

# Beyond Flexner and Gies

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## Health Professions Leadership for the 21st Century

**Michael J. Reichgott, MD, PhD**  
Professor of Medicine  
Albert Einstein College of Medicine  
Chair, Education Committee  
AMSNY



# At the start of the 20<sup>th</sup> Century

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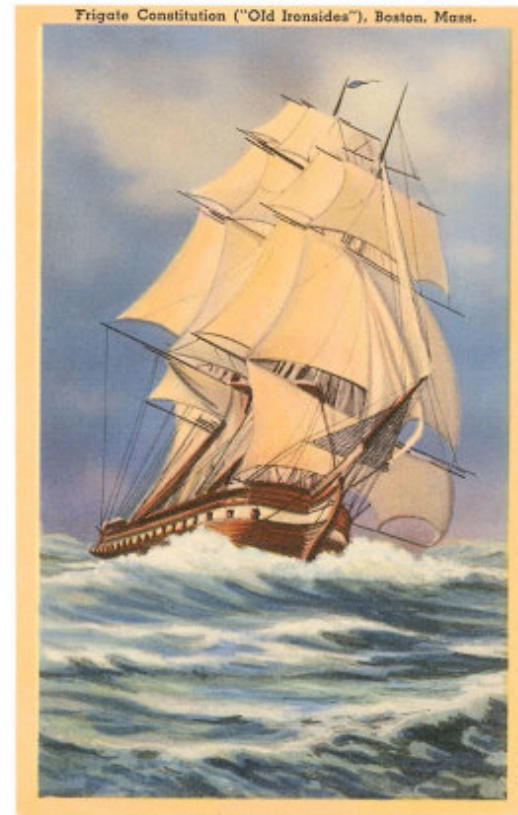


TAN-TA-RA...

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WHEN THE SHIPS  
WERE MADE OF  
WOOD:



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And...THE MEN  
WERE MADE  
OF IRON...

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# THERE WERE GIANTS IN THE EARTH!

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Abraham Flexner (1866-1959)



William J. Gies (1872-1956)

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# Flexner:

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[In the ideal medical school]“...the training of physicians and the healing of the sick harmoniously combine to the infinite advantage of both.”

Medical Education in the United States and Canada:  
A Report to the Carnegie Foundation.  
Bulletin #4 1910

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# The Ideal Medical School (Flexner)

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- ❑ Bachelor's degree for admission
- ❑ Laboratory-based science
- ❑ Rigorous clinical clerkships
- ❑ School/Teaching-hospital partners
- ❑ Faculty engaged in research and education
- ❑ Adequate endowment

**Johns Hopkins Medical School**  
**(1893)**

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# Gies:

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Dentistry...[is] a very important division of health service.... Its practitioners should be trained to give the service not only of dental surgeons ...but of oral physicians as well.

Dental Education in the United States and Canada:  
A Report to the Carnegie Foundation.  
Bulletin #19 1926

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# The Ideal Dental School (Gies)

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- Preprofessional academic work
  - Intensive training in:
    - Medical science
    - Dental technology
    - Clinical dentistry
    - Oral medicine
  - Dental internships
  - Training for advanced specialties
  - Active promotion of research
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# Standardization of UME

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- By the 1930's, proprietary medical colleges were eradicated and there was standardization of the laboratory- and hospital-based research medical university model.\*

\* Beck, A.H., The Flexner Report and the Standardization of American Medical Education, JAMA 2004; 291:2139-40

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# THE “UNDIFFERENTIATED GRADUATE”

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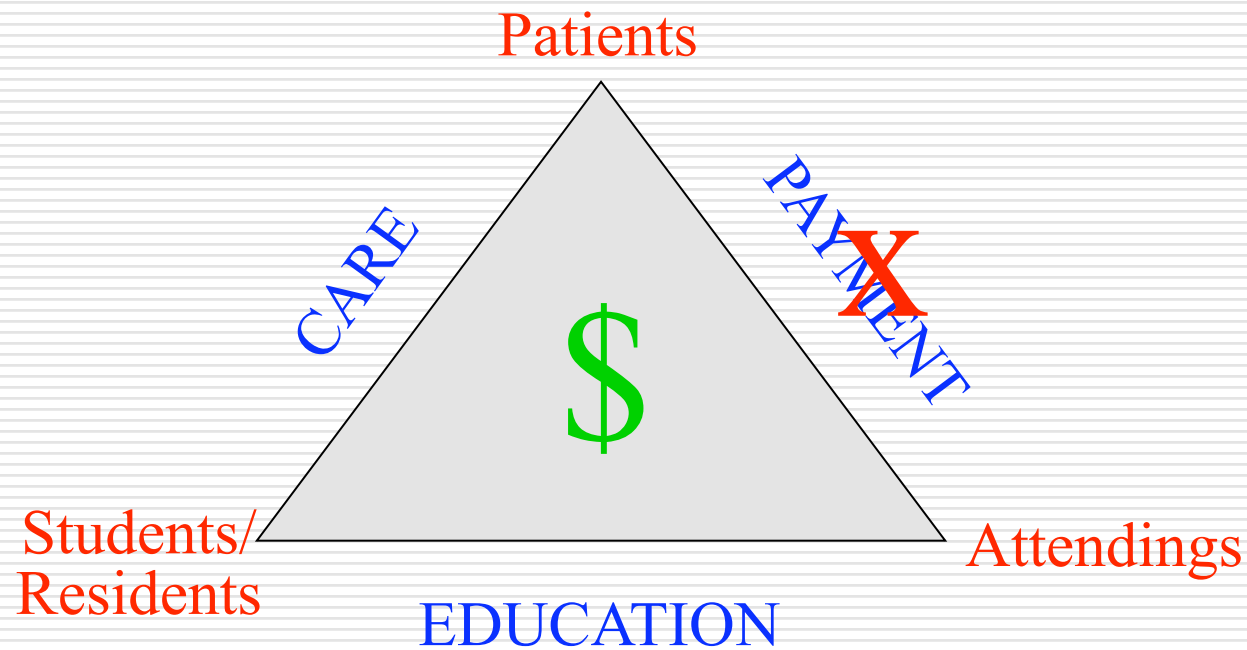
- The goal of Medical Education is to give the student a comprehensive concept of patients and disease, and to enable him (or her) to enter without handicap any one of the fields of medical practice.

Adapted from Trans. Am. Surg. Assn. 1950;68:523-554

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# The "Altruism Triangle"

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1965

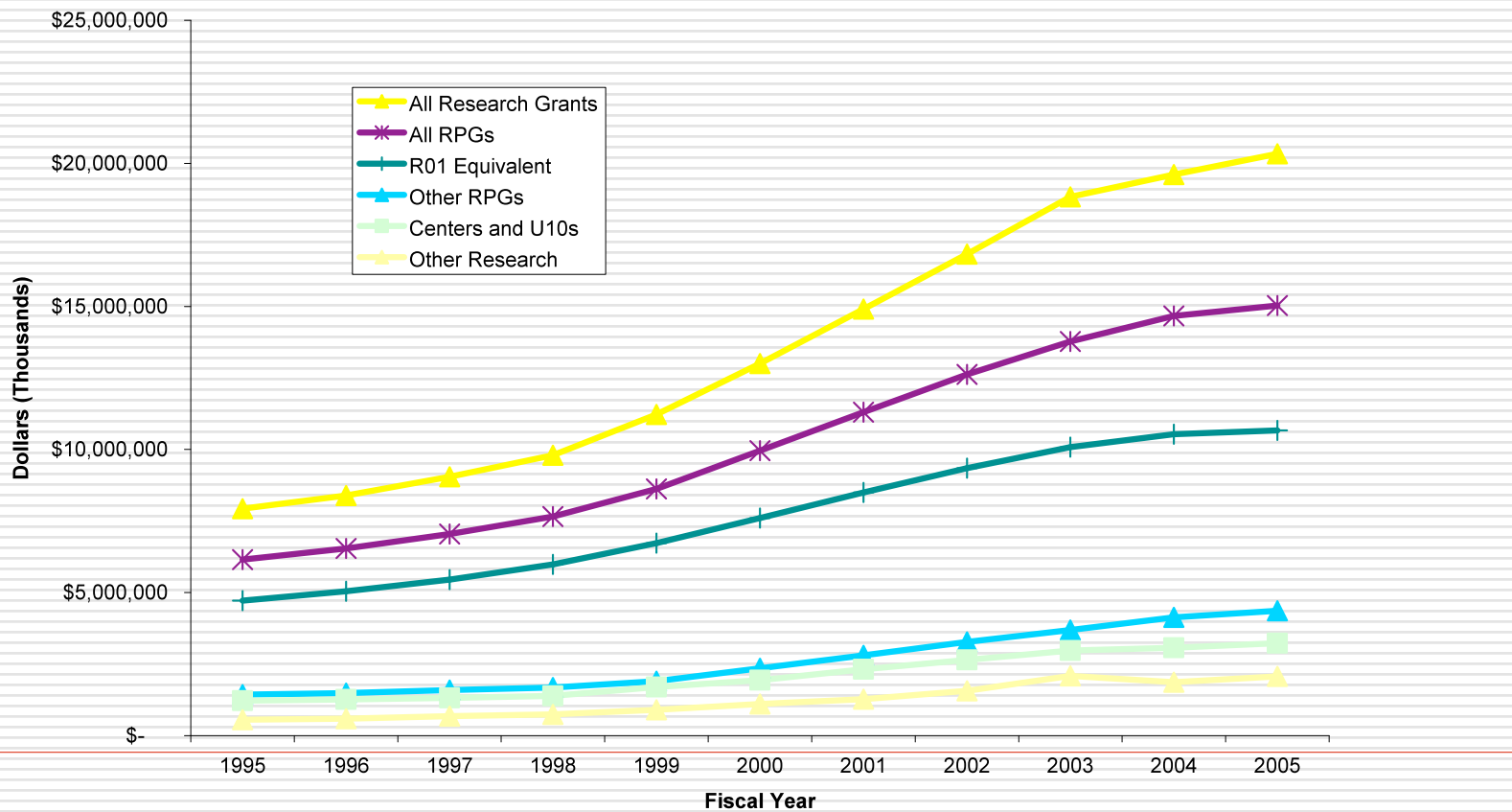
# Transitions in the '80s

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- Managed Care
  - “Sicker and Quicker”
  - Educational Theory
    - PBL/case-based
    - Integration...horizontal/vertical
    - SP/simulation
  - “Three Function” model
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# The Predominance of Science

1A. Distribution of Extramural NIH Research Funds for Selected Grant Awards  
Fiscal Years 1995-2005



# Family Medicine Match Statistics

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	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>	<b>2001</b>	<b>2000</b>	<b>1999</b>	<b>Δ</b>
<b>Positions Offered</b>	2,782	2,884	2,940	2,983	3,096	3,206	3,265	-483
<b>Positions Filled</b>	2,292	2,273	2,239	2,357	2,363	2,603	2,697	-405
<b>Filled US Seniors</b>	1,132	1,198	1,234	1,413	1,516	1,833	2,024	-892
<b>% Filled US Seniors</b>	40.7%	41.5%	42.0%	47.4%	49.0%	57.2%	62.0%	-21.3

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# Dawn of the New Millennium

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# AAMC

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## □ Medical Schools Objectives Project

- Physicians must be **ALTRUISTIC**
- Physicians must be **KNOWLEDGABLE**
- Physicians must be **SKILLFUL**
- Physicians must be **DUTIFUL**

AAMC, Learning Objective for Medical Education, 1998

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# ACGME

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## □ **COMPETENCIES**

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communications Skills
- Professionalism
- Systems-based practice

# The New Paradigm

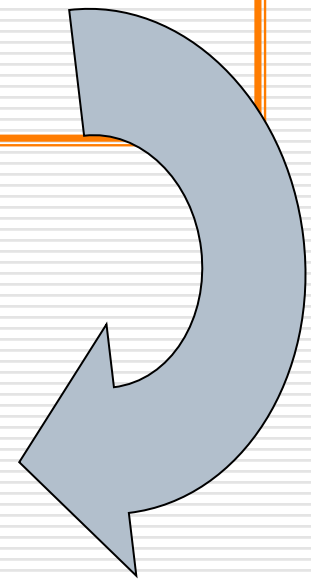
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Education ... not just

**Resources and Curriculum...**

You must define and evaluate

**Competence!**



# Institute of Medicine

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## **QUALITY**

- Medical Care Errors...
  - Inadequate information systems
- Lapses in recommended care
  - Prevention
  - Acute episodes
  - Chronic conditions
- Medication-related errors
  - Abbreviations
  - Legibility

# USMLE

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## □ "GATEWAY" decision points:

- 1) Entry into supervised postgraduate training
- 2) Initial licensure for unsupervised practice

## □ Minimum competency relevant to the level:

- 1) Scientific foundation of medical practice
- 2) Application of medical knowledge to patient care
- 3) Clinical skills relevant to practice level

# What the modern doctor must know:

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- Genomics
- Proteomics
- Molecular Pharmacology
- Catheters
- Images
- Lasers
- Robotics

**WHAT ABOUT THE PHYSICAL EXAM???**

# **New Words** in the lexicon:

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- Altruism
  - Duty
  - Professionalism
  - Quality
  - Rapport
  - Safety
  - Systems
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So...where do we go from  
here?

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# Expanded expectations

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- Integrated/longitudinal experiences
  - Explicit experiential requirements
  - Simulation before participation
  - Observed competence evaluation
    - Students
    - Faculty
  - Sociology in Medicine
  - EBM...Safety and Quality
  - Multi-disciplinary/team skills
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# Difficult challenges

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- ❑ Teaching patient shortages
- ❑ Teacher shortages
- ❑ Clinical site shortages
- ❑ Conflicting priorities
- ❑ Conflicting systems
- ❑ Financial stresses

Albanese, M, Mejicano, G, Gruppen, L., Competency-Based Medical Education: A Defense Against the Four Horsemen of the Apocalypse. *Academic Med.* 2008; 83 (#12 December): 1132-1139

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# The resistance myth...

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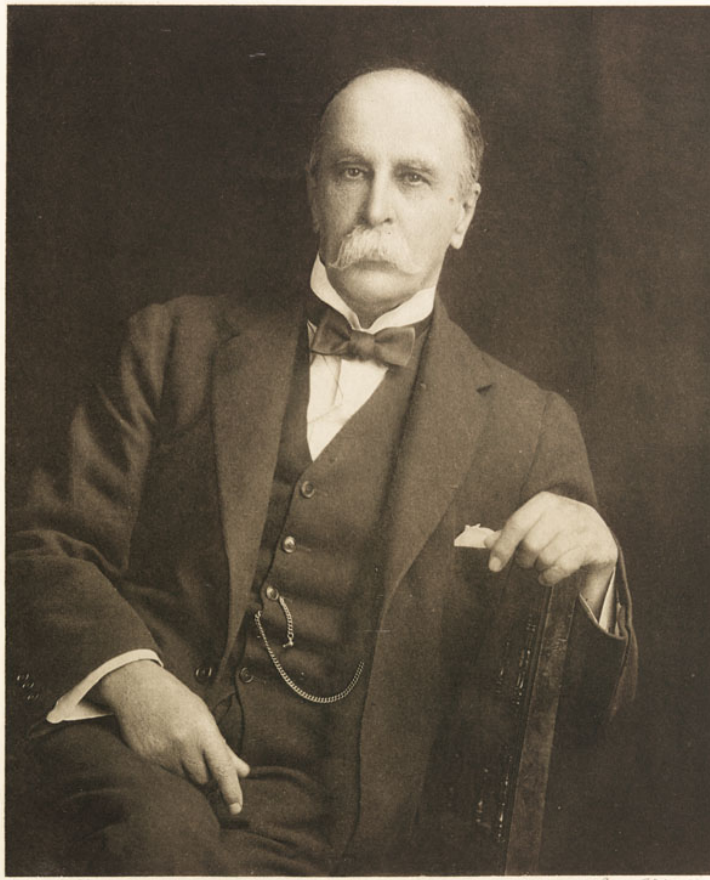
Wooden ships



Iron Men  
(and Women)

# And Speaking of Giants...

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Sir William Osler  
(1849-1919)

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# What would Osler have said?

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"TO COVER THE VAST FIELD OF [HEALTH CARE] IN FOUR YEARS IS AN IMPOSSIBLE TASK. WE CAN ONLY INSTILL PRINCIPLES, PUT STUDENTS ON THE RIGHT PATH, GIVE THEM METHODS, TEACH THEM HOW TO STUDY, AND EARLY TO DISCERN BETWEEN ESSENTIALS AND NON ESSENTIALS."

After Twenty-Five Years, in *AEQUANIMITAS*, 3<sup>rd</sup> Ed. 1932 pp. 201-2


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# Health Professions Leaders

...(mid 21<sup>st</sup> century)

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	Content	Context	Process
Knowledge			
Skills			
Attitude			



Leaders serve to facilitate change....

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Your job Mr.

If you choos



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