Trends in Medical Education: Growth, Integration, and Virtual

Dan Hunt, MD, MBA
LCME Secretary
Association of Directors of Medical Student Education in Psychiatry
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It will not be on the Exam

• The LCME is coming again! (not already)

• Hot Topics

Expansion of undergraduate medical education

New Schools

Distance

Integration

Virtual
History of the LCME
LIAISON Committee on Medical Education

- 1847 AMA founded
  
  Council on Medical Education 1904

- 1876 AAMC founded
  
  Collapsed in 1882 and restarted in 1890

- 1919 AMA-AAMC joint inspection

- 1942 Creation of the LCME
Liaison COMMITTEE on Medical Education

LCME members: Total of 17

- Each sponsor appoints 6 professional members and 1 voting student member

- 2 public members appointed by LCME

- Chair of the Committee on Accreditation of Canadian Medical Schools (CACMS)
Accreditation of a medical education program
What Accreditation Can and Cannot Do

• **The Good**
  - Regulatory Assurance
  - Quality Assurance
  - Educational Process
  - Agent of Social Change

• **The Bad**
  - Labor Intensive

• **The Ugly**
  - “Inhibit Creativity”

Contributes to vulnerability of medical schools for disruptive innovations
The Case for Regulation
Country Number One
Number of Medical Schools in the United States

Number of Medical Schools
A Case for Regulatory Role of Accreditation
County number 2
Quality Assurance and Quality Improvement

- Institutional self-study
- Independent student analysis
- Peer review of schools (127/29)
- Peer review of Standards
New and Revised Standards and Annotations since 2002

- New Standards: 32
- Revised Standards: 22
- New and revised annotations: 6
- Deleted: 1

LCME
Good: Agent of Social and Education Change

- Dissemination of Innovations
- Diversity Standards
- Integration of Content across courses and disciplines

The Learning Environment

Student debt

Student mistreatment

Hidden curriculum
Good: LCME Survey Teams members are Peers:
Chair (dean)
Secretary (experienced educator)
Team members (faculty educators,)
Fellow (Faculty member responsible for her/his school’s future Self-study)
The Bad...the workload
The Ugly: Inhibition of Educational Innovation

• Perception is what is real

• Disruptive innovations: primary care, mental health care, etc
Seeking Accreditation

Planned New Allopathic Medical Schools

- Scripps School of Medicine
- Oakland University - Beaumont Medical School
- Hofstra University
- Touro University COM

LCME
Seeking Accreditation

New Allopathic Medical Schools

- The Commonwealth Medical College
- Touro University COM
- Florida International University COM
- Oakland University - Beaumont Medical School
- Paul L. Foster SOM – Texas Tech
- Scripps School of Medicine
- Virginia Tech Carilion SOM
- Hofstra University SOM
- University of Central Florida COM
- Virginia Tech University COM
- University of Central Florida COM

Granted Preliminary Accreditation
New Allopathic Medical Schools

- The Commonwealth Medical College
- Touro University COM Florida International University COM
- Oakland University - Beaumont Medical School
- Hofstra University SOM
- Touro University COM
- Virginia Tech Carilion SOM
- Florida International University COM
- Paul L. Foster SOM – Texas Tech
- University of Central Florida COM
- Northern Ontario School of Medicine
- Scripps School of Medicine

- Granted Accreditation
- Granted Preliminary Accreditation in 2009
- Seeking Accreditation

LCME
Total First Year Residents, 2007

25,268* entered ACGME and AOA training in 2007

US MDs (15,326; 60.3%)

Other (Canadian/Unknown) (44; 0.2%)

IMGs (6,795; 26.7%)

DOs in ACGME (1,594; 6.3%)

DOs in OGME Internships* (1,509; 6.0%)

### MD and DO Grads Are Growing Rapidly

<table>
<thead>
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<th></th>
<th>2002</th>
<th>2013</th>
<th># and % Increase</th>
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<tbody>
<tr>
<td></td>
<td>First Year Enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>16,488</td>
<td>19,946</td>
<td>3,458</td>
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<td></td>
<td></td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>DO</td>
<td>3,079</td>
<td>5,519</td>
<td>2,440</td>
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<td></td>
<td></td>
<td></td>
<td>79.2%</td>
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<tr>
<td>Combined</td>
<td>19,567</td>
<td>25,465</td>
<td>5,898</td>
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<td>30.1%</td>
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Sources: 2009: AAMC Dean’s Enrollment Survey  
2009: AACOM Preliminary Enrollment Analysis  
Prepared AAMC CWS: March 2009
Applicants for GME Have Grown More Rapidly Than Available Positions

Results from NRMP 2002 - 2009

Unfilled PGY-1 Positions

U.S. Seniors Unmatched to PGY-1 Positions

NRMP
National Resident Matching Program
Wait, I was checking my blackberry…..what did he say?

In 2007 there were 25,268 first year residency positions filled

(6,795 were filled with IMGs)

In 2013, the current projections have 25,465 MD and DO entering medical school
Third Year of Medical School Integration vs. Discipline based

- Discipline based third year training has strengths and weakness
- Curriculum reform efforts often stop at the end of the second year
- Integrated clinical training experiences now emerging
BOB'S GUNS AND AMMO
Medical Schools currently using a form of Integrated Clinical Training

### Australia
- Flinders, 1997
- Wollongong, 2009
- Melbourne Rural Health, 2002
- Western Australia, 2002
- Monash University, Not Reported
- University of Queensland, 2004

### Canada
- University of British Colombia, 2005
- Northern Ontario School of Medicine, 2007

### United States
- West Virginia, Not Reported
- University of Minnesota, 1971
- Harvard, 2004
- University of South Dakota, 1991
- University of Washington, 1993
- University of California San Francisco, 2006
- University of North Dakota, Not Reported
Integrated Clinical Training

- All occur in the clinical training year before the final year
- Range of number of students graduated: 3-1127
- Most programs in rural settings but one exclusively urban and one urban and rural
- Range of time in community 5 1/2 months to 12 months
Integrated Clinical Training

Weaknesses

• Loss of contact with class cohort*
• Potential of high exposure to mundane and little exposure of the unusual*
• Less exposure to sub-specialties for care choice*

  * David Irby and Molly Cooke

• More expensive**
• Initial faculty skepticism eventually replaced by enthusiasm**

  **Personal observation
Integrated Clinical Training

Strengths

- Higher quality and more frequent feedback*
- Understanding of community health care system*
- Patient continuity = People with illnesses rather than parade of diseases*

*David Irby and Molly Cooke

- Student contribution to the health care team**
- Students mature more quickly in continuity experience**

**Personal Observation
Standardized, Simulated, and Virtual

Student Dr. Smith, your avatar is in the emergency room

Please log on…….
A Great Time to be in Medical Education

• New Schools and expanded regional campuses
• New paradigms to work, learn and teach in
• Educational quality that is internationally recognized
• Support organizations like ADMSEP
LCME Contact Information

• All relevant LCME documents are on the LCME Web site: www.lcme.org

• Documents are updated regularly (so always check for the most recent version)

• LCME Secretaries can be reached at:
  Dan Hunt  202 828 0596
  Barbara Barzansky 312 464 4933

1. ED-2
   Central oversight clinical objectives

2. ED-30
   Course & clerkship evaluation

3. ED-33
   Integrated institutional responsibility

4. ER-9
   Affiliation agreements

5. ED-8
   Comparability of educational experience & evaluation

6. MS-19
   System to assist students’ career & electives choice and residency apps

7. ER-4
   Buildings

8. ED-31
   Evaluation of students

9. ED-24
   Non-faculty teachers

10. MS-24
    Student indebtedness