

## **Study Synopsis**

### **Beyond Flexner: Teaching Social Accountability in Medical Education**

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#### **Purpose/Background**

The Flexner Report catalyzed enormous changes in American medical education at the beginning of the twentieth century, with the hope of rescuing it from an unprincipled, commercial, and dangerous state. The schools that survived Flexner were largely university based and firmly committed to medical science for the basis of medical education. This Report, however, has had long standing consequences that Abraham Flexner surely never envisioned.

Chronic problems with the nation's medical work force including where medical school graduates work, what specialties they choose, and how many are from minority populations rarely receive scrutiny from this perspective. The legacy of Flexner in regard to the ability of medical education to teach or promote health equity is not strong. This study explores models of medical education that go beyond Flexner in addressing the social mission of medical education.

#### **Methods**

The research team assembled an Advisory Committee of sixteen leaders in medical education and health policy. This group selected six medical schools to study based on innovative approaches to teaching, modeling and promoting social mission: University of Oklahoma-Tulsa School of Community Medicine, Morehouse School of Medicine, Southern Illinois University School of Medicine, Northern Ontario School of Medicine, AT Still University School of Osteopathic Medicine in Arizona, University of New Mexico School of Medicine. Site visits were conducted in the spring and fall of 2011 and consisted of interviews of school leadership and key faculty and focus groups of students and residents to provide a systematic look at the schools' innovative educational programs.

Specific attention was paid to the eight evidenced-based core modalities that the committee identified as essential to the social mission of education: school mission, pipeline cultivation, student admissions, structure and content of curriculum, location of clinical experience, debt management, mentoring/role modeling, and post-graduate engagement. Each school completed a survey pertaining to the role of the modalities at their school. Site visits consisted of interviews with school leadership and key faculty, focus groups with students and residents concerning their educational experiences and career plans, and visits to key extramural teaching sites. Each site visit resulted in a report focusing on particular and successful elements of the school's program in regard to social accountability experience and outcome.

#### **Findings**

The eight modalities identified create a useful framework to examine the techniques used by these institutions to carry out effective social mission education within their medical schools. Characteristics were identified for each modality that were transferable to other medical schools.

*School Mission:* Mission statements of each school demonstrated well articulated and clearly disseminated values to all applicants, students, faculty and staff. Mission statements contained tangible goals for a defined geographic region or for underserved populations.

*Pipeline Cultivation:* To augment the pool of prepared candidates for the study of medicine, schools sometimes create outreach programs to premedical students of various grade levels. Study findings

show that these six schools had clearly defined pipeline programs targeting students from lower socioeconomic status, underrepresented minorities, students from a poorly represented area of a state or province, or students from rural areas.

*School Admissions:* The admission processes of the study schools incorporated robust qualitative measures to match students with social accountability interests to their school. These admissions strategies sought to find students committed to practicing in rural communities or other health provider shortage areas. Sometimes students with lower science grades or standardized test scores would gain admission because of a clear commitment to social mission if they met minimum standards.

*Curriculum Structure and Content:* Identified schools demonstrated unique methods of integrating public health education, community based participatory research training, and social determinants of health education within the pre-clinical and clinical curriculum. Examples include community needs assessments and interventions executed by first year medical students, mandatory MPH certificates during medical school, and an interwoven medical humanities course in a four year curriculum.

*Location of Clinical Experience:* The location of clinical experience can dramatically influence where and what a student will eventually practice. Unique placement decisions by the study schools include longitudinal clinical experiences in rural areas or in community health centers, mandatory rural medicine four week clerkships, and well integrated interprofessional clinical exposure.

*Debt Management:* Medical Students face tremendous financial burden after completion of medical training. These schools have employed incentives programs to provide financial support for students who will practice in designated shortage areas, sought out state or provincial funding for scholarships or loan repayment, and have dedicated financial counselors for the medical students.

*Mentoring/Role Modeling:* Strategies and programs were identified that promote an environment of social accountability and encourage the imprinting of students with values of social accountability. Examples of such programs include having a plethora of primary care role models, joint community service projects with faculty and staff, and well organized one-on-one mentoring for students during each year of training.

*Post-Graduate Engagement:* Students are sensitive to the undertones of their environment which may steer them away from social accountability throughout their training. These schools have chosen to counter the “hidden curriculum” by exposing each student to career satisfied primary care physicians, recruiting a strong alumni presence to serve as preceptors and mentors, and aligning the institutions residency programs with the mission of the medical school.

**Conference:** As a capstone to the Beyond Flexner study, the research team proposes to convene a national conference. The purpose of the conference will be three-fold. First, it will serve as a venue to announce and discuss the findings of the Beyond Flexner study. Second, it will provide a valuable networking opportunity for major players in the social mission of medical education, including schools that participated in the Beyond Flexner study. Third, it will provide an opportunity for the many schools and medical educators who have lacked a forum to explore social accountability and mission in medical education. We consider Tulsa an ideal setting for the conference because it will bring attention to an exemplary study school--the University of Oklahoma-Tulsa School of Community Medicine. Finally, the

non-costal setting makes a statement about where much of the innovation in the social mission of medical education is taking place.

We intend to bring national attention to schools that have a strong social mission agenda, create a forum to allow collaboration and shared innovative ideas in medical education, and discuss future research objectives for the role of medical education in reducing health inequities. It would be our additional intent to explore what we expect will be the substantial interest of many institutions and individuals in continuing a network of social mission committed schools. Further outcomes, therefore, might be subsequent meetings, an electronic community, and /or a formal organization.

### **Conclusions**

The insights gleaned from the site visits, surveys, and conference are available to provide actionable information and perspective for new and expanding medical schools and to suggest ways in which traditional medical schools can improve their contribution to health equity. This information could also be used to lay the foundation for a network of social mission committed schools and create a new and important voice in American medical education.