Deborah Powell, MD, wants to make the transition between medical school and residency seamless.

**BY KIM KISER**

Although she no longer heads a medical school, Deborah Powell is making a mark on medical education. She’s trying to break down the wall between medical school and residency and wants to see students trained in a way that’s practical, efficient and better reflects the way medicine is practiced today. “Medicine has evolved so far that the idea that was prevalent 30 to 40 years ago of training a generalist physician who could go down any pathway is probably not so reasonable anymore,” says the former University of Minnesota Medical School dean.

Specifically, she would like to see the curriculum redesigned in a way that starts moving students into their chosen specialty earlier. “The idea is to be more purposeful in putting undergraduate and graduate medical education together in a single pathway and to advance students based on their achievement of competencies, rather than time in training,” she explains.

Powell, who is known for being an innovator (she created the Flex MD program at the University of Minnesota while she was dean and won the Association of American Medical Colleges’ 2013 Abraham Flexner Distinguished Service to Medical Education award) and a champion for competency-based education, started sharing her idea more than a decade ago. “I talked about it nationally in speeches at meetings and with friends from the education community,” she says. “Everyone said it was a great idea, but it couldn’t be done.” Nevertheless, she persisted, tapping her connections at medical schools and in organizations such as the AAMC, the Accreditation Council for Graduate Medical Education and the American Board of Pediatrics. Powell eventually won support for a pilot of a new model for training medical students wanting to go into pediatrics. The model will be tested in four U.S. medical schools, including the University of Minnesota’s, over the next four years.

Called Education for Pediatrics Across the Continuum (EPAC), it allows students who have finished their first two years of medical school to progress through a specially designed curriculum, most of which will be focused on pediatrics. For example, they’ll do their emergency medicine, surgery and psychiatry rotations in a children’s hospital. They also will work with a preceptor in a pediatrics clinic and build a panel of patients, whom they will care for over the course of their training.

Once the students have proved they are competent in certain areas—for example, that they can do a physical exam, take a complete history from a child’s parent or develop a treatment plan that makes good sense to their preceptor—they can begin residency. (The participating schools have guaranteed those students slots in their pediatrics residency programs.)

“It will all be done without a time boundary,” says Powell, who currently teaches in the medical schools’ laboratory medicine and pathology program.
Four students are in the University of Minnesota’s EPAC program now, and four more will be selected for next year. Two more groups will be chosen after that.

Powell admits the idea is radical and that she and the program directors at the other schools testing it (the University of Utah, University of California-San Francisco, and University of Colorado) will no doubt adapt the model as they go along. But she’s optimistic about its future. “I think this is just the beginning,” she says.

We asked Powell why she feels medical education needs to change and how EPAC might serve as a model for the future.

When you started talking about this, you were dean of the University of Minnesota Medical School. What were you seeing that made you think something needed to change?
Everyone was talking about the continuum of medical education. For those of us in medical education, we knew that meant premed, medical school, residency and fellowship. But students didn’t know what it meant; they viewed these as disconnected segments.

Why the disconnect?
We’ve been designing programs in a vacuum. In the medical schools, we have people who oversee the clinical clerkships, and in the same departments, we have residency program directors who oversee the residencies. They don’t talk to each other. It’s crazy. Why don’t they ask “How can we take these medical students and prepare them better for residency?”

Why has it been so difficult to break down these walls?
The problem when we try to put parts together is that there are so many regulatory bodies that oversee the various stages of medical education. You need to get them to buy in.

How did you manage to get these groups on board?
About five or six years ago, I was talking to a friend, Dr. Carol Carraccio, a pediatrician who was at the University of Maryland and then went to the American Board of Pediatrics. The board was interested in medical education innovation. So she said we should try doing something about this and we should do it in pediatrics. The AAMC agreed to host a “what if” meeting. We invited a number of people from the organizations that accredit or oversee the different parts of medical education (the Liaison Council for Medical Education, which accredits medical schools; the ACGME, which runs the residency programs, for example). It was really a laying out of the idea—saying, “If we tried to design a pilot like this, would you agree to look at it?” It was a very tentative ask. Everyone said, yes.

Then I had to get schools to buy in. They had to agree that if the students met the competencies, they would get fellowship.

Are you in golf shape for 2015?
Come in to improve your performance so you can play your best this season
Move better
play better
Start now!
Call 952-681-2728
www.totallydriven.com

University of Minnesota
Center for Bioethics

- The University of Minnesota’s Center for Bioethics is pleased to offer a NEW 13-credit Clinical Ethics Certificate Program.
- Master the necessary skills and knowledge for clinical work in bioethics through a mix of classroom work and practica.
Applications due 4/30 - Classes begin Fall 2015 www.bioethics.umn.edu
their MD early. Those schools then had to convince their state licensure boards, and that was especially challenging. One of the schools considering the program was University of California-San Francisco. California’s board was very rigid in terms of requiring four years of medical school down to the month. We talked to the Federation of State Medical Boards, and they were excited about this idea. They talked to some of the people on the California board, and they finally agreed to change their requirements. Then, the AAMC agreed to sponsor the pilot and got a three-year grant from the Josiah Macy Jr. Foundation to help support the schools involved. The grant was symbolically important—having a national medical education group like the Macy Foundation endorse this was huge.

Where are the four schools in terms of implementing the program?

All four schools are adding new courses or elements to their curriculum. Minnesota is designing an entirely new main clinical experience based in pediatrics. Others are modifying existing clinical experiences but adding courses that are oriented toward pediatrics or modifying others to include more experiences with children.

Colorado chose its four students at the end of last year, so they’ve been doing this for more than half a year now. Minnesota just chose its four (they are finishing their second year); Utah and San Francisco have yet to choose their first students.

How do you know if a student who just finished their second year of medical school is a good candidate for pediatrics?

Each school has certain activities to introduce students to pediatrics. In Minnesota, all students do a four-week summer internship in pediatrics after their first year. They can also join a pediatrics interest group. Then they have to write a formal application to the EPAC program and be interviewed.

What happens if, once they get into the program, they decide they don’t want to go into pediatrics? They will have an opportunity to opt out and enter the residency match in a different specialty. It will be interesting to see how many do that. EPAC is not about pediatrics as much as it’s about a model: to see how early medical students can decide on a specialty. If they can decide earlier, you can design a more tailored curriculum to move them toward residency.

Given the fact that so many students graduate with significant educational debt, is this a way to take away some of the financial pain?

It’s a great side benefit, but it wasn’t the fundamental principle behind this. Rather, it seemed like we were doing things in medical education because we had done them this way for a long time. We have these sacred clerkships in the third year and dogma that you have no less than four and no more than eight weeks in obstetrics, in psychiatry, etc. We never asked ourselves “Is there a better way to do this?”

Haven’t we tried to make education more efficient with three-year medical schools?

That was tried in the ‘70s, and it wasn’t very successful. They just crammed everything into a shorter time period. I’m more in favor of the idea of training students in a way that will fit into their advanced training more efficiently.

How will you assess whether students are ready for residency?

Evaluation is a major issue. We have a committee with members from each school working with a national evaluation and assessment consultant to develop an assessment plan for transition to residency that will be used by all schools. Certainly, a large component of this will be to have small groups of faculty observe students doing specific types of activities over time.

Are other schools watching this? What about other specialties?

We have had a lot of interest from other schools and from other specialties. Surgery is interested, so is family medicine. But we won’t be adding schools or specialties until we see how this is working and publish some of our results.

This has been a long time coming. Did you ever feel like giving up?

I sometimes have felt like giving up on EPAC and other educational projects that I’ve wanted to enact. But I feel that education of physicians is a really important activity. We’ve been at it a long time, and, like almost everything we do whether it’s in education or health care, it can always get better. MMM

Kim Kiser is an editor of Minnesota Medicine.