

PROFESSION



The American Medical Association's grant program will help medical schools keep up with the changing nature of medical practice, said James L. Madara, MD, executive vice president and CEO of the AMA. "Any innovative curriculum will focus on quality and, of course, value," he said. [Photo courtesy of AMA by Robert Randall]

AMA pledges millions to jump-start innovation in medical education

Applicants will compete for funds in an initiative aimed at transforming undergraduate medical education.

By **KEVIN B. O'REILLY**, amednews staff. *Posted Jan. 28, 2013.*

The American Medical Association will award \$10 million in grants over five years to a group of medical schools to engage in a broad range of teaching innovations.

They would include new ways of teaching and assessing core competencies, individualized learning plans, and a greater focus on patient safety, quality improvement and health care financing. "Today, a gap exists between physician training and the day-to-day realities of the evolving and emerging health care system," AMA Executive Vice President and CEO James L. Madara, MD, told a room full of about 130 Chicago-area medical students at Rush Medical College on Jan. 17.

"The AMA wants to change that and lower barriers for engagement," Dr. Madara said. "We want to bring schools together to foster and accelerate the kind of bold changes that will help you not only succeed, but thrive in the evolving health care environment."

The event was broadcast live over the Internet. Participating in the webcast with questions were about 300 other students, faculty and administrators at medical schools in Boston; Houston; Memphis, Tenn.; New Brunswick, N.J.; and Toledo, Ohio. Another 400-plus Web users watched the announcement live.

Between eight and 10 medical schools will be awarded the grants for a total of \$2 million annually over five years. As of this article's deadline, more than 40 medical schools had registered online to gain access to the request-for-proposal submission process.

Medical schools must file a brief letter of intent by Feb. 15 and a full proposal by May 15. The winners will be announced no later than July 1, and the grant program will start Sept. 1.

Allopathic medical schools that have preliminary, provisional or final accreditation from the Liaison Committee on Medical Education are eligible to apply. The projects must be entirely new or represent big changes to a current program, and the principal investigator must be a faculty member who is an associate dean or higher.

Priority for EHRs, team care

In its description of the grant opportunity, the AMA strongly encouraged proposals that actively involve the medical schools' health system partners to deliver "comprehensive learning experiences." Proposals also should highlight use of electronic health records and multisite online courses, and focus on improved training related to diagnostic errors, clinical decision-making, critical thinking, genomic health and patient-centered team care.

"Our goal is to showcase successful innovations and promote their adoption in medical schools nationwide," Dr. Madara said.

The medical students were invited to share their thoughts and comments with the AMA on Facebook and Twitter about what could be improved in their current training. During a question-and-answer session after the announcement, a medical student asked if the AMA initiative would help cut student debt.

Dr. Madara said innovative changes could result in lower tuition, which varies widely but is typically about \$30,000 a year at a public medical school and \$50,000 a year at a private school.

“Once you move to a competency-based curriculum from a time-in-chair curriculum, the clock’s no longer on, and you can shave time off,” he said. “That leads to a higher degree of efficiency and savings for students.”

Navin Kesari, a third-year medical student, attended the AMA announcement and came away impressed.

“It’s good to see the AMA is investing money to change medical education,” said Kesari, who attends Chicago Medical School in North Chicago, Ill. “It’s great that they’re trying to invest in a new way, a more active way, to get students engaged. Ultimately, we’re all doing this to become better physicians and treat our patients better. Starting this right, early on with medical education, is the best way to tackle this problem.”

The effort to reshape undergraduate medical education is part of a broader change in the AMA’s direction, as laid out in a five-year strategic plan announced in June 2012. Two other areas of focus are improving health outcomes and enhancing physician satisfaction through reform of health care delivery and payment models. More information about the medical education grant program is available online.

ADDITIONAL INFORMATION:

3 ways medical schools can innovate

In a request for proposals for its \$10 million medical education grant program, the American Medical Association offered three examples of the innovative approaches it is seeking.

Individualized, flexible learning plans

- Allow students to progress through variable timelines, including advanced placement for core knowledge and skills already achieved before matriculation.
- Replace fixed rotations through clinical clerkships with variable experiences tailored to students’ career selections.
- Streamline core curricular content to allow for new content in areas such as genomics, decision support and population management.

Improve knowledge of the health care system and financing

- Partner with health care systems actively involved in performance improvement and population management to develop experiential, longitudinal-learning opportunities for students.
- Offer students the opportunity to manage patients through electronic simulation of patient panels or participate in quality improvement projects supported by the health care delivery partner.
- Assign medical students clinical homes for ongoing longitudinal experiences.

Optimized learning environments

- Address formal and informal aspects of the learning environment to foster relationship building, facilitate reflection and support the inculcation of professional values and ideals.
- Have mentors guide experiential learning and collaborate in defining the expected outcomes, pace and direction of the student’s learning.
- Identify the essential learning outcomes and have mentors give feedback that supports longitudinal acquisition and demonstration of professional values and behaviors.

Source: “Accelerating change in medical education: Optimizing student readiness for medical practice and life-long learning,” American Medical Association request for medical education grant proposals, January (www.ama-assn.org/sub/accelerating-change/pdf/rfp-final-for-web-1-3-13.pdf)

WEBLINK

“Accelerating change in medical education,” American Medical Association website with video (www.changemeded.org/)

“Accelerating change in medical education: Optimizing student readiness for medical practice and life-long learning,” AMA request for medical education grant proposals, January (www.ama-assn.org/sub/accelerating-change/pdf/rfp-final-for-web-1-3-13.pdf)

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