Needs Analysis - CMED

- Need for a medical school
- Physician shortage / maldistribution
- Predictors of physician recruitment/retention
  - Rural and remote is different
  - LCME and HLC standards
  - USMLE blueprints
  - Practice skills rural vs. urban
  - Proven practices in education
  - Best Evidence for Medical Education

Local needs/challenges

- Physician shortage current – 1,800 – 2,000
- By 2020: 4,000-6,000
- Closing the gap and the ongoing loss of physicians to their communities through retirement, etc.
- Distributional issue
  - Urban, Micropolitan, Rural/Remote
  - Most affected specialties
- Inability to recruit and retain physicians in central & northern MI
- Retaining our resident graduates
Predictors of primary care specialty choice

- Indebtedness
- Lifestyle wants
- Married, female – Family Medicine
- Public medical school
- Primary care track
- Community training

Predictors of choosing rural/remote practice

- Rural birth
- Interesting serving the underserved
- Interest in serving minorities
- Public medical school
- Males more likely than females
- Entering career plan: Family Medicine
- Training in the community
- Home linkage…grew up here
- Residency…100 mile radius

Environment/Institution factors - primary care choice of career

- Training in rural/small town communities
- Primary care more likely to choose rural
- Focus on primary care/generalism
- Public medical schools
- Based in primary care practices
- Role models who value primary care/generalism
- Scholarships to limit indebtedness???
- Loan repayment programs???
Factors in retention of resident trainees

- Environment of training
- Location of training (100 mile radius)
- Institutional funding (public), culture and curriculum
- Experience (role models, happy generalists)
- Opportunities identified during residency...
- Linkage to home (grew up there)
- Loan-repayment programs to address indebtedness

Carnegie: Improve Med Ed

- Inter Professional/team education
- Professional identity formation
- Facilitate problem solving and self-directed learning skills (habit of inquiry)
- Emphasis on community-based education – integration of formal learning/clinical experience
- Re-define foundation sciences of medicine
  - Psychology, social science, anthropology, epidemiology, decision science...

Macy & HHMI: Improve Med Ed

- Prepare students in patient-centered, cost-effective care settings
- Prevention emphasis and, chronic disease management, and acute conditions
- Address disparities in community
- Increase knowledge of public health and non-biological determinants of health and disease
- CQI, Safety, Evidence-based practice
Mission
• Prepare exceptional physicians
• Improving access to individualized, essential care (health care delivery)
• Focus in rural and medically underserved regions of Michigan
  • Rural/small community focus
  • Differentiated skill set
  • Generalist focus: EM, FM, GS, IM, Ob/Gyn, Peds, Psych

Vision
• Excellence in instruction/active learning
  • TBL, PBL, Patient-presentation model
  • Early patient contact
• Student-centered environment/program
• Patient-Centered care model (PCMH)
• Residencies (new, distributed, generalists)
• Community-based, 22 affiliations thus far

Integrated Curriculum

Formal Knowledge/Courses embedded in:
Clinical Experience (real and virtual), in an environment of:
Inquiry, Discovery, Innovation

Year I Year II Year III Year IV
**Course Structure**

**Curriculum Years 1-2**

**IMPORTANCE OF EARLY CLINICAL EXPERIENCES**

- Increases interest in primary and generalist specialties
- Fosters self awareness and empathy
- Enhances relevancy of basic science, pathophysiology
- Enhances intrinsic motivation
- Accelerates development of professional identity
- Improves awareness of population health/healthcare needs

Doman, et. al. BMJ 2005;331:387
Curriculum – years 3-4

- Longitudinal, integrated clerkship – PCMH, a member of the team
- Gradual transitions as skills/knowledge develop
- Focus on self assessment, lifelong learning, practice-based learning and improvement...
- Community engaged...learning in the community
- Community faculty as preceptors and facilitators
- Patient Centered Medical Home

Comprehensive Community Clerkship

DEALING WITH THE CHANGING INPATIENT SERVICE

- Hospital based issues: short ALOS, acuity, diagnosis known (filtered), see only segment of illness (episodic), limits experience of illness impact on family
- Few fresh presentations, miss opportunity to participate in the diagnostic process, reasoning, decision-making
- Little opportunity to see integrated/coordinated, longitudinal/continuing, comprehensive care
- 95% of health care occurs outside of the hospital

Example Student Schedule for a Week of Instruction for Year 3 Longitudinal Integrated Clerkship
Affiliations
- Alpena
- Charlevoix
- Cheboygan
- Carson City
- Hancock Hospital
- McLaren (Central MI, Bay Regional, Northern MI)
- Mercy, Grayling
- MidMichigan (Midland, Gratiot, Clare, Gladwin)
- Otsego, Gaylord
- Saginaw (St. Mary’s, Covenant)
- Standish
- Tawas
- West Branch
- West Shore

Holistic admissions
- Application review – GPA, MCAT, home town, etc.
- Response to essay questions
- Personal statements, values
- Letters of recommendation
- Campus visit – MMI process
- Selection

AHEC
- State-wide, led by WSU
- Central and Northern regions - CMU
- Southwest – WMU
- 5 regions
- Partner with communities and schools
- Enrichment, curriculum, linkages to clinical practice
- Pipelines to health care