Stretching the Boundaries of Medical Education

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Nearly 100 years ago Abraham Flexner[1] proposed that undergraduate medical education in America follow a standard model: a preclinical curriculum covering basic sciences followed by a clinical curriculum covering the technical skills and clinical sciences. Years one and two have historically been devoted to didactic classroom instruction, while years three and four have been dedicated to "apprentice" experiential training. The common thread through all four years is an overwhelming focus on the sciences, with very little in the curriculum addressing the policy of healthcare delivery, the healthcare system, and fundamental "intangibles" of patient-centered care such as cultural competency, patient education, and evidence-based decision-making.[2,3]

Why consider these intangibles? These are the topics that medical students don't master during standard training. Typically, these are nominally included in the preclinical curriculum. Medical students from different schools have called this the "touchy feely" curriculum, the "toolbox," the "hodge-podge," and the "part that doesn't matter because it isn't on the boards." Unfortunately, uncoordinated presentation of the material and disregard by faculty for these issues (as noted in the literature on the hidden curriculum[4]) may turn off medical students from the most important topics in patient care. In the clinical years, there are lectures available on such topics, but rarely do these "extracurricular" opportunities have sustainable support or cohesion to bring the miscellaneous lectures into a logical framework.

The imperative for broadening medical training is clear. Challenges in quality, safety, affordability, and access of health care reveal the need to train healthcare professionals that are capable of coordinating and managing care in a complex system. However, reform in medical education is a slow process with built-in obstacles related to funding, examination standards, and sluggish adoption by the education community. Cooke et al[5] suggest that "it can be hard to teach messy real-world issues, but practitioners need to understand how these issues affect patients and how to interact with, and ultimately improve, an exceedingly complex and fragmented system to provide good patient care."

The call for solutions *within medicine* has led to the birth of the AMSA Academy, a new school within the American Medical Student Association (AMSA), training students to become physician-leaders and agents of change. AMSA Academy has been launched simultaneous to the approval of the Jefferson School of Health Policy and Population Health (JSHPPH). Bearing a shared vision with JSHPPH, Jefferson faculty and AMSA leadership are quickly coming together to build bridges and generate discussion about how to achieve common goals.

Founded in 1950, AMSA is the oldest and largest independent association of physicians-in-training in the United States. Built by and for students of medicine, AMSA is dedicated to the advancement of medical education and improvement of health care for all people. Throughout its 58-year history, the organization has served as the "other" school for medical students, training them to have an increased awareness and understanding of their profession, their patients, and the system.

As of July 2008, AMSA's executive leadership approved the formal adoption of the organization's long-standing educational opportunities into the AMSA Academy.[6] Course offerings include topics such as health disparities, professionalism, environmental health, and healthcare access. These courses integrate skill-building in areas such as patient advocacy, political activism, grant writing, project planning, teamwork, and teaching.[6] Certain courses are 3-5 day intensive institutes that bring students together in person to participate in a combination of lectures, workshops, and panels, with the support of a multidisciplinary team of faculty. The institute model has been tried and tested for nearly 10 years within AMSA and 2008-2009 offerings feature nearly 20 such programs. Other programs follow a year-long distance learning format where students learn through readings and conference calls with key experts in a particular discipline such as medical humanities and health equity.

These educational experiences, along with other modalities of AMSA Academy described elsewhere,[7] are organized by and for students, allowing the curriculum to be specifically focused on their needs and interests. Many programs involve a considerable amount of peer education, a teaching model which has been previously validated in medicine, particularly cited as improving students' intrinsic motivation and reducing faculty burden.[8-10]

AMSA Academy programs are aligned with a philosophy of action following education. Past participants have engaged in curricular reform projects at their medical schools, joined national advocacy and lobbying networks, planned community-oriented programs, and taken on national leadership roles. Through this model of learning and the vast selection of courses, medical students are able to access enrichment on

fundamental issues and build skills that will empower them to become compelling advocates and leaders. These programs allow like-minded, passionate students to come together and empower them to enact change in the profession.

Continuing medical education programs serve in part to fill the knowledge gaps of practicing physicians. However, it is both necessary and expected that future physicians will tackle the challenges of medicine from their first day on the wards, and will have competence in the "intangibles and touchy-feely" aspects of residency and beyond. While medical education reform slowly treads to catch up to times, medical students now have a home for continuing their undergraduate medical education. The student population, fresh and unaccustomed to embedded traditions of medical education, can serve as powerful advocates and leaders in this cultural transformation.

Information on the AMSA Academy can be accessed at: http://www.amsa.org/academy. The author can be reached at: zeltsemv@umdnj.edu.

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