INNOVATIONS IN HEALTH PROFESSIONS EDUCATION AND THE FUTURE OF HEALTH CARE

George E. Thibault, MD
President, Josiah Macy Jr. Foundation

American Association of Colleges of Osteopathic Medicine
Keynote Address

April 25, 2013
Malcolm Cox
Department of Veterans Affairs
Traditional model

- Curriculum
  - Educational objectives
  - Assessment

Competency-based education model

- Health needs
  - Health systems
- Competencies
  - Outcomes
  - Curriculum
- Assessment
Six Areas of Innovation for Health Professions Education

1. Interprofessional and interdisciplinary education
2. New models of clinical education
3. New content to complement the biological sciences
4. Competency-based education
5. Increased efficiency and individualization of education
6. Incorporation of new educational and information technologies
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.
Interprofessional and Interdisciplinary Education “Learning about, from and with one another”

1. Team-based competencies
2. Common content and problem solving (e.g. quality and patient safety)
3. Understanding roles and contributions of all health professions
4. Leading and following skills
5. Culture change for truly collaborative practice
Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative

Report of an Expert Panel
May 2011
Areas of IPE Activity

1. New Content, for example: Quality, Patient Safety, End of Life Care
2. Early clinical experiences
3. Joint curriculum planning between Nursing and Medical Schools
4. Medical center-wide planning involving multiple health professional schools
5. Use of new technology
New Models of Clinical Education

1. Longitudinal
2. Community-based
3. Chronic disease oriented
4. Continuity of patients, teachers and site
5. Special Tracks
New Content to Complement the Biological Sciences

1. Population medicine
2. Social determinants of health
3. Quality improvement/Patient safety
4. Health economics
5. Professionalism
Competency-Based Education

1. Time determined by competencies rather than numbers of rotations
2. Milestones and analytics
3. Preparation for independent practice
4. Flexibility required
5. Regulatory change required
Increased Efficiency and Individualization

1. Eliminate redundant training
2. Improve transitions: Premed - UME-GME; General-Specialty; GME-Practice
3. Earlier differentiation when appropriate
4. Individualized tracks
5. Flexibility required at all levels
Educational and Information Technologies

1. Simulation
2. Telemedicine
3. Distant and asynchronous learning
4. Khan Academy; “The Flipped Classroom”
5. Assessment of individual and program outcomes
Why Is Educational Reform Important?

1. Societal needs and expectations are changing.

2. Education is accountable to improve the health of the public.

3. Educational leaders are responsible for the career success and satisfaction of our graduates.

4. We must generate new knowledge and advance the field of healthcare.
CONFERENCE RECOMMENDATIONS

January 17-20, 2013  |  Atlanta, Georgia

Transforming Patient Care:
Aligning Interprofessional Education
with Clinical Practice Redesign
We envision a healthcare system in which all learners and practitioners across the professions are working collaboratively with patients, families and communities and with each other to accomplish the Triple Aim.
Educational reform effort must be coordinated with related efforts to redesign healthcare delivery to be team-based and responsive to individual, family, and community needs.
The two realms should not be changed in isolation. Educational reform must incorporate practice redesign, and delivery system change must include a central educational mission if we are to achieve enduring transformation.
INNOVATIONS IN HEALTH PROFESSIONS EDUCATION AND THE FUTURE OF HEALTH CARE ARE INEXTRICABLY LINKED