SCHOOL OF MEDICINE
Oregon Health & Science University

TRIP REPORT

yourMD
OHSU CURRICULUM TRANSFORMATION

Listening Tour #2 for M.D. Curriculum Transformation – Meeting Notes

November 13-15 Coastal and Southern Oregon

OHSU Participants: Mark Richardson, George Mejicano, Kathleen McFall and Cathy Villagomez

Rural clinical sites and groups visited/represented during Listening Tour #2: Astoria, Tillamook, Lincoln City, Florence, Reedsport, Bandon, Coos Bay, Grants Pass and Roseburg

The School of Medicine led a Listening Tour in coastal and parts of southeastern Oregon to gather information and feedback on the school's M.D. Curriculum Transformation Initiative. The three-day tour included discussions with preceptors; hospital, clinic and health system executives and clinicians; physician practice group leaders; community and education leaders; health advocates; tribal clinic leaders; All Care Oregon leaders; editorial board representatives; and students. More than 60 individuals participated.

For the School of Medicine, the goals of the tour were to:

- Gather input and share information about the M.D. Curriculum Transformation Initiative, with a focus on the needs of rural communities, and ask the central question: What will society need from physicians in the future?
- Learn about future workforce needs, views on health care reform and evolving delivery systems, and how these factors could be reflected in a new curriculum
- Introduce medical school educational leaders to regional partners
- Strengthen relationships and improve communications channels with our educational partners

SUMMARY: "WHAT WE HEARD"
These notes are a compilation from multiple discussions during the three-day trip.

Across all sites and discussions, there was a strong sentiment that the role of OHSU in the rural community is vital. In all cases, the presence of medical students was identified as high value to rural clinics and communities ("we love medical students, please keep sending them to us!"). Reasons cited were numerous, including (but not limited to) workforce recruitment, a bridge helping future physicians – wherever they might end up practicing – to understand rural medicine, and a conduit to regularly maintain and reinforce relationships with OHSU.

Generally, across most sites, there was enthusiasm for M.D. Curriculum Transformation and the leadership role of the School of Medicine in undertaking this initiative. All participants emphasized the importance of primary care in rural settings and the vital role that our educational partners can play with furthering that goal.

In most cases, participants had received information about the Rural Principles associated with the new M.D. curriculum. As needed, time was spent revisiting these principles which state that the current Rural and Community Health clerkship will be retained in the new curriculum as part of an expanded and strengthened rural clinical experience. That clerkship will be one of multiple options available to fulfill a required rural rotation.

Productive discussions about what those additional options might look like and how these innovations could ultimately best serve rural Oregon occurred at all sites. The innovations discussed during the Listening Tour included expanding the specialties participating in the current rotation (the emphasis is now on family medicine; the addition of geriatrics, surgery, pediatrics and mental health were consistently cited), and a new focus on longitudinal aspects of health care, such as palliative care and chronic diseases, experienced across diverse sites – nursing homes, school clinics as well as hospitals and clinics. Changes to the rural rotations should also consider how the pivotal rural learning experience can help reinforce and accelerate Oregon's health care transformation.

Given OHSU's projection that more students will need to rotate through rural settings in the coming years due to the expanding class size, discussions also focused on factors to consider for such an expansion. When queried about how to develop new preceptors, participants suggested that establishing an educational partnership with a clinic or other health care site, rather than an individual physician, would help to spread out the responsibility. And all preceptors, especially new ones, were interested in more faculty development. "Am I doing it right? What's needed for this specific student? How do we teach both the brilliant student and the student who needs help?" Senior Associate Dean for Education Mejicano described the plans for a regional faculty development program and customization goal of M.D. Curriculum Transformation that would, eventually, result in individualized educational portfolios for each student, identifying learning goals for every rotation.

New or reconfigured infrastructure and resources for an expanded rural curriculum were also identified as essential to future success. Several sites inquired about the need for additional student housing or other support to ensure that the increased number of students could be accommodated. One site has already expanded its student housing and a second site indicated they were considering building new housing.

At some sites, the medical school was encouraged to consider recasting the rural rotations so that participating students were pre-identified as having some interest in or affinity for rural communities. "The main reason we do this is to orient students to a small town; it would be best if you can focus on only sending us students who already have an interest in this type of experience." However, this was not a universal sentiment. A related theme was a suggestion that the medical school identify metrics to measure success of and ideal length of time for a rural rotation (with success defined as physicians entering practice in rural areas). In response, the medical school staff will seek out methods to track and share this type of data.

Dean Richardson and Senior Associate Dean Mejicano discussed their view that under any future scenario, the medical school's ability to train the physicians most needed by Oregon would continue to be strongly community-based, noting that the accelerating shift toward ambulatory and preventive care, as well as the medical home model, will increase the demand for community partners; OHSU hospitals and clinics are largely focused on tertiary and quaternary health care, and thus students are not exposed to the needed breadth of practice on the Marquam Hill Campus. Additionally, with the expansion of the medical school class from 132 to 160 annually over the next several years, establishing new partnerships is a high priority for the school.

As part of curriculum transformation, preceptors would also like to see certain aspects of the rotation more formalized in ways that create consistency around learning objectives, scheduling and evaluation for both faculty and students. Several specific requests were made related to operational improvements of the rural rotations, such as improving required forms, better scheduling further in advance, and clearer directions on evaluation criteria. The School of Medicine is addressing those requests.

<u>Additional specific themes are listed below</u>

1. Participants across most sites identified key attributes (beyond broad-based clinical skills) that will be needed by future rural physicians, including leadership skills (especially of a team), communications skills, an ease with technology, systems thinking, the ability to synthesize/analyze data in the service of population health (informatics abilities), and the ability to effectively integrate telemedicine into a rural practice. In addition, all participants noted the need for expanded business education.
2. The question of time spent in medical school was raised in several meetings – both from the point of view that four years is too long and, conversely, that it is too short. Senior Associate Dean Mejicano described the new competency-based approach (students will advance based on milestones achieved rather than time-in-program) to medical education that will form the core of much of the transformed M.D. curriculum. This

competency-based model means that some students may graduate in less (or more) than four years.

3. The topic of Graduate Medical Education was raised at every meeting. The need for expanded training spots in primary care was collectively identified as among the most pressing educational topics facing Oregon in general, and rural Oregon, specifically. The question of time spent in training also came up in the context of GME. The option of combining an M.D. program residency – such as the ongoing Education in Pediatrics Across the Continuum (EPAC) pilot project – was cited as worth consideration for Oregon.
4. The future of primary care in rural settings – and specifically family medicine – was raised at most meetings. Nurse practitioners and/or physician assistants already play an integral role in providing primary care and while universally embraced as an appropriate and cost-effective means to deliver some aspects of primary care, concerns about scope of practice, resulting in downward pressures on reimbursements overall, the evolving role of a physician in an integrated delivery team, and other topics were raised as issues to consider when trying to define what rural communities will need from physicians in the coming decades.
5. Some sites asked if OHSU could establish specific goals for the type of physician we graduate; for example, setting a goal that 50 percent of all graduates will choose primary care. Dean Richardson noted that our graduates already select internal medicine, family medicine or pediatrics at a rate of about 40 percent of the class – a rate above national averages – due to our strong commitment to those disciplines. Discussions centered on the fact that identification of skills needed by physicians of the future is a prime objective of curriculum transformation and the School of Medicine has responsibility across multiple missions including the generation of future physician scientists, educators and clinical leaders. A variety of skill sets will be needed to meet the needs of Oregon in the future.
6. Most sites noted that role models of physicians delivering care in rural communities are one of the best ways of encouraging students to serve those communities.
7. While the role of technology across most aspects of health care was identified as an important area for educational focus in the M.D. program, most participants also registered a nascent concern that future physicians might become overly dependent on technology and/or diagnostic algorithms. Senior Associate Dean Mejicano noted the role of our admissions model, including the adoption of the multiple mini interview approach, helps to ensure entering students have strong “people” skills.
8. Concern about student debt was a common theme raised throughout the Listening Tour. Most agreed that addressing this issue was not only paramount for ensuring a stable physician workforce, particularly in primary care, but that solutions were likely to

be multi-faceted, including loan forgiveness, tuition freezes and more. One site discussed the possibility of working with OHSU to develop a mechanism to support individual medical students in exchange for a future commitment to return to that area to practice.

9. Some participants were interested in an expansion of global health curriculum, citing high student interest in global rotations and the value for their education in understanding the needs of impoverished communities. This view, however, was not unanimous; several participants felt that U.S. health care needs were sufficiently pressing in some communities that "there is no need to go abroad."
10. Representatives from two tribal groups – Confederated Tribes of Grand Ronde and Cow Creek Band of Umpqua Tribe of Indians – noted that the needs identified in rural settings were amplified in tribal settings. "To us, Lincoln City looks like a metropolis." In both cases, tribal representatives indicated that the most successful physician in a tribal clinic is one who has previously been in private practice, and thus understands how to manage costs and administer a clinic, and has acquired a great deal of technical breadth.

yourMD
OHSU CURRICULUM TRANSFORMATION

*****

OHSU participant particulars:

- Mark Richardson, M.D., Dean, OHSU School of Medicine, and President, OHSU Faculty Practice Plan (Astoria through Reedsport)
- George Mejicano, M.D., Senior Associate Dean for Education, OHSU School of Medicine (full trip)
- Kathleen McFall, Director of Communications, OHSU School of Medicine (Lincoln City through Roseburg)
- Cathy Villagomez, Administrative Manager, OHSU School of Medicine (full trip)