

Commentary: Taking Back Year 4: A Call to Action

Carl D. Stevens, MD, MPH

Abstract

In this issue of *Academic Medicine*, Walling and Merando's literature review on the senior-year curriculum finds a broad consensus that this final year underperforms educationally at many U.S. medical schools, but little agreement on how to improve it. The review challenges us to consider how best to develop this key piece of educational real estate, which is too often frittered away on auditions, interview odysseys, and electives of uncertain educational value. In this commentary, the author approaches this education question from an

unorthodox viewpoint, the delivery system and medical workforce perspectives. He proposes taking back major portions of Year 4 from elective clerkships and investing the time in required course work to prepare graduates to practice and lead in a redesigned 21st-century health system, providing superior access and outcomes at sustainable costs. The recommendations draw inspiration from the Institute of Medicine's "Chasm" reports, specifically echoing its 2003 Health Professions Education report that identified five new competencies deemed essential

for all 21st-century health professionals. Finally, the author disputes the view that delivery system overhaul lies beyond the purview of educators, pointing to the historical precedent of the greatest medical paradigm shift of all time, the closure of the proprietary medical schools a century ago triggered by Flexner's report. The author closes by calling medical educators to action, to prepare the next generation of physicians to radically redesign health care and lead us out of the present crisis.

Editor's Note: This is a commentary on Walling A, Merando A. The fourth year of medical education: A literature review. Acad Med. 2010;85:1698–1704.

How are we to understand the passion for curricular overhaul that has gripped U.S. medical schools for at least a century since Flexner and that sprang forth with renewed fervor after Harvard launched its New Pathway in 1985? By now, nearly every school knows firsthand that curriculum reform is expensive, time-consuming, divisive, and disruptive to students, faculty, and staff. Worse yet, while overhauls can achieve dramatic changes in pedagogic structures and processes, their impact on hard educational outcomes often disappoints or disappears. And yet, we persist, driven by our commitment to provide each student the best possible preparation for a life in medicine.

Dr. Stevens is health sciences clinical professor and director of curriculum development, David Geffen School of Medicine at UCLA, and director of quality and process improvement, Department of Emergency Medicine, Harbor-UCLA Medical Center, Torrance, California.

Correspondence should be addressed to Dr. Stevens, David Geffen School of Medicine at UCLA, Center for Educational Development & Research, Box 951722, 12-138 CHS, MC: 172216, Los Angeles, CA 90095; telephone: (310) 825-6928; fax: (310) 782-1763; e-mail: carlstevens@mednet.ucla.edu.

Acad Med. 2010;85:1663–1664.
doi: 10.1097/ACM.0b013e3181f53487

Year 4: The Last Frontier for Curricular Redesign

In this issue of *Academic Medicine*, Walling and Merando's¹ extensive literature review of program innovations in the senior year reminds us that fertile ground for curricular expansion still exists. The review found broad consensus that this final year underperforms educationally at many U.S. schools, but little agreement on how to improve it. In effect, the review challenges us to consider carefully how to develop this key piece of educational real estate, which is too often frittered away on auditions, interview odysseys, and electives of uncertain educational value. Recognizing the hazards implicit in this endeavor,² we must answer this call to action and put forward our best ideas on how to restore the value to this pivotal year of medical education.

Re-Missioning Year 4: A Delivery System Perspective

If we find the courage and the consensus to take back a major portion of the senior year and displace the existing activities with new educational content, what should we teach? Inevitably, answers to this question will reflect the biases and priorities of the respondent, and I will make no effort here to conceal mine. Coming recently to medical student education from a background divided between emergency medicine at a safety

net hospital and activities centering on health care quality and delivery improvement, my highest educational priority is preparing students to excel and lead in a redesigned health care system that stresses safety, quality, efficiency, effectiveness, and service.

The sole area of agreement in the recent health care reform debate was that the current delivery system is unsustainable because of spiraling costs, uneven quality, and restricted access. Plainly said, we need a new delivery system to achieve lasting reform. Many educators seem to feel that we must wait for the new system to take shape and then adjust our curricula accordingly. My view differs: We should play a central role in the policy debate as it unfolds. The only historical precedent for a paradigm shift in health care on the scale we now need began in the medical schools, exactly a century ago, triggered—but not caused—by Flexner's report.³ In the decades following the report, dramatically reconfigured medical schools produced a generation of science-based practitioners who displaced the graduates of proprietary schools and created a remarkably effective practice model that remained the world standard throughout the 20th century. But, by the turn of the millennium, cracks began to appear in the edifice of clinical practice, and concerns about variability, safety, access, quality, and cost now dominate the health care debate,

requiring a major system overhaul. Medical schools can—indeed, must—play a pivotal role in creating a new, 21st-century delivery system. The senior year offers an appealing place to get started. Fortunately, we have a detailed blueprint to follow as we plan our programmatic changes.

Change We Can Believe in: Implementing the Five Institute of Medicine Competencies

We are extraordinarily fortunate as educators to have a decade of consistently excellent work by the Institute of Medicine (IOM) to guide us as we begin to transform our curricula to train physicians for a redesigned delivery system. The “Quality Chasm” series of reports, beginning with *To Err Is Human: Building a Safer Health System*,⁴ appeared in response to specific concerns about unexplained practice variation and a growing evidence base on the overuse, underuse, and misuse of medical technologies. Calling for a redesigned delivery system that provides safe, timely, effective, efficient, equitable, patient-centered care, the Chasm reports provide detailed information on how physicians, hospitals, and health plans could collaborate to implement the changes. Surprisingly, academic health centers demonstrated little interest in the Chasm recommendations. However, a few forward-looking care systems—Intermountain Healthcare in Utah, Group Health of Puget Sound, Peace Health on the West Coast, Geisinger in Pennsylvania—took the recommendations to heart and have produced working models of completely redesigned integrated delivery systems. These systems, in turn, served as models for HR 3962, the Affordable Health Care for America Act.

In 2003, the IOM delivered the fourth volume in the Chasm series, *Health Professions Education: A Bridge to Quality*.⁵ Oddly, despite offering detailed guidance on curriculum reform, the report gained little traction in the medical education establishment, which was focused on its own paradigm shifts to integrated, problem-based curricula and the competencies mandated by the Accreditation Council for Graduate Medical Education (ACGME). Now, as we turn our attention to supplying a workforce for a redesigned, value-based delivery system, the “Bridge” report

blueprints a detailed course of action for educators.

As we plan course work to improve the value of Year 4, the key recommendations of the IOM education report⁵ lie in Chapter 3, which focuses on the core competencies needed for health care professionals. Of note, these competencies apply to all health professionals, not just physicians, consistent with the movement toward interprofessional education. The IOM report proposes five competencies for health professionals:

- Provide patient-centered care.
- Work in interdisciplinary teams.
- Employ evidence-based practice.
- Apply quality improvement.
- Utilize informatics.

Viewed in comparison with the ACGME competencies, some overlap exists (the ACGME’s Patient Care and Interpersonal Communications together may cover patient-centered care), but the IOM competencies, with their simple, direct language, seem easier to translate into curriculum elements and assessment tools. Reflecting a consensus of a broad range of stakeholders, including educators, clinicians, payer and purchaser organizations, and regulators, the IOM competencies offer a sound and stable starting point for training a physician workforce for the future.

Stepping Up: Implementing the IOM Competencies in Year 4

To deliver on the promise of the IOM’s education recommendations, the heavy lifting for educators will be designing and testing curriculum elements, faculty development, assessment tools, and the other supporting materials that turn education theory into practice. Success will require new partnerships in many medical schools: Educators will need to sit down with hospital and clinic managers, quality improvement experts, and service quality managers to find opportunities for students to experience the IOM competencies in action. Schools will need to capture elective time from the existing senior year to create required clerkships that expose students to each of the key stakeholders in the delivery system in order to complement didactic

elements that cover quality improvement, patient safety, and evidence-based practice. At my medical school, we have begun taking modest steps toward these ambitious objectives, with interprofessional small-group sessions, required lectures in quality, patient safety, and health care finance, fourth-year electives in quality management, and an evidence-based medicine curriculum thread that runs throughout the four years. We have a long way to go.

Flexner’s recommendations³ proved remarkably durable, lasting a full century before the complexity of the modern delivery system required substantive changes to his plan. Our generation’s “Flexner moment” took place on March 23, 2010 with the passage of the Affordable Health Care for America Act. Successful implementation of this act will require radical changes to the delivery system to control costs while improving quality and expanding access. The country will need a new kind of medical workforce: expert clinicians who also understand how to work in teams, use informatics, apply evidence at the bedside, and improve quality in a patient-centered environment. The country is depending on its medical schools to deliver this workforce, which is so critical to achieving lasting reforms. What better place to start than in a renovated senior year?

Funding/Support: None.

Other disclosures: None.

Ethical approval: Not applicable.

References

- 1 Walling A, Merando A. The fourth year of medical education: A literature review. *Acad Med.* 2010;85:1698–1704.
- 2 Kanter SL. How to win an argument about the senior year of medical school. *Acad Med.* 2009; 84:815–816.
- 3 Flexner A. *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching.* Bulletin No. 4. Boston, Mass: Updyke; 1910.
- 4 Kohn LT, Corrigan JM, Donaldson MS, eds; Committee on Quality of Health Care in America. *To Err Is Human: Building a Safer Health System.* Washington, DC: Institute of Medicine, National Academy Press; 2001.
- 5 Greiner AC, Knebel E, eds; Committee on the Health Professions Education Summit Board on Health Care Services. *Health Professions Education: A Bridge to Quality.* Washington, DC: Institute of Medicine, National Academy Press; 2003.