

POPULATION HEALTH FORUMS

Training “Clinicians Plus”: A New Paradigm of Medical Education

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Dr. Allan Tunkel of Brown University began his Forum presentation by providing an overview of key problems in the U.S. health care system, such as suboptimal outcomes, misaligned incentives and the issue of those who are either uninsured or underinsured. He went through the historical context of recommendations for improvement, referring to resources such as the Commonwealth Fund, the Institute of Medicine Report, and Triple Aim.

Given this context, Tunkel explained what he refers to as the “Third Science of Medicine” or Health Systems Science. “Ideally, this should complement and integrate with the core disciplines of the foundation of basic science as well as the clinical science taught through all four years of medical school,” states Tunkel. Tunkel believes that schools need to make room for this Third Science, which will lead to quality improvement and leadership opportunities and prepare students for working in interprofessional teams.

Tunkel’s presentation focused on Brown University’s new program in primary care (PC) and population health medicine (PM), a very unique approach to curriculum reform that is the only one of its kind in the country. In existence for three years, the foundation of this 4-year program is that students will obtain a doctor of medicine and a master’s of science (ScM) degree in

population medicine; an optional tuition-free 5th year is available. Tunkel explained the philosophical approach to this program: the master’s program had to be integrated across all four years of the curriculum. The idea is to help students apply classroom learnings to patient populations; the focus is on using systems designs to improve outcomes.

The PC-PM program is designed to train students to become “clinicians plus.” The hope is that these students will become clinicians in education, research, and advocacy, and develop a strong emphasis on population focused, generalist medicine. The program includes interdisciplinary and leadership training; a longitudinal integrated clerkship; and scholarship in primary care, population medicine and health policy. Tunkel hopes that the program has a “halo” effect, meaning that other faculty mentors will jump onto the “population medicine bandwagon” and that it will permeate through other aspects of the MD curriculum. Very important stakeholders of this program are the health care leaders in the region who envision this program as a means to improving healthcare in Rhode Island while fostering research.

Tunkel went on to describe the specifics of the curriculum, including the new courses within the population medicine concentration: Health Systems Science I and II; Research Methods in Population Medicine; Quantitative Reasoning; Independent Study/Thesis Research; Leadership; Population and Clinical Medicine I and II, and Capstone in Population Medicine.

One feature of this program is the inclusion of leadership curriculum which is experiential, team-focused, integrated, and service-oriented. Based on the idea that leadership is developmental, Brown’s program allows students to build skills and apply core leadership attributes by demonstrating effective communication and critical thinking skills. Managing change in a team environment is also an important aspect of the leadership curriculum. All students will be required to work on a capstone “change” initiative as part of experiential leadership training. This involves identifying a problem and coming up with solutions in collaboration with a team of professionals.

Another interesting aspect of this program is the longitudinal integrated clerkship. This differs from the traditional clerkship in that it includes more inpatient immersion; provides more time in outpatient settings; and uses didactics that are integrated and scheduled across the entirety of the longitudinal model (without block rotations). This helps students to develop relationships with patients, health mentors and families and follow them longitudinally. They are currently piloting this program with 8 third-year medical students.

The early findings of the Brown University’s program show that there are no differences in metrics for students applying to the PC-PM program compared to the traditional program; additional workload in the PC-PM program was not an issue in the first year; and students enjoyed the longitudinal integrated clerkship compared to those students in the traditional clerkship.

