



REPORTS AND ANNOUNCEMENTS

Forces on Medical Education: Reflections on the Conference Celebrating the 40th Anniversary of the Department of Medical Education, University of Illinois–Chicago

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Forces on Medical Education: History Shapes the Present

The Department of Medical Education (DME) of the University of Illinois–Chicago (UIC) celebrated the 40th anniversary of its creation in July, 1999 in Chicago. The symposium was designed to weigh the forces that have shaped the contours of current medical education, including its history, with the needs of the societal context within which educators work. Leaders and innovators in this field discussed original papers, participated in panel discussions and presented plenary sessions to critically analyze these issues. This review presents our perspective of the discussed topics, influenced by our participation as students in the Masters of Health Professions Education program at UIC. The conference enhanced our appreciation of the historical, national and international significance of the creation of the DME.

Accountability and innovation were themes that flowed through the five keynote addresses, six panel discussions and 14 paper presentations during the four-day meeting. Historical perspectives were offered on several occasions during the conference, complementing the presentations of current educational issues. An entertaining panel discussion by several long-time medical educators, Ms. Christine McGuire, Drs. Stephen Abrahamson, Charles Dohner and Hilliard Jason, provided personal glimpses into the birth of the field of medical education in North America. These four individuals reminisced about their beginnings in medical education and, in particular, their first encounters with Dr. George Miller, the late founding chairman of the DME. Later, Ms. McGuire honored Dr.

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Miller, presenting an “in memoriam” at a luncheon recognizing the other former heads of the DME, including herself, Drs. Lionel Bernstein, Phillip Forman, Ronald Richards, and Reed Williams.

The meeting began in an elegant reception room on Thursday, July 15, 1999, with the welcoming addresses by Drs. Leslie Sandlow (current Chairman of the DME), David Brodsky (UIC Chancellor), and Gerald Moss (Dean of the College of Medicine). All three provided the local perspective for the importance of this conference, while they laid the foundation for the upcoming presentations. Dr. Michael Scotti, Vice-President for Medical Education of the American Medical Association, then began his keynote by defining educational accountability in both historical and practical contexts. He challenged us to measure accountability in terms of physician competence. He then briefly presented an overview of five areas within this domain: knowledge, skills, managerial, behavioral and cultural. This idea of educating physicians to be sensitive to the varied cultural backgrounds and needs of our increasingly diverse patient populations was introduced by Dr. Scotti and then echoed many times during this conference.

The next morning, Dr. Michael Whitcomb, Director of the Division of Medical Education at the Association of American Medical Colleges (AAMC), provided an insightful keynote address. He discussed the general goals of medical education and stressed the importance of altruism and compassion in addition to knowledge and skills as key attributes of physicians. He challenged those in medical education to promote all of these characteristics in our trainees. He also pointed out that, while quality assessment has been reasonably well defined at the undergraduate and graduate levels, the future challenge lay at the end of the spectrum of learners, within the domain of continuing medical education.

Innovative advancements in medical education were presented early in the conference. Large plenary sessions dealt with current initiatives in program evaluation, educational methods and admissions. The variety of papers spanned not only subject matter, but also geographic location. Presentations from Brazil, India, Jordan and Israel emphasized the similarities of barriers and solutions that all medical educators face. The topics included new program evaluation systems, international problem-based learning experiences, the influence of market competition on medical school curricula, and applying continuous quality improvement principles to curricular reform. Another recurring theme involved the increased use of information technology in instruction, admissions and evaluation. All presentations were thoughtful and provided listeners with novel insights and solutions.

Smaller discussion groups focused on cutting-edge medical education topics, punctuated by individual paper presentations. Descriptions of non-hospital settings for medical education, for example, resulted in a discussion about the challenges of outpatient-based instruction. Simultaneously, attendees at the web-based education forum delved into issues surrounding online courses, including curriculum and faculty development, advantages for busy professionals, and the depersonalized nature of virtual classrooms. The health economics forum dealt with the effects in the US of the Balanced Budget Act of 1997 on Graduate Medical Education. Finally, two discussions centered on the role of evidence-based medicine (EBM) in curriculum development and medical decision making. These sessions explored the barriers between the practicing physicians and implementation of EBM principles into their workdays, including decision uncertainty, a lack of information retrieval skills, and time constraints.

The major theme of the third day was social policy concerns in medical education.

Throughout the day, the social context of health care in the United States was presented by diverse stakeholders: policy advocates, health systems administrators, educators and students. Dr. Quentin Young, the past president for the American Public Health Association, began by providing a lesson in the historical forces that have resulted in the United States having the world's largest per-capita national health care budget. He argued for national health care coverage to address the needs of the millions of uninsured and underinsured Americans. Dr. Young observed that the mechanisms for financing undergraduate and graduate medical education contribute to the problem. He stated that a National Health Service Corps would provide a means of delivering health care while allowing graduate physicians to pay back student loans and the costs of their residency training. Dr. Young appealed to the conference attendees to improve diversity in medical education: to learn how to deliver culturally competent care, to improve access to health care by the undeserved, and to support the cause of public health.

In the following panel discussion, Dr. Kaveh Safavi, the Vice-President of Medical Affairs for United Healthcare, addressed the issue of accountability for quality of care. He asserted that medicine is a service industry, which will need to respond to new demands. He presented data on the needs of the baby-boom generation as consumers of health care. Claudia Lenhof of the Champaign County Department of Public Health reiterated some of the themes presented by Dr. Young. She argued that the "corporatization" of health care has implications for access to health care, in which the at-risk populations from a public health perspective are often medically underserved. She also noted that many participants in health care systems aren't health care providers, but are administrators or legislators whose agenda may conflict with the goals of optimizing public health.

Broadening the patient base also requires broadening the physician base. Attempts to improve the diversity of the medical student population have impacted medical education in significant ways. Members from the Deans' offices at various health professions schools emphasized that community and school programs designed to develop interest in health care careers have been helpful. However, a diverse group of UIC medical students enumerated the continued barriers to minority student applications to medical schools. Discussion then focused on the AAMC's Project 3000 by 2000, a response to the problem of decreasing minority enrollment in US medical schools. The goal of this initiative was to dramatically increase the number of matriculating minority students to 3000 annually by the year 2000. Unfortunately, the AAMC Project 3000 by 2000 seems unlikely to meet this target.

The highlight of the day was clearly Reverend Jesse Jackson's keynote address. We cannot adequately describe the feeling of hearing him speak in person. Everyone in the room seemed full of anticipation as he began, and many in the audience were clearly moved by his address. Like Dr. Young, he argued that physicians and educators should lead the drive for comprehensive health care for all Americans. He exhorted us to make use of the opportunities that exist in underserved markets, underutilized resources and untapped potential. We left knowing more about the context of health care in the United States and the challenges we face as educators in broadening the physician base and delivering health care to all Americans.

The progression of the dialogue during the conference naturally resulted in a discussion on the final day about the connections between education and its societal context. Dr. Charles Boelen, chief medical officer for educational development at the World Health Organization, provided a national and international perspective on the need

to build these bridges, with practical suggestions on how to proceed. Panelist discussions then focused on current, highly relevant examples of these integrative processes. These included the forces of ambulatory care and managed care, which have reshaped the existing educational structure. In addition, representatives from accreditation organizations, public health agencies, and integrated health care organizations presented the perception of the medical field from the perspectives of our ultimate stakeholders, the patients. They demonstrated how clearly communicated views from this important group have strongly influenced the definition of high quality care.

Overall, the conference provided us with an analysis of the medical education landscape, set within the social context of health care in the United States. The various stakeholders (patients, community, corporate, legislative) shape this environment in which we operate as educators. However, the meeting taught us that we face a great challenge balancing the needs of these groups with the need to set and maintain high educational standards.

AAMC Report Aims to Enhance Communications Training

The Association of American Medical Colleges (AAMC) has released the latest report of the Medical Schools Objectives Project (MSOP), which both details the importance of physician communications skills in the delivery of health care today and provides training and assessment guidance to medical educators. Entitled “Contemporary Issues in Medicine: Communication in Medicine,” the report discusses the importance of effective communication in medicine, summarizes the current state of communication skills teaching and assessment, and offers an action plan for improving communications skills education.

For more information, visit the following website: < <http://www.aamc.org/newsroom/pressrel/991026.htm> > .

Are You—or Do You Know—a Journal Editor? An Invitation from the World Association of Medical Editors

The World Association of Medical Editors (WAME) is a “virtual” global organization, with the goal of stimulating education and promoting high scientific and ethical standards among medical journal editors, with the eventual aim of improving the quality of medical science and practice around the world. Membership is free to any scientific editor of a peer-reviewed medical (health professions) journal, and to researchers who are active in the field of peer-review research. WAME has a website, which carries a range of educational resources, at < www.wame.org > , and a ListServ for members to seek and give advice on editorial issues they face. Anyone interested in becoming a part of this helpful organization can download a membership application form from the website, or can request one from Bruce Squires (tel: + 1-613-237-6202; fax: + 1-613-237-0009; e-mail: squirb@fox.nstn.ca). (Note: Dr. Squires is a member of the Editorial Board of *Education for Health*.)

Community-based Health Care for Older Persons

From October 30 to November 1, 1999 the Geneva University Hospital's Department of Geriatrics hosted a meeting organized by the WHO European Office.

Community-based health for older persons that enables senior citizens to manage aspects of their own health in order to stay as long and as well as possible in their own environment yields both gains in health outcomes and financial savings. Currently, many health care providers lack the skills to help senior citizens develop these capacities. To help improve this situation, the Regional Office for Europe convened a meeting "to prepare a document specifying the content of educational programmes to teach health care providers to provide Community-based Health Care to older persons." The working group included doctors and nurses, and other health care providers and educators from countries throughout the WHO European Region, as well as a representative of the older persons category. The group produced a document that defines community-based health care for older persons and specifies the different skills and attitudes that older persons should have in order to manage their life in their habitual environment. It describes the content and structure of several educational programs of increasing complexity. The group also identified obstacles to be overcome and recommended action to be undertaken by health care institutions and educators, countries and the WHO and its collaborating centres, as well as the health industries, insurance providers and the media. The final report is expected to be available from the WHO early in 2000.

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Four Network Programs to Start in the 21st Century

This is a progress report on one of the Network's major recent planning initiatives. In 1996, the Network Executive Committee (EC) assigned a small taskforce to organize a consultation among the Full Member institutions (FMs) to investigate what actions they would like the Network to undertake. This consultation was organized according to the principles of a Delphi procedure. First, the FMs were invited to come up with suggestions; next all these were collated and redistributed to the FMs for prioritization. Unfortunately, due to the somewhat slow response of the FMs, a last step in this Delphi procedure to confirm the outcomes of the two previous steps could not be executed prior to the 1997 Network General Meeting (GM) in Mexico City. Professor Charles Engel, however, succeeded in extracting 13 recommendations made by the FMs for activities that might be undertaken by the Network at the start of the 21st century. At the Mexico City meeting, a special session was organized to arrive at a ranking of those 13 recommendations. Three levels of priority were distinguished (A, B and C).

Level A Priorities

- A1: The membership of the Network will be invited to collaborate in

identifying how students are to be helped to develop generic competencies in the context of developing profession-specific competencies. Such generally applicable competencies would include the ability to adapt to change, participate in managing change, lifelong learning, critical reasoning, leadership, and collaboration in teams. This collaboration would culminate in a publication which would include advice on appropriate educational methods, associated curriculum design, assessment and evaluation.

- A2: The membership of the Network will be invited to collaborate in determining how recognition and reward for creativity and effort in education can become an accepted part of academic life. This collaboration would produce a publication for discussion at conferences to familiarize academic leaders with criteria and methods for evaluating educational quality and an appropriate reward structure.
- A3: The membership will be invited to contribute to a program of research and development to explore situations when interprofessional collaboration is vital/desirable; the competencies identified as essential for collaboration; and thus the approaches most likely to develop such competencies through education and other means. A major publication would result for use at workshops and conferences.
- A4: The membership of the Network will be invited to collaborate in exploring how partnerships can be developed between health professionals training institutions, health services, health practitioners and communities. In addition, they will be invited to collaborate in identifying existing effective models of such partnerships. The outcomes would be published and serve as background information for discussions at workshops and conferences.
- A5: The membership of the Network will be invited to recommend that a task group, together with an expert consultant, be asked to reconsider the organization and staffing of the Network with a view to the management of a potentially extended set of responsibilities and activities and to advise on the financial implications. The report, including issues of decentralization, and recommendations of the Executive Committee, will be debated for a decision at the 1999 Annual General Meeting.
- A6: In order to increase the representational credibility and financial stability of the Network, the membership of the Network will be invited to charge the Executive Committee with the responsibility, possibly through a subcommittee with enlarged membership, to develop and implement plans for recruiting suitable Full and Associate Members from among educational institutions in all the health professions across the world. This remit should include a review of the adequacy of the membership subscription scales.

Level B Priorities

- B1: The membership of the Network will be invited to collaborate in

identifying how postgraduate and continuing education can be designed and implemented, in order to develop role models who will assist students in acquiring general competencies and profession-specific competencies. This collaboration would produce a publication with advice on planning, implementation, assessment and evaluation.

- B2: The membership of the Network will be invited to collaborate in a survey of information systems that can be used to identify changing needs for health care and related needs for change in the education of health professionals (undergraduate, postgraduate, continuing education). The resulting publication would help to determine the further development of, and additions to, such information systems and how they can assist in changes in the education of health professionals.
- B3: The membership of the Network will be invited to ask the Executive Committee to explore as a matter of some urgency ways and means that would ensure that members, especially in developing countries, can acquire e-mail/fax facilities for rapid communication within the Network.

Level C Priorities

- C1: The membership of the Network will be invited to collaborate in devising guidelines on criteria, methods and organization for quality assurance within educational institutions. As an important aspect of quality assurance, the membership of the Network will be invited to collaborate in assessing the research evidence for effective and efficient higher professional education and in determining how best to translate such research into day-to-day practice. Both tasks present major challenges, but their fundamental importance would significantly enhance the reputation of the Network if it were to publish on these two topics.
- C2: The membership of the Network will be invited to collaborate in identifying how collaboration among institutions for the education of health professionals and the health care system can assure that health professionals (role models) are enabled to practice what they were taught and can live in the environment where they are needed. The theoretical and practical aspects, as well as examples of good practice, would be published as a basis for discussion at intersectoral conferences designed to foster a favorable climate of opinion.
- C3: As a major means towards the premier aim of the Network—to improve the health of individuals and communities—the membership of the Network will be invited to collaborate in establishing and disseminating evidence of appropriate policies and related education for managers and staff in the health care system to support evidence-based, effective and efficient health care. This survey would be published and form the basis of discussion at intersectoral conferences.

- C4: Members of the Network who are closely involved in the UNI Partnership program will be invited to propose a detailed plan of collaborative action for the promotion of involvement of students in the ideals espoused by the UNI Partnership program.

The final outcome of the Mexico City discussion was as follows. The GM accepted the six A-priority items. The first four priorities will be referred to as the education-related projects; the latter two as the organization-related projects. The assembly charged the EC to try to secure external funds to formulate projects addressing the priority topics. At that meeting Dr. P. Abeykoon, on behalf of WHO's South-East Asian Regional Office (SEARO), tentatively committed to fund the development of some of these project proposals that would consecutively be presented to donor agencies to attract funds for their implementation. At its Mexico City meeting the EC decided to install a "Consultation Committee" (CC) that was given the mandate to proceed with fund raising and the elaboration of the project proposals. If possible, at the 1999 Linkuaping GM a draft project proposal should be available. Members of this CC were Gail Andrews, Charles Engel, Vic Neufeld, Ron Richards, Sharifa Shahabudin, and Gerard Majoor as chairperson. The present report documents the activities of this CC up to and including the 1999 Linköping GM and sketches the next steps to be taken.

Thanks to kind financial support from Dr. Ron Richards, the CC met in April 1998 in Amsterdam. At that occasion, guidelines and draft contracts were developed for consultants to draft project proposals. Furthermore, concrete suggestions for funding agencies to be approached and names of potential consultants were recorded.

Regrettably, the CC has not been able to raise other funds than the donation by SEARO to allow for payment of consultants to develop projects. Therefore, at the 1998 Albuquerque meeting of the EC, volunteers were sought to develop two out of the four education-related projects. Ms. Gail Andrews volunteered to start working on "Interprofessional collaboration: requisite competencies and appropriate education"; Professor Esmat Ezzat to elaborate the "Partnerships for health" project. Next, the CC decided to invite Dr. Jeff Turnbull and Dr. Meredith Marks to design a project on "Academic recognition for education" and Professor Charles Engel to draft a project on "Developing students' generic competencies." With respect to the two organization-related projects, review by an external management consultant was deemed necessary to lend advice on the "Organization and management of the Network." Thus far, however, no funds have been available to involve such a consultant. To consider the second organization-related project, i.e. "Enlarging the Network membership," a small taskforce was installed consisting of Hafiz Al-Shazali, Rogayah Ja'afar, Buz Salafsky and chaired by Inger Sandström.

At the 1999 Linköping GM draft full project proposals were available on "Academic recognition for education" (by Drs. M. Marks and J. Turnbull) and "Developing students' generic competencies"; the latter renamed as "Adapting to

change and participating in managing change: a reform of higher professional education” (by Professor C. Engel). Furthermore, Drs. U. Lehmann and G. Andrews had drafted a project outline on “Interprofessional collaboration: requisite competencies and appropriate education.” These proposals were discussed in Linköping by the CC; furthermore, some 50 delegates at the Linköping Conference attended an afternoon discussion on the project proposal on “Adapting to change and participating in managing change.” This project is furthest along in its development. Against the background of huge challenges such as fostering the environment, balancing prosperity on a global scale and taking controlled advantage of technological developments, future (health) professionals may need to develop “supraprofessional” next to their discipline-related competencies. The project aims to identify those supraprofessional competencies, primarily for health professionals but also for any other professional. In the long run the program aims to create at educational institutions an informed, accepting attitude towards inclusion of training on such competencies in their study programs. The project intends to execute six rounds of Delphi inquiries: first, on generally applicable competencies for health professionals (initially among the Network membership, next among non-Network institutions), and second, on generally applicable competencies for all professions (again, initially among the Network membership, next among non-Network institutions). Eventually, in a third round, appropriate educational approaches to develop in students both types of supraprofessional competencies will be designed (again, initially to be held among the Network membership, next among non-Network institutions). Tangible outputs of these three phases of the project will be papers listing both types of the agreed supraprofessional competencies and the related educational approaches. Thereafter, to further develop this program, project(s) must be designed to spread the results from the initial project and to assist institutions with the implementation of the educational approaches.

In general, of course the CC will try to finalize the four education-related project proposals as soon as possible. Next, for each of these four proposals funding agencies will be identified that might be interested in (co-)sponsoring the implementation of one of these projects. The CC hopes that the execution of one or more of these projects, which actually may be seen as the launching of programs in each of these areas, will start in the year 2000.

With respect to the organization-related projects, the taskforce on enlarging the Network membership will be stimulated to translate the issues brought up in their internal discussion into possible actions. And hopefully the near future will bring an opportunity to have an expert look into the current management of the Network.

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