



University of California
San Francisco

UCSF and Kern National Network for
Caring and Character in Medicine

Developing Medical Educators of the 21st Century

San Francisco, February 10-12, 2020

<https://meded21.ucsf.edu/>

#UCSFMedEd21
@UCSFMedEd21

Course Directors



Patricia O'Sullivan, EdD

Professor of Medicine and Surgery, Endowed Chair of Surgical Education, Director, Education Research and Faculty Development, UCSF Center for Faculty Educators



Sandrijn van Schaik, MD PhD

Professor of Pediatrics, Baum Family Presidential Chair for Experiential Learning, Director, Learning and Caring Environment (LACE) Faculty Development

Course Manager



Joey Bernal, MA

Program Manager
UCSF Office of Continuing Medical Education
UCSF Center for Faculty Educators

Planning Committee

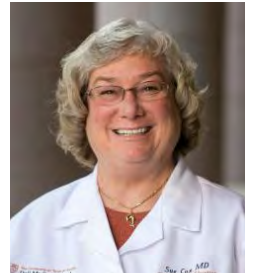


Denise Connor, MD

Associate Professor of Medicine, UCSF Gold-Headed Cane Endowed Teaching Chair in Internal Medicine, Director, Diagnostic Reasoning Block, Associate Director, PRIME Internal Medicine Residency Area of Distinction, Chair, Diversity, Equity & Inclusion Committee, Academy of Medical Educators

Sue Cox, MD

Professor of Obstetrics & Gynecology, Executive Vice Dean of Academics, Dean's Office, Chair, Department of Medical Education, Dell Medical School, The University of Texas at Austin



William B. Cutrer, MD, MEd

Associate Dean for Undergraduate Medical Education, Associate Professor of Pediatrics, Critical Care Medicine, Vanderbilt University School of Medicine

José Franco, MD

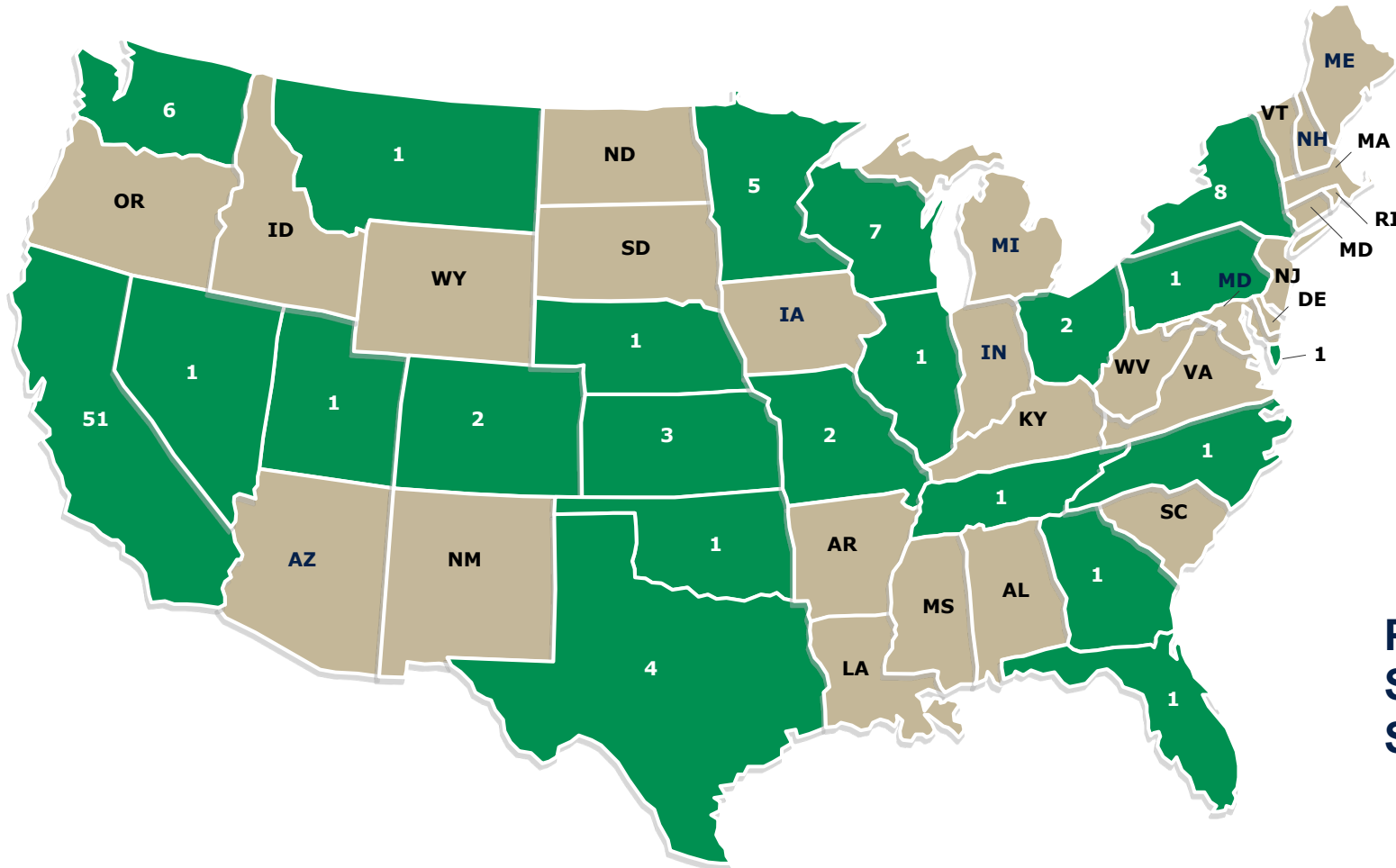
Professor of Medicine, Institutional and Community Engagement Pillar Director, Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin



Jeff Fritz, PhD

Assistant Professor of Cell Biology, Neurobiology and Anatomy, Department of Regional Campuses, Curriculum Pillar Faculty, Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin

Participants: 106 total pre-registered



Plus 1 from Australia, 1 from Saudi Arabia, and 1 from South Korea



University of California
San Francisco

Health Professions Education as a Public Good

Patient- and Society-Centered Curriculum Redesign

Catherine R Lucey MD
Executive Vice Dean and Vice Dean for Education
UCSF School of Medicine



Roles and Disclaimers and Lenses

- Internist at Zuckerberg San Francisco General Hospital
- Professor of Medicine
- Executive Vice Dean and Vice Dean for Education, UCSF School of Medicine
- Member, National Academy of Medicine
- Master, American College of Physician
- Site PI: Kern Family Foundation National Transformation Network Grant

Conclusions

- HP Education is a Public Good, with a commitment to society to prepare the workforce our nation needs to improve the health of our communities and alleviate suffering in our patients
- The HP our patients and communities need are individuals who
 - understand the **context** in which our patients live, experience illness and access healthcare;
 - embrace **core values** that enable them to provide the highest quality care to all patients, regardless of power and privilege; and
 - Develop **competencies** that enables them to solve contemporary challenges impacting health and wellbeing for all, across a career that will span decades of scientific and social change
- Fulfilling this promise requires educators to begin by putting the needs of patients and society at the center of decisions about curriculum and by putting the curriculum at the center of organizational culture change.

Medical Education is a Public Good: Responsible for Improving the Health of Our Communities and Alleviating Suffering in our Patients by Educating



The workforce for our nations



Physician citizens for our democracies

Labaree DF. American Educational Research Journal. 1997. 34(1):39-81
The Edinburgh Declaration. World Federation for Medical Education 1988
Frenk J et al. The Lancet 376(9756): 1923-1958

Imagine a World





Curriculum in the News: September 2019

THE WALL STREET JOURNAL.

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <https://www.djreprints.com>.

<https://www.wsj.com/articles/take-two-aspirin-and-call-me-by-my-pronouns-11568325291>

OPINION | COMMENTARY

Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

By Stanley Goldfarb

Sept. 12, 2019 5:54 pm ET



“Why have medical schools become a target for inculcating social policy when the stated purpose of medical education since Hippocrates has been to develop individuals who know how to cure patients?”

- **Recommendation 2d.** Schools for health professions (including schools of medicine and nursing) as well as continuing education programs should incorporate competency-based curricula on social care. Curricula should include evidence on the social determinants of health, protocols for working in interprofessional teams to address social needs in health care settings, interpersonal and organizational approaches to advancing health equity and decreasing health disparities, and competencies relating to collecting, securing, and using data and technology to facilitate social and health care integration.

Content-Driven Curricular Change: **Incremental Change**



Epistemology: Legacy Content as Laws of Physics



Context Agnostic



Prioritizes Values, Views and Power of Individual Faculty



Reinforced by Legacy Exams and other Organizational Structures

Process-Driven Curricular Change: Instrumental Change



Epistemology: Pedagogical Strategies drive improvement




Embraces new learning and assessment modalities (Sim, VR, PBL, EPAs, CBTV)



Insulates the curriculum from non-pedagogical experts



Reinforced by accreditation agencies



The Skeptics' View of Medical Education Curricular Redesign: **Revolution without Change**

Patient and Society Driven Curricular Change: Transformational



Epistemology: Centered on the goal of improving health for patients & for our communities



Context : What are they called upon to do?

Leveraging contemporary paradigms to solve contemporary problems



Core Values: Who do we need them to be?

Demonstrating the core values and habits of mind needed to achieve goals



Then Competencies: How do we prepare them to succeed?

Abilities that enable collective problem solving on behalf of patients



Catalyzes Organizational Culture Change: Designing reinforcing systems and structures

Transformational Curriculum Change Requires Transformation Learning Theory



AS A METHOD OF
INSTRUCTION FOR LEARNERS



AS A CATALYST FOR DESIGN

Disorienting Dilemmas for the Academic Community

I am a good physician, educated in a system similar to what is in place today.

- What does it say about me if that approach is outdated?

Our institution is one of the top in the country.

- How can it be that some patients at times get care that doesn't meet IOM goals for excellence: Safe, Timely, Effective, Efficient, Equitable and Patient Centered?

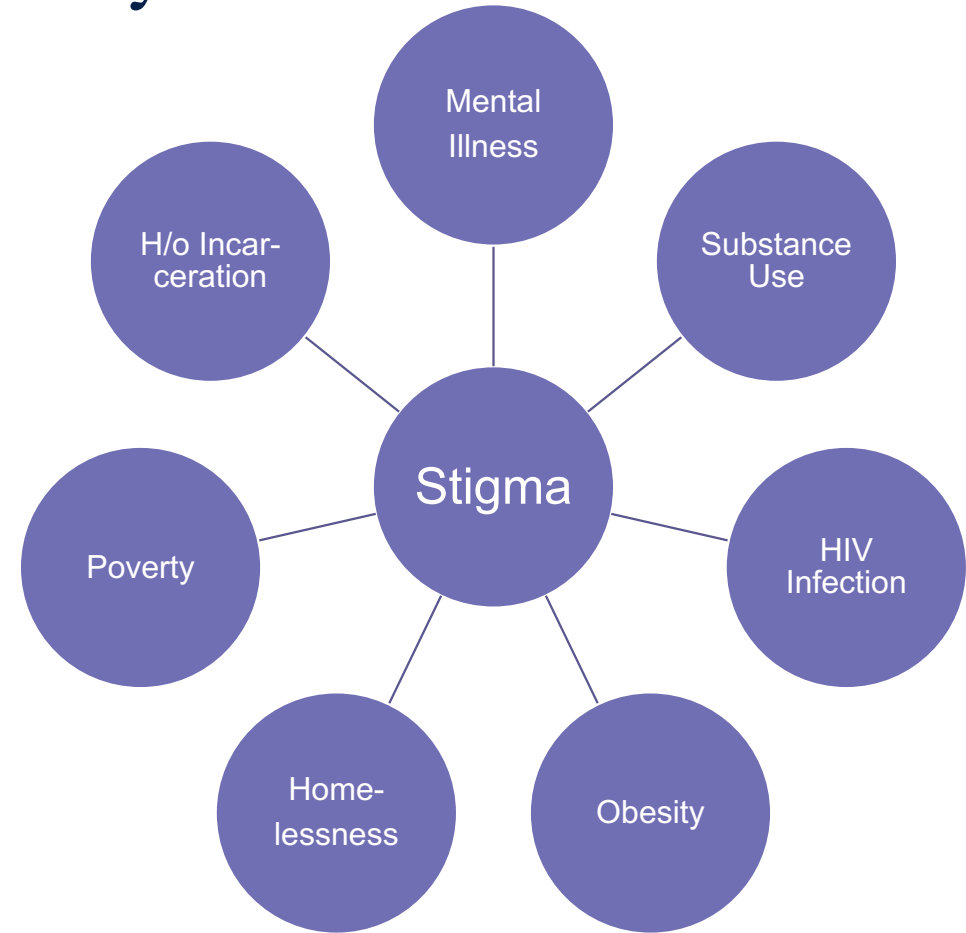
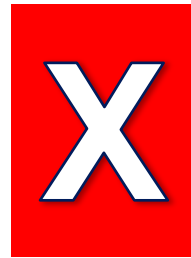
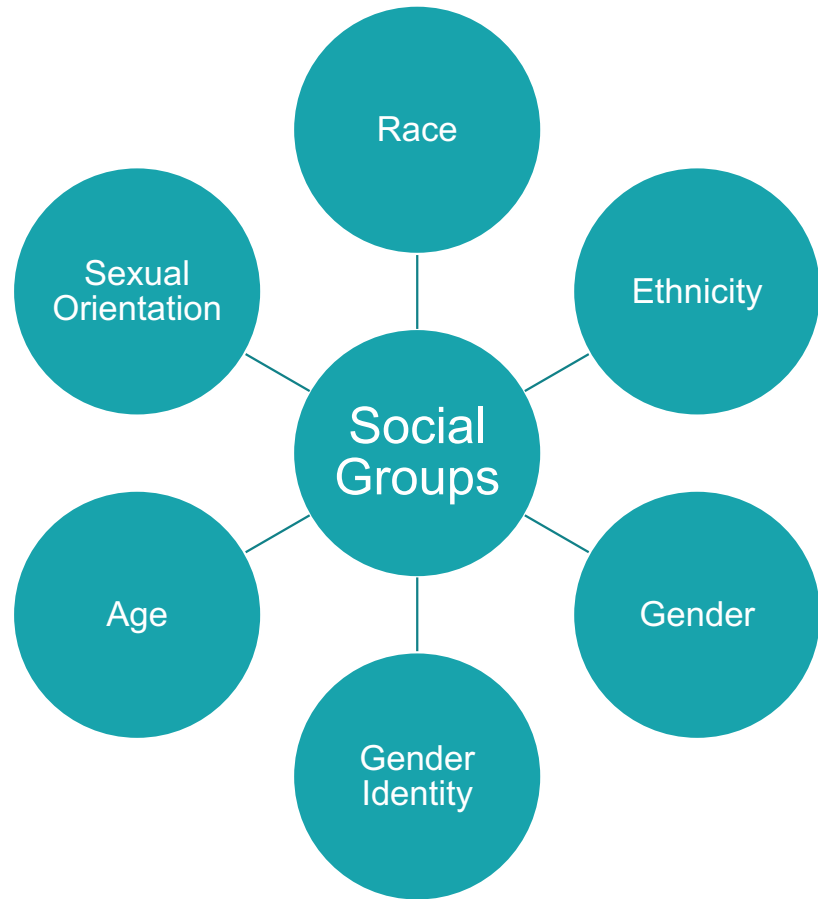
We have an institutional commitment to celebrating differences

- How can it be that there are population group differences in our health care, educational, and career outcomes?



The Reality of Health Care Delivery in Vulnerable Populations: **Patients with Behavioral Health Issues as an exemplar**

Vulnerability to Less than Ideal Outcomes: A Problem Impacting Many Communities



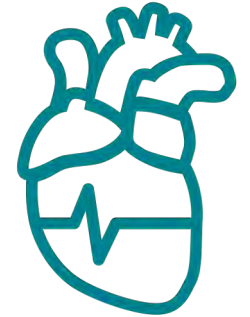
Individuals with serious mental illness



Created by Eucalyp from Noun Project

Less likely to receive evidence-based preventive care

Less likely to receive evidence-based care for diabetes, hypertension



Created by Alex Chocron from Noun Project



Created by Made from Noun Project

Often Subject to medications with adverse metabolic complications

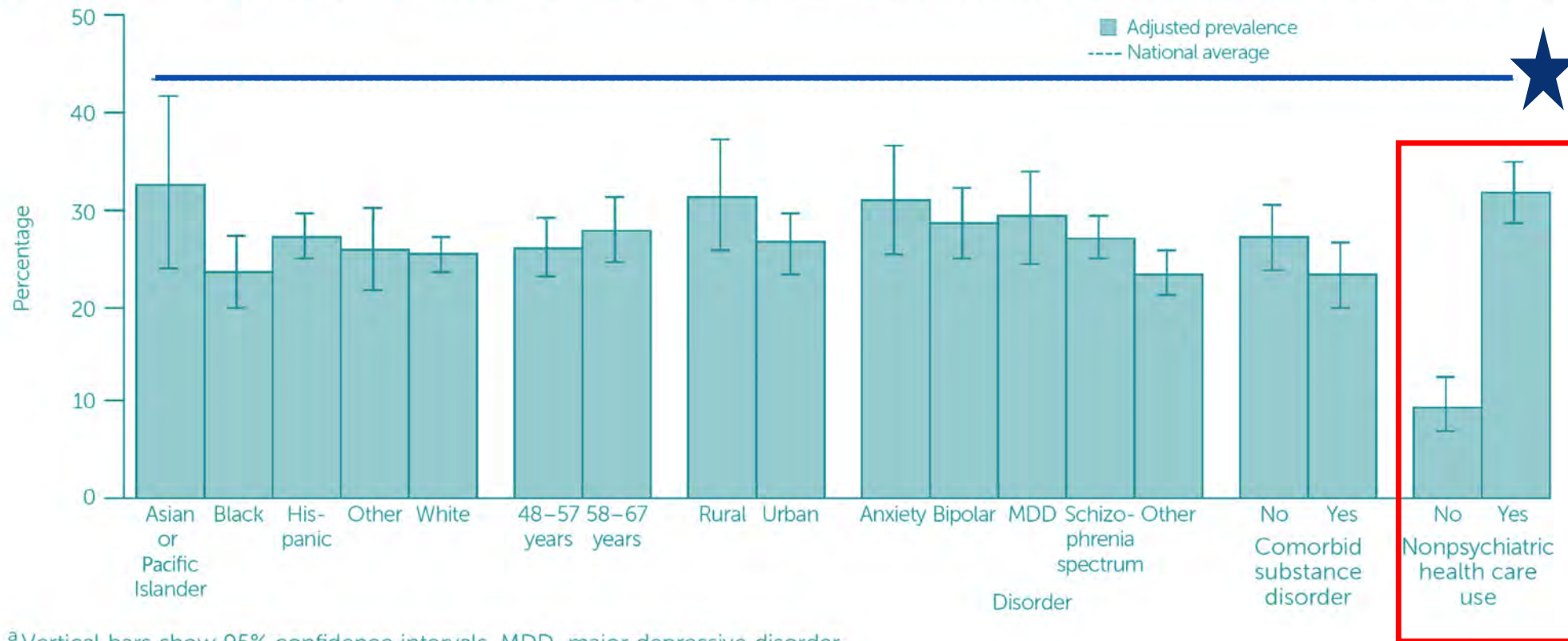
Structural stigma and marginalization also contribute to adverse lifestyle risk factors: tobacco, alcohol, substance use



Created by corpus delicti from Noun Project

Health Care Disparities in Pts with Behavioral Health Issues: Screening Mammography as an exemplar

FIGURE 1. Mammogram screening rates among 14,651 women with serious mental illness, by demographic and clinical characteristics^a



Compared with White counterparts, Racial and Ethnic Minorities with Serious Mental Illness:

- Have less access to community-based care, more commonly use Psych Emergency services
- Are less satisfied, less adherent and more likely to drop out of care
- Are more likely to be dx w/schizophrenia, receive higher doses of antipsychotics & are less likely to receive 2nd generation antipsychotics
- Have poorer outcomes: symptoms, functional status, return to work

Maura J et al J Clin Psychol Med Settings (2017) 24:187–210 DOI 10.1007/s10880-017-9510-2
Sanchez K et al. Psychiatric Services 2016; 67:13–15; doi: 10.1176/appi.ps.201400581

Fulfilling our responsibility as a public good requires designing the workforce that can meet the needs of our patients and our communities



Created by Gan Khoon Lay
from Noun Project

That workforce must be able to collectively solve the complex challenges of this century and prepare subsequent generations of HP to do the same

The Health Professions Workforce our Patients and Communities Need

Understands the **context** in which our patients live, experience illness and access healthcare

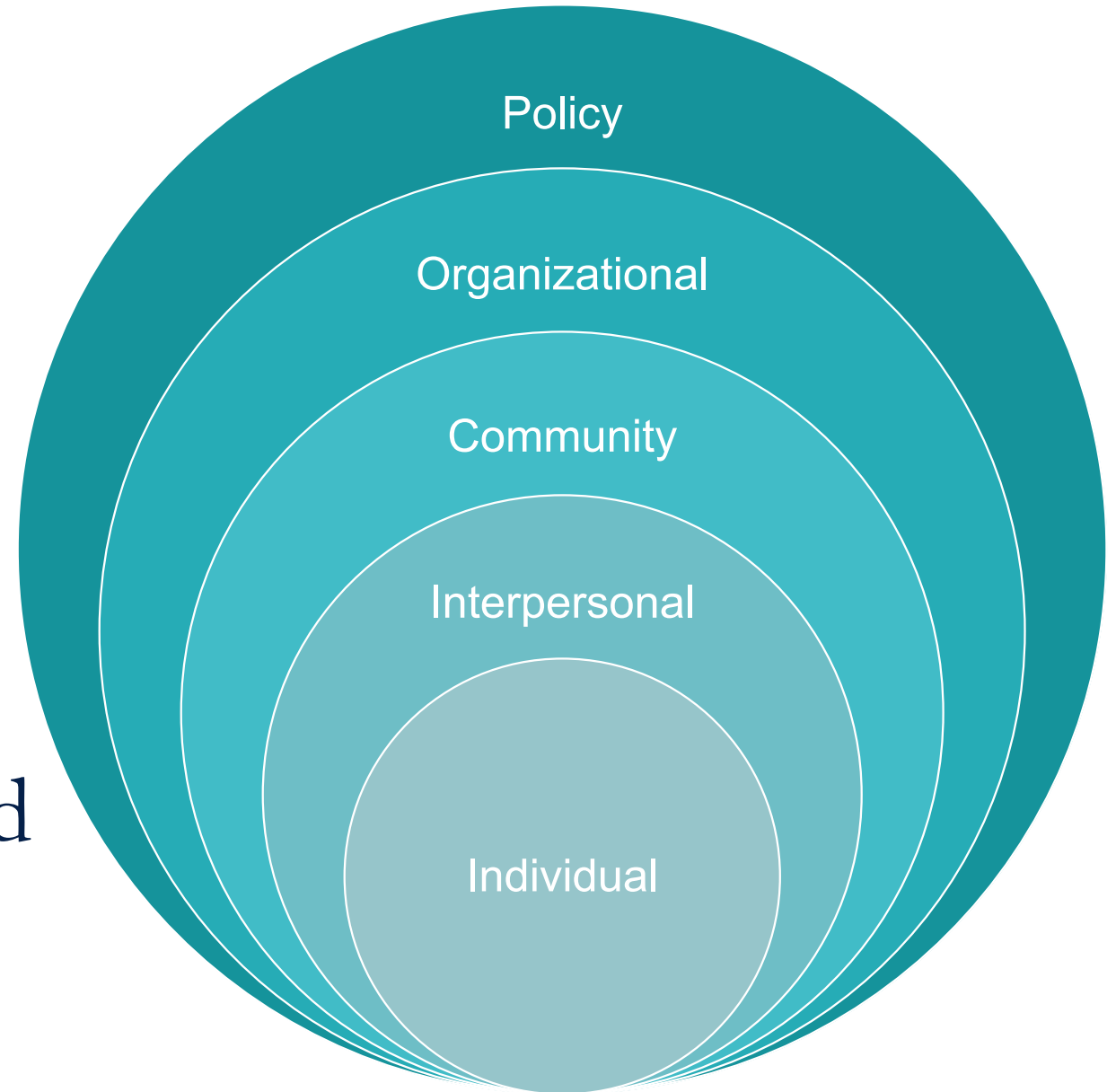


Complexity is the defining characteristic of 21st century problems.

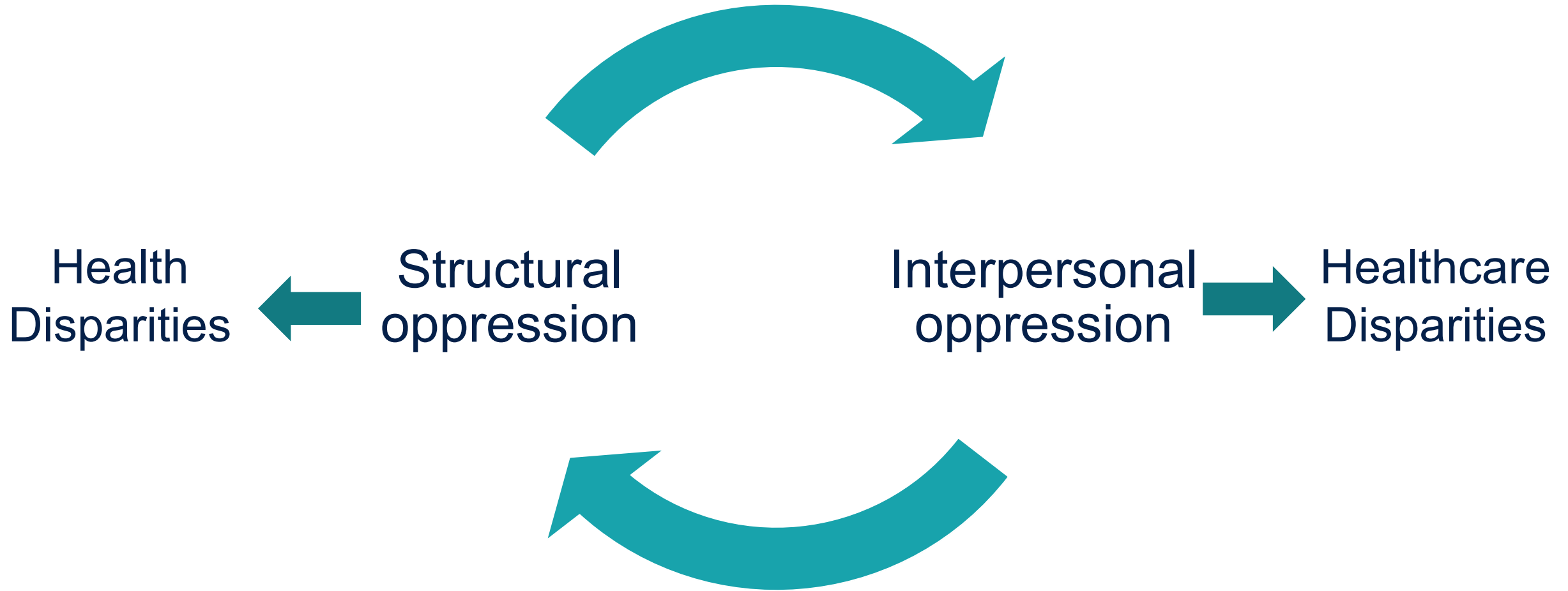


Systems Thinking is the prevailing paradigm in 21st century science, society & healthcare.

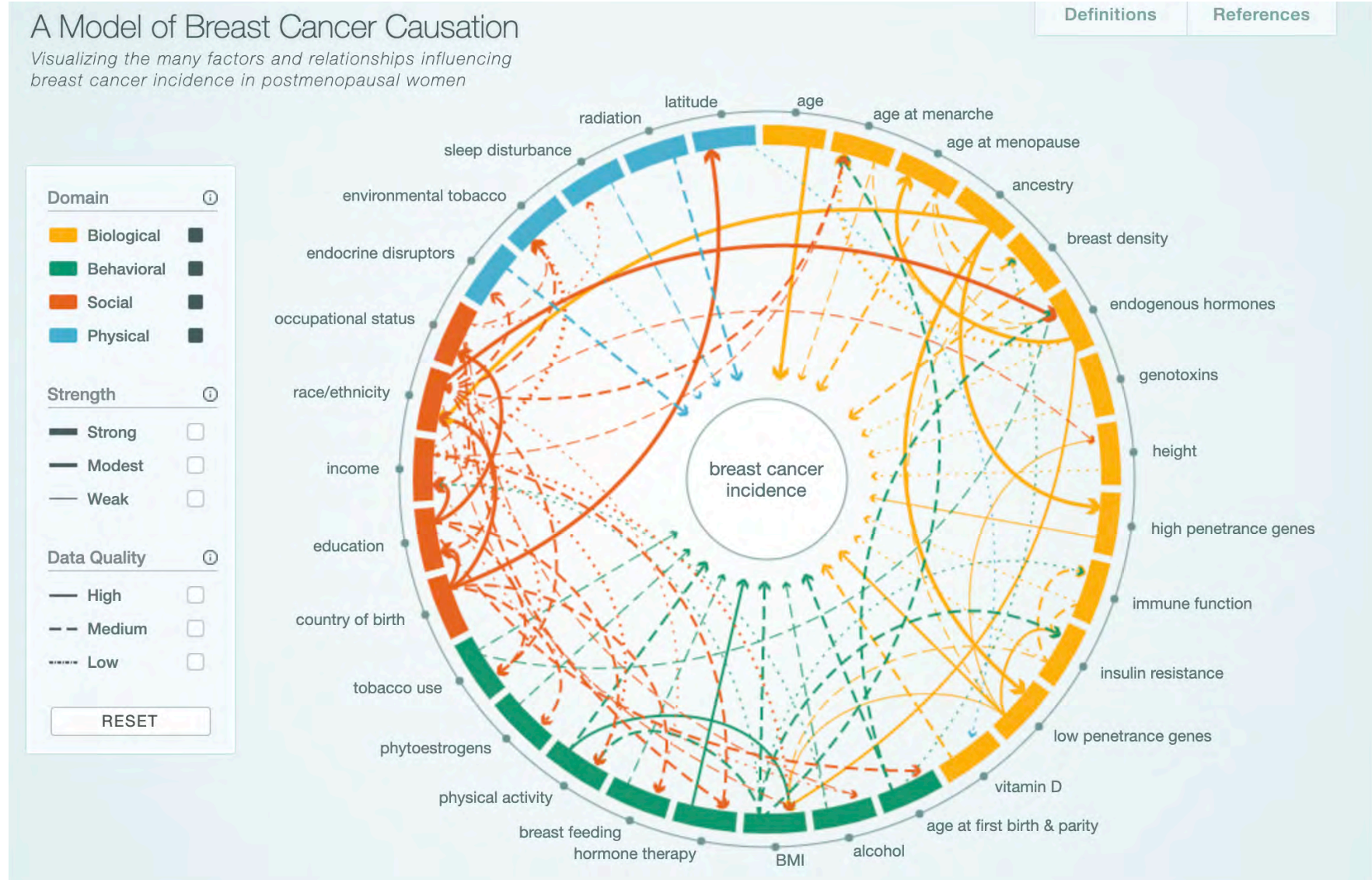
The Social-ecological Model of Health recognizes that social structures and policies have an enormous impact on a person's opportunity to be healthy, economically and physically safe, and educated



High relevance for health and healthcare disparities



21st Century Science Uses Systems Thinking to Understand the Complexity of Health and Illness



Health Care Delivery and Continuous Improvement is driven by Systems Thinking

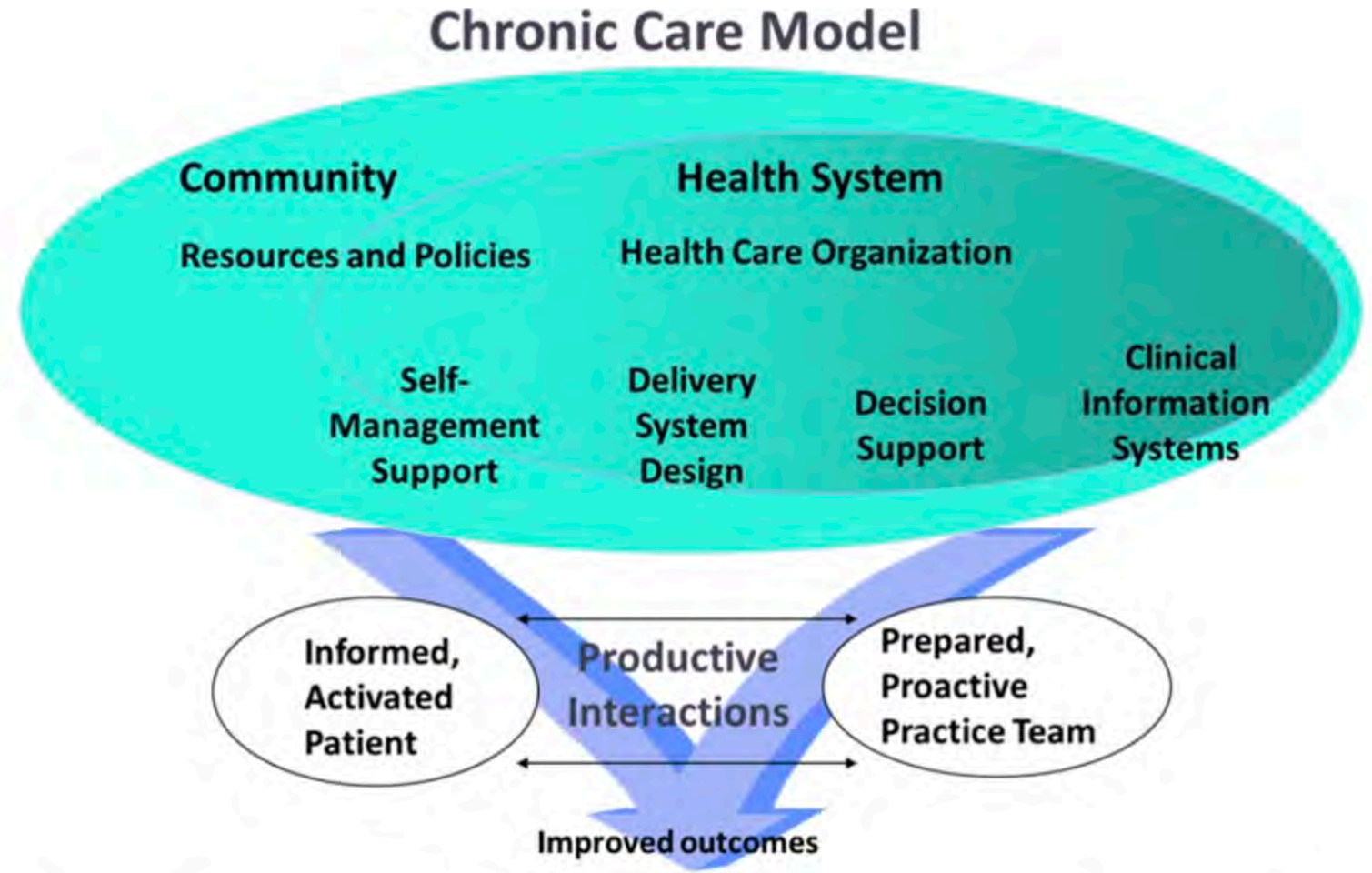


Figure 1. The Chronic Care Model. Developed by the MacColl Institute, ©ACP-JSIM Journals and Books, reprinted with permission from ACP-ASIM Journals and Books.

[View this figure](#)

The Health Professions Workforce our Patients and Communities Need

Embraces the **core values and habits of mind** that enable them to provide the highest quality healthcare to all, regardless of power or privilege



Justice



Inquiry



Growth/ Continuous Improvement



Trustworthiness

The Mindset of the Health Professional who Values Social Justice



SYSTEMS OF GOVERNMENT AND OF SCIENTIFIC THOUGHT HAVE NOT BEEN STRUCTURED TO PROVIDE EQUAL ACCESS



STRUCTURAL OPPRESSION HAS LED TO INDIVIDUAL BIAS AND TO DISPARITIES IN SOCIAL SYSTEMS AND HEALTHCARE DELIVERY.



RESPECTFUL ENGAGEMENT WITH OTHERS FROM DIFFERENT BACKGROUNDS REQUIRES CULTURAL HUMILITY.

The Mindset of the HP who values Inquiry



Complex problems of today require exploration using a variety of disciplinary lenses



Current concepts must be challenged to generate new knowledge



“We see this” experiences are an opportunity for further study



Investment in research in all fields is an imperative

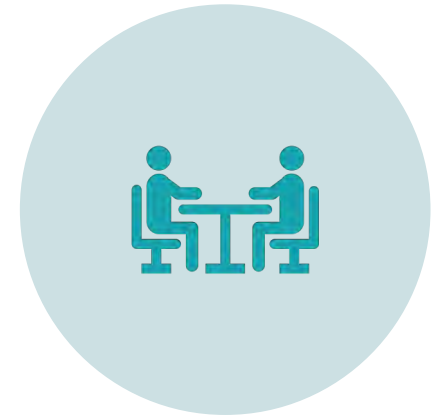
The Mindset of the HP who Values Continuous Improvement and Personal Growth



SYSTEMS PROTECT VULNERABLE
PATIENTS FROM FALLIBLE
HEALTH PROFESSIONALS



DATA ON OUTCOMES OF CARE
AND EDUCATION GUIDE
IMPROVEMENT



FEEDBACK AND COACHING FROM
COLLEAGUES IN ALL
PROFESSIONS GUIDES GROWTH

The Mindset of the HP who Values Trustworthiness



TRUST IMPLIES VULNERABILITY AND
PRIVILEGE



TRUSTWORTHINESS DEPENDS ON
CHARACTER, CARING AND
COMPETENCE



TRUST PROPENSITY RELATES TO PAST
EXPERIENCES OF TRUST AND
BETRAYAL AND WORKS TO OVERCOME
TRUST RETICENCE

The Health Professions Workforce our Patients and Communities Need

Develops **competencies** that enable them to solve contemporary challenges impacting health and wellbeing for all, across a career that will span decades of scientific and social change



Foundational Knowledge



Direct Patient Care Skills



Systems Improvement Skills

What is the Foundational Knowledge of the 21st Century HP:

“that needed to “deal with the complexities of the human body and mind and apply biologic and other scientific concepts and principles in order to effectively analyze, assimilate and solve novel and ill structured human and human systems problems.”

adapted from Finnerty EP et al. Academic Medicine 2010.



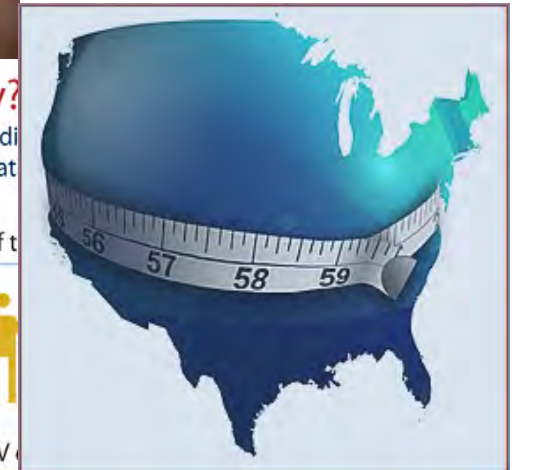
What is a health disparity?

A disproportionate number of health conditions and deaths compared with the general population.

African Americans make up 13 percent of the U.S. population.

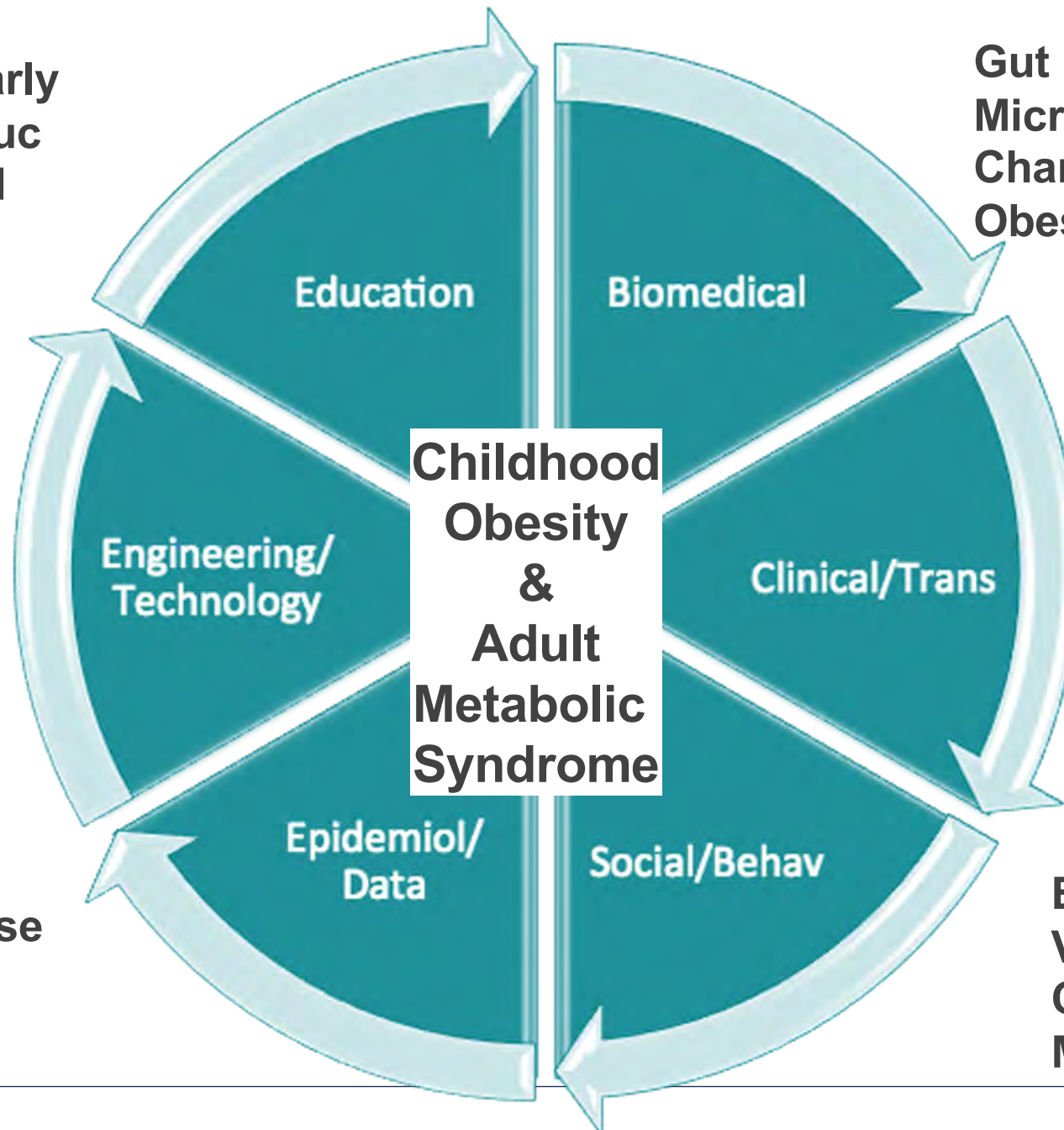


... but represent almost half of all new HIV infections.



**Systems of Early
Childhood Educ
Decreases DM
Risk**

**Gut
Microbiome
Changes Increase
Obesity**



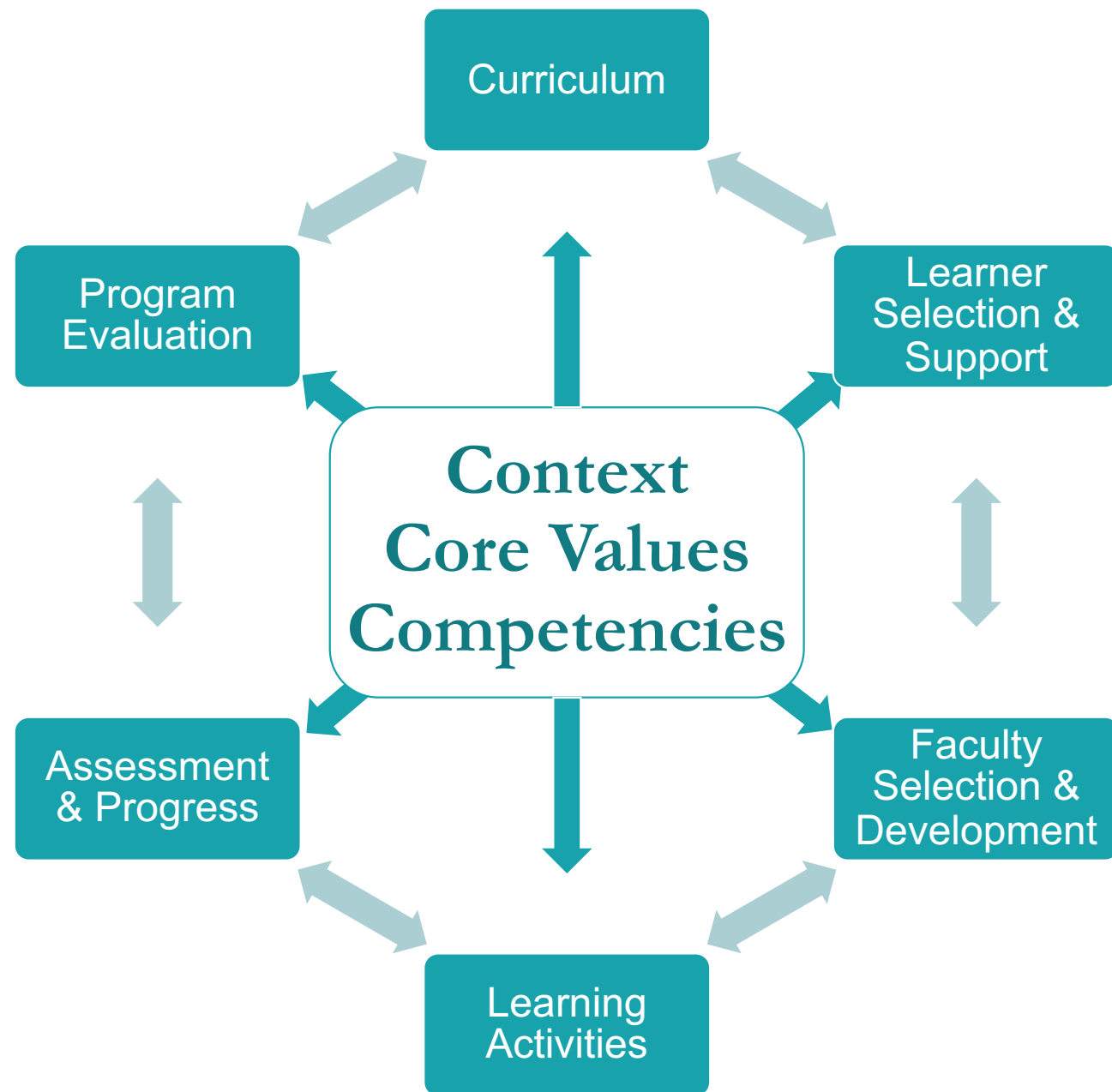
**Cervical
Softening
Monitor IDs
Preterm
Labor**

**C-Section
Increases
Risk of
Adverse
Microbiome**

**IUGR
Causes Epigenetic
Changes that Increase
Risk of Obesity, DM,
Schizophrenia**

**Exposure to
Violence in
Childhood Increases
Metabolic Syndrome**

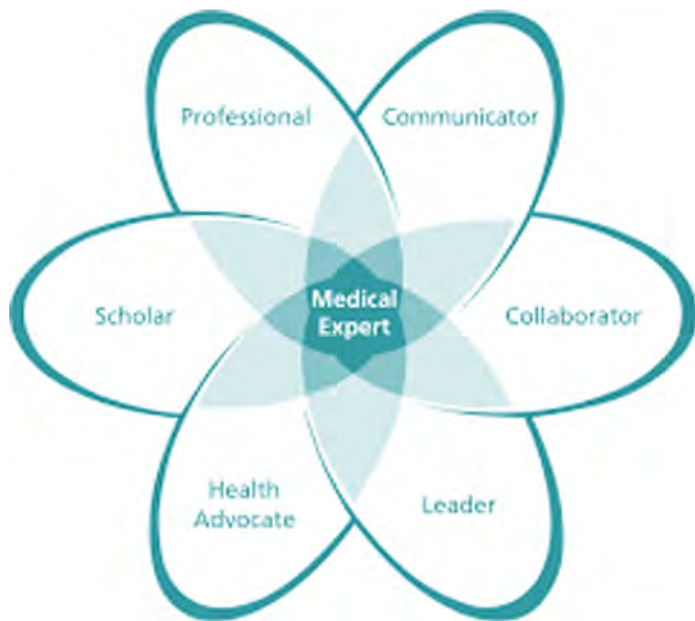
The entire educational ecosystem must be designed to reinforce context, core values & competencies



The Educational Ecosystem Must Also Catalyze Change in Local and National Organizations and Systems



Outcome: Better Care for Patients with Mental Illness



Medical Expert: understands multidisciplinary foundational knowledge



Leader: Designs and continuously improves systems that integrate needed services



Collaborator: Works effectively in interpersonal teams and across boundaries between health systems and communities



Communicator: Respects patient needs for understanding



Scholar: Embraces inquiry and advocates for and consumes new knowledge in multiple fields of knowledge



Health Advocate: Recognizes injustice as a cause of illness; Uses their voice in policy

Conclusions

- HP Education is a Public Good, with a commitment to society to prepare the workforce our nation needs to improve the health of our communities and alleviate suffering in our patients
- The HP our patients and communities need are individuals who
 - understand the **context** in which our patients live, experience illness and access healthcare;
 - embrace **core values** that enable them to provide the highest quality care to all patients, regardless of power and privilege; and
 - Develop **competencies** that enables them to solve contemporary challenges impacting health and wellbeing for all, across a career that will span decades of scientific and social change
- Fulfilling this promise requires educators to begin by putting the needs of patients and society at the center of decisions about curriculum and by putting the curriculum at the center of organizational culture change.

