The new concept of medical education

Fatih Ağalar, MD, FACS, FEBS
Professor of Surgery

Drivers of change in health care

- Internet
- Beginning of the information age
- Globalisation
- Cost containment
- Ageing of society
- Increasing public accountability

Drivers of change in health care

- Rise of sophisticated consumers
- 24/7 society
- Science and technology (particularly molecular biology and IT)
- Ethical issues to become important
- Environment

Medical education does not prepare graduates for careers in modern medicine

- Medical education have not kept pace with
  - patients' needs
  - public expectations
  - technological advances
  - financing
- It has failed to be adequately
  - patient centered
  - team oriented
  - evidence based

Academic medicine ?

- the capacity of the health sector to
  - think
  - study
  - research
  - discover
  - evaluate, innovate
  - teach
  - learn
  - improve

Samuel Milbank The International Campaign to Revitalise Academic Medicine (ICRAM)

Problems of academic centers

- Decline in the number of academics
- Know -do gap
- Academic vs Community based practioner
- Superman doctors, scientists, teachers?
- Financial issues
  - P4p
  - Cuts in health care spending
- Turkish style problems
  - YÖK (Higher Education Council)
  - So called health care reform??

Reduction in the numbers of faculty

- internal factors
  - increasing pressures on clinical academic staff
  - the absence of a clear and flexible career structure for young doctors
  - uncertainty about future job opportunity
- external factors
  - globalization
  - loss of faith in expert knowledge
  - increased public accountability
  - fiscal restraint

International Campaign to Revitalise Academic Medicine (ICRAM),

Know–do gap

- The gap between the best, evidence-based practice and what actually happens is substantial.
  - Almost 40 %of patients do not receive appropriate care with current scientific evidence
  - 25 % of the care that is provided is not needed or

the "know-do" gap between what we know about diseases and what we do to prevent and treat them—is widening

Town-gown competition

- The *"town-gown"* competition often found between academic and community-based practitioners
- It has been destructive and contradicts the goals of providing high-quality health care

In the past, clinical academics were required to fulfill multiple roles—researcher, teacher, administrator, professional leader

- is becoming impossible for a person to be competent simultaneously in practice, research, and teaching

Because of the growing demands in all these areas

yesterday's 'jack of all trades'

will be master of none.

Careers in academic medicine are discouraged by financial disincentives

- In most countries doctors who pursue a career in research earn much less than those who spend time in private practice
- Recent cuts in health care spending have damaged the quality of clinical education and health care service
  - Lost of academic values

Act of Performance based payment system in health care 12.05.2006, 26166

The act is about the governmental payment system in health care. This p4p system is entirely volume based and is higly criticised by academic centers

Resmi Gazete Tarihi: 12.05.2006 Resmi Gazete Sayı: 26166

Sağlık Bakanlığına bağlı sağlık kurum ve kuruluşlarında, bakanlıkça belirlenen hizmet sunum şartları ve kriterleri dikkate alınmak suretiyle, personelin unvanı, görevi, çalışma şartları ve süresi, hizmete katkısı, performansı, eğitim, öğretim, inceleme ve araştırma faaliyetleri ile yapılan muayene, ameliyat, anestezi, girişimsel işlemler ve özellik arz eden riskli bölümlerde çalışma gibi unsurlar esas alınarak, döner sermayeden yapılacak ek ödemenin oran, usul ve esaslarını belirlemek, sağlık hizmetlerini iyileştirmek, kaliteli ve verimli hizmet sunumunu teşvik etmek amacını taşımaktadır . .

Milliyet.com.tr
BASINDA GÜVEN

Tıp fakülteleri iflasın eşiğinde

İlaç ve tıbbi malzemeleri kendileri temin etmek zorunda olan üniversite hastaneleri para bulmakta zorlanıyor. Kamudan alacaklarını tahsil edemediklerini belirten yöneticiler, "Yastık kılıfı bile alamıyoruz" diyor

ŞÜKRAN ÖZÇAKMAK İstanbul

Yatan hastaların ilaç ve tıbbi malzemelerinin hastaneler tarafından temin edilmesini öngören Sağlık Uygulama Tebliği(SUT), üniversite has... diy... get... tak... koy... İşte...

Turkish medical schools: on the edge of commercial failure

Prof. Dr. Rıfat Murat Akal (Ankara Üniversitesi Tıp Fakültesi Dekan Vekili):

"Fakültemizin kamudan 70 milyon YTL'nin üzerinde, hatta kesilmemiş ve henüz onaylanmamış faturalarla birlikte 100 milyon YTL alacağı var. Sosyal Güvenlik Kurumu (SGK) borcunu ödemeyince biz de firmalara borçlanıyoruz. Yastık kılıfı dahi alamaz duruma geldik. Yakında hastaya, 'Çarşafını evinden getir' demek zorunda kalacağız. Teknolojik ömrünü dolduran cihazların yerine yenisini alamıyoruz. 20 milyon dolar civarında cihaz almam gerekiyor. Teknoloji çok hızlı ilerliyor ve biz de bu teknolojiyi parasızlık nedeniyle takip edemiyoruz. Döner sermaye katkı payı düştükçe öğretim üyeleri özel hastanelere kaçıyor veya yarım gün çalışıyor, araştırma görevlileri uzmanlık sınavlarına katılmak istemiyor. Öğrenci yetiştiren tıp fakülteleri de bu gidişle iflas edecek."

Future ? ? ?

The Future of Academic Medicine

Five Scenarios to 2025

by Shally Awasthi, Jil Beardmore, Jocalyn Clark, Philip Hadridge, Hardi Madani, Ana Marusic, Gretchen Purcell, Margaret Rhoads, Karen Sliwa-Hähnle, Richard Smith*, Tessa Tan-Torres Edejer, Peter Tugwell, Tim Underwood, Robyn Ward on behalf of the International Campaign to Revitalise Academic Medicine*

**corresponding authors Jocalyn Clark jclark@bmj.com and Richard Smith richard_s_smith@uhc.com*

Milbank Memorial Fund

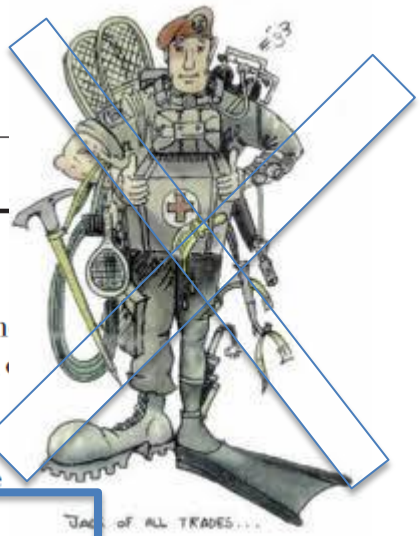
Scenario 1

ACADEMIC INC.: "ACADEMIC MEDICINE FLOURISHES IN THE PRIVATE SECTOR"

Slowly but surely the public sector around the world realizes that it cannot support the costs of academic medicine. Because medical students earn a lot of money during their professional lifetime, why shouldn't they pay for their education? And if researchers are doing something valuable, why shouldn't they be able to find a market for their product, accepting that sometimes the public sector will pay?

- Medical schools become private, with many providing niche training.
- Fees and staff salaries are raised, and facilities and technology are cutting edge.
- Competition and pressure to reduce costs and improve quality are intense.
- Research is taken over by private companies.
- Successful companies are responsive to customers' needs (governments, researchers, patients).
- Many training and research companies fail.
- Overall efficiency and effectiveness of academic medicine improves, but equity suffers.
- A two-tier system results; the 10:90 gap persists; and the brain drain accelerates.
- Innovation often suffers because of the immediate accountability to shareholders.

Scenario 2



ACH, LEARN, RESEARCH, AND IMPROVE"

dicine and practice causes increasing concern, with important
emented, too much irrelevant research, bored students, and
ning. The response is not to try to strengthen academic medicin
bring teaching, learning, and researching into the mainstream
sponse, although not welcomed at first, proves to be highly
here. A century of separate academic medicine ends, and
ic medicine" is gone, a phenomenon like the destruction of the
monasteries, and so it becomes known as the reformation of academic medicine.

- Education, research, and quality are improved in the practice setting.
- A medical academic no longer is a "jack of all trades" (teach, research, practice).
- A team approach is adopted, supported by advanced learning and communication technologies.
- Teams are made up of patients, multidisciplinary practitioners, students, and professional researchers (basic and clinical science).
- Research questions come from interactions between professionals and patients, and a national question-answering service provides evidence-based responses.
- Leadership comes from diverse specialist societies, which organize in an international academy that can influence world leaders.
- Medical students first learn how to learn and then learn by doing.
- Teamwork fosters learning, but not all teams have the same values, which threatens stability, consensus, and decision making.
- Brilliant individuals have difficulty shining as leaders.

Lessons from scenarios

- Academic medicine makes more effort to achieve strong relations with stakeholders
  - public
  - patients
  - politicians
  - policymakers

Lessons from scenarios

- Teaching, researching, improving, leading, and providing service will continue to be important
- Expecting individuals to be competent in all of these will become impractical
- Teamwork will become more important
- Competition among academic institutions is likely to increase and to become more international

Lessons from scenarios

- Academic institutions need to become more “businesslike”
- Teaching and learning will become even more important
- Learning will be lifelong and depend heavily on information technology
- Translational research will be even more important
- The gap between knowledge and practice will become enormous

The need for a new curriculum

Educating Physicians: A Call for Reform of Medical School and Residency

Molly Cooke, David M. Irby, Bridget C. O'Brien.

Carnegie Foundation for the Advancement of Teaching

Educating Physicians: A Call for Reform of Medical School and Residency

Traditional medical training

- inflexible
- excessively long
- not learner centered

Educating Physicians: A Call for Reform of Medical School and Residency

Recommendations for modern medical education

1. Standardization of learning outcomes and individualization of the learning process
2. Integration of formal knowledge and clinical experience
3. Development of habits of inquiry and innovation
4. an appropriate focus on professional formation at all levels of training

Educating Physicians: A Call for Reform of Medical School and Residency **principles**

1. Educators must distinguish more clearly between core curricular content and everything else
2. Learners at all levels should not be obliged to spend time unproductively repeating clinical activities once they have mastered the competencies appropriate to their level
3. At every level it should be emphasized that competence means minimal standard
4. To have learners develop the motivation and skill to teach themselves is the aim

Educating Physicians: A Call for Reform of Medical School and Residency **principles**

5. Assessment must go beyond what learners know and can do to address learner ability and to identify gaps.
6. Commitment to excellence is a hallmark of professionalism in medicine.

Competency

Competency is the habitual and judicious use of

- Communication
- Knowledge
- Technical skills
- Clinical reasoning
- Emotions
- Values

Competency based learning

Emphasis should be on defined areas of knowledge, scientific concepts, and skills rather than on spesific courses or disciplines

- "Science competency" (learner performance)
  - Different than academic courses
  - The basis for assessing the preparation of medical school applicants and the proficiency of medical school graduates

Scientific Foundations for Future Physicians (SFFP) Committee

Flexibility

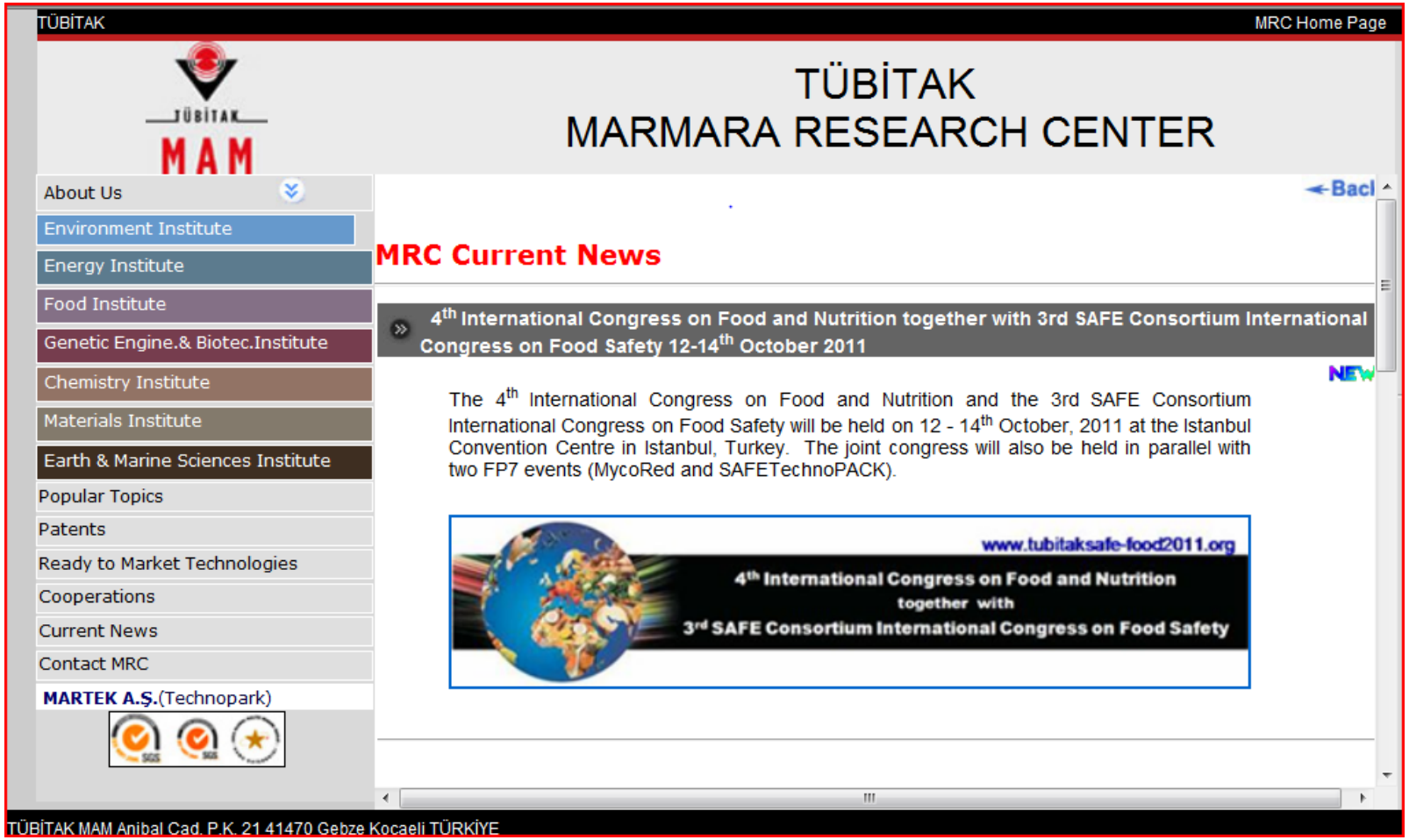
- By focusing on scientific competencies rather than courses, undergraduate institutions will have more freedom to develop novel interdisciplinary courses to achieve the desired competencies

Team work

- Physicians will increasingly provide care in the context of coordinated multidisciplinary health care delivery teams
  - There will be no master-pupil type relation between doctors and patients
  - Doctors will no longer be on top of their instutitions
- Must demonstrate that they can work with teams to make effective use of the group's collective knowledge and experience

Gebze High Tech Inst

The Scientific and Technological Research Council of Turkey



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Thanks