

The Compelling Need for Education Reform: A Futurist's View of Health Professions Education

Author Commentary

CHAPTER ABSTRACT:

To keep pace with rapid changes in healthcare delivery, academic health centers must change their approach to health professions education, aligning with the geographic locus of care and becoming as interprofessional as the clinical contexts into which students will graduate. This chapter presents a framework for an enhanced health professions education that will enable students to thrive in this new learning environment.

Topics in medical education have historically been somewhat separated or fragmented, and future progress hinges on our appreciation and development of important new synergies and interconnections. In my experience over the past 30 years, for example, medical education has been medicine-content-focused. That is, we teach students “here’s the kidney, here’s what we need to know about the kidney, here are things that can go wrong in the kidney,” and so forth. But if medical students are to succeed and lead in today’s highly-complex, rapidly-changing healthcare environment, they need to learn a wide range of additional skills—such as leadership, educational technologies, experiential learning in diverse settings, and the whole dimension of healthcare delivery science.

In that regard, I am struck by the connections and synergies among and between those new dimensions of medical education, which need to be embedded into the curriculum. We can no longer train students just to be doctors because we are no longer focused on just the heart, lungs, or the kidney. If we are going to reform the healthcare system, we must simultaneously reform the educational system. We have to prepare doctors to be able to practice in the new environment. These realities make the curriculum more complicated, but at the same time more interesting.

The new themes that increasingly have to be part of medical education raise a host of interesting questions. For example, what does it mean to be a leader—whether you are in solo practice, a large group practice, or a large academic health center? How do you measure how you are doing in your practice? How do you provide the best care of the highest quality at the lowest cost? We need to be attuned to the importance of training students in measurements—including critical appraisal skills, quantitative analysis, and systems design and improvement—as well as in the contextual elements of medicine, such as policy, economics, and disparities.

One interesting challenge for medical schools is that faculty may not be experts in these areas. For example, our students have repeatedly asked for content on resilience: How do you rebound from bad news or a bad outcome? Most medical schools have to turn to experts outside their faculty to get that kind of information. Similarly, many schools have to turn to their business school for leadership training. We often also have to look outside for expertise in such areas as teaching technology.

There is a need to create infrastructures that allow for better alignment of medical education inside the professional nature of healthcare. The data is pretty clear that we need learning platforms, contexts, and

opportunities for medical students to learn together with nursing students, pharmacy students, residents, and other practitioners; patient care is now entirely team-based. It may sound obvious, but how do you create the infrastructure to do that? How do you do that when you don't have a nursing school?

Another implication, of course, is funding. How can we afford to change medical education in the ways that it needs to be changed in an era when traditional sources of revenues—such as tuition, indirect costs from grants, support from hospitals, and reimbursements—are flat or even in decline? Related questions concern how we pay faculty. If, for example, we expect faculty to generate a certain level of Relative Value Units (RVUs), what about research faculty? Is there a research RVU equivalent? What happens if someone loses their grant? How do you compensate teaching faculty? How do we compensate clinical faculty? These complicated questions will continue to challenge leaders as we move ahead.

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