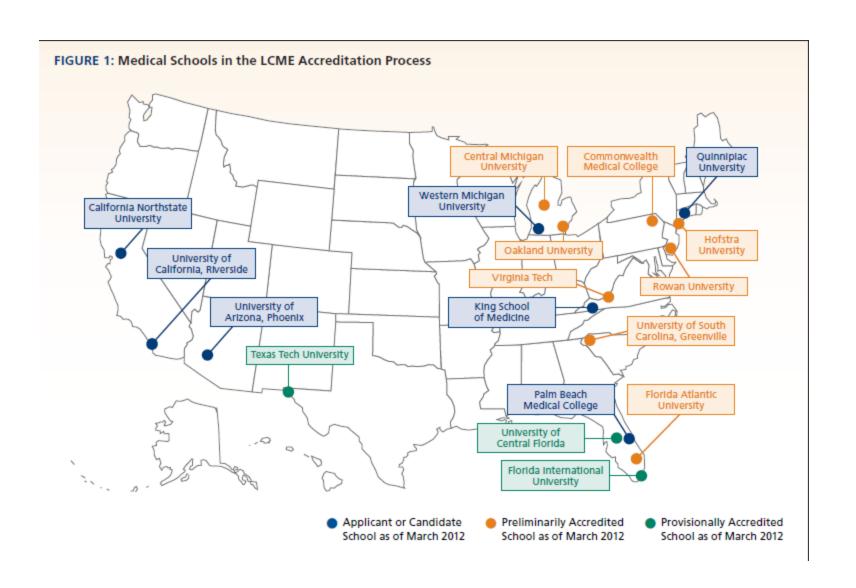
Growth in Med School Enrollment



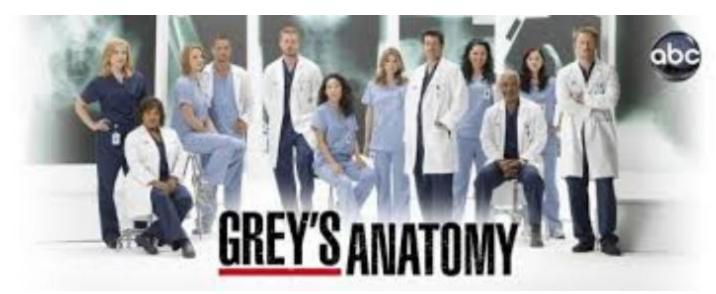
"Growth" in Residency Enrollment



New Medical Schools (as of 2012)

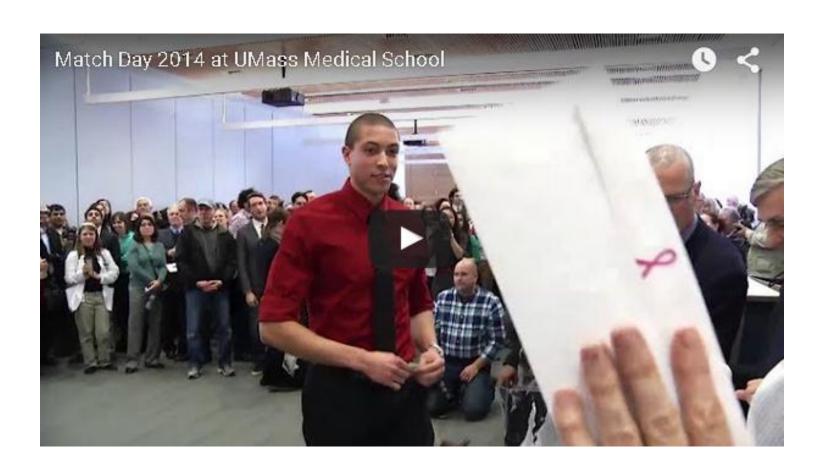


Graduate Medical Education



http://collider.com/finale-recap-review-greys-anatomy-community-parks-and-recreation-the-office-30-rock/. © ShondaLand, Mark Gordon Co., ABC Television

Match Day



GME Structure

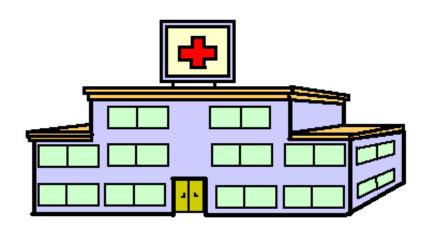
- Intern Year 1
- Junior Resident Year 2
- Senior Resident Year 3-5
- Fellow Year 6-11
- Some residencies, e.g., Family Medicine, Peds
 = 3 years
- Some specialties, e.g., advanced neurosurgery, can last up to 11 years.

GME Structure cont.

- "Home base" with multiple rotations throughout other disciplines of medicine
- All rotations include educational objectives, e.g., didactics, lectures, journal club, peer-topeer learning
- Always includes faculty supervision, lessening as residency advances

The Demographics

- >1,000 teaching hospitals in U.S. majority are non-profit
- 8,887 ACGME accredited programs comprising 133 specialties and 113,142 residents



Fully licensed MD – Says who?



Accreditation competencies

- Patient care
- Medical knowledge
- Practice-based learning
- Interprofessionalism and communication skills
- Professionalization
- Systems-based practice

Duty Hours

- ACGME Mandates 2003 & 2008
- 80 hours/week "reasonable upper limit"
- 16 consecutive hours for Interns, 24 for PGY2 and above



Duty Hours – Issues?

- Adaption of "shift mentality" vs. "moral & professional responsibility"
- Other components of original recommendation not implemented
- Still issue of "sleep deprivation" vs. leaving sick patient because "shift has ended"
- Concerns of appropriate handoff, follow-up
- Studies show *no correlation* with improved quality of patient care of decrease in errors.

Show Me the Money!



Jerry Maguire. ©1996, TriStar Pictures

The Costs

- Undergraduate (Medical School)
 - 37% Patient care via clinical faculty
 - ~20% Federal non-Medicare (e.g., residency support, CME)
 - Other govt. support, grants and contracts, etc.
 - Lowest Tuition

The Costs

- Graduate Medical Education
 - Much via federal "Prospective Payment System" of direct and indirect costs
 - Based of number of Medicare factors such as DRG codes all set by Congress. These funds cut by aggregate 50% since inception
 - "Medicare Direct Graduate Education" payments.
 Covers ¼ of cost per each resident. Half of this for fellows.

M&M Brownies



http://omnommy.tumblr.com/post/29012152719/mm-brownies

Ingredients

- 1 cup butter, melted
- 1 cup unsweetened cocoa powder
- 1 1/4 cup packed brown sugar
- 1 cup granulated sugar
- 1/2 tsp salt
- 4 eggs
- 1 1/4 cup flour
- 2/3 cup M&Ms

The recipe changes, the mission does not

Ingredients - 1996

- 1 cup butter, melted
- 1 cup unsweetened cocoa powder
- 1 1/4 cup packed brown sugar
- 1 cup granulated sugar
- 1 lb salt
- 4 eggs
- 1 1/4 cup flour
- 2/3 cup M&Ms

Ingredients - 2004

- 1 cup butter, melted
- 1/16 tsp unsweetened cocoa powder
- 1 1/4 cup packed brown sugar
- 1 cup granulated sugar
- 1 lb salt
- 4 eggs
- 1 pinch flour
- 2/3 cup M&Ms

So...

• Growing population \rightarrow Aging population \rightarrow ACA insuring more individuals → Looming physician shortage → Demand/need for more medical schools \rightarrow Need for more residency positions \rightarrow Funding being cut \rightarrow Academic Medical Centers carrying more of cost → Costs higher at AMC's → Private insurers now "tiering" coverage/excluding AMC sites and physicians \rightarrow Lower volume of AMC's...

Or...

- Primary Medical Home
- Accountable Care Organizations
- Motivated learners with more interprofessional experience, greater ability at critical thinking, more skills in behavioral/social medicine



https://commons.wikimedia.org/wiki/File:Z_The_End_Notorious.png

Thank you. Let's eat! Right after questions, of course...