

Report of the Educating for Societal Needs Committee

The Committee, whose members are listed at the end of this report, met four times between March 25th and May 5th 2014 to review the degree programs at TUSM including the MD, Physician Assistant, and Public Health programs. The Committee reviewed various performance measures, including residency placements, graduate questionnaires, PGY-1 and Program Director's surveys. These materials supported the view that the MD-program graduates are well-trained clinicians who perform effectively and at a high-level during residency training. Graduates are often described as effective communicators who are culturally competent, compassionate, and professional. The MD training program provides a comprehensive general medical education that prepares students to pursue any clinical specialty of their choice. Over the past 10 years, about half of TUSM MD graduates entered "primary care" specialties, many of these students ultimately pursue subspecialty careers. With the 2009 Curriculum Revision, primary care in the curriculum was expanded. The number of students pursuing Family Medicine has also grown (>20 students per year). A minority of students pursue research training at TUSM. It is notable that approximately 15% of the medical school class pursues the joint MBA or MPH degree, and that these students are prepared to pursue roles in business, the non-profit sector, government, biotechnology, and community health. Data is not yet available for the PA program which graduates its inaugural class in January of 2015.

The Committee examined the current state and future direction of healthcare to identify training gaps and opportunities for TUSM to develop or refine its curriculum. The Committee agreed that TUSM graduates should be prepared to meet the changing needs and expectations of society, reflected in the evolving requirements and expectations of residency programs and physicians' professional roles and responsibilities. Graduate medical education programs are placing increased emphasis on patient safety, quality improvement, efficient resource utilization, and population medicine.

The Committee believes that TUSM training should address the so-called "triple aim" of improving the health of populations, improving the patient experience, and reducing the per capita cost of care. Some of the key content areas within the triple aim include quality improvement, patient safety, understanding care systems and processes, understanding the health care system, team work/team learning, principles of efficiency/effectiveness, leadership, advocacy, interprofessional education (IPE), social determinants of health, caring for the underserved populations (rural/urban, under-represented racial and ethnic groups, etc), palliative care, cultural competency, problems of aging, and global health. The Committee examined initiatives at TUSM to improve student training in caring for the

underserved populations (e.g. Tufts Student Service Scholars Program) and those designed to improve continuity of the clinical experience (e.g. TUSM-Maine Track longitudinal integrated clerkship or LIC) as attractive models that should be supported and expanded.

Committee Findings

- The Masters of Public Health programs are well-designed to achieve the goal of educating for societal needs. Increased interprofessional activities with MD-program and PA-program students would likely benefit all programs.
- The two-year length of the PA-program presents a major challenge to incorporating some of the findings below. Given that the program is new, its current elements must still be fully appraised to better understand where opportunities exist to incorporate new content. As with the MD-program, interprofessional education is essential to preparing PA students for medical practice and should be expanded.
- All TUSM graduates should acquire the knowledge, skills and attitudes necessary to have a positive impact on the healthcare of individuals, communities, populations and the underserved.

With the above considerations in mind, the remaining findings deal principally with the MD-program.

- To effectively practice medicine, TUSM graduates must have detailed understanding of healthcare delivery systems (and how to navigate those systems), social determinants of health, and population health (the ability to address the needs of patients and communities). They must have a full understanding of the importance of patient-centered outcomes and the processes of patient care at a systems level.
- Students must, to the degree possible, have an opportunity to immerse themselves in a community and understand its health needs. They must know how to effectively advocate for patients and for communities. In this regard, the current community service learning program should be maintained and ways found to further integrate it with other elements of the curriculum.
- Students must understand wellness, palliative care, advocacy (for patients and communities), patient safety, quality improvement and how to reduce the costs of care while maintaining quality.

- As healthcare professionals, students must understand teamwork (how to work as part of an interdisciplinary or interprofessional team) and collaboration and how successfully functioning teams are critical to the patient experience. Students should also be given the tools which in time will enable them to lead such teams.
- Clinical reasoning skills are essential for efficient and effective patient care (e.g. cost effective ordering of tests and treatment, reduction of diagnostic errors).
- Students benefit immeasurably from continuity experiences (e.g. Baystate for the year, Maine for the year, LIC). Such experiences allow students to immerse themselves in a healthcare community, participate in the continuing care of patients with chronic disease, receive ongoing mentoring and assessment of their progress in acquiring competency, and foster interdisciplinary and interprofessional learning and teamwork.
- The Committee believes that to fully achieve curricular goals, students must have adequate time for reflection. This process will be advanced by encouraging/requiring student inquiry (delving in depth) into a particular facet of medical/academic science – with a goal of having a positive impact on improving an aspect of the healthcare environment.
- The Committee believes it essential that students receive a foundation in the academic science that underlies patient safety, quality improvement, resource utilization and population medicine. These areas are as fundamental to the current practice of medicine as understanding the basic science of disease.
- The Committee noted that the school covers many of the areas noted above but this often occurs exclusively in first or second year (e.g. in the absence of essential clinical context) and without vertical integration into the clinical years where the content is best applied. In those instances where experience does exist in the clinical years, it is often opportunistic rather than planned/structured and not all students may benefit.
- It is not feasible for all faculty who teach/supervise students in the clinical setting to have content expertise in all of the areas mentioned above.

Recommendations

- **The overall goal of TUSM’s clinical training programs must be to graduate students who are highly-skilled clinicians and who also possess the knowledge, skills, and attitudes to assist in the continual improvement of health and health care.** Curricular changes should restructure components of the core clerkship year and the fourth year by integrating new material, based on the foundation of the “triple aim”, into the existing clinical experience. Even with improved integration, to fully achieve new curriculum goals, the time devoted to the core clerkships and the fourth year may need to be expanded. The Committee noted that this strategy is increasingly being utilized by other U.S. medical schools that now start the core clerkships during January of second year.
- **Opportunities should be created or expanded to emphasize team learning and interprofessional education.**
- **Students should be required to pursue an area of interest in some depth.** This could be achieved by requiring that each student complete a combined degree, participate in a concentration or certificate program, or complete a formal research project or capstone project. Some on the Committee members believe that students should participate, as part of a team, in a quality improvement project .
- **Consideration should be given to changing the name of the school to better reflect the priority of educating for societal needs (e.g. Tufts University School of Medicine and Public (or Population) Health).** The educational mission statement should be updated to include a more compelling healthcare vision including explicit affirmation of the goal of training outstanding healthcare professionals who are prepared and ready to work on improving the healthcare system (positive impact) and who have the knowledge, skills and attitudes to care for the underserved.
- **TUSM should consider making an even greater commitment to faculty and student diversity so that it will better meet the needs of an increasingly diverse society.** Robust expansion of student pipeline programs is required to achieve improved compositional diversity. In addition to bolstering and expanding existing pipeline programs (including those focused on rural health), scholarship dollars should be committed to the MBS program to allow it to function as a true pipeline program.
- **There must be continued emphasis on promoting skills in personal reflection, mindfulness and lifelong learning if students are to be able to successfully adapt to constantly changing healthcare environment.**

- **Increased emphasis should be placed on the health care needs of underserved (rural and urban) populations and specific curricular experiences developed for all students to ensure they have the skills to effectively care for them.**

Supporting Strategies

- Many of the recommendations offered here are best achieved in a clinical curriculum that emphasizes continuity (e.g. Maine LIC or Baystate model) and allows for ongoing mentorship to ensure developmental progress. Therefore, efforts should be made to expand these programs and develop additional experiences within existing teaching affiliates that would allow all students to have a continuity experience.
- Concepts of clinical reasoning, quality and safety, population health, social determinants of health, effective/efficient resource utilization, wellness and palliative care should, to the degree possible, be infused into all courses and clinical experiences; this mandate to course and clerkship directors will require substantial resources and support.
- The committee acknowledges the importance of ensuring that students continue to receive the following: a superb foundation in clinically-relevant basic science, effective preparation for USMLE exams, outstanding clinical training (with continued emphasis on humanistic and patient-centered care), meaningful community-service learning experience, and preparation to be a skilled educator.
- Some members of the Committee believe that the creation of an Institute with a focus on improving health and health care (the “triple aim”) would provide a source of teaching expertise, improve the care provided by TUSM students and faculty, expand opportunities for funding through extramural grants or philanthropy and provide an opportunity for the school to bring additional value to its teaching hospital partners and their respective communities.

Resources Required

To fully achieve the recommendations the following resources will be required:

- Funding for a significant expansion of faculty development programs (with the addition of personnel with expertise in faculty development) to allow for training of clinical faculty to effectively teach these “new” content areas. This will entail increasing staff and faculty with expertise in teaching other faculty.
- Funding to allow for the creation of a core clinical faculty who can serve as teachers and longitudinal mentors for students.
- Funding to expand clinical continuity experiences in rural, urban and suburban settings.
- Technological/instructional design support for the creation of state-of-the-art online learning modules that would allow for greater efficiency of education during the fourth year.
- Funding for summer projects that will allow more students to use this critical time for some of the projects noted above.
- Funding to expand pipeline programs including MBS scholarships.
- Funding to create an Institute for the continual improvement of health and health care.

Committee Membership

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